



Three Year Old Transition
Checklist for School District
“Part B”
Preschool Assessment Staff

Child's Name: _____ DOB: _____

TCRC Service Coordinator: _____

Service Coordinator Phone: _____ Email: _____

School district staff should carefully document the following important dates and retain copies of the forms noted:

- Date contacted for a Transition IFSP meeting by Regional Center Service Coordinator
(Date must be agreed upon within 30 days of contact):

- Date of district attendance at Transition IFSP Meeting: _____
(School district may participate by teleconference if parent agrees)
(Copy of **Transition IFSP Form with School District Signature**)
- *Date referral received: _____
(Copy of **Referral Form** with date received stamped or initialed)
- Date Assessment Plan sent and received from parents:
Sent: _____ *Received: _____
(Copy of signed **Assessment Plan**)

Note reason timeline delayed (if any)

- Parent did not make child available for assessment
- School Holiday in excess of 5 days
- Other _____

- Date IEP Meeting scheduled: _____
(Copy of **signed IEP Meeting Notice received**)
- *Date IEP Meeting held: _____
(Copy of **Initial IEP**)

Name and Title of person completing this form: _____

* Required CASEMIS dates as of December 2008.