

Transition Questionnaire

The following is a list of questions to consider asking the child's family and caseworker or case manager to make sure that the transition goes as smoothly as possible. Ideally, this would be information you exchange in a conversation you have with a parent directly. If that is not possible, you can always use this questionnaire as a reference and write out and provide this information to the caseworker, case manager, or child's family.

COMMUNICATION

1. I am available to help with the transition after CHILD NAME goes home to you. It's completely up to you how much you want to stay in contact. You can (check all that apply)
 - You can call me at this # -----
 - You can text me as well
 - We can arrange for me to babysit CHILD NAME
 - We can arrange for CHILD NAME to come stay overnight with me
 - Other_____

MEDICAL

2. CHILD NAME takes these medications at these times on a daily basis:
Medication name:

Dosage:

Time of day:
3. I have included all of CHILD'S NAME medical records tht I have with this transition information.
4. CHILD NAME has seen these medical professionals while in my care:
Professional's name:

Office address:

Phone number:

Number of times or frequency they went:

Any scheduled visits?

(Examples of medical professionals are: Doctors, Nurse Practitioners, Physical therapy, mental health professionals, speech, OT, other)

SOCIAL SUPPORTS

5. CHILD NAME received benefits from these programs (ex. food stamps, WIC) :

Name of program:

Name of program:

Name of program:

6. CHILD NAME went to childcare at this facility:

Name of childcare facility:

Address:

Phone number:

Contact name:

7. CHILD NAME went to this school:

Name of school:

Name of teacher:

How to contact:

8. CHILD NAME had a difficult time with (triggers, things that made them upset, difficulties at school):

9. I helped them through this by (What you did to address the difficulty)

ROUTINE & SCHEDULE

10. Here is a snapshot of what CHILD NAME's daily routine was like:

Time	Activity
7am	He would wake up, I'd wash his face and get him dressed
7:30am	Breakfast: usually some baby food (BRAND AND FLAVORS) and fruit. I would also give him his MEDICATION NAME with breakfast.
8 am	We would go for a walk around the neighborhood in a stroller. Sometimes we would stop by our local park and say hi to the doggies.
9am	I would put on SHOW NAME. He would laugh a lot at CHARACTER NAME so we bought him a stuffed animal of CHARACTER NAME.
10-11:30am	Morning nap time. He likes sleeping with CHARACTER NAME.

11. CHILD NAME's favorite shows to watch/activities to do were:

12. CHILD NAME's favorite foods were:

13. CHILD NAME really enjoyed (trips, experiences, things):