



POLK COUNTY

Special Services

TRANSFER PACKET – SPECIAL EDUCATION

The following steps ensure that we properly verify special education eligibility and collect all required documentation for monitoring and compliance purposes.



IMPORTANT: DO NOT SEND ANY OF THESE DOCUMENTS HOME.

These documents are required for monitoring purposes. Make sure parents complete and give them back to you on the day of the transfer. If you send them home, **YOU WILL BE RESPONSIBLE FOR COLLECTION.**

1

VERIFY SPECIAL EDUCATION SERVICES

Before completing any special education paperwork, call the student's previous school to verify that the student received special education services.

- Verify that the student currently receives special education services.
- Ask whether the district uses eSped or eStar.
- Complete the "Special Education Transfer Questions to Ask When Calling Previous School" form.



WHILE THE PARENT IS WAITING IN YOUR OFFICE...

Have the parent complete/sign the following:

- ☐ Notice and Consent to Release/Request Confidential Information
(Especially important if the previous school is out of state or requires a signed release before discussing records.)
- ☐ Notice of Procedural Safeguards – Parent signs the "Receipt for Notice of Procedural Safeguards" (Rights of Parents of Students with Disabilities)".
- ☐ Information from Parent
- ☐ Transition Vocational Interview (Secondary students only)
- ☐ Electronic Communication Consent

2

COMPLETE THE VERIFICATION FORM

Once the previous school confirms the student is receiving special education services, complete the "Special Education Verification Form."

3

OBTAIN CONSENT FOR EVALUATION

Have the parent sign the "Consent for Assessment/Evaluation."

This allows the district to move forward quickly if:

- Evaluations are more than three (3) years old, or
- Records are incomplete and additional testing becomes necessary.

4

COLLECT REQUIRED DOCUMENTS

Include copies of the following in the transfer packet:

- ✓ Birth Certificate
- ✓ Social Security Card
- ✓ Home Language Survey

5

REQUEST STUDENT RECORDS IMMEDIATELY

- Submit the request for the student's special education records immediately.
- Follow district procedures for requesting records through eSped/eStar or by fax/email if necessary.
- Notify special education administration if records are delayed or if concerns arise during the transfer process.

TRANSFER CHECKLIST

- | | |
|--|--|
| ☐ Verified special education eligibility with previous school | |
| ☐ Completed Transfer Questions form | |
| ☐ Release of Information signed | |
| ☐ Procedural Safeguards provided and receipt signed | |
| ☐ Information from Parent completed | |
| ☐ Transition Vocational Interview completed (secondary only) | |
| ☐ Electronic Communication Consent completed | |
| ☐ Special Education Verification Form completed | |
| ☐ Consent for Assessment/Evaluation signed | |
| ☐ Birth Certificate copied | |
| ☐ Social Security Card copied | |
| ☐ Home Language Survey collected | |
| ☐ Special education records requested | |



Together, we support
every student's success.



936-225-5446



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POLK COUNTY

Special Services

SPECIAL EDUCATION VERIFICATION QUESTIONS TO ASK WHEN CALLING PREVIOUS SCHOOL

Student: DOB:
School: Date of Call:



VERIFICATION INFORMATION

Does the school use eSped/Frontline? ☐ Yes ☐ No (information needed for record transfer)

Name of person giving information: Phone #:

Fax # to request records:

Email address to request/send records:



EVALUATION INFORMATION

Last ARD/IEP Date:

Full Individual Evaluation (FIE) Date:



DISABILITY CONDITIONS

Disability Conditions:

If SLD which of the following areas? (Check all that apply)

- | | | |
|--|---|--|
| ☐ Listening Comprehension | ☐ Oral Expression | ☐ Reading Comprehension |
| ☐ Basic Reading | ☐ Reading Fluency | ☐ Written Expression |
| ☐ Math Calculation | ☐ Math Problem Solving | ☐ Condition of Dyslexia |



PLACEMENT

Ex: General Education only, Resource Classes? Accommodations?



☐ General Education



☐ Life Skills



☐ Behavior Intervention Plan



☐ Resource



☐ Other



☐ Accommodations



RELATED SERVICES (if any)



☐ Counseling



☐ Vision/Auditory Services



☐ Special Transportation



☐ Occupational Therapy



☐ Speech Therapy



☐ Other



STATE ASSESSMENT / ACCOMMODATIONS

Assessment	STAAR	STAAR Online	STAAR Alt	Accommodations
RLA/ENG I/ENG II	☐	☐	☐	
Math/Algebra	☐	☐	☐	
Sci/Biology	☐	☐	☐	
SS/US History	☐	☐	☐	



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SPECIAL EDUCATION VERIFICATION FORM

Special education services must be confirmed with the student's previous district. This may be done via phone or through documents sent by the district or brought by parents. This form needs to be **completed within 24 hours** of receipt of information that the student has previously received special education services. Comparable services should be provided immediately, and the Cooperative office/diagnostician notified. This form should be completed by campus personnel.

Student received Special Education: ☐ Yes ☐ No

Does Previous District Use eSped/Frontline: ☐ Yes ☐ No

Today's date: _____

Form completed by: _____



STUDENT INFORMATION

Student Name: _____ Grade: _____ Enrollment Date: _____

Date of Birth: _____ School: _____ Campus: _____ Age: _____ Sex: ☐ M ☐ F

Parent/Student Input: _____



INFORMATION FROM PREVIOUS SCHOOL

The parent has stated that this student received Special Education services in: _____

Previous District/School: _____ Student is from out of state: ☐ Yes ☐ No

Student's eligibility in the former district was verified: ☐ By telephone ☐ In writing

Staff member: _____ Phone number: _____ Email: _____

Document received: ☐ IEP ☐ FIE ☐ BIP ☐ Other _____ Last Year of Enrollment: _____
Comments (e.g. gap in enrollment time): _____

Eligibility (Primary): _____ Eligibility (Secondary): _____ Eligibility (Tertiary): _____

Describe Placement in Previous District: _____



RELATED/INSTRUCTIONAL SERVICES PREVIOUSLY PROVIDED

If marked, please note time and frequency below.

☐ Physical Therapy ☐ Occupational Therapy ☐ Transportation ☐ Counseling ☐ Psychological Services ☐ Speech

Type	Frequency	Time	Duration	Start Date



ADDITIONAL INFORMATION

Last Annual ARD Date: _____ FIE Date: _____ Instructional Arrangement Code (i.e. 40, 41, 44): _____ FBA/BIP: ☐ Yes ☐ No

Assistive Technology provided: _____

State Assessment: _____



DOCUMENTATION

A copy of current IEP is:

☐ Attached ☐ Requested (Date Req: _____)

A copy of current FIE is:

☐ Attached ☐ Requested (Date Req: _____)



Signature of person completing form: _____

Date: _____



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DESCRIBE COMPARABLE SERVICES TO BE PROVIDED

(i.e. accommodations, modifications, behavioral supports)

Class Name	Gen Ed	SPED	Notes
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	
	☐	☐	



RELATED/INSTRUCTIONAL SERVICES TO BE PROVIDED:

If marked, please note time and frequency below.

☐ Physical Therapy ☐ Occupational Therapy ☐ Transportation ☐ Counseling ☐ Psychological Services ☐ Speech

Type	Frequency	Time	Duration	Start Date



DEVELOPMENT OF THE INDIVIDUALIZED EDUCATIONAL PROGRAM (IEP)

- ☐ IEP from former district was reviewed, accepted, and will be implemented.
- ☐ A need for an evaluation and an interim IEP has been determined. Services will be provided on a temporary basis. The evaluation will be conducted, and the IEP finalized in accordance with legal timelines for initial evaluations. *Used for out-of-state transfer only. SPP 11 timelines apply.*
- ☐ A need for an interim IEP has been determined. Services will be provided on a temporary basis. Within 30 school days from the date the student is verified as being eligible for special education services, an ARD committee will convene to review any additional information received from the former district as well as any new evaluation performed in the interim, and a new IEP will be developed. *Used for in-state transfer or out-of-state transfer when no evaluation is requested.*



Parent Signature: _____

Date: _____



Campus Administrator Signature: _____

Date: _____



DATE RECEIVED IN COOPERATIVE OFFICE

Date: _____

By: _____



DOCUMENTATION

A copy of current IEP is:

☐ Attached ☐ Requested (Date Req: _____)

A copy of current FIE is:

☐ Attached ☐ Requested (Date Req: _____)



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Polk County Special Services



POLK COUNTY

Special Services

Date:

TRANSFER STUDENT - AGREEMENT TO IMPLEMENT

Polk County Special Services Cooperative
504 South Home Street
Corrigan, TX 75939 • 936-225-5446



STUDENT INFORMATION

Student Name	Grade	DOB	Local ID	Campus of Enrollment	MEDICAID#

Parent requested communication in: ☐ English ☐ Spanish ☐ Other (specify):

☐ Yes ☐ No ☐ N/A If other than English, did an interpreter assist in communication?

If Yes, specify language or other mode of communication.



Consultation was held between the school and the parent to determine special education services for the above-named transfer-student.



VERIFICATION OF PREVIOUS SERVICES

The parent has stated that this student received special education services in:

DISTRICT/SCHOOL:

☐ Texas school ☐ Out-of-state school Student's eligibility in former district was verified on:

☐ By telephone Staff member/phone number:

☐ In writing Document(s) received:

DOCUMENTS RECEIVED

IEP: ☐ Yes ☐ No ☐ N/A IEP Date:

FIE: ☐ Yes ☐ No ☐ N/A FIE Date:

DETERMINATION OF ELIGIBILITY

Information from the parent and the former school indicates that this student's disability(ies) is/are:

Description of services (instructional and related) provided in former school, as described by that district:



DEVELOPMENT OF THE INDIVIDUALIZED EDUCATIONAL PROGRAM (IEP)

- ☐ IEP from former district was reviewed, accepted, and will be implemented.
- ☐ A need for an evaluation and an interim IEP has been determined. Services will be provided on a temporary basis. The evaluation will be conducted and the IEP finalized in accordance with legal timelines for initial evaluations.



Parent Signature: Date:



Campus Administrator Signature: Date:



OFFICE USE ONLY

Date received in Cooperative Office:

By:



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Polk County Special Services Cooperative
504 South Home Street
Corrigan, TX 75939 • 936-225-5446

Student Name	Grade	DOB	Local ID	Campus of Enrollment	MEDICAID#

- ☐ A need for an interim IEP has been determined. Services will be provided on a temporary basis. Within 20 school days from the date the student is verified as being eligible for special education services, an ARD committee will convene to review any additional information received from the former district as well as any new evaluation performed in the interim and a new IEP will be developed.

Permanent Placement ARD Due Date:

Description of Comparable Interim Services:

State Assessment:

- ☐ Based on data received from the prior district, student will participate in the state assessment program as indicated below:
- ☐ Decision(s) regarding state assessment, services and programming will be made at the ARD meeting to be held within 20 school days of verification of eligibility.
- ☐ Not offered at this grade level. ☐ N/A

NAME	POSITION	DATE	SIGNATURE
Campus Administrator/Counselor			
Parent/Guardian			



Consent for Provision of Services

- ☐ Yes ☐ No I have been fully informed in my native language or other mode of communication and understand the admission, review, and dismissal (ARD) committee determination of eligibility of my child/me for special education, and the recommendation for the provision of special education and/or related services. I understand the ARD committee report dated that has been prepared for my child/me.
- ☐ Yes ☐ No I understand and agree with the ARD committee's decision and give my permission for the educational placement that has been proposed for my child.
- ☐ Yes ☐ No I understand that my consent for placement is voluntary and may be revoked at any time. However, if I revoke consent after the provision of special education and related services to my child, my revocation is not retroactive.

If any NO is selected, please explain:





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936-327-6804

CONSENT FOR DISCLOSURE OF CONFIDENTIAL INFORMATION

This form authorizes the exchange of confidential student information between Polk County Special Services and another agency or educational entity. Parent/guardian consent is required before confidential information may be disclosed.

STUDENT INFORMATION

Student Name: _____ Date of Birth: _____
Parent/Guardian: _____ School District: _____
Campus: _____ Date: _____

THIRD PARTY / AGENCY RECEIVING INFORMATION

Agency/Organization: _____
Contact Person: _____
Address: _____
Phone: _____ Email/Fax: _____

INFORMATION AUTHORIZED FOR DISCLOSURE

- | | | |
|--|---|--|
| ☐ Evaluation Reports | ☐ Progress Reports | ☐ Medical Information (if applicable) |
| ☐ IEP/ARD Documents | ☐ Related Services Records | ☐ Other: _____ |
| ☐ Eligibility Documentation | ☐ Psychological Reports | |

PURPOSE OF DISCLOSURE

INFORMATION REQUESTED FROM THIRD PARTY (if applicable)

PARENT/GUARDIAN CONSENT

- ☐ I have been informed of the records to be disclosed, the purpose of the disclosure, who will disclose the records, and who will receive them.
- ☐ I voluntarily authorize the disclosure of the confidential information identified above.
- ☐ I understand I may revoke this consent at any time, but revocation is not retroactive.
- ☐ This information has been explained to me in my native language or another mode of communication.

Language (if other than English): _____



SIGNATURES

By signing below, I acknowledge my consent as stated above.

Parent/Adult Student Signature: _____ Date: _____

Interpreter (if applicable): _____ Date: _____

You may change or withdraw your consent at any time by notifying the district in writing.



POLK COUNTY

Special Services

RECEIPT FOR PROCEDURAL SAFEGUARDS

Parent Acknowledgment of Receipt

This form acknowledges that the parent/guardian has received a copy of the **Notice of Procedural Safeguards** for parents of children with disabilities as required by the Individuals with Disabilities Education Act (IDEA), 34 C.F.R. Part 300.

The Procedural Safeguards explain the rights and protections afforded to parents and students receiving or being considered for special education services.

STUDENT NAME: _____

SCHOOL DISTRICT: _____

DATE PROVIDED: _____

REASON PROCEDURAL SAFEGUARDS WERE PROVIDED:

- | | |
|---|---|
| ☐ Initial Referral for Evaluation | ☐ Parent Request |
| ☐ Initial Special Education Referral | ☐ Annual ARD Meeting (Upon Request) |
| ☐ Reevaluation | ☐ Due Process Complaint or State Complaint |
| ☐ Disciplinary Change of Placement | ☐ Other: _____ |



I acknowledge that I have received a copy of the Notice of Procedural Safeguards and understand that it explains my rights under the Individuals with Disabilities Education Act (IDEA).

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

PCSS/SCHOOL REPRESENTATIVE: _____ **DATE:** _____

TITLE: _____

This acknowledgment documents receipt of the Notice of Procedural Safeguards and does not indicate agreement or disagreement with any special education decisions or services.



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ELECTRONIC COMMUNICATION CONSENT

Please check one box, add your email address (if applicable), and sign and date below.

Student: _____

TSDS ID: _____

Campus: _____

Date of Birth: _____

Local ID: _____

Grade: _____

☐

I GIVE MY CONSENT for the district to email my child's documents to me at the email address that I provide. This is to include the *Notice of Procedural Safeguards: Rights of Parents of Students with Disabilities (Procedural Safeguards)* and the *Parent's Guide to the Admission, Review and Dismissal Process (ARD Guide)*.

I understand that I will not receive a paper copy of these documents unless I request one.

Email Address: _____

☐

I DO NOT GIVE MY CONSENT for the district to email my child's documents to me. I prefer for them to be sent by US mail.



SIGNATURE

By signing below, I acknowledge my selection above.

Name of Parent, Guardian, Surrogate Parent, or Adult Student Signature

Date

You may change or withdraw your consent at any time by notifying the district in writing.



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Date Sent: _____

Initial FIE Due Date: _____

Reevaluation Consent Received: _____

Initial FIE Consent Received Date: _____

CONSENT FOR FULL AND INDIVIDUAL EVALUATION

STUDENT INFORMATION

Student Name: _____ ID#: _____ Grade: _____
Age: _____
Campus of Enrollment: _____ Date of Birth: _____ MEDICAID#: _____

Polk County Special Services Cooperative must obtain informed consent prior to conducting a full and individual evaluation. If you indicate **YES** in response to all of the statements below and sign at the bottom, you will be giving your consent for a full and individual evaluation.

Please check the appropriate box by each statement, sign your name and date, and return this form to the school as soon as possible.

CONSENT STATEMENTS

☐ Yes ☐ No

I have received the *Notice of Proposal to Evaluate* dated _____ that describes the proposed full and individual evaluation, and have been fully informed of the full and individual evaluation process and why it has been recommended.

☐ Yes ☐ No

I understand and give my consent for the full and individual evaluation of my child/me.

☐ Yes ☐ No

I understand that my consent for a full and individual evaluation is voluntary and may be **revoked at any time**. However, that revocation is not **retroactive** (i.e. it does not negate an action that has occurred after the consent was given and before the consent was revoked).

☐ Yes ☐ No

I give my consent for the full and individual evaluation to begin immediately by waiving the required five school day period between *Notice of Proposal to Evaluate* and initiation of the full and individual evaluation.

☐ Yes ☐ No

The information provided to me has been provided in my native language or other mode of communication. If other than English, specify: _____

ADDITIONAL COMMENTS OR CONCERNS

FOR INFORMATION ABOUT DYSLLEXIA AND RELATED DISORDERS, SEE THE DYSLLEXIA HANDBOOK.

<https://tea.texas.gov/academics/special-student-populations/dyslexia-and-related-disorders>

If you want more information or if you have any questions, please call:

Phone: **936-225-5446**



SIGNATURES

Name of Parent, Guardian, Surrogate Parent or Adult Student _____

Signature of Parent, Guardian, Surrogate Parent or Adult Student _____

Date _____

Name of Interpreter, if used _____

Signature of Interpreter, if used _____

Date _____



PLEASE RETURN THIS FORM TO:

_____, at _____ as soon as possible.

School Staff Person/Position

School



Polk County Special Services Cooperative
504 South Home Street, Corrigan, TX 75939



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936-225-5446



POLK COUNTY Special Services

504 South Home Street • Corrigan, TX 75939
P: 936-225-5446 | F: 936-398-2537

Date:

EDUCATIONAL SCREENING/EXISTING EVALUATION DATA

NAME OF STUDENT

DATE OF BIRTH

ID#

Grade

MEDICAID#

CAMPUS:



INFORMATION FROM PARENT/ADULT STUDENT

☐ Yes ☐ No Student's parents have been contacted. Method of contact: ☐ LETTER ☐ TELEPHONE
☐ CONFERENCE

Contacted by:

Position:

Date:



GENERAL INFORMATION

(If additional space is needed, please use the comment page.)

Parent / Guardian 1:

OCCUPATION:

Parent / Guardian 1 Home Phone:

Parent / Guardian 2:

OCCUPATION:

Parent / Guardian 2 Home Phone:

Who has legal authority to make educational decisions for this child?

With whom does the child live?

OTHER CHILDREN IN THE HOME

Name	Age	Relationship
------	-----	--------------

OTHER ADULTS IN THE HOME

Name	Age	Relationship
------	-----	--------------



What are some of your child's strengths?



Please describe your child's behavior at home.

(For example, is he/she generally well-behaved? Have there been any recent changes in behavior? How does he/she get along with other family members, neighbors, playmates?)



What does your child do when not in school?

(For example, watch TV, read, part-time job, play with other children.)



What activities does the family do together?

(For example, watch TV, go camping, participate in hobbies or sports.)



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Polk County Special Services

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EDUCATIONAL SCREENING//EXISTING EVALUATION DATA

NAME OF STUDENT	DATE OF BIRTH	ID#	Grade	MEDICAID#

CAMPUS:



INFORMATION FROM PARENT/ADULT STUDENT

Have any family members had learning problems? Please explain:	Primary language spoken at home? What time does your child go to bed at night? Does your child eat breakfast? ☐ Yes ☐ No
Have there been any important changes within the family during the last three years? (For example, job changes, moves, births, deaths, illnesses, separations, divorce.)	What methods of discipline are used with your child at home? (For example, spanking, extra chores, early bedtime, rewards for good behavior.)
What is your child's reaction to discipline?	Do you feel that your child is experiencing problems in school? What kinds of problems?
When were you first aware of a problem?	What do you think is causing the problem?
Has your child mentioned problems with school? How does he/she feel about the problem?	Briefly discuss any other important information about your child:



HEALTH HISTORY

☐ Yes ☐ No Were there any problems before, during, or immediately after birth? If YES, please explain:	Compared to other children in the family, this child's development has been: ☐ SLOWER ☐ ABOUT THE SAME ☐ FASTER
Briefly describe any serious illnesses, accidents, or hospitalizations. Please give your child's age at the time of the illness, accident, or hospitalization.	☐ Yes ☐ No Is your child under the care of a physician for a medical problem? If YES, please explain:
☐ Yes ☐ No Is your child now taking any medicines? If YES, please explain:	☐ Yes ☐ No Does your child appear to have any other physical health problems, including allergies? If YES, please explain:
☐ Yes ☐ No Has your child ever taken medicine for a long period of time? If YES, please explain:	☐ Yes ☐ No Do you know of any side effects the medicine might have? If YES, please explain:
☐ Yes ☐ No Does your child use any special equipment or technology to improve functioning? If YES, please explain:	





POLK COUNTY

Special Services

504 South Home Street • Corrigan, TX 75939

P: 936-225-5446 | F: 936-398-2537

Date: _____

EDUCATIONAL SCREENING/EXISTING EVALUATION DATA

NAME OF STUDENT	DATE OF BIRTH	ID#	GRADE	MEDICAID#

CAMPUS:



INFORMATION FROM PARENT/ADULT STUDENT

☐ Yes ☐ No Does your child use any special equipment or technology to improve functioning? If YES, please explain:

☐ Yes ☐ No Are there any family health concerns you would like us to be aware of?

☐ Yes ☐ No Would you like to talk to the person coordinating your child's assessment before the assessment begins? If YES, phone number where you can be reached:

☐ Yes ☐ No Is your child receiving services from another agency? If YES, please explain:

COMMENTS:



Name of Parent, Guardian, Surrogate
Parent or Adult Student

Signature of Parent, Guardian, Surrogate
Parent or Adult Student

Date



Name of Person Completing this Section
(if information was obtained by
parent interview)

Position

Signature of Person Completing this Section
(if information was obtained by
parent interview)

Date



Date:

Grade:

Student:

Sex: ☐ M ☐ F

Age:



BEHAVIOR

Are there any behavior concerns to be aware of?



ACADEMIC

What are your child's strengths?

What are your child's weaknesses?

How does your child best learn new information?



☐ Listening



☐ Watching



☐ Doing

What suggestions could you give the school to help your child?



TRANSITION

What is your student's favorite subject(s)?

What does he/she do for fun (interests)?

What type of job has your child talked about doing after high school?

Does your student have a current job?

☐ Yes

☐ No

If yes, where?

Does your child plan to attend college or vocational school after high school?

☐ Yes

☐ No

Do you anticipate your child will need assistance getting and keeping a job?

☐ Yes

☐ No





FOLLOWING GRADUATION, WHERE DO YOU THINK YOUR SON/DAUGHTER WILL BE LIVING?

- ☐ In our home or the home of a relative
- ☐ In an apartment with a friend(s) and needs no extra help
- ☐ In an apartment with someone checking on him/her weekly
- ☐ In an apartment with supervision provided daily
- ☐ In a group home for adults with special needs
- ☐ Other (please specify)



In the future, do you anticipate your child will need assistance managing his/her adult living needs? ☐ Yes ☐ No



Which high school Endorsement will the student pursue?



In which course or activities would you like for your son/daughter to participate in high school?



If he/she is under 16 years old, do you anticipate your son/daughter will be able to obtain driver's license?

☐ Yes

☐ No



If he/she is 16 or older, does he/she have a license?

☐ Yes

☐ No



Do you feel your son/daughter will be able to be his/her own legal guardian at age 18?

☐ Yes

☐ No



Signature of Parent/Guardian:

Date:



Signature of Interviewer:

Date:

