State of Illinois
Department of Human Services - IMSHS

Child Transition To and From Illinois

Child's Name: _____ Date of Birth: _____

Parent(s) Name: _____

Center Attended: _____

Enrollment Date: _____ Departure Date: _____

Records given to parents? ☐ Yes ☐ No

ATTACH A COPY OF RELEASE OF INFORMATION FORM SIGNED TO RELEASE RECORDS TO IMSHS TRANSITION COORDINATOR AND TMC.

ADDRESS at next destination; and home base address (or last address given) if different from next or if next is unknown. (Also give phone numbers if known, for all locations, or of relatives, neighbors, crew leaders, etc.)	FOLLOW-UP NEEDED (Area(s) of need, please describe fully)

(attach copies of records, see instructions)

Names, addresses, and phone numbers of service providers in Texas or next destination.
(If not given on child enrollment addendum, get from parents before departure)

Name	Address	Phone or Fax

Transition Strategies developed and carried out (attach additional sheet if needed)

Child Transition To and From Illinois

INSTRUCTIONS FOR
ILLINOIS MIGRANT HEAD START PROJECT
CHILD TRANSITION TO AND FROM ILLINOIS SHEET

One form is to be completed for every child in need of any medical, dental, developmental or disabilities follow-up, additional services, or ongoing treatment at the time of their departure or the center's closing or who will be due for services November - April.

Examples of follow-up needs include: Child is not up-to-date on a schedule of well child care (missed physical exam, dental exam or any other screenings); Child will be due for well child exam November - April (this will include all children under two as well as any older children due for a service this winter); Developmental assessments showed several areas of concern; Child began speech evaluation and moves before completion; they scheduled IEP meeting but family moved before it was done; Child is not-up-to-date with immunizations; Child will be due for immunizations, TB, HCT, lead, etc. November - April; Child is receiving OP/PT services per IFSP; Child did not complete dental treatment; Mental Health consultant observed child and recommended further screenings/evaluation; Child had abnormal screening results that were unresolved at time of departure.

Fill out every item completely. Print child's full name, date of birth and both parents' full names. Also print (or stamp) the name of your center. List the child's enrollment and departure dates. If the child left and later re-enrolled, list all enrollment and departure dates.

Were relevant records given to the parents? (E.g., copies of physical with all screenings documented; dental exam/treatment form; diagnostic forms, IEP or IFSP, etc.) Answer yes or no.

Attach a copy of "Transition Services Parent/Guardian Permission to Reveal Confidential Information Form" that will allow the Grantee Managers to release records to the Transition Services Coordinator and/or TMC?

Addresses: List as complete an address as possible for the family's next destination. If only town and state are known, give that. If the family has a home base different from the next destination, also list that address. List the last address given, if the family did not identify a home base and the last address is different from the next destination. List any phone numbers known for any of the addresses or where you know the family might be reached. (This may be a crew leader's, other family members' or friends' number)

Follow-up needed: Describe as fully as possible the needed follow-up. Examples of this are described above. If the child has needs for follow-up in more than one area, list them all (e.g., child diagnosed with a disability also has incomplete dental treatment.) Attach copies of records relevant to this follow-up (e.g., physical and dental forms, written follow-up plans, IEP's etc. These are the same records that were, or should have been given to the parents.)

Texas (and/or next destination) provider information: Give the names, addresses and phone numbers of the providers identified by the parent on the Child Enrollment Addendum or those identified during the child's enrollment. If they did not give this information, interview parent again to determine providers.

Transition Strategies: Describe those strategies you developed and carried out to transition the child. Was a letter developed for the next receiving agency or service provider? What is the name, address and phone number of that agency or service provider? Was a packet containing copies of documents prepared or the family? Did you mail copies of documents to next location? Will the child be enrolled in another Head Start or day care program? If yes, what is the program's name, address and phone number? Did the family move suddenly and no transition was done? Or, did the family request that no transition efforts be done? Please, give as much detail as possible; attach an additional sheet if necessary.