



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

Student _____ Female Male

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 attended each program

Program Name and Location	From:	To:

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:

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 sharing information. We are excited to meet your child!