



An Affiliate of Texas Early Childhood Intervention

www.dars.state.tx.us/ecis

For LEA Use Only:
Date Referral Received in LEA Office:

Little Lives ECI
1104 Henderson St
Sweetwater, TX 79556
325-236-6821
fax: 325-236-6112

Betty Hardwick ECI
765 Orange St
Abilene, TX 79601
325-627-0908
fax: 325-670-48310

Central Texas MHMR ECI
PO Box 250
Brownwood, TX 76801
325-643-1721
fax: 325-646-7627

TRANSITION SUMMARY

(Must have consent to send to school)

Child's Name: _____ DOB: _____

Parents' Name: _____ Phone: _____

Address: _____

Phone: _____

ECI Contact Person: _____ Email: _____

SSN: _____ Ethnicity: _____ Gender: M F

Date of Initial Evaluation Service Periods:

Services Received: Speech PT OT Behavior Other:

Child's Area of Delay

Records Attached: (please send all applicable records or reason not included)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> IFSP | <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Speech Evaluation | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Progress Notes | <input type="checkbox"/> BDI-2 | <input type="checkbox"/> Physical Exam |
| <input type="checkbox"/> Texas Eye Report | <input type="checkbox"/> Hearing Eligibility, parts A, B, C | <input type="checkbox"/> Functional Vision Assessment | <input type="checkbox"/> Learning Media Assessment |
| <input type="checkbox"/> Other Agency Evaluations: | | | |

Current Developmental Levels as of this date

Communication:	Cognition:
Adaptive:	Social-Emotional:
Physical:	

Physical Therapy Current Equipment Needs:

Recommendations:

Speech Language Current Equipment Needs:
Recommendations:
Occupational Therapy Current Equipment Needs:
Recommendations:
Other Current Equipment Needs
Recommendations:

These doctors have pertinent medical information about this child:

NAME:	NAME:
ADDRESS:	ADDRESS:
PHONE:	PHONE:
MEDICAL DIAGNOSIS:	DOCUMENTATION ATTACHED: <input type="checkbox"/> Yes <input type="checkbox"/> No

Other information:

Social History

Primary Language Spoken in the Home

By Parent/Guardian:

By Child:

Other Language Spoken

By Parent/Guardian:

By Child:

Education History

Currently enrolled in any school or daycare? Yes No

If yes describe:

Previously enrolled in special education? Yes No

If yes describe:

Vision concerns? Yes No

Hearing concerns? Yes No

Currently receiving AI or VI services? Yes No

If yes where:

If the child's third birthday occurs after March 31st of the year, complete this section also.

ESY Services Recommended? Yes No Regression Documentation Attached Yes No

Areas of concern:

Note: ESY takes into consideration the inability to recoup critical skills within the first 6-8 weeks of school.