CSW/PO Notice of School Change and Request for Records

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

TO: School/District:

 Address:

RE**:** Name of Youth**:**  Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Foster Youth Liaison and Records Clerk,

The above-named youth involved in the foster care and/or probation system will be transferring to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ school (the “receiving school”) in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ school district on \_\_\_\_\_\_\_\_\_\_\_\_\_ [date]. As of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [date], please disenroll this youth from your school, and send copies of their records to myself and the receiving school as detailed below within two (2) business days. Cal. Educ. Code §§ 48853.5 and 49069.5.

We are requesting a copy of any and all general and special education records for the above-mentioned youth including, but not limited to the following:

* All Health Records
* All Cumulative Records (including attendance, progress reports, report cards and transcripts--including partial credits and check out grades)
* All Discipline Records
* All State and Districtwide Testing, including STAR and SBAC testing, Stanford 9 Scores and CAT – 6 Scores
* All Correspondence (e.g., inter-office notes, memos, letters, etc.)
* All Special Education Assessments (e.g. psychological, educational, speech, OT, PT, etc.)
* All Individualized Education Programs

Please provide a physical copy of all records to the addresses below within two business days of this request. Thank you for your attention to this matter. If you have any questions do not hesitate to contact me at your earliest convenience.

CSW/PO Signature:

Child Welfare/ Probation Worker New School Contact Information:

Name: Name:

Title: Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number/Email: Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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