

**DIRECTIONS FOR USE OF
INDIVIDUAL TRANSITION PLAN FORM**

This form is to be used by the Lead Teacher, teacher assistant, staff and/or Transition Manager for identifying and developing an individual plan for any child who is experiencing difficulty with transition into an Head Start program.

After completing an **Observation Checklist** form, and input from the child's parent/guardian and the child's developmental/social needs are identified, use this form to plan the child's daily, and weekly classroom activities.

Teachers can use this form for goal setting and documentation of mastery or completion of goals. The form can be included in staff observations of child.

INDIVIDUAL TRANSITION PLAN

Center _____ Date _____

Child _____ Teacher _____

Developmental Needs:

1. _____

2. _____

3. _____

4. _____

5. _____

Solution Strategies:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

Results of implementation:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

Parent _____ Date _____
Teacher _____ Date _____