

# Kindergarten Transition Summary Report

(this page to be filled out by parent / guardian)

This report is a collaboration between the Stanwood-Camano School District and the preschools and child care centers in the Stanwood - Camano community

Research shows that when school districts, early Learning programs and parents work together to support children as they enter kindergarten, children experience an easier transition and are more excited about the start of school.

## Your Information

Please complete one form for each child transitioning from your care to Kindergarten.

Your Name: \_\_\_\_\_

Date form was completed: \_\_\_\_\_

## Parent Information

I, \_\_\_\_\_ have had an opportunity to review the contents of  
(print name)

this form and understand that the form will be shared with the school district named at the bottom of page 3 of this form for the purposes of kindergarten transition planning.

Parent / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return the completed packet to your preschool / daycare provider. If you are not connected to a preschool or daycare, please return to the Stanwood Camano School District Administration building.

Stanwood Camano School District  
ATTN: Special Services  
26920 Pioneer Hwy,  
Stanwood, WA 98292

# Kindergarten Transition Summary from Family

(this page to be filled out by parent / guardian)

Please list who lives at home (name / relation): \_\_\_\_\_

\_\_\_\_\_

Do you have any Pets (names/ type)? \_\_\_\_\_

What holidays do you celebrate? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your child excited about in kindergarten?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your child nervous about in kindergarten? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What does your family do for fun? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you want your kindergarten teacher to know about your child?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you want your school to know about your child?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Kindergarten Transition Summary from Preschool

(this page to be filled out by preschool teacher)

Child's legal name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Gender: \_\_\_\_\_

Date of Birth: (mm/dd/yyyy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Child's SSID, if available: \_\_\_\_\_

Parent / Guardian name: \_\_\_\_\_

Home Language: \_\_\_\_\_ Someone in the household can read English:

Parent(s) understands English

☐

Yes

☐

No

Who: \_\_\_\_\_

☐ None ☐ Some ☐ Most ☐ All

Child has a current Individual Education Plan (IEP):

☐

Yes

☐

No

If yes, explain: \_\_\_\_\_

In the year before kindergarten, child previously attended (may select more than one):

☐

Tribal Head Start

☐

Licensed Child Care Center

☐

Head start

☐

Licensed Family Care Center (home-based child care)

☐

ECEAP

☐

Preschool Co-Op

☐

District Preschool

☐

Cared for by parent or relative

☐

District Developmental  
School

☐

Play group

Name of preschool(s) program / child care listed above that the child attended:

\_\_\_\_\_

City: \_\_\_\_\_

Contact info (phone / email): \_\_\_\_\_

Provider ID for licensed centers and homes, if known: \_\_\_\_\_

Dates attended : From: \_\_\_\_\_ To: \_\_\_\_\_  
Month / Year Month / Year

Average days per week child attended program: \_\_\_\_\_

Avg. Hours per day: \_\_\_\_\_

Anticipated school district for kindergarten: \_\_\_\_\_

## Kindergarten Transition Summary from Preschool Teacher

Name of Preschool teacher / care giver: \_\_\_\_\_

**Based on observation additional support is needed in:**

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Arrival / departure | <input type="checkbox"/> Small group |
| <input type="checkbox"/> Outdoor time        | <input type="checkbox"/> Center time |
| <input type="checkbox"/> Large group         | <input type="checkbox"/> Toileting   |
| <input type="checkbox"/> Snack               | <input type="checkbox"/> Handwashing |
| <input type="checkbox"/> Table work          |                                      |

Additional notes from preschool teacher / care giver:

This image shows a full page of blank white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for writing or drawing. There are no margins, text, or other markings present.

**S - Sometimes**
**O - Often**
**C - Consistently**

| <b>Social &amp; Emotional</b>  | S | O | C |
|--|---|---|---|
| Participates in activities   |   |   |   |
| Follows directions / routines with two or more steps                               |   |   |   |
| Takes care of own needs  |   |   |   |
| Uses appropriate ways to solve problems  |   |   |   |
| Respects classmates, teachers and materials  |   |   |   |
| initiates positive play interactions   |   |   |   |
| Has a special friendship with one or more children, even if for just a short while |   |   |   |

| <b>Cognitive / General Knowledge</b>   | S | O | C |
|--|---|---|---|
| Persists with individual tasks   |   |   |   |
| Makes connections to life or prior learning  |   |   |   |
| Shows curiosity and motivation   |   |   |   |
| Solves problems without trying every possibility (i.e. looks at assortment of pegs and can choose the right one)               |   |   |   |
| Shows flexibility / inventiveness in thinking  |   |   |   |
| Groups objects by one attribute (color, size, shape), then regroups them using a different attribute and indicates the reason. |   |   |   |

| <b>Physical</b>  | S | O | C |
|--|---|---|---|
| Moves purposefully from place to place with control  |   |   |   |
| Sustains balance during simple movement experiences  |   |   |   |
| Demonstrates fine motor control (stringing beads, connecting blocks, holding a pencil correctly) |   |   |   |

| <b>Mathematics</b>   | S | O | C |
|--|---|---|---|
| Orall counts to _____  |   |   |   |
| Counts groups of objects accurately, in a variety of ways (ie: line, circle, array, scattered)   |   |   |   |
| Identifies a few numerals 1-10 and connects each to counted objects  |   |   |   |
| Instantly recognizes and names the number of items in a set:<br><br><div> <input type="checkbox"/> Set of 3           <input type="checkbox"/> Set of 5         </div> |   |   |   |
| Combines and separates up to five objects and describes the parts  |   |   |   |
| Recognizes familiar two-dimensional shapes (i.e. circle, square, triangle, rectangle) regardless of orientation  |   |   |   |
| Combines simple shapes to create larger shapes   |   |   |   |
| Names some three-dimensional shapes (i.e. sphere, cone, cube)  |   |   |   |
| Knows concept of "more", "less" and "same"   |   |   |   |
| space by using words like "beside", "inside", "next to", "above" or "below"  |   |   |   |

## Developmental Objectives

The goal of the PreK-K Transition Report is to provide schools with a snapshot of incoming kindergarteners. It represents a subset of key skills but does not include everything that a child might know and be able to do. It is also possible that a child will have grown or even regressed between the end of preschool and the beginning of kindergarten. Unless noted in the "Additional notes from preschool teacher / care giver" section, at the time of reporting this child meets age-appropriate expectations for the following:

|                              |  |
|------------------------------|--|
| Uses Scissors                | Focuses on a group activity for 15 minutes |
| Uses glue                    | participates in physical activities        |
| identifies colors            | Likes and respects books                   |
| visually recognizes own name | Enjoys school                              |

## Language & Literacy

S - Sometimes

O - Often

C - Consistently

| Language and Literacy Skills  | S | O | C |
|---|---|---|---|
| Writes first name   |   |   |   |
| Recognizes and can name 10 letters or more, including those in own name |   |   |   |
| Engages in conversations of at least three exchanges                    |   |   |   |
| Is understood by most people  |   |   |   |
| Expresses and understands thoughts, ideas and needs                     |   |   |   |
| Pretends to read using pictures and some language from text             |   |   |   |
| Retells stories   |   |   |   |
| Can tell if two words rhyme   |   |   |   |
| Shows awareness of syllables in words                                   |   |   |   |

## Student Story and Writing Sample Instructions

Direct the child to write his or her name at the top of Page 3 and then to "draw a story" under the section Student Writing Sample. The space below the line is for any "words" the child might chose to add about his or her story. Provide writing tools that the child has used before so he or she will be familiar with them. The story should be an example of what the child can do independently. Don't prompt the child about his/her drawing. For example don't say, "Where is your mommy in the picture?" or "What about your hair?" If the child asks for input, you could say "I want to see what you can do all by yourself." When the student has completed the drawing say "Tell me about your story (or picture)."

**Student story:** Take dictation of the child's oral story here

My name:

**Student Writing Sample**

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