



FIRST STEPS TRANSITION MEETING MINUTES

State Form 51674 (R3 / 3-07) / BCD 0107



Date (month, day, year)

Name of child

Date of birth (month, day, year)

Purpose of meeting: 90-270 day Transition Meeting out of First Steps Other transition within First Steps

TRANSITION MEETING PARTICIPANTS

PRINTED NAME	ROLE	TELEPHONE NUMBER	SIGNATURE	TIME IN	TIME OUT	AUTHORIZATION TIME
	Parent *					
	Parent *					
	Service Coordinator					
	LEA Representative					
	Head Start					

* By signing this form, parent acknowledges the Service Coordinator has reviewed Rights and Procedural Safeguards.

Date child's First Steps services are anticipated to end (month, day, year)

Date child's new program/services are anticipated to start (month, day, year)

Discussion notes: (topics to include: procedural safeguards, eligibility, service coordination role, extent to which various placement options and services are appropriate, family priorities and concerns, discussion of the child's present levels of development that will affect future placement decisions, procedures to prepare the child for changes in service delivery in a new setting, recommendations by the multidisciplinary team of activities necessary to support the transition of the child)

Area with horizontal dashed lines for handwritten notes.

Recorded by

Role

Location of meeting