

Transition Child Out of Care to New Program or School

Facility Name _____
Director/Owner Name _____
Address _____ Phone Number _____

Child Name _____ DOB _____
Parent/Guardian _____
Address _____
City _____ State/ Zip Code _____
Phone Number _____
Helpful Information for Transition: _____

Name of School or Facility the Child Will attend _____
Address _____ City/State _____ Zip Code _____
Name of Principal/Owner/Director _____
Phone Number _____

Check the following as they are accomplished:

- Child's Portfolio/Documentation file shared with family
- Child visit to school/program completed
- Child visit to school/program scheduled
- Other Activities _____

