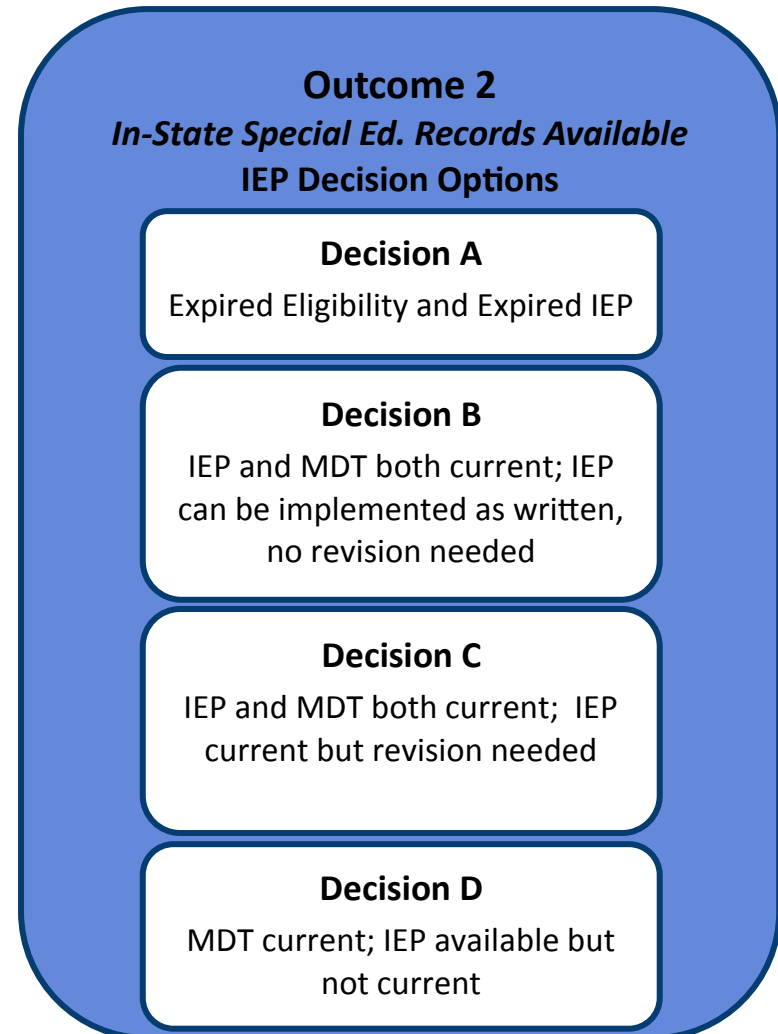
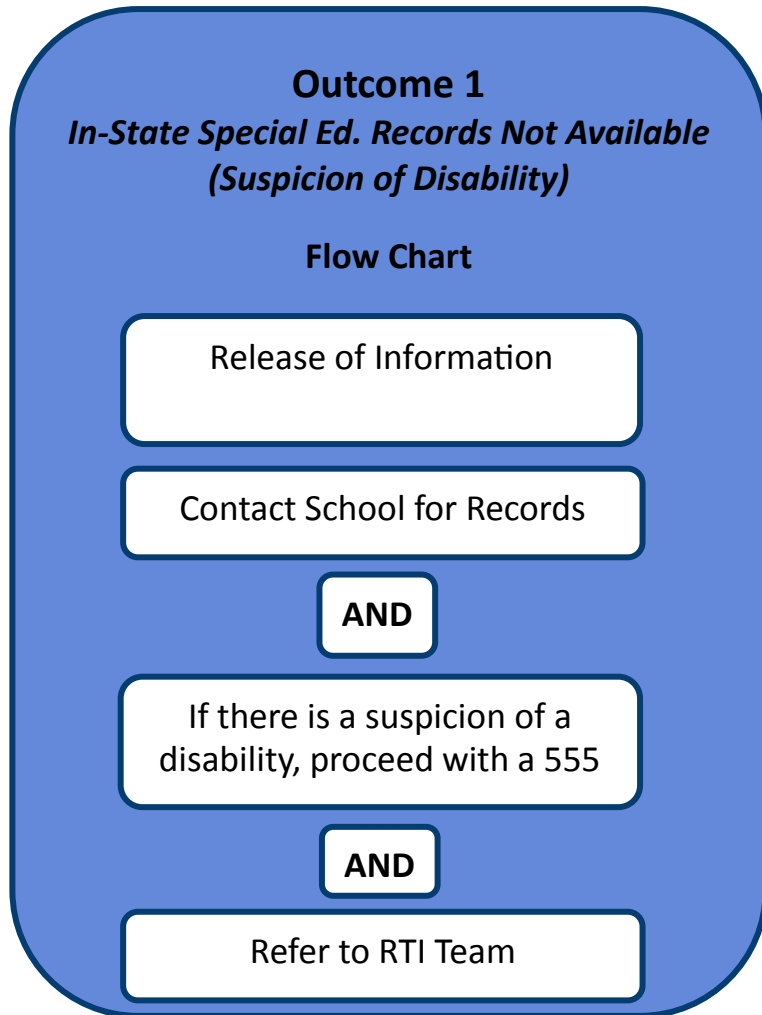




## **In-State Special Education Transfer**

### **Quick Reference Flow Chart in Infinite Campus**

Review In-State records to determine which outcome is appropriate for the student. Follow the ap-



**Decision A**  
Expired Eligibility and  
Expired IEP

Refer to RTI Team

**AND**

If there is a sus-  
picion of a disa-  
bility, proceed  
with a 555

**Decision B**  
IEP and MDT both cur-  
rent; IEP can be imple-  
mented as written, no  
revision needed.

**Data Plan:** Dates match the In-  
State IEP; Complete the educa-  
tion Plan and Enrollment Status  
editors

**Progress Report** is completed as  
a Special Education Form and  
stapled to the Data Plan; Scan In-  
-State IEP and staple to Data  
Plan (optional)

**OR**

**IEP With or Without  
Transition Plan:** Dates match  
the In-State IEP –  
complete Education Plan,  
Goals/Benchmarks,  
Supplementary Aids and  
Services and Enrollment Status  
editors

**Progress Report** completed in IC

Scan In-State IEP and staple to  
IEP Plan (optional)

**Decision C**  
IEP and MDT both current;  
IEP revision needed.

**IEP With or Without Transition  
Plan: Meeting Type** = Revision  
to IEP Dated; **Date** = Date of NV  
IEP; **Date of Meeting** = Date hold-  
ing meeting; **IEP Services will  
Begin** = Date Services Begin,  
**Anticipated Duration of Services**  
= 1 year minus a day from annual  
date, **Eligibility Date** = Date of NV  
Eligibility, **Anticipated 3-Yr  
Reevaluation Date** = 3 years mi-  
nus one day from NV eligibility  
date

Complete **Goals/Benchmarks, Sup-  
plementary Aides and Services**, all  
other editors needed for revision,  
and **Enrollment Status** editors

**Progress Report** completed in IC

Scan In-State IEP and staple to IEP  
Plan (optional)

**Decision D**  
MDT current; IEP  
available but not current

**IEP With or Without Transi-  
tion Plan: Meeting Type** =  
Interim IEP; **Date of Meeting** =  
Date holding meeting; **IEP Ser-  
vices will Begin** = Date Ser-  
vices Begin; **Anticipated Dura-  
tion of Services** = 30 calendar  
days, **Eligibility Date** = Date of  
NV Eligibility, **Anticipated 3-Yr  
Reevaluation Date** = 3 years  
minus one day from NV eligi-  
bility date

Complete editors necessary for  
Interim IEP

**Progress Report** completed in IC

Scan In-State IEP and staple to  
IEP Plan (optional)