

**INVITATION TO PARTICIPATE IN A TRANSITION CONFERENCE/
 IFSP TRANSITION PLANNING MEETING**

_____ (Date)

You are invited to a: Transition Conference Transition Planning Meeting Combined Meeting

For: _____ (Date of Birth)
 (Child's Name)

This child is currently participating in the Arizona Early Intervention Program (AzEIP) through our agency. The meeting will assist the parents and their team to understand and plan the transition steps/activities from early intervention to the appropriate early childhood program(s).

PARTICIPANTS

Team Member's Name(s)	Agency/Program
	Parent(s)
	AzEIP Service Coordinator
	IFSP Team member
	IFSP Team member
	School District Representative
	Head Start Representative
	Community Preschool Representative
	Other:
	Other:

The meeting(s) is scheduled for: _____ at _____
 (Date) (Time)

at: _____
 (Location)

If you have any questions or are unable to make the meeting, please contact me.

AzEIP Service Coordinator's Name: _____

Early Intervention Program: _____

Phone No.: _____ Email address: _____

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.