



TRANSITION PLANNING FORM



Child's Name: _____ Child's Age: _____ years _____ months

Date of Transition Planning Meeting: ____ / ____ / ____

Father/father figure participated? Yes No

Type of transition discussed:

- Early Head Start (EHS) Program to Head Start (HS) Program HS option: _____
- EHS Program to other community based option: _____

1. Child's strengths:

2. Developmental goals that your child is working on:

3. Are your child's health screenings and immunizations up to date?

- Yes No

Items that need follow-up: _____

4. Are there any resources or referrals that your family needs at this time?

5. Have you received a copy of the "Special Education Services for Preschoolers" booklet?

- Yes No N/A

Has your IFSP Service Coordinator scheduled your Transition Conference?

- Yes No N/A

6. Three months prior to your child's 3rd birthday, you will need to complete a new application for the HS program. Have you received the "EHS Transition and Eligibility Letter" that explains the licensing requirements and application process for HS?

- No, will not be applying for HS Yes, received the letter; Date to submit HS application: ____ / ____ / ____

7. In order to continue supporting school readiness, it is important that your child transition at 3 years old into an age-appropriate setting that will prepare him or her for kindergarten. If applying for a Center-Based option, please list two HS sites that you would like more information about. Please note that HS placement is not guaranteed and that due to limited availability, all HS sites and program options will be offered to you as they become available. In addition, provide the family with the "Alternative Child Care Options" list so they can look into other preschool programs.

HS Site #1: _____

HS Site #2: _____

Parent/Guardian Name

Parent/Guardian Signature

Staff Name/Title

Staff Signature

Staff Name/Title

Staff Signature