

TRANSFER

DECISION: _____ **To Evaluate** _____ **Not to Evaluate**

STUDENT:	SCHOOL:	GRADE:	DOB:
SE TEACHER/SERVICE PROVIDER:	TEACHER:	REGIONAL STUDENT: YES NO	
PRIMARY DISABILITY:	SECONDARY:	SSID # _____	

If evaluation is needed, use both column.

DATE

_____ **A. File reviewed by Sp. ed . director**

	Current	Not Current/absent
Eligibility		
Current IEP		
Consent to Place		
Evaluation Report(s)		

_____ **B. Disability Eligibility Determination**

** If yes, needs an evaluation. If no, does not need evaluation*

Yes	No	Category	Yes	No	Category
		Communication			Orthopedic
		LD			Autism
		OHI			TBI
		Intellectual Dis			Deaf/Blind
		Emotional Dis.			Vision
		Hearing			

If yes, complete both columns. If no, complete next column.

_____ **C. Notice of Team Meeting**

**Record Attempt to Schedule Team Meeting on Special Programs Contact Log*

At transfer meeting, complete the following

_____ **D. Written Agreements Between parent and District-if needed**

_____ **E. Prior Notice Consent for Evaluation & Sp. Ed. Eval. Assessment Option**

_____ **F. Prior Notice of Consent for Initial Placement Obtained if missing from file**

_____ **G. IEP adopted/changed from other district**

Completed	IEP Section
	Cover Sheet
	Considerations
	Statewide Assessments
	Goals /objectives
	Transition- if needed
	Service Summary
	LRE Determination

_____ **H. Written Evaluation Report(s)**

**After evaluation is complete, continue to next column for Transfer closure/annual IEP/Revision IEP.*

If no evaluation is needed, use this column.

DATE

_____ **C. Notice of Team Meeting**

**Record Attempt to Schedule Team Meeting on Special Programs Contact Log*

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At transfer/annual IEP/revision IEP meeting, complete the following:

_____ **D. Written Agreements Between parent and District-if needed**

_____ **E. Prior Notice of Consent for Initial Placement Obtained if missing from file**

_____ **F. Prior Notice of Special Education Action if student is not eligible for special education services**

_____ **G. IEP State Form if needed**

Completed	IEP Section
	Cover Sheet
	Considerations
	Statewide Assessments
	Goals /objectives
	Transition- if needed
	Service Summary
	LRE Determination

_____ **H. New eligibility form(s) completed if needed**

_____ **I. Notice of Transfer of Parent Rights (at ages 17 and 18)-if needed**

_____ **J. Other forms Needed:**

_____ **K. Copies of IEP/evaluation sent/given to parent. If parent(s) did not show for the IEP meeting, send a copy of the completed IEP with the form letter "Parent Non-attendance at IEP letter".**

_____ **L. Written Evaluation Report given to parent**

_____ **M. IEP archived on SEAS**

_____ **N. Exited from _____eligibility category only**

_____ **O. FEDERAL PLACEMENTCODE: _____**

_____ **P. Submit this checklist. Save Student Registry to R drive in Gretchen's folder under each Sped Teacher's name**