

# EARLY HEAD START TRANSITION PLAN

**CHILD:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Date of Transition:** \_\_\_\_\_

I acknowledge that my child will be transitioned out of Early Head Start upon reaching his/her third birthday:

**Parent initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

| <u>TRANSITION TIME-LINE:</u> | <u>ACTIVITIES and PERSON(S) RESPONSIBLE</u>   | <u>SIGNATURE:</u>   | <u>DATE:</u> |
|------------------------------|---|---|--------------|
| 29-30 months                 | <ul style="list-style-type: none"> <li>Discuss with parent the Plan for transitioning the child at age 3 –Teacher I, Teacher II, EHS-CCP Generalist, Center Based Generalist, Provider</li> <li>Discuss program options with parents - Teacher I, Teacher II, EHS-CCP Generalist, Center Based Generalist, Provider</li> <li>Provide the parent with enrollment application - Teacher I, EHS-CCP Generalist, Center Based Generalist</li> <li>Review/revisit concerns and/or special needs accommodation if applicable- Teacher I, EHS-CCP Generalist, Center Based Generalist</li> <li>Discuss relationship of last assessment with school readiness goals- Teacher I, Teacher II, Provider</li> <li>Document any special education follow-up appointments - Teacher I, Teacher II, EHS-CCP Generalist, Center Based Generalist, Provider</li> <li>Complete 30 month DAYC-2 screening protocol form and forward a copy to the Disabilities Unit as needed - Teacher I, Teacher II, EHS-CCP Generalist</li> </ul> | <hr/> Parent _____ Date: _____<br><br><hr/> Home Visitor/Teacher _____ Date: _____<br><br><hr/> Other: _____ Date: _____  |              |
| 31-34 months                 | <ul style="list-style-type: none"> <li>Review child’s Assessments, School Readiness Goals with parent- Teacher I, Teacher II, Provider</li> <li>The File &amp; Portfolio will be transferred (upon the child’s transition or request to transfer)- Teacher I, Teacher II, Provider</li> <li>Transition update meeting - Center Based Generalist, EHS-CCP Generalist, Teacher I, Provider</li> <li>Schedule Transition Meeting with Parent - Teacher I , Provider, and Program Generalist</li> <li>Head Start Application – Center Based Generalist</li> <li>Review/revisit concerns and/or special needs accommodation if applicable- Teacher I, Teacher II, EHS-CCP Generalist, Center Based Generalist</li> <li>Application Placed on waiting list – Center Based Generalist</li> <li>TB and Physical Exam Completed- Teacher I, Teacher II, EHS-CCP Generalist, Center Based Generalist, Provider</li> </ul>   | <hr/> Parent _____ Date: _____<br><br><hr/> Home Visitor/Teacher _____ Date: _____<br><br><hr/> Generalist _____ Date: _____<br><br><hr/> Other: _____ Date: _____  |              |
| 35-36 months                 | <ul style="list-style-type: none"> <li>Visit Head Start or other Preschool Program (Introduce Site Staff)- Teacher I, EHS-CCP Generalist</li> <li>Discuss Curriculum and School Readiness Goals- Teacher I, Teacher II, Provider</li> <li>Attend Parent Orientation- Teacher I, Teacher II, EHS-CCP Generalist, Center Based Generalist, Provider</li> <li>Review/revisit concerns and/or special needs accommodation if applicable- Teacher I, Teacher II, EHS-CCP Generalist, Center Based Generalist</li> <li>Complete Transition- Teacher I, Teacher II, EHS-CCP Generalist, Center Based Generalist, Site Supervisor, Program Supervisor</li> </ul>  | <hr/> Parent _____ Date: _____<br><br><hr/> Home Visitor/Teacher _____ Date: _____<br><br><hr/> Generalist _____ Date: _____<br><br><hr/> Site Supervisor _____ Date: _____<br><br><hr/> Other: _____ Date: _____ |              |

**COMMENTS:** \_\_\_\_\_

- ❖ Denotes Children with IFSPs
- ❖ *A meeting between the Disabilities Unit and EHS Program Supervisor will be conducted to review child’s needs and concerns. Meetings will be held bi-weekly. The Disabilities Unit will track the status of any special education or related services that the child may qualify for at age of three.*

| <u>TRANSITION TIME-LINE:</u> | <u>ACTIVITY DOCUMENTATION and PERSON(S) RESPONSIBLE</u> | <u>SIGNATURE:</u> <u>DATE:</u>   |
|------------------------------|---|--|
| 29-30 months                 |   | <hr/> Parent                                      Date:<br><hr/> Home Visitor/Teacher                      Date:<br><hr/> Generalist                                      Date:<br><hr/> Site Supervisor                                      Date:<br><hr/> Other:                                      Date:         |
| 31-34 months                 |   | <hr/> Parent                                      Date:<br><hr/> Home Visitor/Teacher                      Date:<br><hr/> Generalist                                      Date:<br><hr/> Site Supervisor                                      Date:<br><hr/> Other:                                      Date:         |
| 35-36 months                 |   | <hr/> Parent                                      Date:<br><hr/> Home Visitor                                      Date:<br><hr/> Generalist                                      Date:<br><hr/> Site Supervisor                                      Date:<br><hr/> Other:                                      Date: |

❖ Denotes Children with IFSPs

❖ *A meeting between the Disabilities Unit and EHS Program Supervisor will be conducted to review child's needs and concerns. Meetings will be held bi-weekly. The Disabilities Unit will track the status of any special education or related services that the child may qualify for at age of three.*

| <u>TRANSITION TIME-LINE:</u> | <u>ACTIVITY DOCUMENTATION and PERSON(S) RESPONSIBLE</u>  | <u>SIGNATURE:</u> <u>DATE:</u>   |
|------------------------------|--|--|
| 37-48 months                 | <ul style="list-style-type: none"> <li>• Continue transition activities as needed to provide a smooth transition to Head Start or another community child care in the area based on the family need- EHS-CCP Generalist, Provider</li> <li>• Visit Head Start or other Preschool Program (Introduce Site Staff)- EHS-CCP Generalist, Provider</li> <li>• Discuss Curriculum and School Readiness Goals - Provider</li> <li>• Attend Parent Orientation- EHS-CCP Generalist, Provider</li> <li>• Review/Revisit concerns and/or special needs accommodation if applicable- Provider, EHS-CCP Generalist</li> <li>• Complete Transition – EHS-CCP Generalist, Center Based Generalist, Provider, Program Supervisor</li> </ul> | <hr/> Parent    Date:<br><br><hr/> EHS-CCP Generalist                              Date:<br><br><hr/> Program Supervisor                              Date:<br><br><hr/> Provider    Date: |
| 37-48 months                 |  | <hr/> Parent    Date:<br><br><hr/> EHS-CCP Generalist                              Date:<br><br><hr/> Program Supervisor                              Date:<br><br><hr/> Provider    Date: |

❖ Denotes Children with IFSPs

❖ *A meeting between the Disabilities Unit and EHS Program Supervisor will be conducted to review child's needs and concerns. Meetings will be held bi-weekly. The Disabilities Unit will track the status of any special education or related services that the child may qualify for at age of three.*