

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the **hand** tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



Spokane County Early Head Start TRANSITION PLAN CHECKLIST

Child _____ DOB ____/____/____ Site/classroom _____

Parent(s) _____ FSC/DST _____

INDIVIDUALIZED TRANSITION SCHEDULE

Document the progress of the following transition services as the child approaches the approximate ages listed below. Keep this document in the child file/DST Family Documentation section.

2 YEARS/6 MONTHS OF AGE

1. Initiate the transition process with family.

- a. Discuss placement options
- b. Discuss needs of family and child
- c. Discuss concerns/special needs
- d. Family encouraged to visit sites

Date ____/____/____

Comment:

2. Health/developmental records are reviewed and updated.

- a. Dental exam
- b. Well-child exam
- c. Immunizations
- d. Hematocrit
- e. Vision screen
- f. Hearing screen
- g. Growth assessments
- h. Diet, allergy, health concerns, (IHP), comment below:
- i. Special needs referral and/or assessment, comment below:

Date of exam ____/____/____

Date of exam ____/____/____

Next due date ____/____/____

Date completed ____/____/____

Date completed ____/____/____

Date completed ____/____/____

Date completed ____/____/____

Comment:

2 YEARS/9 MONTHS OF AGE

4. Income Eligibility is reviewed to determine if family may be over-income when re-verification takes place at transition into HS.

Probable income eligibility status is (circle one):

Date ____/____/____

- E—Eligible
- O—Over-income
- F—Foster
- P—Over w/ public assistance

If family is over-income, FSC implements DST and CM case management to determine priority and justify transition of O/I family into HS.

Date ____/____/____

Comment:

Choice of placement is:

1st choice _____ 2nd choice _____

5. FSC notifies HS FSC of family's interest in placement at site/classroom.

Comment: _____ Date ____/____/____

6. FSPA/family goals reviewed/updated:

Referral services for family and child reviewed for follow-up and possible closure.

Comment: _____ Date ____/____/____

2 YEARS/11 MONTHS OF AGE

7. FSC checks for availability of transition position at choice site/classroom.

Comment: _____ Date ____/____/____

8. If family is over-income and approved for transition, MIS is notified by CM.

Comment: _____ Date ____/____/____

9. DST Case Management is scheduled between EHS and HS staff.

Comment: _____ Date ____/____/____

10. Visit by parent/child to new classroom is scheduled.

Comment: _____ Date ____/____/____

11. (FD Program Only) Financial Agreement is completed.

Comment: _____ Date ____/____/____

3 YEARS OF AGE

12. HS FSC meets w/ parent to review file, update registration paperwork, re-verify income.

Comment: _____ Date ____/____/____

13. HS FSC enrolls the child, and attendance begins in the pre-school classroom.

Comment: _____ Date ____/____/____

OR

14. DST/Core Team (including CM, CS, FS, etc) has held meeting to determine reasons for delaying transition. (See ERSEA Policy 7.3.a-d)

Comment: _____ Date ____/____/____

OR

15. When there is no available HS opening for the EHS child to transition to, family remains in EHS. FSC continues to check with receiving site/classroom for potential availability of opening.

Comment: _____ Date ____/____/____