



Exceptional Student Education
ESE Transfer Student Verification

Student Name: (last, first, middle) _____ Other ID: _____
DOB: _____ Grade: _____ Current School: _____ Date: _____
Former School: _____ Former School District: _____
City: _____ State: _____ School Phone: _____ District Phone: _____
Former Alachua County Student: Yes [] No [] Former Alachua County School: _____
Suspected Exceptionality(ies) of Student: _____

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/Initial Consent Date: _____
*Initial Evaluation Date: _____
*Eligibility Date: _____
*Placement Date: _____
Last Re-evaluation: _____
* Not required for out-of-state transfers
d. Status of current IEP from former school: Initiation duration dates on current IEP: _____
Amount of time in program(s): _____
Setting: Regular Class [] Resource [] Self-Contained [] Special Day School []
e. Diploma Options: _____
f. Subject Areas Served/Services: _____
g. Gifted – Plan A or B: _____

2. Required School Follow-Up

- a. In-State Transfers:
Current IEP amended [] wrote new IEP [] Date: _____
[] Informed Notice / Change of Placement or Dismissal Date: _____
[] Transfer Verification & Informed Notice sent to ESE Date: _____
[] School sent copies of IEP & evaluation(s) from former school to their district ESE Data Specialist Date: _____
b. Out-of-State Transfers
[] Staffing Specialist reviews prior to scheduling meeting Date: _____
[] Documentation of Staffing / Notice of Eligibility completed at staffing by ESE Staffing Specialist Date: _____
[] Informed Notice and Consent for Initial Placement Date: _____
[] New IEP written Date: _____
[] Staffing Specialist sent copies of IEP and evaluation(s) from former school to their district ESE Data Specialist Date: _____

Dates Called / Comments:

