

Student Name: _____ Date of Birth: _____

Student #: _____ Classification: _____ Grade: _____

Sending School: _____ Receiving School: _____

Date Form Completed: _____ Completed By: _____

All special education files must be in compliance before they are transferred to another school within Jordan School District, or to a school outside of the District. Teams must complete this form to verify that files are in compliance.

Please **Date** or **Circle “Yes” or “No”** to indicate that the following forms and information are correct and in the student’s file. **Items marked with an asterisk (*) must be corrected before transferring a file.** If an item cannot be corrected, please write a comment to explain.

File Checklist Item	Complete?		Explanation or Comment
Initial/Re-Evaluation Due Date: <i>If re-evaluation is due before October 1st of the next school year, the sending school must complete the re-evaluation prior to transferring the file to the receiving school.</i>	Date: _____		
Items marked with an asterisk (*) must be corrected before transferring a file.			If “No,” give reason if not able to correct.
Documentation of Response to Interventions/Pre-Referral (Not required for Preschool or Out of District)	Yes	No	
Referral for Evaluation for Special Education (Signed)	Yes	No	
Re-evaluation Data Review (Signed)	Yes	No	
Prior Notice and Consent for Evaluation/Re-evaluation	Yes	No	
*Is the Evaluation Summary Report and Eligibility Determination current? (Signed) (Refer to the Specific Disability Category Form and if any items in the disability category are marked “No” Eligibility is not current and must be corrected.)	Yes	No	
*Evaluation Results Summary section includes the required pieces for the Specific Disabilities Category Form (including vision & hearing results within 2 years)	Yes	No	
*All Protocols dated and signed including electronic protocols * Intellectual * Achievement (SLD Documentation if required) * Social/Behavioral Checklists (school and home) * Speech/Communication * Observations (SLD and EBD if required) * Psychological Evaluation Report (if required)	Yes	No	
*Medical History Intake/Developmental History (if required)	Yes	No	
IEP Due Date: <i>If IEP is due before October 1st of the next school year, the sending school must hold a new IEP meeting prior to transferring the file to the receiving school.</i>	Date: _____		
IEP Team Participants’ Signatures (if missing, explain)	Yes	No	
Assessment Addendum	Yes	No	
Individual Transition Plan (if required)	Yes	No	
Age of Majority (if required)	Yes	No	
ESY Addendum (if required)	Yes	No	
IEP Progress Reports	Yes	No	
Additional Documents - Items marked with an asterisk (*) must be corrected before transferring a file.			If “No,” give reason if not able to correct.
*Prior Notice and Consent for Initial Placement (required and signed)	Yes	No	
*Prior Notice for Change of Placement	Yes	No	
Notice of Meeting(s)	Yes	No	
Health Care Plan (if applicable)	Yes	No	
*Additional Reports (if required): OT, PT, Audiology, Vision, Hearing, WIDA, Bilingual Psychological Report, FBA/BIP, etc.	Yes	No	