

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* <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth*			

CHILD AND REFERRAL TO BIRTH TO 3 INFORMATION

Legal Guardian				
Relationship <input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other Relative <input type="checkbox"/> Other				
Title	Name – Parent / Guardian (First)	(Middle)	(Last)	Suffix
Language Preference	<input type="checkbox"/> Interpreter Needed	Telephone Number () - , ext.		

Residential Address			
<input type="checkbox"/> Family is homeless			
Address*	City*	State*	Zip Code*

Mailing Address, If Different Than Residential Address			
Address	City	State	Zip Code

Other Caregiver				
Relationship <input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other Relative <input type="checkbox"/> Other				
Title	Name – Parent / Guardian (First)	(Middle)	(Last)	Suffix
Language Preference	<input type="checkbox"/> Interpreter Needed	Telephone Number () - , ext.		

Residential Address			
<input type="checkbox"/> 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)		
<input type="checkbox"/> Yes <input type="checkbox"/> No American Indian / Alaskan Native*	<input type="checkbox"/> Yes <input type="checkbox"/> No Asian*	<input type="checkbox"/> Yes <input type="checkbox"/> No Hispanic*
<input type="checkbox"/> Yes <input type="checkbox"/> No Hawaiian / Other Pacific Islander*	<input type="checkbox"/> Yes <input type="checkbox"/> No White*	
<input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No
		Recommend Re-Screen <input type="checkbox"/> Yes <input type="checkbox"/> No

Evaluation

Date - Initial Contact	Date - Actual Evaluation	Type	Eligible for B-3 <input type="checkbox"/> Yes <input type="checkbox"/> No
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Eligibility

Why Eligible	Area of Delay
Diagnosed Condition	Explain Atypical Development

Child's Characteristics

Characteristic 1	Characteristic 2	Characteristic 3
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SERVICE PLANNING (Required Elements)

Initial IFSP

Date - Initial IFSP Start*	Reason for Late IFSP
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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)*
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Sources of Information

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

Service Details

Date - IFSP	Service Type	Service Provider (Agency)	Location
Date - Service Started	Date - Service Ended	Reason for Late Start	<input type="checkbox"/> 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 <input type="checkbox"/> Other	Degree	<input type="checkbox"/> Other

Service Details

Date - IFSP	Service Type	Service Provider (Agency)	Location
Date - Service Started	Date - Service Ended	Reason for Late Start	<input type="checkbox"/> 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 <input type="checkbox"/> Other	Degree	<input type="checkbox"/> Other

Service Details

Date - IFSP	Service Type	Service Provider (Agency)	Location
Date - Service Started	Date - Service Ended	Reason for Late Start	<input type="checkbox"/> 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 <input type="checkbox"/> Other	Degree <input type="checkbox"/> Other	

Service Details

Date – IFSP	Service Type	Service Provider (Agency)	Location
Date – Service Started	Date – Service Ended	Reason for Late Start	<input type="checkbox"/> 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 <input type="checkbox"/> Other	Degree <input type="checkbox"/> Other	
Primary Location	Service Delivery Approach	Other
Does Family Have Parental Cost Share <input type="checkbox"/> Yes <input type="checkbox"/> No	Family Income	

Additional Assessment

Type	Date Completed
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TRANSITION / PROGRAM EXIT**Local Educational Agency (LEA) Information**

Name – Local LEA Agency
<input type="checkbox"/> Parent Objects to Notifying LEA About the Child

Notification

E-Mail Address – Service Coordinator	E-Mail(s) – LEA
Name – Service Coordinator	Service Coordinator Telephone Number () - , ext.
Name – Provider	E-Mail Address – Provider

Transition Planning Conference (TPC)

Was a TPC Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Date LEA Invited	Date - TPC	TPC Exception Reason
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Transition Meeting

Was Meeting Held <input type="checkbox"/> Yes <input type="checkbox"/> No	Which Agency Attended	Other Text:
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Refer to LEA

Child Potentially Eligible for Services through LEA <input type="checkbox"/> Yes <input type="checkbox"/> No	Consent to Release Information to LEA <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Consent Obtained
Referral Type <input type="checkbox"/> Electronic	Date Referral Sent	Referral Exception Reason
E-Mail Address – Provider	E-Mail Address – LEA	
Name – Service Coordinator	Service Coordinator Telephone Number () - , ext.	
<input type="checkbox"/> Parent reversed opt out decision after 2 yr 9 months <input type="checkbox"/> Child was referred to Birth to 3 after 2 years 9 months	Areas of Need <input type="checkbox"/> Communication <input type="checkbox"/> Learning <input type="checkbox"/> Motor <input type="checkbox"/> Hearing <input type="checkbox"/> Vision	

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

Program Exit		
<input type="checkbox"/> Child is leaving Birth to 3 Program prior to	Were Transition Steps Recorded on IFSP <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Transition Steps Recorded
Transition Exception Reason	Date of Closing	Closing Reason
<input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the child show any new skills or behaviors related to acquiring and using knowledge and skills since the previous rating <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the child shown any new skills or behaviors related to taking appropriate actions to meet needs since the previous rating <input type="checkbox"/> Yes <input type="checkbox"/> No
Sources of Information		
Source(s) of Information	Source(s) of Information	Source(s) of Information