

**Transition Plan**

***HS 1302.70 Transitions from Early Head Start. (b)*** *Timing for transitions.**…at least six months prior to each child’s third birthday, implement transition planning for each child and family that:* ***(1)*** *Takes into account the child’s developmental level and health and disability status, progress made by the child and family while in Early Head Start, current and changing family circumstances and, the availability of Head Start, other public pre-kindergarten, and other early education and child development services in the community that will meet the needs of the child and family; and,* ***(2)*** *Transitions the child into Head Start or another program as soon as possible after the child’s third birthday but permits the child to remain in Early Head Start for a limited number of additional months following the child’s third birthday if necessary for an appropriate transition.*

**Transition Plan:** The goal of this plan is to enhance the child’s school experience by allowing him/her time to participate in the specified activities, which will contribute to him/her gaining necessary skills to make a smooth transition. A new form will be completed each time the transition plan changes or is altered.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child’s Name:  | Transition begin date: | Plan Duration (1 week, 2 weeks): | Time of day (start and end): | Follow up meeting date: |
|   |  |  |  |  |
| Visit will take place during (large group, small group, free choice, outside, etc.): |
|  |
| Include special considerations (Health Concerns, IFSP, IEP, Medical Emergency Plan, Allergies, etc.):  |
|  |
| The following developmental skills will be practiced and enhanced (Refer to GOLD for individualization.): |
|

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

 |
| Describe what the plan will look like and who will be responsible for the child throughout the plan: |
|   |

Current Teacher Signature and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Visiting Teacher Signature and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director Signature and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Signature and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

References HS 1302.70 (b) (1) & (2) Distribution: Child’s File, Copy to Coordinator

7/20



**Transition Plan Guidance**

**Transition Plan:** The goal of this plan is to enhance the child’s school experience by allowing him/her time to participate in the specified activities, which will contribute to him/her gaining necessary skills to make a smooth transition.

* Transition plans are individualized for each child and should be tailored to fit the needs of the child.
* Transition plans are for visits to another classroom for a specific amount of time. These are not plans for the children to spend the majority of their day in another classroom.
* The teacher or director will communicate with the parent when developing a plan for input and progress.
* Transition plans are documented and kept in a child’s file.
* A new form will be completed each time the transition plan changes or is altered.

This is an example of a possible Transition Plan.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child’s Name:  | Transition begin date: | Plan Duration (1 week, 2 weeks): | Time of day (start and end): | Follow up meeting date(s): |
| *Sharon Smith* | *3/19/2018* | *1st 2 weeks**2nd 2 weeks**Weeks 5 & 6**Week 7, last week of transition* | *9:45-10:00**9:30-10:00**9:30-10:15**9:30-11:30* | *Teachers will check in weekly on Fridays at 1:30 to discuss progress.* |
| Visit will take place during (large group, small group, free choice, outside, etc.): |
| *1st 2 weeks Free Choice**2nd 2 weeks Free Choice**Last 2 weeks Free Choice and Small Group* |
| Include special considerations (Health Concerns, IFSP, IEP, Medical Emergency Plan, Allergies, etc.):  |
| *None* |
| The following developmental skills will be practiced and enhanced (Refer to GOLD for individualization.): |
| *Social-Emotional 1. Regulates own emotions and behaviors a. Manages feelings; 2. Establishes and sustains positive relationships a. Forms relationships with adults; Cognitive 11. Demonstrates positive approaches to learning a. Attends and engages*

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

 |
| Describe what the plan will look like and who will be responsible for the child throughout the plan: |
| *Primary caregiver, Judy, will walk Sharon to the preschool classroom and stay with Sharon for the first week or until Sharon is confident to stay with the preschool class without Judy. Upon arriving to the preschool class, Judy will introduce Sharon to the preschool teachers, Lydia and Lori. At the end of the visit, Judy will return to walk Sharon back to the Infant Toddler room. While in the preschool classroom Lori will act as primary caregiver for Sharon. Teacher roles will remain the same throughout the transition period.** *For the first two weeks, Sharon will stay in class for 15 minutes during free choice.*
* *For weeks 3 and 4, Sharon will stay in the classroom for 30 minutes during free choice.*
* *During weeks 5 and 6, Sharon will continue to visit the classroom for 30 minutes during free choice and stay for small group.*
* *During week 7, Sharon will spend all of free choice, small group and lunch in the preschool classroom.*

*Expected date of completion of Early Head Start programming is May 4th, 2018. We anticipate Sharon will be ready to join the Head Start programming in the preschool class on May 7th, 2018.* |

References HS 1302.70 (b) (1) & (2)

7/20