EDUCATION TRANSITION PLAN

School and Child-Care or Early Education change

Educational Transition Plan Goal: As outlined in s. 39.4023, F.S., The Department or the Community-Based Care lead agency shall create and implement an individualized transition plan each time a child experiences a school change and child-care and early education programs, when it does not involve a placement change.

ALL FIELDS REQUIRED

Child Name:	Child D.O.B:
Child ID:	FSFN Case ID:
Date Child Entered Care:	Any prior school changes made due to a placement change, if so please list: ☐ Yes ☐ No
Permanency Plan for Child:	Date of Staffing:
School Change Transition Plan ☐ Yes ☐ No	Child-Care or Early Education Change Transition Plan ☐ Yes ☐ No

Case Manager Name:
Case Management Agency/Organization:
Community Based Care Lead Agency :

Name of Current Placement: _____

Placement Contact Information (Email & Phone Number): _____

Placement Begin Date: _____

Child's Current Educational Setting	☐ Public School (Name of School and Child's Grade): _____ ☐ Private School (Name of School and Child's Grade): _____ ☐ Home School (Name of Home School Cooperative and Child's Grade):_____ ☐ Child Care Facility or Early Education Program: _____ Does child have an IEP or special education accommodations? ☐ Yes ☐ No If yes, please provide information. _____

	Best Interest Factors:	Response
1	Is it the child's desire to remain in the school of origin?	
2	What is the preference of the child's parents or legal guardian?	

3	Does the child have a sibling(s), close friends, and/or a mentor at the school or program of origin?	
4	What is the child's cultural and community connections in the school or program of origin?	
5	Is the child is suspected of having a disability under the Individuals with Disabilities Education Act (IDEA) or Section 504 of the Rehabilitation Act (Section 504),or has begun receiving interventions under Florida's multi-tiered system of supports.?	
6	Does the child have an evaluation pending for special education and related services under IDEA or Section 504?	
7	Is the child a student with a disability under the IDEA who is receiving special education and related services or a student with a disability under Section 504 who is receiving accommodations and services and, if so, the availability of those required services in a school other than the school of origin.?	
8	Is the child an English Language Learner (ELL) student and is receiving language services, and, if so, the availability of those required services in a school other than the school of origin?	
9	Is there an impact a change would have on academic credits and progress towards promotion.?	
10	Will the new school/program have the availability of extracurricular activities important to the child.?	
11	Will the child's known medical and behavioral health needs continue to be addressed?	
12	What is the child's permanency goal and timeframe for achieving permanency?	
13	How will the child's history of school or program transfers and how they have impacted the child?	
14	How will the length of the commute and how it would impact the child?	
15	What is the length of time the child has attended the school or program of origin?	
16	List any additional factors considered in making the best interest determination.	

Other Therapeutic Treatment (OT/PT/ Speech Therapy, etc.)	Current Diagnosis: _____ Contract Information of Provider: _____ Frequency of Appointments: _____ Date of Most Recent Appointment: _____ Date of Upcoming Appointment: _____ Transportation Arrangement for Appointments: _____ Treatment Plan: _____
Medications	

Name of Medication	Frequency	Dosage	Next Refill	Pharmacy Contact

For Psychotropic Medications:
Is there an expressed and informed consent for child as authorized by the parent or legal guardian? ☐ Yes ☐ No
Is there an expressed and informed consent for the child as authorized by order of the Court? ☐ Yes ☐ No

Allergies	Does child have any known allergies? ☐ Yes ☐ No If yes, please list the known allergies? _____ If yes, please list the known allergic reactions? _____ Does child have EPI-PEN? ☐ Yes ☐ No

Recommendation:	Rationale for Recommendation:
Maintain the child in the school or program of origin.	
It is not in the best interest of the child to remain in the school or program of origin.	

Other Important Upcoming Dates

Court:	School Activity:	MDT Meeting:	Other:

Follow up Tasks

Task	Person Responsible	By When

Participants

Mother: Invited ☐ Attended ☐	Father: Invited ☐ Attended ☐
Current Placement: Invited ☐ Attended ☐	Guardian Ad Litem: Invited ☐ Attended ☐
Children Legal Services: Invited ☐ Attended ☐	Attorney Ad Litem: Invited ☐ Attended ☐
Youth: Invited ☐ Attended ☐	Educational Surrogate: Invited ☐ Attended ☐
School Representative: Invited ☐ Attended ☐	School Representative: Invited ☐ Attended ☐
School Representative: Invited ☐ Attended ☐	Educational Surrogate: Invited ☐ Attended ☐
Other: Invited ☐ Attended ☐	Other: Invited ☐ Attended ☐
MDT Facilitator Signature:	Date:
Case Manager Signature:	Date:
Case Manager Supervisor Signature:	Date:

Department Representative

This section must be completed by the designated Department representative when the multidisciplinary team staffing does not reach a unanimous consensus to change the child's school or child-care/early education program, pursuant to s. 39. 4023, F.S.

Comments: _____

A change in the child's school or child-car/early education program is: **Approved:** _____ **Denied:** _____

_____

Department Representative Name (printed)

_____

Department Representative Signature Date