

DATE OF ARD: _____

**AMARILLO INDEPENDENT SCHOOL DISTRICT
SPECIAL EDUCATION DEPARTMENT**

AMARILLO, TEXAS

**TEMPORARY PLACEMENT OF TRANSFER STUDENT
ADMISSION, REVIEW, AND DISMISSAL (ARD) COMMITTEE MEETING**

Student _____ Age _____ Sex _____ Birthdate _____
 School _____ Grade _____ Social Security Number _____
 Parents Name _____ Home Phone _____
 Home Address _____

YES NO An interpreter helped conduct the meeting. If YES, specify language or mode of communication:

The ARD committee met to recommend that this student receive special education services on a temporary basis.

The parent has stated that this student received special education services in _____
 SCHOOL DISTRICT

Students eligibility in former district was verified: by telephone staff member contacted: _____
 in writing documents received: _____

Meets eligibility criteria as: _____
 DISABLING CONDITION(S)

Description of services (instructional and related) provided in former school, as described by that district:

Other areas of discussion:

DEVELOPMENT OF THE INDIVIDUAL EDUCATIONAL PLAN (IEP)

- Previous IEP remains in effect.
- An interim placement has been determined. The IEP will be finalized within 30 school days.

INSTRUCTION ¹					PROGRESS/GRADE			PROGRESS TO BE		
Year _____ Semester _____	GEN. ED. MODIFIED		GEN. ED.	SPEC. ED.	DETERMINED BY:			REPORTED BY		
COURSE/CURRICULUM AREA	YES	NO	TIME	TIME	GEN. ED.	SPEC. ED.	JOINT	REPORT CARD*	IEP PROG. RPT**	OTHER**

*A grade of 70 or better indicates that the student is making progress sufficient to achieve the IEP goals by the end of the year.
 **With any report other than the report card, a statement will be included to indicate whether the student is making progress sufficient to enable him/her to achieve the IEP goals by the end of the year.
¹All special education instructional and related services are provided at no cost to the parent. General education fees normally charged to students without disabilities may be charged.

RELATED SERVICES	TIME	LOCATION
TRANSPORTATION		
PHYS. THERAPY		
OCC. THERAPY		
SCHOOL HEALTH:		
DAILY MEDS		
OTHER		
MUSIC THERAPY		
COUNSELING		

This is the campus the student would attend if not disabled.

YES NO If NO, specify the campus the student will attend: _____
and identify the services which cannot reasonably be provided on the student's home campus:

- Highly specific behavioral interventions, structured environment
- Specialized equipment or resources which would be fiscally unreasonable to duplicate
- Specifically trained education personnel for low incidence populations
- (RDSPD students) Student's hearing loss severely impairs processing linguistic information through hearing, even with recommended amplification, and adversely affects educational performance.

The ARD Committee assures that the student is placed as close as possible to the student's home.

Additional ARD committee recommendations:

Date of implementation of this ARD/IEP _____

These services are being provided on a temporary basis. Within 30 school days of this meeting, the ARD committee will reconvene to review any additional information received from the former district as well as any new assessment performed in the interim.

ATTACHMENTS

- Individual Education Plan (IEP)
- Other:
- Other:

SIGNATURE	POSITION	AGREE	DISAGREE
	Parent		
	Administration		
	Instruction		
	Special Education		
	Assessment		
	Other		
	Other		

SIGNATURE OF INTERPRETER, IF USED

DATE