

IT/EHS TRANSITION SUMMARY

Complete when a child drops from your program or transitions to another Reach Dane program.
(Complete if a child has been in attendance 30 days or more.)

Child's Name _____ DOB _____ School Year _____

Program _____ Infant/Toddler Teacher _____

Name of Parent(s) or Guardian _____ Phone _____

Address (Street) _____ (City, State, Zip) _____

Primary Language spoken at home: _____

___ EHS Home Based Family Advocate _____

___ EHS Center Based Center Based Family Specialist _____

Overall Attendance: _____ regular _____ irregular – excused _____ irregular – unexcused

Comments:

Special Needs:

Child referred for an IFSP evaluation? Y N Diagnosis: _____

Child enrolled in Birth to 3? Y N Speech / Language Only? Y N

1. Child's Strengths:

2. Family Strengths/Information:

3. Describe this child's behavior/participation in the following situations (include successful strategies):

a. Peer Interactions:

b. In a small group activity:

c. In a large group:

4. What, if any, behavior management considerations are needed with this child:

5. Are there specific health concerns/services that teaching staff should be aware of?

6. Favorites: Books, Activities/Play Areas: