

**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 3<sup>rd</sup> 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.

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Follow up needed?    No    Yes    For \_\_\_\_\_

Completed by: \_\_\_\_\_

Parent/s Signature \_\_\_\_\_ Date: \_\_\_\_\_