



East Central Illinois Community Action Agency

INDIVIDUALIZED TRANSITION PLAN - Head Start Birth to Three Services

Child's Name: _____ DOB: ____/____/____ Parent(s) Name: _____

Date Prepared: ____/____/____ HS Staff: _____ Title: _____

Transitional Teacher: _____ School: _____

Describe the child's family composition, culture, language preference, and goals: _____

Describe new and ongoing transitions that the family is experiencing and how the family is adapting to them: _____

CHILD PROFILE:

Temperament: Describe the child's unique style, likes, dislikes, and reactions:

Developmental Progress: Describe the child's growth in the following areas:

Self-awareness:

Attachment to parent:

Attachment to primary teacher/home visitor:

Communication:

Routines: Describe the routines that help the child adjust during the following transitions.

Arrival time:

Separation time:

Nap time:

Feeding time:

Describe how the family and teacher can prepare and support the child before and during the transition:

What Parents Can Do	What Staff Can Do	When

Substantiating Documentation

Head Start Performance Standards and Other Regulations: Performance Standards Section - 1304.20(f)(2)(iii), 1304.40(h)(1)(2)(3)(4)