Document Date:	ment Date: Sufficiency Review					
Student Name:	District ID:	State ID:	Grade: Sex:			
Native Lang:	Ethnicity:	Birthdate:	Age:			
District:	School:		Phone:			
Enrollment Date:						
Name of School District from which student is tran	nsferring:					
TRANSFERS FROM OUT-OF-DISTRICT	AND OUT-OF-STA	ATE				
In-State Transfer When a student with a current IEP transfers from implement the existing IEP or may convene an school days, or the district wishes to reevaluate development of a standard IEP.	IEP team to develop a	new IEP. If a new IEI	P cannot be developed within	nd		
Out-of-State Transfer Within 5 school days of receiving the education determination must be made whether the exist records have been received after 30 days, the	ing eligibility documenta	tion and IEP will be a	accepted. If no educational	i.e		
ELIGIBILITY REVIEW DECISION						
Is the student's Eligibility Report from another I	daho school district?	○ No ○ Ye	s			
Initial eligibility date:	urrent eligibility date:					
TRANSFER IEP DECISION						
<ul> <li>The IEP team has met and is adopting the established by the State of Idaho and can</li> </ul>	be implemented as writt	en without <u>any</u> revisi	ons.			
<ul> <li>The IEP team has met and is not adopting the Transfer IEP. An IEP/IEP Amendment meeting is scheduled for:</li> <li>Comparable services consisting of Special Education services and goals will be implemented in the</li> </ul>						
. Comparable services consisti interim until the IEP Amendment or new IE		services and goals v	will be implemented in the			
WRITTEN NOTICE						
A. The student will receive the services	and placement outli	ned on the:				
<ul> <li>Transfer IEP. The student is eligible for this IEP will meet his/her needs.</li> </ul>	special education and t	he Sufficiency Revie	w Team has determined that			
<ul> <li>Interim IEP. The Sufficiency Review Teand further assessments are needed.</li> </ul>	am has determined that	the transfer IEP doe	s not meet Idaho criteria			
B. The following options were consider	ed and rejected beca	ause:	34 CFR 300.503(b)(	6)		
C. The following evaluation procedures, t	ests, records, and re	ports were used as	a basis for the decision:			

D. The following information and other factors are relevant to the decision:

34 CFR 300.503(b)(7)

Document Date:	Sufficiency Review			
Student Name:	District ID:	State ID:	Grade:	Sex:
Native Lang:	Ethnicity:	Birthdate:	Age:	
District:	School:		Phone:	
This written notice is provided in the r communication used by the parent, ur	• • • •	•		CFR 300.503(b)(1)-(2)
○ Yes ○ No				