



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:
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:
Wrote new IEP Amended previous IEP (with permission)
Staffing Specialist reviews prior to scheduling meeting Date:
School sent the following to district ESE Data Specialist Date:
Change of Placement
Transfer Verification
Copies of IEP/Eval from former school
b. Out-of-State Transfers
Staffing Specialist reviews prior to scheduling meeting Date:
Staffing Specialist/SLP submits the following to district ESE Data Specialist Date:
Documentation of Staffing/Notice of Eligibility
Change of Placement
Copies of IEP/Eval from former school

Blank lines for additional information or notes.