

PreK-K Transition Report for:

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(Student Name)

Date of Birth: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity/Race: _____
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The child understands English The child speaks English

Parent(s)/Guardian(s): _____

The family's primary language is _____

The parent(s) understands English:
 None Some Most All

Someone in the household can read English:

Yes No Who: _____

Early learning program uses an interpreter with this family: Yes No

Early Learning Program:

Head Start _____
Site Name

Special Ed Preschool _____
Site Name

ECEAP _____
Site Name

Community Preschool _____
Site Name

Teacher : _____ **Contact info (phone/email):** _____

Attendance: Student attended _____ days of _____ days enrolled in the program

The above early learning program and parent/guardian thought it would be helpful for you to have information about this child who will be attending your kindergarten program next year. Our goal is to introduce your new student, so you have a snapshot of who this child is and what they've learned during their time in this early learning program.

Through their experiences in this early learning program, it is expected that children will develop certain age-appropriate skills. Unless noted in the "Just Thought You'd Like to Know" paragraph, this child meets age-appropriate expectations for the following:

- Uses scissors
- Uses appropriate pencil grasp
- Recognizes own name
- Uses glue
- Likes and respects books
- Knows colors
- Focuses on a group activity for 15 minutes
- Participates in physical activities
- Enjoys school

Anticipated School District:

Everett School District Lake Stevens School District Other District: _____

Anticipated Elementary School: _____

I grant permission to my child's early learning program to share the contents of this transition document with the anticipated school district(s) named above.

Parent Signature _____ Date _____

Parent contact daytime phone: _____ email: _____

Mail to: Everett Public Schools
Early Learning Department
3900 Broadway
Everett, WA 98201

Fax: (425) 385-4012

Questions: (425) 385-4024

Child's name: _____ Date: _____

Student Work Sample

PreK-K Transition Report

Teacher Monitoring Notes

Student name: _____

Date: _____

Student Story and Writing Sample

Student's Oral Language (Prompt child to retell his/her story from the picture. Take dictation of the child's oral story.)

Student Proficiency Level

Picture and Story

Level of support/independence

- | | |
|---|---|
| <input type="checkbox"/> Consistently needs support | <input type="checkbox"/> Independent |
| <input type="checkbox"/> Sometimes needs support | <input type="checkbox"/> Rarely needs support |

The student...

- Knows the story and can articulate what will be in the picture before drawing
- Willingly adds detail important to the story
- Uses all basic shapes to draw pictures (, , ,)

The picture incorporates...

- A character A setting An action or significant event
- Writing (labels, speech bubbles, thought bubbles, noises)

The story...

- When told by child contains all important details and some description
- Sounds like a story with a beginning, middle and end
- Has "writing" (below the line)

Notes