**Out-of-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.**

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| 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. |

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| **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 [ ]  NoAttach the Interview Documentation Form(s)[ ]  Parent/Guardian/ Student Interview (age 18+)☐ Officials of Sending LEA |
| DECISION: [ ]  NO, there is 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, NO 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: [ ]  AcceptedAcceptance 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?* 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.
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| **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, 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 below.Acceptance indicates the IEP is compliant according to Missouri Regulations and can be implemented as written  without any 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) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_. |

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| **SUBSECTION 4a (continued):**  |
| Was the Evaluation Report received within 30 days of enrollment?

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| [ ]  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 Federal and 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. |

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| **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 the Evaluation Report received within 30 days of enrollment?

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| [ ]  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 Federal and 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.  |

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| **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 |
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| **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 to 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**

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| Student Name: | Date of Enrollment (m/d/y): |
| Name of Sending District: | Name of School Building: |
| 1. **Interview with Parent/Guardian/Student (18+)**
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| 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 belowDate (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 DelayBrief 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:

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| --- | --- | --- | --- |
| Description | Amount | Frequency | Location |
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Summary of Accommodations/Modifications: Placement:  Special Considerations:Student has BIP?  [ ]  Yes – describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  NoTransportation is a related service? [ ]  Yes – describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  NoStudent takes MAP-A? [ ]  Yes [ ]  No Other relevant information: |
| 1. **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 Sending LEA personnel interviewed :  |
| Name/Role of Receiving LEA personnel conducting interview: |
| **Evaluation Information:**Has the student been found eligible for special education?[ ]  No – STOP. [ ]  Yes, complete information belowDate (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 DelayBrief 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:

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| --- | --- | --- | --- |
| Description | Amount | Frequency | Location |
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Summary of Accommodations/Modifications: Placement:  Special Considerations:Student has BIP?  [ ]  Yes – describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  NoTransportation is a related service? [ ]  Yes – describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  NoStudent 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)**

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| Student Name: | Date of Enrollment (m/d/y) |
| Sending District: | Current School Building:  |
|  |  |
| Date of Consultation: |
| Method of Consultation: [ ]  In Person [ ]  By Phone [ ]  other: |
| Persons participating in consultation: |
| Name | Role |
|  | Parent |
|  | Student |
|  | LEA Representative |
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| Description of Services Included in the Transfer IEP: |
| Date of IEP received at transfer: |
| Special Education and Related Services: |
| Service | Amount | Frequency | Location |
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| Accommodations/Modifications: |
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| Description of **COMPARABLE** Services to be Provided to the Student: |
| Date of Implementation: |
| Special Education and Related Services: |
| Service | Amount | Frequency | Location |
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| Accommodations/Modifications: |
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