



Illinois State Board of Education

How to Complete the Behavior Support Plan and Program Transition Plan Templates and Online Data Entry

User Instruction Manual

Early Childhood
September 2020

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Adopted Amendment for Early Childhood Programs

Effective January 10, 2020, Subpart D was added to the Administrative Code at 44 Ill. Reg. 1942, which applies to exclusionary discipline in early childhood programs that receive Early Childhood Block Grant funding (Section 2-3.7(a)(7) of the School Code).

This exclusionary discipline amendment is comprised of a Behavior Support Plan, a Program Transition Plan, and annual reporting requirements based on these Plans.

Behavior Support Plan (Section 235.320)

Behavior Support Plan is defined in the amendment as “a written, planned and culturally and linguistically appropriate schedule of action agreed upon by the program staff, parents/guardians, and qualified professional resources assigned:

- to assist a child, a family, caregivers, programs or teachers, and directors on how the program reflects on and modifies the program, classroom, and learning environment practices; and
- to address the identification of serious and repeated patterns of challenging behavior.

The behavior support plan must be fully implemented before initiating the transition plan.” (Section 235.310 Definitions)

It is expected that all early childhood programs have written intervention policies that are shared with parents/guardians at the time of entry/enrollment into the program.

Program Transition Plan (Section 235.330)

Program Transition Plan is defined in the amendment as “an individualized, written, and culturally and linguistically appropriate document developed by the departing and receiving early childhood programs, parents or primary caregivers, and qualified professional resources detailing tasks and individual responsibilities required to prepare for and then execute the move of the child from the current program to a more appropriate arrangement with as little negative impact and disruption as possible.” (Section 235.310 Definitions)

It is expected that all early childhood programs have transition policies that are shared with parents/guardians at the time of entry/enrollment into the program.

Reporting (Section 235.340)

No later than July 1 annually, early childhood programs must collect and report to the State Board of Education the data from the Behavior Support Plan and Program Transition Plan for children from birth to age 5 who are served by the program.

Templates for Data Capture

This section provides images of the templates designed by the Early Childhood Department to capture data for the Behavior Support Plan and Program Transition Plan and defines how to complete the templates.

The Behavior Support Plan and Program Transition Plan templates are editable PDF documents that can be completed on the computer and then saved and/or printed. The templates are identified as “37-50B: Early Childhood Block Grant (ECBG) Behavior Support Plan” and “37-50A: Early Childhood Block Grant (ECBG) Program Transition Plan”, and are available on the following isbe.net webpages:

- “What’s New?” section on the main Early Childhood webpage (<https://www.isbe.net/Pages/Early-Childhood.aspx>)
- “Resources” list on the left side of the Preschool for All (PFA) webpage (<https://www.isbe.net/Pages/Preschool-For-All.aspx>)
- “Resources” list on the left side of the Preschool Expansion Model webpage (<https://www.isbe.net/Pages/Preschool-Development-Grant-Expansion-Grant.aspx>)
- “Resources” list on the left side of the Prevention Initiative webpage (<https://www.isbe.net/Pages/Birth-to-Age-3-Years.aspx>)

Behavior Support Plan Template

The Behavior Support Plan template includes the following sections: (Click a section name in the list to jump to that section.)

- [Educational Entity Information](#)
- [Student Information](#)
- [Initial and Ongoing Behavior\(s\)](#)
- [Ongoing Communication with the Parents/Guardians](#)
- [Training, Technical Support, and Professional Development](#)
- [Activities and Strategies to Promote Teacher-Child Relationships and Timeline for Intervention](#)
- [Behavior Support Plan - SIS Data Elements](#)
- [Signatures for Parties in Agreement with the Behavior Support Plan](#)
- [Behavior Support Plan - Intervention Action/SIS Data Elements](#)

Following are images from the template with instructions for completing each field for each of the above sections.

Section: Educational Entity Information

The Educational Entity Information section appears at the top of page 1 of the Behavior Support Plan template, and includes the following fields:

Educational Entity Information	
Community-Based Organization (CBO) or School District Name:	CBO/District RCDT Number
ECBG Type: <input type="checkbox"/> Prevention Initiative <input type="checkbox"/> Preschool for All <input type="checkbox"/> Preschool for All Expansion	

Complete these fields as follows:

- **Community-Based Organization (CBO) or School District Name** – Enter the name of the CBO or school district where the child is currently receiving services.
- **CBO/District RCDT Number** – Enter the 15-character RCDT for the CBO or school district where the child is currently receiving services.
- **ECBG Type** – Click the box for the early childhood program the child is enrolled in. *Only one box can be selected.*

Section: Student Information

The Student Information section appears in the middle of page 1 of the Behavior Support Plan template, and includes the following fields:

Student Information		
First/Last Name	Date of Birth	Student Identification Number (SID)
Parent/Guardian Name	Phone	Email

Complete these fields as follows:

- **First/Last Name** – Enter the child’s first and last name.
- **Date of Birth** – Enter the child’s date of birth.
- **Student Identification Number (SID)** – Enter the child’s student identification number from the Student Information System (SIS).
- **Parent/Guardian Name** – Enter the first and last name for the child’s parent or guardian.
- **Phone** – Enter the phone number for the child’s parent or guardian.
- **Email** – Enter the email address for the child’s parent or guardian.

Section: Initial and Ongoing Behavior(s)

The Initial and Ongoing Behavior(s) section appears in the middle of page 1 of the Behavior Support Plan template, and includes the following field:

Describe initial and ongoing behavior(s).

Complete this field by entering initial and ongoing observations of challenging behaviors.

Challenging Behavior is defined in the amendment as “any serious and repeated pattern of behavior, or perception of behavior, that interferes with a child’s ability to engage in developmentally appropriate self-regulation and cognitive and prosocial engagement with peers or adults.” (Section 235.310 Definitions)

Repeated Pattern of Challenging Behavior is defined in the amendment as “behaviors that do not respond to repeated developmentally appropriate practice interventions and result in a disrupted learning environment for other children in the program. These include, but are not limited to, extreme

prolonged tantrums, physical and verbal aggression, property destruction, self-injury, injury to others, or withdrawal.” (Section 235.310 Definitions)

Section: Ongoing Communication with the Parents/Guardians

The Ongoing Communication with the Parents/Guardians section appears at the bottom of page 1 of the Behavior Support Plan template, and includes the following fields:

Describe ongoing communication with the parents/guardians in a culturally and linguistically appropriate manner.				
Date	Family Member/ Guardian Name	Summary of Communication	Method of Communication (e.g., phone call, email, in-person meeting)	Length of Meeting/Call (if applicable)

Complete these fields as follows:

- **Date** – Enter the date that each communication occurred.
- **Family Member/Guardian Name** – Enter the first and last name of the family member or guardian who was communicated with on each date.
- **Summary of Communication** – Enter a summary of the communication on each date.
- **Method of Communication** – Enter how the communication on each date took place, such as via phone call, email, or in-person meeting.
- **Length of Meeting/Call** – If the communication took place via an in-person meeting or phone call, enter how long the communication lasted on each date.

As indicated in the amendment, communication with the parents/guardians “may occur for several reasons, including, but not limited to, better understanding of the child’s needs and circumstances or challenges facing the family.” (Section 235.320 Behavior Support Plans)

Section: Training, Technical Support, and Professional Development

The Training, Technical Support, and Professional Development section appears at the top of page 2 of the Behavior Support Plan template, and includes the following field:

<p>Specify attempts made by the program to seek training, technical support, and professional development resources to improve the ability of teachers, administrators, program directors, and other staff per Section 235.320 of the Administrative Code.</p>

Complete this field by entering specific details about attempts made by the program to seek training, technical support, and professional development resources to improve the ability of teachers, administrators, program directors, and other staff.

As indicated in the amendment, these resources may be sought “to promote social-emotional development and behavioral health, address challenging behaviors, and understand trauma and trauma-

informed care, cultural competence, family engagement with diverse populations, the impact bias on adult behavior, and the use of reflective practice techniques.” (Section 235.320 Behavior Support Plans)

Section: Activities and Strategies to Promote Teacher-Child Relationships, and Timeline for Intervention

The Activities and Strategies to Promote Teacher-Child Relationships, and Timeline for Intervention section appears at the bottom of page 2 of the Behavior Support Plan template, and includes the following fields:

Describe in detail the specific activities and strategies that will be implemented to promote a supportive teacher-child relationship and will support an increase in positive behaviors. Include a timeline for intervention and the use of data to evaluate progress that will be shared with the family/guardian.	
Specific strategies to promote teacher-child relationships:	
Timeline for intervention:	
Data used to evaluate progress:	

Complete these fields as follows:

- **Specific strategies to promote teacher-child relationships** – Enter the specific activities and strategies that will support an increase in positive behaviors.
- **Timeline for intervention** – Enter the timeline for intervention.
- **Data used to evaluation progress** – Enter the data that will be used to evaluate progress, which will be shared with the family/guardian.

Section: Behavior Support Plan - SIS Data Elements

The Behavior Support Plan – SIS Data Elements section appears at the top of page 3 of the Behavior Support Plan template, and includes the following fields:

Behavior Support Plan - SIS Data Elements	
Plan Implemented Date	<ul style="list-style-type: none"> • Must be before the Date Transition Recommended. • Must be after the Enrollment Entry Date. • Must be before or equal to the Enrollment Exit Date.
Transition Recommended	<input type="checkbox"/> Yes (if Yes, complete the ISBE ECBG Program Transition Plan.) <input type="checkbox"/> No
Date Transition Recommended (if applicable)	<ul style="list-style-type: none"> • Must be after the Plan Implemented Date provided on the Behavior Support Plan. • Must be after the latest Intervention Date provided on the Behavior Support Plan. • Must be after the Enrollment Entry Date. • Must be before or equal to the Enrollment Exit Date.

The information completed in this section must be added to the Behavior Support Plan section of the student’s active enrollment in the Student Information System (SIS). Refer to the “Student Information System (SIS) Data Entry” portion of this document, beginning on page 19.

Complete these fields as follows:

- **Plan Implemented Date** – Enter the date the Behavior Support Plan is implemented. The date must abide by the following rules:
 - Must be before the Date Transition Recommended, which is the date the team has recommended a transition after all interventions have been exhausted.
 - Must be after the Enrollment Entry Date in SIS.
 - Must be before or equal to the Enrollment Exit Date in SIS.
- **Transition Recommended** – Click the box for “Yes” if the child has been recommended for transition to another program; click the box for “No” if the child has NOT been recommended for transition to another program. *Only one box can be selected.*
 - NOTE: If “Yes” is selected, you must also complete the Program Transition Plan template.
- **Date Transition Recommended** – If the team has recommended the child be transitioned to another program (i.e., Transition Recommended is “Yes”), enter the date this recommendation was made. The date must abide by the following rules:
 - Must be after the Plan Implemented Date provided on the Behavior Support Plan.
 - Must be after the latest Intervention Date (i.e., the date an intervention occurred) provided on the Behavior Support Plan. [Refer to the “Behavior Support Plan - Invention Action/SIS Data Elements” section below.](#)
 - Must be after the Enrollment Entry Date in SIS.
 - Must be before or equal to the Enrollment Exit Date in SIS.

As indicated in the amendment, “Any child who, after documented attempts have been made to meet the child’s individual needs, demonstrates inability to benefit from the type of care offered by the early childhood program, or whose presence is detrimental to the group, may be recommended for initiation of a program transition plan.” (Section 235.320 Behavior Support Plans)

Section: Signatures for Parties in Agreement with the Behavior Support Plan

The Signatures for Parties in Agreement with the Behavior Support Plan section appears at the bottom of page 3 of the Behavior Support Plan template, and includes the following fields:

The signatures below confirm that all parties are in agreement with the Behavior Support Plan.		
Plan Signed by:	Signature	Date
Name of Program Staff Member		
Name of Program Administrator/Center Director		
Name of Parent/Guardian		
Name of Qualified Professional		

Indication of whether a signature is obtained must be added to the Behavior Support Plan section of the student’s active enrollment in the Student Information System (SIS). Refer to the “Student Information System (SIS) Data Entry” portion of this document, beginning on page 19.

Complete these fields as follows:

- **Plan Signed by / Name of Program Staff Member** – Enter the first and last name of the program staff member who will be signing the Behavior Support Plan.
- **Plan Signed by / Name of Program Administrator/Center Director** – Enter the first and last name of the program administrator/center director who will be signing the Behavior Support Plan.
- **Plan Signed by / Name of Parent/Guardian** – Enter the first and last name of the parent or guardian who will be signing the Behavior Support Plan.
- **Plan Signed by / Name of Qualified Professional** – Enter the first and last name of the qualified professional who provided consultation and will be signing the Behavior Support Plan.
- **Signature** – Obtain a written signature for each party.
- **Date** – Enter the date the signature was obtained for each party.

Section: Behavior Support Plan - Intervention Action/SIS Data Elements

The Behavior Support Plan – Intervention Action/SIS Data Elements section appears on page 4 of the Behavior Support Plan template, and includes the following fields:

Behavior Support Plan - Intervention Action/SIS Data Elements														
<p>Complete the following fields for each intervention. This page may be duplicated to accommodate multiple interventions.</p> <ul style="list-style-type: none"> •At least one date must be provided; multiple dates can be provided. •Must be after the Plan Implemented Date provided for the Behavior Support Plan and before the Plan Implemented Date provided for the Program Transition Plan. •Must be after the Enrollment Entry Date. •Must be before or equal to the Enrollment Exit Date. 														
Intervention Date	Intervention Type (Select one)	*Qualified Professional Information (Complete when an Intervention Type with * is selected)												
	<input type="checkbox"/> Sent to another classroom <input type="checkbox"/> Sent to Administrator's office <input type="checkbox"/> Administrator was brought into classroom <input type="checkbox"/> Developmental Screening* <input type="checkbox"/> Referrals to Community Resources* <input type="checkbox"/> Referral to Mental Health Consultant* <input type="checkbox"/> Referral to Child's Health Care Provider*	<table border="1"> <thead> <tr> <th>First and Last Name</th> <th>Type of Qualified Professional</th> </tr> </thead> <tbody> <tr> <td></td> <td> <input type="checkbox"/> Mental Health Consultant <input type="checkbox"/> Licensed Clinical Social Worker <input type="checkbox"/> Speech Pathologist <input type="checkbox"/> Behavioral Therapist <input type="checkbox"/> Health Care Provider </td> </tr> <tr> <th colspan="2">Number of Contact Hours</th> </tr> <tr> <td>Program Leaders:</td> <td></td> </tr> <tr> <td>Program Staff:</td> <td></td> </tr> <tr> <td>Family:</td> <td></td> </tr> </tbody> </table>	First and Last Name	Type of Qualified Professional		<input type="checkbox"/> Mental Health Consultant <input type="checkbox"/> Licensed Clinical Social Worker <input type="checkbox"/> Speech Pathologist <input type="checkbox"/> Behavioral Therapist <input type="checkbox"/> Health Care Provider	Number of Contact Hours		Program Leaders:		Program Staff:		Family:	
First and Last Name	Type of Qualified Professional													
	<input type="checkbox"/> Mental Health Consultant <input type="checkbox"/> Licensed Clinical Social Worker <input type="checkbox"/> Speech Pathologist <input type="checkbox"/> Behavioral Therapist <input type="checkbox"/> Health Care Provider													
Number of Contact Hours														
Program Leaders:														
Program Staff:														
Family:														
Intervention Reason (Select one)	Intervention Outcome													
<input type="checkbox"/> Serious safety threat <input type="checkbox"/> Challenging behavior														

Except for Intervention Outcome, the information completed in this section must be added to the Behavior Support Plan section of the student's active enrollment in the Student Information System (SIS). Refer to the "Student Information System (SIS) Data Entry" portion of this document, beginning on page 19.

Complete these fields as follows:

- **Intervention Date** – Enter the date that a single intervention occurred. If there are multiple intervention dates, duplicate this page of the template to accommodate multiple interventions. The date must abide by the following rules:
 - Must be after the Plan Implemented Date provided on the Behavior Support Plan.
 - Must be before the Plan Implemented Date provided on the Program Transition Plan (if applicable).
 - Must be after the Enrollment Entry Date in SIS.
 - Must be before or equal to the Enrollment Exit Date in SIS.
- **Intervention Type** – Click the box for the type of intervention that occurred on the date provided. *Only one box can be selected.*
 - NOTE: If multiple intervention types occurred on the date provided, complete a separate Intervention Action page for each intervention type.
- **Qualified Professional Information** – If the Intervention Type selected ends with an asterisk (*), complete the following information:
 - **First and Last Name** – Enter the first and last name of the qualified professional who provided consultation.
 - **Type of Qualified Professional** – Click the box for the Type of Qualified Professional who provided consultation.
 - NOTE: Although multiple types can be selected on the template, only one type can be selected in SIS; therefore, it is recommended to select the type that is most appropriate for the intervention date and type specified.
 - **Number of Contact Hours with Program Leaders** – Enter the number of hours that program leaders had contact with the specified qualified professional. This must be a whole number from 0 to 999 inclusive; round to the nearest hour.
 - **Number of Contact Hours with Program Staff** – Enter the number of hours that program staff had contact with the specified qualified professional. This must be a whole number from 0 to 999 inclusive; round to the nearest hour.
 - **Number of Contact Hours with Family** – Enter the number of hours the child’s family had contact with the specified qualified professional. This must be a whole number from 0 to 999 inclusive; round to the nearest hour.
- **Intervention Reason** – Click the box for the reason the intervention occurred on the date provided. *Only one box can be selected.*
- **Intervention Outcome** – Enter the outcome of the intervention that occurred on the date provided.

Qualified Professional is defined in the amendment as “an individual with a recognized professional title such as, but not limited to, a child’s early childhood mental health consultant, licensed clinical social worker, speech pathologist, or behavioral therapist. This individual should have expertise in early childhood education practices, children’s behaviors, inclusion, applied behavior analysis, infant/early childhood mental health, or the impact of trauma.” (Section 235.310 Definitions)

Program Transition Plan Template

The Program Transition Plan template includes the following sections: (Click a section name in the list to jump to that section.)

- [Educational Entity Information](#)
- [Student Information](#)
- [Initial and Ongoing Behavior\(s\)](#)
- [Transition Determination – SIS Data Elements](#)
- [Transition Program Information – SIS Data Elements](#)
- [Summary of Where Child is Transitioning](#)
- [Summary if Child did not Transition](#)
- [Program Transition Plan - Intervention Action](#)
- [Outside Community Resources](#)
- [Ongoing Communication with the Parents/Guardians](#)
- [Signatures for Parties in Agreement with the Program Transition Plan](#)

Following are images from the template with instructions for completing each field for each of the above sections.

Section: Educational Entity Information

The Educational Entity Information section appears at the top of page 1 of the Program Transition Plan template, and includes the following fields:

Educational Entity Information	
Community-Based Organization (CBO) or School District Name:	CBO/District RCDT Number
ECBG Type: <input type="checkbox"/> Prevention Initiative <input type="checkbox"/> Preschool for All <input type="checkbox"/> Preschool for All Expansion	

Complete these fields as follows:

- **Community-Based Organization (CBO) or School District Name** – Enter the name of the CBO or school district where the child is currently receiving services.
- **CBO/District RCDT Number** – Enter the 15-character RCDT for the CBO or school district where the child is currently receiving services.
- **ECBG Type** – Click the box for the early childhood program the child is enrolled in. *Only one box can be selected.*

Section: Student Information

The Student Information section appears in the middle of page 1 of the Program Transition Plan template, and includes the following fields:

Student Information		
First/Last Name	Date of Birth	Student Identification Number (SID)
Parent/Guardian Name	Phone	Email

Complete these fields as follows:

- **First/Last Name** – Enter the child’s first and last name.
- **Date of Birth** – Enter the child’s date of birth.
- **Student Identification Number (SID)** – Enter the child’s student identification number from the Student Information System (SIS).
- **Parent/Guardian Name** – Enter the first and last name for the child’s parent or guardian.
- **Phone** – Enter the phone number for the child’s parent or guardian.
- **Email** – Enter the email address for the child’s parent or guardian.

Section: Initial and Ongoing Behavior(s)

The Initial and Ongoing Behavior(s) section appears at the bottom of page 1 of the Program Transition Plan template, and includes the following field:

Describe initial and ongoing behavior(s).

Complete this field by entering initial and ongoing observations of challenging behaviors.

Challenging Behavior is defined in the amendment as “any serious and repeated pattern of behavior, or perception of behavior, that interferes with a child’s ability to engage in developmentally appropriate self-regulation and cognitive and prosocial engagement with peers or adults.” (Section 235.310 Definitions)

Repeated Pattern of Challenging Behavior is defined in the amendment as “behaviors that do not respond to repeated developmentally appropriate practice interventions and result in a disrupted learning environment for other children in the program. These include, but are not limited to, extreme prolonged tantrums, physical and verbal aggression, property destruction, self-injury, injury to others, or withdrawal.” (Section 235.310 Definitions)

Section: Transition Determination – SIS Data Elements

The Transition Determination – SIS Data Elements section appears at the top of page 2 of the Program Transition Plan template, and includes the following fields:

Transition Determination – Student Information System (SIS) Data Elements		
Reason	Plan Implemented	Date
<input type="checkbox"/> A determination by a qualified professional		<ul style="list-style-type: none"> • Must be after the Date Transition Recommended provided on the Behavior Support Plan. • Must be before or equal to the Enrollment Exit Date.
<input type="checkbox"/> The program determined that the current early childhood program does not meet the child's developmental needs		
<input type="checkbox"/> The program's inability to provide the supports needed to maintain the child in the program	ISBE Notification	<ul style="list-style-type: none"> • Must be after the Plan Implemented Date provided on the Behavior Support Plan. • Must be before or equal to the Enrollment Exit Date.
<input type="checkbox"/> The child was withdrawn from the program by the parent/guardian		
Complete Qualified Professional Information below.		
First and Last Name		<input type="checkbox"/> Mental Health Consultant <input type="checkbox"/> Licensed Clinical Social Worker <input type="checkbox"/> Speech Pathologist <input type="checkbox"/> Behavioral Therapist <input type="checkbox"/> Health Care Provider
Hours With:		
Program Leaders		
Program Staff		
Family		

The information completed in this section must be added to the Program Transition Plan section of the student's active enrollment in the Student Information System (SIS). Refer to the "Student Information System (SIS) Data Entry" portion of this document, beginning on page 19.

Complete these fields as follows:

- **Reason** – Click the box that best defines the reason why the Program Transition Plan was initiated. *Only one box can be selected.*
- **Date / Plan Implemented** – Enter the date the Program Transition Plan is implemented. The date must abide by the following rules:
 - Must be after the Date Transition Recommended provided on the Behavior Support Plan.
 - Must be before or equal to the Enrollment Exit Date in SIS.
- **Date / ISBE Notification** – Enter the date the State Board of Education was notified that the child was considered for removal. The date must be no later than two weeks after the initiation of the transition plan, and must abide by the following rules:
 - Must be after the Plan Implemented Date provided on the Behavior Support Plan.
 - Must be before or equal to the Enrollment Exit Date in SIS.
- **Complete Qualified Professional Information below:**
 - **First and Last Name** – Enter the first and last name of the qualified professional who provided consultation.
 - **Type of Qualified Professional** – Click the box for the Type of Qualified Professional who provided consultation.
 - NOTE: Although multiple types can be selected on the template, only one type can be selected in SIS; therefore, it is recommended to select the type that is most appropriate.
 - **Hours With / Program Leaders** – Enter the number of hours that program leaders had contact with the specified qualified professional. This must be a whole number from 0 to 999 inclusive; round to the nearest hour.
 - **Hours With / Program Staff** – Enter the number of hours that program staff had contact with the specified qualified professional. This must be a whole number from 0 to 999 inclusive; round to the nearest hour.
 - **Hours With / Family** – Enter the number of hours the child's family had contact with the specified qualified professional. This must be a whole number from 0 to 999 inclusive; round to the nearest hour.

As indicated in the amendment, "Any child who, after documented attempts have been made to meet the child's individual needs, demonstrates inability to benefit from the type of care offered by the early childhood program, or whose presence is detrimental to the group, may be transitioned to a different early childhood program." (Section 235.330 Program Transition Plans)

Qualified Professional is defined in the amendment as "an individual with a recognized professional title such as, but not limited to, a child's early childhood mental health consultant, licensed clinical social worker, speech pathologist, or behavioral therapist. This individual should have expertise in early

childhood education practices, children’s behaviors, inclusion, applied behavior analysis, infant/early childhood mental health, or the impact of trauma.” (Section 235.310 Definitions)

Section: Transition Program Information – SIS Data Elements

The Transition Program Information – SIS Data Elements section appears at the bottom of page 2 of the Program Transition Plan template, and includes the following fields:

Transition Program Information – SIS Data Elements		
Transitioned Program Name		Transitioned Date
RCDS (if applicable)		
DCFS License (if applicable) Alphanumeric up to 10 char.		*Must be after the Plan Implemented Date provided for the Program Transition Plan. *Must be before or equal to the Enrollment Exit Date.
Transitioned Program City (Domestic or International)	State (2-Letter Abbreviation, 00 if International)	ZIP Code (Domestic Only)
Referral Status (if applicable)	<input type="checkbox"/> Referred to a district for evaluation <input type="checkbox"/> Pending evaluation <input type="checkbox"/> After evaluation, found eligible for special education services <input type="checkbox"/> Referred to Early Intervention (B-3)	

The information completed in this section must be added to the Program Transition Plan section of the student’s active enrollment in the Student Information System (SIS). Refer to the “Student Information System (SIS) Data Entry” portion of this document, beginning on page 19.

Complete these fields as follows:

- **Transitioned Program Name** – Enter the name of the program the child is being transitioned to.
- **Transitioned Date** – Enter the date the child transitioned to the new program. The date must abide by the following rules:
 - Must be after the Plan Implemented Date provided on the Program Transition Plan.
 - Must be before or equal to the Enrollment Exit Date in SIS.
- **RCDS** – If the serving RCDS of the program the child transitioned to is known, enter this code.
- **DCFS License** – If the DCFS (Department of Child and Family Services) License number of the program the child transitioned to is known, enter this number. Alphanumeric characters with a hyphen are allowed, up to 10 characters.
- **Transitioned Program City** – Enter the city where the program the child transitioned to is located.
- **State** – Enter the state where the program the child transitioned to is located. If the program is out of the country, enter 00.
- **ZIP Code** – If the program the child transitioned to is located within the United States, enter the zip code for the program. Both 5-digit and 9-digit zip codes are acceptable.
- **Referral Status** – If the child has been referred due to a suspected disability, click the box for the appropriate referral status. *Only one box can be selected.*

Section: Summary of Where Child is Transitioning

The Summary of Where Child is Transitioning section appears at the top of page 3 of the Program Transition Plan template, and includes the following field:

Provide summary of where the child is transitioning.

Complete this field by entering a summary of where the child is transitioning.

Section: Summary if Child did not Transition

The Summary if Child did not Transition section appears at the bottom of page 3 of the Program Transition Plan template, and includes the following field:

Provide summary if child did not transition.

Complete this field by entering a summary if the child did not transition.

Section: Program Transition Plan - Intervention Action

The Program Transition Plan – Intervention Action section appears on page 4 of the Program Transition Plan template, and includes the following fields:

Program Transition Plan - Intervention Action			
Complete the following fields for each intervention. This page may be duplicated to accommodate multiple interventions. •At least one date must be provided; multiple dates can be provided. •Must be after the Plan Implemented Date provided for the Behavior Support Plan and before the Plan Implemented Date provided for the Program Transition Plan. •Must be after the Enrollment Entry Date. •Must be before or equal to the Enrollment Exit Date.			
Intervention Date	Intervention Type (Select one)	*Qualified Professional Information (Complete when an Intervention Type with * is selected)	
	<input type="checkbox"/> Sent to another classroom <input type="checkbox"/> Sent to Administrator's office <input type="checkbox"/> Administrator was brought into classroom <input type="checkbox"/> Developmental Screening* <input type="checkbox"/> Referrals to Community Resources* <input type="checkbox"/> Referral to Mental Health Consultant* <input type="checkbox"/> Referral to Child's Health Care Provider*	First and Last Name	Type of Qualified Professional
		Number of Contact Hours	<input type="checkbox"/> Mental Health Consultant <input type="checkbox"/> Licensed Clinical Social Worker <input type="checkbox"/> Speech Pathologist <input type="checkbox"/> Behavioral Therapist <input type="checkbox"/> Health Care Provider
		Program Leaders:	
		Program Staff:	
		Family:	
Intervention Reason (Select one)	Intervention Outcome		
<input type="checkbox"/> Serious safety threat <input type="checkbox"/> Challenging behavior			

Complete these fields as follows:

- **Intervention Date** – Enter the date that a single intervention occurred. If there are multiple intervention dates, duplicate this page of the template to accommodate multiple interventions. The date must abide by the following rules:
 - Must be after the Plan Implemented Date provided on the Behavior Support Plan.
 - Must be before the Plan Implemented Date provided on the Program Transition.
 - Must be after the Enrollment Entry Date in SIS.
 - Must be before or equal to the Enrollment Exit Date in SIS.
- **Intervention Type** – Click the box for the type of intervention that occurred on the date provided. *Only one box can be selected.*
 - NOTE: If multiple intervention types occurred on the date provided, complete a separate Intervention Action page for each intervention type.
- **Qualified Professional Information** – If the Intervention Type selected ends with an asterisk (*), complete the following information:
 - **First and Last Name** – Enter the first and last name of the qualified professional who provided consultation.
 - **Type of Qualified Professional** – Click the box for the Type of Qualified Professional who provided consultation.

- **NOTE:** Although multiple types can be selected on the template, only one type can be selected in SIS; therefore, it is recommended to select the type that is most appropriate for the intervention date and type specified.
 - **Number of Contact Hours / Program Leaders** – Enter the number of hours that program leaders had contact with the specified qualified professional. This must be a whole number from 0 to 999 inclusive; round to the nearest hour.
 - **Number of Contact Hours / Program Staff** – Enter the number of hours that program staff had contact with the specified qualified professional. This must be a whole number from 0 to 999 inclusive; round to the nearest hour.
 - **Number of Contact Hours / Family** – Enter the number of hours the child’s family had contact with the specified qualified professional. This must be a whole number from 0 to 999 inclusive; round to the nearest hour.
- **Intervention Reason** – Click the box for the reason the intervention occurred on the date provided. *Only one box can be selected.*
- **Intervention Outcome** – Enter the outcome of the intervention that occurred on the date provided.

Qualified Professional is defined in the amendment as “an individual with a recognized professional title such as, but not limited to, a child’s early childhood mental health consultant, licensed clinical social worker, speech pathologist, or behavioral therapist. This individual should have expertise in early childhood education practices, children’s behaviors, inclusion, applied behavior analysis, infant/early childhood mental health, or the impact of trauma.” (Section 235.310 Definitions)

Section: Outside Community Resources

The Outside Community Resources section appears at the top of page 5 of the Program Transition Plan template, and includes the following fields:

List outside community resources utilized and dates used.		
Outside Community Resource Name	Community Resource Provided	Dates Community Resource Utilized

Complete these fields as follows:

- **Outside Community Resource Name** – Enter the name of community resources utilized. If multiple community resources are utilized, enter each name on a separate line.
- **Community Resource Provided** – Enter the community resource provided for each community resource name.
- **Dates Community Resource Utilized** – Enter the dates the community resource was utilized for each community resource name.

Section: Ongoing Communication with the Parents/Guardians

The Ongoing Communication with the Parents/Guardians section appears in the middle of page 5 of the Program Transition Plan template, and includes the following fields:

Describe ongoing communication with the parents/guardians in a culturally and linguistically appropriate manner.				
Date	Family Member/ Guardian Name	Summary of Communication	Method of Communication (e.g., phone call, email, in-person meeting)	Length of Meeting/Call (if applicable)

Complete these fields as follows:

- **Date** – Enter the date that each communication occurred.
- **Family Member/Guardian Name** – Enter the first and last name of the family member or guardian who was communicated with on each date.
- **Summary of Communication** – Enter a summary of the communication on each date.
- **Method of Communication** – Enter how the communication on each date took place, such as via phone call, email, or in-person meeting.
- **Length of Meeting/Call** – If the communication took place via an in-person meeting or phone call, enter how long the communication lasted on each date.

Section: Signatures for Parties in Agreement with the Program Transition Plan

The Signatures for Parties in Agreement with the Program Transition Plan section appears at the bottom of page 5 of the Program Transition Plan template, and includes the following fields:

The signatures below confirm that all parties are in agreement with the Program Transition Plan.		
Plan Signed by:	Signature	Date
Name of Program Staff Member		
Name of Program Administrator/Center Director		
Name of Parent/Guardian		
Name of Qualified Professional		

Indication of whether a signature is obtained must be added to the Program Transition Plan section of the student’s active enrollment in the Student Information System (SIS). Refer to the “Student Information System (SIS) Data Entry” portion of this document, beginning on page 19.

Complete these fields as follows:

- **Plan Signed by / Name of Program Staff Member** – Enter the first and last name of the program staff member who will be signing the Program Transition Plan.
- **Plan Signed by / Name of Program Administrator/Center Director** – Enter the first and last name of the program administrator/center director who will be signing the Program Transition Plan.

- **Plan Signed by / Name of Parent/Guardian** – Enter the first and last name of the parent or guardian who will be signing the Program Transition Plan.
- **Plan Signed by / Name of Qualified Professional** – Enter the first and last name of the qualified professional who provided consultation and will be signing the Program Transition Plan.
- **Signature** – Obtain a written signature for each party.
- **Date** – Enter the date the signature was obtained for each party.

Student Information System (SIS) Data Entry

This section provides images of the SIS screens for the Behavior Support Plan and Program Transition Plan and defines how to complete the data entry.

The SIS application is accessed through IWAS with valid login credentials. Users from both the Home RCDTS and Serving RCDTS with the following access levels can view, add, and edit the data for the Behavior Support Plan and Program Transition Plan in SIS:

- RCDT General User
- RCDT Admin
- ROE Admin
- ISBE Admin

Access the Behavior Support Plan and Program Transition Plan

The Behavior Support Plan and Program Transition Plan are available at the Enrollment level for early childhood students aged 0 to 5.

After accessing SIS from within IWAS, complete the following steps to access the Behavior Support Plan and Program Transition Plan for a student with an active enrollment:

1. Select “Search SID” in the left menu:

The screenshot shows the SIS interface with the following components:

- Header:** Illinois State Board of Education, Student Information System, Illinois State Board of Education (ISBE) Student Information System (SIS). Login: ISM_TEST_3. Session Timeout: 19:41.
- Left Menu:** Home, Student, Search SID (highlighted), Request New SID, Multiple SID Merge, Exit Enrollment, Assessment Pre-ID, Assessment Correction, Assessment Unassigned, Adjusted Cohorts, Evidence Based Funding, Average Daily Attendance, Prenatal, Early Childhood Transition, Seal of Biliteracy, Teacher, Batch Files, Reports, Help, Log Out.
- Main Content:**
 - Current Enrollments & Program Indicators*:** A bar chart showing enrollment counts for various grade levels from Evaluation to 12th Grade. The y-axis ranges from 0 to 500.
 - Upcoming Key Dates:** A table listing key dates for activities like Seal of Biliteracy Application, ISBE Sends ACCESS Pre-ID Label File, etc.
 - Current Enrollment Data Completion Status*:** A table showing completion percentages for various data collections like Prenatal, Birth To 3, etc.

2. Enter an early childhood student’s student identification number in the “SID” field OR enter the additional required information, and then select “Search”:

Illinois State Board of Education Student Information System

Search SID

Home | SIS HOME | ISBE HOME | SESSION TIMEOUT

Home Searching for a student can be done in two ways :

- By providing SID (Or)
- By providing First Name, Last Name, Date Of Birth, And Gender

Search SID Click 'Search' button.

Request New SID Fields marked with an asterisk * are required.

Multiple SID Merge Search Criteria

Exit Enrollment

Assessment Pre-ID *SID 997556763

Assessment Correction OR

Assessment Unassigned *Legal Last Name *Legal First Name

Adjusted Cohorts *Date of Birth (mm/dd/yyyy) *Gender

Evidence Based Funding Additional Search Criteria

Average Daily Attendance Legal Middle Name Race/Ethnicity

Prenatal Birth Place Name Native Language

Early Childhood Transition Mother's Maiden Name

Seal of Biliteracy

Teacher Search

3. Select “View Details” in the Action column for the correct student in the search results list:

Illinois State Board of Education Student Information System

Search SID - Potential Match Summary

Home | SIS HOME | ISBE HOME | SESSION TIMEOUT

Home Search Criteria:

SID	Last Name	First Name	Middle Name	DOB	Gender	Race/Ethnicity	Birth Place Name	Native Language
997556763								

Search Results: 1 potential student matches found.

Action	Last Name	First Name	Middle Name	DOB	Gender	Race/Ethnicity	Birth Place Name	Native Language
View Details	acgqvzEGHIMTWXZ	ECprek		09/23/2015	Female	Two or More Races		English

4. Select “Student Enrollment” on the Search SID – Student Details screen:

Illinois State Board of Education Student Information System

Search SID - Student Details

Home | SIS HOME | ISBE HOME | SESSION TIMEOUT

Home Click on the tabs to view the student details.

Student SID: 997556763

Legal Last Name: acgqvzEGHIMTWXZ Legal First Name: ECprek Legal Middle Name:

Student Demographic Student Enrollment Program Indicators

Student Demographic

Date of Birth	09/23/2015	Gender	Female
Race/Ethnicity	Two or More Races	Student Lineage (Jr, II)	
Birth Place Name		Mother's Maiden Name	
EL Screener	View Details	Student Address	View Details
Seal of Biliteracy Awards		Gifted and Accelerated	

Return To Prev Edit

- Select "View Details" for Behavior/Transition Plans on the Student Details screen:

The screenshot shows the 'Student Information System' interface for a student. The left sidebar contains navigation options like Home, Student, Search SID, Request New SID, Multiple SID Merge, Exit Enrollment, Assessment Pre-ID, Assessment Correction, Assessment Unassigned, Adjusted Cohorts, Evidence Based Funding, Average Daily Attendance, Prenatal, Early Childhood Transition, Seal of Biliteracy, Teacher, Batch Files, Reports, Help, and Log Out. The main content area displays student information: SID: 997556763, Legal Last Name: acgqvzEGHIMTWXZ, Legal First Name: ECprek, and Legal Middle Name: . Below this, there are tabs for Student Demographic, Student Enrollment, and Program Indicators. A table lists various enrollment and attendance details. The 'Behavior/Transition Plans' link is highlighted with a red box. At the bottom, there is a '1 | 1' indicator and an 'Add Enrollment' button.

- If the enrollment is active and a Behavior Support Plan has NOT been created for the student, there are options to create the plan or go back to the enrollment. Select "Yes, create one" to get started:

The screenshot shows the 'Student Information System' interface for an 'Early Childhood Support Plan'. The left sidebar is identical to the previous screenshot. The main content area features a 'Back To Enrollment' link and two summary cards. The first card displays student information: SID: 997556763, ECprek acgqvzEGHIMTWXZ, 09/23/2015 - Female, last updated 09/14/2020 at 3:39 pm. The second card displays enrollment information: Home: 500821890223006, Serving: 150162990253179, Grade: Pre-K, Started: 08/11/2020, Exited: , Exited Reason: , last updated 09/14/2020 at 3:39 pm. Below these cards is a 'Behavior Support Plan' section with a question: 'A behavior support plan does not exist. Would you like to create one?'. Two buttons are present: 'No, back to enrollment' and 'Yes, create one', with the latter highlighted by a red box. At the bottom, there is a 'Transition Plan' section.

NOTE: The Program Transition Plan will NOT be available to create until the Behavior Support Plan has been created and transition is recommended.

Behavior Support Plan Data Entry

After selecting “Yes, create one” as indicated on the previous page, the Behavior Support Plan section opens and is ready for data entry:

Section: Plan Dates

Complete these fields as follows:

- **Plan Implemented Date** – Enter the Plan Implemented Date provided on page 3 of the Behavior Support Plan template. The date must abide by the following rules:
 - Must be before the Date Transition Recommended, which is the date the team has recommended a transition after all interventions have been exhausted.
 - Must be after the Enrollment Entry Date in SIS.
 - Must be before or equal to the Enrollment Exit Date in SIS.
- **Transition Recommended** – Select the Transition Recommended option selected on page 3 of the Behavior Support Plan template. *Only one option can be selected.*
 - NOTE: If there is an active Program Transition Plan in SIS and the Transition Recommended option is changed from “Yes” to “No”, when this change is saved the Program Transition Plan will automatically be marked as erroneous.
 - NOTE: If there is an erroneous Program Transition Plan in SIS and the Transition Recommended option is changed from “No” to “Yes”, when this change is saved the Program Transition Plan will NOT automatically be restored but can be restored manually if desired.
- **Date Transition Recommended** – If applicable, enter the Date Transition Recommended provided on page 3 of the Behavior Support Plan template. The date must abide by the following rules:
 - Must be after the Plan Implemented Date provided on the Behavior Support Plan.

- Must be after the latest Intervention Date (i.e., the date an intervention occurred) provided on the Behavior Support Plan.
- Must be after the Enrollment Entry Date in SIS.
- Must be before or equal to the Enrollment Exit Date in SIS.


Section: Signatures Obtained

Complete these fields as follows:

- **Program Staff Signature** – Select “Yes” if the program staff member signed their name on page 3 of the Behavior Support Plan template; otherwise, select “No”.
- **Program Administrator/Center Director Signature** – Select “Yes” if the program administrator/center director signed their name on page 3 of the Behavior Support Plan template; otherwise, select “No”.
- **Parent/Guardian Signature** – Select “Yes” if the parent/guardian signed their name on page 3 of the Behavior Support Plan template; otherwise, select “No”.
- **Qualified Professional Signature** – Select “Yes” if the qualified professional signed their name on page 3 of the Behavior Support Plan template; otherwise, select “No”.

Section: Interventions



Select  on the right side of the Interventions section to open the Add Intervention window to add intervention details:

Add Intervention ✕

*Required field indicated by **

Intervention Date *

Intervention Type *

Intervention Reason *

Qualified Professional

Qualified Professional Type

First Name

Last Name

Hours with Program Leaders
Round to the nearest hour

Hours with Program Staff
Round to the nearest hour

Hours with Family
Round to the nearest hour

Close Add

Add Intervention details

Complete these fields as follows:

- **Intervention Date** – Enter the Intervention Date provided on page 4 of the Behavior Support Plan template. The date must abide by the following rules:
 - Must be after the Plan Implemented Date provided on the Behavior Support Plan.
 - Must be before the Plan Implemented Date provided on the Program Transition Plan (if applicable).
 - Must be after the Enrollment Entry Date in SIS.
 - Must be before or equal to the Enrollment Exit Date in SIS.
- **Intervention Type** – Select the Intervention Type option selected on page 4 of the Behavior Support Plan template. *Only one option can be selected.*
- **Intervention Reason** – Select the Intervention Reason option selected on page 4 of the Behavior Support Plan template. *Only one option can be selected.*

Qualified Professional details

As indicated in the instructions for completing the Behavior Support Plan template, the qualified professional details can only be completed when the Intervention Type is one of the following:



- Developmental Screening
- Referrals to Community Resources
- Referral to Mental Health Consultant
- Referral to Child’s Health Care Provider

When the Intervention Type selected is one of the options above, complete these fields as follows:

- **Qualified Professional Type** – Select the Type of Qualified Professional option selected on page 4 of the Behavior Support Plan template. *Only one option can be selected.*
- **First Name** – Enter the Qualified Professional’s First Name provided on page 4 of the Behavior Support Plan template.
- **Last Name** – Enter the Qualified Professional’s Last Name provided on page 4 of the Behavior Support Plan template.
- **Hours with Program Leaders** – Enter the Number of Contact Hours with Program Leaders provided on page 4 of the Behavior Support Plan template.
- **Hours with Program Staff** – Enter the Number of Contact Hours with Program Staff provided on page 4 of the Behavior Support Plan template.
- **Hours with Family** – Enter the Number of Contact Hours with Family provided on page 4 of the Behavior Support Plan template.

After providing all required data, select “Add” to save the data provided and create an Intervention record, or “Close” to close the window without saving any data provided.


When the data is saved, an intervention record is added to the Interventions section of the Behavior Support Plan:

Interventions 1 +			
Date	Action Taken	Reason	Actions
09/15/2020	Developmental Screening	Challenging behavior	 

Additional Features in the Interventions Section

The number, 1, next to the “Interventions” section name will continue to increment as additional intervention records are added. The number will decrement when intervention records are deleted.

Select + on the right side of the Interventions section again to add another intervention record as detailed above. Add as many intervention records as needed.

Once an intervention record has been added, one or more details can be updated by selecting  in the Actions column at the right of the record. This opens the Edit Intervention window:

Edit Intervention ×

*Required field indicated by **

Intervention Date *

Intervention Type *

Intervention Reason *

Qualified Professional

Qualified Professional Type

First Name

Last Name

Hours with Program Leaders
Round to the nearest hour


Hours with Program Staff
Round to the nearest hour


Hours with Family
Round to the nearest hour

Close Update

Make updates as needed to the intervention and/or qualified professional data, and then select “Update” to save updates to the data, or “Close” to close the window without saving any updates.

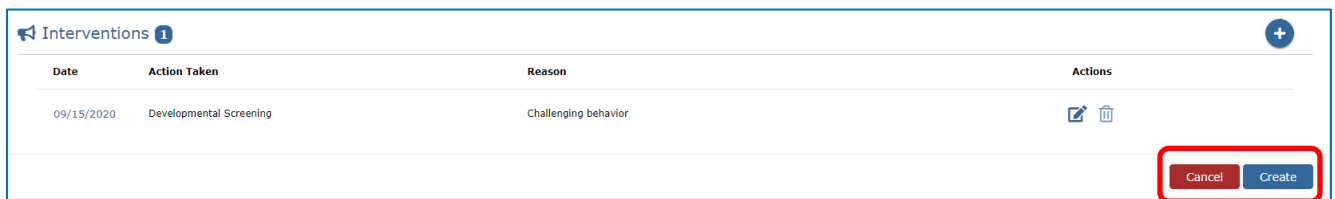
The next icon in the Actions column is for deleting an intervention record. If there is only one



intervention record, the  appears as inactive. Since there must always be at least one intervention record on a Behavior Support Plan, nothing will happen when this inactive icon is selected for the only intervention record.

When there are at least two intervention records, the  appears as active for each intervention record, so that any of them can be deleted if needed. However, once there is only one intervention record left, the icon appears inactive again as shown above.

Create or Cancel the Behavior Support Plan

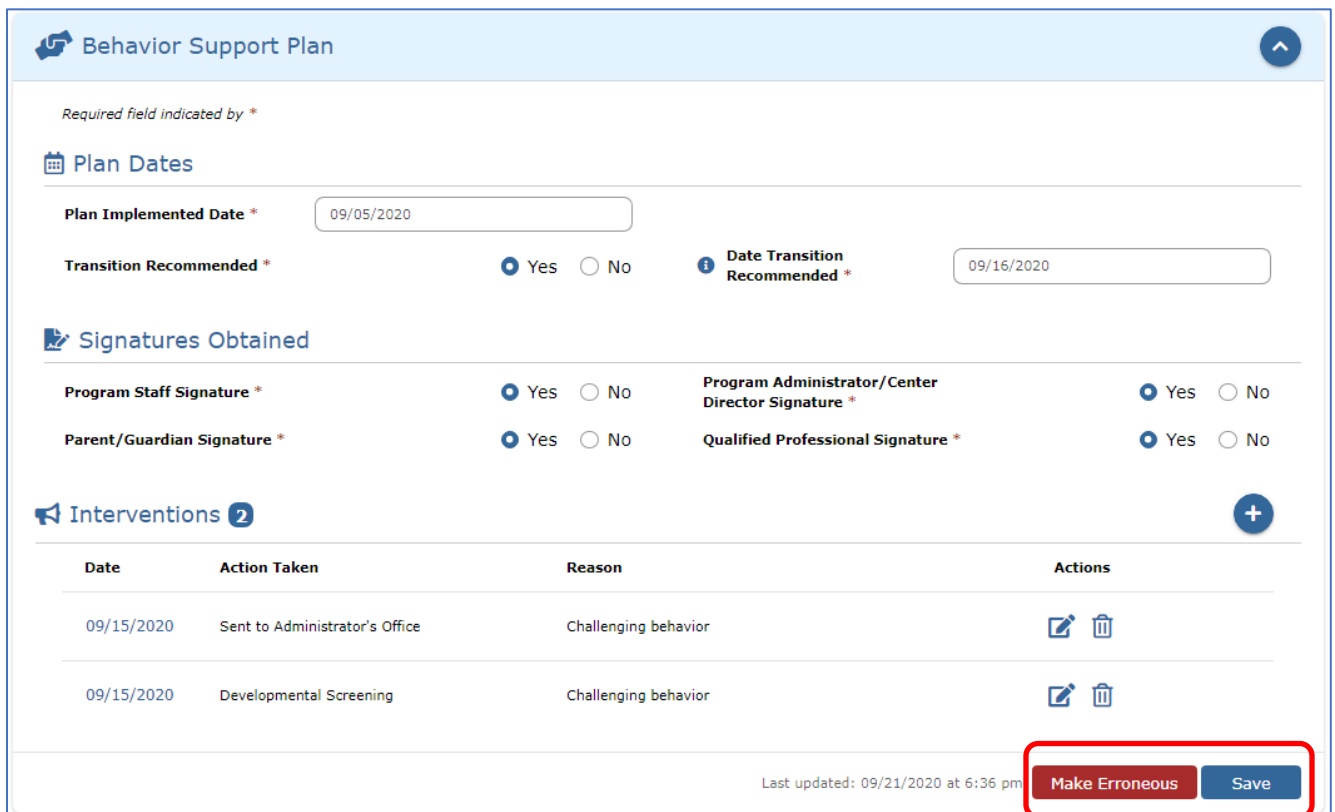
Below the Interventions section, select “Create” to save the data provided and create the Behavior Support Plan; select “Cancel” if the Behavior Support Plan should not be created:



Date	Action Taken	Reason	Actions
09/15/2020	Developmental Screening	Challenging behavior	 

Cancel Create

Once the Behavior Support Plan is created, the options below the Interventions section change to “Make Erroneous” and “Save”:



Required field indicated by *

Plan Dates

Plan Implemented Date * 09/05/2020

Transition Recommended * Yes No

Date Transition Recommended * 09/16/2020

Signatures Obtained





Program Staff Signature * Yes No

Parent/Guardian Signature * Yes No

Program Administrator/Center Director Signature * Yes No

Qualified Professional Signature * Yes No

Interventions 2

Date	Action Taken	Reason	Actions
09/15/2020	Sent to Administrator's Office	Challenging behavior	 
09/15/2020	Developmental Screening	Challenging behavior	 

Last updated: 09/21/2020 at 6:36 pm

Make Erroneous Save

Save the Behavior Support Plan or make it Erroneous

Select “Save” after making any additional changes to the data provided. If the Behavior Support Plan was created by mistake or is no longer needed, select “Make Erroneous”.

When “Make Erroneous” is selected, the details of the Behavior Support Plan become view-only and the only options available are to restore the plan or go back to the enrollment:

The screenshot shows the 'Behavior Support Plan' form. At the top, a message states: 'The behavior support plan has been marked as erroneous. Would you like to restore it?'. Below this message are two buttons: 'No, back to enrollment' and 'Yes, restore plan'. The 'Yes, restore plan' button is highlighted with a red box. The form includes sections for 'Plan Dates', 'Signatures Obtained', and 'Interventions'. The 'Interventions' section contains a table with one entry: '09/15/2020', 'Developmental Screening', 'Challenging behavior'. At the bottom right, there are buttons for 'Make Erroneous' and 'Save'.

Date	Action Taken	Reason	Actions
09/15/2020	Developmental Screening	Challenging behavior	

Restore the Behavior Support Plan

If the Behavior Support Plan was marked erroneous by mistake or needs to be re-enabled for any reason, select “Yes, restore plan” indicated above to re-enable the Plan to its previous state with all data accessible:

This screenshot shows the same 'Behavior Support Plan' form as above, but with the 'Save To Finish Restore' button highlighted with a red box. The 'Make Erroneous' button is now disabled. The rest of the form content is identical to the previous screenshot.

Date	Action Taken	Reason	Actions
09/15/2020	Developmental Screening	Challenging behavior	

To finish restoring the Behavior Support Plan, select “Save to Finish Restore” as indicated above.

NOTE: There are no available options for the Program Transition Plan until the Behavior Support Plan has been fully restored.

Program Transition Plan Data Entry

Once the Behavior Support Plan has been created, there are options to create the Program Transition Plan or go back to the enrollment. Select “Yes, create one” to get started:

The screenshot shows the 'Behavior Support Plan' form. The 'Transition Plan' section is active, displaying the message: "A program transition plan does not exist. Would you like to create one?". Below this message are two buttons: "No, back to enrollment" and "Yes, create one". The "Yes, create one" button is highlighted with a red rectangular box.

After selecting “Yes, create one”, the Program Transition Plan section opens and is ready for data entry:

The screenshot shows the 'Transition Plan' form with various data entry fields. The 'Details' section includes fields for 'Transition Reason', 'ISBE Notification Date', and 'Plan Implemented Date'. The 'Qualified Professional' section includes fields for 'Qualified Professional Type', 'First Name', 'Last Name', 'Hours with Program Staff', 'Hours with Program Leaders', and 'Hours with Family'. The 'Transitioned To Program' section includes fields for 'Program Name', 'Serving RCDTS', 'City', 'Zip Code', 'Transitioned Date', 'DCFS License', 'State', and 'Referral Status'. The 'Signatures Obtained' section includes radio buttons for 'Program Staff Signature', 'Parent/Guardian Signature', 'Program Administrator/Center Director Signature', and 'Qualified Professional Signature'. The 'Cancel' and 'Create' buttons are visible at the bottom right.

Section: Details

Complete these fields as follows:

- **Transition Reason** – Select the Transition Reason option selected on page 2 of the Program Transition Plan template. *Only one option can be selected.*
- **Plan Implemented Date** – Enter the Date / Plan Implemented provided on page 2 of the Program Transition Plan template. The date must abide by the following rules:
 - Must be after the Date Transition Recommended provided on the Behavior Support Plan.
 - Must be before or equal to the Enrollment Exit Date in SIS.
- **ISBE Notification Date** – Enter the Date / ISBE Notification provided on page 2 of the Program Transition Plan template. The date must be no later than two weeks after the initiation of the transition plan, and must abide by the following rules:
 - Must be after the Plan Implemented Date provided on the Behavior Support Plan.
 - Must be before or equal to the Enrollment Exit Date in SIS.

Section: Qualified Professional

Complete these fields as follows:

- **Qualified Professional Type** – Select the Type of Qualified Professional option selected on page 2 of the Program Transition Plan template. *Only one option can be selected.*
- **First Name** – Enter the Qualified Professional's First Name provided on page 2 of the Program Transition Plan template.
- **Last Name** – Enter the Qualified Professional's Last Name provided on page 2 of the Program Transition Plan template.
- **Hours with Program Leaders** – Enter the Number of Contact Hours with Program Leaders provided on page 2 of the Program Transition Plan template.
- **Hours with Program Staff** – Enter the Number of Contact Hours with Program Staff provided on page 2 of the Program Transition Plan template.
- **Hours with Family** – Enter the Number of Contact Hours with Family provided on page 2 of the Program Transition Plan template.

Section: Transitioned To Program

Complete these fields as follows:

- **Program Name** – Enter the Transitioned Program Name provided on page 2 of the Program Transition Plan template.
- **Transitioned Date** – Enter the Transitioned Date provided on page 2 of the Program Transition Plan. The date must abide by the following rules:
 - Must be after the Plan Implemented Date provided on the Program Transition Plan.
 - Must be before or equal to the Enrollment Exit Date in SIS.
- **Serving RCDTS** – Enter the RCDTS code provided on page 2 of the Program Transition Plan template, if applicable.
- **DCFS License** – Enter the DCFS License number provided on page 2 of the Program Transition Plan template, if applicable.

- **City** – Enter the Transitioned Program City provided on page 2 of the Program Transition Plan template.
- **State** – Select the State option based on the State provided on page 2 of the Program Transition Plan template.
- **Zip Code** – Enter the ZIP Code provided on page 2 of the Program Transition Plan template.
- **Referral Status** – Select the Referral Status option selected on page 2 of the Program Transition Plan template. If no option was selected on the template, select the “No referral” option in SIS. *Only one option can be selected.*

Section: Signatures Obtained

Complete these fields as follows:

- **Program Staff Signature** – Select “Yes” if the program staff member signed their name on page 5 of the Program Transition Plan template; otherwise, select “No”.
- **Program Administrator/Center Director Signature** – Select “Yes” if the program administrator/center director signed their name on page 5 of the Program Transition Plan template; otherwise, select “No”.
- **Parent/Guardian Signature** – Select “Yes” if the parent/guardian signed their name on page 5 of the Program Transition Plan template; otherwise, select “No”.
- **Qualified Professional Signature** – Select “Yes” if the qualified professional signed their name on page 5 of the Program Transition Plan template; otherwise, select “No”.

Create or Cancel the Program Transition Plan

Below the Signatures Obtained section, select “Create” to save the data provided and create the Program Transition Plan; select “Cancel” if the Program Transition Plan should not be created:

Signatures Obtained

Program Staff Signature *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Program Administrator/Center Director Signature *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Parent/Guardian Signature *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Qualified Professional Signature *	<input checked="" type="radio"/> Yes <input type="radio"/> No

Once the Program Transition Plan is created, the options below the Signatures Obtained section change to “Make Erroneous” and “Save”:

How to Complete the Behavior Support Plan and Program Transition Plan Templates and Online Data Entry

Required field indicated by *

Details

Transition Reason *	A determination by a qualified professional	Plan Implemented Date *	09/20/2020
ISBE Notification Date *	09/10/2020		

Qualified Professional

Qualified Professional Type *	Behavioral Therapist	First Name *	Mary
Last Name *	Smith	Hours with Program Leaders *	1 <small>Round to the nearest hour</small>
Hours with Program Staff *	1 <small>Round to the nearest hour</small>	Hours with Family *	5 <small>Round to the nearest hour</small>

Transitioned To Program

Program Name *	New EC Program	Transitioned Date *	09/25/2020
Serving RCDTS		DCFS License	
City *	Rochester	State *	Illinois
Zip Code	62563 <small>Provide a 5-digit or 9-digit zip code</small>	Referral Status *	No referral

Signatures Obtained

Program Staff Signature *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Program Administrator/Center Director Signature *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Parent/Guardian Signature *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Qualified Professional Signature *	<input checked="" type="radio"/> Yes <input type="radio"/> No

Last updated: 09/29/2020 at 4:53 pm

Make Erroneous **Save**

Save the Program Transition Plan or make it Erroneous

Select “Save” after making any additional changes to the data provided. If the Program Transition Plan was created by mistake or is no longer needed, select “Make Erroneous”.

When “Make Erroneous” is selected, the details of the Program Transition Plan become view-only and the only options available are to restore the plan or go back to the enrollment:

Transition Plan

The transition support plan has been marked as erroneous. Would you like to restore it?

Required field indicated by *

Details

Transition Reason *	A determination by a qualified professional	Plan Implemented Date *	09/20/2020
ISBE Notification Date *	09/10/2020		

Qualified Professional

Qualified Professional Type *	Behavioral Therapist	First Name *	Mary
Last Name *	Smith	Hours with Program Leaders *	1 <small>Round to the nearest hour</small>
Hours with Program Staff *	1 <small>Round to the nearest hour</small>	Hours with Family *	5 <small>Round to the nearest hour</small>

Transitioned To Program

Program Name *	New EC Program	Transitioned Date *	09/25/2020
Serving RCDTS		DCFS License	
City *	Rochester	State *	Illinois
Zip Code	62563 <small>Provide a 5-digit or 9-digit zip code</small>	Referral Status *	No referral

Restore the Program Transition Plan

If the Program Transition Plan was marked erroneous by mistake or needs to be re-enabled for any reason, select “Yes, restore plan” indicated above to re-enable the Plan to its previous state with all data accessible:

Required field indicated by *

Details

Transition Reason *	A determination by a qualified professional	Plan Implemented Date *	09/20/2020
ISBE Notification Date *	09/10/2020		

Qualified Professional

Qualified Professional Type *	Behavioral Therapist	First Name *	Mary
Last Name *	Smith	Hours with Program Leaders *	1 <small>Round to the nearest hour</small>
Hours with Program Staff *	1 <small>Round to the nearest hour</small>	Hours with Family *	5 <small>Round to the nearest hour</small>

Transitioned To Program

Program Name *	New EC Program	Transitioned Date *	09/25/2020
Serving RCDTS		DCFS License	
City *	Rochester	State *	Illinois
Zip Code	62562 <small>Provide a 5-digit or 9-digit zip code</small>	Referral Status *	No referral

Signatures Obtained

Program Staff Signature *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Program Administrator/Center Director Signature *	<input checked="" type="radio"/> Yes <input type="radio"/> No
Parent/Guardian Signature *	<input checked="" type="radio"/> Yes <input type="radio"/> No	Qualified Professional Signature *	<input checked="" type="radio"/> Yes <input type="radio"/> No

Last updated: 09/29/2020 at 4:55 pm

[Make Erroneous](#) [Save To Finish Restore](#)

To finish restoring the Program Transition Plan, select “Save to Finish Restore” as indicated above.