

I.A.E.S. Transfer-In-Checklist

Student _____ Boundary School _____

Suspension Start Date _____ Suspension Duration _____

Reason for Suspension _____

Transfer-in Meeting Date _____

Probation Officer: Yes or No. If yes name: _____

_____ Printout of IEP/504 Plan

_____ Updated Progress Notes

_____ Transcripts

_____ Schedule **with course numbers**

_____ Progress Report for **each class** with assignments/grades to the day of suspension (**DO**

NOT drop student until this report has been received by IAES)

_____ Special Service Needs (Counseling, OT, PT, Speech)

_____ Medications/Medical Concerns

_____ Current Textbooks/Placement (syllabus to include: topics during suspension)

Completed by IAES

Intake Meeting Date (with student and parents): _____

_____ Transportation Form

Service Page (11) Changed: Yes or No