

# Transition to Kindergarten Summary Form

Student: \_\_\_\_\_ Name used by Child: \_\_\_\_\_

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

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

Teacher completing this form: \_\_\_\_\_ Date: \_\_\_\_\_

Parent completing this form: \_\_\_\_\_ Date: \_\_\_\_\_

Early Childhood Program: \_\_\_\_\_

Program Director/Title: \_\_\_\_\_

Does child speak and/or understand another language? Yes/No Please Specify: \_\_\_\_\_

Existing Medical Conditions/Allergies: Yes/No Please Specify: \_\_\_\_\_

Assessment Type/Results: \_\_\_\_\_

## Consent for Release of Information:

I give permission and agree to have \_\_\_\_\_ transfer the "Transition to Kindergarten Summary Form" of my child, \_\_\_\_\_ to \_\_\_\_\_.

(Early Childhood Program) (School/School District)

\_\_\_\_\_  
(Parent/Guardian Signature) (School District of Residence) (Date)

\_\_\_\_\_  
(Parent/Guardian-Please Print)

Is child registered for kindergarten? \_\_\_\_\_ If yes, approximate date/month of registration? \_\_\_\_\_

## Child's Strengths

T:	P:
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## Child's Unique Skills/Interests

T:	P:
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## Recommendations to support child in kindergarten

T:	P:
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Student: \_\_\_\_\_

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

Directions: Complete the checklist or attach the current progress report from EC program or any other relevant information.

KEY: M = Most of the time

D=Developing the Skill

\*N=Not at this time

**CLASSROOM SETTING**

- \_\_\_\_\_ Works/plays independently for short periods
- \_\_\_\_\_ Follows classroom rules
- \_\_\_\_\_ Follows classroom daily routine
- \_\_\_\_\_ Attends for 5-10 minutes in a group setting
- \_\_\_\_\_ Uses restroom independently
- \_\_\_\_\_ Makes transition:
  - \_\_\_\_\_ ◇ from home to school
  - \_\_\_\_\_ ◇ throughout the building
  - \_\_\_\_\_ ◇ within the classroom
  - \_\_\_\_\_ ◇ when there are changes in the daily routine

**SOCIAL**

- \_\_\_\_\_ Co-operates with others during play
- \_\_\_\_\_ Works with others
- \_\_\_\_\_ Adjusts to changes in routine
- \_\_\_\_\_ Trusts adults: Yes / No
- \_\_\_\_\_ Demonstrates cooperative behavior:
  - \_\_\_\_\_ ◇ turn taking (with children / with adults)
  - \_\_\_\_\_ ◇ helping others
  - \_\_\_\_\_ ◇ sharing
- \_\_\_\_\_ Demonstrates self-control:
  - \_\_\_\_\_ ◇ waiting for a turn
  - \_\_\_\_\_ ◇ keeping hands to self

**COMMUNICATION**

- \_\_\_\_\_ Responds when name is called
- \_\_\_\_\_ Communicates wants and needs
- \_\_\_\_\_ Uses intelligible speech
- \_\_\_\_\_ Verbally expresses feelings/emotions appropriately
- \_\_\_\_\_ Answers simple questions about a story
- \_\_\_\_\_ Follows simple directions
- \_\_\_\_\_ Recites first and last name when asked

**PRE-ACADEMIC**

- \_\_\_\_\_ Identifies colors: Red Blue Green Yellow Orange Black Brown Purple (*circle known colors*)
- \_\_\_\_\_ Identifies shapes: Circle Square Triangle Rectangle (*circle known 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
- \_\_\_\_\_ Singing simple songs/repeats rhymes
- \_\_\_\_\_ Identifies and names numerals 0-9
- \_\_\_\_\_ Counts using 1:1 correspondences to a least 5

**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
- \_\_\_\_\_ ◇ Demonstrates awareness of spatial relationships
- \_\_\_\_\_ ◇ Manages clothing independently

\* Please provide clarification below for "Not at this time" response(s)

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Sample of name written by child:

Right handed:

Left handed: