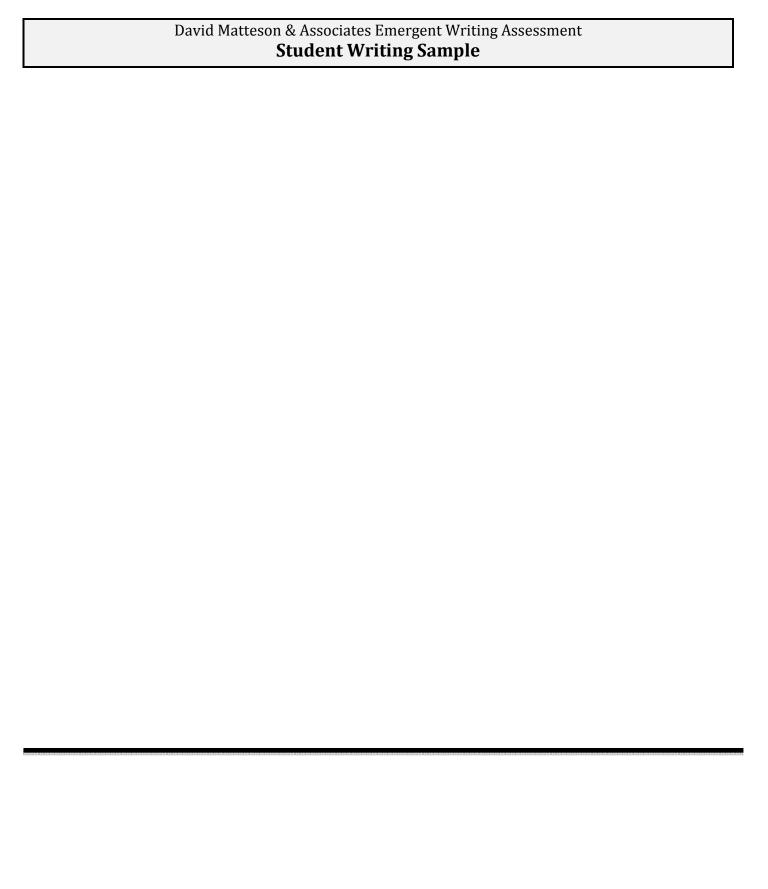
## PreK-K Transition Information and Student Work Sample Completion Date\_\_\_\_\_

Child name:	Birth Date:	□Female □Male			
Parent(s)/guardian(s):					
Name(s)/age(s) of younger sibling(s):					
The family's primary language is:					
□Someone in the household reads English □Family u					
Child has a current Individual Education Plan (IEP): □Yes □No □ Don't Know					
Anticipated school and/or district:					
Name of early learning program:					
☐Head Start ☐ ECEAP ☐Childcare Cent☐Preschool Program ☐Other	er □Family Child Car	e Home			
Address:	Phone Number:				
Dates of attendance: From to Schedul	le:#days per week _	#hours per day			
Person completing this form:					
Information from child's family: (Optional. This section is for parent or guardian input parent or guardian.)	only and should be written o	or dictated by a			
I, grant permission (print name) to share the contents of this document with the school transition planning.  Parent/Guardian Signature	named above for the purpos	rning program) es of Kindergarten			









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Please check the most appropriate box for each developmental objective listed below.

Type of assessment used: 

Teaching Strategies Gold 

Other formal/informal assessment\_

Social-Emotional	Most of the Time	Sometimes	Rarely or Never
Manages classroom rules, routines and transitions with occasional reminders			
Demonstrates confidence in meeting own needs (can ask for help, uses bathroom independently)			
Initiates positive play interactions with group of two or more children, takes turns			
Makes attempts to solve social problems, including seeking adult help			
Additional social-emotional information (if necessary):			
Physical			
Moves purposefully from place to place with control			
Sustains balance during simple movement experiences			
Demonstrates fine motor control (stringing beads, connecting blocks, holding pencil correctly)			
Additional physical information (if necessary):			
Language and Literacy			
Writes own name			
Is understood by most people			
Engages in conversations of at least three exchanges			
Recognizes and can name 10 letters or more, including those in own name			
Additional language and literacy information (if necessary):	1		
Cognitive			
Sustains work on age-appropriate, interesting task, persisting through challenges			
Talks about experiences, recalling events in order			
Additional cognitive information (if necessary):			
Math			
Verbally counts to 20			
Counts 10-20 objects accurately			
Identifies which part has more or less, or the same (equal)			
Additional math information (if necessary):			