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| **DEPARTMENT OF HEALTH SERVICES**  Division of Medicaid Services  F-00989J (02/2017) | | **STATE OF WISCONSIN** | | |
| **TRANSITION PLAN—** **TURNING 3 YEARS OLD** | | | | |
| Child’s Name | | | Date of Report | |
| Enter date | | | Enter date | |
| A transition is any major event that impacts a child and family, such as moving out of the county or state, moving into or between programs, coming home from the NICU, changing a child care situation, or turning 3 years old. The most common transition is leaving the Birth to 3 Program at age 3. | | | | |
| What kind of transition is this? | | | | |
|  | Turning 3 years old | | | |
| Participants in the Transition Discussion | | | | |
| Date: | | | | |
| Click here to enter text. | | | | |
| POTENTIAL ELIGIBILITY Written Prior Notice (WPN) | | | | |
| Your child is close to turning 3. We propose your child: | | | | |
|  | is potentially eligible for Local Educational Agency (LEA) services. This decision means limited contact information about your child will be shared with the LEA | | | |
|  | is not potentially eligible for LEA services | | | |
|  | | | | |
| Other decision considered: | | | | |
|  | is potentially eligible for LEA services | | | |
|  | is not potentially eligible for LEA services | | | |
|  | not applicable: other decision not discussed | | | |
|  | | | | |
| This decision is recommended based upon (information and reasons): | | | | |
| Click here to enter text. | | | | |
| You have the right to agree with or refuse the proposed decision. Accompanying this document is a copy of the Parent and Child Rights and the actions to take if you do not agree with the proposed action. These are a brief review of the rights. If you would like a complete copy of the Parent and Child Rights, please contact your service coordinator. Feel free to call if you have any questions. | | | | |
| If potentially eligible for services through the LEA, refer the child to the LEA and offer a Transition Planning Conference (TPC). If not potentially eligible for services through the LEA, explore other services, such as Head Start, child care, or private therapy. | | | | |
| Transition Options Discussed | | | | |
| Click here to enter text. | | | | |
| Outcome(s) for the Child and Family During This Transition | | | | |
| Click here to enter text. | | | | |
| Where will our joint planning begin? What are the steps to accomplish the transition and outcomes)? | | | | |
| Who will do what? | | | | When? |
| Click here to enter text. | | | | Click here to enter text. |
| OTHER WPN | | | | |
| We propose: | | | | |
| Click here to enter text. | | | | |
| Other decision considered: | | | | |
| Click here to enter text. | | | | |
| This decision is recommended based upon (information and reasons): | | | | |
| Click here to enter text. | | | | |
| You have the right to agree with or refuse the proposed decision. Accompanying this document is a copy of the Parent and Child Rights and the actions to take if you do not agree with the proposed action. These are a brief review of the rights. If you would like a complete copy of the Parent and Child Rights, please contact your service coordinator. Feel free to call if you have any questions. | | | | |
| DISCHARGE WPN | | | | |
| Date of last day in the Birth to 3 Program: Enter date | | | | |
| Other decision considered: | | | | |
| Click here to enter text. | | | | |
| This decision is recommended based upon (information and reasons): | | | | |
| Click here to enter text. | | | | |
| You have the right to agree with or refuse the proposed decision. Accompanying this document is a copy of the Parent and Child Rights and the actions to take if you do not agree with the proposed action. These are a brief review of the rights. If you would like a complete copy of the Parent and Child Rights, please contact your service coordinator. Feel free to call if you have any questions. | | | | |
| If the child is potentially eligible for LEA services: | | | | |
|  | Family opted out of LEA Notification by 2 years, 3 months of age. Date: Enter date | | | |
|  | LEA Notification (step 1) sent to school district: Enter date Date: Enter date | | | |
|  | Transition Planning Conference held. Date: Enter date | | | |
|  | Referral (LEA Notification, step 2) sent to school district: Enter date made at least 90 days before third birthday. Date: Enter date | | | |
|  | Additional information, with signed consent, sent to LEA. Date: Enter date | | | |