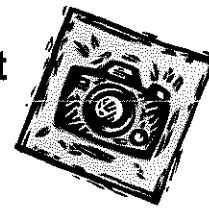


Transition to Kindergarten – Child Snapshot



Dear Early Childhood Teacher:

In order to assist with this child’s transition to kindergarten, please complete this information about the child and along with the parent’s completed form, send both to the appropriate elementary school by _____. Both the parent's form and this ECE teacher information will be passed on to the child's new kindergarten teacher.

ECE Teacher Completing Form

ECE Teacher Completing Form:

Name _____ Phone number _____ Name of ECE Program _____ Date _____

Child's Information

1. Child's Name

First Middle Last Name

2. Child's date of birth

____/____/____

Month Day Year

Child's Social Emotional Development

3. Are there other children that this child should not be placed with?

Yes No Don't Know

Other Child's Name: _____

Other Child's Name: _____

4. At school, does this child play mostly alone, with others, or both?

Mostly alone Mostly with others Both

5. How often is this child able to... (check one)

Most of the time

Some of the time

Never

a. Sit attentively for 10-15 minutes for large group or circle time?

b. Cooperate with and share with others?

c. Follow the classroom routine?

d. Make a choice and engage in the selected activity?

e. Ask the teacher for help?

f. Follow two step directions?

6. Please describe any areas in which this child needs help (e.g. toileting, classroom behavior)?

7. Please describe strategies or accommodations that work well for this child:

Cognitive and Physical Development	
8. Can this child identify letters? <input type="checkbox"/> None <input type="checkbox"/> Few <input type="checkbox"/> Many <input type="checkbox"/> All <input type="checkbox"/> Don't Know	9. Does this child show developmentally appropriate fine motor skills (for example, use scissors, grip pencil, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
10. Can this child recognize numbers 1-10? <input type="checkbox"/> None <input type="checkbox"/> Few <input type="checkbox"/> Many <input type="checkbox"/> All <input type="checkbox"/> Don't Know	11. Can this child write symbols to create meaning? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
12. Can this child read? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
Language Development	
13. Language(s) this child speaks: At home _____ At school _____	14. How often does this child communicate clearly? <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Never
	15. How often does this child use sentences to communicate? <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Never
Special Needs	
16. Does this child have an Individual Education Plan (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
17. What services has this child received?	18. Please describe this child's learning style.
Special Interests/Strengths	
19. Please describe this child's favorite activities.	20. Please describe this child's strengths.
21. What would you like another teacher to know about this child? (For example, family situation, personality, behavior, living arrangements, etc.)	

**Please mail both the Parent and Teacher forms
to the appropriate Elementary School
Thank you!**