



Phase-In Transition Days Plan

Child's Name **Date**

Parent or Guardian

Teacher/Provider

Child's Start Date

Type of Phase-In

Shortened day Shortened week Family stays with child part of the day (e.g., feeding)

Other (Please describe)

Phase-In Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
Week of <input type="text"/>					
	Monday	Tuesday	Wednesday	Thursday	Friday
Week of <input type="text"/>					
	Monday	Tuesday	Wednesday	Thursday	Friday
Week of <input type="text"/>					
	Monday	Tuesday	Wednesday	Thursday	Friday
Week of <input type="text"/>					