



**B.R.A.D. HEAD START/EARLY HEAD START
INDIVIDUAL TRANSITION PLAN**

CHILD _____

FROM	TO	DATE	ENROLLMENT INFORMATION

The following transition activities will be conducted: (please indicate by using appropriate date)

Early Head Start

_____ Transition meeting held with previous childcare provider (other than family or in home care)

_____ EHS caregiver conducts first home visit

_____ Transition meeting held prior to child changing classroom/center within program year

_____ Transition meeting held with parent(s) at 30 months of age

_____ Caregiver begins pre-3's suggested transition activities with child

Head Start

_____ Transition meeting held with previous childcare provider (other than family or in home care)

_____ Head Start teacher conducts first home visit

_____ Transition meeting held prior to child changing classroom/center within program year

_____ Referred child for 4 year booster (completed date) _____

_____ Informed parent of kindergarten registration. Date registered _____

_____ Provided necessary information to public school for kindergarten registration