

 <h1 data-bbox="345 121 792 226">BabyNet</h1> <p data-bbox="331 258 800 285">South Carolina's Early Intervention System</p>	<input type="checkbox"/> TRANSITION REFERRAL	
	<input type="checkbox"/> LATE TRANSITION ALERT	
1. DATES		
Transition Referral Date:	Transition Conference Due Date:	
2. PRESCHOOL SERVICE PROVIDER(S)		
TO: [Enter name of LEA and address]	NOTES:	
FROM: [Enter name of service coordinator, address, phone number, and e-mail address]		
3. CHILD/FAMILY INFORMATION		
Child's Legal Name:	BabyTrac ID #:	DOB:
Parent /Guardian Name:	Address:	
Home Phone:		
Work/Other Phone:		
E-Mail:		
4. OTHER		
Consent obtained for information sharing with pre-school provider listed above <input type="checkbox"/> NO <input type="checkbox"/> YES		
If yes, <input type="checkbox"/> available documents attached <input type="checkbox"/> available information forthcoming		
Parent wants to participate in the Transition Conference <input type="checkbox"/> NO <input type="checkbox"/> YES		
PTI information shared with the family <input type="checkbox"/> NO <input type="checkbox"/> YES		
Comments:		

INSTRUCTIONS

Transition Referral Form

SCFS/BN 017 (Expires 30jun2010)

A. Purpose:

To notify the local school district, Head Start, or other community program of transitioning a child from the BabyNet System.

B. Uses:

The BabyNet Service Coordinator uses this form to send information to the local school district or preschool service provider to assure a smooth transition from early intervention to preschool services.

C. Instructions:

Check box to indicate Transition Referral **or** Late Referral Alert*.

When BabyNet referral is received by DHEC SPOE office after child is age 29 months, the child may not be determined BabyNet eligible by age 30 months, the required due date for all Transition Referrals. In this instance, the DHEC BabyNet Intake Coordinator checks Late Referral Alert and sends to the LEA with directory information only.

1. **Date:** Enter Date the Transition Referral is sent to the LEA.
Enter Due Date for Transition Conference.
2. **Preschool Service Provider:** Enter name, telephone number, and mailing address of the LEA .
Enter name, address, telephone number and email address of Service Coordinator completing the form.

Notes: Enter

3. Child/ Family Information:

Enter Child's Name, BabyTrac #, Date of Birth, Parent/Guardian Name, Address, Home Telephone #, Work or Other Telephone Number, and email address (when available) on ALL CHILDREN REFERRED TO LEA. This is considered *Directory Information* that Part C is REQUIRED to submit to the LEA regardless of parental consent. .

4. Other:

Indicate if parent has signed the BabyNet Consent for Release/Obtaining Information form, giving permission to provide information, (other than directory information) to the LEA.

When "Yes" is checked, send available BabyNet records to the LEA.

When "No" is checked, send only directory information, listed in #3.

Transition Conference: When family has agreed to Transition Conference, check "yes"; when family does not wish to participate in Transition Conference, check "no". Transition conference must be held with the LEA when the family requests. When family consents to Transition Services, but declines to participate in the conference an exchange of information must occur between Part C and Part B. When the family gives consent to the conference but does not attend the conference as scheduled, the conference will be held.

Pro Parent information shared with family. Check yes or no.