

**INDIVIDUALIZED FAMILY SERVICE PLAN
Transition Plan (Page 7A):**

Child's Name: (Last) _____ (First) _____
EI #: _____ DOB: ____/____/____
Today's Date: ____/____/____ Child's Age: _____

INFORMATION REGARDING TRANSITION: Pages 7A and B must be completed for any child leaving EI, regardless of his/her age. These pages must be filled in at the IFSP closest to the child's 2nd birthday and updated at each subsequent IFSP. For children entering the EIP after age 2, these pages must be completed at the initial IFSP.

1. Children who complete their IFSP outcomes or no longer require EI services may exit EIP at any time prior to the third birthday. My service coordinator is responsible for helping me identify, locate, and provide access to other early childhood programs when appropriate.

2. If the parent is considering CPSE services, the following steps will need to be taken:

a. **NOTIFICATION:** I understand that I will need to give written consent to notify the CPSE of my child's potential eligibility. Notification must occur by ____/____/____ to Region/ District _____.

b. **TRANSITION CONFERENCE:** I understand that if I choose to request that my EIOD arrange a transition conference with my service coordinator and the chair of the CPSE or designee, I will need to give written consent for a transition conference which will be held by ____/____/____.

c. **REFERRAL:** I understand that it is my responsibility to refer my child to the CPSE. My service coordinator can assist me if I ask. Any delays on my part to refer my child may potentially interfere with the ability of the CPSE to establish eligibility before my child's third birthday. Referral must occur by ____/____/____.

3. I am aware that all EI services will end on the day before my child's 3rd birthday: ____/____/____, if my child is not found eligible for CPSE services. If my child does not need preschool special education programs and services, or if I choose not to refer my child to the CPSE, my service coordinator is responsible for helping me identify, locate and access other early childhood programs.

The above information has been explained to me. **Parent's signature:** _____ **Date:** ____/____/____

Parent has chosen NOT to: (initial as appropriate):

- Send Notification to the CPSE
 Consent to a transition conference.
 Refer child to the CPSE at this time.

I understand that all EI services will end the day before my child's 3rd birthday: ____/____/____

Parent's signature: _____ **Date:** ____/____/____