

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			

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