

**SAN ANTONIO INDEPENDENT SCHOOL DISTRICT
DYSLEXIA/504/RtI**

STUDENT ELIGIBILITY FOLDERS TRANSMITTAL FORM

FROM: _____
Sending School

TO: _____
Receiving School

STUDENT NAME	ID NUMBER	TYPE OF FOLDER	DISABILITY	DATE OF LAST ANNUAL REVIEW
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Signature of Sending Principal

Signature of Receiving Principal

Date

Date