### **Student Transition Checklist How-To**

Please print and fill out one checklist for each child and each school attended. Organize these checklists and the accompanying documents in chronological order, with the most recent in the front.

The first page includes contact information for the school and key school-based or community personnel who may have important information to share about your child.

The second page provides an opportunity to list contact information for team members - as part of a child study team, Tier 2 team, multidisciplinary team, or IEP team - who may be able to provide additional insight or documentation regarding your child.

The final page includes a checklist to help organize all of the most necessary and educationally relevant paperwork a new school may find beneficial.

Please adapt this checklist to suit your and your child's needs as you make your next transition.

#### **Student Transition Checklist**

SCHOOL NAME:		DATES ATTENDED:
SCHOOL TYPE:  □ PUBLIC □ CHARTER	□ PRIVATE	□ DODEA
INSTALLATION:		
SCHOOL ADDRESS:		
OFFICE PHONE NUMBER:		
PRINCIPAL NAME:		
PRINCIPAL'S EMAIL ADDRESS:		
HOMEROOM TEACHER'S NAME:		
HOMEROOM TEACHER'S EMAIL ADDR	RESS:	
BUILDING NURSE NAME:		
BUILDING NURSE EMAIL ADDRESS:		
SCHOOL LIAISON OFFICER NAME: EMAIL ADDRESS: PHONE NUMBER:		
OTHER SCHOOL PERSONNEL TITLE: NAME: EMAIL ADDRESS:		
COMMUNITY SERVICE PROVIDER ORGANIZATIONAL NAME: PROVIDER NAME: PROVIDER EMAIL ADDRESS:		

The following page provides a list of important documentation you should keep in regards to your child's education. You may want to use a binder with tabs for each section, and when possible, scan each document into PDF form and save a copy to an external hard drive.

# Student Support Team/

#### **Multi-Disciplinary Team Contact Sheet**

name:
Role:
Phone Number/Email:
Name:
Role:
Phone Number/Email:
Name:
Role:
Phone Number/Email:
Name:
Role:
Phone Number/Email:
Name:
Role:
Phone Number/Email:
Name: Role:
Phone Number/Email:
Name:
Role:
Phone Number/Email:

Use this page to collect contact information for team members if your child is involved in a child study team, Tier 2 Intervention, or a special education program.

# **Documents**

☐ Report Cards	
☐ Transcripts	
☐ Tier II/Student Intervention Plan Documentation (if applicable)	
☐ 504 Plan/IEP Records (if applicable)	
☐ Copy of Evaluation Report(s)	
☐ Copy of Plan/IEP	
☐ Copy of Progress Notes	
$\hfill\square$ Names and contact info for individuals on student support or multidisciplinary team	
$\hfill\square$ Immunizations/Health Records (to include immunization records, physician reports, and list of medications at home and at school)	
□ Community Service Provider Records	
☐ Community Service Provider Behavioral Evaluation	
☐ Community Service Provider Behavior Plan	
☐ Progress Notes	
☐ Behavior Plans	
☐ Copy of plan(s)	
☐ Copy of progress notes	
☐ Charting data	
☐ Extracurricular/Student Activity Information	
□ Other:	