

I'm going to Kindergarten. All about me!

Please register your child for kindergarten as early as possible.



The transition into kindergarten is an important milestone for you and your child. By completing this form, you are providing your child's kindergarten teacher with important information that will be used to help ensure that your child has a successful experience. If your child attended preschool or child care, please complete the form with your provider. If your child did not attend child care or preschool, please complete the form on your own. Completed forms can be returned to the school along with your school registration materials or to the district office.

Person Completing Form / Relationship to child

Today's Date

CHILD'S NAME

DOB

MALE

FEMALE

PARENT/GUARDIAN (Last Name, First Name)

Language at Home

Siblings/Ages

I'm interested in preschool info.

Childcare or Preschool Provider (if attended, not required)

Dates Attended

From

To

Avg Days/Wk

Avg Hrs/Day

Elementary School that child will attend

Fall of (Year)

Is child on IEP? Yes No

If yes, please request records from _____

Health/Allergy Needs? Yes No

If yes, please explain or attach document _____

Any other special considerations or accommodations? Yes No If yes, please explain or attach document _____

About Me (Capture direct quotes from the child about starting school.)

What do you want your Kindergarten teacher to know about you and your family?

What are you looking forward to the most about Kindergarten?

What questions or wonderings do you have about Kindergarten?

About The Child (Capture comments from the parents.)

Please describe your hopes and dreams for your child as s/he begins Kindergarten.

Please describe any questions or concerns you may have about your child starting Kindergarten?

Please describe any recent significant changes in your family. (e.g. new sibling, moves, divorce, death, etc.)

About Your Child's Learning And Development

What does your child enjoy doing?

What motivates your child?

How do you help your child manage new situations or challenges?

How do you comfort and engage your child?

About Me And My Family Culture

Please indicate the number that corresponds to your child's ability

(1) Not Yet / (2) Sometimes / (3) Usually

- 1 2 3 Describes what he/she likes and is interested in.
- 1 2 3 Associates emotions with words and facial expressions (ex. crying means you're sad).
- 1 2 3 Anticipates consequences of own behavior (ex. if I do that, then this happens).
- 1 2 3 Stays with a task for more than five minutes and attempts to solve problems that arise.

Building Relationships

- 1 2 3 Plays with children the same age and of different ages.
- 1 2 3 Understands that adults may want the child to do something different than he/she wants to do
- 1 2 3 Cooperates with other children, shares and takes turns.
- 1 2 3 Asks for help from another child or an adult to solve a problem.

Communicating (Literacy)

- 1 2 3 Talks in sentences of five or six words.
- 1 2 3 Identifies three or more letters with their sound at the beginning of a word (such as "day", "dog", and "David" all begin with "D".)
- 1 2 3 Recognizes own name in print.
- 1 2 3 Begins to print or copy own name, and identifies at least some of the letters.

Learning About My World

- 1 2 3 Asks adults questions to get information (as appropriate in the family's culture.)
- 1 2 3 Understands the ideas of "same" and "different"
- 1 2 3 Compares two objects using comparison words such as smaller, faster, and heavier.
- 1 2 3 Follows simple directions for position (beside, next to, between, etc.).

What else would be important for the kindergarten teacher to know about your child and family?

Permission To Share Information:

I _____ give my permission for _____
(parent/guardian name) (child care or preschool name)

to provide: _____ with a copy of this form for the purposes
(Elementary school name)

of Kindergarten transition planning. Further, if my child does not attend the above mentioned school or district, I give permission for that district to share the Kindergarten Transition Form with the other districts in SW Washington to ensure this information follows my child to the local school (s)he will be attending.

_____ My child's preschool/childcare teacher is providing some additional information attached to this document.

_____ I would like my child's kindergarten teacher and preschool/childcare provider to connect in order to communicate and plan for my child's successful transition to kindergarten.

Parent Signature _____

Verbal Consent

Completed Forms: Please return the completed form to your child's preschool teacher, if requested. Otherwise, please return the form to the district or the elementary school.