



CEO Early Head Start/Head Start  
Individualized Transition Plan Documentation

**Meeting Information**

Child's Name: Emily D Date: 3/15/26 Time: 8am  
Conference Participants: Jenna, Nadine and Joe

**Transition Information**

From:	To:	To:
<input type="checkbox"/> BIW	<input type="checkbox"/> Homebase	Center: _____
<input type="checkbox"/> Home Base	<input type="checkbox"/> Infants	School: _____
<input type="checkbox"/> Infants	<input type="checkbox"/> Toddlers	Other: _____
<input checked="" type="checkbox"/> Toddlers	<input checked="" type="checkbox"/> Preschool	
<input type="checkbox"/> Preschool	<input type="checkbox"/> UPK	

**Teacher Meeting**

Current Teacher: <u>Casey</u>	New Teacher: <u>Jennifer</u>
<input checked="" type="checkbox"/> Assessments	<input checked="" type="checkbox"/> IFSP or IEP
<input checked="" type="checkbox"/> Behavior Plan	<input checked="" type="checkbox"/> Individual Health Care Plan
<input checked="" type="checkbox"/> Therapist schedule	<input checked="" type="checkbox"/> Allergies

Drinks Oat Milk

**Transition Questions**

What are the child's strengths? (self-soothe, make eye contact, is a helper, likes to help friends)  
Smart, able to follow daily routines and directions, Plays well with others

What is the child's arrival routine? (easily separates from parents, needs adult attention at drop off, goes to play)  
Does get upset at drop off. Benefits from teacher taking from mom and reading her a story or coloring with her.

What is the child's diapering/toileting routine?  
Almost potty trained, still wears pull up but goes to bathroom on potty

How do you know when they are tired? If the child naps, what is the child's napping routine?  
Will get emotional and cry. Naps really well though.

What do mealtime routines look like? (sitting/standing, cup, sippy cup, bottle, breast feed)  
Sits while eating and is able to use utensils independently

What does the child enjoy doing in the classroom? (favorite toys, favorite activities)  
puzzles, legos and Sensory.

Are there any behavioral concerns and if so, what strategies work well with the child?  
NO concerns

Other important information: (therapist information, any food allergies, or individualized strategies needed should be listed here)  
Drinks oat milk

**Signatures**

Joe 3/15/26  
Parent/Guardian Signature and Date

Casey 3/15/26  
Teacher Signature and Date

Jennifer 3/15/26  
New Teacher Signature and Date

Jenna 3/15/26  
Center Manager Signature and Date