

BRUSH COUNTRY CO-OP

OUT-OF-DISTRICT TRANSFER STUDENT RECEIVING SPECIAL EDUCATION

STUDENT: _____	ENROLLMENT DATE: _____
DOB: _____	AGE: _____ SEX: _____ RACE: _____ GRADE: _____
SS#: _____	MEDICAID# (if appropriate): _____
PARENT/GUARDIAN: _____	
ADDRESS: _____	
PARENT PHONE#: _____	CURRENT DISTRICT/CAMPUS: _____

INFORMATION FROM PREVIOUS DISTRICT:

DISABILITY: (1) _____ (2) _____ (3) _____ ☐ MEDICALLY FRAGILE ☐ MULTIPLE DISABLED

INSTRUCTIONAL ARRANGEMENT: _____

SPECIAL EDUCATION SERVICES: ☐ TRANS ☐ OT ☐ PT ☐ COUNSELING ☐ AT ☐ SPEECH
☐ DEAF INTERPRETER ☐ VISION ☐ NURSE ☐ AUDIOLOGICAL ☐ O&M ☐ BIP ☐ OTHER

ARD/IEP DATE: _____ PREVIOUS ISD: _____ PHONE: _____

FULL & INDIVIDUAL EVAL DATE: _____ TESTED BY: _____

ISD/CO-OP

☐ **OPTION #1: ACCEPTING CURRENT IEP/ARD FROM PREVIOUS DISTRICT**

- | | | |
|---|------------------------------|-----------------------------|
| a. Student is transferring from a previous school district in Texas. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. A copy of the student's current ARD/IEP is available. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c. The parents indicate in writing that they are satisfied with the current ARD/IEP. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| d. This school district has determined that the current ARD/IEP is appropriate and can be implemented as written and the student will be temporarily placed. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

If any of the questions above is answered NO, skip to Option #2.

☐ **OPTION #2: TRANSFER ARD MEETING REQUIRED**

- | | | |
|--|------------------------------|-----------------------------|
| a. The parent verifies that the student was receiving special ed services in the previous state. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. The previous school district verifies that the student was receiving special ed services. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c. The student is temporarily placed after enrollment. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Directions for completing TRANSFER STUDENT RECEIVING SPECIAL EDUCATION form:

1. Campus office attaches a copy of the **HOME LANGUAGE SURVEY**.
2. Give this form along with the other forms to your **DIAGNOSTICIAN** or **SPEECH PATHOLOGIST**.
3. Give parent **EXPLANATION OF PROCEDURAL SAFEGUARDS** and **GUIDE to the ARD PROCESS**.
4. Have parent sign **RECEIPT** and check box indicating the **GUIDE** was provided.
5. Have parent sign **CONSENT for RELEASE of CONFIDENTIAL INFORMATION** to request TRES records.

Parent signature _____

Date _____