

TRANSITION CONFERENCE SUMMARY

Date: _____ Child's Name: _____

I-TEAMS ID: _____ Date of Birth: _____ Age: _____

The purpose of the Transition Conference is to ensure the following activities/steps are completed:

- A. Develop or update the transition plan within the child's Individualized Family Service Plan (IFSP);
- B. Review potential program(s) options/continuum of services available after the child's third birthday;
- C. Establish tentative timelines and activities for the child's transition into the early childhood programs requested by the parent (*such as Head Start or preschool*), if eligible;
- D. Establish a plan for parental visitation to the programs available;
- E. Review existing data/information about the child, including vision and hearing screening information; and
- F. Plan for collection of additional information to determine eligibility for programs of interest to the parents, including evaluation and procedures to assist in determining eligibility for special education preschool.

The parent has provided written consent to discuss/share information about the child to participants attending the Transition Conference. (Note: this is required prior to the Transition Conference meeting) **Yes** **No**

TRANSITION CONFERENCE PARTICIPANTS			
Role	Participant Name	Participant Initials	Contact Information
Parent(s)			Phone: Email:
AzEIP Service Coordinator			Phone: Email:
IFSP Team Lead			Phone: Email:
IFSP Team Member			Phone: Email:
IFSP Team Member			Phone: Email:
School District/Public Education Agency (PEA) Representative			Phone: Email:
Head Start Representative			Phone: Email:
Community Preschool Representative			Phone: Email:
Other:			Phone: Email:
Other:			Phone: Email:
Other:			Phone: Email:

MEETING SUMMARY

Describe meeting discussion and details, including but not limited to: preschool options, schedule, transportation needs, health concerns, family concerns, and resources needed/provided to family.

ACTIONS STEPS FOR A SMOOTH TRANSITION

Next Action/Steps	Responsible Person(s)	Date to be Completed
Action Steps		

The parent(s) requests participation of the following individuals at the Preschool Multidisciplinary Evaluation Team (MET)/ Eligibility Conference and the Individualized Education Plan (IEP) meeting:

AzEIP Service Coordinator

AzEIP IFSP Team Member(s): _____

Others (provide names and contact information): _____

With the parent's consent, a copy of all documentation completed during the Transition Conference will be provided to all participants within 10 business days of this meeting.



As the parent(s) of a child who is involved with AzEIP, you have protections under the Individuals with Disabilities Education Act (IDEA). These protections are outlined in the [Child and Family Rights in the Arizona Early Intervention Program \(AzEIP\)](#) booklet.

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • TTY/TDD Services 7-1-1 • Disponible en español en línea o en la oficina local