



TRANSITION MEETING NOTIFICATION

State Form 51671 (R3 / 3-07) / BCD 0104



Date (month, day, year)

Name of parent / legal guardian

Address (number and street, city, state, and ZIP code)

Dear _____,

Your child, _____ *First name* _____ *Last name* has been scheduled for a transition meeting on _____ *Date (month, day, year)*. This meeting will be at _____ *Location* at _____ *Time* AM PM.

The purpose of this meeting is to review your child's program options and develop a plan for transition. As we have discussed, the following individuals have been invited to this meeting.

_____	Service Coordinator	_____	Therapist
_____	Local Education Agency Representative	_____	Therapist
_____	Head Start Representative	_____	Therapist
_____	Other	_____	Therapist

Your rights and personal safeguards are enclosed. You are urged to participate as a member of the team during all discussions. You may also bring other individuals to this meeting. If you have any questions or if this time is not convenient for you, please call me at (_____) _____ *Telephone number*. Thank you for your time.

Sincerely,

Service Coordinator

- PROVIDERS: This letter serves as your written invitation to participate in the transition meeting noted above.