

BOARD OF EDUCATION, DISTRICT 148
DOLTON, COOK COUNTY, ILLINOIS

SPECIAL EDUCATION STUDENT
TRANSFER CHECKLIST

STUDENT NAME: _____

SCHOOL: _____ Grade _____

DATE OF TRANSFER: _____

Description	Initials
Permanent Record Card – including: averaged grades, teacher signature, attendance	
Completed State Transfer – transfer date <u>with</u> destination	
Signed Authorization for Release of Records	
Medical Records	
Report Card	
I.E.P.	
Psychological (if applicable)	
Complete Cum Folder	

Signature: _____

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