



CCFS Head Start/Early Head Start Agency Forms

Title of Form: Transitioning Children into/out of Head Start/Early Head Start
Who Fills Out Form: Lead Specialist (Disabilities, Health, Nutrition, Mental Health)
Goes To: Child's File, Transition Binder, Parents, Site Director, Teachers, Specialist
Due Date: Completed During Transition Meeting
Purpose: To determine supports needed for children with special needs (Special Needs includes medical issues, behavior issues and disabilities (IEP & IFSP), family issues, etc.)
Important Notes: <ol style="list-style-type: none">1. Specialist will coordinate the transition meeting with other specialists, Site Director, FSA and any other appropriate personnel as needed to determine modifications/accommodations needed prior to the child's entry into Head Start.2. Additional information should be obtained from parents.3. Determine will be made as to whether staff will need any specific training prior to the start of service.4. Transition plan will specify and due dates or timelines for meeting needs of family and child.
HEAD START PERFORMANCE STANDARDS REFERENCE NUMBER: 45CFR 1304.41 9 (c) (1) Grantees must establish & maintain procedures to support transition...



Transitioning Children into/out of Head Start/Early Head Start

Child's Name _____ D.O.B. _____ Meeting Date: _____

Site: _____ Classroom # _____ AM PM Full Day IEP Date: _____

Special Need, Description	Person/Service Area Responsible:					
		<input type="checkbox"/> DS	<input type="checkbox"/> NS	<input type="checkbox"/> FS	<input type="checkbox"/> MHS	<input type="checkbox"/> C.C
	<input type="checkbox"/> HS	<input type="checkbox"/> FSA	<input type="checkbox"/> Teacher	<input type="checkbox"/> H.E		<input type="checkbox"/> Parent
	Recommendations/Follow-Up					Date

Special Need, Description	Person/Service Area Responsible:					
		<input type="checkbox"/> DS	<input type="checkbox"/> NS	<input type="checkbox"/> FS	<input type="checkbox"/> MHS	<input type="checkbox"/> C.C
	<input type="checkbox"/> HS	<input type="checkbox"/> FSA	<input type="checkbox"/> Teacher	<input type="checkbox"/> H.E		<input type="checkbox"/> Parent
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Special Need, Description	Person/Service Area Responsible:					
		<input type="checkbox"/> DS	<input type="checkbox"/> NS	<input type="checkbox"/> FS	<input type="checkbox"/> MHS	<input type="checkbox"/> C.C
	<input type="checkbox"/> HS	<input type="checkbox"/> FSA	<input type="checkbox"/> Teacher	<input type="checkbox"/> H.E		<input type="checkbox"/> Parent
	Recommendations/Follow-Up					Date

Documents reviewed and given to parent/s:

Exit Letter	<input type="checkbox"/>	Nutrition / Health Care Plan	<input type="checkbox"/>
IEP / IFSP	<input type="checkbox"/>	Behavior Intervention Plan	<input type="checkbox"/>
Other:			<input type="checkbox"/>

Transition Participants: (Signature & Title)
