



BIRTH TO THREE PROGRAM 90 DAY MEETING SUMMARY

Child's Name: _____ **Date of Birth:** _____

Parent's Name: _____

Current Address: _____

Phone Number: _____ **Best Time to Contact:** _____

Current Program: _____ **Family Service Coordinator:** _____

Family

if completed

Identify discussion points for meeting

Discuss child's strengths and interests

Share family priorities, concerns and resources

Determine transition activities for child and family

Identify information or resources needed

Other: _____

Early Intervention

if completed

Present summary of child's status

Share program information

Identify activities to be completed before child's transition date

Identify follow-up timelines

Share copies of 90 day meeting summary

Other: _____

Preschool

if completed

Review parental rights

Obtain written permission for comprehensive evaluation

Provide information about potential Part B programs and services

Accept agreed upon information from Part H program

Identify Part B contact

Other: _____

Summary

Birth to Three Program - KUAP - 2601 Gabriel, Parsons, KS 67357, (316) 421-6550, ext. 1859