



## ***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 \_\_\_\_\_  
Address: \_\_\_\_\_ Phone number: \_\_\_\_\_.

Concerns regarding this child have been discussed with the parents/guardians on  
\_\_\_\_\_ (date) by \_\_\_\_\_ (signature and title)  
and they are aware and 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) \_\_\_\_\_