

NEW ENROLLMENT NOTICE OF SPECIAL EDUCATION

When a student who is currently eligible for special education services moves into a school district, the student is to be placed immediately upon validation of eligibility. Validation of eligibility is a copy of current IEP or a phone call to the previous district to determine previous enrollment.

SECTION 1

Date of Last IEP		Date of Last Reevaluation		Birthdate	Gender	Student's Native Language	
Student's Last Name		Student's First Name		Middle Initial	Grade	Ethnic Group	
Student's Home Address			City	Zip Code		Home Telephone ()	
Parent/Guardian Last Name		First Name			Native Language		Parent/Guardian Home Telephone (if different) ()
Parent/Guardian Address (if different)			City	Zip Code		Parent/Guardian Work Telephone ()	
Resident District		Operating District			Attending District		
Previous School District and Building						Phone ()	

SECTION 2

Resident/Operating School District Implementation Options:

The student has been verified as currently eligible for special education programs/services (Check One)

Option 1 The school district will adopt the student's **current attached IEP** from the previous school district.

Option 2 (Required for Out-of-State students) The school district recommends the student be placed in a comparable program and/or service(s). The school district will provide the student with a free appropriate public education (FAPE) until implementation of a new IEP. An IEP will be developed within 30 school days of enrollment.

Placement will begin on _____ and an IEP team meeting will be held by _____.

Option 3 Student enrolled with an over due IEP from the previous school district. District will provide comparable programs and services for 30 days.

SECTION 3 Complete this section only if choosing Option 2 and 3

Student's Eligibility: (Circle one) CI EI HI VI PI OHI SLI ECDD SLD SXI ASD TBI

Special Education Program: (choose one)

<input type="checkbox"/> Resource Room	#sessions _____	#minutes _____
<input type="checkbox"/> Emotional Impaired Program	#sessions _____	#minutes _____
<input type="checkbox"/> Cognitive Impaired Program	#sessions _____	#minutes _____
<input type="checkbox"/> Early Childhood Special Education Program	#sessions _____	#minutes _____

Related Services: (check all that apply)

<input type="checkbox"/> Speech	#sessions _____	#minutes _____
<input type="checkbox"/> OT	#sessions _____	#minutes _____
<input type="checkbox"/> PT	#sessions _____	#minutes _____
<input type="checkbox"/> SSW	#sessions _____	#minutes _____
<input type="checkbox"/> TC (HI, VI, ASD)	#sessions _____	#minutes _____
<input type="checkbox"/> Other _____	#sessions _____	#minutes _____

Special Transportation: Yes No If yes, describe:

Resident District Administrator/Designee: _____ **Date:** _____