



CONFIDENTIAL

Department of Special Services
Individualized Education Program

Transfer Student Documentation

Student Name		ID Number	Document Date
Base School		Current Attending School	Previous School Division
Grade	Date of Birth	Enrollment Date	Previous FCPS Student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent or Guardian	Home Phone:		Work Phone:
	E-Mail:		E-Mail:
Parent or Guardian	Home Phone:		Work Phone:
	E-Mail:		E-Mail:
Student Address	Number and Street	Apartment Number	City and State
			Zip Code

Most Recent Eligibility Date	3-Year Reevaluation Date
Primary Area of Eligibility	Additional Area(s) of Eligibility
Date of Last Available IEP	FCPS Interim Case Manager

Interim FCPS services consistent with the transfer IEP and in accordance with the *Regulations Governing Special Education Programs for Children with Disabilities in Virginia* (hereinafter, the Virginia Regulations.)

Service	Hours	Frequency		Hours in Special Education Setting Only		
		week	month		week	month
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Special Transportation is required Yes No

If special transportation is required, give reason

In consideration of the least restrictive environment, these services will be provided at

Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent or of the eligible student.



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Student Name _____ ID # _____ Document Date _____

Information received during the registration of this child in Fairfax County Public Schools (FCPS) indicates special education services were provided while attending another school division.

Interim Placement within FCPS

- Eligibility information has been received and is consistent with Virginia regulations. The IEP team will convene to develop a Fairfax County Public Schools' IEP within 30 calendar days of interim placement. The parent will be contacted to arrange a mutually agreed upon date for this meeting. Until an IEP has been developed, agreed to, and implemented by FCPS, services comparable to the transfer IEP as summarized on page 1 of this document will be provided.
- Eligibility information has not been received or is not available from the previous school district; however, a current IEP consistent with Virginia regulations has been received. The IEP team will convene to initiate reevaluation within 30 calendar days, and **prior** to completing a Fairfax County Public Schools' IEP. The parent will be contacted to arrange a mutually agreed upon date for this meeting. Until this process is completed, services comparable to the transfer IEP as summarized on page 1 of this document will be provided.
- Eligibility information is inconsistent with Virginia regulations. The local screening committee will convene to consider whether evaluation for special education is warranted. The parent will be invited to attend the local screening committee meeting. Until this process is completed, services comparable to the transfer IEP as summarized on page 1 of this document will be provided.

Parent Signature

FCPS requires that parents be consulted prior to providing services comparable to those described in the child's transfer individualized education program (IEP) that are in accordance with the Virginia Regulations.

I HAVE BEEN CONSULTED regarding the provision of the above special education and related services that are comparable to the services in my child's transfer IEP and are in accordance with the Virginia Regulations.

Parent Signature (or student age 18 or older) Date

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