

Student Name: _____ Date of Birth: _____

Student #: _____ Classification: _____ Grade: _____

Sending School: _____ Receiving School: _____

Date Form Completed: _____ Completed By: _____

All special education files must be in compliance before they are transferred to another school within Jordan School District, or to a school outside of the District. Teams must complete this form to verify that files are in compliance.

Please **Date** or **Circle** “Yes” or “No” to indicate that the following forms and information are correct and in the student’s file. **Items marked with an asterisk (*) must be corrected before transferring a file.** If an item cannot be corrected, please write a comment to explain.

File Checklist Item		Complete?		Explanation or Comment
Initial/Re-Evaluation Due Date: <i>If re-evaluation is due before October 1st of the next school year, the sending school must complete the re-evaluation prior to transferring the file to the receiving school.</i>		Date:		
Items marked with an asterisk (*) must be corrected before transferring a file.				If “No,” give reason if not able to correct.
Documentation of Response to Interventions/Pre-Referral <i>(Not required for Preschool or Out of District)</i>	Yes	No		
Referral for Evaluation for Special Education <i>(Signed)</i>	Yes	No		
Re-evaluation Data Review <i>(Signed)</i>	Yes	No		
Prior Notice and Consent for Evaluation/Re-evaluation	Yes	No		
*Is the Evaluation Summary Report and Eligibility Determination current? <i>(Signed)</i> <i>(Refer to the Specific Disability Category Form and if any items in the disability category are marked “No” Eligibility is not current and must be corrected.)</i>	Yes	No		
*Evaluation Results Summary section includes the required pieces for the Specific Disabilities Category Form <i>(including vision & hearing results within 2 years)</i>	Yes	No		
*All Protocols dated and signed <u>including electronic protocols</u> * Intellectual * Achievement <i>(SLD Documentation if required)</i> * Social/Behavioral Checklists <i>(school and home)</i> * Speech/Communication * Observations <i>(SLD and EBD if required)</i> * Psychological Evaluation Report <i>(if required)</i>	Yes	No		
*Medical History Intake/Developmental History <i>(if required)</i>	Yes	No		
IEP Due Date: <i>If IEP is due before October 1st of the next school year, the sending school must hold a new IEP meeting prior to transferring the file to the receiving school.</i>		Date:		
IEP Team Participants’ Signatures <i>(if missing, explain)</i>	Yes	No		
Assessment Addendum	Yes	No		
Individual Transition Plan <i>(if required)</i>	Yes	No		
Age of Majority <i>(if required)</i>	Yes	No		
ESY Addendum <i>(if required)</i>	Yes	No		
IEP Progress Reports	Yes	No		
Additional Documents - Items marked with an asterisk (*) must be corrected before transferring a file.				If “No,” give reason if not able to correct.
*Prior Notice and Consent for Initial Placement <i>(required and signed)</i>	Yes	No		
*Prior Notice for Change of Placement	Yes	No		
Notice of Meeting(s)	Yes	No		
Health Care Plan <i>(if applicable)</i>	Yes	No		
*Additional Reports <i>(if required): OT, PT, Audiology, Vision, Hearing, WIDA, Bilingual Psychological Report, FBA/BIP, etc.</i>	Yes	No		