

If a student has transitioned to school services or left your region,
PLEASE PROVIDE ALL THE CONTACT AND LOCATION INFORMATION ON
RECORD. Thanks.

Florida and Virgin Islands (FAVI)

Fax this form to 352-273-8539 **Deaf-Blind Collaborative**

IF A STUDENT HAS LEFT YOUR EARLY STEPS REGION, PLEASE INDICATE:

Child's name: _____ Date of birth: _____

- Moved to _____ Early Steps region.
- Transitioned from Early Steps to school services:

District or private enrollment information

- Is no longer receiving special education services

Home address/Residence location information

- Deceased

Other (please explain: _____

