# Consent Form for Transition Conference

Date: _____ Date of Referral to the Early Intervention Program: _____

**Child's Name**

Last: _____ First: _____

Child's Date of Birth: _____ Child's Age (year-month): _____

**Name of Parent/Legal Guardian/Surrogate**

Last: _____ First: _____

Phone Number: _____

Home Address: _____

School District: _____ County: _____

Early Intervention Service Coordinator: _____

Phone Number: _____ Fax Number: _____

Committee on Preschool Special Education Chairperson: _____

Phone Number: _____ Fax Number: _____

**PLEASE READ**

**I understand that to ensure my child continues to receive services on and after my child's third birthday, my child must be referred to, evaluated by, and, before my child's third birthday, found eligible for preschool special education services by the Committee on Preschool Special Education of my local school district (the district in which my child resides).**

I understand that as of my child's third birthday, my child will no longer be eligible for the Early Intervention Program unless my child has been found eligible for preschool special education programs and services. **Early Intervention Program services will end the day before my child turns three years old.**

## CONSENT TO CONVENE A TRANSITION CONFERENCE

☐ **I give my consent to my service coordinator** to arrange a transition conference, which will include my service coordinator and chairperson of the Committee on Preschool Special Education or their designee, to discuss my child's referral to the Committee on Preschool Special Education program and service options, and develop a transition plan.
I also consent to the following agency(ies) or individual(s) attending: _____

☐ I do **NOT** wish to have my Early Intervention Program service coordinator arrange a transition conference. I understand that my child can be referred to the Committee on Preschool Special Education without a conference. I understand that my child must be referred to, evaluated by, and, before the day my child turns three years of age, be found eligible by the Committee on Preschool Special Education for services, to continue to receive Early Intervention Program services on and after my child turns three years of age.

**Parent Name:** _____

**Parent Signature:** _____

**Date:** _____

**Please note:** If the fillable Consent Form for Transition Conference form includes a Parent/Guardian's electronic signature, that signature must also include an electronic signature validation marker (available through applications like Adobe Acrobat, DocuSign, etc.) that includes the signature date and time on the form. If that safeguard is not available, the Consent for Transition Conference form must be printed to allow the parent/legal guardian to sign for consent on the paper copy.

## COMMITTEE ON PRESCHOOL SPECIAL EDUCATION SERVICES CHAIRPERSON

This notice serves as an invitation to the Committee on Preschool Special Education Services Chairperson/Designee to the Early Intervention Transition Conference to be held on:

**Date:** _____ **Time:** _____

**Location:** _____

**Please indicate your availability and fax back to:** _____

**You will participate by:** ☐ Phone ☐ In person ☐ Not able to attend

**cc:** The Local Social Services Commissioner/Designee: _____
(for children in the care and custody or custody and guardianship of the local Social Services Commissioner)