

		Name: _			
	_	DOB:	//	IFSP:	
	Summary of Ir	nformation Collected From	n Family		
Date*:/		Family-directed assessment to (check only one)	☐ Prog	outines-based gram CPR Cho essment Decli	
Family Notes (family comments ma	ay be added if asse	ssment declined)			
	_				
	Family Cond	erns, Priorities, and Reso	ources		
-amily Concerns*					
Family Priorities*					
armly r normes					

Family Resources*



Name:							
D	OB:	/	 IFS	SP:	/	/	



	Name:					
	DOB: _	/	_/	IFSP: _	//	/
-TRANSITION INFORMATION						

The EI Provider provides services to eligible children from birth to age three. Prior to turning three your early intervention program will talk with you about the service options available in your community. Your three-year-old child may be eligible for special education preschool services or you may consider other community-based services. A Transition Plan will be developed to help your family move from early intervention services to other services where appropriate. Discussions regarding transitioning out of early intervention and the development of a Transition Plan include multiple steps. These steps are completed at various points in time throughout your child's enrollment in early intervention. The Transition Plan will be completed in its entirety prior to your child's third birthday.

Transition to Special Education Preschool or Community

Transition Referral Notification	Discussion
Describe available service options for child at age three.	Discussion Date*//_
2. Describe special education preschool eligibility criteria.	Discussion Date* / /
3. Discuss referral process to special education preschool.	Discussion Date* / /
4. Discuss automatic referral notification to special education	Discussion Date */
If the parent has declined automatic referral notification, skip steps "5. Transition Plan for Special Education Preschool" and "6. Transition Conference," and fill out step "5. Transition to Community Program."	□ No, I do not want my child's and family's information sent to the State Board of Education and local school district special education preschool program. I am declining the referral notification. Date Declined / /
	Date Decilied/



 Develop transition plan for transitioning to Special E Transition Planning (Steps and Services) 	Discussion
a. Provide information about local special education preschool	Discussion Date*/
services, placement options, and the Individualized Education Program(IEP).	Discussion Date
b. Identify required skills.	Discussion Date*/
c. Develop IFSP outcomes, and any services or activities needed to prepare the child and family for a preschool environment.	Discussion Date*/
d. Discuss the release and exchange of information in the child's early intervention record to local school district.	Discussion Date*/
	Release and Exchange Information in the Early Intervention Record to local School District
	(Name of School District)*
	(Address)
	Date Authorized/

Name: _____



	Name:
	DOB:/_ /IFSP://
e. Discuss and arrange a transition conference.	Discussion Date*/
f. Discuss other services that may be available in the community in addition to special education preschool.	Discussion Date*/



	DOB:/IFSP:/
6. Transition Conference Transition Conference Date	Prior Notice Sent*/
(Date the Transition Conference Occurred) Conference Deadline / /	Conference Status* O Completed O Declined
	Transition Conference Completed
(Deadline is 90 days before the child turns 3 years old.)	☐ I met today to discuss transition options, including special education preschool, for my child who is currently receiving early intervention services.
Prior Notice Sent*/	·
Transition Conference Note	Transition Conference Declined
	☐ I have been given the opportunity to meet with my child's special education preschool representative to discuss transition options but wish to decline at this time.
	☐ I understand that once my child turns three, I can call the school district any time to refer my child to be evaluated for eligibility for special education services.
	☐ I understand that I may reverse my decision to decline this transition conference in writing at any time.
Attendees	Signature
Parent/Guardian*	orginature
Parent/Guardian	
El Service Provider*	
El Service Provider	
El Service Provider	
School District*	
LEA Representative*	
	☐ LEA Representative not in attendance*
USDB*	
	USDB Representative not in attendance*
Other	

Name: _____



5. Develop a transition plan for transitioning to a comm	DOB:/IFSP:/
Community Transition Planning (Steps and Services)	Discussion
a. Discuss information about community options.	Discussion Date*/
b. Identify required skills.	Discussion Date*/
c. Develop IFSP outcomes, and any services or activities needed to prepare the child and family for a community setting.	Discussion Date*//
d. Discuss releasing records to community programs.	Discussion Date*/
e. Other community planning.	Discussion Date*/

Name: