



Transfer Student Documentation

Student Name	Initials	Birthdate	Today's Date
Parent(s) Name	Previous District/State		Date of Enrollment
	<u>Current</u> District/School		Date IEP Documentation Received:

Complete this section for all students who have transferred.

Date of consultation with parent(s) _____ (date)
An IEP was implemented on _____ (date)

Complete this section for students who transferred to Montana from another state.

On _____ (date) it was determined that:

The student is eligible to be identified as a student with a disability in the state of Montana. The student's disability category(ies) in the previous state is(are): _____
The student's disability category(ies) in Montana is(are): _____

A comprehensive initial evaluation must be conducted to determine if the student is eligible to be identified as a student with a disability in the state of Montana.

Notes:

Administrator or Designee

Special Education Teacher