

**Shasta Head Start Child Development, Inc.**  
**PRENATAL INDIVIDUAL TRANSITION PLAN**



Date: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
 Due Date: \_\_\_\_\_ Delivery Date: \_\_\_\_\_  
 Primary Language: \_\_\_\_\_  
 Transitioning From: \_\_\_\_\_ Transitioning To: \_\_\_\_\_

Family Profile and Goals		
Summary of Family's Strengths & Development		
Summary of Family's Social Emotional & Health Status		
Ideas for Easing Transition		
<b>Action Plan/Timeline for Transition Activities</b>		
Family will...	Staff will...	When?

Signature of Attendance

1. _____ <div style="text-align: center;">Parent/Guardian</div>	3. _____ <div style="text-align: center;">Staff Member</div>
2. _____	4. _____
<b>I.T.P. Completed at:</b> <input type="checkbox"/> *Meeting (preferable) <input type="checkbox"/> Home Visit <input type="checkbox"/> Conference	

☐ ChildPlus data entry