



# Inter-Campus Transfer Planning Meeting Worksheet

*(For non-emergency transfers)*

Name of Student:	Date of Birth:
State of Residency:	State/County agencies involved:
Sending Campus:	Contact/Title:
Date of Admission:	Projected Date of Transfer:
Receiving Campus:	Contact/Title:
Date of Meeting:	Present at meeting:

***Reason for transfer:***

<b><i>Placement Assignments</i></b>	
<b>Team to be placed on</b>	
<b>Clinician to be assigned</b>	
<b>Classroom to be assigned</b>	
<b>Treatment level to be assigned</b>	

**Current family involvement & any support needed during transition:**

**Current behaviors of risk:**

**Review of current ICMP:**

**Review of any specialized interventions (including discussion & decisions about whether or not they are feasible at the new campus & how will this issue be managed):**

**Review of current SFL log materials:**

**Current medications and any special medical needs:**

**Teachers' plan for transfer of current class work and educational interventions:**

**Clinicians' plan for transfer session and review of therapy goals:**

**Steps to be taken to prepare student for transition:**

**Any specific level or privilege info that will require pre-teaching with the student:**

**Plan for pre-teaching to occur:**

**Plan for campus tour & visits:**

**Persons responsible for coordinating tour & visits:**

***\*NOTE: A copy of this plan has been electronically mailed to Psychiatrists, administrators, & department heads of both sending & receiving campuses for their final review. However, it is expected that proper communication by all parties has occurred and that concerns regarding the transition were identified and addressed at the meeting. Issues raised after the fact should be due to extenuating circumstances. All transfers are subject to the final review of the Senior Vice President.***