

CEO Early Head Start/Head Start Individualized Transition Plan

Center: _____
Child's Name: _____ Date of Birth: _____
Date Plan was Developed: _____ Plan Completed by: _____
Transition Begin Date: _____ Projected Transition Completion Date: _____

Child is transitioning to: (Circle one)

- | | |
|-------------------|----------------------|
| Infant to Toddler | Toddler to Preschool |
| Preschool to UPK | To Kindergarten |
| Center to Center | Other: _____ |

New Teachers Name: _____

Child Information:

Date of last Teaching Strategies Gold Assessment: _____

Date of Current ASQ3 Screening: _____
Concerns Found Yes No

Date of Current DECA Screening: _____
Concerns Found Yes No

Does Child have a current IFSP or IEP? Yes No

Does child have a current Behavior Plan? Yes No
(If yes, a member of the education team will help support the transition)

Does the child have a individual health care plan? Yes No

Please list any allergies child has been *diagnosed*:

Child's Strengths/Interests:

Child's Dislikes/Challenges:

Strategies Used in Current Classroom to meet child's needs:

Transition Action Plan:

Child Name: _____

Transition Goal	Activity/Strategy	Person Responsible	Timeline
Example: Child will have a designated space in the new classroom for belongings.	Help child decorate a cubby in the new room and create an "All About Me" poster board.	Miss Laura and Miss Renee	Monday January 11, 2016

Family Transition Information (to be completed at transition meeting – can be held in person, virtually or over the phone):

Parent/Guardian Goals for Transition:				
What my child knows:				
What I would like my child to learn:				

Current Teacher Signature: _____

Date: _____

New Teacher Signature: _____

Date: _____

Parent Signature: _____

Date: _____

CM Reviewed: _____

Date: _____

1st Parent Meeting Scheduled for: _____ Cancelled? Yes No Reason if Cancelled: _____

2nd Parent Meeting Scheduled for: _____ Cancelled? Yes No Reason if Cancelled: _____

3rd Parent Meeting Scheduled for: _____ Cancelled? Yes No Reason if Cancelled: _____