

Transition Conference Summary

SECTION 1: CHILD AND SERVICE COORDINATION INFORMATION

First and Last Name of Child:	DOB:	Date of Conference:
Is date of conference at least 90 days prior to child's third birthday? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Service Coordinator Name:	Service Coordinator Phone:	BRIDGES ID #:

SECTION 2: TRANSITION CONFERENCE SUMMARY

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SECTION 3: TRANSITION SUPPORTS AND SERVICES

Steps to be taken to support the child and family's transition:	Person(s) who need to be involved:	Deadline for completion:

SECTION 4: SIGNATURES OF TRANSITION CONFERENCE PARTICIPANTS (Method Codes: A=Attended, P=Phone)

Signature and Name		Role/Agency	Method		Date
			A	P	
<i>Signature</i>	<i>Name</i>	Parent			
<i>Signature</i>	<i>Name</i>	Parent			
<i>Signature</i>	<i>Name</i>	Service Coordinator			
<i>Signature</i>	<i>Name</i>	LEA Representative			
<i>Signature</i>	<i>Name</i>	Early Care and Education			
<i>Signature</i>	<i>Name</i>	Other			
<i>Signature</i>	<i>Name</i>	Other			