



# Rhode Island Department of Human Services

## Transition Plan Sheet

Revised 3/16/2020

Transition Information	
Date of Transition:	
Pre-Transition Meeting Planned For:	

Child Information	
Child's Name:	Date of Birth:
Parent/Guardian Names:	
Former Teachers:	
New Teachers:	

Routines, Habits, Preferences	
Typical Drop-Off Routine: By Whom?	
Typical Pick-Up Routine: By Whom?	
Naptime Routine:	
Eating Habits:	
Favorite Activities:	
Likes and Dislikes:	
Friends I Like to Play With:	
Special Needs/Allergies:	

Additional Items	
Comments:	
Filled out by:	