



East Central Schools

INDEPENDENT SCHOOL DISTRICT #2580

TRANSFER STUDENT INFORMATION: SPECIAL EDUCATION SERVICES

Student's Name: _____ Grade: _____

Parent's Name: _____ Date of Birth: _____

Phone Number: _____ Address: _____

Information provided by parent

- My child received special education services at their previous school.
- My child did not receive special education services at their previous school.
- I'm not sure if my child received special education services at their previous school.

Parent Signature: _____ Date: _____

Previous School: _____

Contact at previous school: _____

Phone number of previous school: _____

Type of special education service(s) provided at previous school

- Speech/Language (SLD)
- Specific Learning Disability (SLD) or other academic services
- Emotional/Behavior Disorder (EBD)
- Other (specify) _____