

UMATILLA MORROW EARLY HEAD START TRANSITION PLAN

Child: _____ **Birth date:** _____ **Date of Transition Plan:** _____

<u>Who's Responsible</u>	<u>Activities</u>	<u>Time line</u>	<u>Evaluation/Comments</u>
Family Advocate			
Early Head Start/Head Start Teachers			
Parent			
Child			
Other			

Parent Signature and date: _____ Staff initial & date: _____