



**Record Transmittal
Cover Sheet**

(For Use When Transferring Records
Between BabyNet System Providers)

Child's Name _____ DOB _____ BabyTrac # _____

TO:
Name _____

FROM: _____

Agency _____

Address _____

Telephone & EMAIL _____

1. REASON FOR RECORD TRANSFER (CHECK ALL THAT APPLY)

- Initial IFSP/Service Coordination referral
- Child is transferred to another agency for Service Coordination
 - Services Still Needed:
 - PT Provider: _____ 3203's Issued Through: ___/___/___
 - OT Provider _____ 3203's Issued Through: ___/___/___
 - ST Provider _____ 3203's Issued Through: ___/___/___
 - OTHER _____ 3203's Issued Through: ___/___/___
- Service Coordination Agency Change/New County
- Service Coordination Agency Change/Same County
- Transition Referral To LEA
- Transition Conference Information To LEA
- Exit at 3, Part B Eligibility Not Determined
- Exit at 3, Part B Eligible
- Exit at 3. Not Eligible for Part B, Exit To Other Programs
- Exit at 3. Not Eligible for Part B, Exit With NO Referrals
- Child Deceased (Return to DHEC BN for closure)
- Attempts To Contact Family Unsuccessful (Return to DHEC BN for closure)
- Withdrawal By Parent or Guardian (Return to DHEC BN for closure).
- Family Moved Out Of State. (Return to DHEC BN for closure).
- Completion Of IFSP Prior To Reaching Age 3 (Return to DHEC BN for closure)
- Other _____

2. INFORMATION TRANSMITTED (CHECK ALL THAT APPLY)

- Entire BabyNet Record
- Transition Referral Form DATE OF REFERRAL ___/___/___ School District: _____
- Transition Conference Form DATE OF CONFERENCE: ___/___/___ School District _____
- IFSP (complete)
- IFSP Sections (list) _____
- Family Hearing and Vision Questionnaire
- Release of Information Form
- Birth and Early Health History
- Consent for Screening, Evaluation and Assessment
- OTHER (Describe) _____

3. COMMENTS: _____

Service Coordinator Signature/DATE: _____

Service Coordinator Supervisor Signature/DATE _____

BN012 (rev5/08)

