

**IEP – AB2726 Residential Placement Plan**

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 District of Residence: \_\_\_\_\_ 7-digit CDS code: \_\_\_\_\_  
 Current Social/Emotional Student Behaviors Justifying Residential Care: \_\_\_\_\_

**Less Restrictive Alternatives to Placement Discussed at Expanded IEP Team Meeting:**

- Case Management       Medication Support       Group Therapy       Collateral  
 Individual Therapy       Day Rehabilitation       Day Treatment

Results of Discussion (Why these options will or will not be appropriate for this student): \_\_\_\_\_

Mental Health Service(s)	Location (e.g., Grp Home)	Initial Date	Freq (e.g., 4x/mo)	Duration (e.g., 120 min)	Provider	Goal (One Goal is Required for Each Recommendation)
<input type="checkbox"/> CM						<i>Refer to MHS Goals Sheet for specific goal for each service</i>  <i>NOTE: Duration time includes not only face-to-face time, but also any additional required activities.</i>
<input type="checkbox"/> Collateral						
<input type="checkbox"/> Ind Therapy						
<input type="checkbox"/> Grp Therapy						
<input type="checkbox"/> Meds Monitoring						
<input type="checkbox"/>						

Goals of Residential Care (Note: Global goal is always to improve educational functioning and facilitate reunification back to the home. This section should address specifics needed to accomplish this goal): \_\_\_\_\_

Potential Residential Placements Discussed (Note: Sites discussed have not yet agreed to placement. Sites discussed are options and should other appropriate placements options develop they will be given equal consideration): \_\_\_\_\_

Transition Plan (This should represent current plan for student to transition out of current, or planned, residential placement): \_\_\_\_\_

**PERIODIC REPORT:** (A periodic report of pupil's progress will be provided concurrently to the report card.)

Date of Scheduled Report Cards: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_

**IEP TEAM SIGNATURES:** Signature verifies that the AB 2726 Residential Assessment, Residential Plan, and MHS Goals Sheet are approved and incorporated as referenced, as part of this IEP, including conclusions, milestones/goals and service recommendations. SBCDBH is designated as the lead case manager in regards to residential placement.

\_\_\_\_\_  
 Administrator/Designee Signature      Printed Name      Title      Date

\_\_\_\_\_  
 DBH Representative Signature      Printed Name      Title      Date

**PARENT/GUARDIAN APPROVAL:**

- \_\_\_\_\_ (Parent Initials) I have been advised of my rights, including voluntary nature of AB 2726 residential placement.  
 \_\_\_\_\_ (Parent Initials) I have received a copy of the Mental Health Assessment  
 \_\_\_\_\_ (Parent Initials) I understand the AB2726 is not responsible for costs of hospitalizations or medical services.  
 \_\_\_\_\_ (Parent Initials) I understand that it is my responsibility to facilitate medical and dental services as needed.  
 \_\_\_\_\_ (Parent Initials) I understand that I am responsible to provide residence for child in case of emergency.

\_\_\_\_\_  
 Parent/Guardian Signature      Printed Name      Title      Date

### Mental Health Services Goals Sheet

- Case Management (See Residential Placement Plan for location, initial date, frequency, and duration of service)  
Goal for Case Management Services: \_\_\_\_\_

---

- Collateral Services (See Residential Placement Plan for location, initial date, frequency, and duration of service)  
Goal for Collateral Services: \_\_\_\_\_

---

- Individual Therapy (See Residential Placement Plan for location, initial date, frequency, and duration of service)  
Goal for Individual Therapy: \_\_\_\_\_

---

- Group Therapy (See Residential Placement Plan for location, initial date, frequency, and duration of service)  
Goal for Group Therapy: \_\_\_\_\_

---

- Medication Monitoring (See Residential Placement Plan for location, initial date, frequency, and duration of service)  
Goal for Medication Monitoring: \_\_\_\_\_

---

- Other: \_\_\_\_\_ (See Residential Placement Plan for location, initial date, frequency, and duration of service)  
Goal for this service: \_\_\_\_\_

---

All goals outlined above are approved and incorporated as referenced, as part of this IEP and the AB2726 Residential Placement Plan.

\_\_\_\_\_  
Administrator/Designee

\_\_\_\_\_  
DBH Representative

\_\_\_\_\_  
Parent/Guardian