

Early On Washtenaw Coordinated Individual Family Service Plan

Transition

Name: Last: _____ First: _____ Middle: _____ DOB: _____

Parent/Guardian Name: _____

Service Coordinator Name: _____

Transition Period Dates: 2 years, 3 months _____ 2 years, 9 months _____

3rd Birthday Date: _____ Today's Date: _____

The Transition Planning Conference must take place at least 90 days, but not prior to nine months, before the child's third birthday, for any child who may be transitioning to Special Education services.

Transition Conference Date: _____	
In attendance:	<input type="checkbox"/> Parent Signature: _____ <input type="checkbox"/> Service Coordinator Signature: _____ <input type="checkbox"/> Lead Agency Signature: _____ <input type="checkbox"/> LEA Representative Signature: _____
Expected Transition Date: _____	
IEP Date (if appropriate) _____	

REASON FOR TRANSITION

<input type="checkbox"/> Child reached 3 rd birthday <input type="checkbox"/> Child no longer meets definition of eligibility for <i>Early On</i> [®] <input type="checkbox"/> Parent no longer wants services <input type="checkbox"/> Family has moved <input type="checkbox"/> Unable to contact family <input type="checkbox"/> Other: _____

CHILD'S PRESENT LEVEL OF DEVELOPMENT

Transition Needs: (check all that need to be addressed) Health <input type="checkbox"/> Vision/Hearing <input type="checkbox"/> Gross Motor <input type="checkbox"/> Fine Motor <input type="checkbox"/> Communication <input type="checkbox"/> Thinking Skills <input type="checkbox"/> Social/Emotional <input type="checkbox"/> Adaptive	Updated Evaluations: (include results, instrument(s) used, date, and evaluator(s))
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Present Eligibility for Special Education: (Check one) Eligible Potentially Eligible Not Eligible

STEPS & SERVICES TO SUPPORT THE TRANSITION OF THE CHILD

Discussion with parents regarding future placements of their child. (include at least 2 options)

1. _____ 2. _____ 3. _____ 4. _____

Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to a new setting.

Prepare a visit to a potential program.

Explore other community resources.

Other: _____

Strategies that will be used to address the above steps: (the first 2 must be addressed)

Services that will end at my *Early On* Transition date:

Service	How Long/How Often	Location	End Date	Parent Initial

Services that will continue beyond my *Early On* Transition date:

Service	How Long/How Often	Location	End Date	Parent Initial

DISPOSITION OF *EARLY ON*[®] RECORDS

The following indicates the disposition of the child's Early On Record:

A copy will be forwarded to the receiving program/service provider. Name: _____

Complete IFSP record, with supportive documentation on file with: Agency: _____

The record will be maintained for a minimum of 7 years as required by law.

After the 7 year holding period you have my permission to physically destroy the records.

Service Coordinator Signature

Date

Lead Agency Representative Signature

Date

LEA Representative Signature

Date

The content of the transition plan was explained to me.

I approve the disposition of records.

Parent/Guardian/Surrogate Parent Signature

Date