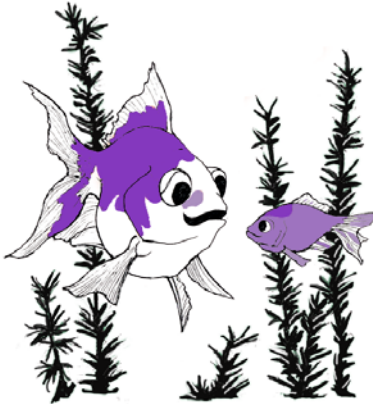


## Teacher to Teacher



### 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:

**Technical Assistance and Training System (TATS)**  
3280 Progress Drive  
FAAST Center, Suite 250  
Orlando, FL 32826

**Tel: 407-823-3058**  
**Fax: 407-823-1360**  
**Email: [tats@ucf.edu](mailto:tats@ucf.edu)**  
**Website: <http://www.tats.ucf.edu>**

TATS is funded by the State of Florida, Department of Education, Bureau of Exceptional Education and Student Services (BEESS), through federal assistance under the Individuals with Disabilities Act (IDEA), Part B, Section 619).

• 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: