

Transition Team Contact List

| HOME | Name | Phone | Email | Best times |
|---|------|---------|-------|------------|
| Youth | | () - x | | |
| Parent/guardian | | | | |
| Parent/guardian | | | | |
| Sibling | | | | |
| Neighborhood friend | | | | |
| Personal Care Attendant | | | | |
| Other | | | | |
| SCHOOL | Name | Phone | Email | Best times |
| Special Education Teacher | | | | |
| Regular Education Teacher | | | | |
| Transition Specialist | | | | |
| Physical therapist | | | | |
| Occupational therapist | | | | |
| Speech Language Therapist | | | | |
| Social Worker | | | | |
| Psychologist | | | | |
| Other | | | | |
| COMMUNITY | Name | Phone | Email | Best times |
| Community Case Manager | | | | |
| Vocational Rehabilitation Counsellor | | | | |
| Post-Secondary Education Disability Office | | | | |
| Center for Independent Living | | | | |
| Travel Trainer | | | | |
| Orientation & Mobility Teacher | | | | |
| Medical Primary Care Doctor | | | | |
| Medical Specialist Doctor | | | | |
| Physical Therapist | | | | |
| Occupational Therapist | | | | |
| Speech Language Therapist | | | | |
| Equipment Vendor | | | | |
| Other | | | | |
| Other | | | | |

Add * for contact preference, and best times (days, times) for communication