



## 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	
<b>Strengths</b> <i>(List identified strengths of the child and family)</i>		
<b>Family Dynamics</b> <i>(current family circumstances, if applicable)</i>		
<b>Child's Development level, Progressions</b> (describe the current development levels, successes)		
<b>Program Eligibility</b> (describe what services the family qualifies for)		
<b>Disability, Mental Health services</b> (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**