

**Early Childhood Transition Regional Meeting  
Planning Worksheet**

Please discuss and complete the answers to the following questions.

**Security Coordinator**

(Use additional columns to add other LEAs or county Birth to 3 Programs with which you work.)

	<b>B-3 Program</b>	<b>LEA</b>			
County or District Name					
Who is your agency's PPS Security Coordinator?					
Title of person named above.					
Email address of person named above.					
Has the Security Coordinator registered his/her WAMS ID with DHS or DPI?					
Who will identify and notify the additional agency users of PPS (staff who will make or receive referrals and enter data in PPS)? This must occur in October.					
Has the Security Coordinator set up additional users in PPS through the WISA website?					

**Notification from Birth to 3 that a child is nearing 3 years old and may need special education**

(Use additional columns to add other LEAs or county Birth to 3 Programs with which you work.)

	<b>B-3 Program</b>	<b>LEA</b>			
County or District Name					
Name of person who enters data into PPS and sends (B-3) or receives (LEA) notification.					
Title of person named above.					
Email address of person named above.					
When are notifications sent by B-3 to the LEA?					
What happens after the notification report is received by LEA?					

**Transition Planning Conference (TPC)**

(Use additional columns to add other LEAs or county Birth to 3 Programs with which you work.)

	<b>B-3 Program</b>	<b>LEA</b>			
County or District Name					
Name of person who schedules the TPC.					
Who is invited to attend?					
How is the LEA invited to attend?					
When does the TPC occur?					
How is it decided what occurs at the TPC?					

**Referral for Special Education and Related Services**

(Use additional columns to add other LEAs or county Birth to 3 Programs with which you work.)

	<b>B-3 Program</b>	<b>LEA</b>			
County or District Name					
Name of person who enters data into PPS and sends (B-3) or receives (LEA) referral.					
Title of person named above.					
Email address of person named above.					
Birth to 3 – Who sends the child’s packet of information (with parent consent) to the LEA following referral?					
Birth to 3 – When is the packet of information sent to the LEA?					
LEA – What are the procedures for processing electronic referrals if the designated staff person is out of the office or on vacation (i.e., during summer)?					

**On-Going Planning**

(Use additional columns to add other LEAs or county Birth to 3 Programs with which you work.)

	<b>B-3 Program</b>	<b>LEA</b>			
County or District Name					
What are your priorities and actions for ongoing work?					
How will you work together across systems?					
What is your <i>first step</i> upon returning to your community?					
How can state staff support you?					