



REQUEST FOR AUTHORIZATION FOR TRANSITION MEETING / TRANSITION CHECKLIST

State Form 51670 (R3 / 3-07) / BCD 0103



The State of Indiana requires all children exiting First Steps to have a 90-270 day Transition Meeting. The purpose of this meeting is to discuss and plan for the child's next placement/options. When developing this plan it is important to involve the current team of providers as well as potential providers or agency representatives. This meeting should include discussion around equipment needs, therapy needs, future placement options, summer options, enrollment criteria, eligibility criteria, timelines, and any necessary information.

Name of child	Date of birth (month, day, year)
---------------	----------------------------------

Date of Transition Meeting (month, day, year)

PROVIDER	AGENCY	DISCIPLINE / SPECIALTY	TIME NEEDED	LOCATION	AUTHORIZATION NUMBER
				<input type="checkbox"/> Off Site <input type="checkbox"/> On Site	
				<input type="checkbox"/> Off Site <input type="checkbox"/> On Site	
				<input type="checkbox"/> Off Site <input type="checkbox"/> On Site	
				<input type="checkbox"/> Off Site <input type="checkbox"/> On Site	
				<input type="checkbox"/> Off Site <input type="checkbox"/> On Site	

Note: Off Site = natural environment for the child. For settings other than the child's natural environment, an On Site authorization should be generated.

Signature of Service Coordinator	Date (month, day, year)
----------------------------------	-------------------------

You must include each of the items listed below in order for the SPOE to generate your transition meeting billing authorization. Incomplete forms will be returned.	
DATE COMPLETED	ITEMS INCLUDED
	Request for Authorization Form / Transition Checklist
	30 Month Notice to Local Education Agency (LEA)
	30 Month Reciprocal Release
	Transition Meeting Notification (<i>Written prior notice</i>)
	Individualized Family Transition Plan (<i>pages 1 & 2</i>)
	Transition Meeting Minutes