

## Transition from Hospital to Early Intervention Checklist

This checklist includes practices that can be used to support the transition of newborn or very young infants and their family members from hospital services to early intervention services. The main focus of these practices is activities to encourage collaboration with family members and health care providers in ways that facilitate positive child and family preparation and adjustment to home and community settings and services.

The checklist can be used by a practitioner to plan a child and family's smooth transition from hospital to home/early intervention program involvement. The checklist can be used to do a self-evaluation to determine if the transition practices were used before, during, and after the transition process.

Practitioner: \_\_\_\_\_ Child: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Please indicate which practice characteristics you were able to use as part of transitions for a child and family:</b>	<b>Seldom or Never</b> (0-25%)	<b>Some of the Time</b> (25-50%)	<b>As Often As I Can</b> (50-75%)	<b>Most of the Time</b> (75-100%)	<b>Notes</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1. Respond promptly to a referral from the hospital staff to learn about the child's developmental/health status and discharge plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Contact the family to confirm their interest in a referral to early intervention and to learn more about early intervention program services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Together with the family and relevant hospital staff, convene a transition-planning meeting at a time and place convenient to the family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Gather information from the family members/parents about their experiences in the hospital and ask about their concerns and priorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Ask for permission and request signed releases for communication and coordination of supports and services they may be receiving based on hospital discharge planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Describe the types of early intervention supports and services designed to assist parents in helping their child learn and grow and support family access to resources and supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Provide information and support to family members/parents during the eligibility determination and evaluation process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Explain the purpose and process of an evaluation/assessment and ask the parents how they would like to participate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	