



# FAMILY SUPPORT-SCHOOL READINESS TRANSITION INFO (0-5 YEARS)

Check One:  Family Visit or  Conference

**Complete when:** Child transitions out of the program or between classrooms

Child's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Transition: \_\_\_\_\_

Date: \_\_\_\_\_ Staff: \_\_\_\_\_ Family Name: \_\_\_\_\_

Current Program: \_\_\_\_\_ Type of EHS Educator: \_\_\_\_\_

PHS Teacher: \_\_\_\_\_ Date of Staffing Before Transition: \_\_\_\_\_

**Family Support** (i.e. Food, clothing, homelessness or other community Resources):

\_\_\_\_\_

**Does child have a current IFSP/IEP/504 Plan?**  No  Yes If yes, when is the next IFSP,IEP/504 Plan review date: \_\_\_\_\_

<input type="checkbox"/> Child's Birth Certificate is attached  <input type="checkbox"/> We did not receive a copy of your child's Birth Certificate. You will need to register for kindergarten. Here are some things you can do to get an official copy:  _____ _____ _____	<input type="checkbox"/> Liaison for families who are homeless: Name: _____ Phone: _____  <input type="checkbox"/> Title I Coordinator: (ELL, LAB) Name: _____ Phone: _____  <input type="checkbox"/> SPED contact (Special Education Services) IEP, 504 Plan Name: _____ Phone: _____
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**Family's Exit Plan:**

**Reflection/feedback about Head Start:** Please share your experience at Head Start with us. What did you like best for your child? For you? What would you change about Head Start for your child? For you?

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**Follow-up on Existing Partnership Plans:** including goals related to parents' role as first teachers of their child and enhancing economic stability for their family.

**Community Resources:** Which ones have you found useful? Not useful? Do you feel comfortable finding community resources on your own? Anything you think would be helpful to other parents?

**Do you have any unmet/new needs?** Additional resources/referrals given today:

**Plan for Child and Family for coming year:** (return to HS? Kindergarten? Summer? Child care needs? School advocacy?)

**Interest in helping new families learn about Head Start?** (help with recruitment, orientation, etc)

**In what area of the transition process could your family use extra support?**

**What is the best way to reach you:** Time: \_\_\_\_\_ Telephone #: \_\_\_\_\_