

STUDENT TRANSFER FORM

BSED-2b

Review of Special Education Eligibility & Services

Revised 11/2015

Name _____	Date Entered District _____
School _____	Previous School _____
Grade _____ D.O.B. _____	Age _____ Gender _____ Primary Language _____

A. REVIEW OF EVALUATION DATA FROM PREVIOUS SCHOOL CONDUCTED ON _____.

Review last comprehensive evaluation report, indicate scores and performance in each area:

1. Intellectual:
2. Academic:
3. Communication:
4. Motor Ability:
5. Sensory Status:
6. Health / Physical Status:
7. Emotional / Social / Behavior:
8. Functional Skills:
9. Vocational Skills:
ADDITIONAL INFORMATION:

B. ANALYSIS & DISTRICT RECOMMENDATIONS REGARDING ELIGIBILITY AND PLACEMENT:

As a result of our review the team has recommended:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Data received from previous school district appears to be current and valid.
<input type="checkbox"/> IN STATE Yes <input type="checkbox"/> No	Student is considered eligible for special education services based upon records from previous Minnesota district and an IEP will be implemented.
<input type="checkbox"/> IN STATE Yes <input type="checkbox"/> No	Student evaluation records do not support eligibility for special education based upon reports from the previous MN district and additional eligibility data will be gathered within this district.
<input type="checkbox"/> OUT OF STATE Yes <input type="checkbox"/> No	Based upon review of last comprehensive evaluation report, records support INITIAL eligibility based upon Minnesota criteria and an IEP will be developed and proposed.
<input type="checkbox"/> OUT OF STATE Yes <input type="checkbox"/> No	Student evaluation records do not support INITIAL eligibility under Minnesota criteria and additional eligibility data will be gathered within this district.

Meets State of Minnesota Special Education Criteria in the Following Disability(ies):

(P) indicates primary disability and (S) indicates secondary disability(ies):		
<input type="checkbox"/> Autism Spectrum Disorders	<input type="checkbox"/> Emotional or Behavioral Disorder	<input type="checkbox"/> Specific Learning Disabilities
<input type="checkbox"/> Deaf & Hard of Hearing	<input type="checkbox"/> Other Health Disability	<input type="checkbox"/> Written Expression
<input type="checkbox"/> Deaf-Blind	<input type="checkbox"/> Physically Impaired	<input type="checkbox"/> Basic Reading Skills
<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Severely Multiply Impaired	<input type="checkbox"/> Reading Comprehension
<input type="checkbox"/> <input type="checkbox"/> Part C <input type="checkbox"/> Part B		<input type="checkbox"/> Reading Fluency
<input type="checkbox"/> Speech or Language Impairment	<input type="checkbox"/> Visually Impaired	<input type="checkbox"/> Mathematics Calculation
<input type="checkbox"/> Traumatic Brain Injury	<input type="checkbox"/> Developmental Cognitive Disability	<input type="checkbox"/> Mathematics Reasoning
	<input type="checkbox"/> M/M <input type="checkbox"/> S/P	<input type="checkbox"/> Oral Expression
		<input type="checkbox"/> Listening Comprehension
		<input type="checkbox"/> Developmental Adaptive Physical Education (DAPE)

Related Services:

OUT OF STATE TRANSFERS ONLY:

Complete and attach Minnesota criteria for selected disability(ies) based upon areas checked as primary and secondary above and place in student file with all due process paperwork.

E. ELIGIBILITY AND PLACEMENT REVIEW TEAM MEMBERS:

Signature & Position

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____