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** |  |  |