

# PROCEDURES FOR HOLDING A TEMPORARY PLACEMENT MEETING FOR TRANSFER STUDENTS WHO RECEIVE SPECIAL EDUCATION SERVICES

## **FORMS REQUIRED FOR COMPLETION:**

- 1) **Notice of Procedural Safeguards and Receipt** – Campus personnel complete information – obtains parent signatures and provides them with a copy of the Procedural Safeguards. (Can be downloaded from Sabine ISD website).
- 2) **Temporary Placement of a Transfer Student who Receives Special Education Services form** – If special education records are not present by parents or otherwise available, **CALL THE PREVIOUS SCHOOL'S SPECIAL EDUCATION DEPARTMENT** to obtain information **PRIOR TO OR DURING** the Temporary Placement meeting. All team members involved **MUST** sign the signature page. **PARENT AND ADMINSTRATOR SIGNATURES ARE REQUIRED.** Remember to send a copy of the accommodations page to all general education teachers and special education teachers.
- 3) **Notice of Release/Consent to Request Confidential Information** – Make sure parent signs form or we will not be able to obtain records.
  - A) **WITHIN TEXAS:** Request special education records through TReX according to your campus procedures.
  - B) **OUT of STATE:** Obtain adequate mailing address for special education department of previous school and **FAX RELEASE TO THE PREVIOUS SCHOOL DISTRICT.** Records are to be mailed to **Gregg County SSA and copies will be forwarded to the appropriate campus.** There are federal and state regulations regarding timely release of records.

## **Make sure the following documents have been signed by Parent or Adult Student:**

- 4) **Parent Consent for Temporary Placement** following Transfer of Student Receiving Special Education Services **MUST** be signed by parent.
- 5) **STAAR** information (call the sending district for past determinations).
- 6) **Copy of Home Language Survey**
- 7) **Copy of Birth Certificate**
- 8) **Copy of Social Security Card**
- 9) **Parent Notification to release information for school based Medicaid Services in Texas (SHARS)**
- 10) **Parent Consent to Release Information for School based Medicaid Services and for district to access Medicaid benefits (SHARS)**
- 11) **Annual Notice of Confidentiality of Records**

## **If the student requires Special Transportation:**

- 12) Complete the Special Transportation form and contact your Transportation Director

## **If the Student is Age 14 or older:**

- 13) Complete and have parent sign the Transition Consent Release

## **THEN:**

Assign one campus staff member to be responsible for notifying by phone (903) 984-4416 or (902) 981-0591; of the enrollment of the new student. A copy of the Transfer IEP/ARD Form maybe placed in the new student's special education campus file. The entire Transfer IEP/ARD packet is to be forwarded by email to Genevieve Nelson – [gnelson@sabineisd.org](mailto:gnelson@sabineisd.org) or FAX to (903) 986-3408 IMMEDIATELY.

**TEMPORARY PLACEMENT OF A TRANSFER STUDENT WHO RECEIVES  
SPECIAL EDUCATION SERVICES**

**ISD**

**TRANSFERRED PRIOR TO 1<sup>ST</sup> DAY OF SCHOOL      DATE OF TRANSFER MEETING      FIRST DAY OF ATTENDANCE**

\_\_\_\_\_  
**STUDENT SS#: \_\_\_\_\_      STUDENT UNIQUE ID: \_\_\_\_\_**

**STUDENT'S NAME: \_\_\_\_\_ (first, middle, last)**

**STUDENT'S ADDRESS: \_\_\_\_\_ (street/PO box, city, state, zip)**

Is Student in:  Foster Care       Residential Care       Group Home

Student Resides with \_\_\_\_\_ (parent, foster parent, group home, etc.)

Ethnicity:  Hispanic/Latino       Not Hispanic/Latino      Sex:  Male       Female      Age: \_\_\_\_\_      Grade: \_\_\_\_\_

Race:  AI/AN       Asian       B/AA       NHPI       White      Primary Language: \_\_\_\_\_ (English, Spanish, etc.)

Father's Name: \_\_\_\_\_      Father's Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_      Work Phone: \_\_\_\_\_      Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_      Mother's Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_      Work Phone: \_\_\_\_\_      Cell Phone: \_\_\_\_\_

An Interpreter was used to assist in conducting this meeting?       Yes       No

If yes, specify language or mode of communication: \_\_\_\_\_

Parent(s) verify that the student was receiving special education services at \_\_\_\_\_ ISD.

Former ISD Address: \_\_\_\_\_      Former ISD Phone #: \_\_\_\_\_

(street/PO box, city, state, zip)

Student's eligibility was verified by: \_\_\_\_\_      Date verified: \_\_\_\_\_

Staff Member contacted at former school: \_\_\_\_\_      Title: \_\_\_\_\_

Eligibility type: \_\_\_\_\_      Date of Last ARD: \_\_\_\_\_      Date of Last Evaluation: \_\_\_\_\_

Special Education Services provided: \_\_\_\_\_      Related Services Provided: \_\_\_\_\_

STARR test determination: \_\_\_\_\_

The ARD committee has appropriate evaluation data and other information to develop and implement a complete IEP? If box is checked do the transfer ARD immediately.

OR

Eligibility is temporary contingent upon receipt of valid assessment/evaluation data or collection of new assessment/evaluation data. Interim special education services and placement will be determined. A second ARD committee meeting will be held within 20 days to develop an IEP based on assessment/evaluation data available at that time.

Deliberations:

Staff Member completing this form: \_\_\_\_\_



**STATE ASSESSMENT DETERMINATIONS FOR CURRENT SCHOOL YEAR**

Grade: \_\_\_\_\_

Spanish, if available

Previous CSR/Met	Math			Writing			Reading			Science			Social Studies		
	Gen	Acc	Alt	Gen	Acc	Alt	Gen	Acc	Alt	Gen	Acc	Alt	Gen	Acc	Alt
Assessment															
Accommodations															

**Other Assessments**

	Accommodations
<b>For Limited English Proficient Students only (TELPAS)</b> <input type="checkbox"/> Will Take: <input type="checkbox"/> Listening <input type="checkbox"/> Speaking <input type="checkbox"/> Writing <input type="checkbox"/> Will Not Take: <input type="checkbox"/> N/A <input type="checkbox"/> Instructional Level: Click here to enter text.	
<b>Early Reading Assessment (TPRI, Tejas LEE, etc.) K-2</b> <input type="checkbox"/> Will Take <input type="checkbox"/> Will Not Take <input type="checkbox"/> N/A	
<b>Other District Assessments:</b> <input type="checkbox"/> Will Take All <input type="checkbox"/> N/A <input type="checkbox"/> Will Take the Following:	

**DELIBERATIONS:**

# SIGNATURES OF PARTICIPANTS AT MEETING

These signatures indicate the participation of the individual members of the IEP Committee.

SIGNATURE	TEAM MEMBER	POSITION	PARTICIPATION
		PARENT Agrees?	
		PARENT Agrees?	
		LEA Representative Agrees?	
		Did student participate?	
		General Ed	
		Special Ed	
		Assessment	
		Other	
		Other	
		Other	

Parent/Adult Student Participation Mode:

- \_\_\_\_\_ In Person
- \_\_\_\_\_ By phone
- \_\_\_\_\_ Virtual Platform
- \_\_\_\_\_ Other

# Consent for Temporary Placement following Transfer of Student Receiving Special Education Services

IEP Meeting Date

Explanation of Procedural Safeguards was provided

Yes  No  N/A

I have been fully informed of all information relevant to the initial provision of special education and related services in my native language or other mode of communication

Yes  No

I understand and agree in writing to the carrying out of the initial provision of special education and related services

Yes  No

I understand that the granting of my consent is voluntary and may be revoked at any time

Yes  No

I have been fully informed of all information relevant to the initial provision of special education and related services in my native language or other mode of communication

Yes  No

I understand and agree in writing to the carrying out of the initial provision of special education and related services

Yes  No

I understand that the granting of my consent is voluntary and may be revoked at any time

Yes  No

I understand that if I revoke consent, that revocation is not retroactive (i.e., it does not negate an action that has occurred after the consent was given and before the consent was revoked)

Yes  No

I understand that if I revoke consent in writing for my child's receipt of special education services after the child is initially provided special education and related services, the LEA is not required to amend the child's education records to remove any references to the child's receipt of special education and related services because of the revocation of consent

Yes  No

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

COMPLETE ONLY IF STUDENT REQUIRES SPECIAL TRANSPORTATION

### SPECIAL TRANSPORTATION INFORMATION

Reason  Start Service  Continue Service  Change Pick-up/Drop-Off  Change student info  
 Discontinue Service  Other \_\_\_\_\_

School Name: \_\_\_\_\_

Date Services to Begin: \_\_\_\_\_

Student ID: \_\_\_\_\_

Home Campus: \_\_\_\_\_

Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

*(Street/PO Box, City, State, Zip)*

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

#### Background

- Ambulatory  Diabetic  Non-Ambulatory  Verbal  Non-Verbal
- Autism  Hearing Impairment  Other Health Impaired/Medically Fragile
- Behavioral Concerns  Communication Disorder  Seizure Disorder  Visual Impairment
- Cognitive Disability  Hemophiliac  Other  Wheelchair

#### Competencies (indicate those relevant to successfully transporting this student:

- can identify bus #  can sit independently  can visually locate exits
- can walk independently  can fasten seat belt  can recognize strangers
- can ascend stairs  can follow oral instructions  can tolerate extended bus rides
- can descend stairs  can express needs  can follow oral instructions with
- can locate seat  can use sign language speech/reading and gestures
- Other: \_\_\_\_\_

Special Needs:  Needs bus aide or bus monitor Medical/Medication: \_\_\_\_\_

Special Equipment/other information: \_\_\_\_\_

Regular Year  ESY  Program: \_\_\_\_\_

#### BEFORE SCHOOL PICK-UP

From: \_\_\_\_\_

To: \_\_\_\_\_

**SHUTTLE A**  Yes  No Pick-up Time: \_\_\_\_\_

Class Start Time: \_\_\_\_\_

To: \_\_\_\_\_

Start Time: \_\_\_\_\_

**SHUTTLE B**  Yes  No Pick-up Time: \_\_\_\_\_

To: \_\_\_\_\_

Start Time: \_\_\_\_\_

#### AFTER SCHOOL DROP-OFF

To: \_\_\_\_\_

End Time: \_\_\_\_\_

Student's home attendance zone:  Yes  No

Yes  No

I grant permission for my child to be left without supervision by the transportation department. If no, an adult must be present to receive the child at the above address or the following alternate address within the school district: (Name, address, phone)

\_\_\_\_\_

Parent/Adult Student Signature

Campus/Admin Signature

- Release Information
- Request Information

**GREGG COUNTY SPECIAL EDUCATION  
SHARED SERVICE ARRANGEMENT**

\*Date Sent/Mailed: \_\_\_\_\_

**NOTICE FOR RELEASE / CONSENT TO REQUEST CONFIDENTIAL INFORMATION  
\*\*\*PLEASE RETURN A COPY OF THIS FORM WITH THE STUDENT'S RECORDS\*\*\***

**Student:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

We are asking that you authorize the person or agency named below to release/to request specified records containing confidential information regarding the above-named student to the following staff person.

\*PERSON/AGENCY      REQUEST FROM / RELEASED TO:

Gregg County Special Education SSA  
ATTN: Records Clerk  
5303 Old Hwy 135 North  
Gladewater, TX 75647  
(903)984-4416; (903)981-0591    FAX: (903)986-3408

\_\_\_\_\_  
\_\_\_\_\_

*RECORDS TO BE RELEASED/RECORDS REQUESTED		*PURPOSE OF DISCLOSURE
<input type="checkbox"/> Full and Individual Evaluation <input type="checkbox"/> IEP Team Meeting <input type="checkbox"/> Parent Approval of Service <input type="checkbox"/> OT/PT/APE Evaluation <input type="checkbox"/> Vision/Hearing Exams or Screening <input type="checkbox"/> Vocational Assessment <input type="checkbox"/> Psychological Report	<input type="checkbox"/> Birth Cert/Guardianship/Conservatorship Papers <input type="checkbox"/> Medical Records <input type="checkbox"/> Immunization Record <input type="checkbox"/> Speech Assessment <input type="checkbox"/> Individual Transition Plans <input type="checkbox"/> Eligibility Reports <input type="checkbox"/> Other : _____	<input type="checkbox"/> Educational Placement <input type="checkbox"/> Educational Programming <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____

Please check  the appropriate boxes below. For more information please call:

Director of Special Education at: (903)981-0591

- YES     NO    \*I have been fully informed and understand the school's request for my consent, as described above. This information will be released/requested upon receipt of my written consent.
- YES     NO    \*I understand that my consent is voluntary and may be revoked anytime.
- YES     NO    \*I understand that I will be notified in writing of each release of educationally related information.<sup>1</sup>

\*Your rights were explained to you when you were/your child was initially referred for special education evaluation. Federal regulations require that parents and adult students be provided a full explanation of all procedural safeguards (rights) in their native language or other mode of communication each time the district proposes or refuses to initiate or change the identification, evaluation, or educational placement of you or your child or the provision of a free appropriate public education (FAPE) to you or your child.

If you want more information or if you have any questions, please call the principal at the school number or call the Director of Special Education at (903)984-4416 or (903)981-0591. Other state and local agencies familiar with IDEA requirements include: ARC of Texas (association for Retarded Citizens at (512)454-6694, Gregg County Association for Retarded Citizens at (903)753-1723, Advocacy, Inc. at (800)252-9108 and PATH (People Attempting to Help) at (903)983-8694.

\_\_\_\_\_  
\*SIGNATURE OF PARENT, GUARDIAN, SURROGATE PARENT OR ADULT STUDENT

\_\_\_\_\_  
\*DATE

(NEW) ADDRESS \_\_\_\_\_

\_\_\_\_\_  
\*SIGNATURE OF INTERPRETER, IF USED

\_\_\_\_\_  
\*DATE

Please return this form to: \_\_\_\_\_ at: \_\_\_\_\_ as soon as possible.

SCHOOL STAFF PERSON

<sup>1</sup>Required only when a school district does not include in its policy a notice that education records are forwarded to other agencies or institutions that have requested the records and in which the student seeks or intends to enroll.

\*Denotes required items

7/2012

**GREGG COUNTY SPECIAL EDUCATION SHARED SERVICE ARRANGEMENT**

**RECEIPT OF NOTICE OF PROCEDURAL SAFEGUARDS**

(Revised January 2025)

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NAME OF STUDENT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

District: \_\_\_\_\_ Campus: \_\_\_\_\_ Grade: \_\_\_\_\_

DATE PROVIDED: \_\_\_\_\_

METHOD:    \_\_\_  US Postal Service  
              \_\_\_  Delivered in person by  
              \_\_\_  Sent home with student  
              \_\_\_  Other method:

DOCUMENTS PROVIDED IN \_\_\_  English   \_\_\_  Spanish   \_\_\_  Other Language Method

This is to verify that I have received a copy of *Notice of Procedural Safeguards*, (revised January 2025) that provides a description of my legal rights or procedural safeguards under the Individuals with Disabilities Education Act.

My signature below indicates that I have received the document on the date specified.

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SIGNATURE OF PARENT, GUARDIAN, SURROGATE PARENT OR ADULT STUDENT

DATE

**GREGG COUNTY SPECIAL EDUCATION SHARED SERVICE ARRANGEMENT**  
**ARREGLO ED SERVICIOS COMPARTIDOS DE EDUCACION ESPECIAL DEL CONDADO**  
**DE GREGG**

**PARENT'S GUIDE TO THE ADMISSION, REVIEW, AND DISMISSAL PROCESS**  
**GUIA PARA PADRES DEL PROCESO DE ADMISION, REPASO, Y RETIRO**

January 2025  
Enero 2025

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NOMBRE DE ESTUDIANTE: \_\_\_\_\_ FECHA DE NACIMIENTO: \_\_\_\_\_

DISTRITO: \_\_\_\_\_ INSTALACIONES: \_\_\_\_\_ GRADO: \_\_\_\_\_

FECHA MANDADOS: \_\_\_\_\_

METODO:                   \_\_\_ Servicio Postal  
                                 \_\_\_ Entregado en persona por \_\_\_\_\_  
                                 \_\_\_ Enviado a casa con el estudiante  
                                 \_\_\_ Otro metodo: \_\_\_\_\_

DOCUMENTOS SUMINISTRADOS EN \_\_\_ Ingles \_\_\_ Espanol \_\_\_ Orto idioma/metodo

Por la presente, es para verificar que he recibido una copia de la Guía para padres sobre el proceso de admisión, revisión y despido (revisada en Enero de 2025) que proporciona una descripción del proceso de educación especial para que pueda participar plenamente en el proceso de toma de decisiones con respecto a la educación de mi hijo.

Mi firma a continuación indica que he recibido el documento en la fecha especificada.

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FIRMA DEL PADRE, TUTOR, PADRE SUSITUTO O ESTANDIANTE ADULTO

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FECHA

**GREGG COUNTY SPECIAL EDUCATION SHARED SERVICE ARRANGEMENT**

**PARENT'S GUIDE TO THE ADMISSION, REVIEW, AND DISMISSAL PROCESS**  
**(Revised January 2025)**

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**Name of Student:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**District:** \_\_\_\_\_ **Campus:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Date Provided:** \_\_\_\_\_

**Method:**                     US Postal Service  
                                   Delivered in person by \_\_\_\_\_  
                                   Sent home with student  
                                   Other Method: \_\_\_\_\_

**DOCUMENTS PROVIDED IN:**  ENGLISH  SPANISH  OTHER  
**LANGUAGE/METHOD** \_\_\_\_\_

**This is to verify that I have receive a copy of Parent's Guide to the Admission, Review, and Dismissal Process, (revised January 2025) that provides a description of the special education process so that I will be able to fully participate in the decision-making process regarding my child's education.**

**My signature below indicates that I have receive the document on the date specified.**

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SIGNATURE OF PARENT, GUARDIAN, SURROGATE PARENT OR ADULT STUDENT

---

DATE

**COMPLETE ONLY IF STUDENT IS ELIGIBLE FOR MEDICAID**

**PARENT NOTIFICATION TO RELEASE INFORMATION FOR SCHOOL BASED MEDICAID SERVICES IN TEXAS**

STUDENT ID: \_\_\_\_\_ STUDENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
DOB: \_\_\_\_\_ GENDER:  Male  Female GRADE: \_\_\_\_\_ DISTRICT: \_\_\_\_\_  
HOME CAMPUS: \_\_\_\_\_ CURRENT CAMPUS: \_\_\_\_\_  
ACADEMIC YEAR: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Parent/Adult Student:

The Texas Health & Human Services Commission (HHSC) and the Texas Education Agency (TEA) established the School Health and Related Services (SHARS) program to enable school districts to seek reimbursement from the state for certain services provided to students who qualify for special education. SHARS is a program under the Early and Periodic Screening, Diagnosis and Treatment Program which has no set limitations or cap on Medicaid services to clients 20 years of age or younger, so long as the service is medically necessary. Medicaid reimbursement funds generated from the SHARS program help to support health services for all students in the special education program by providing the district funds for additional staff and services.

This letter is to provide you with the required written notification of the school district's intent to seek reimbursements for services that are listed in your student's Individual's Education Program (IEP) and to inform you of your rights.

The school district will need to disclose your student's personally identifiable information to the State Medicaid agency to seek reimbursement for services provided to your student. The personally identifiable information consists of records or information about your student such as name, date of birth, special education disability and the services indicated in his/her IEP. These services may include Speech Therapy, Transportation, Personal Care, Nursing, Occupational Therapy, Physical Therapy, Counseling, Psychological Services and/or Testing.

The school district assures that:

- You, the parent, will not incur out-of-pocket expenses for your student to receive any of these services.
- You, the parent, will not be required to sign up for public benefits in order for your student to receive any of these services.
- The district's participation in the SHARS Program does not preclude your student from receiving similar or additional services by parent choice under another Medicaid Program or provider in the private sector.
- You, the parent, have the right to revoke consent at any time, and the district must still provide the services indicated in your child's IEP at no charge to you.

If you should have any questions or need assistance, please contact the Director of Special Education at 903-984-4416.

**PARENT CONSENT TO RELEASE INFORMATION FOR SCHOOL BASED MEDICAID SERVICES IN TEXAS**

STUDENT ID: \_\_\_\_\_ STUDENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

DOB: \_\_\_\_\_ GENDER:  Male  Female GRADE: \_\_\_\_\_

HOME CAMPUS: \_\_\_\_\_ CURRENT CAMPUS: \_\_\_\_\_

ACADEMIC YEAR: \_\_\_\_\_

Date: \_\_\_\_\_

Dear \_\_\_\_\_:

Under the Family Education Rights and Privacy Act (FERPA), the \_\_\_\_\_ is mandated to obtain initial parental consent prior to disclosing the personally identifiable information required for billing the State Medicaid agency. We need your informed consent prior to seeking reimbursement for the medical services provided. Your rights are explained in the Parent Notification to Release Information for School Based Medicaid Services in Texas which you received with this request for consent. Once initial consent is given, the District will provide you with annual written notification of its intent to continue to seek Medicaid reimbursement for allowable services.

If you should have any questions or need assistance, please contact: Special Education Director at 903/984-4416

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Please return this letter signed and dated to the following address and retain a copy for your files:

Gregg County SSA  
Attn: Special Education Director  
5303 Old Hwy 135 N  
Gladewater, TX 75662

I, the Parent/Guardian/Adult Student agree to the following statements:

- I have been informed in my native language about the School Health and Related Services (SHARS) program.
- I consent to the release of information necessary for this school district to receive Medicaid benefits.
- I give my consent for the District to access my student's public Medicaid benefits for services described in this IEP now or if he becomes eligible prior to expiration of this consent.
- I understand that once initial consent is given, the District will provide annual written notification to me of its intent to continue to seek Medicaid reimbursement.
- I understand that I can revoke future consent at any time.
- I understand that if I do not provide consent now or revoke consent in the future, the District must still provide the services indicated in student's IEP at no charge to the parent.

Yes  No

\_\_\_\_\_  
\*SIGNATURE OF PARENT, GUARDIAN, SURROGATE PARENT OR ADULT STUDENT

\_\_\_\_\_  
\*DATE

\_\_\_\_\_  
\*SIGNATURE OF INTERPRETER, IF USED

\_\_\_\_\_  
\*DATE

Encl: Parent Notification to Release Information for School Based Medicaid Services in Texas

Gregg County Special Education Shared Service Arrangement

ANNUAL NOTICE OF CONFIDENTIALITY OF RECORDS

Student \_\_\_\_\_

School Year: \_\_\_\_\_

*Gregg County Special Education SSA (GCSSA) gives annual notice to parents and eligible students informing them of their rights under the Family Educational Rights and Privacy Act. The notice is contained in this document.*

**Right to Inspect:** A parent/eligible student may, upon request, inspect the special education records of the student. GCSSA will comply with any such requests as soon as possible, but in no case later than 45 days after the request. In every case, if records are requested before an ARD meeting, the records will be supplied before the meeting.

GCSSA will be glad to assist parents with interpretations or explanations of the records.

GCSSA assumes either parent of the child has the right to inspect records of that child unless it is supplied with legal evidence to the contrary. GCSSA reserves the right to determine whether such evidence is satisfactory.

**Record of Access:** GCSSA keeps a record of occasions when a person other than the parent, student, or authorized school official obtains access to the student's records. This record contains the name of the person, date, and purpose of accessing the record. A parent/eligible student may inspect this record of access upon request.

**Records of More Than One Child:** If any educational records include information on more than one child, the parent of a student or eligible student may inspect only the information related to the student in question.

**Types of Records Kept:** The special education records kept by GCSSA are as follows: information about the referral made for possible special education services; permissions for assessment and placement (and other permissions); the comprehensive assessment(s); individual educational plans; and other necessary records required to determine that the student is eligible for special education services or to implement the delivery of those services.

The person with direct responsibility for these records is the Director of Special Education, who may be reached at GCSSA, 5303 Old Hwy 135 N., Gladewater, TX 75647, (903)984-4416 or (903)981-0591.

The special education records are kept at the GCSSA office on the Sabine ISD campus. The special education teacher may also maintain certain records. She/he may be reached at the child's school campus.

A request or complaint concerning the rights of parent or eligible students to records may be addressed to the Director of Special Education (above).

**Fees for Copies:** Copies of records supplied to parents or eligible student(s) will be made at a reasonable cost. See the Special Education Director for fee schedules.

**Amendment of Records:** A parent/eligible student has the right to request an amendment of the student's records if it is believed by them that the record is inaccurate, misleading, or a violation of the student's rights. Such a request shall be made in writing to the Director of Special Education (address above).

If GCSSA refuses to amend the records, it will inform the parents of eligible students of this refusal in writing. In case of such a refusal, the parent/eligible student has a right to request a hearing before the Board of Trustees of the District. The parent/eligible student may also request such a hearing from the Board of Trustees if they fail to hear whether the records were amended or not within two weeks after GCSSA receives the written request.

**Hearings:** If the parent/eligible student decides (see Amendment of Records) to request a hearing from the Board of Trustees regarding their request to amend records, the request for a hearing should be made to the Superintendent.

Hearings shall be conducted according to the rules set out in Reg. 99.27 of the State Board of Education's Policies and other policies of the school district for hearings.

After the hearing, GCSSA will either amend the records or inform the parent/eligible student in writing of its refusal. The notice shall inform the parent/eligible student of his/her right to place a written statement in the records. This written comment will be disclosed to other persons whenever the records themselves are disclosed.

**Disclosure:** Generally speaking, GCSSA will not disclose educational records to persons other than the parent/eligible student. The department observes the following exceptions to this rule:

1. Upon written request, GCSSA will forward copies of relevant records to persons whom the parent/eligible student requests have such records.
2. GCSSA discloses the educational records of the student to teachers, administrators, and other officials of the district when such persons have legitimate educational interest in the student. The last paragraph of this notice defines those professional persons deemed to have a legitimate educational interest in the student.
3. GCSSA will inform another school district of the student's placement in special education, dates of placement, and disability. Other records are forwarded at the written request of the parent/eligible student.
4. Auditors of the Comptroller General of the United States, the Department of Education, and the Texas Education Agency will be allowed to see records.
5. Data contained in special education folders may be used in scientific studies supervised by the Director of Special Education, but will not be personally identifiable outside the department offices.
6. GCSSA will disclose student data as may be required by the Texas Education Agency accreditation effort.
7. GCSSA will disclose records when required to do so by a court order or subpoena. GCSSA will document that the parent/eligible student was notified of such action or that such effort to notify was made.
8. In case of a medical or safety emergency, records will be disclosed to protect the health/safety of the student/others.
9. Records defined as directory information may be disclosed unless the parent/eligible student requests in writing that this not be done. Directory information is disclosed by the office of the local school district. Anyone desiring to know what the school district calls directory information, or to place a request not to disclose such information, needs to contact the principal of the student's school, or the superintendent of the district.

**Destruction of Records:** The policy regarding conditions upon which records are destroyed will be sent on request.

**Officials Who Have Access to Record:** The following persons are considered to have a legitimate educational interest in a special student: teachers of the student; the principal of the student; the superintendent; ARD committee members; guidance counselors; and the student's attorney, if any. Others may demonstrate a legitimate interest in the student.

Teacher/Staff Member Signature \_\_\_\_\_

Date Given: \_\_\_\_\_

**I have been informed of my rights of confidentiality.**

Parent(s) Signature \_\_\_\_\_

Date Received: \_\_\_\_\_

# CONSENT TO RELEASE INFORMATION TO AGENCIES FOR TRANSITION-RELATED PURPOSES

COMPLETE ONLY IF STUDENT IS AGE 15 OR OLDER

STUDENT ID: \_\_\_\_\_ STUDENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

DOB: \_\_\_\_\_ GENDER:  Male  Female GRADE: \_\_\_\_\_

HOME CAMPUS: \_\_\_\_\_ CURRENT CAMPUS: \_\_\_\_\_

ACADEMIC YEAR: \_\_\_\_\_ Date: \_\_\_\_\_

We are asking that you authorize the agency(ies) named below to disclose to each other confidential information regarding the above named student and to invite said agencies to transition-related meetings.

- |  |   |
|--|---|
| <input type="checkbox"/> Texas Education Agency (TEA)                      | <input type="checkbox"/> Texas Commission for the Blind (TCB)                     |
| <input type="checkbox"/> Texas Employment Commission (TEC)                 | <input type="checkbox"/> Texas Juvenile Probation Commission (TJPC)               |
| <input type="checkbox"/> Texas Juvenile Justice Department (TJJJ)          | <input type="checkbox"/> Texas Workforce Commission/Texas Workforce Solutions     |
| <input type="checkbox"/> Texas Department of Community Affairs             | <input type="checkbox"/> Texas Department of Housing & Community Affairs (TDHCA)  |
| <input type="checkbox"/> Texas Higher Education Coordinating Board (THECB) | <input type="checkbox"/> Department of Health & Human Services (TDHS)             |
| <input type="checkbox"/> Department of State Health Services               | <input type="checkbox"/> Department of Assistive & Rehabilitative Services (DARS) |
| <input type="checkbox"/> DARS Deaf & Hard of Hearing Services              | <input type="checkbox"/> Department of Aging & Disability Services                |
| <input type="checkbox"/> Department of Family & Protective Services        | <input type="checkbox"/> Early Childhood Intervention                             |

The purposes of the disclosure are to determine if the student may qualify for the agencies' services, to facilitate evaluation for services from the above agencies, and to assist in transition planning.

If you want more information or have questions, please contact:

School Staff Member \_\_\_\_\_ Phone Number: \_\_\_\_\_

Staff Email: \_\_\_\_\_

Yes  No I have been fully informed and do understand the school's request for my consent for the release of the student's records.

Yes  No I have been fully informed and do understand the school's request for my consent for the release of the student's records.

\_\_\_\_\_  
\*SIGNATURE OF PARENT, GUARDIAN, SURROGATE PARENT OR ADULT STUDENT

\_\_\_\_\_  
\*DATE

\_\_\_\_\_  
\*SIGNATURE OF INTERPRETER, IF USED

\_\_\_\_\_  
\*DATE

Please return from to: \_\_\_\_\_ at \_\_\_\_\_