

Classroom _____

Supervision Transition Form

Date _____

	Child's Name	Out	In	Out	In	Out	In	Comments
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
	Total Number of Children							

Guidance:

- * This form is to be used to check off individual children as they transition in or out of the classroom.
- * This form is to physically accompany the class.
- * Ensure that the number and names of children going out or coming in matches the sign in/out sheets as well as head counts.
- * Use the comment section to note: a) absent children; b) children arriving or leaving during transitions; c) individual children leaving the classroom for screenings, therapy or other services.

Staff Name (Please Print) _____

Staff Signature _____