



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.