



EDUCATION PASSPORT

All forms and documentation listed below should be kept with the passport. Information contained on this passport is subject to confidentiality laws. This Education Passport [CS-0657] shall be generated only by DCS and serves as verification of custody upon presentation to the public school system. Court documents and information generated by the courts remain protected under Tenn. Code Ann. § 37-1-153.

**PRESENT THIS FORM
TO EACH NEW SCHOOL OR
CURRENT SCHOOL FOR EACH
PLACEMENT**

PREPARED FOR PUBLIC SCHOOL (See Additional School Information)	
School of Origin:	County:
Date of BID Meeting:	
School of Zone:	County:

STUDENT'S INFORMATION		
Child's Name	DOB:	Grade:
Foster Parent		
Address		
City/ST/ZIP		
Telephone	Email:	
Is This a Change of Address Notification? <input type="checkbox"/> Yes <input type="checkbox"/> No		

MOTHER'S INFORMATION (For IDEA Purposes)	
Name	
Address	
City/ST/ZIP	
Telephone	Email:
Parental Rights Terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Contact Order?	

FATHER'S INFORMATION (For IDEA Purposes)	
Name	
Address	
City/ST/ZIP	
Telephone	Email:
Parental Rights Terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No Contact Order?	

FAMILY SERVICE WORKER'S INFORMATION	
Name	
Address	
City/ST/ZIP	
Telephone	Email:

RECORDS CHECKLIST (REQUIRED)	Enclosed	Requested	Not Applicable
1. Immunization Records			
2. Most recent grade card with attendance data			
3. Current transcript (for high school students)			
4. Current IEP (if applicable) Yes No			
5. Current 504 Student Services Plan (if applicable)			
6. TEIS screening results and Family Services Plan (if applicable)			
ADDITIONAL SCHOOL ENROLLMENT INFORMATION		Yes	No
1. Has current School of Origin been notified of student's placement change? (BID meeting required with exception of placement into residential in-house school.)			
Has student been officially withdrawn from previous school?		Yes	No
2. Is this student currently suspended or expelled from public school?			
Term dates of suspension/expulsion: Date: through Date:			
3. Are any medications needed during the school day?			
If yes, list :			

LIST THE CURRENT SCHOOL and PREVIOUSLY ATTENDED SCHOOLS			
School System Name	County/State	School Name	Withdrawn Date
1.		Current School:	
2.			
3.			
4.			
5.			

Compiled by: _____ Date: _____

STATE OF TENNESSEE -- DEPARTMENT OF CHILDREN'S SERVICES
Education Division --UBS Tower 10th Floor, 315 Deaderick Street - Nashville, TN 37243
(615) 360-4350

Tennessee Department of Children's Services

School Notification Letter

To: _____ (School of Origin) located in _____ (city), _____ (county)

To: _____ (School of Zone) located in _____ (city), _____ (county)

Re: _____ (Child's Name)

Date:

_____ (Child's Name) has either:

recently been placed in the custody of the Tennessee Department of Children's Services

or

is currently in custody but has experienced a change of placement prompting a potential shift of school zones.

Placement Address: _____

Per the ESEA § 1111(g)(1)(E)(i), the SEA's and its agencies (LEA's) are required to collaborate with the state Child Welfare Agencies to ensure that a student entering foster care or experiencing a change of placement in foster care should remain in the school of origin unless otherwise determined that the school of zone (school of residency) would be more aligned with the student's best interest. As such, Tennessee Department of Children's Services (DCS) is requesting that a BID meeting be scheduled within 5 days to consider all factors for the student's educational stability.

TN DCS serves as the Educational Decision Maker for all routine education issues outside of those still maintained by legal parents for services under IDEA; legal parents, however, are encouraged to attend meetings facilitated by the school and shall be considered partners in school planning when possible or unless otherwise deemed unsuitable by DCS. To determine your primary contact for matters concerning ESSA or disciplinary procedures, please refer to the Family Service Worker indicated on the Education Passport.

Please note that the primary point of contact for routine education alerts and for the daily support for this student shall be the foster parent where student is residing. A contracted agency point-of-contact may be assigned for general case management.

Best Interest Determination teams must explore multiple considerations under ESSA when deciding the most appropriate educational placement. Although not all-encompassing, I would like to note the following factors of preference for _____ (Child's First Name) in preparation of this process.

Determination: Mark either school of origin or school of zone.

	School of Origin	School of Zone		
Consideration Team			Evidence / Comments	DCS Rep's Initials
Child's/youth's attachment to school				
Placement of Sibling(s)				
IEP or 504 needs and supports				
Time in Transit				
Existing Services (ELL, Pre-K, etc.)				
Other academic needs (advanced courses, etc.)				
Other				

School Preference by Educational Decision Maker / Team: _____

Please assist us with maintaining/enrolling this student in school. Please send a record request to the last school for the official education records.

I am the Family Service Worker for this child. Do not hesitate to notify me or my supervisor, _____

	Name	Address	Phone	E-Mail
Family Service Worker:	_____	_____	_____	_____
Foster Parent Name:	_____	_____	_____	_____
Provider Agency:	_____	_____	_____	_____
Other Title	_____	_____	_____	_____

Thank you for your assistance,

Family Service Worker