

Jordan School District
Transfer of Special Education Files

School: _____

School Year: _____

Please return this form to the school of origin after transferring any files.

Name of Student	Date of Transfer	Method of Transfer	Delivered By	Receiving School/District	Print Name of Team Member Receiving File	Received By/Signature

Directions for using this form:

-Fill in all fields in the rows provided for each transfer. One form may be used for the entire year and may be used by multiple team members at your school when transferring files. When giving records to the receiving team, **print the name** and obtain the signature of the team member receiving the file at the receiving school in the column "received by/signature": (note: for files sent through US mail, leave signature blank). File and retain forms in a central location where team members can readily refer to them. (Reference: JSD Special Education Guidelines Manual, 2009).

