



# Rhode Island Department of Human Services

## Transition Plan

Updated 1/30/2023

General Information			
Child's Name		Date	
Plan Developed by			
Role			
Current Teacher			
New Teacher			
Transition Start Date		Transition End Date	

Transition Plan	
<i>Include start and end time for transitional activity. Example "will visit new classroom after breakfast until outdoor time"</i>	
Day 1	
Day 2	
Day 3	
Day 4	
Day 5	



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Child Specific Information	
Naptime Routine	
Eating Habits	
Toileting Habits	
Favorite Activities	
Allergies	
Medications	
Additional Comments	

### Acknowledgment

By signing this form, I acknowledge that I participated in the development of this plan and received a copy of this plan. A copy of this plan will also be kept in my child's file.

Parent/Guardian Name (Print)	Relation to Child
Parent/Guardian Signature	Date
Provider Name (Print)	Role
Provider Signature	Date