

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? _____

Consent for Release of Information:

I give permission for Starting Point, the local Child Care Resource and Referral Agency, to share this form with the school and school district that I intend to send my child. My child will be attending:

School: _____ School District: _____

(Parent/Guardian Signature) Date: _____

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.

	SOCIAL	YES	SOMETIMES	NOT YET
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?			
	COMMUNICATION	YES	SOMETIMES	NOT YET
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?			
	PHYSICAL DEVELOPMENT	YES	SOMETIMES	NOT YET
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.

Sample of name written by child:

Right handed / Left handed (please circle)