Teacher to Teacher

Sending Teacher and Receiving Child Transition Information
To share non-health related information about a child’s classroom experiences when a child is transitioning from one educational setting to another.

About

__________________________________________________________________
Child’s Name
__________________________________________________________________

Parent Signature Required

__________________________________________________________________
Date

Sending Teacher Name: _________________________________
School/Program Name: ___________________________ Fax: ___________________________
E-mail address at School/Program: ________________________________________________

Receiving Teacher Name: _________________________________
School/Program Name: ___________________________ Fax: ___________________________
E-mail address at School/Program: ________________________________________________

Child’s Name: _________________________________

Teacher to Teacher Getting to Know Me
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1. General comments about child's progress in our classroom: __________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

2. Strategies we used to build social and behavioral skills: __________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

3. Strategies we used successfully with out of bounds behaviors: __________________________________
__________________________________________________________________________________________

4. Strategies we used for communicating: ________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

5. Strategies we used successfully in other domains: _________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

6. Assessments completed: Comments:

   Date completed: ___________________________  _____________________________

   Name of instrument: _________________________  ______________________________________

7. Accommodations/adaptations used successfully to help the child participate fully in the classroom:

   ___ Schedule changes (picture schedules)  ___ Furniture arrangement
   ___ Hand over hand assistance  ___ Communication boards
   ___ Sign language  ___ Redirection
   ___ Social stories  ___ Assistive Technology: __________________

8. Suggested areas of development to build on in the next classroom:______________________________

   ______________________________________________________________________________________

9. The child's favorite school activities: _________________________________________________________

   ______________________________________________________________________________________

10. Please let me know how _________________________________ is doing in your class after a six-week
adjustment period, by using the Teacher Follow up form on page 3. Thanks! ______________________
From the Receiving Teacher to the Sending Teacher
Comments about children who recently transitioned into a new educational setting

Child’s Name: _______________________________ Date: ________________________

Yes____ No____ 1. The information you provided to help the child’s transition into our classroom was very useful.

2. More information about the child would be helpful in this area: __________________________
   ________________________________________________________________________________

Yes____ No____ 3. Overall, the child has adjusted well to our classroom. Comments: __________________________
   ________________________________________________________________________________
   ________________________________________________________________________________

4. I have one or two suggestions that might have made the transition into our classroom go more smoothly for the staff or the child: __________________________
   ________________________________________________________________________________
   ________________________________________________________________________________

Any other information/comments: _______________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________

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