



Transition Notification and Referral

The purpose of this notice and referral is to inform the _____
School District that _____ is going to turn 3
years old on _____ and may be eligible for Part B services
upon age 3.

He/She is the child of:

Parent Name _____

Address _____

Phone number _____

Concerns regarding this child have been discussed with the parents/guardians on

_____ by _____ and they are aware and
(Date) (Signature & Title)

understand the purpose of the impending referral. An evaluation is recommended to
determine Part B eligibility status.

Any questions regarding this referral should be directed to

(Name) _____

(Phone) _____

Date referral sent: _____ (initials) _____

Date referral received: _____ (initials) _____