

New Haven Board of Education
Head Start Program

INDIVIDUAL CHILD TRANSITION PLAN

Complete the following for child transitioning out of Head Start.
Please include a copy in the child's educational file.

Date: _____

Child's Name: _____

First Language: _____

Parent/Guardian Name: _____

Home Language: _____

Head Start Site/Room: _____

Sending Teacher: _____

Head Start Teachers: _____.

List the activities implemented to prepare _____ for his/her transition into a new learning environment. This child will transition to _____.

Classroom Activities – List all activities implemented to support a positive transition experience for this child and their family.

Preschool/Kindergarten Fieldtrip Activities – Give a detailed account of the field trip, including the site visited and any activities that took place.

Individualization of Transition Activities – Explain how you individualized the transition activities to serve the needs of this child.

Date child will transition out of Head Start: _____

Confirm with parent/guardian child's current address: _____

Is this address new? Yes No

Does this child have an IEP? Yes No