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| **TRANSITION PLAN (include any necessary information from IFSP/IEP)** | |
| **The environment- *Describe changes*** | **What staff and family will do to transition child:** |
| **Routines- *Describe changes***  **Meal Time:**  **Nap Time:** | **What staff and family will do to transition child:** |
| **Activities/Learning Experiences- *Describe changes*** | **What staff and family will do to transition child:** |

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Parent/Guardian Signature and Date Teacher Signature and Date