BabyNet South Carolina's Early Intervention System	**Transition Conference**	
	Child's BabyTrac Number:	
	Child's Legal Last Name:	**Child's First Name:**

Date of Conference:	**Service Coordinator Name:**	**Service Coordinator Phone:**

Is date of conference at least 90 days prior to child's third birthday? ☐ NO   ☐ YES

Transition Conference Summary:

Steps to be taken to support the child and family's transition	**Person(s) who need to be involved**	**Date to be completed by**
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Team Member's Signature/Name	**Role/Agency**	**Date**
	Parent	
	Parent	
	BN Service Coordinator	
	LEA Representative	
	Community Provider	
	Other	
	Other	

Transition Conference Instructions
SCFS/BN018 rev Jan 2010

The *Transition Conference* form is used to document the transition conference. This form must be completed with input from the parent, the Service Coordinator, the local school district, Head Start, or other community program. This conference must occur at a time and place that is convenient to all team members.

- **Child's BabyTrac Number:** Enter client's number from BabyTrac.
- **Child's Legal Last Name:** Enter child's legal last name.
- **Child's First Name:** Enter the child's legal first name. Do not use nicknames.
- **Date of Conference:** Enter date of Transition Conference.
- **Service Coordinator Name:** Enter name of BabyNet Service Coordinator
- **Service Coordinator Phone #:** Enter BabyNet Service Coordinator's phone number, to include any extension numbers.
- **Is the Date of the Conference at least 90 prior to child's third birthday?** Circle yes or no
- **Transition conference summary:** Include specific information discussed at the transition conference. Include program that the child will be transitioning to at age 3.
- **Steps to be taken to support the child and family's transition:** Include specific steps that must be taken in order to ensure transition at three years of age. Include programs and services discussed and into what program the child will be transitioning to at age 3. Include names of team members and any responsibilities needed by team members to ensure transition at age 3.
- **Member Signature/Name:** Obtain signature or list name of individuals participating in Transition Conference.
- **Role/Agency:** Ask participants to list their role with the child.
- **Date:** Enter the date of signature of Review Members.