

Transitioning to Kindergarten

Child's Name: _____

Nickname: _____

Date of Birth: _____ Gender: M or F

Today's Date: _____

Your Name: _____

Home Phone: _____

Relationship to Child: _____

Cell Phone: _____

Tell us a little about your child's family. Who does the child live with? Are there any brothers/sisters?

Have there been any big changes in your child's life in the past 12 months (such as marital status of parents, births, deaths, health concerns, moves, etc.)?

Does your child have any medical conditions or allergies? If yes, please explain.

Please list ALL preschool and/or child care experiences that your child has had. Where did your child attend and for how long in each setting?

Has your child had any services through the school district or other agency (such as mental health counseling, speech therapy, occupational therapy, physical therapy, etc.)? If yes, please explain.

Consent for Release

I give permission for _____ to share this transition plan for
(Early Childhood Provider/School)

_____ with _____
(Child's Name) (Elementary School and/or District / Early Care and Education Program)

(Parent/Guardian Signature)

(Today's Date)

(Parent/Guardian Printed Name)

continue on next page



Directions: For each statement, please indicate if the skill or task is something that your child is able to do **Almost Always**, **Sometimes**, or **Rarely/Never**.

Social Skills

	Almost Always	Sometimes	Rarely/ Never
Communicates wants and needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Expresses emotions appropriately	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uses clear speech	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooperates with other children during play	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooperates with adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shares and takes turns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leaves parent or familiar adult without getting upset	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Self-Care Skills

	Almost Always	Sometimes	Rarely/ Never
Puts on shoes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Takes coat on and off	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Washes hands independently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uses tissues to wipe nose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uses bathroom independently	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Able to wipe after toileting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flushes toilet after use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pulls up pants after using restroom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Early Learning Skills

	Almost Always	Sometimes	Rarely/ Never
Can listen to a story in a group setting for about 10 minutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understands simple directions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Able to follow simple instructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Names basic colors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Names basic shapes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recognizes own first name in print	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recognizes some letters in name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Able to count to 10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Uses writing tools appropriately (crayons, markers, pencils, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safely uses scissors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Able to adjust to changes in schedule/routine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Body Awareness Skills

	Almost Always	Sometimes	Rarely/ Never
Stays with group or familiar adult when necessary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keeps hands and body to self	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Controls body safely (recognizes when it is okay to run)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Able to hop, jump, skip, run, and climb safely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments:

Feel free to use extra paper to share additional information.

ECE Provider's/
Teacher's Name: _____

Location: _____

Date: _____

