

**Berrien Regional Education Service Agency
711 St. Joseph Ave., Berrien Springs, MI 49103**

Agreement to Continue Special Education Cooperative Agreement Placement

Student Information:	Previous Resident District Information:
Name: _____	District: _____
Parent(s): _____	Student Address: _____
Operating District: _____	City/State: _____
Date of IEP: _____	Zip Code: _____
Date of Evaluation: _____	Phone: _____
Eligibility: _____	IEP Information (Attach IEP and Evaluation Info.)
Program: _____	District: _____
Services: _____	Student Address: _____
Services: _____	City/State: _____
Services: _____	Zip Code: _____
Services: _____	Phone: _____

Resident School District Agreement:

- The school district agrees to continued implementation of the current individualized education program in the stated operating district. A cooperative special education agreement is on file relative to this placement.

Resident District Administrator: _____

Date: _____