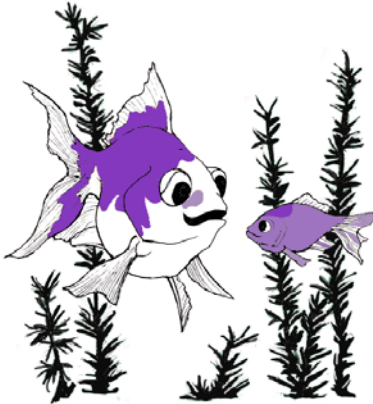


# Teacher to Teacher



## Sending Teacher and Receiving Child Transition Information

To share non-health related information about a child's classroom experiences when a child is transitioning from one educational setting to another.

### About

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Child's Name

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Parent Signature Required

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Date

Sending Teacher Name: \_\_\_\_\_

School/Program Name: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address at School/Program: \_\_\_\_\_

Receiving Teacher Name: \_\_\_\_\_

School/Program Name: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address at School/Program: \_\_\_\_\_

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

1. General comments about child's progress in our classroom: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Strategies we used to build social and behavioral skills: \_\_\_\_\_  
\_\_\_\_\_

3. Strategies we used successfully with out of bounds behaviors: \_\_\_\_\_  
\_\_\_\_\_

4. Strategies we used for communicating: \_\_\_\_\_  
\_\_\_\_\_

5. Strategies we used successfully in other domains: \_\_\_\_\_  
\_\_\_\_\_

6. Assessments completed:	Comments:
Date completed: _____	_____
Name of instrument: _____	_____

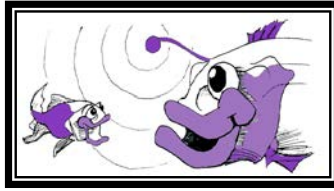
7. Accommodations/adaptations used successfully to help the child participate fully in the classroom:

<input type="checkbox"/> Schedule changes (picture schedules)	<input type="checkbox"/> Furniture arrangement
<input type="checkbox"/> Hand over hand assistance	<input type="checkbox"/> Communication boards
<input type="checkbox"/> Sign language	<input type="checkbox"/> Redirection
<input type="checkbox"/> Social stories	<input type="checkbox"/> Assistive Technology: _____

8. Suggested areas of development to build on in the next classroom: \_\_\_\_\_  
\_\_\_\_\_

9. The child's favorite school activities: \_\_\_\_\_  
\_\_\_\_\_

10. Please let me know how \_\_\_\_\_ is doing in your class after a six-week adjustment period, by using the Teacher Follow up form on page 3. Thanks! \_\_\_\_\_



## From the Receiving Teacher to the Sending Teacher

Comments about children who recently transitioned into a new educational setting

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Yes \_\_\_ No \_\_\_ 1. The information you provided to help the child's transition into our Classroom was very useful.

2. More information about the child would be helpful in this area: \_\_\_\_\_

\_\_\_\_\_

Yes \_\_\_ No \_\_\_ 3. Overall, the child has adjusted well to our Classroom. Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. I have one or two suggestions that might have made the transition into our Classroom go more smoothly for the staff or the child: \_\_\_\_\_

\_\_\_\_\_

Any other information/comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_