College of Southern Idaho
Head Start/Early Head Start
Early Head Start Transition Survey

Child’s Name: ___________________________________________  Birth Date: ______________________

Parent Name(s):______________________________________________________________________________

Family Educator: ______________________________________  Initial EHS enrollment date: ______________

Your child is/will be turning three within the next six months. As part of program services, we will be planning your child’s transition together with you. Please complete the following survey to assist us. We understand that your transition decisions might change during the next few months.

_____ I/we may prefer no services after my child’s Early Head Start experience. Please check with me again on _________________________________ (date).

_____ I/we would like ________________________________ to transition into:

______ CSI Head Start program option

______ Child Care/Preschool Setting

______ Other community services

Indicating a preference for transitioning to Head Start does not guarantee that your child will immediately start in a HS classroom after their 3rd birthday. Placement in the HS class can be dependent on several factors, for example, availability of an opening in the center, possibly your ability to transport your child to the center, and/or the time of year when your child turns three. If your 3 yr. old child is unable to get into HS during the current HS school year, s/he will be placed on the enrollment list for September of the coming school year, if that is still your first choice.

If you choose to get on a waiting list for the CSI HS program option, you can expect the opportunity to visit the classroom (during class time, after class time, with or without your child). Other pre-transition activities might include opportunities to meet the bus driver and see the bus; participate in home visits together with your Family Educator and the receiving staff person.

Do you have questions or concerns about your child’s transition? Please list anything we can help you with; i.e. finding child care, sharing information about your child with the new staff member or community child care provider, meeting your child’s needs in the new setting, etc.

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

Follow up needed?  No  Yes  For______________________________________________________________

Completed by: _____________________________________________________________________________

Parent/s Signature_____________________________ Date: __________

G: /Forms/EHS/Transitions/Transition Survey