



RAU DATA ENTRY

This form is to be submitted to the RAU on OR within five days of the child exiting.

Please review *Transition-Exit Instructions* for instructions on completing this form and for clarification on Exit Reasons or bottom section questions.

Date Form Completed: _____ Region _____

Child's Name: _____
Last, Suffix First MI

Primary Contact: _____ Phone Number: _____
Last, Suffix First MI

Address: _____ City: _____ Zip Code: _____

Exit Date: _____ Service Coordinator _____

Third Birthday Transitions (Use this category for children who had an active IFSP when they reached their third birthday OR who exited less than three months prior to their third birthday and the eligibility for Part B had been determined, or the family declined to pursue Part B eligibility)

- ☐ Eligible for IDEA, Part B
- ☐ Not eligible for Part B, exit with no referrals (child was evaluated and determined not eligible for Part B)
 - ☐ Parents requested that no additional referrals be made
- ☐ Not eligible for Part B, exit with referrals to other programs/services (Check appropriate box below.)
 - ☐ Child care setting
 - ☐ Head Start setting
 - ☐ Other community services/ programs (including Help Me Grow, WV)
- ☐ Part B eligibility not determined (including children who were referred for Part B evaluation, but for whom the eligibility determination has not yet been made or reported)
 - ☐ Family did not consent to *any* transition planning
 - ☐ Family requested referral to Part B not be made
 - ☐ Referral has been made, awaiting Part B determination

Other Transitions (For all other transitions select the appropriate exit reason)

- ☐ Attempts to contact the parent were unsuccessful (Refer to Technical Assistance Bulletin "Inability to Provide IFSP Services")
- ☐ Child no longer eligible (as determined at annual eligibility meeting)
- ☐ Deceased
- ☐ Moved out of state (Check appropriate box below)
 - ☐ Referral made to Part C program in new state
 - ☐ Family requested referral not be made
- ☐ Withdrawal from program by parent or guardian (Requires documentation of parent's written or verbal request) (Check appropriate box below)
 - ☐ Parent declined further IFSP services, including if parent declines to continue at Annual IFSP meeting
 - ☐ Parents were dissatisfied with IFSP services

This section must be completed for all children who exit at 32 months of age or older.

Did the child's IFSP include transition steps and services? ☐ Yes ☐ No

Was there a Transition Conference? ☐ Yes ☐ No ☐ Family Declined

(If there was a Transition Conference, please be sure that it is documented on the **Authorization for Teaming Units and Documentation of Transition Conference Form**.)