

Name: _____

DOB: ____/____/____ *IFSP:* ____/____/____

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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; margin-top: 5px;"></div>
2. Describe special education preschool eligibility criteria.	Discussion Date * ____/____/____ <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>
3. Discuss referral process to special education preschool.	Discussion Date * ____/____/____ <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></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; margin-top: 5px;"></div> <div style="margin-top: 10px;"> <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. </div> Date Declined ____/____/____

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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;"></div>
<p>b. Identify required skills.</p>	<p>Discussion Date * ____/____/____</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></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;"></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;"></div> <p><input type="checkbox"/> Release and Exchange Information in the Early Intervention Record to local School District</p> <p>_____ (Name of School District)*</p> <p>_____ (Address)</p> <p>Date Authorized ____/____/____</p>

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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 * ____/____/____

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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 * ____/____/____ <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>
b. Identify required skills.	Discussion Date * ____/____/____ <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>
c. Develop IFSP outcomes, and any services or activities needed to prepare the child and family for a community setting.	Discussion Date * ____/____/____ <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>
d. Discuss releasing records to community programs.	Discussion Date * ____/____/____ <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>
e. Other community planning.	Discussion Date * ____/____/____ <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>

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Signatures

I (parent or guardian) have participated in the development of this Individualized Family Service Plan and understand that I can accept or refuse any or all of the services identified in it. I understand that my consent for services may be withdrawn at any time.

I further understand that my signature below indicates that: (a) I have been fully informed of the services being proposed; (b) I have received the "Baby Watch Parents' Rights in Early Intervention" brochure and understand my parents rights in early intervention; and (c) I give consent to carry out our Individualized Family Service Plan as written.

Signature of Parent or Guardian*

Date* (mm/dd/yyyy)

Signature of Parent or Guardian*

Date* (mm/dd/yyyy)

Service Coordinator*

Date* (mm/dd/yyyy)

Other Participant

Date (mm/dd/yyyy)

Other Participant

Date (mm/dd/yyyy)