

**<District Name>**  
**In-State Transfer Process**  
**DOCUMENTATION FORM**

REFER TO THE **SPECIAL EDUCATION PROGRAM REVIEW: COMPLIANCE STANDARDS AND INDICATORS MANUAL**, TRANSFER PROCEDURES SECTION, FOR A COMPLETE EXPLANATION OF REQUIRED DOCUMENTATION.

Student Name	Date of Birth	Grade
Date of Enrollment (m/d/y)	Date of student's first day of school attendance or first day of school if transfer occurs prior to the beginning of school year (m/d/y):	

**Previous School**

Name of School District	Building	
Address		
City	State	Zip
Phone	Fax	

**Records Request:** *State and federal regulations require that when a student with a disability transfers from one school in the state to another school district in Missouri, the new school in which the child enrolls shall take reasonable steps to promptly obtain the child's records, including the IEP and supporting documents and any other records relating to the provision of special education or related services to the child, from the previous school. The previous school in which the child was enrolled is required to take reasonable steps to promptly respond to such request from the new school.*

*The Missouri Safe Schools Act requires receiving school districts to request records within two (2) business days of enrollment. Sending Missouri districts are required to send records within five (5) business days of receiving a request for records.*

**Records Received**

<b>Evaluation Report</b>	Requested (m/d/y)	Received (m/d/y)
<b>IEP</b>	Requested (m/d/y)	Received (m/d/y)
<b>Other:</b>	Requested (m/d/y)	Received (m/d/y)

**Action Taken by LEA Personnel as a Result of Records Received:**

- ☐ No evaluation report and no IEP received, go to Section 2.
- ☐ Evaluation report received, but no IEP, go to Section 3.
- ☐ IEP received, but no evaluation report, go to Section 4.
- ☐ Both evaluation report and IEP received, go to Section 5.

**SECTION 2: NO EVALUATION REPORT AND NO IEP RECEIVED AT ENROLLMENT**

☐ Did review of information on enrollment form indicate that the child was receiving or had previously received Special Education Services? ☐ Yes ☐ No

☐ From interviews, is there any reason to suspect that the child is a child with a disability under IDEA?  
☐ Yes ☐ No

Attach the Interview Documentation Form(s):

☐ Parent/Guardian/ Student Interview (age 18+)

☐ Officials of Sending LEA

DECISION:

☐ NO reason to suspect the child has a disability. STOP—Place child in regular education.

☐ YES, there is reason to suspect the child has a disability under IDEA— the LEA must provide comparable services based on interviews until eligibility determination can be made. Proceed below.

Name/role of individual(s) making decision: \_\_\_\_\_ Date of Decisions (m/d/y)\_\_\_\_/\_\_\_\_/\_\_\_\_

Name	Role
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Name	Role
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Name	Role
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**SUBSECTION 2a:**

☐ If a current evaluation report is received within 30 days of enrollment:

☐ Complete Section 3

☐ If a current evaluation report is NOT received within 30 days of enrollment:

☐ Documentation is present that reevaluation procedures were initiated on (m/d/y) \_\_\_\_/\_\_\_\_/\_\_\_\_

Was the child determined eligible? Date of eligibility determination: (m/d/y)\_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Yes

☐ IEP team convened within 30 days of eligibility determination to develop an IEP. Date of IEP meeting: (m/d/y) \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ No

☐ Parent provided with Prior Written Notice for Ineligibility/Change of Placement and child exited from services.

**SECTION 3: Evaluation Report Received, NO IEP received at enrollment****EVALUATION REPORT**

The public agency reviewed the Evaluation Report to determine whether to accept or reject it.

Date evaluation report reviewed and decision made regarding eligibility (m/d/y) \_\_\_\_/\_\_\_\_/\_\_\_\_

DECISION:

☐ Accepted

Acceptance indicates that the evaluation report is compliant and includes all information necessary to determine eligibility in the State of Missouri. Proceed to Section 3a below.

☐ Rejected

Reevaluation must be initiated to determine eligibility. Proceed to Section 3b below:

Name/role of individual(s) making decision: \_\_\_\_\_

Name	Role
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Name	Role
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Name	Role
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**SUBSECTION 3a:**

- ☐ Conduct interviews to determine services (attach Interview Form)
- ☐ Parent/Guardian / Student Interview (age 18+)
  - ☐ Officials of Sending School
- ☐ Conduct an IEP meeting to develop an annual IEP for the student
- ☐ IEP developed on \_\_\_\_/\_\_\_\_/\_\_\_\_
- Was there a delay conducting the IEP meeting or determining acceptance of the evaluation report?
- ☐ If Yes – Public agency, in consultation with the parent, provided FAPE to the child, including services comparable to those described in the previous IEP, until such time as the public agency could adopt the previous IEP or convene an IEP team meeting to develop a new IEP that is consistent with Federal and State law and regulations.

**SUBSECTION 3b:**

- ☐ Conduct interviews to determine services (attach Interview Form)
- ☐ Parent/Guardian Interview
  - ☐ Student Interview (age 18+)
  - ☐ Officials of Sending School
- ☐ Provide comparable services until eligibility can be determined.
- ☐ Initiate reevaluation for the student. Documentation is present that reevaluation was initiated on \_\_\_\_/\_\_\_\_/\_\_\_\_
- Was the child determined eligible? Date of eligibility determination: (m/d/y) \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☐ Yes
- ☐ IEP team convened within 30 days of eligibility determination to develop an IEP. Date of IEP meeting: (m/d/y) \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☐ No
- ☐ Parent provided with Prior Written Notice for Ineligibility/Change of Placement and child exited from services.

**SECTION 4: IEP received, NO Evaluation Report received at enrollment****IEP**

The public agency reviewed the IEP to determine whether to accept or reject it.

Date IEP reviewed and decision made to accept or reject: (m/d/y) \_\_\_\_/\_\_\_\_/\_\_\_\_

**DECISION:**

- ☐ Accepted the transferred IEP – IEP Implemented on \_\_\_\_/\_\_\_\_/\_\_\_\_. Proceed to Section 4a.  
Acceptance indicates the IEP is compliant with Missouri Regulations and can be implemented as written without any revisions.
- ☐ Rejected the transferred IEP. Proceed to Section 4b.

Name/Role of Individual(s) Making Decisions

Name	Role
Name	Role
Name	Role

**SUBSECTION 4a:**

- Was there a delay in determining acceptance of the IEP?
- ☐ No, the IEP is implemented as written.
- ☐ Yes, the Public Agency, in consultation with the parent, provided FAPE to the child, including services comparable to those described in the previous IEP, until such time as the public agency could adopt the previous IEP or convene an IEP team meeting to develop a new IEP that is consistent with Federal and State law and regulations. Date of IEP meeting to review/revise the IEP (m/d/y) \_\_\_\_/\_\_\_\_/\_\_\_\_.

**SUBSECTION 4a (continued):**

Was Evaluation Report received within 30 days of enrollment?

- ☐ Yes, Date Evaluation Report Received (m/d/y) \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Date Evaluation Report Reviewed (m/d/y) \_\_\_\_/\_\_\_\_/\_\_\_\_

DECISION:

- ☐ Accepted  
Acceptance indicates that the evaluation report is compliant and includes all information necessary to determine eligibility in the State of Missouri.
- ☐ Rejected, reevaluation must be initiated to determine eligibility\*.
- ☐ No, reevaluation must be initiated to determine eligibility\*.

\* Reevaluation initiated to determine eligibility due to rejection of the Evaluation Report OR not receiving an Evaluation Report:

- ☐ Initiate reevaluation for the student. Documentation is present that reevaluation was initiated on \_\_\_\_/\_\_\_\_/\_\_\_\_

Was the child determined eligible? Date of eligibility determination: (m/d/y) \_\_\_\_/\_\_\_\_/\_\_\_\_

- ☐ Yes
- ☐ IEP team convened within 30 days of eligibility determination to review/revise the IEP, if needed.
  - ☐ Date of IEP meeting: (m/d/y) \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☐ No
- ☐ Parent provided with Prior Written Notice for Ineligibility/Change of Placement and child exited from services.

**SECTION 4b:**

☐ The Public Agency, in consultation with the parent, provided FAPE to the child, including services comparable to those described in the previous IEP, until such time as the public agency could adopt the previous IEP or convene an IEP team meeting to develop a new IEP that is consistent with Federal and State law and regulations.

Date of IEP meeting to review/revise the IEP (m/d/y) \_\_\_\_/\_\_\_\_/\_\_\_\_

Was Evaluation Report received within 30 days of enrollment?

- ☐ Yes, Date Evaluation Report Received (m/d/y) \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Date Evaluation Report Reviewed (m/d/y) \_\_\_\_/\_\_\_\_/\_\_\_\_

DECISION:

- ☐ Accepted\*
- \*Acceptance indicates that the evaluation report is compliant and includes all information necessary to determine eligibility in the State of Missouri.
- ☐ Rejected, reevaluation must be initiated to determine eligibility\*
- ☐ No, reevaluation must be initiated to determine eligibility\*

\*Reevaluation initiated to determine eligibility due to rejection of the Evaluation Report OR not receiving an Evaluation Report:

- ☐ Initiate reevaluation for the student. Documentation is present that reevaluation was initiated on \_\_\_\_/\_\_\_\_/\_\_\_\_

- ☐ Was the child determined eligible as a result of the reevaluation?

☐ Date of eligibility determination: (m/d/y) \_\_\_\_/\_\_\_\_/\_\_\_\_

- ☐ Yes
- ☐ IEP team convened within 30 days of eligibility determination to review/revise the IEP, if needed.
  - ☐ Date of IEP meeting: (m/d/y) \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☐ No
- ☐ Parent provided with Prior Written Notice for Ineligibility/Change of Placement and child exited from services.

**SECTION 5: IEP And Evaluation Report Received At Enrollment****EVALUATION REPORT**

The public agency reviewed the Evaluation Report to determine whether to accept or reject it.

Date evaluation report reviewed and decision made regarding eligibility (m/d/y) \_\_\_\_/\_\_\_\_/\_\_\_\_

**DECISION:**

☐ Accepted the transferred Evaluation Report. Acceptance indicates that the evaluation report is compliant and includes all information necessary to determine eligibility in the State of Missouri. Proceed to review of the transfer IEP below.

☐ Rejected the transferred Evaluation Report. A reevaluation must be initiated to determine eligibility. Provide comparable services. Reevaluation initiated on (m/d/y)\_\_\_\_/\_\_\_\_/\_\_\_\_

Was the child determined eligible? Eligibility determined on (m/d/y)\_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Yes

▪ IEP team convened within 30 days of eligibility determination to develop an IEP

☐ No

▪ Parent provided with Prior Written Notice for Ineligibility/Change of Placement and child exited from services

Name/Role of Individual(s) Making Decision:

Name

Role

Name

Role

Name

Role

**IEP**

The public agency reviewed the IEP to determine whether to accept or reject it.

Date IEP reviewed and decision made to accept or reject: (m/d/y) \_\_\_\_/\_\_\_\_/\_\_\_\_

**DECISION:**

☐ Accepted. Acceptance indicates the IEP is compliant according to Missouri Regulations and can be implemented as written without any revisions the transferred IEP. IEP Implemented on \_\_\_\_/\_\_\_\_/\_\_\_\_.

☐ Rejected the transferred IEP. The Public Agency, in consultation with the parent, provided FAPE to the child, including services comparable to those described in the previous IEP, until such time as the public agency could adopt the previous IEP or convene an IEP team meeting to develop a new IEP that is consistent with Federal and State law and regulations. Date of IEP meeting to review/revise the IEP (m/d/y) \_\_\_\_/\_\_\_\_/\_\_\_\_.

Name/Role of Individual(s) Making Decision

Name

Role

Name

Role

Name

Role

ATTACHMENT

# INTERVIEW INFORMATION DOCUMENTATION FORM

Student Name:	Date of Enrollment (m/d/y):
Name of Sending District:	Name of School Building:

## 1. Interview with Parent/Guardian/Student (18+)

Date of Interview:	Method: <input type="checkbox"/> Phone (____)-_____ <input type="checkbox"/> In person <input type="checkbox"/> Other: _____
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Name of parent/guardian/student (18+) interviewed :

Name/Role of LEA personnel conducting interview:

### Evaluation Information:

Has the student been found eligible for special education?

- ☐ No – STOP.  
☐ Yes, complete information below

Date (m/d/y) of current evaluation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Category of eligibility:

- ☐ Autism  
☐ Deaf/Blindness  
☐ Emotionally Disturbance  
☐ Hearing Impaired/Deafness  
☐ Intellectual Disability  
☐ Multiple Disabilities  
☐ Orthopedic Impairment  
☐ Other Health Impaired  
☐ Specific Learning Disability (check category)

☐ Oral Expression   ☐ Written Expression  
☐ Reading Fluency   ☐ Reading Comprehension  
☐ Basic Reading Skills   ☐ Math Problem Solving  
☐ Math Calculations   ☐ Listening Comprehension
- ☐ Speech Impaired  
☐ Articulation: \_\_\_\_\_  
☐ Fluency  
☐ Voice  
☐ Language Impaired  
☐ Expressive  
☐ Receptive  
☐ Pragmatics  
☐ Traumatic Head Injury (TBI)  
☐ Visual Impairment/Blindness  
☐ Young Child with a Developmental Delay

Brief summary of Evaluation Report / additional areas of concern:

### IEP Information

Does the student have current IEP?

- ☐ No – STOP.  
☐ Yes, complete information below

Date (m/d/y) of current IEP: \_\_\_\_/\_\_\_\_/\_\_\_\_

Brief summary of Present Level of Performance:

Summary of Goals on the IEP:

### Special Education/Related Services:

Description	Amount	Frequency	Location

Summary of Accommodations/Modifications:

Placement:

Special Considerations:

Student has BIP?

- ☐ Yes – describe: \_\_\_\_\_  
☐ No

Transportation is a related service?:

- ☐ Yes – describe: \_\_\_\_\_  
☐ No

Student take MAP-A? ☐ Yes   ☐ No

Other relevant information:

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## 2. Interview with LEA Staff Person from Sending District (e.g. counselor, process coordinator, sped director, sped teacher, etc.)

Date of Interview:	Method: <input type="checkbox"/> Phone (____)-_____ <input type="checkbox"/> In person <input type="checkbox"/> Other: _____
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Name(s) /Role(s) of <u>Sending</u> LEA personnel interviewed :
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Name/Role of <u>Receiving</u> LEA personnel conducting interview:
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### Evaluation Information:

Has the student been found eligible for special education?

☐ No – STOP.

☐ Yes, complete information below

Date (m/d/y) of current evaluation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Category of eligibility:

- ☐ Autism
- ☐ Deaf/Blindness
- ☐ Emotionally Disturbance
- ☐ Hearing Impaired/Deafness
- ☐ Intellectual Disability
- ☐ Multiple Disabilities
- ☐ Orthopedic Impairment
- ☐ Other Health Impaired
- ☐ Specific Learning Disability (check category)
  - ☐ Oral Expression      ☐ Written Expression
  - ☐ Reading Fluency      ☐ Reading Comprehension
  - ☐ Basic Reading Skills      ☐ Math Problem Solving
  - ☐ Math Calculations      ☐ Listening Comprehension
- ☐ Speech Impaired
  - ☐ Articulation: \_\_\_\_\_
  - ☐ Fluency
  - ☐ Voice
- ☐ Language Impaired
  - ☐ Expressive
  - ☐ Receptive
  - ☐ Pragmatics
- ☐ Traumatic Head Injury (TBI)
- ☐ Visual Impairment/Blindness
- ☐ Young Child with a Developmental Delay

Brief summary of Evaluation Report / additional areas of concern:

### IEP Information

Does the student have current IEP?

☐ No – STOP.

☐ Yes, complete information below

Date (m/d/y) of current IEP: \_\_\_\_/\_\_\_\_/\_\_\_\_

Brief summary of Present Level of Performance:

Summary of Goals on the IEP:

### Special Education/Related Services:

Description	Amount	Frequency	Location

Summary of Accommodations/Modifications:

Placement:

Special Considerations:

Student has BIP?

- ☐ Yes – describe: \_\_\_\_\_  
☐ No

Transportation is a related service?:

- ☐ Yes – describe: \_\_\_\_\_  
☐ No

Student take MAP-A? ☐ Yes   ☐ No

Other relevant information:



## Comparable Services Documentation Form

(To be used in conjunction with Section 3, 4 or 5 of the Transfer Documentation Form)

Student name:	Date of enrollment (m/d/y):
Name of Sending District:	Name of School Building:

Date of Consultation:												
Method of Consultation: <input type="checkbox"/> in person <input type="checkbox"/> by phone <input type="checkbox"/> other: _____												
Name / Role of persons conducting the consultation:												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; padding: 5px;">Name</th> <th style="width: 50%; padding: 5px;">Role</th> </tr> <tr> <td style="height: 20px;"></td> <td>Parent</td> </tr> <tr> <td style="height: 20px;"></td> <td>Student</td> </tr> <tr> <td style="height: 20px;"></td> <td>LEA representative</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>	Name	Role		Parent		Student		LEA representative				
Name	Role											
	Parent											
	Student											
	LEA representative											

- **Description of services required by the transfer IEP:**

Date of most recent IEP:																
Special Education and Related Services:																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%; padding: 5px;">Service</th> <th style="width: 25%; padding: 5px;">Amount</th> <th style="width: 25%; padding: 5px;">Frequency</th> <th style="width: 25%; padding: 5px;">Location</th> </tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td></tr> </table>	Service	Amount	Frequency	Location												
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Accommodations/Modifications:																

- **Description of COMPARABLE services to be provided to the student:**

Special Education and Related Services:																
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