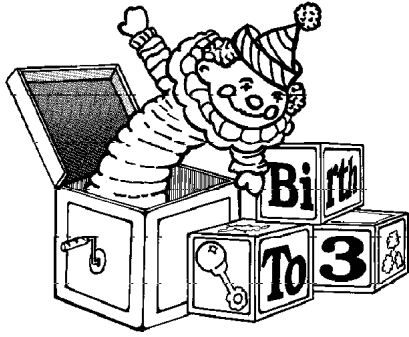


Transition meetings are convened with family consent. Family members give permission for referral to the local education agency at least 90 days prior to the child's third birthday.



# Southeast Kansas Birth to Three Program

## PARENT PERMISSION FOR REFERRAL

I give the Southeast Kansas Birth to Three Program permission to refer my child and to release appropriate information for the purpose of transition planning to the agency listed below:

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Parents' Names: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Agency information is to be sent to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

Birth-to-Three Program, KUAP, 2601 Gabriel, Parsons, KS 67357, (316) 421-6550, ext. 1859