**Head Start/Early Head Start**

**Individualized Transition Plan**

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| --- | --- | --- | --- |
| **Child's Name\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_ **Parent's Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_Age \_\_\_\_\_\_\_** **Date Prepared Projected date of transition**   **Current Program: EHS Home-based Center-based EHS Educator/Home Visitor**  ***Center/School Planning to Attend: Head Start Application given on Date****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | |
| **IFSP?** | **M.H.** | **Health/Nut** | **Date of Staffing Names of Staff Required:** |
|  | **Referral?** | **Referral?** |  |
| **\_ Yes** | **\_ Yes** | **\_ Yes** |  |
| **\_\_\_ No** | **No** | **No** |  |
| Community Resources Needed: | | | |

**Child Profile** (Include any necessary information from IFSP}

|  |  |  |
| --- | --- | --- |
| \*Describe child's temperament-likes, dislikes, and | I | \*Describe the routines that help the child during the following transitions: |
| reactions |  | Arrival/Departure Time: |
| \*Describe the child's developmental progress in the |  |  |
| following areas: |  | Nap Time: |
| Attachment to parent: |  |  |
| Attachment to Primary teacher (home visitor): |  | Feeding Time: |
| Communication: |  | Change in Activities: |
| **Parent's Signature/Date** |  |  |

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