



# ALTERNATE PORTFOLIO ASSESSMENT TRANSFER FORM

**District LEA#:**

**Name of District Transferring:**

**Portfolio Transferred**

**Student Name:**

**State Reporting ID Number:**

**Student Grade:**

**Last Day of Student Enrollment:**

**Signature of Sender:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**District LEA#:**

**Name of District Receiving:**

**Portfolio Received**

**Student Name:**

**State Reporting ID Number:**

**Student Grade:**

**First Day of Student Enrollment:**

**Signature of Receiver:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Instructions:** Each district involved in the transfer of an Alternate Portfolio Assessment shall retain a copy of this form. A copy shall be faxed to the ADE at (501) 682-4886 and to Questar at (866) 688-0419, ATTN: Arkansas Customer Service. This form must be completed and signed by both districts before it is faxed.

All transfer forms must be completed and faxed at least two weeks prior to the final shipping date for completed portfolios. Contact the ADE for specific transfer instructions for any student transferring within two weeks of the final shipping date for portfolios.

