

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.**

<p>Developmental/Medical/Health:</p> <input type="checkbox"/> Developmental Therapies (other than Part B and C) <input type="checkbox"/> Equipment/Devices <input type="checkbox"/> Home Health Care <input type="checkbox"/> Immunizations <input type="checkbox"/> Mental Health Services <input type="checkbox"/> Primary Health Care <input type="checkbox"/> Women, Infants, and Children (WIC) Program	<p>Child Care/Enrichment:</p> <input type="checkbox"/> Camps <input type="checkbox"/> Family Day Care <input type="checkbox"/> Group Child Care <input type="checkbox"/> Even Start <input type="checkbox"/> Head Start <input type="checkbox"/> Play Group <input type="checkbox"/> Preschool Program: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Recreation Program <input type="checkbox"/> Other	<p>Family Support:</p> <input type="checkbox"/> Family Support Center <input type="checkbox"/> Home Visiting Program (Please specify) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <input type="checkbox"/> Parent Education <input type="checkbox"/> Support Group <input type="checkbox"/> Other: <p>Other Community Services:</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
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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.

Parent(s)/Guardian Signature

Date

Parent(s)/Guardian Signature

Date