

# Center-Based Children’s Plan for Success

## Individualized Family Transition Plan for FACE

All young children grow, develop, and change at different rates. Children entering FACE may sometimes need support to help them settle into the program. For example, this support might be related to separation anxiety when parents leave the classroom, or in learning how to go to the restroom by themselves. As FACE children move throughout their two years in FACE, their families may experience many challenges, and when this happens, teachers must be ready to help children adjust and “transition” with these changes. Ultimately, when children make the transition from FACE to Kindergarten, supporting them and their families with an individualized Kindergarten transition plan is an important step for success.

As your team works through this individual transition plan with parents, remember that your plan should be flexible enough to change when challenges interrupt the normal business of education. Work with and support parents in these times, as they learn to support their child’s success.

Parent/guardian: \_\_\_\_\_ Family ID # \_\_\_\_\_

Child name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

*Transitioning adult (if different from parent/guardian)*

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Family transitioning to: \_\_\_\_\_

Date the transition planning is beginning: \_\_\_\_\_

### Adult:

- Strength/interests:
  
- Experiences the family has benefitted from in FACE & other community services:
  
- Goals achieved in FACE:
  
- Concerns/expectations regarding the transition:
  
- Needs (supportive services/accommodations to facilitate transitioning):
  
- Goals
  
- Other:

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## Child

- Strengths/interests:
  
- Current health & developmental information (Screening or assessment results; e.g., Health Record, ASQ, ASQ:SE, Work Sampling, EOWPVT):
  
- Special considerations:
  
- Current services being received:
  
- Other

## Dates of reviews of Individualized Family Transition Plan:

_____	_____	_____	_____
_____	_____	_____	_____

**Signature:**

**Date:**

Parent/guardian: \_\_\_\_\_

\_\_\_\_\_

Parent educator: \_\_\_\_\_

\_\_\_\_\_

Early childhood  
teacher: \_\_\_\_\_

\_\_\_\_\_

Adult education  
teacher: \_\_\_\_\_

\_\_\_\_\_

Kindergarten teacher: \_\_\_\_\_

\_\_\_\_\_

Coordinator: \_\_\_\_\_

\_\_\_\_\_