

Thank you for adding your Massachusetts interagency transition group to our database! Below is the information we require. Please remember that all information reported will be displayed on the MPTE Massachusetts Interagency Transition Groups website and that by submitting this form you are acknowledging that you have permission to publicly share this information.

What is the name of the group?

Please provide a brief description of the group (include things like whether the group is a collaborative, a regional group, a group that only works with a local school district, etc.)

What school districts are affiliated with this group (i.e. what is the catchment area for this group)?

What partners participate on a regular basis? Please check all others that apply.

- DDS
- MRC
- DMH
- MCB
- DCF
- DYS
- Community providers
- Family representatives
- Transition aged youth / young adults
- One Stop Career Centers
- Special educators
- General education staff including guidance counselors
- Other - Write In: _____

How often does this group meet? _____

Contact Name

Contact Email

Contact Phone number

Comments:

Please email this form to Oliver Lyons at: oliver.lyons@umb.edu

Thank you for your submission!