

Directions for  
Confidential Transition Form

This form is to be used to record recommendations of any child's **INDIVIDUAL EDUCATION PLAN /INDIVIDUAL FAMILY SERVICES PLAN TEAM**. This should be completed by Head Start staff and signed by the members of the **TEAM**. The form should be kept in the child's file.

It may be used before enrollment at Head Start and/or enrollment at LEA/ kindergarten/appropriate program.

Date \_\_\_\_\_

Confidential  
Transition Form

Child: \_\_\_\_\_ Center: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Disposition recorded by: \_\_\_\_\_

**Disposition: The IEP/IEFP TEAM met on the above date to discuss the above named child's program. The discussion by the parties listed below results in the following recommendations:**

Check all that apply

\_\_\_\_\_ Recommend continued therapy in the LEA program.

\_\_\_\_\_ Recommend re-evaluation by the LEA program.

\_\_\_\_\_ Recommend release of records to the LEA program.

\_\_\_\_\_ Other \_\_\_\_\_

Comments/Discussion: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____