BabyNet
South Carolina's Early Intervention System

Record Transmittal Cover Sheet

(For Use When Transferring Records Between BabyNet System Providers)

Child's Name_____ **DOB**_____ **BabyTrac #**_____

TO: **FROM:**
Name_____   _____

Agency _____   _____

Address_____   _____

Telephone & EMAIL_____   _____

1. *REASON FOR RECORD TRANSFER (CHECK ALL THAT APPLY)*

- ❑ Initial IFSP/Service Coordination referral
- ❑ Child is transferred to another agency for Service Coordination
     Services Still Needed:
  - ❑ PT Provider: _____ Authorization Issued through:_____/_____/_____
  - ❑ OT Provider _____ Authorization Issued through:_____/_____/_____
  - ❑ ST Provider _____ Authorization Issued Through:_____/_____/_____
  - ❑ OTHER_____ Authorization Issued Through: _____/____/_____
- ❑ Service Coordination Agency Change/New County
- ❑ Service Coordination Agency Change/Same County
- ❑ Transition Referral To LEA
- ❑ Transition Conference Information To LEA
- ❑ Exit at 3, Part B Eligibility Not Determined
- ❑ Exit at 3, Part B Eligible
- ❑ Exit at 3. Not Eligible for Part B, Exit To Other Programs
- ❑ Exit at 3. Not Eligible for Part B, Exit With NO Referrals
- ❑ Child Deceased
- ❑ Attempts To Contact Family Unsuccessful
- ❑ Withdrawal By Parent or Guardian
- ❑ Family Moved Out Of State.
- ❑ Completion Of IFSP Prior To Reaching Age 3
- ❑ Other_____

_____

2. *INFORMATION TRANSMITTED (CHECK ALL THAT APPLY)*

- ❑ Entire BabyNet Record
- ❑ Transition Referral Form   DATE OF REFERRAL_____/____/____School District: _____
- ❑ Transition Conference Form   DATE OF CONFERENCE: _____/____/_____School District_____
- ❑ IFSP (complete)
- ❑ IFSP Sections (list) _____
- ❑ Family Hearing and Vision Questionnaire
- ❑ Release of Information Form
- ❑ Birth and Early Health History
- ❑ Consent for Screening, Evaluation and Assessment
- ❑ OTHER (Describe)_____

3. *COMMENTS*: _____

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Service Coordinator Signature/DATE**:** _____

Service Coordinator Supervisor Signature/DATE_____

Place Label Here