

Child's Name _____
Program _____

EHS Transition Planning Meeting

Complete 2-4 weeks prior to HS transition start date

This form needs to be scanned into Child Plus-Family Service Tab

Date: _____ Site Location: _____
Attendees: _____

Name of Child: _____

Parents Name: _____

CBFS/FA Name: _____

FOW Name: _____

Receiving Teacher: _____

Agenda (Adapt as needed per individual child and family needs)

1. Introductions
2. Learning about the child:
 - Child's strengths and preferences
 - Child development information (screenings, goals and gold information)
3. Learning about the family
 - Parents hopes and dreams for the family (Share FPA/ Family Goals)
4. Planning and Next Steps
 - Transition Questions
 - Timeline and Plan for CBFS/FA/FOW roles and responsibilities
 - Transition Social Story Book (Completed by Receiving teacher –Give 2 weeks prior to transition)

Childcare Subsidy Eligibility: County: <input type="checkbox"/> Yes <input type="checkbox"/> No City: <input type="checkbox"/> Yes <input type="checkbox"/> No
Child Care Hours Needed: _____
Method(s) of Transportation: <input type="checkbox"/> Own Car <input type="checkbox"/> Bus <input type="checkbox"/> Other: _____
Other Services/Community Resources linked to the child or the family (eg. Bridges, Connections, MMSD, EC Program etc.) Please include current referral information and current IFSP/IEP. _____
Primary language spoken in the home (if not English, what level of English do they understand?) _____
Are there any other areas of special needs? _____

Parent Signature: _____ Date: _____

CBFS/FA Signature: _____ Date: _____