

## CONSENT FORM FOR TRANSITION CONFERENCE

Date:	Date of Referral to the Early Intervention Program:
Child's Name	Child's Date of Birth:
Last:                              First:	Child's Age (year-month):
Name of Parent/Legal Guardian/Surrogate:	Phone Number:
Home Address:	School District: County:
Early Intervention Service Coordinator:	Phone Number:                      Fax Number:
Committee on Preschool Special Education Chairperson:	Phone Number:                      Fax Number:

**Please Read**

**I understand that to ensure my child continues to receive services on and after my child's third birthday, my child must be referred to, evaluated by, and, before my child's third birthday, found eligible for preschool special education services by the Committee on Preschool Special Education of my local school district (the district in which my child resides).**

I understand that as of my child's third birthday, my child will no longer be eligible for the Early Intervention Program unless my child has been found eligible for preschool special education programs and services. **Early Intervention Program services will end the day before my child turns three years old.**

### CONSENT TO CONVENE A TRANSITION CONFERENCE

- I give my consent to my service coordinator** to arrange a transition conference, which will include my service coordinator and chairperson of the Committee on Preschool Special Education or their designee, to discuss my child's referral to the Committee on Preschool Special Education program and service options, and develop a transition plan. I also consent to the following agency(ies) or individual(s) attending: \_\_\_\_\_
- I do **NOT** wish to have my Early Intervention Program service coordinator arrange a transition conference. I understand that my child can be referred to the Committee on Preschool Special Education without a conference. I understand that my child must be referred to, evaluated by, and, before the day my child turns three years of age, be found eligible by the Committee on Preschool Special Education for services, to continue to receive Early Intervention Program services on and after my child turns three years of age.

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Committee on Preschool Special Education Services Chairperson:** This notice serves as an invitation to the Committee on Preschool Special Education Services Chairperson/Designee to the Early Intervention Transition Conference to be held on: Date: \_\_\_\_\_

Time: \_\_\_\_\_ Location: \_\_\_\_\_

Please indicate your availability and fax back to: \_\_\_\_\_

You will participate by: \_\_\_ Phone \_\_\_ In person \_\_\_ Not able to attend

cc: The Local Social Services Commissioner/Designee: \_\_\_\_\_  
(for children in the care and custody or custody and guardianship of the local Social Services Commissioner)