Date:_____

TRANSITION EXPECTATIONS
OF PARENTS ENTERING THE TRANSITION PROCESS

ESS Program_____ Town or City_____

1. **Are you getting the information you need about the transition from Family Centered Early Supports and Services to Preschool Special Education or other community services?**

2. **If so, how are you getting it?**

3. **What feelings or thoughts do you have about your child's transition from Family Centered Early Supports and Services to Preschool Special Education?**

4. **What are you looking forward to?**

5. **What challenges do you think you may face?**

6. **What concerns or fears, if any, do you have?**

7. **What questions do you have about the transition process?**

8. **Is there anything else you would like to share with us regarding the upcoming transition process?**