



**FIRST STEPS THIRTY (30) MONTH NOTICE
TO LOCAL EDUCATIONAL AGENCY (LEA)**

State Form 51673 (R4 / 3-11) / BCD 0106



*** Parental consent must be attached in order to send identifiable information to LEA.**

Date (month, day, year)

_____, Public School Representative

Address (number and street, city, State, and ZIP code)

Dear _____,

First Steps has been serving the following child from your district. This information is being provided to assist you in preparation for the transition meeting which will be scheduled no later than 90 days prior to this child's third birthday. You will receive a Transition Meeting Notification from me once the transition meeting date/time is confirmed.

Legal name of child <i>(first, middle, last)</i> <i>(Attach Reciprocal Consent and to Release and Share Information.)</i>		Ethnicity	Date of birth <i>(month, day, year)</i>
Diagnosis / areas of concern			
Name of parent / guardian		Telephone number ()	
Address <i>(number and street, city, state, and ZIP code)</i>			
PLEASE FIND THE FOLLOWING DOCUMENTS ENCLOSED		CURRENT SERVICES / FREQUENCY	
<input type="checkbox"/> Most recent IFSP <input type="checkbox"/> Social history <input type="checkbox"/> Eligibility form <input type="checkbox"/> Reciprocal release <input type="checkbox"/> Recent assessments and progress summaries <input type="checkbox"/> Physician's health summary <input type="checkbox"/> Other _____		<input type="checkbox"/> DT _____ <input type="checkbox"/> PT _____ <input type="checkbox"/> OT _____ <input type="checkbox"/> ST _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	

No Parental Consent is given at this time. *(NOTE: If **No** parental consent is given, **No** identifiable information is to be shared at this time and continuity of service may not occur.)*

Sincerely,

Service Coordinator