

THE SCHOOL BOARD OF ST. LUCIE COUNTY, FLORIDA
EXCEPTIONAL STUDENT EDUCATION
Part C Transition Meeting Summary Sheet

Child's Name _____ DOB _____ Meeting Date _____

Early Steps Family Service Coordinator _____

Part C Services:

ITDS (Infant Toddler Development Specialist) Services __times/wk; Speech Therapy __times/wk

Occupational Therapy __times/wk; Physical Therapy __times/wk; Other Services (specify) _____times/wk

Points Discussed:

_____ Procedural safeguards distributed/reviewed

_____ Part B Consent to evaluate procedure reviewed by parent/guardian

_____ Additional testing by ESE may be necessary to determine Part B eligibility

_____ Part C Medical Model vs. Part B Educational Model of service delivery briefly discussed

_____ ESE Part B PreK Programs/Delivery Models discussed (if child is eligible for ESE services):

Resource Half-Day Full-Day

_____ Enrollment Checklist shared/reviewed

_____ Social/Developmental History discussed

_____ Referral Packet to be shared w/ ESE department by ESP Family Service Coordinator for review by PK Evaluation Team

_____ Physician's Prescription for Physical Therapy discussed (if student is currently receiving PT from Early Steps)

_____ Eligibility Meeting to be held on /before child's 3rd birthday

Comments/Concerns:

Persons in Attendance/Title:

Early Intervention Specialist/LEA

White: Cum File/ESE Audit File

Canary: Early Steps Office

ESP Family Service Coordinator

Pink: Parent

Parent(s)/Guardian

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