

Program Transition Plan

Data Element	Mandatory	Data Type	Code	Value	Description	Validation Rules / Notes
Transition Reason	Mandatory	Char(2)			The reason the child is being transitioned to another program.	
			01	A determination by a qualified professional		
			02	The program determined that the current early childhood program does not meet the child's developmental needs		
			03	The program's inability to provide the supports needed to maintain the child in the program		
			04	The child was withdrawn from the program by the parent/guardian		
Plan Implemented Date	Mandatory	Char(10)	mm/dd/yyyy		The date that the Program Transition Plan was implemented.	<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.
ISBE Notification Date	Mandatory	Char(10)	mm/dd/yyyy		The date that the State Board of Education was notified that the child was considered for removal.	<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.
Qualified Professional Type	Mandatory	Char(2)			The type of qualified professional who consulted with the child.	
			01	Mental Health Consultant		
			02	Licensed Clinical Social Worker		
			03	Speech Pathologist		
			04	Behavioral Therapist		
			05	Health Care Provider		
Qualified Professional First Name	Mandatory	Char(30)			The first name of the qualified professional who consulted with the child.	
Qualified Professional Last Name	Mandatory	Char(30)			The last name of the qualified professional who consulted with the child.	

Program Transition Plan

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Qualified Professional Hours with Program Leaders	Mandatory	Numeric(3)			The number of hours of qualified professional contact with program leaders.	<ul style="list-style-type: none"> • Can be zero. • Must be rounded to the nearest hour, up to 999.
Qualified Professional Hours with Program Staff	Mandatory	Numeric(3)			The number of hours of qualified professional contact with program staff.	<ul style="list-style-type: none"> • Can be zero. • Must be rounded to the nearest hour, up to 999.
Qualified Professional Hours with Family	Mandatory	Numeric(3)			The number of hours of qualified professional contact with families.	<ul style="list-style-type: none"> • Can be zero. • Must be rounded to the nearest hour, up to 999.
Transitioned Program Name	Mandatory	Char(50)			The name of the program the child is being transitioned to.	
Transitioned Date	Mandatory	Char(10)	mm/dd/yyyy		The date that the child transitioned to the new program.	<ul style="list-style-type: none"> • 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 Serving RCDTS	Optional	Char(15)			The serving RCDTS of the program the child transitioned to.	
Transitioned Program DCFS License	Optional	Char(10)			The DCFS (Department of Child and Family Services) license number of the program the child transitioned to.	Alphanumeric characters with a hyphen are allowed, up to 10 characters.
Transitioned Program City	Mandatory	Char(25)			The city where the program the child transitioned to is located.	
Transitioned Program State	Mandatory	Char(2)			The state where the program the child transitioned to is located.	
			AL	Alabama		
			AK	Alaska		
			AZ	Arizona		
			AR	Arkansas		
			CA	California		
			CO	Colorado		
			CT	Connecticut		
			DE	Delaware		
			FL	Florida		
			GA	Georgia		
			HI	Hawaii		
			ID	Idaho		
			IL	Illinois		
			IN	Indiana		

Program Transition Plan

Data Element	Mandatory	Data Type	Code	Value	Description	Validation Rules / Notes
			IA	Iowa		
			KS	Kansas		
			KY	Kentucky		
			LA	Louisiana		
			ME	Maine		
			MD	Maryland		
			MA	Massachusetts		
			MI	Michigan		
			MN	Minnesota		
			MS	Mississippi		
			MO	Missouri		
			MT	Montana		
			NE	Nebraska		
			NV	Nevada		
			NH	New Hampshire		
			NJ	New Jersey		
			NM	New Mexico		
			NY	New York		
			NC	North Carolina		
			ND	North Dakota		
			OH	Ohio		
			OK	Oklahoma		
			OR	Oregon		
			PA	Pennsylvania		
			RI	Rhode Island		
			SC	South Carolina		
			SD	South Dakota		
			TN	Tennessee		
			TX	Texas		
			UT	Utah		
			VT	Vermont		
			VA	Virginia		
			WA	Washington		
			WV	West Virginia		
			WI	Wisconsin		
			WY	Wyoming		
			DC	Washington DC		
			OC	Out of Country		

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Transitioned Program Zip Code	Mandatory if transitioned within the country	Char(9)			The zip code where the program the child transitioned to is located; 5-digit or 9-digit.	<ul style="list-style-type: none"> •If the value for State is "Out of Country", the Zip Code will not be available for entry. •If the value for State is one of the state names, a valid Zip Code must be provided; it will be verified with the USPS.
Referral Status	Mandatory	Char(2)			The status of a referral due to a suspected disability.	Indication of a suspected disability is inferred when a referral status is selected.
			NO	No referral		
			01	Referred to a district for evaluation		
			02	Pending evaluation		
			03	After evaluation, found eligible for special education services		
			04	Referred to Early Intervention (B-3)		
Program Staff Signature	Mandatory	Char(2)			An indication of whether or not the Program Transition Plan has been signed by a program staff member.	
			01	Yes		
			02	No		
Program Administrator/Center Director Signature	Mandatory	Char(2)			An indication of whether or not the Program Transition Plan has been signed by the program administrator/center director.	
			01	Yes		
			02	No		
Parent/Guardian Signature	Mandatory	Char(2)			An indication of whether or not the Program Transition Plan has been signed by the child's parent or guardian.	
			01	Yes		
			02	No		
Qualified Professional Signature	Mandatory	Char(2)			An indication of whether or not the Program Transition Plan has been signed by the qualified professional who consulted with the program leaders, program staff and child's family.	

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			01	Yes		
			02	No		