

East Allen County Schools  
**TRANSITION CONFERENCE DOCUMENTATION**  
**from Part C to Part B**

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Agency \_\_\_\_\_  
Conference Location \_\_\_\_\_ Date \_\_\_\_\_

**PARTICIPANTS/TITLES**


**HISTORY/DISCUSSION** \_\_\_\_\_

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**FOLLOW UP NEEDED**

Part C \_\_\_\_\_

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Part B \_\_\_\_\_

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Headstart \_\_\_\_\_

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Parent \_\_\_\_\_

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Other \_\_\_\_\_

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