

### Child and Family Transition Plan

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Teacher/Caregiver: \_\_\_\_\_ IEP/IFSP ☐

The Teacher/Caregiver will utilize the transition tool kit to develop transition strategies for the transitioning child in partnership with the family.

| Transition Strategy | Who is responsible? | Target Date | Follow-up Actions |
|---------------------|---------------------|-------------|-------------------|
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Parent Signature: \_\_\_\_\_ Date Plan Developed: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Date/Initials updated: \_\_\_\_\_ Date/Initials updated: \_\_\_\_\_

Date/Initials updated: \_\_\_\_\_