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

__________________________________________________________________
Child’s Name
__________________________________________________________________
Parent Signature Required

__________________________________________________
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:_______________________________________________________

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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:
   ___ Schedule changes (picture schedules)   ___ Furniture arrangement
   ___ Hand over hand assistance   ___ Communication boards
   ___ Sign language   ___ Redirection
   ___ Social stories   ___ 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: _______________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________
   ______________________________________________________________________________________

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