Lower Columbia College Head Start/ECEAP
Transition Survey
Head Start / Elementary School

Name of School: _____

Person completing form: _____ Date: _____

Thank you for taking the time to complete the following questionnaire. Your feedback will assist in perfecting our transition meetings this next school year. For your convenience, we have enclosed a self-addressed stamped envelope. If you need more space, please use the back of this form.

1. Did you receive the kind of information you needed about children and families? What information was most helpful? In the future, what additional information needs to be provided?

2. Was the time of the year appropriate for the transition meetings? Would you have liked it earlier or later?

3 How could Head Start be more helpful in the registration process for the families who are transitioning into your school?

4. In the Fall, how could Head Start assist your school with the transition process for the Head Start families entering your school?

(R: 08/02)