

Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ IFSP: \_\_\_/\_\_\_/\_\_\_

### Services

Service Category / Provider	Frequency / Length	Duration	Intensity / Location	Transportation	Start / End
-----------------------------	--------------------	----------	----------------------	----------------	-------------

Add Date: \_\_\_/\_\_\_/\_\_\_

Service Category*	Frequency* ___ X ___		<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> N/A <input type="checkbox"/> Declined	Start ___/___/___
Service Provider*	Length* ___ mins	Duration* ___ mo.	Location*	<input type="checkbox"/> Accepted miles	End ___/___/___

Add Date: \_\_\_/\_\_\_/\_\_\_

Service Category*	Frequency* ___ X ___		<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> N/A <input type="checkbox"/> Declined	Start ___/___/___
Service Provider*	Length* ___ mins	Duration* ___ mo.	Location*	<input type="checkbox"/> Accepted miles	End ___/___/___

Add Date: \_\_\_/\_\_\_/\_\_\_

Service Category*	Frequency* ___ X ___		<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> N/A <input type="checkbox"/> Declined	Start ___/___/___
Service Provider*	Length* ___ mins	Duration* ___ mo.	Location*	<input type="checkbox"/> Accepted miles	End ___/___/___

Add Date: \_\_\_/\_\_\_/\_\_\_

Service Category*	Frequency* ___ X ___		<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> N/A <input type="checkbox"/> Declined	Start ___/___/___
Service Provider*	Length* ___ mins	Duration* ___ mo.	Location*	<input type="checkbox"/> Accepted miles	End ___/___/___

Add Date: \_\_\_/\_\_\_/\_\_\_

Service Category*	Frequency* ___ X ___		<input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> N/A <input type="checkbox"/> Declined	Start ___/___/___
Service Provider*	Length* ___ mins	Duration* ___ mo.	Location*	<input type="checkbox"/> Accepted miles	End ___/___/___

Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ IFSP: \_\_\_/\_\_\_/\_\_\_

Justification Statements

**Location Justification Statement**

Service & Setting Requiring Justification: \_\_\_\_\_

Explain why the outcome cannot be met if the service is provided in the natural environment. \*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain how services provided outside the natural environment will be generalized within activity settings and routines of the family. \*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe a plan with time lines and supports necessary to allow the outcome to be satisfactorily achieved in a natural environment. \*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Location Justification Statement**

Service & Setting Requiring Justification: \_\_\_\_\_

Explain why the outcome cannot be met if the service is provided in the natural environment. \*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain how services provided outside the natural environment will be generalized within activity settings and routines of the family. \*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe a plan with time lines and supports necessary to allow the outcome to be satisfactorily achieved in a natural environment. \*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ IFSP: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Non-EI Services**

(any services the child and family needs or is receiving through other sources, but that are neither required nor funded under Part C):

Non-EI Service Provider\* \_\_\_\_\_

Note


Non-EI Service Provider\* \_\_\_\_\_

Note


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
1. Describe available service options for child at age three.	Discussion Date * ___/___/___ <div style="border: 1px solid black; height: 100px; padding: 5px;"> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> </div>
2. Describe special education preschool eligibility criteria.	Discussion Date * ___/___/___ <div style="border: 1px solid black; height: 100px; padding: 5px;"> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> </div>
3. Discuss referral process to special education preschool.	Discussion Date * ___/___/___ <div style="border: 1px solid black; height: 100px; padding: 5px;"> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> </div>
4. Discuss automatic referral notification to special education preschool.  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."	Discussion Date * ___/___/___ <div style="border: 1px solid black; height: 100px; padding: 5px;"> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> </div> <input type="checkbox"/> 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 ___/___/___

Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ IFSP: \_\_\_/\_\_\_/\_\_\_

**5. Develop transition plan for transitioning to Special Education Preschool.**

Transition Planning (Steps and Services)	Discussion
<p>a. Provide information about local special education preschool services, placement options, and the Individualized Education Program(IEP).</p>	<p>Discussion Date* ___/___/___</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"> <p>-----</p> <p>-----</p> <p>-----</p> </div>
<p>b. Identify required skills.</p>	<p>Discussion Date* ___/___/___</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"> <p>-----</p> <p>-----</p> <p>-----</p> </div>
<p>c. Develop IFSP outcomes, and any services or activities needed to prepare the child and family for a preschool environment.</p>	<p>Discussion Date* ___/___/___</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"> <p>-----</p> <p>-----</p> <p>-----</p> </div>
<p>d. Discuss the release and exchange of information in the child's early intervention record to local school district.</p>	<p>Discussion Date* ___/___/___</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"> <p>-----</p> <p>-----</p> <p>-----</p> </div> <p><input type="checkbox"/> Release and Exchange Information in the Early Intervention Record to local School District</p> <p>_____</p> <p>(Name of School District)*</p> <p>_____</p> <p>(Address)</p> <p>Date Authorized ___/___/___</p>

Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ IFSP: \_\_\_/\_\_\_/\_\_\_

<p>e. Discuss and arrange a transition conference.</p>	<p>Discussion Date* ___/___/___</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"> <p>-----</p> <p>-----</p> <p>-----</p> </div>
<p>f. Discuss other services that may be available in the community in addition to special education preschool.</p>	<p>Discussion Date* ___/___/___</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"> <p>-----</p> <p>-----</p> <p>-----</p> </div>

Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ IFSP: \_\_\_\_/\_\_\_\_/\_\_\_\_

**6. Transition Conference**

<p><b>Transition Conference Date</b> (Date the Transition Conference Occurred)</p> <p>Conference Deadline    ____/____/____ (Deadline is 90 days before the child turns 3 years old.)</p> <p>Prior Notice Sent*    ____/____/____</p> <p>Transition Conference Note</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>	<p>Prior Notice Sent*    ____/____/____</p> <p>Conference Status*    <input type="radio"/> Completed    <input type="radio"/> Declined</p> <p><b>Transition Conference Completed</b></p> <p><input type="checkbox"/> I met today to discuss transition options, including special education preschool, for my child who is currently receiving early intervention services.</p> <hr/> <p><b>Transition Conference Declined</b></p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> I understand that I may reverse my decision to decline this transition conference in writing at any time.</p>
<b>Attendees</b>	<b>Signature</b>
Parent/Guardian *	_____
Parent/Guardian	_____
EI Service Provider *	_____
EI Service Provider	_____
EI Service Provider	_____
School District *	_____
LEA Representative *	_____
USDB *	_____
Other	_____

Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ IFSP: \_\_\_/\_\_\_/\_\_\_

**5. Develop a transition plan for transitioning to a community program.**

Community Transition Planning (Steps and Services)	Discussion
a. Discuss information about community options.	Discussion Date* <u>   </u> / <u>   </u> / <u>   </u> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> </div>
b. Identify required skills.	Discussion Date* <u>   </u> / <u>   </u> / <u>   </u> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> </div>
c. Develop IFSP outcomes, and any services or activities needed to prepare the child and family for a community setting.	Discussion Date* <u>   </u> / <u>   </u> / <u>   </u> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> </div>
d. Discuss releasing records to community programs.	Discussion Date* <u>   </u> / <u>   </u> / <u>   </u> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> </div>
e. Other community planning.	Discussion Date* <u>   </u> / <u>   </u> / <u>   </u> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> </div>



Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ IFSP: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Service Categories**

- Special Instruction
- OT
- COTA
- PT
- PTA
- SLP
- Family Training
- Assistive Technology
- Audiology
- Health Services
- Medical
- Nursing
- Nutrition
- Psychological
- Respite Care
- Service Coordination
- Social Work
- Sign Language and Cued Speech

**USDB Service Categories**

- PIP BVI
- PIP BVI Toddler Group
- PIP DHH
- PIP DHH Deaf Toddler Group
- PIP Sign Language and Cued Speech
- USDB Deaf-Blind
- USDB Deaf Mentor
- USDB Intervener
- USDB Orientation and Mobility