



EARLY EXIT TRANSITION PLAN



Child's Legal Name: _____

Date of Birth: _____

Date of Exit Plan: _____

Reason For Transition

- Child no longer meets definition of eligibility for *Early On*® Michigan
- Parent no longer wants services
- Other: _____

Steps to Support Existing *Early On*®

Discussion with parents regarding possible future supports for their child:

- Exploring possible community resources:

- Discuss steps to exit *Early On*® and the discontinuance of service coordination.
- Other: _____

Preparing the child for exit or potential new environments/experiences:

- _____
- _____

IFSP Record

The IFSP record will be maintained for a minimum of seven (7) years as required by law.

Parent Signature

Date

Parent Signature

Date