



**Transition Information Form**

Child's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Beginning Date at RISE: \_\_\_\_\_

What classrooms has your child attended? (Circle Each)

Infants          Ones          Twos          Threes          Fours

**Interests**

1. What are your child's favorite activities and toys?
2. What things frighten your child?
3. What do you do to comfort your child?
4. List the places your child frequently visits:
5. List the significant people in your child's life (including their nickname):

**Services**

1. Does your child attend another child care center?          If so, where?
2. Does your child receive Early Intervention or outpatient therapies?          If so, see below:

Type of Therapy	Therapist	Phone Number	Dates/Frequency	Location

3. Please circle/list any community services and/or resources your child receives:

- |                                    |                          |
|------------------------------------|--------------------------|
| Children's Rehabilitation Services | Public Health Department |
| Department of Human Resources      | Medicaid                 |
| SSI Benefits                       | WIC                      |
| AIDB                               | Family Counseling        |
| Feeding Clinic                     | Other (Please List)      |

**Medical Information**

1. Please list any allergies (medications, food, environmental, etc.) your child has:

\_\_\_\_\_

2. Please list any medications your child takes: \_\_\_\_\_

**Adaptive Equipment**

Please circle any adaptive equipment used by your child:

Hearing Aids

Cochlear Implants

Glasses

Splints/AFOs

Wheelchair

Walker/Gait trainer

Augmentative Communication System

Oral Motor Tools

Other: \_\_\_\_\_

**Optional Information**

1. Are there any cultural considerations regarding your family that RISE should be aware of for the classroom?

2. What are the holiday traditions your family celebrates?

3. How are these traditions usually celebrated?

4. What is the religious preference for your family?

5. What (if any) Awareness events does your family celebrate?

**Concerns/Expectations**

1. Please list any concerns you may have about your child's development:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please list any expectations you have for the next school year:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Is there anything else you would like us to know related to classroom needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other helpful hints: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_