



# 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"/>					