

COMPARABLE SERVICES FORM
for
TRANSFER STUDENTS

Today's date: _____ School: _____ Enrollment date: _____

Note: May be used only with previously identified EC students who have transferred to Union County Public Schools.
An IEP meeting must be held within 2 weeks of the enrollment date above. The meeting is set for _____

on _____ / _____ / _____ at _____
(date) (time)

Student: _____ DOB: _____ / _____ / _____ Grade: _____

Parent/Guardian Name: _____

1. Former School: _____ School System/State: _____
Phone #: _____ Former Teacher: _____
(a) Primary Disability: _____ Secondary Disability: _____

(b) *Special Education Services previously received:*

____ Co-teaching (Rdg, Writg, LA, Math) Frequency/Time: _____
____ Direct Service (Rdg, Writg, LA, Math) Frequency/Time: _____
____ Specialized Setting Class Type: _____ Frequency/Time: _____
____ Consultative Service _____ Student _____ Class Frequency/Time: _____
____ Home/Hospital Services Frequency/Time: _____
____ VI services Frequency/Time: _____
____ D/HH services Frequency/Time: _____
____ Speech/Language Services for SI only Frequency/Time: _____

(c) *Related Services previously received:*

____ Speech/language Frequency/time: _____
____ OT Frequency/Time: _____
____ PT Frequency/Time: _____
____ Nursing/Health Services Frequency/Time: _____
____ Transportation _____
____ OT / PT /SL Support Description Frequency/Time: _____
____ Other: _____ Frequency/Time: _____

2. Attach copy of IEP if available. If not, note parent's opinion of student's present level of functioning:
(example: student can subtract with borrowing or can write a simple sentence). Also note accommodations and
modifications to be provided as noted on previous IEP.

Accommodations/Modifications:

Comparable Services page 2

3. (a) **Comparable Special Education Services to be provided:**

___ Co-teaching (Reading, Writing, LA, Math) Frequency/Time: _____
___ Direct Service (Reading, Writing, LA, Math) Frequency/Time: _____
___ Specialized Setting Class Type: _____ Frequency/Time: _____
___ Consultative service ___ Student ___ Class Frequency/Time: _____
___ Home/Hospital Services Frequency/Time: _____
___ VI services Frequency/Time: _____
___ D/HH services Frequency/Time: _____
___ Speech/Language Services for SI only Frequency/Time: _____

(b) **Comparable Related Services to be provided:**

___ Speech/language Frequency/Time: _____
___ OT Frequency/Time: _____
___ PT Frequency/Time: _____
___ Nursing/Health Services Frequency/Time: _____
___ Transportation _____
___ OT / PT /SL Support Description Frequency/Time: _____
___ Other: _____ Frequency/Time: _____

PARENT CONSENT for COMPARABLE SERVICE DELIVERY

I give consent for the comparable service delivery to my child through the Exceptional Children's program as specified above. I understand this service is not a formal placement in the Exceptional Children's Program and pends upon substantiated confirmation of previous special education services. The IEP team will meet within 2 weeks to make decisions regarding my child's eligibility for EC services.

Parent Signature/Date

To expedite Exceptional Children's eligibility, parents should be given the following:

1. Records Request Form and HIPPA Consent for Release of Information Form
2. Handbook on Parent's Rights
3. Invitation to Conference

Original copy filed in EC folder with a copy sent directly to the Lead EC Data Manager at EC Central Services.

Exceptional Children's Records Request Form

Confidential and Privileged

Union County Public Schools
Exceptional Children's Department
400 North Church Street
Monroe, North Carolina 28112
Fax # (704)282-2073

The student named below has enrolled in Union County Public Schools and has listed your school as the last school he/she attended. We are requesting the Special Education information on this student.

Student's Full Name: _____ DOB: _____ Grade: _____

Please forward records to:

School: _____

Case Manager: _____

Address: _____

Telephone: _____

Fax: _____

Please send the following information:

- Referral for Initial Evaluation
- Permission to Evaluate
- Permission for Placement
- Individual Education Program (IEP)
- Most current evaluation or reevaluation information including – summary of assessments, psychological reports, educational, medical, multidisciplinary team documentation, etc.
- Related Services Information including written evaluation reports
- Any other pertinent information which will assist in the service delivery

I give permission for records to be sent to Union County Public Schools. I understand that this information will be handled in accordance with confidentiality requirements.

Parent/Guardian _____ Date _____