Promise Early Education Center

Internal Transition Form

Child information sheet

(to be completed on all children that make transitions within the agency)

Date      D.O.B.

Child’s name       Parent’s name

Original center/classroom/Teacher /Home Based Visitor

Child’s usual arrival/departure times:

Are there any custody/protection orders involving this child ([ ] YES or [ ] NO)/ If yes, please

attach copy.

Best time to meet with staff for transition planning

Best time to observe child in classroom setting

Does this child have an individual Health Plan/ health issues, dental concerns, medication or food allergies? If so, please list here and contact the Health/Nutrition manager.

Does this child have a Disabilities Plan/IFSP/IEP?

Please describe the child’s eating habits (eats very little, chokes easily, etc.)

Does this child usually nap? Any special routines (sleeps best in dimly lit room, needs special blanket etc.)

Are there any behavioral/emotional concerns regarding this child? I.e. frequents tantrums, difficulty following rules, etc.

When upset this child is best comforted by.

This child enjoys these activities:

Is there any other information that we should know about this child that will help us provide the best care for him/her?

Prior to child’s transfer:

I read the above information and met with staff from original classroom for transition meeting on

 date (signature of staff from receiving center)

 Revised 4/13/2015

Promise Early Education Center

**Transfer Request**

Child’s Name:      Birth date

Address:

Parent’s Name:       Phone Number:

# of family members in household:

Best time to contact parent to arrange for center visit

Is there currently a sibling assigned to the Center/Program Option?

[ ] NO [ ] YES if yes, where is the child assigned?

Is the family currently homeless? [ ] Yes [ ]  No

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| --- |
| Currently assigned to (Center/Program Option):      Requesting Change for (Center/Program Option):      Additional Information (including any special services received/ referred and health issues):                                              |

Staff Signature Date of request

Supervisor Signature Date of approval

Please send form to your Site Supervisor. They will forward on to the enrollment department.