

Sacramento City Unified School District  
**CHILD DEVELOPMENT PROGRAMS- Early Head Start**  
**INDIVIDUALIZED TRANSITION PLAN**

Child's Name \_\_\_\_\_ Parent/Guardian Names \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Projected date of transition \_\_\_\_\_

Current Program \_\_\_\_\_ Type \_\_\_\_\_ Teacher \_\_\_\_\_

Going to \_\_\_\_\_ Type \_\_\_\_\_ Teacher \_\_\_\_\_

<b>Referral?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>  <b>Type:</b> SCOE <input type="checkbox"/> Mental Health <input type="checkbox"/> ALTA <input type="checkbox"/> Health <input type="checkbox"/>  Other (explain): _____	<b>Case Management for Referred Children</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>IFSP?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Screeners/Assessments:</b> <i>(Sending Teacher must complete if child has been enrolled 30+days before child transfers)</i>  <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Date</th> <th style="width: 10%; text-align: center;">Score</th> </tr> </thead> <tbody> <tr> <td>Ages and Stages</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Ages and Stages</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Social Emotional</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Post-Partum</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Screeners (if applicable)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Rescreens needed?</td> <td style="text-align: center;">Yes <input type="checkbox"/></td> <td style="text-align: center;">No <input type="checkbox"/></td> </tr> </tbody> </table> DRDP/HELP      Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Ht/Wt              Fall <input type="checkbox"/> Spring <input type="checkbox"/> Portfolio Attached (work samples, anecdotes) <input type="checkbox"/> 1 <sup>st</sup> Home Visit completed (center based only) <input type="checkbox"/> File reviewed by Resource Teacher <input type="checkbox"/>		Date	Score	Ages and Stages	_____	_____	Ages and Stages	_____	_____	Social Emotional	_____	_____	Post-Partum	_____	_____	Screeners (if applicable)	_____	_____	Rescreens needed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Post-Partum	_____	_____																						
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Rescreens needed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>																						

<b>Medical/Health Information:</b> <b>Food Allergy/Substitution:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Medication transferred to parent: Yes <input type="checkbox"/> No <input type="checkbox"/> Elimination: Diapers <input type="checkbox"/> Pull Ups <input type="checkbox"/> Underwear <input type="checkbox"/> <b>Other:</b> _____	<b>Resource Team Notified of Transfer:</b> CDS, Resource Teacher, Nurse, Social Worker, Coordinator <input type="checkbox"/>  Change of Status filled out by the CDS <input type="checkbox"/>
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❖ Describe child's temperament, likes or interests:	❖ How child likes to nap (if applicable):
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❖ Child's feeding/health routines:	❖ How does child communicate:
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❖ Recommendations/supports for parents:

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_