<District Name>
Out-of-State Transfer Process
Documentation Form

REFER TO THE <u>SPECIAL EDUCATION PROGRAM REVIEW: COMPLIANCE STANDARDS AND INDICATORS</u> <u>MANUAL</u>, 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 implementing the IDEA require that when a student with a disability transfers from an out-of-state school district, 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.*

Records Received		
Evaluation Report	Requested (m/d/y)	Received (m/d/y)
IEP	Requested (m/d/y)	Received (m/d/y)
Other:	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 <u>suspect</u> 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. Proceed below.

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

Name	Role
Name	Role
Name	Role

SUBSECTION 2a:

☐ If the prior LEA confirms an IEP for the student, the new LEA provides comparable services based on interview information as there is sufficient reason to suspect the child has a disability until such time that initial eligibility in Missouri can be determined and an IEP developed, if the child is eligible.

☐ Documentation is present that Initial Evaluation 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) _____/_____/_____
           ○ Parent provided with Prior Written Notice for Initial Services.
        ☐ No
           ○ Parent provided with Prior Written Notice for Ineligibility/Change of Placement and child exited from services.

SECTION 3: Evaluation Report Received, <u>NO</u> IEP received at enrollment

EVALUATION REPORT

☐ Immediately upon enrollment (if after beginning of school year)
      OR
☐ If enrollment is prior to the beginning of the school year, by the beginning of the school year, 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
        Initial Evaluation must be initiated to determine eligibility. Proceed to Section 3b below:

Name/role of individual(s) making decision:

Name	Role
Name	Role
Name	Role

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?
    o 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:
☐ If the prior LEA confirms an IEP for the student, the new LEA provides comparable services based on interview information as there is sufficient reason to suspect the child has a disability until such time that initial eligibility in Missouri can be determined and an IEP developed, if the child is eligible.

☐ Initiate Initial Evaluation for the student. Documentation is present that evaluation 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) _____/_____/_____
      ❍ Parent provided with Prior Written Notice for Initial Services.
 	
    ☐ No
      ❍ Parent provided with Prior Written Notice for Ineligibility/Change of Placement and child exited from services.

SECTION 4: IEP received, <u>NO</u> 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 below.
    Acceptance indicates the IEP is compliant according to Missouri Regulations and can be implemented as written without <u>any</u> revisions.
  ☐ Rejected the transferred IEP. Proceed to Section 4b below.

Name/Role of Individual(s) Making Decisions	
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, Initial Evaluation must be initiated to determine eligibility*

☐ No, Initial Evaluation must be initiated to determine eligibility*

*Initial Evaluation initiated to determine eligibility based on Missouri standards due to rejection of the Evaluation Report OR not receiving an Evaluation Report:

☐ Initiate Initial Evaluation for the student. Documentation is present that Initial Evaluation 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) _____/_____/_____
- Parent provided with Prior Written Notice for Initial Services.

        ☐ No

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

SUBSECTION 4b:

☐ The Public Agency, in consultation with the parent, provided FAPE to the child, including services comparable to those described in the rejected IEP, until such time as the public agency convenes 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, Initial Evaluation must be initiated to determine eligibility*

*Initial Evaluation initiated to determine eligibility based on Missouri standards due to rejection of the Evaluation Report OR not receiving an Evaluation Report:

☐ Initiate Initial Evaluation for the student. Documentation is present that Initial Evaluation 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) _____/_____/_____
- Parent provided with Prior Written Notice for Initial Services.

        ☐ 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. 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. An initial evaluation must be initiated to determine eligibility. Initial Evaluation initiated on (m/d/y)_____/_____/_____

    ☐ The LEA provides comparable services based on the transfer IEP, until such time that initial eligibility in Missouri can be determined and an IEP developed, if the child is eligible.

    ☐ Was the child determined eligible? Eligibility determined on (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) _____/_____/_____

          ○ Parent provided with Prior Written Notice for Initial Services.

        ☐ 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 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

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: ☐ Phone (_____)-_____ ☐ In person ☐ Other:_____

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 takes MAP-A? ☐ Yes   ☐ No

Other relevant information:

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

Date of Interview:	Method: ☐ Phone (_____)-_____ ☐ In person ☐ Other:_____

Name(s) /Role(s) of <u>Sending</u> LEA personnel interviewed :

Name/Role of <u>Receiving</u> 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 takes 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: ☐ in person ☐ by phone ☐ other:_____

Name / Role of persons conducting the consultation:

Name	Role
	Parent
	Student
	LEA representative

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

Date of most recent IEP:

Special Education and Related Services:

Service	Amount	Frequency	Location

Accommodations/Modifications:

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

Special Education and Related Services:

Service	Amount	Frequency	Location