

## EUP EARLY CHILDHOOD TRANSITION FORM

The purpose of this form is to provide ongoing transition information with the collaboration of early learning programs, the child's family, and the child's next placement.

To be completed by the child's Parent(s)/Guardian(s).

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Health Concerns (Vision, Hearing, Allergies, etc.): \_\_\_\_\_

Parent Comments (Likes, Dislikes, Fears, Interests, Toileting, etc.): \_\_\_\_\_

In what ways have you been involved in your child's education and how would you like to be involved as your child moves forward? \_\_\_\_\_

Has your child received any other supports or services in the past year? \_\_\_\_\_

Other Parent Comments: \_\_\_\_\_

I, \_\_\_\_\_ (Parent's Name) give my permission for the Early Childhood Program to release verbal and written information for \_\_\_\_\_ (Child's Name) that will provide a smooth transition to the next placement for my child for the upcoming school year:

\_\_\_\_\_ (Site and School Year)

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by the child's Early Childhood Teacher.

Child's UIC # (if applicable): \_\_\_\_\_

Early Childhood Provider/Teacher: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Special Services Received: \_\_\_\_\_

Most Recent Developmental Assessment (Date & Type): \_\_\_\_\_

Number of days attended: \_\_\_\_\_ Number of days absent: \_\_\_\_\_

Teacher Comments: \_\_\_\_\_

<u>ABILITY</u>	<u>YES</u>	<u>EMERGING</u>	<u>NOT YET</u>	<u>N/A (not age appropriate)</u>
Has developed positive alternatives to aggressive or isolating behaviors.				
Uses symbols or objects to represent something else.				
Transitions/separates with minimal stress.				
Joins in cooperative play with peers.				
Establishes secure relationships with adults.				
Observes, describes, and discusses living things and natural processes.				
Identifies at least ten (10) letters of the alphabet (especially those in his/her name.).				
Able to begin and finish activities with persistence and attention.				
Resolves conflict with peers alone and/or with adult support.				

**This section for office use only:**

- Copy to parent      Date: \_\_\_\_\_  
 Copy to file      Date: \_\_\_\_\_  
 Copy to Kindergarten      Date: \_\_\_\_\_