

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

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

## Transition to Special Education Preschool or Community

Transition Referral Notification	Discussion
<p>1. Describe available service options for child at age three.</p>	<p>Discussion Date * ___/___/___</p> <p>Service Options Notes</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>
<p>2. Describe special education preschool eligibility criteria. Describe the special education preschool eligibility criteria in general and relative to early intervention eligibility criteria (so that the family understands a child will not automatically qualify for special education preschool just because he or she qualified for early intervention).</p>	<p>Discussion Date * ___/___/___</p> <p>Eligibility Notes</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>
<p>3. Discuss the referral process to special education preschool.</p> <p>▼ Referral notification information: Child's name; date of birth; gender; primary language; parent/guardian name(s); address; and telephone number.</p> <p>Describe the process the family should expect after the referral notification has been sent to special education, not fewer than 90 days and no more than 9 months before the child's third birthday.</p> <p>▼ Development of a transition plan with steps and services in the IFSP for child and family to transition out of early intervention services.</p> <p>▼ Attendance at a transition conference to be held with the early intervention and special education preschool staff.</p> <p>▼ Opportunity to give written consent to release child's early intervention record to the special education preschool.</p>	<p>Discussion Date * ___/___/___</p> <p>Referral Process Notes</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>
<p>4. Discuss the automatic referral notification that will occur when child is 27 months old to special education preschool. Inform parents that the early intervention program is required by law without their consent to notify (refer) automatically to Utah State Board of Education and the appropriate local school district that their child will soon reach the eligibility age for special education preschool, unless they object in writing to the referral notification.</p> <p>If parents decline a referral notification by signing this form, they may reverse their decision at any later date by notifying their early intervention program before their child reaches 34.5 months of age.</p> <p>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."</p>	<p>Discussion Date * ___/___/___</p> <p>Referral Notification Discussion Notes</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div> <p><input type="checkbox"/> No, I do not want my child's and family's information sent to the State Office of Education and local school district special education preschool program. I am declining the referral notification.</p> <p>Date Declined ___/___/___</p>

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

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**5. Develop an IFSP transition plan, including steps and services, for your child to exit early intervention and prepare your child and family for receiving services in the local special education preschool.**

Transition Planning (Steps and Services)	Discussion
<p>a. The early intervention provider will give you information about your local special education preschool services, placement options, and the Individualized Education Plan (IEP) process.</p>	<p>Discussion Date* ___/___/___</p> <p>Provide information about local special education preschool services, placement options, IEP.</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>
<p>b. Identify the skills the child needs for preschool preparedness.</p>	<p>Discussion Date* ___/___/___</p> <p>Identify required skills.</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div>
<p>c. Develop IFSP outcomes and any services needed to prepare the child and family for receiving services in a preschool environment.</p>	<p>Discussion Date* ___/___/___</p> <p>Develop IFSP Outcomes.</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 the local school district special education preschool program.</p> <p>Complete the "Authorization to Release and Exchange the Records between Early Intervention and the local School District" form to capture the parent's signature.</p>	<p>Discussion Date* ___/___/___</p> <p>Discuss the release and exchange of information in the early intervention record to local school district.</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"></div> <p><input type="checkbox"/> Release and exchange of information between early intervention and the local school district</p> <p>_____ (Name of School District)*</p> <p>_____ (Address)</p> <p>Date Authorized ___/___/___</p>

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<p>e. Discuss and arrange a transition conference to occur before the child is 33 months old.</p>	<p>Discussion Date* ___/___/___</p> <p>Discuss transition conference.</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 your community in addition to special education preschool.</p>	<p>Discussion Date* ___/___/___</p> <p>Other services.</p> <div style="border: 1px solid black; height: 80px; margin-top: 5px;"> <p>-----</p> <p>-----</p> <p>-----</p> </div>
<p>Transition Plan Development Date: Date transition steps and services 1, 2, 3, and 4. a-f have been discussed or completed by the time the child is 33 months old.</p>	<p>Plan Date* ___/___/___</p>

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**6. Transition Conference**

<p><b>Transition Conference Date</b> (Date the Transition Conference Occurred)</p> <p>Conference Deadline    ___/___/___</p> <p>(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> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <input type="checkbox"/> I met today to discuss transition options, including special education preschool, for my child who is currently receiving early intervention services.         </div> <p><b>Transition Conference Declined</b></p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <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.   <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.   <input type="checkbox"/> I understand that I may reverse my decision to decline this transition conference in writing at any time.         </div>																
<p>If Delayed:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <input type="radio"/> <b>Provider Circumstances</b>  <input type="radio"/> Holiday and/or seasonal breaks  <input type="radio"/> Late attempts to schedule or reschedule service  <input type="radio"/> Scheduling difficulties  <input type="radio"/> Service provider not assigned  <input type="radio"/> Staff not available (shortage, sick leave)  <input type="radio"/> Unable to find Interpreter  <input type="radio"/> School District Circumstances                 </td> <td style="width:50%; border: none; vertical-align: top;"> <input type="radio"/> <b>Family Circumstances</b>  <input type="radio"/> Family Cancelled  <input type="radio"/> Child or Family Illness  <input type="radio"/> Extreme weather conditions or natural disaster  <input type="radio"/> Missed appointment  <input type="radio"/> Moved / could not be located  <input type="radio"/> Not responding to contact attempts  <input type="radio"/> Requested service be rescheduled  <input type="radio"/> Withdrew child from program  <input type="radio"/> Late Reversal of Opt Out of Referral Notification  <input type="radio"/> Late Referral to Part C  <input type="radio"/> Late Enrollment                 </td> </tr> </table> <p style="margin-top: 20px;">Delay Notes</p> <div style="border: 1px solid black; height: 60px; margin-top: 5px;"></div>		<input type="radio"/> <b>Provider Circumstances</b> <input type="radio"/> Holiday and/or seasonal breaks <input type="radio"/> Late attempts to schedule or reschedule service <input type="radio"/> Scheduling difficulties <input type="radio"/> Service provider not assigned <input type="radio"/> Staff not available (shortage, sick leave) <input type="radio"/> Unable to find Interpreter <input type="radio"/> School District Circumstances	<input type="radio"/> <b>Family Circumstances</b> <input type="radio"/> Family Cancelled <input type="radio"/> Child or Family Illness <input type="radio"/> Extreme weather conditions or natural disaster <input type="radio"/> Missed appointment <input type="radio"/> Moved / could not be located <input type="radio"/> Not responding to contact attempts <input type="radio"/> Requested service be rescheduled <input type="radio"/> Withdrew child from program <input type="radio"/> Late Reversal of Opt Out of Referral Notification <input type="radio"/> Late Referral to Part C <input type="radio"/> Late Enrollment														
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USDB *	_____ <input type="checkbox"/> USDB Representative not in attendance *
Other	_____

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

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

Community Transition	Discussion
Develop a transition plan including steps and services for your child to exit early intervention and prepare your family and child for a change to community program.	Plan Date * <u>    </u> / <u>    </u> / <u>    </u>
a. The early intervention provider will give you information about your local community programs.	<div style="border: 1px solid black; height: 100px; padding: 5px;"> <p>.....</p> <p>.....</p> <p>.....</p> </div>
b. Identify skills the child needs for preparing to move to community program.	<div style="border: 1px solid black; height: 100px; padding: 5px;"> <p>.....</p> <p>.....</p> <p>.....</p> </div>
c. Develop IFSP outcomes to prepare the child for the transition out of early intervention series in into a community setting	<div style="border: 1px solid black; height: 100px; padding: 5px;"> <p>.....</p> <p>.....</p> <p>.....</p> </div>
d. Hold a meeting with the community program.	<div style="border: 1px solid black; height: 100px; padding: 5px;"> <p>.....</p> <p>.....</p> <p>.....</p> </div>
e. Other	<div style="border: 1px solid black; height: 100px; padding: 5px;"> <p>.....</p> <p>.....</p> <p>.....</p> </div>

You can use the "Authorization to Release/Request" form to record and capture parent's permission to release records to the different agencies involved this transition plan.