



Preschool Transition from Part C to Part B  
Optional Form

|   |  |
|---|--|
| District:   |  |
| Child's Name:                                       |  |
| Child's Date of Birth:                              |  |
| Date of 150 days prior to 3 <sup>rd</sup> birthday: |  |
| Date of First Notification from Part C to District: |  |
| Date of Transition Conference:                      |  |
| Location of Transition Conference:                  |  |

Actions taken by District:

- Referral (Attach PR04), Date of Referral: \_\_\_\_\_ [OAC 3301-51-11(D)(3)(b)]
- Parent Consent (Attach PR05)
- PR-01- No suspected disability (Attach PR01)

*Signatures document (for audit purposes) that the district representative attended the Preschool Transition Conference.*

|                         | Print Name | Signature | Date |
|-------------------------|------------|-----------|------|
| District Representative |            |           |      |
| EI Service Coordinator  |            |           |      |
| Parent                  |            |           |      |

Other Attendees: