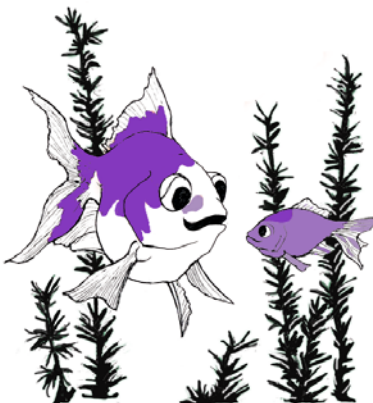


## Teacher to Teacher



### 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

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**Child's Name**

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**Parent Signature Required**

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**Date**

Sending Teacher's Name:

School/Program:

Sending Teacher's Contact Information:

Receiving Teacher's Name:

School/Program:

Receiving Teacher's Contact Information:

• Child's Name: \_\_\_\_\_

• 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:

Name of instrument: \_\_\_\_\_

• Date completed: \_\_\_\_\_

• 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:

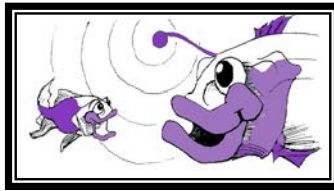
\_\_\_\_\_

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: