

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

#### 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.

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| **PREPARED FOR PUBLIC SCHOOL (See Additional School Information)** |

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| --- | --- | --- | --- | --- |
| School of Origin: |  | | **County:** |  |
|  | Date of BID Meeting: |  | | |
| School of Zone: |  | | **County:** |  |

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| 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** | | | | |

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| MOTHER’S INFORMATION (For IDEA Purposes) |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | | |
| **Address** | |  | | | | |
| **City/ST/ZIP** | | |  | | | |
| **Telephone** | | | (   )     - | | **Email:** |  |
| **Parental Rights Terminated?** | | | | **Yes**  **No**  **No Contact Order?** | | |

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| FATHER’S INFORMATION (For IDEA Purposes) |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | | |
| **Address** | |  | | | | |
| **City/ST/ZIP** | | |  | | | |
| **Telephone** | | | (   )     - | | **Email:** |  |
| **Parental Rights Terminated?** | | | | **Yes**  **No**  **No Contact Order?** | | |

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| FAMILY SERVICE WORKER’S INFORMATION |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | |  | | | | | | | |
| **Address** | | |  | | | | | | |
| **City/ST/ZIP** | | | |  | | | | | |
| **Telephone** | | | | | (   )     - | **Email:** |  | | |
| **RECORDS CHECKLIST (REQUIRED)** | | | | | | | | **Enclosed** | **Requested** | | **Not Applicable** |
| 1. Immunization Records | | | | | | | |  |  | |  |
| 1. Most recent grade card with attendance data | | | | | | | |  |  | |  |
| 1. Current transcript (for high school students) | | | | | | | |  |  | |  |
| 1. Current IEP (if applicable)  **Yes**  **No** | | | | | | | |  |  | |  |
| 1. Current 504 Student Services Plan (if applicable) | | | | | | | |  |  | |  |
| 1. 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 : | | | | | | | | | | | |

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| **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

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| **Tennessee Department of Children’s Services**  **School Notification Letter** |

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| --- | --- | --- | --- | --- | --- | --- |
| To: | School Name, (School of Origin) located in | |  | (city), |  | (county) |
| To: | School Name, (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. | | | | | | |

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| 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: 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, Supervisor's Name and Phone Number

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

Thank you for your assistance,

[Family Service Worker's Name]