



## WV BIRTH TO THREE

Office of Maternal, Child and Family Health  
Bureau for Public Health  
Department of Health and Human Resources

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### INSTRUCTIONS: TRANSITION/EXIT FORM

**Purpose:** The Individuals with Disabilities Act (IDEA) requires that WV Birth to Three (WVBTT) facilitate a smooth transition of each child and family exiting the Part C system to appropriate services and supports within the community. *The Transition/Exit Form* serves as the source document for the date and reason for the child's exit from the program.

**Legal Basis:** Part C of the Individuals with Disabilities Education Improvement Act (IDEA)

**Completing the Form:** A *Transition/Exit Form* should be completed for all *eligible* children upon their exit from the WVBTT System. The Ongoing Service Coordinator should complete this form on the day of the child's exit from the WVBTT System. This form should be submitted to the child's RAU within five days of the child's transition/exit day. The bottom section of the form must be completed for every child that exits WVBTT at 32 months of age or older.

**NOTE:** Please **DO NOT** complete this form in advance.

#### Filling in the Blanks:

##### Header

**Child Last Name:** Enter child's legal last name.

**Child First Name:** Enter child's legal first name.

**MI:** Enter child's middle initial. If child does not have a middle initial leave blank.

**Date of Birth (DOB):** Select the date from the calendar drop down or enter child's date of birth using month/day/year -MM/DD/YYYY or MM-DD-YYYY.

**ID #:** Enter the child's ID number from BTT Online.

**Date:** Select the date from the calendar drop down or enter the date using month/day/year -MM/DD/YYYY or MM-DD-YYYY.

##### FORM

**Date Form Completed:** Enter the date the form was completed.

**RAU Region:** Enter the number for the RAU in which the child resides and where his or her early intervention record is maintained.

**Child's Name:** Enter the child's name – last name, suffix, then first name and middle initial. Do not use a nickname.

**Primary Contact:** Enter the last name, suffix, and then first name and middle initial of the child's primary contact.

**Phone Number:** List the most current telephone number (area code included) that the family has provided.

**Address:** List the most current address that the family has provided.

**Exit Date:** Enter the date for one of the following: 1) the day the child turned three; 2) the day after the child was determined at an annual IFSP eligibility meeting to no longer be eligible for WVBTT services; 3) the day the family declined services in writing or verbally; 4) the day you were notified that the child is deceased; 5) the day you were notified that the Family moved out of state; or 6) the day that all “Inability to Provide IFSP Services” steps have been taken and the IFSP team has agreed to close record.

**Service Coordinator:** List the name of the current Service Coordinator (This should be the name of the person completing the form.)

**Selecting a Transition Reason:** Please use the below definitions of transition reasons to correctly select the one from the form that best applies to the child’s exit. Please double check the form to ensure that the correct box on the Transition reason has been selected. In addition, be sure to select any secondary boxes for those Transition reasons that require more detailed exit information.

***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** – Children that are **determined to be eligible for Part B** and who exited Part C. This includes children who are eligible for Part B speech services only. **Please note, this option should not be chosen unless the Part B eligibility determination meeting has already taken place and it is known that the child is eligible for Part B services.**
- **Not eligible for Part B, exit with no referrals** - Children who reached the maximum age for Part C and were **determined not eligible for Part B** services and were not referred to other programs. **Please note, this option should not be chosen unless the Part B eligibility determination meeting has already taken place and it is known that the child is not eligible for Part B services.** Remember to select secondary box below this option if applicable:
  - Parents requested no additional referrals be made
- **Not eligible for Part B, exit with referrals to other programs/services** – Children who reached the maximum age for Part C, were **determined not eligible for Part B**, and were referred to other programs, which may include childcare, private child care, Head Start (but not receiving Part B services), and/ or were referred for other services, such as private therapy, Children with Special Health Care Needs, Children with Disabilities Community Services Program, etc. **Please note, this option should not be chosen unless the Part B eligibility determination meeting has already taken place and it is known that the child is in fact not eligible for Part B services.** Remember to select secondary box below this option to indicate one of the following:
  - Childcare setting
  - Head Start setting
  - Other community programs/services, such as Help Me Grow WV or Home Visitation program
- **Part B eligibility not determined** – Children who reached the maximum age for Part C and were referred for Part B evaluation, but for whom **the eligibility determination has not been made.** **This category also should include children for whom parents did not give consent for any transition planning.** Remember to select secondary box below this option to indicate one of the following:
  - 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”)** Children under the age of three, who had an active IFSP, and for whom WVBTT personnel have been unable to provide early intervention services either due to lack of response from the parent or family, or inability to contact or locate the family or child after repeated, documented attempts in accordance with WVBTT procedures.
- **Child no longer eligible** - Children who have exited WVBTT before age three because they are no longer eligible under IDEA, Part C. This option would be selected when the IFSP team determines that the child no longer meets the WVBTT eligibility requirements. Procedural safeguards must be followed.
- **Deceased** - Infants and toddlers with disabilities who died while receiving WVBTT services.
- **Moved out of state** - Infants and toddlers with disabilities who moved out of state while receiving WVBTT services. *Remember to select secondary box below this option to indicate one of the following:*
  - Referral made to Part C program in new state
  - Family requested referral not be made
- **Withdrawal by parent or guardian (Requires documentation of parent’s written or verbal request)** – Children under the age of three whose parents declined all services (including service coordination services) after an IFSP was in place or declined to consent to IFSP services and provided written or verbal indication of withdrawal from services. *Remember to select secondary box below this option to indicate one of the following:*
  - Parent declined further IFSP services, including if parent declines to continue at Annual IFSP meeting.
  - Parents were dissatisfied with IFSP services.

Children who exit WVBTT at **32 months of age or older** must have answer to the following question.

**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.