

MOVE IN PROCESS

DATE: □ In state □ Out of state		File reviewed by the following specialist
SCHOOL: GRADE: DOB:		
☐ Parent co	nsent for Initial Provision of Special E	Education for state of Oregon.
following dis	ability categories. Eligibility Date:	tation according to Oregon Administrative Rules for the Primary Disability: (see attached elig. To this form for documentation required by OARs).
		deral content requirements. IEP Date:
□ Pr □ M	catewide/district Assessment resent levels leasurable goals/objectives dequate modifications/accommodat	☐ Appropriate placement ☐ SDI ☐ ESY cions
Review of Sp	pecial Education records indicate the	e checked area(s) that need immediate action:
	eligibility documentation is incomple prior to determination of eligibility:	ete or missing. The following documentation needs to
☐ Evaluation	n Determination and planning will be	e scheduled by
	meeting by	

Available IEP documentation is incomplete or missing. The following documentation needs to be collected and completed prior to student starting placement:
\square IEP meeting scheduled by
\square A re evaluation is needed in the disability area(s) of
☐ Multiple documents are missing and student will be placed in a temporary placement such as tutoring or within special education class to address suspected needs while documentation is collected or evaluation is pursued. District office will be notified for support.