

## VII. Transition Planning

Transition Plans and Activities	Specific Action	Person Responsible	Date Started	Date Completed
1. Discuss what "transition" from early intervention means.				
2. Explore preschool special education services as well as other community program options for the child.				
3. Send specified information to Part B and/or other community programs, with parental consent. Yes <input type="checkbox"/> No <input type="checkbox"/>				
4. With parental consent and written prior notice, convene a transition planning conference with all parties required to develop a transition plan and steps.				
5. Help the child begin to learn new skills needed to get along in a new setting. Help the child and family prepare for changes in services.				

Child's Name: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_  N/A

Agency: \_\_\_\_\_

Section Number: \_\_\_\_\_

## VII. Transition Planning

### Instructions:

- 1. Discuss what “transition” from early intervention means.** Families must be informed that the entitlements afforded them and their children under the Infant-Toddler Program’s end at the child’s third birthday. Discussions should continue throughout the child’s enrollment in the Infant-Toddler Program as deemed appropriate. Discuss and educate parents, as early as child’s enrollment in the Infant-Toddler Program, about future placements, what “transition” from Infant-Toddler Program means, and what we can do to plan for this transition. Document what the Service Coordinator did to make sure the family had this knowledge and where they documented this.
- 2. Explore preschool special education services as well as other community program options for the child.** Discuss with the family the preschool special education services and other resources that may be appropriate for their child. Review program options from the child’s third birthday through the remainder of the school year. Indicate if this has been done and where it is documented.
- 3. Send specified information to Part B and/or other community programs, with parental consent.** The family provides consent for release of information to public schools and other programs or services. Check "yes" if the family gave permission or "no" if they did not. Explain here what was sent and who received the information. Example: assessment reports, IFSP, etc.
- 4. With parental consent, convene a transition planning conference with all parties required to develop a transition plan and steps.** The meeting(s) can occur as early as nine months prior to the child’s third birthday, but must occur no later than 90 days prior to the child’s third birthday. Enter each of the date(s) under **Date Completed**. Provide Written Prior Notice of the transition meeting. The following participants must be invited to the transition meeting(s):
  - parent;
  - Local Education Agency representative;
  - representative of the evaluative agency if the child has been evaluated, and
  - any other person or service providers who might help support & develop the transition plan
- 5. Help the child begin to learn new skills needed to get along in a new setting. Help the child and family prepare for changes in services.** Document in **Section IV “IFSP Outcomes”** and identify strategies a child may need prior to leaving one program and transitioning to another. How did someone prepare the family and child for these changes? Refer to the specific outcome number where these actions occur.

\*Add additional activities as deemed appropriate for individual children and their families under specific actions.

**Person Responsible:** Name the person(s) responsible for each specific action.

**Date Started:** Enter the date each activity was projected to start. Date format is mm/dd/yy.

**Date Completed:** Enter the date each activity was completed. Date format is mm/dd/yy.

**Child’s Name:** Enter the first, middle, and last name of the child.

**Medicaid Number:** Enter child’s Medicaid number. If child does not have a Medicaid number, check the box indicating N/A.

**Agency:** Identify which Children’s Developmental Services Agency is involved.

**Section Number:** Identify page using the roman numerals corresponding with the Section. If inserting additional pages, indicate with letter of alphabet after numeral (e.g. if adding a page to Section III, identify that page as IIIa)