

School Board of Alachua County, Gainesville, FL, Exceptional Student Education
ESE TRANSFER STUDENT VERIFICATION

Student's Name _____ Student # _____
Last First Middle

DOB _____ Grade _____ Current School _____ Date _____

Former School _____ Former School District _____

City _____ State _____ School Ph. _____ District Ph. _____

Former Alachua County Student ____ Yes ____ No Former Alachua County School _____

Suspected exceptionality(ies) of Student _____

Dates Called/Comments	1. Confirmation of Placement from Previous School
	a. Name/Title of person receiving data: _____
	b. Name/Title of person releasing data: _____
	c. Program(s) _____
	*Referral Date _____
	*Initial Evaluation Date _____
	*Eligibility Date _____
	*Placement Date _____
	Current Evaluation _____
	*Not required for out-of-state transfers
	d. Status of current IEP from previous school: Initiation/duration dates on current IEP: _____
	Amount of time in program(s): _____
	Setting: <input type="checkbox"/> Regular Class <input type="checkbox"/> Resource <input type="checkbox"/> Self-Contained <input type="checkbox"/> Special Day School
	e. Diploma Option: _____
	f. Subject Areas Served/Services: _____
	2. Required School Follow-up
	a. In-State Transfers
	Current IEP continued <input type="checkbox"/> , updated <input type="checkbox"/> , or wrote new IEP <input type="checkbox"/> _____ (date)
	<input type="checkbox"/> Informed Notice / Change of Placement or Dismissal _____ (date)
	<input type="checkbox"/> Transfer Verification & Informed Notice sent to ESE _____ (date)
	<input type="checkbox"/> School sent copies of any ESE student records from former school to their district ESE Data Specialist _____ (date)
	b. Out-of-State Transfers
	<input type="checkbox"/> Documentation of Staffing / Notice of Eligibility completed at temporary staffing by ESE Staffing Specialist _____ (date)
	<input type="checkbox"/> Informed Notice and Consent for Initial Placement (temporary) _____ (date)
	<input type="checkbox"/> New IEP written _____ (date)
	<input type="checkbox"/> School sent copies of any ESE student records from former school to their district ESE Data Specialist _____ (date)