

# Spokane County Head Start TRANSITION PLAN CHECKLIST

Child \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Site/Classroom \_\_\_\_\_

Parent(s) \_\_\_\_\_ FSC/DST \_\_\_\_\_

## INDIVIDUALIZED TRANSITION SCHEDULE

Document the progress of the following transition services as the child approaches the approximate ages listed below. Keep this document in the child file/DST Family Documentation section.

### 2 YEARS/6 MONTHS OF AGE

**1. Initiate the transition process with family.**

- a. Discuss placement options. Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- b. Discuss needs of family and child.
- c. Discuss concerns/special needs including if child has an IFSP.
- d. Diet, allergy, health concerns (IHP).
- e. Family encouraged to visit sites.

**2. ChildPlus #3035 is reviewed for completion of screenings and exams, #3320 for immunizations and #3510 and #3520 for disabilities.**

### 2 YEARS/9 MONTHS OF AGE

**1. Review placement choice.**

1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_

**2. FSC notifies HS FSC of family's interest in placement at site/classroom.**

Comment: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**3. Support family visiting sites and classrooms.**

Comment: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### 2 YEARS/11 MONTHS OF AGE

**1. FSC checks for availability of transition position at choice site/classroom.**

Comment: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**2. If family is over-income, MIS is notified by CM.**

Comment: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**3. Complete transfer/transition form.**

Comment: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**4. Visit by parent/child to new classroom is scheduled.**

Comment: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**5. (FD Program Only) Financial Agreement is completed.**

Comment: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_