

Early Intervention to Early Childhood Tracking Form

SECTION I (to be completed by the CFC)

** School District: _____ CFC Number: _____
 Child's Name: _____ Date of Birth: _____ Date of Referral to CFC: _____ EI Number: _____
MM/DD/YY MM/DD/YY
 Parent's Name: _____ Date Transition Referral Packet Sent: _____ Parent Declined Referral (Date): _____
MM/DD/YY MM/DD/YY
 Service Coordinator's Name: _____ Phone Number: () _____ Fax Number: () _____

***Please complete area above regardless of parent's decision to accept early childhood services, then forward to LEA.*

Service Received in Early Intervention: _____ DT _____ OT _____ PT _____ ST/Individual _____ ST/Group

Other Services: _____ Other Information: _____

SECTION I COMPLETED BY: _____ Phone Number: () _____ TITLE: _____

SECTION II (to be completed by LEA/School District)

School District initiated tracking form Date Tracking Form received: _____
MM/DD/YY
 Screening Date: _____ Date Consent for Evaluation obtained: _____
MM/DD/YY(not required/cannot delay process) MM/DD/YY
 Date Assessment completed: _____
MM/DD/YY
 Transition Meeting Date: _____ Date Special Education eligibility determined: _____
MM/DD/YY MM/DD/YY

Date IEP Completed: _____
MM/DD/YY
 Date Services Began: _____
MM/DD/YY
 *Services Delayed: Yes No
 If yes, Reason for Delay: LEA Family

Service Recommended:	
Special Education Eligible with or without Related Services	Not Special Education Eligible
____ State PreK with _____	____ State PreK Program
____ Head Start with _____	____ Head Start
____ District General Education with _____	____ Private//Community Programs
____ Private/Community Program with _____	____ No Program Desired
____ Homebound with _____	
____ Instructional Special Education (self contained) with _____	
____ Itinerant speech _____	
____ Other _____	

* Parent declined special education services.
 Date Declined: _____
MM/DD/YY
 Why Declined: _____

 * "No Show" by Family.
 * Unable to contact Family.

* If the services did not start on the child's third birthday, state why: _____

SECTION II

COMPLETED BY: (Please print) _____ PHONE NUMBER: () _____ TITLE: _____

LEA: Return to local CFC Office within 20 days after the child's third birthday by fax and fax copy to ISBE at (217) 782-0372. (06/07)

Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, the Family Educational Rights and Privacy Act, 20 USC 1232g, and the Health Insurance Portability and Accountability Act of 1996, information collected hereunder may not be redisclosed unless the person who consented to this disclosure specifically consents to such redisclosure or the redisclosure is allowed by law.

Early Intervention to Early Childhood Transition Tracking Form Procedures

Section I

- Completed by the CFC Service Coordinator by 90 days prior to the child's 3rd birthday.
- List identifying information.
- Check off services received in the EI system.
- Service Coordinator signs Section 1.
- Service Coordinator makes a copy and gives to CFC Program Manager.
- At referral to school (or transition meeting), Service Coordinator gives Tracking Form to school district (at least 90 days prior to the child's third birthday).
- The boxed area must be completed regardless of parent's decision to accept early childhood services.

Section II

- Completed by LEA/School District.
- Upon the child's start into Early Childhood Special Education, other program, or parental refusal, school personnel completes the form and returns to the CFC Program Manager within 20 days after child's 3rd birthday and fax a copy to ISBE using fax number 217/782-0372 or mail to:

Illinois State Board of Education
Department of Special Education
100 N. First St.
Springfield, IL 62777

- If eligibility was not determined at that time, and if it is determined later, send a new or revised form.
- LEAs must ensure that they are not responsible for a delay in special education eligibility being determined.

LEA enters the date that the form was received. *If CFC does not initiate the form, the School District should do so and indicate with the check box that they have initiated the form.*

Screening Date: Screening is not required and cannot delay the process.

Consent for Evaluation: Enter the date that consent for evaluation was obtained.

Assessments Completed: Enter the date that the assessments are completed.

IEP Completed Date: Enter the date the IEP is completed & the date that services began.

Service Recommended: If eligible for Special Education and Related Service (left side of table,) check the appropriate program where child will receive services and list the related services.

If the child is not eligible for special education, on the right side of the table check the program the child will participate in, or check "No Program Desired".

Parent declined special services: Check this box if child is eligible, but parent declined special services. State why? What Service? And the Date Declined.

CFC ACTIVITIES/DHS ACTIVITIES

CFC Program Manager will match initial copies to forms received from school district. If the form is not received from the School District within one month past the child's third birthday, a telephone call will be made to the school district to determine status.

DHS designated entity will keep statistical information regarding each child's 3-5 year placement, and provide information as requested. DHS and ISBE use this data to report to the federal Office of Special Education Programs (OSEP).