

EARLY INTERVENTION TO PRESCHOOL TRANSITION PLANNING MEETING DOCUMENTATION

Child's Name: _____ DOB: _____

Date letter of notification from EI received: _____ Receiving LEA: _____

Check the box below that corresponds with the information received on the Early Intervention Notification letter.

The child was determined eligible by EI less than 90 days before their third birthday. No transition meeting will be scheduled. (If this box is checked, the rest of the form will not be completed. EI will be selected as the Referral Type on the Referral form.)

OR

EI to convene a Transition Planning Meeting with the LEA representative and the parent(s) of the child. (If this box is checked, fill out the rest of this form.)

Services student received through the EI Program:

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

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: _____

Current Evaluations	Examiner	Agency	Date

POSITION	PARTICIPANTS	DATE
Parent		
Parent		
EI Service Provider		
LEA Representative		

- 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