## Agency:

To:

From:

Date:

**Re:** Transition Conference Invitation

| You are requested to attend the transition conference for |  |
|---|--|
| whose date of birth is                                    |  |

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

Date: Time: Location:

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 3<sup>rd</sup> birthday. 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 \_\_\_\_\_\_ or \_\_\_\_\_.

Thank you!

copy: child file