



Department of Health and Human Resources
 Bureau for Public Health
 Office of Maternal, Child and Family Health
WV BIRTH TO THREE

Child's SPOE ID#: (State office use)

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Transfer/Transition Summary

(Please assure printing is legible)

Date of Birth:

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Child's Name: _____ Date Form Completed: _____ RAU Region: _____

Primary Contact: _____ Phone Number: _____

Address: _____

Date of Transfer/Transition: _____ Service Coordinator: _____

Transfer (Use this category for eligible children with active IFSP)

- Child transferred to WV BTT Region #: _____

Transition (Use this category only for children who have been found eligible and had an active IFSP)

- Attempts to contact the parent and/or child were unsuccessful (appropriate procedures completed)
- Deceased
- Completion of IFSP prior to reaching age three
- Child no longer eligible
- Moved out of state (Check appropriate box below)
 - Referral made to Part C program in new state
 - Family requested referral not be made
- Withdrawal by parent or guardian (Check appropriate box below)
 - Parent declined further IFSP services
 - Parents were dissatisfied with IFSP services

Third Birthday Transitions (Use this category only for children who have been found eligible and had an active IFSP and are exiting at age 3)

- Eligible for IDEA, Part B
- Not eligible for Part B, exit with no referrals
 - Parents requested that no additional referrals be made
- Not eligible for Part B, exit with referrals to other programs. (Check appropriate box below)
 - Transitioned to child care setting
 - Transitioned to Head Start setting
 - Transitioned to other community services
- Part B eligibility not determined
 - Family did not consent to *any* transition planning
 - Family requested referral not be made
 - Referral has been made, awaiting Part B determination

THIS SECTION TO BE COMPLETED BY SERVICE COORDINATOR FOR STATE OFFICE USE. MUST BE COMPLETED FOR ALL CHILDREN EXITING AT AGE 32 MONTHS OR OLDER.

Date _____ Notice of Face-to-Face Transition Planning Meeting sent (List all persons who received Notice and role):

Date _____ Face-to-Face Transition Planning Meeting (List all persons who attended and role):

If date of Face-to-Face Transition Planning Meeting was not at least 90 days before the child's third birthday, list reason(s) for the delay. **Child's record must include documentation of the reason(s) listed.**

- Exceptional family circumstances – describe: _____
- Extreme weather conditions - explain: _____
- Family refused to have the Face-to-Face Meeting – explain: _____
- Other – describe: _____

Did you send the completed IFSP Transition Plan (TP1 and TP2) to the RAU for entry in the child's record?

- Yes
- No