



Our Family and Child's Transition Plan

Child's Name: _____ DOB: _____

EEE Contact (if applicable): _____ Phone: _____

Service Coordinator: _____ Phone: _____

Parental Consent: _____ Date: _____

Other Contacts: _____

Child Outcomes Completed? Yes No

Important future dates:

☺ 6 month notification to LEA: _____

☺ Transition Conference must occur at least 90 days prior to child's third birthday: _____

☺ IEP must be in place by child's third birthday: _____

Current Summary of Child's Developmental Status and Family Priorities

(Child information should be gathered and updated prior to the meeting and reviewed with the family. This section should be filled out with the team including the family at the Transition meeting)

General Health Status (including medical, dental, nutrition, vision and hearing)

Area of Strength:

Area of Need:

Understanding and Communication (communication skills)

Area of Strength:

Area of Need:

Playing, Thinking and Exploring (cognitive/learning skills)

Area of Strength:

Area of Need:

Expressing and Responding to Feelings, and Interacting with Others (Social and emotional temperament)

Area of Strength:

Area of Need:

Current Summary of Child's Developmental Status and Family Priorities cont...

Using Hands and Moving Body (physical/motor skills)

Area of Strength:

Area of Need:

Eating, Sleeping, Toileting and Dressing (sensory processing, coping, adaptive and self-help skills)

Area of Strength:

Area of Need:

Other Family Priorities, Hopes and Concerns

Transition Plan: Services, Steps and Timeline

Steps and services to be taken to support the child and family's transition to EEE and other Early Childhood Settings	Person(s) Responsible	Date to be Completed	Outcome
6 month notification sent (for children potentially eligible for EEE)			
Plan and send meeting notification to all attendees for the Transition Meeting			
Transition meeting held at least 90 days prior to the child's third birthday (for children potentially eligible for EEE).			
Update files to be reviewed with team and copies given to EEE and/or other service providers (with parental permission)			

Transition Plan: Services, Steps and Timeline cont. . . .			
Steps and services to be taken to support the child and family's transition to EEE and other Early Childhood Settings	Person(s) Responsible	Date to be Completed	Outcome

Transition Team: (R=required to be present during Transition Conference when transitioning to EEE)			
Team Member's Name	Phone	Role	Initials and date
		Parent/legal guardian; Surrogate Parent (R)	
		Parent/legal guardian	
		Service coordinator (R)	
		Current service providers (R) (eg. Developmental Educator, Occupational Therapist, Physical Therapist, Speech and Language Pathologist)	
		Representative from School District (R)	
		Future service providers	
		Other	

NOTES: