## Early Head Start Home Base Transition Planning Form

Family	Name:	Today's Date:		_
Child's Name:		DOB:	Center location :	
Transition from:		Transition to:	Expected date:	_
Time L	ine:			
6 mon	ths before child's 3 <sup>rd</sup> birthdate:			
	Initiate conversation about tran -Preschool Home Base option	nsition with family		
	- If 3 <sup>rd</sup> birthday is after Jan. 1 <sup>st</sup> c (Child can continue to receive	· · · · · · · · · · · · · · · · · · ·	•	
	-Preschool classroom			
3 mon	ths before transition:			
□ Site/ho	Contact transition center or hoome visitor notified on:	•	transition to	
	Have Head Start application fill	ed out		
	Have the family visit with child	to new center or atte	nd socialization	
2 weel	ks before transition:			
	Meet with family to discuss tra	nsition		
	Schedule a time for family and	child to visit Head Sta	rt classroom	
	If transitioning to home-based	option, complete a joi	int home visit	
	Home visitor will provide inforr be given to the parent	nation on developme	nt and progress using TS GOLD. A copy will	I