



AGE EXTENSION CASE CONFERENCE

NON-CCTR children only



Child's Name: _____ Child's Age: _____ years _____ months

Site: _____ Room: _____ Teacher: _____

Date of Extension Meeting: ____ / ____ / ____

| | YES | NO |
|---|-----|-----------------------------|
| 1. Is the classroom licensed for children ages 2-5 years? | | |
| 2. Are there extenuating family or developmental circumstances, e.g. failure to thrive; serious health condition; historical or current trauma such as foster care, homelessness, domestic or other violence? | | |
| 3. Has the appropriate program support been provided to the family in the form of resources, referrals, and/or Service Requests? | | |
| 4. Are the Area Director, Site Supervisor, and Program Assistant/Specialist all in agreement regarding an extended placement until 3 year 4 months of age? | | |
| 5. If necessary, were the Vice President, Early Childhood Development and/or Associate Vice President, CSQI, contacted to assist with determination? | | <input type="checkbox"/> NA |

The EHS to HS Transition Team has determined that the above child is: eligible ineligible for extended placement in the current 2-5 year licensed classroom.

If eligible, provide detail regarding extenuating circumstances:

Per Area approval, this extension is valid only until 3 years 4 months of age and expires on _____ Date

Print Name _____ Signature _____ Date: _____
Area Director

Print Name _____ Signature _____ Date: _____
Site Supervisor

Print Name _____ Signature _____ Date: _____
EHS Program Assistant

Print Name _____ Signature _____ Date: _____
Program Specialist