



## Infant & Toddler Connection of Virginia

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TO: Family  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City, State & Zip  
\_\_\_\_\_  
RE: Child's Name  
\_\_\_\_\_  
ID Number  
\_\_\_\_\_

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### Parent Approval for Transition Planning Conference

With your approval, a transition planning conference will be held to discuss potential options for supports and services through the school system or other community program and establish a plan for a smooth transition for your child and family from early intervention services to early childhood special education or other community services. This meeting will include you, a representative of the local early intervention system and a representative of the local school system or other community program to which your child may transition.

#### **Description**

The transition conference will be held as a meeting. Your service coordinator will talk with you about scheduling the meeting at a time that is convenient for you.

#### **Timelines**

The transition planning conference must be held at least 90 days, but no more than 9 months, before your child's third birthday or the date on which your child is eligible for early childhood special education services.

I do \_\_\_\_/do not \_\_\_\_ give my approval for Infant & Toddler Connection of Virginia to carry out the activity described above.

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Signature of Parent(s)

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Date