

Planning Transition Services

A workshop for Parents, Caregivers, and Providers

Thursday, December 2nd 6:30 – 8:00 p.m.

Cape Cod Collaborative Osterville Campus

418 Bumps River Road, Osterville

Cape Cod Collaborative welcomes you to a discussion and evening of resources to support Teams in planning successful transitional supports for children with special needs as they enter adult services.

Parents, caregivers and colleagues are welcome to come and share resources and information. Guest speakers will include representatives from the Cape and Islands Transition Team:

1. Jennifer Jensen, Department of Developmental Services (DDS)
 - a. Introduction to DDS, Chapter 688 Transition Process
2. Ted Mello, Massachusetts Rehabilitation Commission (MRC)
 - a. MRC *Path to Success* consumer handbook; Cape and Islands Transition Resource Guide
3. Larry Paige, Department of Mental Health (DMH)
 - a. DMH supports during Transition Process

MA requires that beginning no later than the first IEP developed when an eligible student is 14, Teams should outline/plan activities towards successful post-secondary opportunities and/or employment options. Adult service agencies may offer supportive services for children and families as students near graduation or turn 22 years of age. Please join us to learn of these services.

Workshop facilitator: Anita Woods, Cape Cod Collaborative

When/Where: **Thursday, December 2, 2010; 6:30 -8:00 p.m.**

Cape Cod Collaborative, 418 Bumps River Road, Osterville; Cafetorium

Pre-registration is required: a.woods.ccc@comcast.net, or 508-420-6950, ext 15,

Or FAX 508-420-6959

Workshop fee: FREE!

Limited childcare will be available through the Cape Cod Challenger Club. Please include this request in your pre-registration.

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Fax Registration Form to: 508-420-6959

Or

Email Registration Form to: a.woods.ccc@comcast.net

Registration Information:

NAME(S) _____

PHONE/EMAIL _____

Total # of people attending: _____

Please let us know:

_____ I am a parent/caregiver/family member

_____ I am an educator/provider
Agency/Program/District: _____

_____ I am requesting childcare for my child(ren)*# _____

I can be reached at phone/email: _____

*I understand the childcare will be provided in a group setting. 1:1 supervision is not available during this event. If you have questions or concerns regarding the specific needs of your child, please email kelvin@ccchallenger.org

Signature Date