

### INDIVIDUALIZED FAMILY SERVICE PLAN TRANSITION

Child's Name (First, M.I., Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School District: \_\_\_\_\_ AzEIP Eligibility Date: \_\_\_\_\_

Date Transition Planning Meeting Due (Refer to AzEIP Transition Timeline): \_\_\_\_\_ Date Transition Planning Meeting Completed: \_\_\_\_\_

Date Transition Conference Due (Refer to AzEIP Transition Timeline): \_\_\_\_\_ Date Transition Conference Completed: \_\_\_\_\_

**By initialing below, I acknowledge that the Transition Planning Meeting steps needed to support my child and family's transition from early intervention have been discussed:**

\_\_\_\_\_ My Service Coordinator explained that the purpose of the Transition Planning Meeting is to discuss and document all of the necessary steps to ensure my child and family has a smooth transition out of early intervention services at age 3.

\_\_\_\_\_ A vision screening checklist must have been completed within the past 12 months;  
Date of my child's last vision screening: \_\_\_\_\_

\_\_\_\_\_ A hearing screening must have been completed within the past 12 months;  
Date of my child's last hearing screening: \_\_\_\_\_

\_\_\_\_\_ If a hearing screening has not been completed within the past 12 months,  
we will obtain one no later than: \_\_\_\_\_

\_\_\_\_\_ I received information from my Service Coordinator to support me in obtaining a hearing screening for my child.

**My Service Coordinator and team discussed with me the services and supports that may be available to my child and family upon transition out of early intervention services, including tentative timelines, as documented below:**

\_\_\_\_\_ Preschool Options (i.e., developmental preschool, private or community preschools, Head Start): \_\_\_\_\_

\_\_\_\_\_ Community Resources (i.e., home visiting programs, parent support groups or trainings): \_\_\_\_\_

\_\_\_\_\_ Options available through my child's health insurance and/or other public agencies: \_\_\_\_\_

\_\_\_\_\_ My Service Coordinator discussed the need to provide informed consent before sharing information about my child and family with any parties involved with my child's transition process.

My family has the following questions, concerns and priorities regarding transitioning my child from early intervention services:

As a result of these questions, concerns and priorities, IFSP Outcome(s) were specifically developed to support my child and family. Refer to IFSP Outcome(s) number \_\_\_\_\_.

#### PEA NOTIFICATION

\_\_\_\_\_ I understand that my Service Coordinator will provide a notification including demographic information about my child and family to my local school district and the Arizona Department of Education (based on the AzEIP Transition Timeline), unless I opt out of this notification by signing the opt-out portion of the PEA Notification Referral form.

Date PEA Notification sent: \_\_\_\_\_ Date parent opted out of Notification: \_\_\_\_\_

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Child's Name (*First, M.I., Last*): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### TRANSITION CONFERENCE PLANNING

\_\_\_\_\_ **I agree** to have a Transition Conference and understand my Service Coordinator must send an invitation to participate to a representative(s) from my local school district. Additionally, I would like the following people and/or programs invited to the Transition Conference:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

\_\_\_\_\_ **I do not agree** to have a Transition Conference and understand my Service Coordinator will not coordinate a meeting with my local school district.

Responsible Party Initials	Additional Activities Prior to Exit:	Date Achieved
	Child Exit Indicator summary completed.	
	My Service Coordinator and team provided me with an AzEIP Family Survey, and explained the importance of completing it.	
	My Service Coordinator provided me a copy of my child's record before exiting early intervention.	
	If my child is eligible for an AHCCCS Health Plan, my child will be referred to AHCCCS for continuum of services after the age of 3.	
	If my child is eligible for DDD, when my child turns 3 my family plans to: Remain enrolled in DDD Withdraw from DDD	
	If my child is not currently eligible for DDD, my Service Coordinator has discussed the DDD eligibility requirements, and my Service Coordinator and family plan to: Complete the DDD application process at this time Not complete the DDD application process at this time	
	Other:	
	Other:	
	Other:	