



Elkhart and St. Joseph Counties Head Start Consortium

Dr. Kathy L. Guajardo, Executive Director
EHS to HS Entry Mid-Year/Classroom Transfer Form

Last Day in Old Classroom: _____ **Beginning Date in New Classroom:** _____

Child's Name: _____ Birthday: _____

Parent's Name: _____ Child's Temperament: _____

Food Allergy: _____ IEP: _____

Medications/ Red Med. Bag: _____ Behavior Plan: _____

Healthcare Plan: _____

Allergies: _____ Special Needs: _____

(circle one) Parent: Onsite Offsite Pacifier: Yes No Comfort Item: Yes No Type: _____

Any Other Important Information for Receiving Teacher: _____

EHS PSM Signature: _____ Date: _____

Parents Signature: _____ Date: _____

Current Teacher Signature: _____ Date: _____

Receiving Teacher Signature: _____ Date: _____

White: Child's File Yellow: Parent Copy Pink: Site Supervisor (See attached ChildPlus Contact Sheet)



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EHS to HS Entry Mid-Year/Classroom Transfer Form

Last Day in Old Classroom: _____ **Beginning Date in New Classroom:** _____

Child's Name: _____ Birthday: _____

Parent's Name: _____ Current Formula/Menu: _____

Bottle Type: _____ Diaper Size: _____

Child's Temperament: _____

Parent's Observation the Child's Typical Day: _____

Allergies: _____ Special Needs: _____

(circle one) Parent: Onsite Offsite Pacifier: Yes No Comfort Item: Yes No Type: _____

Any Other Important Information for Receiving Teacher: _____

EHS PSM Signature: _____ Date: _____

Parents Signature: _____ Date: _____

Current Teacher Signature: _____ Date: _____

Receiving Teacher Signature: _____ Date: _____

White: Child's File Yellow: Parent Copy Pink: Site Supervisor (See attached ChildPlus Contact Sheet)