

INVITATION TO PARTICIPATE IN A TRANSITION CONFERENCE IFSP TRANSITION PLANNING MEETING

Date: _____

You are invited to participate in a: Transition Conference Transition Planning Meeting Combined Meeting

For: Child's Name: (*Last, First, M.I.*): _____ Date of Birth _____

Which will assist the family and their team to understand and plan activities to support in the transition from AzEIP to the appropriate early childhood program(s).

PARTICIPANTS INVITED	
Name(s)	Agency/Program
	Parent(s)
	AzEIP Service Coordinator
	IFSP Team member
	IFSP Team member
	School District Representative
	Head Start Representative
	Community Preschool Representative
	Other: _____
	Other: _____

The meeting(s) is scheduled for: Date: _____ Time _____

Location: _____

If you have any questions or are unable to make the meeting, please contact me.

AzEIP Service Coordinator's Name: _____

Early Intervention Program: _____

Phone No. _____ Email Address _____