

KERN EARLY START SERVICES

- KERN REGIONAL CENTER - (661) 327-8531 • FAX (661) 327-8676
- BAKERSFIELD CITY SCHOOL DISTRICT SELPA - (661) 631-5850 • FAX (661) 631-3289
- KERN COUNTY CONSORTIUM SELPA - (661) 636-4817 • FAX (661) 636-4810
- SIERRA SANDS SELPA - (760) 375-3363 • FAX (760) 375-3338

TRANSITION PLAN

Child's Name _____ Birthdate _____ Planning Date _____

Transition is defined as the organized process of helping children move from one setting service or program to the next. This plan is to assist in having the school and regional center personnel and parents plan together for the end of Early Start Services and the identification of any needed continuing services or programs.

PLAN OF ACTIVITIES/STEPS FOR TRANSITION

| AREAS NEEDING ASSESSMENT | PERSON RESPONSIBLE/ PHONE # |
|--------------------------|--------------------------------|
| ___ Health History | |
| ___ OT/PT | |
| ___ Gross/Fine Motor | |
| ___ Social | |
| ___ Self Help | |
| ___ Academic Readiness | |
| ___ Psychological | |
| ___ Speech/Language | |
| ___ Hearing | |
| ___ Vision | |
| ___ Other | |

Discussion toward possible service options and how child will be prepared for the changes: _____

| | Requires Parent Contact |
|--|-------------------------|
| Referral to community services (other than LEA) (list agency and contact person and phone number): _____ | Y N |
| _____ | Y N |
| _____ | Y N |

Assessment Permission attached Yes No, will be obtained at later date.

Review IFSP date: ___/___/___ Projected ending date for Early Start Program: ___/___/___ (No later than 3)

Projected IPP (Regional Center) if required: date: ___/___/___
 Person/phone who will coordinate Individual Program Plan: _____
 Projected IEP (Education) date: ___/___/___
 Person/phone who will coordinate Individual Education Plan: _____

I/We have participated in this transition plan and agree to the proposed plan.

_____ Date _____

Parent/Legal Guardian