

**Commission on Economic Opportunity for the Greater Capital Region, Inc.**  
**Early Head Start/Head Start**  
**Documentation of Final Home Visit and Transition Plan**

Child's Name: \_\_\_\_\_ Date of Visit/Conference: \_\_\_\_\_

Parent/Guardians Name: \_\_\_\_\_

Method of Communication (in-person, zoom, phone call, etc.): \_\_\_\_\_

\*Please answer the language questions if you were unable to have a winter conference or if this is also an initial home visit.

**What is the primary language spoken in the home?** \_\_\_\_\_

For the children whose primary language is English- are they acquiring/learning a new language in addition to English?

Yes  No

If yes, what additional language are they acquiring? \_\_\_\_\_

**Documentation of Attempts to Schedule Final Home Visit:**

Date Scheduled: \_\_\_\_\_ Cancelled by: \_\_\_\_\_ Reason Cancelled: \_\_\_\_\_

Date Scheduled: \_\_\_\_\_ Cancelled by: \_\_\_\_\_ Reason Cancelled: \_\_\_\_\_

Date Scheduled: \_\_\_\_\_ Cancelled by: \_\_\_\_\_ Reason Cancelled: \_\_\_\_\_

**\*\* Additional attempts of scheduling should be documented on back of sheet\*\*:**

***CHILD'S STRENGTHS***

***SUMMARY OF DEVELOPMENT AND LEARNING***

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***TRANSITION PLAN***

**TRANSITION PLAN (include any necessary information from IFSP/IEP)**

<b>The environment- <i>Describe changes</i></b>	<b>What staff and family will do to transition child:</b>
<b>Routines- <i>Describe changes</i></b>  <b>Meal Time:</b>  <b>Nap Time:</b>	<b>What staff and family will do to transition child:</b>
<b>Activities/Learning Experiences- <i>Describe changes</i></b>	<b>What staff and family will do to transition child:</b>

\_\_\_\_\_  
Parent/Guardian Signature and Date

\_\_\_\_\_  
Teacher Signature and Date