

**INDIVIDUALIZED FAMILY SERVICE PLAN
Transition Plan (Page 7b)**

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

TRANSITION PLAN:

1. What types of setting/services are being considered? Discuss various options for programs and/or services when the child exits EI, such as home, Early Head Start, Head Start, child care, private preschool, play group, preschool special education programs and services through CPSE, OMRDD, etc. **At this time we are interested in the following options:**

2. Date by which steps to prepare the child and family to adjust to a new setting should begin ____/____/____
(6 mo. prior to discharge or when child is leaving EI before his/her third birthday)

3. Describe steps to be taken to ensure a smooth transition? (Visit Early Head Start, day care centers, private preschools, etc.)

4. Who will assist?

My child is leaving EI before the third birthday for the following reason(s): _____.

I am aware that I may re-refer my child to EI before his/her third birthday if I have concerns about his/her development.

I am aware that I can refer my child to CPSE after his/her third birthday if I have concerns about his/her development.

Parent's Signature _____ **Date** ____/____/____

NOTE: Update this section at every IFSP meeting.

Notification sent to the CPSE on: ____/____/____

Transition conference was held on: ____/____/____

Child was referred to the CPSE on: ____/____/____

CPSE meeting is scheduled for: ____/____/____

CPSE meeting was held on: ____/____/____

Child was found **eligible** for preschool special education programs and services.

Last day of EI services: ____/____/____

Projected date of preschool services: ____/____/____

Child was found **not eligible**. Last day of EI services: ____/____/____