



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? Yes No

MOTHER'S INFORMATION (For IDEA Purposes)

Name _____
Address _____
City/ST/ZIP _____
Telephone _____ Email: _____
Parental Rights Terminated? Yes No No Contact Order?

FATHER'S INFORMATION (For IDEA Purposes)

Name _____
Address _____
City/ST/ZIP _____
Telephone _____ Email: _____
Parental Rights Terminated? Yes No 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Most recent grade card with attendance data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Current transcript (for high school students)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Current IEP (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Current 504 Student Services Plan (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. TEIS screening results and Family Services Plan (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.)	<input type="checkbox"/>	<input type="checkbox"/>
Has student been officially withdrawn from previous school? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Is this student currently suspended or expelled from public school?	<input type="checkbox"/>	<input type="checkbox"/>
Term dates of suspension/expulsion: _____ through _____		
3. Are any medications needed during the school day?	<input type="checkbox"/>	<input type="checkbox"/>
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: _____

Tennessee Department of Children's Services

School Notification Letter

To: _____ located in _____ , _____
(School of Origin) (City) (County)

To: _____ located in _____ , _____
(School of Zone) (City) (County)

Re: _____
(Child's Name)

Date: _____

_____ 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 _____ in preparation of this process.

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

Consideration Team	School of Origin	School of Zone	Evidence / Comments	DCS Rep's Initials
Child's/youth's attachment to school	<input type="checkbox"/>	<input type="checkbox"/>		

Placement of Sibling(s)	<input type="checkbox"/>	<input type="checkbox"/>		
IEP or 504 needs and supports	<input type="checkbox"/>	<input type="checkbox"/>		
Time in Transit	<input type="checkbox"/>	<input type="checkbox"/>		
Existing Services (ELL, Pre-K, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
Other academic needs (advanced courses, etc.)	<input type="checkbox"/>	<input type="checkbox"/>		
Other	<input type="checkbox"/>	<input type="checkbox"/>		

School Preference by Educational Decision Maker / Team: _____
Identify School of Origin or School of Zone Name

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, _____, at _____.

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

Thank you for your assistance,