

Child's Name _____ Birth Date _____ Enroll. Date _____ Notes: _____	Y N IFSP " "	H. V./P.C date _____ H. V./P.C date _____ H. V./P.C date _____	Parent. Sig.	
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Site Orientation ____ / ____ / ____ <u>Parent has reviewed:</u> " Site Procedures " Support Services/Parent Involvement <u>EHS Educator has reviewed:</u> " Family Partnership Agreement " Health & Nutrition Information " Daily Information Exchange " Screenings: Health/Dev. " Observations/DRDP	Family background information & parent input about their child:
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Parent and Teacher Input - information for home and center			
	Strengths	Developing Skills/Goals	Strategies/Plans
IDP Date ____ / ____ / ____ Social-Emotional, Cognitive, Physical			
IDP Date ____ / ____ / ____ Social-Emotional, Cognitive, Physical			

A Transition Plan is required on every child at age 2½.