

# Early Intervention to Early Childhood Transition Tracking Form Procedures

## Section I

- Completed by the Child and Family Connections (CFC) Service Coordinator (ONLY for children whom the Service Coordinator has received parental consent) no later than 90 days prior to the child's third birthday. If the child is referred less than 45 days from their 3<sup>rd</sup> birthday, the Service Coordinator, with parental consent, will complete this form and send it to both the appropriate Local Education Agency (LEA) regardless of eligibility determination for Early Intervention.
- List identifying information asked.
- Service Coordinator (or person completing form) prints name and phone number.
- Service Coordinator makes a copy and gives to the CFC Program Manager.
- Referral to LEA/School District OR at Transition Planning Conference, CFC gives Tracking form to LEA/School District Representative.  
**NOTE:** The Tracking form cannot be shared unless the parent has given informed, written consented.

## Section II

- Completed by LEA/School District.
- Upon the child's start into Early Childhood Special Education, other program, or parental refusal, school personnel completes the form and returns to the CFC Program Manager within 20 calendar days after child's third birthday. This information must also be entered into the Illinois State Board of Education (ISBE) Student Information System (SIS) if the child enrolls in the district.
- If eligibility was not determined within the 20 calendar days, but is determined at a later date, the LEA/School District Representative must complete and send a new or revised form to the CFC.
- LEAs/School Districts must ensure that they are not responsible for a delay in special education eligibility being determined.
- Person who completes form prints name, title and phone number.
- LEA/School District enters the date the form was received. If CFC did not initiate the form, the LEA/School District should complete a new form and indicate date the LEA/School District initiated the form.

## Other Important Reminders:

- **Screenings:** Screenings are not required and cannot delay Transition process.
- **Transition Planning Conference:** Enter the actual date the Transition Planning Conference occurred.
- **Special Education Eligibility:** Enter the date that Special Education Eligibility was determined and the eligibility status.
- **Parent Declined:** Complete if child is eligible but parent declines special services and indicate reason parent declined services, listing specific services that were declined.
- **No Show by Family:** Check to indicate parent did not show for scheduled meeting and identify attempts made to reschedule meeting on the form.
- **Unable to Contact Family:** Check to indicate if unable to contact family and identify attempts made to contact the family on the form.
- **Transition Delayed:** Indicate Yes or No and if yes, identify reason.
- **Individual Education Plan (IEP) Completed Date:** Enter the date the IEP was completed and signed.
- **Services Begin Date:** Enter date the services began. If services did not start on third birthday, state reason.

## CFC Activities/Illinois Department of Human Services (DHS) Activities

CFC Program Manager will match initial copies to forms received from LEA/School District. If the form is not received from the LEA/School District within 20 calendar days past the child's birthday, a telephone call will be made to the LEA/School District to determine status.

DHS designated entity will keep statistical information regarding each child's 3-5 year placement and provide information as requested to LEA/School District. DHS and ISBE use this data to report to the US Department of Education, Office of Special Education Programs (OSEP).

## Early Intervention to Early Childhood Transition Tracking Form

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|---|---|
| <b>Section I: To be completed by the CFC for each child, whom the parent has given consent, and forwarded to LEA.</b> |   |
| School District's Name: _____   | Date EI to EC Tracking Form Sent to LEA: ____ / ____ / ____               |
| Child's Name: _____   | Parent/Guardian Name: _____ Phone #: _____                                |
| Address: _____  | City: _____ State: _____ Zip Code: _____                                  |
| Child's DOB: ____ / ____ / ____   | Child's EI #: _____ CFC #: _____ Date Referred to CFC: ____ / ____ / ____ |
| Service Coordinator's Name: _____   | Phone #: _____ Fax #: _____   |
| Date Transition Packet Sent to LEA: ____ / ____ / ____  | Date LEA/EI Transition Planning Conference held: ____ / ____ / ____       |
| Section I Completed By: _____   | Title: _____ Phone #: _____   |

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|---|--|
| <b>Section II: To be completed by the LEA/School District, then returned/forwarded to the CFC.</b>  |  |
| Referred by CFC? <input type="checkbox"/> Yes <input type="checkbox"/> No   | If Yes, date tracking form received by LEA from CFC: ____ / ____ / ____ If No, date LEA initiated tracking form: ____ / ____ / ____                    |
| Child found <u>ineligible</u> for Special Education: <input type="checkbox"/> <b>OR</b> <input type="checkbox"/> Parent No Show<br>Date found <u>ineligible</u> : ____ / ____ / ____ <input type="checkbox"/> Unable to Contact | If No Show or Unable to Contact, list attempts:  |
| Date child found <u>eligible</u> for Special Education: ____ / ____ / ____  |  |
| IEP Completion Date: ____ / ____ / ____   | If IEP Services did not start on child's third birthday, list why:   |
| IEP Services Start Date: ____ / ____ / ____   |  |
| Parent Declined LEA Services: <input type="checkbox"/> Yes <input type="checkbox"/> No  | If Yes, List Reason Parent Declined:   |
| If Yes, Date Parent Declined: ____ / ____ / ____  |  |
| Transition Delayed: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate reason for delay by checking one of the below:  |  |
| <input type="checkbox"/> Parent failure/refusal to produce child  | <input type="checkbox"/> School district delay <input type="checkbox"/> EI sends referral after child is 2.9 years of age but child in EI prior to 2.9 |
| <input type="checkbox"/> EI received child after he/she is 2.9 years of age   | <input type="checkbox"/> Child enrolled in district after consent was given in another district but before eligibility determination                   |
| Section II Completed By: _____  | Title: _____ Phone #: _____  |

**LEA:** Return to local CFC Office within 20 calendar days after the child's third birthday by fax and enter information into the ISBE Student Information System (SIS) if the child enrolls in the district.

Under the provisions of the Illinois Mental Health and Development Disabilities Confidentiality Act, the Family Educational Rights and Privacy Act, 20 USC 1232g, and the Health Insurance Portability and Accountability Act of 1996, information collected hereunder may not be redisclosed unless the person who consented to this disclosure specifically consents to such redisclosure or the redisclosure is allowed by law.