



Dear Family:

It is an exciting time as you prepare for your child to transition to a new early childhood program or kindergarten classroom! Moving to a new program is a big event for every child and family. The Eastern Upper Peninsula Intermediate School District and local partners invite you to be a part of regional transition efforts as we work to support children and families through these important changes in their lives.

The attached *EUP Early Childhood Transition Form* was created to help inform new staff of your child's strengths, needs, supports, and skills. This form gives you the opportunity to share information with your child's new program such as:

- Your child's interests, dislikes, and family dynamic
- How to best support any challenges your child may have
- Your hopes for your child as they transition to a new classroom as well as how you'd like to be involved in their education
- Services your child is currently receiving to ensure they continue to be supported in the new classroom

Local early childhood programs and kindergarten staff use these transition forms when a child is entering their care to help them better understand your child and to ensure a smooth transition for your child and family.

What is your role?

- Complete the first page of the attached form
- Review the information your child's teacher has included on page 2
- Use the additional comments section to add to or clarify anything that your child's current program has shared or use it to share other information about your child you feel would be helpful for their new teacher to know
- Sign the release on the bottom of the first page if you are comfortable with your child's teacher passing this information to the new program
- Return the form to your child's current teacher by _____

Please contact your child's teacher with any transition concerns that you may have regarding this big change in your lives and don't forget to ask about other activities or events that may be occurring before the big transition!





Early Childhood Transition Form

PROGRAM INSTRUCTIONS

The Eastern Upper Peninsula Intermediate School District and local partners invite you to be a part of regional transition efforts as we work to support children and families navigate early childhood program transitions. The attached EUP Early Childhood Transition Form was created to help inform new program staff of a child's strengths, needs, supports, and skills. Please follow the steps below to ensure these forms are completed by the end of the school year and reach the next program.

Please do not email sensitive child data without proper security measures in place

STEP 1: PAGE TWO

Program staff complete page 2 of the form *prior* to the child's transition. Enlist the help of any special education provider(s) that currently support the child.

STEP 2: PAGE ONE

Discuss form with guardian & provide the attached family letter. Have family complete page 1 and obtain authorization to share signature on the bottom. (Page 1 could be completed together during parent-teacher conferences or during an end of year home visit).

STEP 3: ATTACHMENTS

Attach copies of program assessments, special education plans, and any other relevant information that could support the child's transition. Provide copies of all forms and attachments to parent.

STEP 4: TURN IN

When all forms are complete, turn in to your building admin to be picked up and distributed to next program.

Questions?

Call: EUPISD Early Childhood Department

P: (906) 632-3373

Program admin should use checkbox system in bottom right of form to confirm all steps are completed

EUP EARLY CHILDHOOD TRANSITION FORM

The purpose of this form is to provide a summary of the child's educational and developmental history to the next program.
This side is to be completed with the child's parent(s)/guardian(s)

Child's full name: _____ Date of birth: _____
Email: _____

What are your child's interests and dislikes?

What tasks can your child do on their own? Toileting Washes Hands Uses Utensils Dressing
 Brushes Teeth Zips Coat Ties Shoes Blows Nose Opening Food Wrappers
 Other strengths/needs/comments: _____

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?

How does your child like to be comforted when s/he is angry, sad, or anxious?

How can the school help your child stay safe & healthy (food/activity restrictions, medical concerns, etc.)?

I give my permission for _____
(Current Program)
to release verbal and written information to _____
(Incoming Program)
to help provide a smooth transition for my child and family for the upcoming school year.

Parent Signature: _____ Date: _____

Please describe the family dynamic in your home. Feel free to share any details about the composition of your family, relationships, and living arrangements:

Additional Comments:

This section for current teacher/program use:

- Attached Special Education Plan (when applicable)
- Attached Recent Classroom Assessment Information (COR, DAYC2, TS Gold, Denver, etc.)
- Copy to Parent Date: _____
- Copy to File Date: _____
- Copy to Incoming Teacher/Provider Date: _____

Questions about transition?
Contact Brittany Stabile, EUPISD ECSE Teacher Consultant: bstabile@eupschools.org

EUP EARLY CHILDHOOD TRANSITION FORM

The purpose of this form is to provide a summary of the child's educational and developmental history to the next program.
This side is to be completed by the current **Early Childhood Program Provider(s)**. **Attach a copy of latest assessments results**

Childs UIC # (if applicable): _____

Current provider/teacher: _____

Provider/teacher contact info: _____

How long has the child been enrolled in an early childhood program: _____

What accomplishments has the child made in the early childhood program (academic, social, etc.)?

What activities of the day does the child most enjoy?

What activities of the day does the child show difficulty with?

What is the child's temperament like, and how would you describe his/her approaches to learning (shy/outgoing, resistant to change, easy going, persistent, flexible, imaginative)?

EARLY INTERVENTION & SPECIAL EDUCATION SERVICES

Does the child have an active special education plan (IFSP; IEP; 504 Plan; Response to Intervention Plan/RTI)?

- No
 Yes (If YES, please *attach copy of the plan*)

If so, what service(s) are being provided (leave blank if N/A):

- Speech Therapy Occupational Therapy Physical Therapy Special Education Teacher
 Hearing Services Vision Services Social Work Early On Primary Service Provider

How does the child communicate with others (check all that apply):

- Verbally (Words/Sentences) Sign Language Gestures Visuals Sounds
 Facial Expressions Communication Device Other: _____

In what ways have you provided support for this child to engage, participate, demonstrate independence, communicate, and socialize in the classroom or home environment?

What (if any) sensory supports have been implemented to help the child regulate and engage their daily routine? _____

What goals is the child continuing to work toward and what strategies are in place to reach them?

Please describe any other individualized supports that have benefitted this child:

**As needed, use comment section on front to provide more detail on strategies used or behavior observed*

- | | |
|---|--|
| 1.) Does the child enter and engage in play with peers? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See Comments |
| 2.) Does the child demonstrate coping skills to help calm when upset? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See Comments |
| 3.) Does the child ask for help when needed? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See Comments |
| 4.) Can the child express their physical and emotional needs? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See Comments |
| 5.) Can the child follow verbal directions? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See Comments |
| 6.) Does the child need support to access their environment? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See Comments |
| 7.) Does the child engage in table-top activities (crafts, coloring, etc.)? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See Comments |
| 8.) Does the child complete routine self-help tasks independently? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See Comments |
| 9.) Does the child have any sensory needs? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See Comments |
| 10.) Does the child transition between activities with little difficulty? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See Comments |

Pre-K to K Student Supports

Use this to support completion of the EUP EC Transition Form; it doesn't need to be filled out or turned in, but just allow it to help prompt you in thinking of strategies and supports to include on the transition form. Does the child benefit from:

Environment/Physical Arrangement
Specific seating in specific locations: <ul style="list-style-type: none">o In cafeteriao On buso Classroom
Specific movement plans for transitions <ul style="list-style-type: none">o Activity to activityo Playground to classroomo Gym to classroomo Classroom to specials
Personal break area <ul style="list-style-type: none">o Within classroomo Outside of the classroom
Define boundaries <ul style="list-style-type: none">o Color code areao Name at seat/desko Carpet square
Visual information about routines and expectations <ul style="list-style-type: none">o Class Scheduleo Classroom ruleso Break cardo Social stories
Personal needs accommodated <ul style="list-style-type: none">o Toiletingo Eatingo Clothingo Dressingo Sensory materials/activities
Visual Supports <ul style="list-style-type: none">o Visual schedule examples<ul style="list-style-type: none">o Whole Class Scheduleo Individual Schedule<ul style="list-style-type: none">▪ Real pictures▪ LAMP icons▪ Object scheduleo First/Then Stripso Cue Cardso Bathroom sequenceo Pictures of transition objectso Pictures for positioning/equipmento Communication books
Send copy of visuals/share file

Academic/Communication
Slow down/Adjust pace of instruction
Give directions in small steps/Repeated directions
Give directive statements of what the student should be doing
Provide accurate info about expectations
Provide advanced notice about change (ex: symbol on schedule)
Provide visual support <ul style="list-style-type: none"> o Written instructions/expectations o Schedules o Pictures
Use modeling and/or demonstration with verbalization
Specifically engage students attention
Label what is occurring accurately <ul style="list-style-type: none"> o I heard you say _____ o I see you are _____ o Right now we are on page
Watch and listen for attempts to answer
Don't put on the spot ("the next question is yours")
Respond positively to attempts ("I see you're trying, let's look at this another way")
Give choice options to questions when possible
Respond to words and attempts rather than behavior
Redirect instead of saying "no" when possible

Pacing
Give wait time for responses to questions
Allow time to watch (staff/peer model)
Shorten time in activities
Avoid timed situations
Allow extra processing time
Shorten assignments
Individual breaks <ul style="list-style-type: none"> o from classroom o from group instruction
Specific strategies for transitions

Presentation of material
Instruction for specific material <ul style="list-style-type: none"> o 1:1 o small group o large group o peer assisted
Material presented <ul style="list-style-type: none"> o visually o written o demonstration o picture & written o pictured o objects

Remain consistent in expectations
Peer tutoring
Teaching assistant to rehearse & facilitate
Experiential – learn by doing
Repeated opportunities to practice
Provide prompts and cues then fade

Educational Materials
Special equipment <ul style="list-style-type: none"> o AAC device o Other: _____ o Other: _____
Layout & organization of material
Highlight

Assessment & assignments
Modify difficulty <ul style="list-style-type: none"> o Multiple choice o Fill in the blank o Yes/No
Shorten assignment
Provide/accept alternate output mode
Allow extra time
Apply learning to real situations to assist in generalization of skills

Parent Involvement & Communication
Preferred Mode of Communication: <ul style="list-style-type: none"> o Phone Call o Text o App (Remind, Seesaw, Class Dojo, etc.) o Written note in backpack/folder o Email
Best Person to Contact
Virtual Involvement

Social supports
Practice specific skills with one peer
Structure activities with set interaction patterns and roles
Structure cooperative learning activities with support
Train peers to support student in social situations
Teach rules of politeness/manners
Facilitate problem solving
Individualize social stories emphasizing social rules and expectations - send copy of story/share file
Teaching and practice in the natural environment <ul style="list-style-type: none"> o Imitating o Sharing o Turn taking o Complimenting

- o Negotiating
- o Responding
- o Greeting
- o Respecting personal space
- o Joining others
- o Accepting answers of others
- o Following ideas of others
- o Speaking skills

Positive Behavior Support

- o Chart
- o Class job
- o Special privileges
- o Rewards tangible/edible