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Schools  
Student Data and State Reporting: Part C to Part B

Receiving Part B School District:

- Capitan Carrizozo Cloudcroft Corona Hondo Ruidoso Tularosa

Part C Provider: REC IX Developmental Services Zia Therapy

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **MI** \_\_\_\_\_  
**State ID#:** \_\_\_\_\_ (Generated by Part B Provider)

**DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:**  M  F

**Ethnicity:** Caucasian Black or African Am. Hispanic or Latino Asian  
American Indian/Alaskan Native Native Hawaiian or Other Pacific Islander

**Case Manager Name:** \_\_\_\_\_ (only if transitioning to Part B)

**Case Manager SS#:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  SS# on file

**Event 20 Part C to B 90- Day Conference:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Part C to B: NON COMPLIANCE REASONS**

- 1 Parent selected to have child remain in Part C program (IFSP in place)
- 2 LEA missed deadline
- 6 Student moved out of state
- 7 Deceased
- 8 Dual enrolment in Part C and Part B programs
- 11 Student moved to another district in New Mexico
- 14 Withdrawal from Part C by parent
- 15 Parent refused to give consent for transition planning
- 17 Parent did not produce child for testing (at least 3 documented attempts)
- 18 Part C referred child less than 90 days before the child's 3<sup>rd</sup> birthday

**If student is transitioning to Part B complete the following:**

- Submit this form with transition conference date to school secretary/designee
- Event 30 Part B Parent Consent for Initial Evaluation \_\_\_\_/\_\_\_\_/\_\_\_\_
- Event 31 Part B Initial Evaluation \_\_\_\_/\_\_\_\_/\_\_\_\_
- Event 21(Yes) 24(No) Part B Eligibility Determination \_\_\_\_/\_\_\_\_/\_\_\_\_
- Event 22 Part B Initial Placement IEP \_\_\_\_/\_\_\_\_/\_\_\_\_
- Event 23 Part B IEP Implementation \_\_\_\_/\_\_\_\_/\_\_\_\_
- Event 10 Written parent consent for Medicaid and/or Private Ins \_\_\_\_/\_\_\_\_/\_\_\_\_

*Special education case manager for 3y program will complete sped data form and submit with this form upon completion of eligibility determination and/or IEP.*

**Data Form Provided to LEA SPED Director for STUDENTS NOT TRANSITIONING TO PART B** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Special Considerations:**

**Student transferred from another district (district name)** \_\_\_\_\_

**Use other agency for event 20 and 30 (agency name)** \_\_\_\_\_

**Part C to B form submitted with SPED Data form to Central Office:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Data Entered into Power School:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Verified by:** \_\_\_\_\_