



Head Start 4-5 Year-Old Transition Plan



E-427d

Child's Name: _____

Birthdate: _____

Expected Transition Date: _____

Action	Date Completed	Initials
First Home Visit: Provide resources to help parents understand the requirements/expectations of their child's future enrollment. <ul style="list-style-type: none"> Share center contact information or home visitor contact information. Introduce family to staff. Discuss requirements, routines, and curriculum.		
Scheduled time for family and child to visit Head Start classroom or with Home Visitor before enrollment. Date and time of visit(s):		
Give family "Oscar's First Day" book. Encourage family to read this book before child is scheduled to attend HS. HS teacher will read this book on the child's first day of attendance.		
Give child transition backpack.		
Schedule conference with parent 6 months before child is expected to transition out of Head Start <ul style="list-style-type: none"> Date and time of meeting: 		
Discuss and determine with family where their child will attend/transition to (Home School or Public School). Note location here:		
Read books to child in classroom or during home visits about kindergarten.		
Provide resources to help parents understand the requirements/expectations of their child's future school. <ul style="list-style-type: none"> Discuss and give parent list of documents needed for public school registration Dates of registration Dates public school starts Discuss and give parents a copy of the kindergarten SOL's 		
Discuss and give parent a list of book titles related to kindergarten transition that they can find at their local library.		
Discuss with family that children transitioning to Kindergarten are eligible to attend Kasey's Academy trips. <ul style="list-style-type: none"> Date, time, location of fall Kasey Academy trip: Date, time, location of spring Kasey Academy trip: 		
Discuss and give family kindergarten transition activities packet.		

Goals & Actions/Strategies	Person Responsible	Timelines	Date Completed	Initials

Initial Please: (Parent/guardian may sign this section during the 6 months meeting before their child is expected to transition.)

____ I give Kids Central, Inc. staff permission to share information (e.g. health records, development screenings and assessments, mental health records) about my child with Norton City Public Schools, Wise County Public Schools or Dickenson County Public Schools. I may rescind this consent in writing at any time.

____ I do not give Kids Central, Inc. staff permission to share information about my child to another childcare or public-school system.

Parent/Guardian Signature

Teacher's Signature

Date

