

_____’S TRANSITION PLAN

**REVIEW THIS PAGE WITH THE PARENT(S) WHEN THE CHILD TURNS TWO
THIS PAGE NEEDS TO BE COMPLETED WITH THE CHILD IS 2 ½ YEARS OLD.**

Child’s Name: _____ Birth Date: _____
 Today’s Date: _____ School District: _____
 Permission to contact next program given? Yes No

Family will be sent the transition packet 3 to 6 months prior to their child’s transition.	tiny-k WILL DO THIS	Has the family received this?
The referral must be sent to receiving Part B (3-5 yr.) program 90 days before the child turns 3 years old. If the child has a summer birthday, the referral must be made 90 days before the end of the school year.	tiny-k WILL DO THIS	Date to have this completed:
When and where would the parents like to have the transition meeting? Who do the parents want to invite to the transition meeting? (A Part B (3-5 yr.) representative and service providers if appropriate, Infant-Toddler Family Service Coordinator and service providers, others? Only a representative from 3-5 yr. services, Infant-Toddler services, and a parent <u>must attend</u> .)	FAMILY SERVICE COORDINATOR WILL DO THIS	Date to have this completed:
Contact tiny-k office and tell them the date of the transition meeting so the records may be sent accordingly.	FAMILY SERVICE COORDINATOR WILL DO THIS	Date to have this completed:
tiny-k office will send the educational records to _____ (school district)	tiny-k WILL DO THIS	Date to have this completed:
Do parents wish to visit Preschool/community program(s)? <input type="checkbox"/> yes <input type="checkbox"/> or <input type="checkbox"/> no		
If yes, which programs would the parents like to visit?	Who will arrange the visits?	Date to have this completed:
Would the parents like someone to go with them? Who?		

ADDITIONAL ACTIVITIES OR COMMENTS: