

CHILD FILE REVIEW FORM: INDICATOR 8A TRANSITION PLANNING MEETING (TPM)

Child's Name: _____ DOB: _____ I-TEAMS ID: _____

Service Coordinator: _____ Region: _____ Service Providing Agency: _____

File Review Completed by: _____ File Review Date: _____

AzEIP Eligibility Date: _____ Date Child is 2.3: _____ Date Child is 2.6: _____ Date Child is 2.9: _____

TPM Date: _____ PEA Opt Out Date*: _____ PEA Sent Date*: _____ ADE Sent Date*: _____

***Enter N/A if activity did not occur.**

Indicator 8: Children and families receive timely transition activities to support the child's transition to preschool and/or other appropriate community services by the child's third birthday.

INDICATOR 8A: TRANSITION PLANNING MEETING (TPM)	YES	NO	ADDITIONAL INFORMATION TO SUPPORT COMPLIANCE VERIFICATION.
Did the Transition Planning Meeting occur within the required timelines based on the age of the child at eligibility?			
Does the 'IFSP Transition Planning Meeting Date (TPM)' in I-TEAMS match the 'Date Transition Planning Meeting Completed' on the IFSP?			
Does the IFSP have transition steps and services documented? 34 C.F.R. §303.344 (h)(2)			
Are transition steps written on the IFSP reflected in I-TEAMS under 'Transition Steps Documented on IFSP'?			

Mark the box(es) below for each type of supporting documentation used to verify compliance. At minimum, items in bold are required.

All documentation must be submitted through the Google Form for verification.

IFSP, including transition pages
 Written Correspondence
 Service Coordinator Notes
 Other

If needed, please use this area for additional information supporting compliance.