

Local Kindergarten Transition Team Planner



Name of Transition TEAM: _____

Possible Transition Team Members	Name and Role	Contact Information
School District (possible roles) <ul style="list-style-type: none"> - Superintendent - CPSE Chair or Rep - K Teacher - PreK Teacher - Principal - Transition Coordinator - Other 		
Head Start (possible roles) <ul style="list-style-type: none"> - Administrator - Teacher - Health Coordinator - Transition/ Education Coordinator - Parent - Other 		
Child Care Resource & Referral Agency		
Parent Representative		
QUALITYstarsNY Specialist		
Child Care Directors		
FACE Center Representative		
4410 Director		
Family Child Care Representative		
Local AEYC Chapter		
Librarian		
Local Law Enforcement		
Local Birth – Five Initiatives		
Health Clinic Representative		