

PROGRAM PARTICIPATION SYSTEM (PPS): B-3 MODULE

Completion of this form is voluntary. This form will be collecting personally identifiable (PI) information to assist the county designated staff to enter required fields into the PPS Birth to 3 Module. The PI is collected to assist with verification in PPS, the county in maintaining records, completing transition services electronically from the county to the school district, and to send family satisfaction surveys to families. Aggregate data is collected to report to the Office of Special Education Services (OSEP) on an annual basis.

The provision of the Social Security Number (SSN) is voluntary. The purpose of collecting the SSN is for verification purposes in the Program Participation System. However, verification can be completed without SSN.

BASIC REGISTRATION AND INDIVIDUAL SUMMARY (*Required Elements)

Title	Name – Child (First)	(Middle)	(Last)	Suffix
Gender* <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth*	Social Security No.	Medicaid ID No.	County of Responsibility*

CHILD AND REFERRAL TO BIRTH TO 3 INFORMATION (*Required Elements)

Legal Guardian

Relationship
 Parent Foster Parent Other Relative Other

Title	Name – Parent / Guardian (First)	(Middle)	(Last)	Suffix
Language Preference	<input type="checkbox"/> Interpreter Needed	Telephone Number () - , ext.		

Residential Address

Family is homeless

Address*	City*	State*	Zip Code*
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Mailing Address, If Different Than Residential Address

Address	City	State	Zip Code
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Other Caregiver

Relationship
 Parent Foster Parent Other Relative Other

Title	Name – Parent / Guardian (First)	(Middle)	(Last)	Suffix
Language Preference	<input type="checkbox"/> Interpreter Needed	Telephone Number () - , ext.		

Residential Address

Residential address is different than primary caregiver's residential—if checked, add address below

Address*	City*	State*	Zip Code*
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Mailing Address, If Different Than Residential Address

Address	City	State	Zip Code
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Child's Race / Ethnicity (Check all that apply)

<input type="checkbox"/> Yes <input type="checkbox"/> No American Indian / Alaskan Native*	<input type="checkbox"/> Yes <input type="checkbox"/> No Asian*
<input type="checkbox"/> Yes <input type="checkbox"/> No Hawaiian / Other Pacific Islander*	<input type="checkbox"/> Yes <input type="checkbox"/> No White*
<input type="checkbox"/> Yes <input type="checkbox"/> No Black / African American*	<input type="checkbox"/> Yes <input type="checkbox"/> No Hispanic*

Referral Information

Date - Initial Contact*	Referral Source*	County of Responsibility*	Service Provider* (Agency)
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Child Status Regarding Birth to 3 Program

Date – F-00316 Sent	Regarding What Service?
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Type of Result Reported

SCREENING / EVALUATION**Screening**

Date - Expected Screening	Date - Actual Screening	Recommend Evaluation? Recommend Re-Screen?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
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Evaluation

Date - Initial Contact or Decision to Evaluate	Date - Actual Evaluation	Type	Eligible for B-3? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Eligibility

Why Eligible?	Area of Delay
Diagnosed Condition	Explain Atypical Development

Child's Characteristics

Characteristic 1	Characteristic 2	Characteristic 3
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SERVICE PLANNING (*Required Elements)**Initial IFSP**

Date - Initial IFSP Start*	Reason for Late IFSP
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Entry Child Outcomes

Positive Socio-emotional Skills Ranking (1-7)*	Acquiring and Using Knowledge and Skills Ranking (1-7)*	Taking Appropriate Actions to Meet Needs Ranking (1-7)*
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Sources of Information

Source(s) of Information*	Source(s) of Information*	Source(s) of Information*
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SERVICES**Service Details**

Date - IFSP	Service Type	Service Provider (Agency)	Location
Date - Service Started	Date - Service Ended	Reason for Late Start	<input type="checkbox"/> No new services added
Frequency of Service:	Flexible Scheduling:	Visits per	Funding Source for Service:

Service Provider Information

Name (Last, First)	Contracted as	Agency
Credentials <input type="checkbox"/> Other	Degree	<input type="checkbox"/> Other

Service Details

Date - IFSP	Service Type	Service Provider (Agency)	Location
Date - Service Started	Date - Service Ended	Reason for Late Start	<input type="checkbox"/> No new services added
Frequency of Service:	Flexible Scheduling:	Visits per	Funding Source for Service:

Service Provider Information

Name (Last, First)	Contracted as	Agency
Credentials <input type="checkbox"/> Other	Degree	<input type="checkbox"/> Other

Service Details

Date - IFSP	Service Type	Service Provider (Agency)	Location
Date - Service Started	Date - Service Ended	Reason for Late Start	<input type="checkbox"/> No new services added
Frequency of Service:	Flexible Scheduling:	Visits per	Funding Source for Service:

Service Provider Information

Name (Last, First)	Contracted as	Agency
Credentials <input type="checkbox"/> Other	Degree	<input type="checkbox"/> Other

Service Details

Date – IFSP	Service Type	Service Provider (Agency)	Location
Date – Service Started	Date – Service Ended	Reason for Late Start	<input type="checkbox"/> No new services added
Frequency of Service:	Flexible Scheduling:	Visits per	Funding Source for Service:

Service Provider Information

Name (Last, First)	Contracted as	Agency
Credentials <input type="checkbox"/> Other	Degree	<input type="checkbox"/> Other

Primary Location	Service Delivery Approach	Other
Does Family Have Parental Cost Share <input type="checkbox"/> Yes <input type="checkbox"/> No		Family Income

Additional Assessment

Type	Date Completed
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TRANSITION / PROGRAM EXIT

Local Educational Agency (LEA) Information

Name – Local LEA Agency

Parent Objects to Notifying LEA About the Child

Notification

E-Mail Address – Service Coordinator	E-Mail(s) – LEA
Name – Service Coordinator	Telephone No. (Service Coord) () - , ext.

Transition Planning Conference (TPC)

Was a TPC held? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date LEA Invited	Date - TPC	TPC Exception Reason
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Transition Meeting

Was Meeting Held? <input type="checkbox"/> Yes <input type="checkbox"/> No	Which Agency Attended?	Other Text:
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Refer to LEA

Consent to Refer Child <input type="checkbox"/> Yes <input type="checkbox"/> No	Consent to Release Information <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Consent Obtained	Referral Type <input type="checkbox"/> Electronic
Date Referral Sent	E-Mail Address – Service Coordinator		

E-Mail Address – LEA

Name – Service Coordinator	Telephone No. (Service Coord) () - , ext.
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<input type="checkbox"/> Parent reversed opt out decision after 2 yr 9 months	Areas of Need		
<input type="checkbox"/> Child was referred to Birth to 3 after 2 years 9 months	<input type="checkbox"/> Communication	<input type="checkbox"/> Learning	<input type="checkbox"/> Motor
	<input type="checkbox"/> Hearing	<input type="checkbox"/> Vision	

Comments to be sent to LEA (maximum of 500 characters)

Program Exit

Were Transition Steps Recorded on IFSP? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Transition Steps Recorded	Date of Closing	Closing Reason
<input type="checkbox"/> Child referred to LEA, moved prior to age 3, and transferred to a WI Birth to 3 Program			
Date next Birth to 3 Program Contracted			

Exit Child Outcomes

Positive Socio-emotional Skills Ranking (1-7)*	Acquiring and Using Knowledge and Skills Ranking (1-7)*	Taking Appropriate Actions to Meet Needs Ranking (1-7)*
Has the child shown any new skills or behaviors related to positive socio-emotional skills since the previous rating? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the child show any new skills or behaviors related to acquiring and using knowledge and skills since the previous rating? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the child shown any new skills or behaviors related to taking appropriate actions to meet needs since the previous rating? <input type="checkbox"/> Yes <input type="checkbox"/> No

Sources of Information

Source(s) of Information*	Source(s) of Information*	Source(s) of Information*