

TRANSITION WRITTEN PRIOR NOTICE

Type of Transition Decision: Transition to Local Educational Agency (LEA) Discharge Other transition

Name – Child

Date of Meeting / Notice

Your child will be leaving the Birth to 3 Program. We propose the following decision:

- Your child is potentially eligible for services through the LEA. This means limited contact information will be shared with LEA, informing them of your child's potential eligibility.
- Your child is not potentially eligible for services through the LEA.

We considered, but are refusing:

- Your child is potentially eligible for services through the LEA. This means limited contact information will be shared with LEA, informing them of your child's potential eligibility.
- Your child is not potentially eligible for services through the LEA.
- Not applicable.

This decision is recommended based upon the following information/reason(s) explained below. The **information** used to make this decision included (ex., ongoing assessment tool, test, observation, medical reports, parent report, or other sources):

The reason(s) for this decision included (ex., ongoing assessment tool results, test results, list of skills observed or not observed, diagnosis, or other reason):

You have the right to agree with or refuse the proposed action. Accompanying this letter is a copy of the parent and child rights statement and the actions to take if you do not agree with the proposed action. These are a brief review of the rights. If you would like a complete copy of the parent and child rights, please contact me. Feel free to call if you have any questions.

In addition, you are informed that your child's last day in the Birth to 3 Program will be:

Other option(s) considered include:

The information used to reject this option included (ex., ongoing assessment tool, test, observation, case note documentation, parent report, or other sources):

The reason(s) for rejecting this option included (ex., ongoing assessment tool results, case note details, diagnosis, or other reason):

Name – Service Coordinator

Telephone Number