

Transition to Kindergarten-Knowledge, Skills, and Dispositions

Student Name _____ Nickname _____ Birthdate _____

Parent(s) _____

Introductory Information

1. General attitude at school: _____

2. Activities that are motivating for the child: _____

Social and Emotional Skills	B—Beginning P--Progressing C--Consistent			Teacher Comments:
	B	P	C	
Expresses and regulates own emotions				
Follows classroom limits and expectations				
Interacts easily with familiar adults				
Interacts easily with one or more children, beginning to play or work cooperatively				
Can wait...in line, for a turn, or for directions				
Is able to easily separate from parents				
Can easily make transitions				
Uses language for self-expression				
Uses language to resolve conflicts				
Can follow simple 2-step directions				
Asks for help when unsure				
Is self-directed in actions				
Shows eagerness and curiosity as a learner				
Dresses self with clothes and shoes				
Cleans up after playing and eating				
Shares with others				
Independently uses bathroom				

Literacy and Math Skills			Teacher Comments:
	NO	YES	
Can count out loud to 10			
Can name and identify letters in his/her name			
Recognizes five rhyming words			
Writes his/her name correctly (uppercase first letter, lowercase remaining letters)			
Uses tripod pencil grip			
Colors in the lines of a picture			
Cuts in a straight line on a shape			

Intervention Information

If applicable, please list areas of Instructional Individualization, Intervention, Referral, and/or Special Education Services?

Preschool /Child Care Attended: _____

Preschool Teacher /Childcare Provider Name: _____

Attendance Schedule: 2 days/week 3-5 days/week Intermittent

By signing this, I (the parent/guardian) am giving permission to share the information on this form with the elementary school teacher. If the teacher requires additional information from the preschool teacher, a signed release form must be obtained from me.

_____ Name of School District

_____ Name of elementary school my child will be attending

(NOTE: Parent or Teacher can request that an Interagency Consent form be completed if conversation between the preschool and kindergarten program staff is allowable. The form will become part of the child's school records.)

Parent Signature: _____ Date: _____

Please return signed form to Winona Area Public Schools Community Education office, 317 Market Street, no later than July 1. Community Education will distribute to the designated elementary school.