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| --- | --- |
| Student Name: Click here to enter text. | |
| DOB:Click here to enter text. | |
| Language of Instruction: Click here to enter text. | |
| Primary Provider: Click here to enter text. | |
| Provider Contact Information: Click here to enter text.  Date Transition Report was Completed: Click here to enter text.  Assessment Tool Used: Click here to enter text. | |
| **Current Functioning:** | |
| **Strengths:** | **Anticipated strategies needed to successfully access the learning environment:** |
| Transitions, following routines, etc.: | |
| Click here to enter text. | Click here to enter text. |
| Social/Emotional/Behavior: | |
| Click here to enter text. | Click here to enter text. |
| Pre-Academic Skills: | |
| Click here to enter text. | Click here to enter text. |
| Speech/Language: | |
| Click here to enter text. | Click here to enter text. |
| Fine and Gross Motor: | |
| Click here to enter text. | Click here to enter text. |

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| --- | --- | --- | --- |
| **Exit Rating** | **Rating** | | **New Skills or Behaviors** |
| Positive Social Emotional Skills: Click here to enter text. | Choose an item. | | Choose an item. |
| Acquiring and Using Knowledge and Skills: Click here to enter text. | Choose an item. | | Choose an item. |
| Taking Appropriate Action to Meet Needs: Click here to enter text. | Choose an item. | | Choose an item. |
| **Developmental Delay**  Is the child demonstrating a delay in any of the 5 areas of development? | **Yes or No**  Click here to enter text. | | **Which area(s)?**  Click here to enter text. |
| **Health Concerns** (allergies, medical needs, diapering): Indicate needs and impact of the student’s health needs. Click here to enter text. | | Safety Concerns: Click here to enter text. | |
| Parent Input: What information would you like the Child Find team to know about your child? Click here to enter text. | | | |