Student Record Transmittal

CONFIDENTIAL

Office of Special Education
MONTGOMERY COUNTY PUBLIC SCHOOLS
850 Hungerford Drive, Rockville, Maryland 20850

INSTRUCTIONS

Complete this form and staple it to the front of the student's original confidential record. Forward the entire original student record (see list below) to the Central Placement Unit, CESC, Room 216.

- ❑ Referral Checklist
- ❑ Student's Cumulative Folder
- ❑ Student's Confidential Folder with this completed form stapled to the front of the folder
- ❑ Student's Health Folder

PART I: STUDENT INFORMATION

Date ____/____/_____

Name: Last_____ First_____ MI____

Address_____

City _____ State_____ ZIP Code_____

ID #_____ Grade_____ School Year_____

Sending School -- Choose One -- _____ Home School -- Choose One -- _____

Disability Code _____ Disability Description _____

Current Program_____

PART II: PARENT/GUARDIAN INFORMATION

Name _____

Address_____

Telephone (H) _____-_____-_____ (W) _____-_____-_____

(C) _____-_____-_____

E-mail _____

Primary Language/Mode of Communication _____

Interpreter Required? ❑ Yes ❑ No

Name _____

Address_____

Telephone (H) _____-_____-_____ (W) _____-_____-_____

(C) _____-_____-_____

E-mail _____

Primary Language/Mode of Communication _____

Interpreter Required? ❑ Yes ❑ No

PART III: CONTACT INFORMATION

A. Please provide names and contact information for MCPS staff members who are involved in the education of the student.

Name _____ E-mail_____ Telephone ____-____-_____

Name _____ E-mail_____ Telephone ____-____-_____

Name _____ E-mail_____ Telephone ____-____-_____

Name _____ E-mail_____ Telephone ____-____-_____

Name _____ E-mail_____ Telephone ____-____-_____

Name _____ E-mail_____ Telephone ____-____-_____

B. Please provide names and contact information for individuals outside of MCPS who are involved in the education of the student, including service providers, and interested parties.

Name _____ E-mail_____ Telephone ____-____-_____

Name _____ E-mail_____ Telephone ____-____-_____

Name _____ E-mail_____ Telephone ____-____-_____

Name _____ E-mail_____ Telephone ____-____-_____

Name _____ E-mail_____ Telephone ____-____-_____

Name _____ E-mail_____ Telephone ____-____-_____

PART IV: REASON FOR REFERRAL

Describe educational, learning, social, emotional, behavioral, and health issues in detail.

PART V: SIGNATURE

Print name of person completing this form _____ Telephone _____-_____-_____

School Name -- Choose One -- _____

Printed Name of Principal/Designee _____

Signature of Principal/Designee _____ Date ____/____/_____