**Transfer Information Checklist**

This packet is for students transferring into districts served by Robertson County Special Services.

Once you are aware that the student received special education services from the previous district:

1. Call your Assessment Staff at 979-279-3507 immediately.

2. Assign campus personnel the responsibility of completing the Transfer Information packet.

3. Complete the following forms:

☐ Procedural Safeguards (pink)

* Parent keeps the *Notice of Procedural Safeguards* booklet
* Parent signs *Receipt for Notice of Procedural Safeguards*.
* Return signed *Receipt for Notice of Procedural Safeguards* to RCSS.

☐ *Notice for Release/Consent to Request Confidential Information* (CONREL 2013)

* Fill out all data, have parent sign.
* Return completed form to RCSS.

☐ *Transfer Information*

* Call previous district, write down the name and phone number of the person who provided the information.
* Verify:
  + Last annual ARD/IEP date
  + Instructional arrangement (IA)
  + Speech count
  + Last date of the full and individual evaluation
  + Handicapping condition(s)
  + Last date of Individual Transition Plan (ITP) for students 16 and older
  + Schedule of regular and special education classes
  + Accommodations and/or modifications
  + Related services provided
  + Any additional information

**Return this packet to the RCSS office ASAP. The student must be entered into the data system**

**and a full ARD/IEP meeting must be held in 20 school days from the date information is verified.**

**NOTE: Please attach copy of Student Enrollment Form if available.**

**Transfer Information**

Student Name: Enrollment Date:

Local ID: UID:

Date of Birth: Age: Gender: Grade:

District: Campus:

Academic Year: Ethnicity:

Parent(s) Name:

Mailing Address:

Home phone: Other phone:

Verification of IEP: The school district has verified that the student had an IEP in effect within the same academic year in a previous LEA as follows:

Name of previous LEA: Phone #:

Name of person providing information:

Describe method of verification:

|  |  |  |
| --- | --- | --- |
| ☐ By telephone | ☐ Evaluation report provided | ☐ IEP Meeting forms provided |

The school will provide the child with a free appropriate public education (FAPE) including services comparable to those described in the IEP from the previous LEA. Within 30 school days from the date the child is verified as being a child eligible for special education services, the LEA will adopt the IEP from the previous LEA or develop, adopt, and implement a new IEP that is consistent with the ARD COMMITTEE frameworks.

Annual ARD Date from Previous District: IA:

Last day of Comprehensive Assessment: Speech Count:

Handicapping Condition 1: Handicapping Condition 4:

Handicapping Condition 2: Handicapping Condition 5:

Handicapping Condition 3:

Last ITP date for students 16 and older:

LEA Representative Date:

**Transfer Information**

**Instructional Schedule**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Subject | Semester | Service Provider | Grade Assigned by | Minutes Gen. Ed/Sp. Ed. | Freq./Duration |
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**Instructional Accommodations and/or Modifications:**

**Related Services Schedule**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Related Services | Semester | Provider | Minutes | Freq./Duration |
|  |  |  |  |  |
|  |  |  |  |  |

**Additional Information: (i.e., BIP, access to aide, ambulates via wheelchair, etc.)**