

Transition to Kindergarten Summary Form

Student: _____ Name used by Child: _____

Date of Birth: _____ Sex: M / F Guardian(s): _____

Address: _____ Phone: _____

Teacher/Staff completing this form: _____

Parent/Guardian completing this form: _____

Early Childcare Program/Center: _____

Program Director/Title: _____

Does child speak and/or understand another language? Yes/No If yes, please specify: _____

Existing Medical Conditions/Allergies: No / Yes, please specify: _____

Consent for Release of Information:

I give permission for _____ to share all information pertinent to the education of my
(Early Childhood Service Provider)

child, _____ with _____
(School District)

(Parent/Guardian Signature)

(School District of Residence)

(Date)

Child's Strengths

| | |
|------------------|-----------------|
| Teacher: | Parent: |
|------------------|-----------------|

Child's Unique Skills/Interests

| | |
|------------------|-----------------|
| Teacher: | Parent: |
|------------------|-----------------|

Recommendations to Support Child in Kindergarten

| | |
|------------------|-----------------|
| Teacher: | Parent: |
|------------------|-----------------|



Student: _____

Date: _____

Directions: Complete the checklist below by putting the correct letter on the line as indicated by the key below.

M = Most of the time

D=Developing the Skill

**N=Not at this time*

SOCIAL-EMOTIONAL

ATTACHMENT/RELATIONSHIPS

- _____ Shows affection for familiar adults
- _____ Seems happy or excited to see parent/guardian
- _____ Trusts adults
- _____ Asks adults to play with or read to him/her
- _____ Acts in a way that makes adults smile or show interest in him/her
- _____ Looks forward to activities at home or school
- _____ Appears happy when playing with others
- _____ Shows a preference for a certain adult
- _____ Seeks help from children/adults when necessary
- _____ Helps others
- _____ Demonstrates kindness towards others

INITIATIVE

- _____ Tries or asks to try new things or activities
- _____ Attends group for 5-10 minutes
- _____ Uses restroom independently
- _____ Chooses to do a task that was hard for him/her
- _____ Shows confidence in his/her abilities
- _____ Works/plays independently for short periods
- _____ Follows classroom rules/daily routine
- _____ Makes decisions for himself/herself
- _____ Follows simple directions
- _____ Shows an interest in learning new things
- _____ Keeps trying when unsuccessful
- _____ Tries different ways to solve a problem
- _____ Manages clothing independently
- _____ Starts or organizes play with others
- _____ Remembers important information
- _____ Shows confidence in his/her ability

PRE-ACADEMIC

- _____ Identifies colors: Red, Blue, Green, Yellow, Orange, Black, Brown, Purple (*circle known colors*)

SELF-REGULATION

- _____ Handles frustration well
- _____ Controls his/her anger
- _____ Shows patience
- _____ Accepts another choice when his/her first choice is not available
- _____ Focuses on a task
- _____ Cooperates with others
- _____ Takes turns with others
- _____ Shares with other children
- _____ Listens to or respects others
- _____ Calms himself/herself down
- _____ Plays well with others
- _____ Adjusts to changes in routine
- _____ Communicates wants and needs
- _____ Verbally expresses feelings/emotions appropriately
- _____ Makes transitions:
 - _____ from home to school
 - _____ throughout the building
 - _____ within the classroom
 - _____ when there are changes in the daily routine

MOTOR DEVELOPMENT

GROSS MOTOR

- _____ Demonstrates ability to hop, jump, climb, balance (*circle skills accomplished*)
- _____ Demonstrates spatial awareness, position of body in space

FINE MOTOR

- _____ Works appropriately with scissors
- _____ Works appropriately with crayons/markers/pencils
- _____ Works appropriately with puzzles, Legos, other manipulatives



- Identifies shapes: Circle, Square, Triangle, Rectangle (*circle knows shapes*)
- Identifies and describes a picture
- Recognizes first name in print
- Prints first name (*sample at bottom*)
- Identifies words that begin with the same sound
- Identifies words that rhyme
- Sings simple songs/repeats rhymes
- Identifies and names numerals 0-9
- Counts using 1:1 correspondence to a least 5

- Demonstrates awareness of spatial relationships
- Manages clothing independently

COMMUNICATION

- Responds when name is called
- Uses intelligible speech
- Answers simple questions about a story
- Recites first and last name when asked

*** Please provide clarification for “Not at this time” response(s) or any additional comments on the lines below.**

Is child registered for kindergarten? YES NO

If yes, approximate date/month of registration? _____

If no, is assistance needed to register the child? YES NO

School District/School _____

Child’s Name Writing Sample:

