

Form #6b - IDEA Part C to Part B Transition

School District: _____ Case Manager: _____

Student's Name: _____ Student #: _____

Date of Birth: _____ Date Sent: _____

Dear _____,

Determination Process of Your Child's Eligibility for Early Childhood Special Education Services at Age 3

Your child's Part C Children's Integrated Service/Early Intervention (CIS/EI) program has notified the local school district/local education agency (LEA) that your child may be eligible for Part B Early Childhood Special Education (ECSE) services when your child turns 3 years old. The school district team will use the following potential eligibility criteria including evidence presented by the Part C CIS/EI team during the 90-day transition meeting to determine if your child is eligible for Part B ECSE and related services once your child turns 3 years old.

Part I: Potential Eligibility Criteria

Part C CIS/EI will gather the following information to share with your local school district if your child may be eligible to receive Part B ECSE services when they turn 3 years old:

If your child demonstrates a 25% delay in one or more developmental domains as measured by ongoing assessment and use of a Part C State-approved assessment tool.

OR

If your child has a medical condition diagnosed by a licensed physician that may result in significant delays by the time they turn 6 years old.

AND

Before they turned 3 years old, if your child received consistent specialized instruction, developmental therapy services and/or speech and language services as specified on your child's One Plan/Individual Family Service Plan (IFSP).

Contact Information:

If you have questions about this document or would like additional information, please contact:

the [Special Education Monitoring Team](#).

Part II: Evidence

The LEA is your local school district, and will review, consider, and decide if your child is eligible to receive Part B ECSE services based on the following evidence:

Results from a Part C state-approved all domain assessment measures used to determine a 25% delay in one or more developmental areas (check the measure(s) that apply):

- Assessment, Evaluation, and Programming System (AEPS)
- Infant-Toddler Developmental Assessment (IDA)
- Hawaii Early Learning Profile (HELP)
- Trans-disciplinary Play-Based Assessment (TPBA)
- Other tools used in addition to the Part C state-approved tools above which may provide evidence in support of a 25% delay in specific domain areas (e.g., speech/articulation, gross motor) list here: _____

N/A: Child has a diagnosed medical condition. Proceed to the next section.

OR

Your child has a diagnosed medical condition that may result in significant delays by the time the child turns 6 years old as evidenced by (check which applies):

- A written medical diagnosis from a licensed physician (e.g., child's pediatrician, family medical doctor, psychiatrist)

OR

- A medical report stating a diagnosis from a child development clinic

OR

- Other medical institutions, including hospitals (Please specify): _____

AND

Evidence, including documentation of progress, that your child received consistent Part C CIS/EI services prior to the time they turn 3 years old.

Please note: It is important to consider that what constitutes consistency in service delivery may be affected by families and availability. The family has an active role in EI and may be identified as the "who" to implement strategies and activities across routines of the day. This is specified on the Family One Plan Child Outcomes page. The EI provider is responsible for providing families with information, skills, and support related to enhancing the skill development of the child [Vermont Special Education Rule §2360.5.1(23)(ii)].

The LEA will review the following components of your child's One Plan. Please check off each identified component:

- One Plan/ IFSP Service Grid:
 - EI services are listed.
 - Frequency (number of days/sessions) of service is provided.
 - Length of time during each session is provided.
- One Plan/IFSP Child Outcomes page(s):
 - Outcome(s) are identified.
 - Listed strategies and activities designed to promote a child's acquisition of skills per outcome are included.
 - Evidence of who is implementing strategies/activities is present.
 - Evidence of when and where strategies/activities occur is present.
- One Plan/IFSP Outcome Review (typically reported in six (6) month intervals):
 - Your child's most current progress update(s) from all service providers are included.

Additional Notes: _____

Part III: LEA Part B/ECSE Services Eligibility Determination Page

School District: _____ Case Manager: _____

Student's Name: _____ Student #: _____

Date of Birth: _____ Date Sent: _____

Based on the review of evidence provided above by Part C: CIS/EI, the LEA has determined:

Your child meets the Part B: ECSE eligibility requirements 2361.2 (a)(1)(i)(ii)(iii) under the disability category of Developmental Delay. The specific developmental area(s) of concern(s) supported by evidence is/are listed here: _____

OR

Your child does **not** meet the Part B ECSE eligibility requirements.

State and explain the reason(s) for not determining Part B ECSE eligibility below: _____

Part IV: Parental Consent Form

If your child is determined eligible to receive Part B ECSE services, the school district requires your written consent for your child's placement in Part B ECSE and for the initial ECSE services, including related services, to begin when your child turns three (3). Review the appropriate statements below, sign, and return this page to your school district representative.

Parent Consent for the placement in IDEA Part B ECSE Services

My child is transitioning from Part C (birth to age three (3)) to Part B (ages three (3) through 21) services and has met eligibility criteria requirements as stated above. **I give my consent** for my child's placement under Part B ECSE (ages three (3) through five (5)) and related services.

Parent Consent for the Initial Provision of Special Education Services

I give my consent for all initial services in the IEP to begin. Should I change my mind prior to the start of these initial IEP services, I must notify my school contact below so that services will not commence. If I wish to revoke my consent after the initial IEP services have begun, the revocation of consent shall be in writing on Form 6a (provided by the LEA) or in any other written form. The date of the revocation should also be indicated.

I do not give my consent for any of the initial IEP services to begin. I am aware that by refusing all IEP services, the LEA may attempt to resolve the matter through an informal meeting with me or by requesting mediation, a reevaluation, or a review of existing data to determine if my child continues to be eligible for ECSE services and/or related services.

Printed Name: _____

Signature of Parent/Guardian: _____ Date: _____

LEA Contact Information

If you have any questions regarding this Parental Consent Form, please contact:

Printed Name/Position: _____

Email: _____ Phone: _____

Address: _____

Date Parental Consent Received by District: _____