



WILL COUNTY SCHOOL DISTRICT 92
TRANSFER STUDENT INFORMATION SPECIAL CONCERNS

Complete this form for each new transfer student. Send a copy to each department involved. Include custodial parent/guardian input.

Student's Name: _____

Transfer-In School: _____ Grade: _____

Expected First Day: _____

Custodian Parent/Guardian's Name: _____

Is the transfer student currently enrolled in any type of special education program? Yes No NK (Not Known)

If yes, indicate areas of support: Speech Resource Instructional
 Medical Social Work 504 Plan
 Other: _____

Does the parent/guardian have a copy of the **IEP** (Individual Education Plan), Speech Services, **504** or other plan? Yes No NK

Is the transfer student currently enrolled in any type of **Reading Support** program? Yes No NK

Is the transfer student currently enrolled in any type of **ELL** (English Language Learner) program? Yes No NK

Is the transfer student English speaking? Yes No NK

List any additional concerns: _____
(i.e.: Oak Prairie – study skills support, etc.)

Copies sent to: _____ Date: _____

_____ ELL Teacher _____ Title One Teacher _____ Homeroom Teacher

_____ Nurse _____ SST Team _____ Principal/Assistant Principal

_____ Social Worker _____ Assistant Superintendent for Special Education

_____ Other: _____

Completed by: _____

Special Notes: _____