



Montana  
Office of Public Instruction  
Denise Juneau, State Superintendent

opi.mt.gov

## 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)

***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