



# Indicator 12

## EXCEPTIONS TO THE SPECIAL EDUCATION TIMELINE: Child No Longer in District Jurisdiction during Transition Process

District Name: \_\_\_\_\_ Student SASID: \_\_\_\_\_

Referral Date: \_\_\_\_\_ Parent Consent to Evaluate Date: \_\_\_\_\_

Disposition of Referral: \_\_\_\_\_ Date of Eligibility Determination: \_\_\_\_\_

IEP Signature Date: \_\_\_\_\_ Date of 3<sup>rd</sup> Birthday: \_\_\_\_\_

34 CFR 300.301(d)(2) A child enrolls in a school of another public agency after the relevant timeframe in paragraph (c)(1) (*Procedures for initial evaluation*) of this section has begun, and prior to a determination by the child's previous public agency as to whether the child is a child with a disability under § 300.8.

### Did the child move out of the district after the referral, but before age 3?

No

Yes

→ Provide the date when the child moved out of or into the district: \_\_\_\_\_

### The child transferred:

Select one:

To another district in NH

→ District name: \_\_\_\_\_

From another district in NH

→ District name: \_\_\_\_\_

To or from out of state

Unknown

Provide information below in additional comments

Any additional comments or information you would like the state to consider as part of the Desk Audit process?

\_\_\_\_\_  
 Signature of Special Education Director or Designee

\_\_\_\_\_  
 Date

### Postal addressed to:

NH Dept. of Education, Bureau of Student Support  
 Attn: Brandy Quinn-Richards  
 25 Hall Street  
 Concord, NH 03301

### Email: [Brandy.A.Quinn-Richards@doe.nh.gov](mailto:Brandy.A.Quinn-Richards@doe.nh.gov)

All personally identifiable student information other than SASID, i.e., student name, address, disability, picture, grade, etc. must be REDACTED in order to accept submission by email.