

Child & Family Services



Tony Jordan, Executive Director 1100 H Street • Modesto CA 95354 • (209) 238-1800 • FAX (209) 238-4217

Child and Family Transition Plan

Child's Name:	DOB:	Enrollm	ent Date:	
Teacher/Caregiver:		_ IEP/IFSP □		
The Teacher/Caregiver will utilize the child in partnership with the family.	e transition tool ki	t to develop trans	ition strateg	gies for the transitioning
Transition Strategy		Who is responsible?	Target Date	Follow-up Actions
Parent Signature:	Date	Plan Developed:		
Staff Signature:		·		
Date/Initials updated:	Date/Initials u	pdated:		
Date/Initials updated:				