



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

Child Last Name: \_\_\_\_\_  
Child First Name: \_\_\_\_\_ MI  
DOB: \_\_\_\_\_ ID#: \_\_\_\_\_  
FOLDER: \_\_\_\_\_ Date: \_\_\_\_\_

The purpose of this Transition Summary Update is to provide current and accurate information regarding this child's functional abilities, across all developmental domains, to assist potential receiving agencies in planning for appropriate supports and services in other settings. The Individualized Family Service Plan (IFSP) team members should come prepared to complete this form as part of the Transition Conference. The team will complete one form – with copies to be distributed to all those in attendance.

DATE COMPLETED: \_\_\_\_\_

CHILD NAME: \_\_\_\_\_ LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_ DOB: \_\_\_\_\_

PARENT(S) NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

Please describe the child's functional abilities within the following developmental areas, including whether these abilities are present across various activities and settings. Include progress over the past six months as well as any *new or emerging skills*, and indicate if this is a critical time for skill acquisition:

COMMUNICATION (Expressive and Receptive)

MOTOR DEVELOPMENT

SOCIAL EMOTIONAL

COGNITIVE

ADAPTIVE



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Does the child currently have vision or hearing concerns? If so describe.

How does the child respond to new people/settings? What helps him/her be comfortable in new settings?

Does the child have any specific behaviors that are interfering with his/her learning?

Does the child have an established medical diagnosis? If so, please describe how it is affecting his/her development/learning.

Has the child experienced any recent hospitalizations or other circumstances where the child did not receive services for a period of time? If so, how has that affected his/her development?

Are there any special circumstances that are important to consider as planning occurs for this child's transition from WV Birth to Three?

Discuss assistive technology currently provided through WV Birth to Three to determine whether the equipment and/or devices are appropriate for the child's continued use in the home and/or school setting. Provide the family with information about how to return equipment/devices to the WV Birth to Three System when the child has outgrown or no longer needs the equipment, including the address and phone contact for the WV Birth to Three State Office.