

# 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.

Sending Program & Center: \_\_\_\_\_

Sending Family Support Staff: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Receiving Program & Center: \_\_\_\_\_

Receiving Family Support Staff: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Child/Pregnant Mom: \_\_\_\_\_ Child's DOB/Due Date: \_\_\_\_\_

Name of Child's Parent/Guardian: \_\_\_\_\_

Family Address: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Estimated Transition Date: \_\_\_\_\_

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

- Return to Next Program Year – Different Program Model (follow Classroom Change procedure for different program model)
- Classroom Change – Same Program Model
- Classroom Change – Different Program Model
- Early Head Start (all models) Transition to Preschool

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

- An interpreter is requested for the following language(s): \_\_\_\_\_
- 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 has a high-risk pregnancy.

## Related Documents

[ERSEA Procedure: EN-4 Transitions](#)

[Authorization to Release and Exchange Confidential Health Information](#)

[Release/Exchange of Confidential Information \(Non-Health\) Form](#)