

**NWCA Head Start  
End of Year Transition Plan**

Child \_\_\_\_\_

Date \_\_\_\_\_

Teacher \_\_\_\_\_

Location of visit \_\_\_\_\_

1. Child's achievements/strengths \_\_\_\_\_  
\_\_\_\_\_

2. Child's target areas \_\_\_\_\_  
\_\_\_\_\_

3. Activities to do over the summer to prepare for next fall:

A. Read with your child everyday. Share a bedtime story.

B. \_\_\_\_\_

C. \_\_\_\_\_

4. Child is transitioning to: \_\_\_\_\_

5. If child is kindergarten age eligible (5 years by Sept 1) and wanting to apply for head start please explain why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Who attended this meeting?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Teacher