OUT OF COUNTY ESE STUDENT TRANSFER
SIS DATA ENTRY FORM
(use only for the initial out of county ESE data entry)

STUDENT NAME (LAST, FIRST, MIDDLE)	STUDENT #	GRADE	SCHOOL	DATE

NOTE: CONSENT, EVAL, ELIGIBILITY, & PLACEMENT DATES DO NOT CHANGE AFTER INITIAL STAFFING (SHADED AREAS COMPLETED BY STAFFING/PROGRAM SPECIALIST AT INITIAL PLACEMENT

EXCEPTIONALITY	PRIM	PS	ST	RR	CONSENT	EVAL	ELIGIBILITY	PLACEMENT	DISMISSAL	MINUTES	TEACHER

FOR OUT OF COUNTY TRANSFER USE ONLY

FEFP CODE	TTSW	TNDP	IEP/EP PLAN DATE	IEP/EP EXP DATE	IDEA ENV CODE	ESY (Y/N)	FSAA* (Z, P or D)	RE-EVAL DATE

GIFTED PLAN B (Y/N)	MATRIX COST FACTOR	MATRIX DATE	MATRIX RATING	MUTUAL EXCHANGE Middle/High Only	FBA DATE	PBIP DATE	MEDICAID CONSENT DATE (Initial only)

SEVERITY RATING (SLI ONLY): (If YES, enter # rating for each)	NA (not eligible) YES (eligible) NO (dismissed from SLI)	ARTIC	LANG	VOICE	FLUENCY

SPECIAL TRANSPORTATION ☐ NO ☐ YES	Assist w/ loading	Monitor Med Needs	Assist w/comm	Behavior Mgmt	Short Day	Med Equip/Bus Lift	Environment Needs

COURSE #	COURSE TITLE	SCHOOL	TERM	PERIOD	M	T	W	R	F	CO-TCH	SUP FAC	GE Teacher	ESE Teacher	ESE MIN

For assistance, refer to the Technical Assistance Paper titled: SIS ESE Data Entry

FSAA Codes: Enter Z (Takes State Assessment), P (Performance Tasks) or D (Data Folio)* Updated 7/2022

COMPLETED BY _____ DATE _____

RECEIVED BY _____ DATE _____ DATE ENTERED _____