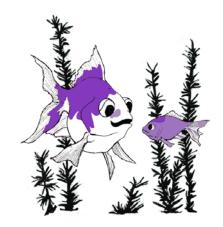


## **Teacher to Teacher**



## Sending Teacher and Receiving Child Information

To share non-health related information about a child's classroom experiences when a child moves from one educational setting to another.

## **About**

|  | Child's Name              |  |
|--|---------------------------|--|
|  | Parent Signature Required |  |
|  | 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) Health Sciences II Suite 107 4000 Central Florida Blvd. Orlando, FL 32816 Telephone: 407-823-3058 Fax: 407-823-1360 Email: <u>tats@ucf.edu</u>

Website: http://www.tats.ucf.edu

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| Child's Name:  |   |
|--|---|
| 1. General comments about child's progres  | es in our classroom:  |
| 2. Strategies we used to build social and be   | ehavioral skills:   |
| 3. Strategies we used successfully with out  | of bounds behaviors:  |
| 4. Strategies we used for communicating:   |   |
| 5. Strategies we used successfully in other of   | domains: _  |
| 6. Assessments completed:  Name of instrument:  Date completed:  |   |
| <ul> <li>7. Accommodations/adaptations used succe</li> <li>Schedule changes (picture schedules)</li> <li>Hand over hand assistance</li> <li>Sign language</li> <li>Social stories</li> </ul> | essfully to help the child participate fully in the classroom:  Furniture arrangement  Communication boards  Redirection  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. Th   | anks!   |



## 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             | <br>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       | er informa | ation/comments:  |  |

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