Family Transition Plan

Child’s Name: _________________________
Beginning transition date: ______________

Expected transition plan (times child will be in the new room):
WEEK 1                                      WEEK 2
Monday: ______________                    Monday: ______________
Tuesday: ______________                    Tuesday: ______________
Wednesday: ______________                Wednesday: ______________
Thursday: ______________                   Thursday: ______________
Friday: ______________                     Friday: ______________

You can drop off your child in their new room and your new weekly payment will begin on: (please see rate chart) ______________________________________________

Name of new classroom: ______________________
Name of teachers in that classroom: ______________________

Comments from teachers: __________________________________________
________________________________________________________________

Comments from parents: __________________________________________
________________________________________________________________

________________________________________
(Teacher’s Signature)     (Date)       (Parent’s Signature)       (Date)

Top copy to office
2nd copy to family
3rd copy to teacher

University of Nebraska-Lincoln is an equal opportunity educator and employer with a comprehensive plan for diversity.