



Robertson County Special Services

"Resources Committed to Student Success"

704 Wheelock Street

Hearne, Texas 77859

Ph: 979-279-3507 Fax: 979-279-8040

Date: _____

To the Parent/Guardian of: _____

Dear Parent/Guardian,

Your child has recently registered at a school in the _____ Independent School district with an active Admission Review Dismissal (ARD)/ Individual Education Plan (IEP) from another school district. We will offer your child a placement in the same or similar program as stated in your child's ARD/IEP, the ARD/IEP team will request new educational assessment if they are needed. Your signed permission will be obtained before any new assessments are completed.

An ARD/IEP meeting will be held within 20 school days of verification of special education to discuss your child's special education program. At that meeting, the ARD/IEP team will determine if your child continues to qualify and need special education services. If your child continues to qualify, a new IEP will be developed, including new goals and objectives.

As a parent/guardian, you are a vital member of your child's educational team. If you have any questions or concerns regarding this letter, please contact 979-279-3507 for further information. We look forward to working with you and your family to appropriately meet your child's educational needs.

Sincerely,

Staff

Position

Date of placement: _____

cc:RCSS

Robertson County Special Services

Transfer Information Checklist

This packet is for students transferring into districts served by Robertson County Special Services.

Once you are aware that the student received special education services from the previous district:

1. Call your Assessment Staff at 979-279-3507 immediately.
2. Assign campus personnel the responsibility of completing the Transfer Information packet.
3. Complete the following forms:
 - Procedural Safeguards (pink)
 - Parent keeps the *Notice of Procedural Safeguards* booklet
 - Parent signs *Receipt for Notice of Procedural Safeguards*.
 - Return signed *Receipt for Notice of Procedural Safeguards* to RCSS.
 - Notice for Release/Consent to Request Confidential Information* (CONREL 2013)
 - Fill out all data, have parent sign.
 - Return completed form to RCSS.
 - Transfer Information*
 - Call previous district, write down the name and phone number of the person who provided the information.
 - Verify:
 - Last annual ARD/IEP date
 - Instructional arrangement (IA)
 - Speech count
 - Last date of the full and individual evaluation
 - Handicapping condition(s)
 - Last date of Individual Transition Plan (ITP) for students 16 and older
 - Schedule of regular and special education classes
 - Accommodations and/or modifications
 - Related services provided
 - Any additional information

Return this packet to the RCSS office ASAP. The student must be entered into the data system and a full ARD/IEP meeting must be held in 20 school days from the date information is verified.

NOTE: Please attach copy of Student Enrollment Form if available.

Robertson County Special Services

Transfer Information

Student Name: _____ Enrollment Date: _____

Local ID: _____ UID: _____

Date of Birth: _____ Age: _____ Gender: _____ Grade: _____

District: _____ Campus: _____

Academic Year: _____ Ethnicity: _____

Parent(s) Name: _____

Mailing Address: _____

Home phone: _____ Other phone: _____

Verification of IEP: The school district has verified that the student had an IEP in effect within the same academic year in a previous LEA as follows:

Name of previous LEA: _____ Phone #: _____

Name of person providing information: _____

Describe method of verification:

By telephone Evaluation report provided IEP Meeting forms provided

The school will provide the child with a free appropriate public education (FAPE) including services comparable to those described in the IEP from the previous LEA. Within 30 school days from the date the child is verified as being a child eligible for special education services, the LEA will adopt the IEP from the previous LEA or develop, adopt, and implement a new IEP that is consistent with the ARD COMMITTEE frameworks.

Annual ARD Date from Previous District: _____ IA: _____

Last day of Comprehensive Assessment: _____ Speech Count: _____

Handicapping Condition 1: _____ Handicapping Condition 4: _____

Handicapping Condition 2: _____ Handicapping Condition 5: _____

Handicapping Condition 3: _____

Last ITP date for students 16 and older: _____

LEA Representative

Date:

Robertson County Special Services

Transfer Information

Instructional Schedule

| Subject | Semester | Service Provider | Grade Assigned by | Minutes Gen. Ed/Sp. Ed. | Freq./Duration |
|---------|----------|------------------|-------------------|----------------------------|----------------|
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Instructional Accommodations and/or Modifications:

Related Services Schedule

| Related Services | Semester | Provider | Minutes | Freq./Duration |
|------------------|----------|----------|---------|----------------|
| | | | | |
| | | | | |

Additional Information: (i.e., BIP, access to aide, ambulates via wheelchair, etc.)

*DATE SENT/MAILED:

ROBERTSON COUNTY SCHOOLS

Notice for Release/Consent to Request Confidential Information

| | |
|---------------|--------------|
| Name: _____ | DOB: _____ |
| School: _____ | Grade: _____ |

We are asking that you authorize the person or agency named below to release specified records containing confidential information regarding the above-named student.

*NAME AND POSITION OF SCHOOL STAFF PERSON
Robertson County Special Services

*PERSON/AGENCY TO WHOM REQUEST IS MADE/
*PERSON/AGENCY MAKING REQUEST

ADDRESS: **704 Wheelock Street**
Hearne, TX 77859

ADDRESS: _____

PHONE: **979/279/3507** FAX: **979/279/8040**

PHONE: _____ FAX: _____

| *RECORDS TO BE RELEASED/RECORDS REQUESTED | *PURPOSE OF DISCLOSURE |
|---|---------------------------------------|
| Medical Records, Educational achievement, Social History, IQ Scores, Psychological evaluations, STAAR Report, ARD's & IEP's, Speech, OT, PT evaluations, Vocational evaluations, Transition info, and all other related services. | Appropriate programming and placement |

Please check the appropriate boxes below:

YES NO *I have been fully informed and understand the school's request for my consent, as described above. This information will be released/requested upon receipt of my written consent.

YES NO *I understand that my consent is voluntary and may be revoked anytime.

YES NO *I understand that I will be notified in writing of each release of educationally related information.¹

*Your rights were explained to you when you were/your child was initially referred for special education assessment. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards (rights) in their native language or other mode of communication at least once a year. Please contact Leslee Falco at (979) 279-3507 if you have any questions or need names of other individuals to assist you in understanding this document.

*SIGNATURE OF PARENT, GUARDIAN, SURROGATE PARENT, OR ADULT STUDENT
ADDRESS _____

*DATE

*SIGNATURE OF INTERPRETER, IF USED

*DATE

Please return this form to: _____ at: _____ as soon as possible.
SCHOOL STAFF PERSON SCHOOL

¹Required only when a school district does not include in its policy a notice that education records are forwarded to other agencies or institutions that have requested the records and in which the student seeks or intends to enroll.

²The student's current and previous school districts are not required to obtain parental consent for release of information before requesting or sending the student's records if the disclosure is conducted in accordance with 34 CFR, §99.31(a)(2) and §99.34.*Denotes required items

**Robertson County Special
Services**

**Receipt for Notice of Procedural Safeguards
Rights of Parents of Students with Disabilities**

as required by Individuals with Disabilities Education Act (IDEA)

Name: _____ D.O.B: _____

Note: Each time the *Notice of Procedural Safeguards: Rights of Parents of Students with Disabilities* is distributed receipt must be documented.

This is to verify that I have received a copy of the **Notice of Procedural Safeguards: Rights of Parents of Students with Disabilities**, which informs me of my rights throughout the child/student-centered educational process. The rights and procedural safeguards have been explained to me by the below listed staff.

I understand that my rights include the right to receive:

- this and all other notices in the language I understand (primary language) or if needed, a translation of such orally, in sign language or in Braille as appropriate, and
- answers from school personnel to additional questions I may have.

My signature below also indicates that I received a copy of *The Guide to the Admission, Review and Dismissal Process* provided by the district on the date specified.

Complete this section for initial distribution only.

Staff Name

Signature of Parent/Guardian/Adult Student

Position

Date Signed

on, _____
Date Issued

Signature of Interpreter (if used)

Name of Student's Current Campus

Date Signed