

# Help Us Get to Know Your Child

## Transition to Kindergarten Summary Form

Student: \_\_\_\_\_ Name used by Child (Nickname): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M / F Parents/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Person completing this form and relationship to child: \_\_\_\_\_

Does child speak and/or understand another language? Yes No

Please Specify: \_\_\_\_\_

Existing Medical Conditions/Allergies: Yes No

Please list:

\_\_\_\_\_

Has child ever attended an early childhood program? Yes No

If yes, please name the program(s) and the dates child attended each program?

\_\_\_\_\_

**What activities does your child like to do (i.e. outdoor play, building with blocks, puzzles, books, etc.)?**

**How can we help your child adjust to a new classroom, teacher, and friends?**

**Is there anything else you would like for us to know about your child?**



Student: \_\_\_\_\_

Date: \_\_\_\_\_

**Directions: Please complete the checklist and/or attach the current progress report from an early childhood program and any other relevant information.**

	<b>SOCIAL</b>	<b>YES</b>	<b>SOMETIMES</b>	<b>NOT YET</b>
1.	Is your child able to wait 3-4 minutes for your help?			
2.	Can your child use the restroom independently including washing hands without reminders?			
3.	Is your child able to change from activity to activity or place to place without becoming upset?			
4.	Is your child able to share, take turns, and solve problem during play with other children?			
5.	Is your child able to play alone for 10-15 minutes?			
	<b>COMMUNICATION</b>	<b>YES</b>	<b>SOMETIMES</b>	<b>NOT YET</b>
1.	Does your child respond when his/her name is called?			
2.	Can other people understand what your child says?			
3.	Does your child say when he/she is feeling excited, sad, or angry?			
4.	Does your child follow simple directions?			
5.	Does your child say his/her first and last name?			
	<b>PHYSICAL DEVELOPMENT</b>	<b>YES</b>	<b>SOMETIMES</b>	<b>NOT YET</b>
1.	Does your child enjoy outdoor play involving running, jumping, and climbing?			
2.	Is your child able to scribble and/or write with a pencil, crayon, or marker on his/her own?			
3.	Does your child cut with scissors?			
4.	Can your child dress his/her self, such as: button, snap, and zip with minimal help?			

\* Please provide clarification below for any response(s) where your child may need additional help.

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Sample of name written by child:

Right handed

Left handed