

Children's Integrated Services: Part C Early Intervention Exit One Plan Reporting Form

The Exit One Plan Reporting Form is to be completed and sent to the Children's Integrated Services (CIS) Unit for any child leaving the Part C Early Intervention (EI) Program that had a One Plan generated.

Reporting Period:	AHS Region:	Supervisory Union Name:	Date of Referral:
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A. Child's Information

Child's Name:	Date of Birth:	SSN or UID with written consent:
Date of Exit:	CAPTA (<i>victim of a substantiated case of abuse/neglect</i>)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Assigned CIS Service Coordinator's Name:	

B. Transition Timeline

1) Transition Plan: (<i>required for all children exiting Part C</i>)		
Date:	If not completed or not timely for Part B transition , choose an option below: <input type="checkbox"/> Family circumstances <input type="checkbox"/> Provider circumstances	
Comments required if not timely:		
2) For a child 26 months (821 days) of age or younger OR a child exiting before 3rd birthday:		
Reason for exit:		
<input type="checkbox"/> Development at appropriate level	<input type="checkbox"/> Moved out of state	<input type="checkbox"/> Deceased
<input type="checkbox"/> Moved to another region: _____	<input type="checkbox"/> Withdrawn by parent or guardian	<input type="checkbox"/> Unable to contact
Additional Comments:		
3a) For a child 27 months (822 days) of age or older AND are exiting on 3rd birthday:		
Potentially eligible for Part B services: Complete sections 3b and 3c below.	Referred to:	
Reason not potentially eligible for Part B services:	<input type="checkbox"/> Family declined	
<input type="checkbox"/> Did not meet Part B eligibility at Transition Conference.	<input type="checkbox"/> CIS Service Coordinator	
<input type="checkbox"/> Did not meet Part C's criteria for potential eligibility.	<input type="checkbox"/> Community-based Child Care Program/Preschool	
<input type="checkbox"/> Part B eligibility not determined.	<input type="checkbox"/> Head Start	
	<input type="checkbox"/> School-based preschool classroom	
3b) Transition Conference:		
Date:	If not completed between 180 and 90 days of child's 3 rd birthday, choose an option below: <input type="checkbox"/> Family circumstances <input type="checkbox"/> Provider circumstances	
Comments required if not timely:		
3c) Local Education Agency (LEA) Notification:		
Date:	If not completed between 180 and 90 days of child's 3 rd birthday, choose an option below: <input type="checkbox"/> Family circumstances <input type="checkbox"/> Provider circumstances	
Comments required if not timely:		

By sending this form to the CIS Unit, the agency affirms that the information provided is accurate, current, and compliant with CIS guidance (<http://cispartners.vermont.gov/manual>).

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