### Placement Options Consideration Planning Form

1. **What specific strengths and needs does the child have that must be considered when considering placement options?**  
   List all:

2. **What program or classroom characteristics are needed in an appropriate placement for this child?**  
   List all:

3. **Where does the child currently attend school or special education and related services?**

4. **Is the current location of services inclusive?**  
   ___ Yes  ___ No  
   **Rationale:**

5. **What are the family’s preferences?**

6. **Is it likely that the child can achieve his or her goals and objectives in this setting with the special education and related services being provided there?**  
   ___ Yes  ___ No  
   **Rationale:**

7. **Are accommodations, modifications, supplementary aids and services, or training and technical assistance needed in the current placement to make that setting successful for the child?**  
   ___ Yes  ___ No  
   **What is needed?**  
   - Accommodations:
   - Modifications:
   - Supplementary aids and services:
   - Training and technical assistance:

8. **If the individualized education program team determines that the child is unlikely to achieve his or her goals and objectives in the current setting with modifications, accommodations, supplementary aids and services, and training and technical assistance, what other placements are available?**  
   Consider each of the following:  
   - Community preschools/child care  
   - Combination of community/public school settings  
   - Recreational programs in the community (e.g., YMCA, libraries)  
   - Home  
   - State preschool programs  
   - Head Start