

CARLSON HOME / HOSPITAL SCHOOL  
**CHECKLIST FOR PENDING PLACEMENT STUDENTS**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Date Assigned: \_\_\_\_\_

1. Does the parent have a copy of the IEP?  Yes  No

2. Has the parent received a Referral Letter from the Nonpublic Services office?  Yes  No

If **YES**, has the parent called schools to set up appointments?  Yes  No

If **NO**, why not? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*Note: Most schools will accommodate a working parent schedule.**

3. Does the parent have transportation?  Yes  No

If **NO**, please inform the parent that some schools will provide transportation to the appointment.

4. Does the parent need a translator for the interview?  Yes  No

If **YES**, which language: \_\_\_\_\_

5. Is the student pending a **specific** school by a certain date?  Yes  No

If **YES**, School name: \_\_\_\_\_

Proposed date of enrollment: \_\_\_\_\_

Date of Report: \_\_\_\_\_

**PLEASE SUBMIT A MONTHLY UPDATE WITH YOUR REGISTER**