****This form is to be completed by child’s **FIT Team** and given to the LEA by the FSC at least 30 days prior to Transition Conference.

**Transition Assessment Summary (TAS)**

**Today’s Date:**

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| **Child Information** | | | | | | |
| **First Name:** | | **MI:** | | **Last Name:** | | |
| **Child’s Primary**  **Language:** | | **Parent’s Primary**  **Language:** | | | | **DOB:** |
| **Chronological**  **Age:** | | **Child’s Diagnosis**  **(if applicable):** | | | | |
| **FIT Program Information** | | | | | | |
| **FIT**  **Agency:** | | | | **Family Service**  **Coordinator:** | | |
| **FIT Agency Contact**  **Information:** | | | | | | |
| **Current Developmental Levels / Information**  (Assessment should contain information from your ongoing assessment tool (AEPS, & HELP, and/or NMSD & NMSBVI specific tools) and the IDA. Assessment is considered current if it is within 6 months of the date of the transition conference.) | | | | | | |
| **Assessment Instrument(s)**  **Used** | **Date**  **Conducted** | | **Conducted by (name &**  **license/certification)** | | **Contact**  **Information** | |
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| **Does child have an ECEP Evaluation?**  Yes  No | **Is the child on an ECEP waitlist?**  Yes  No | **If yes, date of the ECEP Evaluation:**  **If child on waitlist, list expected timeframe (if known):** |

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| **Domain** | **Description of Child’s Functioning**  Please include child’s strengths as well as areas of need, and how these areas are impacting the child’s functioning in daily activities and interactions with others, especially same aged peers. Please include any successful strategies or adaptations that are currently supporting the child’s learning. | **Developmental Level (age range)**  **Percent of Delay (from IDA) \*** |
| **Communication** **(Receptive & Expressive)**  *Do not list assessment items only. Include any age appropriate activities the child can participate in, or not participate in. Please include any relevant developmental history.* |  | **Age Range:**  **Percent of Delay:** |
| **Fine Motor**  *Do not list assessment items only. Include any age appropriate activities the child can do independently or can do with support. What does participation look like? Please include any relevant developmental history.* |  | **Age Range:**  **Percent of Delay:** |
| **Gross Motor**  *Do not list assessment items only. Include any age appropriate activities the child can do independently or can do with support. What does participation look like? Please include any relevant developmental history.* |  | **Age Range:**  **Percent of Delay:** |
| **Adaptive/**  **Self Help**  *Do not list assessment items only. Include any age appropriate activities the child can do independently or can do with support. What does participation look like? Please include any relevant developmental history.* |  | **Age Range:**  **Percent of Delay:** |
| **Cognitive**  *Do not list assessment items only. Include any age appropriate activities the child can do independently or can do with support. What does participation look like? Please include any relevant developmental history.* |  | **Age Range:**  **Percent of Delay:** |
| **Social/**  **Emotional**  *Do not list assessment items only. Include any age appropriate activities the child can do independently or can do with support. What does participation look like? Please include any relevant developmental history.* |  | **Age Range:**  **Percent of Delay** |

**Other Information:**

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| **Vision** | ***Include whether the team and/or parents have concerns regarding the child’s vision. Also, please state if child is being seen by NMSBVI and include them in the process of completing this form and attach any reports from NMSBVI to this form. Please attach current screening to this document. If current screening information is unavailable, please explain why.***  🞏 Please check if screening has been done within the last six months. |
| **Hearing** | ***Include whether the team and/or parents have concerns regarding the child’s hearing. Also, please state if child is being seen by NM School for the Deaf Early Intervention and Involvement Division and include them in the process of completing this form and attach any reports from NMSD to this form. Please attach current screening to this document. If current screening information is unavailable, please explain why****.*  🞏 Please check if screening has been done within the last six months. |
| **Health/Medical** | ***Please include any relevant medical history and current medical needs that may be impacting the child and describe how.*** |
| **Assistive Technology** | ***Please list any Assistive Technology or other accommodations the child is currently using and describe the child’s level of success and how long they have been using the assistive technology or other accommodations?***  ***(Examples: hearing aids, orthotics, picture board)*** |

By signing this form, I/we agree that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (FIT Provider Agency) has reviewed the information listed on this form with me/us. Other documents to be sent with this form include: MCHAT, Hearing Screen, Vision Screen, Initial Comprehensive Multidisciplinary Evaluation (CME), child’s current IFSP, and signed Consent to Exchange Information form. Exit ECO information will be sent upon discharge from the FIT Provider Agency.

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| Parent/Guardian Signature |  | Date |
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| Parent/Guardian Signature |  | Date |
|  |  |  |
| FIT Family Service Coordinator Signature |  | Date |