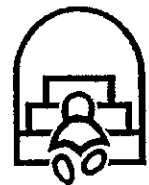




FIRST STEPS TRANSITION MEETING MINUTES

State Form 51674 (R2 / 1-05) / BCD 0107



First Steps

Date of transition meeting (month, day, year)

Name of child

Date of birth (month, day, year)

Purpose of meeting: 90-180 day Transition Meeting out of First Steps Other transition within First Steps

TRANSITION MEETING PARTICIPANTS

| PRINTED NAME | ROLE | TELEPHONE NUMBER | SIGNATURE | TIME IN | TIME OUT | AUTHORIZATION TIME |
|--------------|---------------------|------------------|-----------|---------|----------|--------------------|
| | Parent * | | | | | |
| | Parent * | | | | | |
| | Service Coordinator | | | | | |
| | LEA Representative | | | | | |
| | Head Start | | | | | |
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* By signing this form, parent acknowledges the Service Coordinator has reviewed Rights and Procedural Safeguards.

Date child's First Steps services are anticipated to end (month, day, year)

Date child's new program/services are anticipated to start (month, day, year)

Discussion notes: (topics to include: procedural safeguards, eligibility, service coordination role, extent to which various placement options and services are appropriate, family priorities and concerns, discussion of the child's present levels of development that will affect future placement decisions, procedures to prepare the child for changes in service delivery in a new setting, recommendations by the multidisciplinary team of activities necessary to support the transition of the child)

Area with horizontal dashed lines for writing discussion notes.

Recorded by _____ Role _____

Location of meeting _____