

## Early Intervention to Early Childhood Tracking Form

### SECTION I (to be completed by the CFC for every child\*)

School District: \_\_\_\_\_ CFC Number: \_\_\_\_\_ EI Number: \_\_\_\_\_

Child's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Date of Referral to CFC: \_\_\_\_\_ MM/DD/YY Date Tracking form Sent to LEA: \_\_\_\_\_ MM/DD/YY

Parent's Name: \_\_\_\_\_ Date Transition Referral Packet Sent: \_\_\_\_\_ MM/DD/YY Date Parent Declined Referral to LEA: \_\_\_\_\_ MM/DD/YY

Service Coordinator's Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Parent Declined Referral

\*Please complete all of section regardless of parent's decision to accept or decline referral to LEA, then forward to this form to LEA.

SECTION I COMPLETED BY: (Please Print) \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE NUMBER: ( ) \_\_\_\_\_

### SECTION II (to be completed by LEA/School District)

Referral by CFC      Y      N

School district initiated tracking form \_\_\_\_\_

Date tracking form received: \_\_\_\_\_ MM/DD/YY

Date of transition planning conference: \_\_\_\_\_ MM/DD/YY

Date special education eligibility determined: \_\_\_\_\_ MM/DD/YY

Parent declined special education services.

Date Declined: \_\_\_\_\_ MM/DD/YY

Why Declined: \_\_\_\_\_

"No Show" by Family \_\_\_\_\_

Unable to contact family (identify attempts to contact family) \_\_\_\_\_

Transition delayed:  Yes  No  
If yes, reason for delay:

- Parent failure/refusal to produce child
- Child enrolled in district after consent was given in another district but before eligibility determination
- EI sends referral after child is 2.9 years of age, but received the child before 2.9
- EI received child after he/she is 2.9 years of age
- School district delay

IEP Completed: \_\_\_\_\_ MM/DD/YY

Services Began: \_\_\_\_\_ MM/DD/YY

If the services did not start on the child's third birthday, state why: \_\_\_\_\_

SECTION II COMPLETED BY: (Please print) \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE NUMBER: ( ) \_\_\_\_\_

**LEA: Return to local CFC Office within 20 days after the child's third birthday by fax and enter information into SIS if the child enrolls in the district. Please do NOT fax to ISBE.**  
Revised 03/09

Under the provisions of the Illinois Mental Health and Developmental Disabilities Confidentiality Act, the Family Educational Rights and Privacy Act, 20 USC 1232g, and the Health Insurance Portability and Accountability Act of 1996, information collected hereunder may not be redisclosed unless the person who consented to this disclosure specifically consents to such redisclosure or the redisclosure is allowed by law.

## Early Intervention to Early Childhood Transition Tracking Form Procedures

### **Section I**

- # Completed by the CFC Service Coordinator by 90 days prior to the child's 3<sup>rd</sup> birthday.
- # List identifying information.
- # Service Coordinator signs Section I.
- # Service Coordinator or person completing prints name, title and phone number.
- # Service Coordinator makes a copy and gives to CFC Program Manager.
- # At referral to LEA/School District or at Transition meeting, CFC gives Tracking Form to LEA/School District representative.
- # The boxed area of Section I must be completed regardless of parent's decision to accept early childhood services.

### **Section II**

- # Completed by LEA/School District.
- # Upon the child's start into Early Childhood Special Education, other program, or parental refusal, school personnel completes the form and returns to the CFC Program Manager within 20 calendar days after child's 3<sup>rd</sup> birthday. This information must also be entered into the ISBE Student Information System (SIS) if the child enrolls in the district. Please do not fax to ISBE.
- # If eligibility was not determined within the 20 calendar days, but is determined at a later date, the LEA/School District Representative must complete and send a new or revised form to the CFC.
- # LEAs/School Districts must ensure that they are not responsible for a delay in special education eligibility being determined.
- # Person who completes form prints name, title and phone number.

**LEA/School District** enters the date that the form was received. *If CFC does not initiate the form, the LEA/School*

*District should do so and indicate with the check box that they have initiated the form.*

**Screening Date:** Screening is not required and cannot delay the process.

**Transition Planning Conference:** Enter the date of the transition planning conference.

**Special Education Eligibility:** Enter the date that special education eligibility was determined.

**\*Parent declined special services:** Check this box if child is eligible, but parent declined special services. State why? What Service? And the Date Declined.

**\*\*"No Show" by Family:** Check this box if the family did not show up to participate in the meeting. Identify all attempts to reschedule the meeting on at the bottom of the form.

**\*Unable to contact Family:** Check this box if the family was unable to be contacted. Identify all attempts to contact the family at the bottom of this form.

**Transition Delayed:** Check yes or no. If yes check appropriate reason.

**IEP Completed Date:** Enter the date the IEP was completed.

**Services Began:** Enter the date services began. If services did not start on the third birthday, state why.

### **CFC ACTIVITIES/DHS ACTIVITIES**

CFC Program Manager will match initial copies to forms received from school district. If the form is not received from the LEA/School District within one month past the child's third birthday, a telephone call will be made to the LEA/School District to determine status.

DHS designated entity will keep statistical information regarding each child's 3-5 year placement, and provide information as requested. DHS and ISBE use this data to report to the federal Office of Special Education Programs (OSEP).