

## Temporary Assignment to Juvenile Justice Detention Center or Intensive Aftercare

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Present Level: The student has been adjudicated to \_\_\_\_\_

Placement has been made by DJJ for the purpose of addressing non-educational needs.

Goals are from the current IEP. Short term objectives from the current IEP on which the student will work during detention period:	Mastery Criteria	Sched	Procedures	Progress

**Services to be provided during temporary assignment to DJJ Center:**

Special Education / Related Services / Supplementary Aids	Setting / Location	Frequency	Title / Position Responsible	Initiation/Duration date (if different from IEP.

**Participants Signatures Required**

\_\_\_\_\_  
Parent

\_\_\_\_\_  
LEA Representative

\_\_\_\_\_  
Other / Title

\_\_\_\_\_  
Student

\_\_\_\_\_  
General Education Teacher

\_\_\_\_\_  
Other / Title

\_\_\_\_\_  
ESE Teacher

\_\_\_\_\_  
ESE Teacher

\_\_\_\_\_  
Other / Title