

PRESCHOOL TO KINDERGARTEN TRANSITION INFORMATION

Child's Name: _____ Date of Birth: _____

Address: _____

School Zone: JR RB CBB MW NO DJM SH

Gender: Boy Girl Race: _____ Primary Language: _____

Preschool Program attended: Bright Beginnings Head Start Other _____

How Long: Less than 1 year 1 year 2 years 3 years

Attendance: days present _____ days absent _____ days tardy _____

Preschool Teacher Name: _____ Teacher phone: _____

Special services this child receives/received (circle all that apply):

Speech/language OT/PT Counseling Other _____

Child has been referred for consideration of special education services:

Yes No

Status of Referral: _____

Health concerns: _____

Safety concerns: _____

Behavior Maintenance: (circle) low medium high

A strength of this child is: _____

An area needing more development is: _____

This child's family has:

- Attended monthly parent meetings
- Participated in school activities
- Volunteered in the classroom
- Communicated regularly by phone or notes
- Sent materials to the classroom to support activities or special events
- Participated and welcomed home visits
- Other _____

See other side

When involved in classroom learning, this child is: (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> <i>easily engaged in activities</i> | <input type="checkbox"/> <i>slow to engage in activities</i> |
| <input type="checkbox"/> <i>usually confident</i> | <input type="checkbox"/> <i>tentative</i> |
| <input type="checkbox"/> <i>playful</i> | <input type="checkbox"/> <i>serious</i> |
| <input type="checkbox"/> <i>focused</i> | <input type="checkbox"/> <i>easily distracted</i> |
| <input type="checkbox"/> <i>persistent</i> | <input type="checkbox"/> <i>easily frustrated</i> |
| <input type="checkbox"/> <i>quick to respond</i> | <input type="checkbox"/> <i>needs extra time to respond</i> |
| <input type="checkbox"/> <i>talkative</i> | <input type="checkbox"/> <i>quiet</i> |
| <input type="checkbox"/> <i>transitions easily</i> | <input type="checkbox"/> <i>transitions are difficult</i> |

When engaged in a learning activity, he/she usually responds best when given:

- visual cues* *kinesthetic cues* *auditory cues*

This child works best:

- alone* *with a partner* *in a small group*
- in a large group* *is comfortable in any size group*

Please list any additional information that would be helpful to meet the needs of this child:

Parent or guardian signature here indicates permission for preschool staff to exchange information with kindergarten staff regarding the child's needs and services received in preschool. This information is also used by school administrators to balance class groupings.

Signature: _____

Date signed: _____