

Washtenaw Early On Special Education Referral Form

Today's Date: _____ Date of 3rd Birthday: _____
Notification Date: _____ Notification Method: _____
Name: Last: _____ First: _____ Middle: _____
Birth Date: _____ UIC: _____
Address: _____ Phone: _____

To Special Education – to be sent by 2 years, nine months

This child is transitioning out of Early On and may be eligible for Special Education Services. This is official notice that this child needs a transition planning conference with Special Education at least 90 days before the child's third birthday.

Attached to this referral form:
Most recent IFSP
Most recent evaluation/assessment reports

(Please email copy to WISD)

To be completed once Special Education has responded, but before exit date from Early On

Scheduled date of transition planning conference: _____

Scheduled date of any other Special Education meeting: _____

To be completed at Exit date

Outcome of Special Education process

_____ Complete, eligible, IEP written

_____ IEP Date

_____ Complete, eligible, IEP in process (enter late reason)

_____ Incomplete, process continuing, under Special Education coordination
(enter late reason)

Reason Reported by Special Education that IEP was not held prior to
child's third birthday:

_____ Complete, not eligible

_____ Incomplete, cancelled
Cancellation Date _____ Cancellation Reason _____

(Please email copy to WISD)