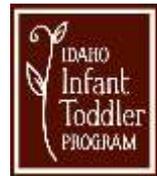


Transition Packet for Part B Date Sent: _____

For a Child Potentially Eligible for Preschool Services



Child's Name: _____ Date of Birth: _____

Sending Agency:	Receiving Agency:
Infant Toddler Program, Region ____ (Address) _____ (City, St, Zip) _____ Fax # _____ ATTN: _____	School District # ____ (Address) _____ (City, St, Zip) _____ Fax # _____ ATTN: _____
Primary Contact:	Secondary Contact:
Name: _____ Relationship: _____ Phone(s): _____ Address(es): _____ _____	Name: _____ Relationship: _____ Phone(s): _____ Address(es): _____ _____

To assist with transition for the above named child, the following documents are attached:

√	Document	Notes
	Consent to Release Information	
	Current IFSP Part 1 & 2	
	All Addendums/Outcomes to most recent IFSP	
	Existing Part C Evaluations / Reports (Part C eligibility, anchors)	
	Existing Part C Assessments within the last ____ (6) months	
	Existing CSR Progress Reviews from Provider(s) covering the last two 90-day reviews	
	Other Documents (please list):	

The Child's Service Coordinator is sending this information to assist with providing you with the latest information and last 6 months of reviews. This information is to assist in preparing for a Part B Transition Planning meeting.

Thank you,
Service Coordinator: _____ **Phone:** _____