

# Form 9 - Completion of An Evaluation of A Transfer Student



School District \_\_\_\_\_ Case Manager \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Child Count ID # \_\_\_\_\_

The authorized School District staff has explained to the Parent that he or she is not required to enter into this agreement.

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Authorized District Staff Name – Title \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
School Name

The 60 day evaluation timeline for completing an initial evaluation does not apply if:

The first school district initiates an evaluation of the student and the student moves into a second school district after the 60 days starts but before the initial evaluation has been completed. If the new school district is promptly seeking information from the previous district and promptly completing the evaluation, the new school district and the Parent then have to agree that the initial evaluation will be completed by a specific date that exceeds the original 60 day timeline.

We agree that the initial evaluation for this student will be completed by: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Parent/Guardian/Surrogate/Adult Student Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Authorized District Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

The three year reevaluation timeline for completing a triennial evaluation does not apply if:

The first school district initiates a reevaluation of the student and the student moves into a second school district after the reevaluation starts but before the reevaluation has been completed. If the new school district is promptly seeking information from the previous district and promptly completing the evaluation, the new school district and the Parent then have to agree that the reevaluation will be completed by a specific date that exceeds the three year anniversary date.

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We agree that the reevaluation for this student will be completed by:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent Signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Authorized District Staff Signature Date

**Note: *Prior Written Notice about Evaluation/Consent for Evaluation is not required.***