DEPARTMENT OF HEALTH SERVICES
Division of Medicaid Services
F-21225A (04/2023)

STATE OF WISCONSIN
Wisconsin Statutes
§ 51.44 (5)(a)5
§ 46.031 (2g)

PROGRAM PARTICIPATION SYSTEM (PPS): B-3 MODULE

Completion of this form is voluntary. This form will be collecting personally identifiable (PI) information to assist the county designated staff to enter required fields into the PPS Birth to 3 Module. The PI is collected to assist with verification in PPS, the county in maintaining records, completing transition services electronically from the county to the school district, and to send family satisfaction surveys to families. Aggregate data is collected to report to the Office of Special Education Services (OSEP) on an annual basis.

(* Required Elements)	BASIC REGISTRATION AND INDIVIDUAL SUMMARY			
Title	Name – Child (First)	(Middle)	(Last)	Suffix

Gender* ☐ Female ☐ Male	Date of Birth*

CHILD AND REFERRAL TO BIRTH TO 3 INFORMATION

Legal Guardian

Relationship

☐ Parent ☐ Foster Parent ☐ Other Relative ☐ Other

Title	Name – Parent/Guardian (First)	(Middle)	(Last)	Suffix

Language Preference	☐ Interpreter Needed	Phone Number - - , ext.

Email Address

Residential Address

☐ Family is homeless

Address*	City*	State*	Zip Code*

Mailing Address, If Different Than Residential Address

Address	City	State	Zip Code

Other Caregiver

Relationship

☐ Parent ☐ Foster Parent ☐ Other Relative ☐ Other

Title	Name – Parent/Guardian (First)	(Middle)	(Last)	Suffix

Language Preference	☐ Interpreter Needed	Phone Number - - , ext.

Residential Address

☐ Residential address is different than primary caregiver's residential—if checked, add address below

Address*	City*	State*	Zip Code*

Mailing Address, If Different Than Residential Address

Address	City	State	Zip Code

Child's Race/Ethnicity (Check all that apply)

☐ Yes ☐ No American Indian/Alaskan Native*	☐ Yes ☐ No Asian*	☐ Yes ☐ No Hispanic*
☐ Yes ☐ No Hawaiian/Other Pacific Islander*	☐ Yes ☐ No White*	
☐ Yes ☐ No Black/African American*		

Referral Information

Date - Initial Contact*	Referral Source*	County of Responsibility*	Service Provider* (Agency)

Child Status Regarding Birth to 3 Program

Date – F-00316 Sent	Regarding What Service

Type of Result Reported

SCREENING/EVALUATION

Screening

Date – Expected Screening	Date – Actual Screening	Recommend Evaluation ☐ Yes ☐ No
		Recommend Re-Screen ☐ Yes ☐ No

Evaluation

Date – Initial Contact	Date – Actual Evaluation	Type	Eligible for B-3 ☐ Yes ☐ No

Eligibility

Why Eligible	Area of Delay
Diagnosed Condition	Explain Atypical Development

Child's Characteristics

Characteristic 1	Characteristic 2	Characteristic 3

SERVICE PLANNING (Required Elements)

Initial IFSP

Date – Initial IFSP Start*	Reason for Late IFSP

Entry Child Outcomes

Positive Socio-emotional Skills Ranking (1-7)*	Acquiring and Using Knowledge and Skills Ranking (1-7)*	Taking Appropriate Actions to Meet Needs Ranking (1-7)*

Sources of Information

Source(s) of Information*	Source(s) of Information*	Source(s) of Information*

SERVICES

Service Details

Date – IFSP	Service Type	Service Provider (Agency)	Location
Date – Service Started	Date – Service Ended	Reason for Late Start	☐ **No new services added**
Frequency of Service:	Flexible Scheduling: Visits per	Funding Source for Service:	

Service Provider Information

Name (Last, First)	Contracted as:	Agency
Credentials ☐ Other:	Degree	☐ Other:

Service Details

Date – IFSP	Service Type	Service Provider (Agency)	Location
Date – Service Started	Date – Service Ended	Reason for Late Start	☐ **No new services added**
Frequency of Service:	Flexible Scheduling: Visits per	Funding Source for Service:	

Service Provider Information

Name (Last, First)	Contracted as:	Agency
Credentials ☐ Other:	Degree	☐ Other:

Service Details

Date – IFSP	Service Type	Service Provider (Agency)	Location
Date – Service Started	Date – Service Ended	Reason for Late Start	☐ **No new services added**
Frequency of Service:	Flexible Scheduling: Visits per	Funding Source for Service:	

Service Provider Information

Name (Last, First)	Contracted as:	Agency

Credentials	☐ Other:	Degree	☐ Other:

Service Details

Date – IFSP	Service Type	Service Provider (Agency)	Location

Date – Service Started	Date – Service Ended	Reason for Late Start	☐ **No new services added**

Frequency of Service:	Flexible Scheduling: Visits per	Funding Source for Service:

Service Provider Information

Name (Last, First)	Contracted as:	Agency

Credentials	☐ Other:	Degree	☐ Other:

Primary Location	Service Delivery Approach	Other:

Does Family Have Parental Cost Share ☐ Yes ☐ No	Family Income

Additional Assessment

Type	Date Completed

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TRANSITION/PROGRAM EXIT

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Local Educational Agency (LEA) Information

Name – Local LEA Agency:

☐ Parent Objects to Notifying LEA About the Child

Notification

Email Address – Service Coordinator	Email(s) – LEA

Name – Service Coordinator	Service Coordinator Phone Number - - , ext.

Name – Provider	Email Address – Provider

Transition Planning Conference (TPC)

Was a TPC Held ☐ Yes ☐ No	Date LEA Invited	Date – TPC	TPC Exception Reason

Transition Meeting

Was Meeting Held ☐ Yes ☐ No	Which Agency Attended	Other Text:

Refer to LEA

Child Potentially Eligible for Services through LEA ☐ Yes ☐ No	Consent to Release Information to LEA ☐ Yes ☐ No	Date Consent Obtained

Referral Type ☐ Electronic	Date Referral Sent	Referral Exception Reason

Email Address – Provider

Name – Service Coordinator	Service Coordinator Phone Number - - , ext.

☐ Parent reversed opt out decision after 2 yr 9 months ☐ Child was referred to Birth to 3 after 2 years 9 months	Areas of Need ☐ Communication ☐ Learning ☐ Motor ☐ Hearing ☐ Vision

Comments to be sent to LEA (maximum of 500 characters)

Program Exit

☐ Child is leaving Birth to 3 Program prior to	Were Transition Steps Recorded on IFSP ☐ Yes ☐ No	Date Transition Steps Recorded
Transition Exception Reason	Date of Closing	Closing Reason

☐ Child referred to LEA, moved prior to age 3, and transferred to a WI Birth to 3 Program

Date next Birth to 3 Program Contacted

Exit Child Outcomes

Positive Socio-emotional Skills Ranking (1-7)	Acquiring and Using Knowledge and Skills Ranking (1-7)	Taking Appropriate Actions to Meet Needs Ranking (1-7)
Has the child shown any new skills or behaviors related to positive socio-emotional skills since the previous rating ☐ Yes ☐ No	Has the child show any new skills or behaviors related to acquiring and using knowledge and skills since the previous rating ☐ Yes ☐ No	Has the child shown any new skills or behaviors related to taking appropriate actions to meet needs since the previous rating ☐ Yes ☐ No

Sources of Information

Source(s) of Information	Source(s) of Information	Source(s) of Information