

Child's Name:	ID Number:	IFSP Meeting Date:
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## PART VII – MY CHILD'S TRANSITION INFORMATION

### Section B – Transition *After* Age Three

#### Transition After Age Three (3)

#### CONSIDERATION OF SPECIAL EDUCATION AND RELATED SERVICES (PART B)

##### Prior to Age Four

- ☐ Parents wish to consider preschool special education and related services through an IEP.
- ☐ Parents **do not** wish to consider preschool special education and related services through an IEP.

##### At Age Four

- ☐ Parents wish to consider special education and related services through an IEP.
- ☐ Parents **do not** wish to consider special education and related services through an IEP.

#### COMMUNITY SERVICES

Is the family being referred to community services? ☐ Yes ☐ No **If YES, check the services that apply.**

##### Developmental/Medical/Health:

- ☐ Developmental Therapies (other than Part B and C)
- ☐ Equipment/Devices
- ☐ Home Health Care
- ☐ Immunizations
- ☐ Mental Health Services
- ☐ Primary Health Care
- ☐ Women, Infants, and Children (WIC) Program

##### Child Care/Enrichment:

- ☐ Camps
- ☐ Family Day Care
- ☐ Group Child Care
- ☐ Even Start
- ☐ Head Start
- ☐ Play Group
- ☐ Preschool Program:
- ☐ Public
- ☐ Private
- ☐ Recreation Program
- ☐ Other

##### Family Support:

- ☐ Family Support Center
- ☐ Home Visiting Program (Please specify)

- ☐ Parent Education
- ☐ Support Group
- ☐ Other:

##### Other Community Services:

#### TRANSITION PLANNING MEETING NOTES/FUTURE STEPS

Activities	Action Steps/Activities	Timelines	Person(s) Responsible
<input type="checkbox"/> Discuss pre-kindergarten options (including transition to Part B)			
<input type="checkbox"/> Obtain parental consent to release information to LEA			
<input type="checkbox"/> Schedule transition conference			
<input type="checkbox"/> Invite LEA, family, appropriate parties to transition conference			
<input type="checkbox"/> Other: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			
<input type="checkbox"/> Other: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>			

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**TRANSITION CONFERENCE (At Age Four) – SIGNATURE PAGE**

The following individuals participated in this Transition Conference:

Print Name/ Role	Signature	Date	Method of Participation	Agency

**Informed Consent by Parents/Guardians**

- ☐ I have received a written copy and verbal explanation of my rights from Strong Start.
- ☐ I participated fully in the Transition Conference and development of the action steps and activities.

<i>Parent(s)/Guardian Signature</i>	<i>Date</i>
<i>Parent(s)/Guardian Signature</i>	<i>Date</i>