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** |  |  |
| **4410 Director** |  |  |
| **Family Child Care Rep** |  |  |
| **Local AEYC Chapter** |  |  |
| **Librarian** |  |  |
| **Local Law Enforcement** |  |  |
| **Local Birth – Five Initiatives** |  |  |
| **Health Clinic Rep** |  |  |