

Early Intervention Individualized Transition Plan

Child's Name: _____

DOB: ____/____/____

Date: ____/____/____

Current Status (e.g. developmental progress/continuing areas of need, services, outside providers, educational surrogate parent):

Family's Priorities and Questions about Transition:

Is a referral to the child's local school system appropriate? YES NO

- I give consent to refer my child to the local school system in which we reside along with the release of information as checked off below. I understand that this consent is valid for one year from the date signed, and because it is voluntary consent it may be revoked at any time with a written revocation.
- I decline making a referral for my child

Parent/Guardian Signature

Date

Reason for not consenting to referral:

Early Intervention Referral for Special Education

Along with the information provided to you below I have attached the following documents for your review:

- Release of Information
- Individualized Family Service Plan (IFSP)
- Developmental Assessment Report
- Progress Report(s)
- Other: _____

Child's Address: _____

Phone: _____ Gender: M F

Reason for Referral: _____

Parent/Guardian: _____

Address: _____

Parent/Guardian: _____

Address: _____

Family's Primary Language: _____

Interpreter Needed: YES NO

Transportation Needed YES NO

El Agency: _____

Contact: _____

Phone: _____ Fax: _____

Family was provided information on CEDARR:

YES NO N/A

School District: _____

Contact: _____

Phone: _____ Fax: _____

Date of Referral to LEA: ____/____/____

Early Intervention Transition Steps

Child's Name: _____

DOB: ____/____/____

Date: ____/____/____

EARLY INTERVENTION					
Prepare Child for Transition			Other Transition Steps		
(e.g. consider new outcomes, prepare child for changes and adjustments to a new setting, observation of child)			(e.g. review IFSP, linkage to community resources, Educational Advocate)		
Steps/Action	Person(s) Responsible	Date to be Completed	Steps/Action	Date to be Completed	

FAMILY		EARLY CHILDHOOD PROGRAM/LOCAL EDUCATION AGENCY	
(e.g. parent-to-parent, workshops, observe various early childhood learning and/or service settings)		(e.g. information on eligibility, evaluations, program options, Early Learning Standards)	
Steps/Action	Date to be Completed	Steps/Action	Date to be Completed

If Transition Conference with the Local Education Agency did not occur, indicate reason:

Transition Conference Date: ____/____/____

Transition Conference Meeting Attendance:

Information Provided to Family

- Copy of LEA Procedural Safeguards
- Special Ed. Parent Advisory Board Contact Information

Parent/Guardian: _____ Service Coordinator: _____

School Representative: _____ Others: _____

Others: _____ Others: _____