



Student ID:
FTE Number:
Date of Birth:

Bristol Virginia Public Schools
220 Lee Street
Bristol, VA 24201
276-821-5632

Transfer Review

Student's Name: _____ DOB: _____ ID#: _____

School: _____ Disability: _____ Eligibility Date: _____

Previous LEA: _____

Previous School: _____

Date of IEP Meeting: _____ IEP must be reviewed by: _____

I. Discussion/Deliberations of IEP Committee:

II. Recommendations of IEP Committee:

A. Continue Placement in accordance with previous IEP? Yes No

B. Refer to Eligibility Committee (Via CSC)? Yes No

Signatures and Date of Committee Members

I do _____ do not _____ give permission for the action described above.

I did _____ did not _____ participate in the meeting.

Date Parent/Guardian Signature Student Signature (as appropriate)