

EARLY START TRANSITION CHECKLIST

Name: _____ Date of Birth: _____

LEA/District of Residence: _____ SC _____

Date When Child Age Is: _____ 2-6 _____ 2-9 _____ 3-0

<u>Date Completed</u>	<u>Activity</u>
_____	Parents notified of transition and transition planning
_____	LEA/School Transition referral made to district of residence
_____	Transition IFSP meeting scheduled
_____	Transition IFSP meeting completed
_____	Information about community resources provided to parent
_____	Identified tentative date of final review of IFSP
_____	Identified tentative date of initial IEP meeting
_____	Transmission of information (evaluation/assessment reports, IFSPs, records) to the LEA/District of Residence
_____	Needed assessments, who will be responsible for assessments, and timeline identified
_____	Person(s) responsible for convening initial IEP identified (Name: _____)
_____	Person(s) responsible for convening final IFSP review Identified (Name: _____)
_____	Final IFSP review meeting held
_____	Initial IEP meeting held