

# *New Room Transition Checklist*

Child's Name:	
DOB	
Classroom Name/#	
New Teacher's Name	
Expected Transition Date	

## Transition Checklist:

Tasks	
<input type="checkbox"/>	The child has visited the new classroom prior to transitioning. Dates:
<input type="checkbox"/>	Cubby has been set up with his/her nametag.
<input type="checkbox"/>	The child's medications and allergies have been communicated to the new teacher. Current medications:  Allergens:
<input type="checkbox"/>	Received all of the child's contact forms.
<input type="checkbox"/>	Received portfolio from the child's current teacher.
Notes:	

