**<FIT PROVIDER AGENCY LETTERHEAD>**

**To:**  <Parent(s) names>

 <LEA representative>

 <Head Start / other preschool provider (as appropriate)>

 <Other FIT provider agency(ies) currently serving the child and family>

<FIT early intervention personnel>

 <Other individuals (as requested by the parent)>

**From**: <Service Coordinator’s name, title and FIT provider agency>

**Date:**  <Today’s Date>

**Re:** Transition Conference Invitation

You are requested to attend the transition conference for <name of child> <(Date of Birth)>

The transition conference details were scheduled with parent(s) and preschool providers. The details of the conference are as follows:

Date: <date of transition conference>

Time: <start and end times of the transition conference>

Location: <address and room information of the transition conference>

The purpose of this conference is to fully inform the parent(s) of their options for their child’s transition from the Family Infant Toddler (FIT) Program and the timelines for transition based on their child’s 3rd birthday and the parents’ choice. At this meeting, the team will decide on specific steps and activities to make sure that the transition process is smooth for the child and family.

If you have any questions or concerns regarding this transition conference, please contact me at (xxx) xxx-xxxx or name@xxxx.org

Thank you!

copy: child file