



INTERIM ALTERNATIVE EDUCATIONAL SETTING (IAES)

Alpena-Montmorency-Alcona
Educational Service District
2118 US 23 South
Alpena, MI 49707
(989) 354-3101

Student's Name	Last:	First:	Middle Initial:
----------------	-------	--------	-----------------

Student ID #:	DOB:	Grade:	School:
---------------	------	--------	---------

Date of Meeting:	Date of Most Recent IEP:	Date of MDR:
------------------	--------------------------	--------------

Length of Removal:

- Short term removal not a change of placement (complete section I only).
- Removal for Special Circumstances—up to 45 days (complete section II only).*
- Change of Placement—up to 180 days (complete section II only).*

**Individuals with Disabilities Education Act (IDEA) notice of intent to change placement required.*

SECTION I: Not a change of placement (short term removal)

Participants

School Personnel:	Position:
-------------------	-----------

Teacher:

Documentation of all steps is required.

# of days of current removal:	
-------------------------------	--

Review current goals and objectives (attach copy).	<p>List goals to be addressed.</p>
--	---

Describe the services to be provided to enable the student:	<p>To participate in the general education curriculum.</p>
---	---

	<p>To progress toward meeting the goals.</p>
--	---

IAES for short term removal:	
------------------------------	--

**SECTION II: A. Removal for Special Circumstances (up to 45 days)
B. Change of Placement (up to 180 days)**

Participants: Check box of staff qualified to explain instructional implications of assessments.

_____	<input type="checkbox"/> District Representative*
Student (if appropriate)*	
_____	<input type="checkbox"/> General Education Teacher*
Parent*	
_____	<input type="checkbox"/> Special education Provider*
Parent	
_____	<input type="checkbox"/> Other
<input type="checkbox"/> Other	<input type="checkbox"/> Other

***Required participants.**

Documentation of all steps is required.

# of days of current removal	
Review current goals and objectives (attach copy).	List goals to be addressed.
Describe the services to be provided to enable the student:	To participate in the general education curriculum.

	To progress toward meeting the goals.
Conduct a functional behavior assessment (FBA) and behavioral interventions (or review existing), as appropriate. Date of existing plan: _____	Describe services and modifications designed to prevent the behavior from happening again.
IAES for short term removal.	

SECTION III: Implementation

IAES and services to be in effect _____ through _____.
The following person will ensure implementation: _____.