



Local Kindergarten Transition Team Planner

Name of Transition TEAM: _____

Possible Transition Team Members	Name and Role	Contact Information
School District - Superintendent - CPSE Chair or Rep - K Teacher - Prek Teacher - Principal - Transition Coordinator - Nurse - Other		
Head Start - Administrator - Teacher - Health Coordinator - Transition/ Education Coordinator - Parent - Other		
Child Care Resource and Referral Agency		
Parent Representative		
QUALITYstarsNY Specialist		
Child Care Directors		
FACE Center Representative		
4410 Director		
Family Child Care Rep		
Local AEYC Chapter		
Librarian		
Local Law Enforcement		
Local Birth – Five Initiatives		
Health Clinic Rep		