

Tri-County Child and Family Development Council, Inc.  
 Individual Transition Plan  
 To Be Filled Out by the Parent/Guardian **and** Designated Staff

Family Name \_\_\_\_\_ Date \_\_\_\_\_  
 Child's Full Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Staff Present \_\_\_\_\_  
 Transition to \_\_\_\_\_ Date \_\_\_\_\_

<p><b><u>Transition Information</u></b></p> <p>Last Well Child _____</p> <p>Last Dental _____</p> <p>Last ASQ _____</p> <p>Last ASQ/SE _____</p> <p>Brigance score _____</p> <p>IFSP Yes <input type="checkbox"/> None <input type="checkbox"/></p> <p>IEP Yes <input type="checkbox"/> None <input type="checkbox"/></p> <p>Prenatal Transition: <input type="checkbox"/></p> <p><b><u>Other: Family Goal Progress</u></b></p> <p><input type="checkbox"/> <u>SEE FPA</u> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><b>Parent/Guardian Signature(s)</b></p> <p>_____</p> <p>_____</p> <p><b>Staff Signature</b></p> <p>_____</p> <p>_____</p> <p><b>New Goal Set</b> Yes _____</p> <p style="padding-left: 60px;">No _____</p>	<p><b>Transition Goal:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b><u>Steps to Achieve Goal</u></b></p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><b>Any Other Helpful Information</b></p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p>Last ASQ Scores: Communication ___/60___ Gross Motor ___/60___</p> <p>Fine motor ___/60___ Problem Solving ___/60___ Personal / Social ___/60___</p> <p>Last ASQ/SE Score: _____</p> <p>Goal Review Date: _____</p> <p>Anticipated Goal Completion Date: _____</p> <p>Recorded on PROMIS: _____</p> <p style="text-align: center;">Date</p>
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