

Kindergarten Transition

Reflection & Planning

Name: _____

Transition Strengths:	Needs Attention			
New Strategies (ideas)	Action Plan:	Who?	What?	By when?

Local Kindergarten Transition Team Planner

Name of Transition TEAM: _____

Possible Transition Team Members	Name and Role	Contact Information
School District <ul style="list-style-type: none"> • Superintendent • CPSE Chair • K Teacher • Prek Teacher • Principal • Transition Coordinator • Nurse • Other 		
Head Start <ul style="list-style-type: none"> • Administrator • Teacher • Health Coordinator • Transition/ Education Coordinator • Parent • Other 		
Child Care Resource and Referral Agency		
Parent Representative		
QUALITYstarsNY Specialist		
Child Care Representative		
FACE Center Representative		
4410 Director		
Family Child Care Representative		
Local Chapter of the Association for the Education of Young Children		
Librarian		
Local Law Enforcement		
Local Birth – Five Initiatives		
Health Clinic Representative		



Kindergarten
Here I Come!



Council on Children
and Families