

**Blount County Schools**  
**Special Education Department**  
*~Excellence for all students~*

*If your child has received Special Education Services (has an IEP) at their former school, please complete this form.*

**PERMISSION FOR TEMPORARY PLACEMENT PENDING IEP  
MEETING TO REVIEW DATA**

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**Student Name (Print please)**

**Current Grade  
Level/Placement**

I hereby give permission for my child to receive special education services as recommended by his/her former school on a temporary basis until complete records are received and reviewed.

\_\_\_\_\_ **YES, I give my permission.**

\_\_\_\_\_ **NO, I do not give my permission.**

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**Printed Name (Parent/Guardian)**

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**Relationship to Student**

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**Signature (Parent/Guardian)**

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**Date**