



**South Euclid
Lyndhurst Schools**

**Help Us Get to Know Your Child
Transition to Kindergarten Summary Form**

Student _____ Sex: Male Female

Name used by Child (Nickname) _____ DOB _____

Parent/Guardian _____

Address _____

Person completing this form and relationship to child _____

Existing Medical Conditions/Allergies: YES NO Please explain _____

Has your child ever attended an early childhood program? YES NO

If yes, please name the program(s) and the dates your child attend each program _____

Please complete each checklist below and share additional information to help us support your child's successful transition to Kindergarten.

Social		Yes	Sometimes	Not Yet
1	Is your child able to wait 3-4 minutes for your help?			
2	Can your child attend to a story or activity for 5-10 minutes?			
3	Is your child able to change for activity to activity or place to place without becoming upset?			
4	Is your child able to share, take turns and solve problems during play with other children?			
5	Is your child able to keep his/her hands and feet to him/her self?			

Please share additional **Social** information:

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Pre Academic		Yes	Sometimes	Not Yet
1	Can your child count to 10?			
2	Can your child count objects up to at least five?			
3	Does your child recognize letters (separate from saying or singing the alphabet)?			
4	Can your child identify number 0-9?			
5	Can your child write his/her name?			

Please share additional **Pre Academic** information:

Communication		Yes	Sometimes	Not Yet
1	Can your child ask for needs and wants?			
2	Can other people understand what your child says?			
3	Does your child follow simple directions?			

Please share additional **Communication** information:

Physical Development		Yes	Sometimes	Not Yet
1	Can your child use the restroom independently including flushing and washing hands?			
2	Is your child able to scribble and/or write with pencil, crayon or marker on his/her own?			
3	Can your child manage clothing independently (button, snap or zip)?			
4	Can your child tie his/her shoes?			
5	Does your child cut with scissors?			

Please share additional **Physical Development** information:

Please share additional information to support your child's successful transition to Kindergarten:

Thank you for completing the checklists and sharing information. We are excited to meet your child!