

EHS Transition Planning Form

Child _____ Birth Date _____ Age in Months _____

Home Visitor _____ Site _____

Child Development Strengths/Concerns _____

IFSP/IEP status NO YES Disability _____ LEA Providing Services _____

Health Strengths/Concerns _____

Local Head Start location _____ Schedule _____

Other local school district or community options available for children who turn three during this program year:

Other local school district or community options available for children who turn three on or before September 1st of the next program year: _____

My home visitor and I have discussed transition options for my child. This is our Transition Plan:

- Apply for Head Start when my child turns three.
- Apply for Head Start for the next program year.
- Other _____

Parent Signature _____ Date _____

Home Visitor's Signature _____ Date _____

Follow Up

- Child transitioned into the Head Start Classroom during the program year. Date _____
- Child transitioned into a local preschool option during the program year. Date _____
Location _____
- Child completed a Head Start application and will be considered for enrollment for the next program year.
- Child will enroll in a local pre-k option through the school district. _____
- Other _____

Staff Signature _____ Date _____