**EARLY INTERVENTION TO PRESCHOOL**

**TRANSITION PLANNING MEETING DOCUMENTATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CHILD’S NAME: |  | DOB: |  | SSID# |  |
| DATE LETTER OF NOTIFICATION FROM EI RECEIVED: |  |  | RECEIVING LEA: |  |

Was the child referred to Early Intervention (EI) less than 90 days prior to third birthday? \_\_\_\_\_YES \_\_\_\_\_NO

|  |
| --- |
| Services student received through EI Program: |
|  |
|  |

|  |  |
| --- | --- |
| Where were services provided? (Home/Daycare/Clinic/Other) |  |

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| --- |
| Does the student attend: Daycare [ ] Mother’s Day Out [ ] Nursery School [ ] Other [ ] |
| Days/Times Student Attends: |  |
| Name/Address of Program: |  |
| Teacher’s Name: |  |
| Medication Taken: |  |
| Reason for Medication: |  |
| Doctor’s Name: |  |
| Strengths of the Child: |  |
|  |
|  |
| Needs of the Child: |  |
|  |
|  |
| Additional Information: |  |
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| --- | --- | --- | --- |
| **Current Evaluations** | **Examiner** | **Agency** | **Date** |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **POSITION** | **PARTICIPANTS** | **DATE** |
| Parent |  |  |
| Parent |  |  |
| EI Service Provider |  |  |
| LEA Representative |  |  |
| Other |  |  |
| Other |  |  |

[ ] **I GIVE PERMISSION** for my child to be referred to the LEA.

[ ] **I DO NOT GIVE PERMISSION** for my child to be referred to the LEA.

[ ] Parent(s) agreed or requested to have the referral meeting today.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Parent |  | Date of Signature |