

**OAKLAND COUNTY CHILDREN'S VILLAGE SCHOOL**

1200 N. Telegraph Road  
Public Works Drive  
Pontiac, Michigan 48341-0021



DIANE BEHRENDT, Principal

PHONE: (248) 858-5491  
FAX: (248) 452-9792

Dear Parent/Guardian:

If your child has a disability and currently receives Special Education services please complete the attached form and return it along with the Oakland County Children's Village Intake Packet.

This form allows the Children's Village School (Operated by the Waterford School District) to obtain Special Education information and documentation from the former school district at the time this form is signed.

Thank you for your time. We appreciate your attention to this matter to help best serve the educational needs of all students.

Sincerely,

A handwritten signature in cursive script that reads 'Diane M. Behrendt'.

Diane M. Behrendt, Principal  
Children's Village School



**WATERFORD SCHOOL DISTRICT**  
**OAKLAND COUNTY CHILDREN'S VILLAGE SCHOOL**  
**DIANE BEHRENDT, PRINCIPAL**

PARENT'S REQUEST FOR TEMPORARY SPECIAL EDUCATION PLACEMENT

Rule 340.1722e Michigan Special Education Rules

This form is to be used when a parent presents evidence that a student has been in Special Education in another school district and the parent requests Special Education placement. Release forms should be signed to obtain information and documentation from the former school district at the time this form is signed.

Student's Name \_\_\_\_\_ B.D. \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Name \_\_\_\_\_

Current Address \_\_\_\_\_  
Street City State Zip

Current Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

PREVIOUS SCHOOL DISTRICT

Name of School District \_\_\_\_\_

Name of School \_\_\_\_\_

School Address \_\_\_\_\_  
Street City State Zip

SPECIAL EDUCATION

Type of Special Education Program \_\_\_\_\_

CERTIFICATION: ☐ AI ☐ TBI ☐ CI ☐ ECDD ☐ EI ☐ DHH  
☐ LD ☐ PI ☐ OHI ☐ SLI ☐ SXI ☐ VI

CURRENT IEP DATE: \_\_\_\_\_ CURRENT MET DATE: \_\_\_\_\_

PLACEMENT

We understand that the present placement at Children's Village School of the Waterford School District, is temporary and that an evaluation shall be instituted and an Individual Education Planning (IEP) Team meeting called within thirty (30) school days.

Parents/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Date Program to Begin: \_\_\_\_\_