

## Transition Planning Form

CHILD AND FAMILY INFORMATION		
Child Name:		Date of birth:
Current Program Option:	Entry Date:	Location:
Meeting Type (Circle One):    1 <sup>st</sup> Meeting    2 <sup>nd</sup> Meeting    3 <sup>rd</sup> Meeting		Additional Meeting: _____
Planning Date:	Site:	Class:
Parent Name(s):	Child's Age at Time of Planning:	*Was Father/Father-figure involved in planning (Circle)? Yes / No
Home Telephone:	Mobile:	Email:
Date of expected Transition :	Program Information (Ex. 0-2 to 3-5):	Location Information:
TRANSITION PLANNING ACTIVITIES AND STRATEGIES		
Focus Areas	Follow Up and Action Steps of parents and staff	
Strengths <i>(List identified strengths of the child and family)</i>		
Family Dynamics <i>(current family circumstances, if applicable)</i>		
Child's Development level, Progressions (describe the current development levels, successes)		
Program Eligibility (describe what services the family qualifies for)		
Disability, Mental Health services (if applicable, describe current or suspected disability, Mental Health supports received)		
<b>ADDITIONAL COMMENTS:</b>		
Parent Signature		Date
Parent Signature		Date
FES Signature		Date
PE Signature		Date
Staff Signature		Date
Staff Signature		Date

**Additional Instructions:**

- **Status Change Form must be completed to ensure that all program changes are documented in all appropriate database systems: COPA, Teaching Strategies, SIS**