

STARK COUNTY – TRANSITION SKILLS SUMMARY

This summary is provided by Stark County Early Childhood Service Providers for the purpose of promoting a smooth transition to Kindergarten.

Student: _____

Date of Birth: _____ Sex: M / F

Parents: _____

Address: _____

Phone: _____

Family Structure: _____
(single parent, foster, etc.)

Special Education Services: Yes / No

Existing Medical Conditions/Allergies: Yes / No

Please List: _____

Name used by Child: _____

Early Childhood Service Provider: _____

Contact # _____

Program Director/Title: _____

Person filling out this form /Title: _____

Date Form Filled Out: _____

Name of Curriculum Used: _____

Assessments Used: _____

Consent for Release of Information:

I give permission for _____ to share all information pertinent to the education and safety of

(Early Childhood Service Provider)

my child, _____ with _____

(Child's Name)

(School District)

(Parent/Guardian Signature)

(School District of Residence)

(Parent/Guardian Printed Name)

(Elementary School)

(Date)

<u>Attendance Data</u>	This form will be sent to:
Enrolled in program from ____ / ____ to ____ / ____	_____
Hours enrolled per week: _____	<i>(District Transition Coordinator)</i>
Attends regularly (please circle): Yes / No	_____
Comments:	<i>(School District)</i>

	<i>(Date)</i>

Sample of Name Written by Child:

Right Handed / Left Handed *(please circle)*

STUDENT: _____

KEY: M = Most of the Time

D = Developing the Skill

N = Not at this Time

CLASSROOM SETTING		PRE-ACADEMIC	
Works/plays independently for short periods		Identifies colors: Red Blue Green Yellow	
Follows classroom rules		Orange Black Brown Purple (<i>circle known colors</i>)	
Follows classroom daily routine		Identifies shapes: Circle Square Triangle	
Attends for 5-10 minutes in a group setting		Rectangle (<i>circle known shapes</i>)	
Uses restroom independently		Identifies and describes a picture	
Makes transition:		Recognizes first name in print	
• from home to school		Recognizes letters in first name	
• throughout the building		Prints first name (<i>sample on front</i>)	
• within the classroom		Identifies words that begin with the same sound	
		Identifies words that rhyme	
SOCIAL		Sings simple songs/repeats rhymes	
Adjusts to changes in routine		Identifies and names numerals 0-9	
Demonstrates cooperative behavior:		Counts using 1:1 correspondence to at least 5	
• turn taking (with children/with adults)		MOTOR DEVELOPMENT	
• helping others		Gross Motor:	
• sharing		• Demonstrates ability to: hop jump climb	
Demonstrates self-control:		balance (<i>circle skills accomplished</i>)	
• waiting for a turn		• Demonstrates spatial awareness, position of body	
• keeping hands to self		in space	
COMMUNICATION		Fine Motor:	
Responds when name is called		• Works appropriately with scissors	
Communicates wants and needs		• Works appropriately with crayons, markers, pencils	
Uses intelligible speech		• Works appropriately with puzzles, Legos, other	
Verbally expresses feelings/emotions appropriately		manipulatives	
Answers simple questions about a story		• Manages clothing independently	
Follows simple directions			
Recites first and last name when asked			

PLEASE PRINT ALL INFORMATION

Comments: (Is there any information specific to this child that would assist the Kindergarten teacher? Include information about successful teaching strategies, child's strengths, child's needs, etc.)

Copies: School District
 Early Childhood Service Provider
 Parent

**PLEASE COMPLETE DURING APRIL AND SEND BY
 MAY 1ST TO DISTRICT CONTACT PERSON**

