

**PRE-SCHOOL INFORMATION
2016-2017**

Dear Pre-School Teacher:

To assist with this child's transition to Transitional Kindergarten, please complete the information below and mail this completed form along with the Permission Form completed by the parent/guardian to his/her elementary school by May 1, 2016. This information will be passed on to the child's Transitional Kindergarten teacher.

Thank you.

Pre-School Teacher Completing Form

Name (please print)

Phone Number

Name of Program/School

Signature

Child's Name

Child's Date of Birth

First

Middle

Last

Month / Day / Year

Child's Social Emotional Development

1. 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: _____

2. At school, does this child play mostly alone, with others, or both?
 Mostly Alone Mostly With Others Both

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

- a. Sit attentively for 10-15 minutes for large group or circle time?
 Most of the time Some of the time Never
- b. Cooperate with and share with others?
 Most of the time Some of the time Never
- c. Follow the classroom routines?
 Most of the time Some of the time Never
- d. Make a choice and engage in the selected activity?
 Most of the time Some of the time Never
- e. Ask the teacher for help?
 Most of the time Some of the time Never
- f. Follow two-step directions?
 Most of the time Some of the time Never

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

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

Cognitive and Physical Development

1. Can this child identify letters?

- None Few Many All Don't Know

2. Does this child show developmentally appropriate fine motor skills (for example, use scissors, grip pencil, etc.)?

- Yes No Don't Know

3. Can this child recognize numbers 1-10?

- None Few Many All Don't Know

4. Can this child write symbols to create meaning?

- Yes No Don't Know

5. Can this child read?

- Yes No Don't Know

Language Development

1. How often does this child communicate clearly?

- Most of the time Some of the time Never

2. How often does this child use sentences to communicate?

- Most of the time Some of the time Never

Special Needs

1. Does this child have an Individual Education Plan (IEP)? Yes No Don't Know

2. What services has this child received?

3. Please describe this child's learning style.

Special Interests / Strengths

1. Please describe this child's favorite activities.

2. Please describe this child's strengths.

3. What would you like another teacher to know about this child? (For example: family situation, personality, behavior, living arrangements, etc.)