

0-3 Program Transition Timelines

Child's Name: _____

D.O.B.: _____

Transition Coordinator: _____

Transition Activity	Entry to	IFSP	6 mo. or	5 mo.	4 mo.	3 mo.	2 mo.	1 mo.	Transition	Time	Date	Date to be
	0-3	Review	or older	MO	MO	MO	MO	MO	Check	per	Initiated	Completed
	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date		
Transition services as a 0-3 program component is introduced to family upon entry.	X											
Opportunities for the family to identify transition/or information about future services as a priority outcome is offered at each IFSP. - Family provided with information about transition, service options, and LRE.	X											
Parents sign permission to provide basic demographic information to LEA upon child's enrollment in 0-3 Program. (Must be completed at least 6 months prior to age 3.)	X											
At entry into program (or at 6 mo./12 mo. review), 0-3 program notifies LEA of student and upcoming transition.	X											
Service Coordinator discusses transition services for child. Transition Outcome Statement included in IFSP. (List activities)			X									
Family chooses role and activities they will engage in during transition. Activities are included in transition outcome. (List activities)				X								

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Transition Timelines**

Child's Name: _____ D.O.B.: _____ Transition Coordinator: _____

Transition Activity	Entry to	IRSP	Transition	5 mo.	4 mo.	3 mo.	2 mo.	1 mo.	Transition	Year	Date	Date to be
	0-3	Review	age 3	mo.	mo.	mo.	mo.	mo.	Timeline	Transition	Initiated	Completed
Materials to evaluate potential options are provided and opportunities to visit program are facilitated.				X								
Assessment updates completed by family and 0-3 team.			X									
Official 90 day notice provided to LEA. Transition meeting scheduled with parental permission. If child's birthday falls within summer months, schedule meeting 90 days prior to end of school year to allow sufficient time for planning.						X						
90 day meeting between family, 0-3, and LEA staff occurs. <ul style="list-style-type: none"> - 0-3 shares reports with LEA with parent permission. - LEA secures permission for comprehensive evaluation, reviews due process rights, provides information about potential options, and identifies a contact for family. - Family expresses their interests and asks questions regarding timelines and procedures. 						X						
Attend IEP/IFSP meeting with family and Part B Staff									X			
Conduct follow-up of child into new program as agreed upon by family and receiving program. Include post transition evaluation if appropriate.									X			

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**0-3 Program
Transition Timelines**

Child's Name: _____ D.O.B.: _____ Transition Coordinator: _____

Transition Activity	Entry to	IRSP	Case order	5 mo.	4 mo.	3 mo.	2 mo.	1 mo.	Transition	3 mo.	Date	Date to be
	0-3	Review	cases	mo.	mo.	mo.	mo.	mo.	Period	for	initiated	completed
	Pass	Pass	Pass	Pass	Pass	Pass	Pass	Pass	NO P	Pass		
Official 90 day notice provided to LEA from Part H Transition meeting scheduled with parental permission.						X						
90 day meeting between family, 0-3, and LEA staff occurs.						X						
- 0-3 shares reports with LEA with parent permission.												
- LEA secures permission for comprehensive evaluation, reviews parental rights, provides information about potential options, and identifies												
a contact for family.												
- Family expresses their interests and asks questions regarding timelines and procedures.												
3-5 staff visit family, as appropriate. Family visits program options as appropriate.						X						
3-5 staff complete comprehensive evaluation.												
- Review 0-3 reports and assessment information.						X						
- Conduct parent interview.							X					
- Conduct additional assessments as necessary.												
- Schedule and hold team meeting and discussion.												
Determination of final eligibility for Part B Services. (Starts 30 day clock for IEP/IFSP development.)								X				
Written notification provided to parents regarding IEP/IFSP meeting at least 10 days in advance.								X				

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Transition Timelines

Child's Name: _____

D.O.B.: _____ Transition Coordinator: _____

Transition Activity	Entry to	I/ESP	6 mo prior	5 mo.	4 mo.	3 mo.	2 mo.	1 mo.	Transition	3 mo.	Date	Date
	0 - 3	Reviews	to age 3	Date	Date	Date	Date	Date	Date/	post	Initiated	Completed
	Date	Date	Date	Date	Date	Date	Date	Date	D.O.B.	Transition	Date	Date
IEP/HSP written, services identified, service option & related services determined. - Team establishes frequency and dates of meetings for the year. - Home-school communications systems established (as needed).								X -----	X	-----		
Application forms/intake process completed. Sample schedule, lists of necessary materials, program calendar provided to family by new team. - Transportation arranged (as appropriate). - Student participates in visitation (optional).								X -----				
Services meeting Part B and FAPE begin at age 3 (or earlier depending upon transition plan).									X			
Follow-up with family regarding satisfaction with current services, questions, etc.										X		
Other:												

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