Northwest Ohio Educational Service Center
Transition Conference Documentation – Complete for each conference attended by LEA Representative
Transition from Part C to Part B

School District: ______________________________ County: ____________________

Child's Name______________________________ Date of Birth____________________

Parent name(s):______________________________

Address: ______________________________ Phone____________________

City______________________________ Zip____________________

1. **Transition Conference Date:**____________________

2. **Current EI/HMG Services:**

   ☐ Gross Motor ☐ Fine Motor ☐ Cognition ☐ Language ☐Nutrition

   ☐ Vision ☐ Hearing ☐ Sensory ☐ Social/Emotional ☐ Self Help/Adaptive

   ☐ Other_________ ☐ Dx: ____________________

3. **Documents Shared by HMG**

   ☐ Birth Certificate ☐ Social Security Card ☐ OT Eval/Update ☐ PT Eval/Update

   ☐ SLP Eval/Update ☐ Vision Screening ☐ Hearing Screening ☐ Physical Form

   ☐ Shot Record ☐ Permission for Transition ☐ IFSP ☐ Therapy Prescription ________

   ☐ Other______________ ☐ Other_____________ ☐ Other__________________

4. **Is the child suspected of having a disability?** ☐ **Yes** ☐ **No**

   If **Yes**, proceed below; if **No**, end process and give parent Procedural Safeguards and PR-01. *Attach a copy of the PR-01 to this form and distribute.

5. **Area(s) in which child is suspected of having a disability**

   ☐ Gross Motor ☐ Fine Motor ☐ Cognition ☐ Language ☐ Vision

   ☐ Social/Emotional ☐ Hearing ☐ Self Help/Adaptive ☐ Other________________________

6. **Additional information** to be provided by HMG:______________________________

   ____

   ____

7. **Next steps for School Personnel:**

Activity	Who Responsible?
______________________________	______________________________
______________________________	______________________________

Transition Planning Conference Attendees:

Name	Relationship	Signature
______________________________	HMG Representative	______________________________
______________________________	District Representative	______________________________
______________________________		______________________________
______________________________		______________________________
______________________________		______________________________
______________________________		______________________________

Distribute to:
HMG Representative Preschool Supervisor Preschool Psychologist CIMS Specialist District EMIS

Name of Person Completing Record: ______________________________