

## Required Elements for LEA Notification and Transition Conference

### Instructions

This document is completed no later than 90 days before the child’s third birthday. The purpose of the form is to document Part B notification and the transition conference.

For children who are determined by the IFSP team to be potentially eligible for Part B services, a copy of page one of this form will be sent to the local educational agency. The original is retained in the child’s record.

The first page serves as the local educational agency Notification of Potentially Eligible for Part B Services, and/or the Invitation/Request to the LEA to schedule the Transition Conference.

Left Column: Required elements are listed in the first column of this table. Each required element must be printed on the LEA Notification and Transition Conference form as written, and in the order presented.

Right Column: Instructions for completing the elements and technical assistance are in the right column. Refer to the sample form for more clarity on how the required elements fit together.

Required Element	Instructions for Completing the Elements
Child’s Name	“Client ID” is an optional field for page 2 only as it is not part of the limited personally identifiable information that can be released to the LEA without parental consent. On page 2, Client ID may be used for local or TKIDS case ID.
Date	Enter the date the form was completed.
LEA	Enter the name of the local educational agency that serves this family.
Check all that apply: <input type="checkbox"/> LEA Notification that a child is Potentially Eligible for Part B Services <input type="checkbox"/> Request to Schedule Transition Conference <input type="checkbox"/> Request the Consent Form for the LEA Evaluation to Determine Part B Eligibility	Select all boxes that apply.

Required Element	Instructions for Completing the Elements
<p>*If this notification is less than 90 days before the child's 3<sup>rd</sup> birthday, indicate the reason for late notification below:</p> <p><input type="checkbox"/> Parent previously opted out of notification</p> <p><input type="checkbox"/> Child was referred to ECI less than 134 days before the child's 3<sup>rd</sup> birthday</p> <p><input type="checkbox"/> ECI-specific program reason prevented timely notification</p> <p><input type="checkbox"/> Family Reason</p> <p><input type="checkbox"/> Other: _____</p>	<p>This section is only completed if the notification is sent fewer than 90 days before the child's 3<sup>rd</sup> birthday.</p> <p>Select all boxes that apply.</p>
<p>Parental consent is not required to release information in this box for the purpose of notification</p> <ul style="list-style-type: none"> <li>• Child's name: _____</li> <li>• Date of birth: _____</li> <li>• Date the child was initially determined eligible for ECI: _____</li> <li>• Parent's name: _____</li> <li>• Address (Street, City, ZIP Code) : _____</li> <li>• Phone numbers: (Home, Work, Mobile): _____</li> <li>• Language spoken by the child and family:</li> <li>• (English, Spanish, Other)</li> </ul>	<p>Enter the child's limited personally identifiable information by completing all of the items in this section. Release of this information does not require parental consent when provided to the LEA for Potentially Eligible notifications.</p> <p>If the parent has opted out, the information is not provided.</p>
<p>Transition Conference Requested</p> <ul style="list-style-type: none"> <li>• Meeting Date: _____</li> <li>• Time: _____</li> </ul>	<p>Local transition agreements may describe the processes that are required to schedule a transition conference. Otherwise, 14 days advanced notice to the LEA of the request for a conference is required. The service coordinator will communicate with the LEA to determine the meeting date and time that is entered on this form.</p> <p>Before scheduling the transition conference meeting, discuss the options with the LEA that are available. Then discuss those options with the family to determine if the proposed setting is appropriate and acceptable to the family.</p>
<p>ECI Service Coordinator's contact information:</p> <p>Name</p> <p>Phone number</p> <p>E-mail</p>	<p>Enter the required information.</p>

Required Element	Instructions for Completing the Elements
ECI Program Name Here <i>A Contractor of Texas Early Childhood Intervention</i> Program Address   City, TX   ZIP Code Phone xxx-xxx-xxxx   Fax xxx-xxx-xxxx	It is recommended that these fields are prefilled for local use.
Page 2	All of the information on page two (described below) is to be documented in the child's record but is not intended to be sent to the LEA.
Parental consent is required before sharing information in this box	
<p>Check boxes for each of the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Consent to Release Information attached</li> <li><input type="checkbox"/> ECI evaluation(s) attached</li> <li><input type="checkbox"/> IFSP attached</li> </ul> <p>Areas of Concern:</p> <p>Check boxes for each of the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cognitive</li> <li><input type="checkbox"/> Communication</li> <li><input type="checkbox"/> Fine Motor</li> <li><input type="checkbox"/> Gross Motor</li> <li><input type="checkbox"/> Self-Help/Adaptive</li> <li><input type="checkbox"/> Social-Emotional</li> <li><input type="checkbox"/> Auditory Impairment</li> <li><input type="checkbox"/> Vision Impairment</li> <li><input type="checkbox"/> Medical: _____</li> </ul> <p>Information about the child's vision and hearing: _____</p>	<p>Check all boxes that apply.            Consent to release information must be obtained from the parent for any of the items in this box or any other information the parent chooses to be sent to the LEA. The consent must be attached to this form.</p> <p>IDEA requires that current ECI evaluations and IFSP to be sent with parental consent.</p> <p>Check the areas of concern for the child and provide relevant information about the child's hearing and vision.</p> <p>If medical is checked as an area of concern, use the space to provide details.</p> <p>"Information about the child's vision and hearing" should be a separate line and have space for additional information.</p>

Required Element	Instructions for Completing the Elements
<p>Transition Conference Information</p> <p>To be completed by the ECI provider after the meeting is conducted</p>	<p>The required information in the transition conference section can be documented in one of three ways:</p> <ul style="list-style-type: none"> <li>• this form may be used continuously,</li> <li>• the form may be divided to create a second page for transition conference information, or</li> <li>• another local form or progress note that contains all of the elements may be used.</li> </ul> <p>All the information below is required to be documented in the child's record but is not required to be sent to the LEA.</p>
<p>Transition Conference completed on this date: _____</p>	<p>Enter the date the transition conference was conducted.</p>
<p>Was an LEA representative present?</p> <p><input type="checkbox"/> (Check box) Yes</p> <p><input type="checkbox"/> (Check box) No—if no explain _____</p>	<p>Indicate if the LEA representative was present at the conference meeting. If no, explain the reason for the absence.</p>
<p>Participants:</p>	<p>List all participants who attended the conference meeting. The conference must be a face-to-face meeting with the parent and the service coordinator. Additionally, at least one other ECI professional who is a member of the IFSP team must participate either in person or through other means as permitted in 34 CFR 303.343(a)(2). Other family members, advocates, and other participants specified in 34 CFR §303.343, must be included as requested by the parent. Prior written notice must be given to the family for this meeting.</p>

Required Element	Instructions for Completing the Elements
<p>During the conference meeting the following areas were reviewed:            Check box for each of the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Eligibility definitions</li> <li><input type="checkbox"/> Timelines</li> <li><input type="checkbox"/> Process for consenting to an evaluation and eligibility determination</li> <li><input type="checkbox"/> Extended year services</li> </ul>	<p>Document the areas that were reviewed during the conference meeting.</p>
<p>Summarize the conference including options discussed, the parent's response and decisions made.</p>	<p>Write a summary of the options discussed, the parent's response and decisions made. The conference will include a discussion of options for the time from the child's third birthday through the remainder of the school year.</p>
<p>Was the Transition Conference held at least 90 days before the child's 3<sup>rd</sup> birthday?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> (Check box) Yes</li> <li><input type="checkbox"/> (Check box) No – if no, indicate the reason:            _____</li> </ul> <p>Check boxes for each of the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Referred less than 134 days before 3<sup>rd</sup> birthday</li> <li><input type="checkbox"/> Family</li> <li><input type="checkbox"/> ECI program</li> <li><input type="checkbox"/> Part B program</li> <li><input type="checkbox"/> Other: _____</li> </ul>	<p>Only when the conference is held fewer than 90 days before the child's third birthday, document the reason.</p> <p>Leave space to describe "Other."</p>