

C. In the following table, please list activities that will help your child with the transition to kindergarten. Make sure that you include activities that address each of the needs you listed in Section B on Page 1.

Areas for Extra Transition Support (from Page 1, Section B)	Activities	When/How Often	Who	Where/How (location, etc.)	On what strengths do these activities build? (from Page 1, Section A)

D. Please list any additional resources your child or your family needs, as well as any concerns you have.

E. In the table below, please list all the members of your child's Transition Support Team.

Name	Phone/Email	Signature (1 st meeting)	Initial (2 nd mtg) (Optional)	Initial (Final mtg) (Optional)

F. List the dates and locations for the Transition Meetings.

1st Meeting Date: _____ Location: _____

2nd Meeting Date: _____ Location: _____

Final/transition Meeting Date: _____ Location: _____