

**Rock-Walworth Comprehensive Family Services, Inc.**

**Early Head Start Transition to Next Experience Plan**

**€ 6 month (no copy to ERSEA needed) € 90 days (no copy to ERSEA needed) € 30 days (give copy to ERSEA)**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB/current age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CC:\_\_\_\_\_\_\_\_\_\_

**Service Network Includes:**

**List Other Resources Below**

€ EHS €WIC €Part C (B3) €Medical assistance € OBGYN € Health Dept. Nurse € Pediatrician

Other health: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social/Emotional or Mental Health: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Things to consider/discuss at 6 month** | **Things to consider/discuss at 90 days** | **Things to consider/discuss at 30 days** |
| * What options for next experience are being considered? * Are any health issues being addressed? * Discuss any concerns/fears parent(s) may have about child moving on to new experiences and address as part of the plan., including about how these changes will affect the parent’s schedule, plans etc. * Discuss IFSP and find out when the transition meeting is going to be – if FA cannot attend the transition meeting, please notify the CDHTL or ERSEA so it can be arranged for someone to attend. | * Begin collecting documents needed for transitioning (proof of income, missing health records * Schedule needed HS health requirement visits (Dr., dentist, etc.) * Begin to schedule visits to HS classroom (or other transition location) if possible. Parent should visit with or without the child to see a typical pre-school setting if possible also. * Discuss any concerns/fears parent(s) may have about child moving on to new experiences and address as part of the plan. * Assign specific activities to support family in preparing the child for transition to a next experience.   \*i.e., explain importance of regular schedule and getting enough sleep, talk about riding a bus, practice sharing, taking turns, etc.   * Begin to help child understand what routines and activities occur in classroom settings. * Begin figuring out who family will use as emergency contacts. | * Determine if all required health records for transition to HS on file if needed? * If health records are not current, a plan should be in place or developed to ensure they are obtained? * Consider what EHS records should be shared and with whom? * Discuss how child is handling visits to HS classroom and whether or not the child is ready for this transition or if the child would benefit from more time in EHS. * Work with family to obtain new completed/signed HS application and updated income verification as needed if transition to HS is being considered. * Discuss the possibility of moving back to EHS if child is/ does not adjust well to HS and if there is an opening available. * Update any needed written releases – make sure they are signed. * Discuss any concerns/fears parent(s) may have about child moving on to new experiences and address as part of the plan. |

**Summary points describing observation and assessment**: Include what staff and family can do to help prepare child for transition – be specific and detailed. **(continued on pg. 2)**

|  |  |
| --- | --- |
| **Strengths:** | **Needs support with:** (toilet training, sharing, separating, etc.) |
| **Concerns from latest ASQ and/or ASQ SE:** | **Identified Needs:** (developmental, behavioral**,** medical, physical social/emotional etc.) |
| **Concerns about typical activities or** r**outines**: (sleeping, eating/feeding, toileting, fears, etc.) | **Other:** (i.e., pertinent IFSP or other meetings to be attended, trainings for addressing health needs (asthma, feeding tubes,) special adaptive materials/equipment needed etc.) |

**Family goals for transition:**

**Remain in EHS:**

€ Until child turns three and demonstrates he/she is developmentally ready to participate in a preschool classroom

setting and an opening occurs in a HS classroom.

€ Until fall of next HS program year when child’s birthday falls after April 1st of the current program year to

ensure family continues to receive services over the summer.

€ Until EC evaluation is complete and IEP team makes placement determination.

€ Until child is able to demonstrate that he/she is able to safely move through a HS classroom daily schedule.

€ Until needed extra support (staff, adaptive equipment, etc) can be obtained/introduced into potential setting.

€ Any extra training etc. that might be needed to accommodate special health care considerations ( in a pre-school

classroom setting).

€ Until special circumstances being experienced by child or family are resolved to make it logistically possible,

safe or appropriate for a transition to a pre-school classroom (homelessness/off bus route, living in DV shelter,

family relocating to different community).

€ Until parent feels their and/or their child’s needs are better met by continuing in EHS program (until child turns

four before Sept. 1st of a Program Year).

**Needed for transition from EHS to HS**

€ Application 30 days prior to potential transition at age three or between age three and four

Attach current income verification (previous year’s tax return or previous year’s W2 statements are best

Blue pickup/drop off form is completed by the parent and turned in with application packet

€ Wrap –around care needed (cannot be guaranteed): BC GS JCDC

Reminded families regarding four day child contact week and which day is not an attendance day for HS children.

Special Considerations or identified needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Schedule for visiting HS classroom:**  CC:\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Day/Date |  |  |  |  |  |  |  |
| Time -when to when |  |  |  |  |  |  |  |

Who will accompany child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transportation needed? Yes No How will it be provided? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accommodations Needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Briefly describe training needed for staff, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**€ Transition to Early Childhood with local LEA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Transition HV date: \_\_\_\_\_\_ \_\_\_\_\_\_\_\_ EHS/HS staff will attend (who?): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IEP meeting date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EHS/HS staff will attend (who?): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**€ Transition to other early care and education center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**€ Transition to in-home care: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**€ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mother/s father/s and/or guardians signature(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_**

**Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_**

**Use this space as needed for more plan details:**

**(12/11)**