

Child's Name: _____ Date of Birth: _____ ID#: _____

Office of Child Development and Early Learning



Serving Children with Developmental Delays

Individualized Family Service Plan (IFSP) Individualized Education Program (IEP) – ***with Annotations***

In all sections of the IFSP/IEP language should be understandable to all team members. If jargon is used, include a description to define the term.

- The IFSP and IEP are plans that identify services and supports so that family members and early education programs are actively engaged in promoting the child's learning and development.
- The IFSP/IEP team determines the skills/abilities and appropriate supports and services either in the natural environment or the least restrictive environment to accomplish the established goals and outcomes.
- These decisions are not made by matching the child's areas of delay with a particular Early Intervention discipline. Rather, supports and strategies are individualized and build on the strengths and skills the child demonstrates in all areas of development.
- The IFSP and IEP are plans that consider: the strengths of the child; concerns of the parent/guardian; most recent evaluation results; academic, developmental and functional needs of the child; communication needs of the child; and will incorporate revisions to the plan to address lack of progress.

The table below is to be used by the team to keep a running log to document important IFSP/IEP meetings that have occurred. Write the actual date of the meeting. Below each date note the purpose of the meeting such as: initial or annual IFSP/IEP, transition meeting or a review of the plan resulting in addendum(s) or revision(s) to the plan. Use "Section IX. Revisions to the IFSP/IEP for documenting the reason for revisions and sections revised."

Date meeting(s) held						
Purpose Of Meeting(s) (Ex.: Initial IFSP/IEP, Annual, Revisions)						

Child's Name: _____ Date of Birth: _____ ID#: _____

I. Demographics and IFSP/IEP Team Membership

Child Information		Family Information	
Child's Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Name:	Relationship:
Date of Birth:	Age:	Address:	
MA Recipient #:		City/State/Zip:	
Have parents approved billing of Medical Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone (home):	Phone (cell):
Private insurance <input type="checkbox"/> YES <input type="checkbox"/> NO		Phone (work):	Email:
Referral Date:		Name:	Relationship:
Referral Source:		Address:	
Child's Address:		City/State/Zip:	
City/State/Zip:		Phone (home):	Phone (cell):
Phone #:		Phone (work):	Email:
Primary Language:		Primary Language:	
School District of Residence:		Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
County of Residence:		School District of Residence:	
County of Residence:		County of Residence:	

Other: *This field can include any other information needed that is not found above. Examples can include: additional contacts for the child or family, other agency contacts necessary (i.e. C&Y, foster care agency, etc.), and other information for team (i.e. for Preschool, anticipated date child transitions to Kindergarten)*

IFSP/IEP Team Membership:

Members shall include: parent and others as requested by the parent (if feasible); the County Designee/Service Coordinator (infant/toddler) or Local Education Agency Representative (preschool) must be present for the meeting; a person directly involved with evaluation and assessment results who can interpret instructional implications; a person who will be providing services, as appropriate (infant/toddler); a regular education and a special education teacher (preschool).

Role	Printed Name	Attendance Signature
Parent/Guardian		
Parent/Guardian		

The following individuals provided information to the IFSP/IEP team but did not attend or were excused from the meeting.

Infant/toddler and Preschool Agency Team members excused from the planning meeting would participate: by providing written pertinent information to the planning team prior to the meeting; by phone; or by the attendance of another authorized representative.

Role	Printed Name

Parent(s) received copy of Procedural Safeguards/Parents Rights Agreement Yes No

Child's Name: _____ Date of Birth: _____ ID#: _____

II. Child and Family Information

Summary of the Child's Present Performance

Provide a summary from the Evaluation Report, if current, or update with current information. This summary describes the child's strengths (including strengths that exist in areas of concern) and the child's needs. Include developmental, academic achievement (preschool), and functional performance. Describe how the child's developmental delay or disability affects the child's involvement in everyday routines and appropriate activities. Describe instructional strategies that have been successful and how they can be incorporated into the child's educational program and curriculum that will support the child. Describe the child's favorite activities and materials, and factors that motivate the child to participate and learn.

This section is intended to move forward, into the plan document, a synthesis of information first shared by family about their child's development with the findings of the evaluation team, in a way that captures team priorities and provides contextual information to be addressed through the development of outcomes/goals and teaching strategies. If needed, address medical and health considerations here. For preschool programs, if this is an IEP developed without a new ER needed, this section should include a summary of all new and updated information regarding the child's present performance reviewed at the re-evaluation review.

Summary of Family Information

Provide a summary from the Evaluation Report, if current, or update with current information.

This section is intended to provide an opportunity to review and highlight information shared by families throughout the initial and evaluation process that will be helpful in the design of early intervention supports and services that are respectful of and responsive to child and family activities and routines. For preschool programs, if this is an IEP developed without a new ER needed, this section should include a summary of all new and updated information comparable to what would be gathered when completing Section IV. of the Evaluation Report.

With parent consent, list assistance to the family in helping them access community, medical or other non-EI funded services. If the parent does not want to address this item, document in the child's record.

Include community activities, medical or other services that the child needs but are not otherwise available or being provided. Information on community activities, medical or other services that the child currently receives can also be included here.

For infants/toddlers: If the family needs or requests assistance from the Service Coordinator to coordinate the service or assistance in identifying funding sources, write a brief description of what is needed as part of the Service Coordination Plan.

Inform families this may include a wide range of supports such as: referrals to community agencies such as a child care resource and referral agency or a local recreation provider; direct support for strategies to enhance child independence at home; ways to select quality community/preschool programs; or ways to obtain needed equipment for use at home. Regardless of the service, all are intended to assist the family in supporting their young child's development. In some cases, support to the family may take the form of referrals to agencies that assist families with issues not directly related to education (e.g., housing, substance use). Families may or may not prefer to have these referral supports listed on an IFSP/IEP. In any case, these types of agency referrals can be an appropriate and needed component of Early Intervention services.

Child's Name: _____ Date of Birth: _____ ID#: _____

III. Special Considerations

Following are special factors the IFSP/ IEP team must consider before developing the IFSP/ IEP. Each question must be answered. If YES is checked, the IFSP/IEP must address the child's needs related to any identified special factor.

1. Is the child blind or visually impaired?	
<input type="checkbox"/> NO	<input type="checkbox"/> YES - As developmentally appropriate for the infant, toddler, and preschooler, the IFSP/IEP team should evaluate the child's early literacy needs, including reading and writing media. The IFSP/IEP must consider the current and future needs of the child related to the use of Braille if the team decides that this is appropriate for the child. <i>A teacher of the blind and visually impaired can help the team determine the relative roles of vision, hearing and touch in the child's learning. The IFSP/IEP team could then incorporate the results of the learning media assessment, including the functional vision assessment, into the IFSP/IEP, documenting the child's present need for Braille and the likelihood of future need.</i> <i>The IFSP/IEP team should adopt a systematic method of documenting this information for all children with visual impairments, including children with multiple disabilities, when visual impairment is present.</i>
2. Is the child deaf or hard of hearing?	
<input type="checkbox"/> NO	<input type="checkbox"/> YES - Team must consider the infant's, toddler's or preschooler's language and communication needs, opportunities for direct communication with peers and professionals in the child's language and communication mode, academic level, and full range of needs including opportunities for direct instruction in the child's language and communication mode in the development of the IFSP/IEP. <i>Opportunities for direct interaction (without the need for an interpreter or transliterator) in the child's own language and communication mode must be considered. When children use a communication method which engages their hands (American Sign Language, Manually Coded English, Total Communication, or Cued Speech) as their primary method of communication in typical early childhood programs, the teacher, other children, and the ancillary support service providers should be supported to understand and use the appropriate form of communication.</i>
3. Does the child exhibit behaviors that impede the child's learning or that of others?	
<input type="checkbox"/> NO	<input type="checkbox"/> YES - Team must base the use of positive behavior interventions and supports, and other strategies to address that behavior on a functional behavior assessment. <i>This could be checked if the child's behaviors are one of the primary reasons why the child is in Early Intervention. There must be a functional behavior assessment, and either (1) specific outcomes/goals and/or specially designed instruction related to the child's behavioral needs or (2) a Positive Behavior Intervention Plan.</i> <i>Note: In the case of culturally or linguistically distinct children, a person of the child's cultural group should participate on the IFSP/IEP as someone "who has knowledge or special expertise regarding the child" to explain or evaluate the behavior.</i>
4. Does the child have limited English proficiency (e.g., the child's home language is not English)?	
<input type="checkbox"/> NO	<input type="checkbox"/> YES - Team must consider the family and child's language needs as those needs relate to the development and implementation of the IFSP/IEP. <i>Describe how the child's native language and the language needs of the family and child will be incorporated into the development and implementation of the IFSP/IEP.</i>
5. Does the child have communication needs?	
<input type="checkbox"/> NO	<input type="checkbox"/> YES - Team must consider the communication needs of the child in the development of the IFSP/IEP. <i>Communication needs are determined by observations of daily interactions with a variety of communication partners (parents, professionals and peers) in a variety of settings. Consideration should also be given to the mode(s) of communication used by the child to receive information and communicate with others, to determine what opportunities exist to foster communication with the general population, and to know if the child's communication skills impact on learning. The team should also determine if the child requires assistive devices to assist in the development and use of meaningful language. Family input is critical to comprehensive communication considerations.</i>

Child's Name:

Date of Birth:

ID#:

6. Does the child need assistive technology devices and/or services?	
<input type="checkbox"/> NO	<input type="checkbox"/> YES - Team must consider the infant's, toddler's or preschooler's assistive technology needs in the development of the IFSP/IEP. <i>Assistive technology device means any item, piece of equipment, or product system whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain or improve the functional capabilities of a child with a disability. Assistive technology is not a medical device that is surgically implanted. Assistive technology service means any service that directly assists a child with a disability in the selection, acquisition or use of a device. This includes any special equipment or technology that children may need to help them participate in everyday and preschool activities and the services required for assessment and implementation of these devices.</i>
7. Is it anticipated that the infant/toddler or preschooler will be transitioning from the Early Intervention program because of a transition in the life of the family and child?	
<input type="checkbox"/> NO	<input type="checkbox"/> YES - The IFSP/IEP should address the child's transition to future community programs and the needs of the family related to the transition. <i>Check "yes" for all children who are anticipated to be exiting the Early Intervention program because they have been successful in meeting their outcomes/goals, will be moving out of the county or state, or for any other transition out of the current Early Intervention program. Complete Section X. Transition Plan for this child.</i>
8. Is this an IFSP for a toddler who is close to his/her second birthday?	
<input type="checkbox"/> NO	<input type="checkbox"/> YES - The IFSP must include a transition plan that addresses the child and family's needs related to the transition to the Part B program if eligible or to other community programs. <i>If this is the IFSP closest to the child's second birthday, transition planning will begin at this time. Complete Section X. Transition Plan for this child.</i>
9. Is this a preschooler within 1 year of transition to a program for Kindergarten age children?	
<input type="checkbox"/> NO	<input type="checkbox"/> YES - The IEP must include a transition plan that addresses the transition process. <i>Complete Section X. Transition Plan for this child.</i>

Child's Name: _____ Date of Birth: _____ ID#: _____

IV. Outcome/Goal # _____

Activity/behavior/skill in everyday life, identified by the family and the IFSP/IEP team, that they would like to see happen. Includes information on the routine/activity of the family, community, or early childhood setting where the behavior/skills will be incorporated. Should address the child's needs identified in the evaluation and the priorities of the family. Be functional and measurable to provide a framework for ongoing progress monitoring. Goal should be developed in accord with the PA Early Learning Standards and enable the child to be involved in and make progress in the general curriculum.

Outcome/Goal:	Date outcome/goal developed:	Date outcome/goal completed:
<p>What is happening now? What is the child's current level of performance related to this outcome/goal?</p> <p><i>Specifically related to the above outcome/goal, give a description of current status of activity/behavior/skill stated in the outcome and how it impacts on the family's routines and activities. It should be based on evaluation results. Serves as a baseline for measuring progress on individual outcomes/goals and should include dated periodic updates. If an annual, include progress specific to the outcome/goal and a summary statement.</i></p>		
<p>What teaching strategies are needed to reach the outcome/goal? Include specially designed instruction, supplementary aids and program personnel supports, home or program modifications and training and materials needed by the family or team. Also include location and how all team members, including the family/caregivers/early childhood educators, will work on this.</p> <p><i>Strategies which relate to this outcome/goal should consider the following:</i></p> <ul style="list-style-type: none">1) Skills needed by the child for successful participation in the outcome/goal through their routines/activities; Include the setting(s) or portion of the child's daily routine and activities under which the child will perform the behavior/activity, i.e. mealtime/snacks, play time, bath time, small/large group activities, playground, etc.2) Skills to be learned by the family/caregivers/early childhood educators to assist in the child's development and participation in everyday routines;3) Assistive technology devices, adaptations to existing materials, or acquisition of other materials that will support the child's participation in everyday routines and activities;4) Referrals or linkages to people and community resources that will assist the family in expanding their opportunities for involvement in community activities; and5) Information to enhance the family's capacity to assist their child's development and enhance the family's participation in everyday activities. <p><i>Include teaching strategies such as: modeling, imitating, cueing, prompting, guided practice, opportunity for practice, providing information, linking to resources & problem solving. Specify the needed specially designed instruction (SDI) and modifications as well as supports to program personnel. With parental consent, ensure that all team members, including family/caregivers/early childhood educators, who have ongoing responsibilities for the child's plan have access to the IFSP/IEP.</i></p>		
<p>How will we as a team measure progress and collect data for this outcome/goal? Include what is going to be measured, how it will be measured, when it will be measured and by whom. Describe when periodic reports on progress will be provided to the parent.</p> <p><i>WHAT - What change will we see in the activity/behavior/skill, stated in the outcome/goal as a result of the intervention?</i></p> <p><i>HOW - What data collection strategies will be used to evaluate and record progress?</i></p> <p><i>WHEN - What is the recommended frequency/timeline for collecting the information?</i></p> <p><i>BY WHOM - Who on the team, including the family, is going to be responsible?</i></p> <p><i>Data should be presented in a manner that is understandable to parents/caregivers and describes progress in specific, functional terms. Instruction and/or the outcome/goal is adjusted as needed based on the data to ensure the child continues to progress.</i></p>		<p>After reviewing the outcome/goal and progress monitoring data, we, the team, have decided: (Check one) Date of review: _____</p> <p><input type="checkbox"/> We still need to work toward this outcome/goal. Let's continue with what we have been doing.</p> <p><input type="checkbox"/> We still need to work toward this outcome/goal. Let's discuss new ways to get there.</p> <p><input type="checkbox"/> Our situation has changed; we no longer need to work on this outcome/goal.</p> <p><input type="checkbox"/> We are satisfied that we have finished this outcome/goal. Fill in "Date Outcome/Goal Completed" above.</p> <p><input type="checkbox"/> Other: _____</p> <p><i>Use this section to update child progress and provide families with periodic updates. Any revisions to the Outcome/Goal can be made to the appropriate sections and documented in Section IX.</i></p>

Child's Name: _____ Date of Birth: _____ ID#: _____

V. Early Intervention Services

Early Intervention Service	Location (1)	Start Date (2)	Actual Delivered Date	Anticipated Service End Date	Actual Service End Date	Frequency up to a maximum	Session Duration	Funding Source (3)	Unit Cost (3)	Estimated Total Cost (3)
<i>Any Early Intervention service that is provided must be linked to at least one outcome/goal.</i>	<i>Infant/toddler, list EIRS code and descriptor. For preschool, list where EI service will be provided</i>	<i>The date the IFSP/IEP is developed; Exception: for a child transitioning from the Infant/Toddler program, the preschool should use the 3rd birthday.</i>	<i>The date child received the service. If actual delivered date is more than 14 days from start date, document the reason for delay.</i>	<i>One year minus one day from Start Date of IFSP/IEP or day before the 3rd birthday for infant/toddler whichever occurs first.</i>	<i>Service end date</i>	<i>Frequency of service per 7 days, per 14 days, per 30 days, per 60 days, or per 90 days</i>	<i>Length of session - reflect in units, 1 unit= 15 minutes</i>	<i>List funding source for this service</i>	<i>Cost per unit of this service</i>	<i>Total Cost of this service per year</i>
<i>*place asterisk next to person who will gather child progress measurement information, review with family, and complete Child Outcome Summary Form.</i>										
Contact Person:	Agency, Address, & Phone Number									
Contact Person:	Agency, Address, & Phone Number									
Contact Person:	Agency, Address, & Phone Number									
Contact Person:	Agency, Address, & Phone Number									

County designee approving EI services (3): _____

(1) If IFSP/IEP services/supports are not being provided in a natural environment or an inclusive environment, complete the sections titled "Participation with Typically Developing Children".

(2) If an Early Intervention service is projected to start later than 14 calendar days after the IFSP/IEP is completed, a justification of the later date must be attached.

(3) Only completed by infant/toddler programs

Child's Name: _____

Date of Birth: _____

ID#: _____

VI. Participation in Regular Early Childhood Programs

Is the child currently attending a regular early childhood program? YES NO

(Early care and education programs include, but are not limited to: Early Head Start, Head Start, preschools, or child care; including reverse mainstreaming. Attendance at an early childhood program need not be funded by Early Intervention funds.)

If yes, how many hours per week does the child spend in the regular early childhood program? _____ hrs/wk

(Record the total time in hours that the child typically spends in the early childhood program each week, even if Early Intervention services are provided in a different location.)

For Preschool Only	<p>Using form titled "Educational Environment Worksheet", please determine the percentage of time this child is educated within a regular early childhood program, and check the corresponding box below:</p> <p>The child attends a regular early childhood program (checked "yes" for the first question above):</p> <p><input type="checkbox"/> The percentage of time inside a regular early childhood program for this student is 80% or more of the week. <input type="checkbox"/> The percentage of time inside a regular early childhood program for this student is no more than 79% of the week and no less than 40% of the week. <input type="checkbox"/> The percentage of time inside a regular early childhood program for this student is less than 40% of the week.</p> <p>The child DOES NOT attend an Early Childhood Program but DOES attend a Special Education Program/Class (checked "no" for the first question above)</p> <p><input type="checkbox"/> Separate Class: Child attends a special education program in a class with less than 50% nondisabled children <input type="checkbox"/> Separate School: Child receives education programs in public or private day school designed specifically for children with disabilities <input type="checkbox"/> Residential: Child receives special education and related services in a residential facility <input type="checkbox"/> Service Provider Location: Child receives all special education and related services from a service provider (clinicians, office, hospital facility etc) <input type="checkbox"/> Home: Child receives special education and related services in the principle residence of the child's family or caregiver.</p>
EI Preschool Location of Intervention	<hr/> <p style="text-align: center;">(List location as described in Preschool PennData EI Reference Sheet)</p>

VII. Participation with Typically Developing Children

For infants and toddlers: Explain why and to what extent the eligible child does not receive Early Intervention services in their natural environment.

For preschool age children: Explain why and to what extent the eligible child will not participate with typically developing peers in appropriate preschool activities.

For eligible infants, toddlers and preschool children: Include in what environment the child will receive Early Intervention services, the reason for this placement, and ways to maximize the opportunities for the child to participate with typically developing peers in natural/inclusive environments.

If services/supports are not being provided in natural environments for infants/toddlers then additional information is needed to describe the plan that will allow the child's and family's outcomes to be satisfactorily achieved in his/her natural environments.

If a preschool age child will not participate with typically developing peers in appropriate preschool activities then the IEP must include an explanation and a description of those activities in which the child will not participate with typically developing children. The explanation should be based on current assessments and evaluations that have been performed with full consideration of the least restrictive environment intent, including the provision of the full range of supplemental aids and services within appropriate preschool activities.

For infants, toddlers and preschool age children the availability of services, disability category, or other program issues are not appropriate rationale for not providing services/supports in natural/least restrictive environments.

Child's Name: _____ Date of Birth: _____ ID#: _____

VIII. Early Intervention Services during Scheduled Breaks - PRESCHOOL ONLY

All services are based upon the preschool early intervention calendar. If the IEP team determines that this child is eligible for preschool special education services during scheduled breaks based on the educational needs of child, specify the services below.

The IEP team has considered and discussed services during scheduled breaks and determined that:

- This child does NOT need services during scheduled breaks based on:
- This child needs services during scheduled breaks based on:

The IEP team must specify on the IEP whether the child is eligible for preschool special education services during scheduled breaks. If the child is eligible, the IEP must specify the services that will be provided during the scheduled break.

IX. Revisions to the IFSP/IEP

Date of Revision(s)	Name and Role of Team Members involved in the Revision	IFSP/IEP Section(s) Amended and Reason for Revision

This section is to be used for any changes to the IFSP/IEP made after the initial plan development meeting. Parents must be in agreement with any revisions made without a team meeting. Include the date of the revision and the team members names and roles in the appropriate columns (signatures are not required). In the final column, include which sections were revised in the IFSP/IEP by referencing the section number (i.e. Section IV). Programs can choose any number of ways to document the revised sections of the IFSP/IEP. For example, changes can be highlighted, underlined, italicized, hand written, etc. Include the reason for the revision (i.e. underlying child or family issue, change needed based on updated progress monitoring information, or new assessment information, etc.). For infant/toddler programs, changes to or addition of services must be supported by the completion of a new PRA.

Child's Name: _____ Date of Birth: _____ ID#: _____

X. Transition Plan

A transition plan should be completed for children as identified in the Special Considerations section.

Transition Outcome/Goal:																																							
What is happening now? What information and child and family considerations should be shared with the team in order to better prepare for transition? <i>Specifically related to this transition outcome/goal, give a description of current status of activity/behavior/skill stated in the outcome and how it impacts on the child/family/caregiver/early childhood educator/early learning practitioner's routines and/or activities.</i>																																							
Activities/Services Designed to Ensure a Smooth Transition In Early Intervention <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">The plan should include at least the following:</th> <th style="width: 10%;">Person Responsible</th> <th style="width: 10%;">Date To be Completed</th> <th style="width: 10%;">Actual Completion Date</th> </tr> </thead> <tbody> <tr> <td>1. Discussions with the parent regarding future support and other matters related to transition;</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2. Steps to prepare the toddler/young child for changes based on developmental needs, including activities to help the adjustment to and participation in new settings;</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3. Steps to ensure a smooth transition, including sharing of information, and convening a meeting with the family, preschool EI program and/or community provider, or school district at least 90 days and up to 9 months prior to the child's 3rd birthday (infant/toddler) or by February 28 of the current program year for preschool EI.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Gather child progress measurement information, review with family, and complete Child Outcome Summary Form.</td> <td></td> <td></td> <td></td> </tr> <tr> <td> </td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				The plan should include at least the following:	Person Responsible	Date To be Completed	Actual Completion Date	1. Discussions with the parent regarding future support and other matters related to transition;				2. Steps to prepare the toddler/young child for changes based on developmental needs, including activities to help the adjustment to and participation in new settings;				3. Steps to ensure a smooth transition, including sharing of information, and convening a meeting with the family, preschool EI program and/or community provider, or school district at least 90 days and up to 9 months prior to the child's 3 rd birthday (infant/toddler) or by February 28 of the current program year for preschool EI.				Gather child progress measurement information, review with family, and complete Child Outcome Summary Form.																			
The plan should include at least the following:	Person Responsible	Date To be Completed	Actual Completion Date																																				
1. Discussions with the parent regarding future support and other matters related to transition;																																							
2. Steps to prepare the toddler/young child for changes based on developmental needs, including activities to help the adjustment to and participation in new settings;																																							
3. Steps to ensure a smooth transition, including sharing of information, and convening a meeting with the family, preschool EI program and/or community provider, or school district at least 90 days and up to 9 months prior to the child's 3 rd birthday (infant/toddler) or by February 28 of the current program year for preschool EI.																																							
Gather child progress measurement information, review with family, and complete Child Outcome Summary Form.																																							
<i>This plan should be reviewed and updated as needed, and will be reviewed at the required transition meeting. The signatures in the appropriate boxes below indicate those in attendance either at the IFSP/IEP meeting when the plan was developed or reviewed (box on the left) or at the required transition meeting (box on the right).</i>																																							
Transition Plan Dates Transition plan initially developed on: _____ Transition plan updated on: _____ Team members signatures: _____ _____ _____ _____	Transition meeting held on: Participants at Required Transition Meeting: (Write in participant's name and initial to indicate attendance at required transition meeting.) _____ Parent/Guardian _____ County EI Rep _____ Preschool EI Rep _____ School Dist. Rep <i>To be completed during transition meeting along with any other required documentation.</i>																																						
	Comm. Prog. Rep* IFSP/IEP Provider* Other* Other* Other* Other*																																						
	_____ _____ _____ _____ _____ _____																																						
	*(as needed)																																						