

# Notice of Intent to Transfer/Transition Child or Pregnant Mother and Records Form

**Note:** A Release/Exchange of Confidential Information Non-Health Form must always accompany this form when sending it to a School District or Community Program outside of PSESD, including any program with which we have a current MOU.

Name of sending Program/Center: \_\_\_\_\_

Name/title of sending staff: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name of receiving school district or community program: \_\_\_\_\_

Name of receiving staff: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Child's DOB: \_\_\_\_\_

Or name of pregnant Mom: \_\_\_\_\_ Due date: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of pregnant Mom: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Today's date: \_\_\_\_\_

Anticipated timeline of transfer/transition: \_\_\_\_\_

Memorandum of Understanding (MOU) with receiving district or community program is on file

**Step 1 – Please check *one* of the following:**

- Early Head Start transition/PSESD classroom change – EHS
- Early Head Start transition/PSESD (or MOU) classroom change – Preschool Early Learning
- Early Head Start transfer/Non-PSESD School District Program
- Early Head Start transfer/Non-PSESD Community program
- Preschool Early Learning transition/PSESD classroom change
- Preschool Early Learning transfer/Non-PSESD School District program
- Preschool Early Learning transfer/Non-PSESD Community program

**Step 2 – Please check *all* that apply:**

- An interpreter is requested for the following language : \_\_\_\_\_
- This child has a current IFSP/IEP or diagnosed disability
- This child has had an IFSP/IEP in the past. Date of completion or closure: \_\_\_\_\_
- This child has special health needs and/or requires accommodation  
 Check all that apply:  physical health  mental health  nutrition  oral health
- This child currently has one or more Child Health Plans
- Pregnant Mom – high risk pregnancy

**Related Documents**

- Notice of Intent to Transfer/Transition Child or Pregnant Mother and Records Procedure*
- Authorization to Release Confidential Health Information*
- Release/Exchange of Information with School District (non-Health)*
- Release/Exchange of Information (non-Health)*