



Transition Plan

Child's Legal Name: _____		Child's Current Age: _____		
The Transition Planning Conference must take place at least 90 days, but not prior to, nine months before the child's third birthday.				
Transition Conference Date: _____		Expected Transition Date: _____		
IEP Date (if appropriate) _____				
Reason for Transition				
<input type="checkbox"/> Child reached 3rd 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) <input type="checkbox"/> 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)) 		
Present Eligibility for Special Education: (check one) <input type="checkbox"/> Eligible <input type="checkbox"/> Potentially Eligible <input type="checkbox"/> Not Eligible				
Steps & Services to Support the Transition of the Child				
<input type="checkbox"/> Discussion with parents regarding future placements of their child. <input type="checkbox"/> Procedures to prepare the child for changes in service delivery, including steps to help the child adjust to a new setting. <input type="checkbox"/> Prepare a visit to a potential program. <input type="checkbox"/> Explore other community resources. <input type="checkbox"/> Other _____				
Strategies that will be used to address the above steps: (the first 2 must be addressed) 				
Services that will end at my <i>Early On</i> Transition date:				
Service	How Long/How Often	Location	End Date	Parent Initial
Services that will continue beyond my <i>Early On</i> Transition date:				
Service	How Long/How Often	Location	End Date	Parent Initial
Disposition of <i>Early On</i> Records				
The following v indicates the disposition of the child's <i>Early On</i> Record: <input type="checkbox"/> A copy will be forwarded to the receiving program/service provider. Name: _____ <input type="checkbox"/> The record will be placed in your child's Special Education File, maintained at _____ <input type="checkbox"/> The record will be maintained for a minimum of 7 years as required by law.				
Please use the signature page to document persons present during the Transition Conference, the progress made in the Child Outcomes and to document Parental Consent to the Transition Plan				

