Get Ready for a New School or Program

Who my child is, and who is who.

CHILD _____ **FIRST DAY** _____ **SCHOOL OR PROGRAM** _____

HOW MY CHILD COMMUNICATES

_____

WHAT CALMS MY CHILD _____ **WHAT MAKES IT HARDER** _____

MEDICINES _____ **ALLERGIES** _____

Who's who

WHO	NAME	HOW TO REACH THEM
Teacher		
Aide		
Case manager		
Nurse		
Front office		
Other		

What helps my child

- ☐ Tell my child what comes next
- ☐ Pictures or a schedule
- ☐ Headphones
- ☐ A quiet place to go
- ☐ Short breaks
- ☐ An item from home

Other: _____

WHAT MY CHILD LOVES

_____

_____

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The first day

The plan, who to call, and how it went.

The plan

DROP-OFF _____

PICKUP _____

HOW WE GET THERE _____

WHO MEETS MY CHILD _____

WHERE _____

What to bring

- ☐ Lunch
- ☐ Water bottle
- ☐ Change of clothes
- ☐ Comfort item
- ☐ Headphones
- ☐ Picture schedule

Other: _____

Who to call

NAME	WHO THEY ARE	PHONE

Questions for the school

1. _____
2. _____
3. _____

HOW THE FIRST DAY WENT

_____

_____

_____

_____

_____

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