

REPORT OF CHANGE OF ENROLLMENT FOR SPECIAL EDUCATION

(Report of change of enrollment is required for each pupil upon entering or leaving a Special Education program)

_____	_____	_____
Student's Name	Birthdate	Social Security #
_____	_____	_____
School	Teacher / Specialist	Approx. Date of Change
_____	_____	_____
District of Residence		District of Attendance

ENROLLMENT:

_____ Initial IEP

_____ Administrative Placement

_____ Transferred from _____ District
within Fresno County SELPA
(not an Administrative Placement)

School Folder needed?

_____ Yes _____ No

CHANGE OF PLACEMENT:

_____ MOVED: _____
(if known, to where?)

_____ DISCHARGED

_____ PARENTS WITHDREW

_____ GRADUATED

_____ DECEASED

_____ Other: _____
(reason)

FILE REVIEW VERIFICATION

(to be completed when student leaves your program and you return the confidential file to Pupil Personnel Services)

I have reviewed the attached School Confidential file. It is organized and includes the student's current IEP, the goals and objectives, and the latest evaluation reports.

_____ (signature) _____
Date Special Education Teacher