

Transition Plan Form SAMPLE

Each program may develop a written Transition Plan Form or use the forms provided by the program model that is being implemented. A written Transition Plan does not have to be separate from the Individual Family Goal Plan (IFGP). The Transition Plan may be incorporated into the IFGP.

Parent/Guardian:	Parent/Guardian:
Address:	Address:
City: State: ZIP:	City: State: ZIP:
Phone:	Phone:
Email:	Email:
Child:	Date of birth:
Transition planning will occur as a family/child transitions within or from a Birth to Three Program. Parent resource: "When I'm 3, Where Will I Be?"	

Transition Plan Information

Describe the reason for this transition:
The preferred program, district, or agency to transition into:
Provide a brief description of how the family/child feels about the transition:
What questions does the family have about the transition?
What is the ideal outcome of this transition?
What strengths does my/our family possess that will help us during this transition?
What strengths does my/our child possess that will help him/her during this transition?
What (do you feel) are the most important activities that would help with this transition?
Are there community agencies/programs you feel would enhance this transition?
What early childhood programs would you like to explore as your child transitions out of/between Birth to Three Programs?

What community agencies/programs would you like to explore as your family transitions out of/between programs?

Do you have any questions about your rights or responsibilities regarding this transition?

Would you like to talk to other parents about this transition?

What would help you prepare for this transition?

Are there people you want/need to notify about this transition?

Checklist

Completed Transition Plan Form.

Date completed:

Explored transition options/programs.

Date completed:

Completed transition meetings/visits with programs/staff.

Date completed:

Informed family of parental rights/responsibilities.

Date completed:

Sent/received referral.

Date completed:

Sent/received release of information.

Date completed:

Sent/received information to complete transition.

Date completed:

Notes:

Agencies

Name of Agency:		Phone Number:	
Address:		City:	ZIP Code:
Contact:		Phone Number:	
Describe the services being accessed:			
My family has been receiving services for _____ days/months/years.			
Has Release of Information Form been signed? Yes/No		Expiration date:	
Name of Agency:		Phone Number:	
Address:		City:	ZIP Code:
Contact:		Phone Number:	
Describe the services being accessed:			
My family has been receiving services for _____ days/months/years.			
Has Release of Information Form been signed? Yes/No		Expiration date:	
Name of Agency:		Phone Number:	
Address:		City:	ZIP Code:
Contact:		Phone Number:	
Describe the services being accessed:			
My family has been receiving services for _____ days/months/years.			
Has Release of Information Form been signed? Yes/No		Expiration date:	
Name of Agency:		Phone Number:	
Address:		City:	ZIP Code:
Contact:		Phone Number:	
Describe the services being accessed:			
My family has been receiving services for _____ days/months/years.			
Has Release of Information Form been signed? Yes/No		Expiration date:	
Name of Agency:		Phone Number:	
Address:		City:	ZIP Code:
Contact:		Phone Number:	
Describe the services being accessed:			
My family has been receiving services for _____ days/months/years.			
Has Release of Information Form been signed? Yes/No		Expiration date:	

Transition Plan Team Members

Name	Title/Function	Agency	Phone

This document accurately reflects my/our priorities for my/our family. I/we therefore give my/our permission for this plan to be implemented.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Staff Signature

Date

Review dates

Date Transition Plan Must be Reviewed	Date Transition Plan Was Updated/Completed	Staff Signature	Parent Signature

The parent(s) and other members of the transition team will receive copies of this document.
Insert date form was created or revised and page numbers.