# INDIVIDUALIZED FAMILY TRANSITION MEETING

State Form 51672 (R4 / 08-26) / BCD 0105
FAMILY AND SOCIAL SERVICES ADMINISTRATION
DIVISION OF DISABILITY AGING AND REHABILITATIVE SERVICES

| Name of child | Child ID | Date of birth (*month, day, year*) |
|---|---|---|
| County | Date of Transition Meeting (*month, day, year*) | IFSP date (*month, day, year*) |

| DISCUSSION OF TRANSITION OPTIONS |
|---|
| Community based options (e.g. play group, library, etc.) |
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| Head Start: |
| |
| Child Care: |
| |
| Private Preschool: |
| |
| Clinic Based Therapy: (Discuss Private pay, Hoosier Healthwise, Insurance etc.) |
| |
| Local Education Agency: (Contact name and telephone number) |
| |
| Other Transition Options: (Assistive tech, audiology, IN*SOURCE, etc.) |
| |

| Name of child | Child ID | Date of birth (*month, day, year*) |
|---|---|---|
| | | |

| NEXT STEPS / STRATEGIES FOR WORKING TOWARD TRANSITION<br>(List what needs to be done) | WHO IS RESPONSIBLE? | TIMELINE / EXPECTED DATE OF COMPLETION |
|---|---|---|
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*The Individualized Family Transition Meeting (pages 1 and 2) will be retained in the child's EI Record and will become a part of the IFSP*

| Meeting Minutes/Additional comments: |
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