



# 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)

Student is military-connected

**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