

# PreK-K Transition Report for:

(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:**

<input type="checkbox"/> Head Start _____ <div style="text-align: center; font-size: small;">Site Name</div>	<input type="checkbox"/> Special Ed Preschool _____ <div style="text-align: center; font-size: small;">Site Name</div>
<input type="checkbox"/> ECEAP _____ <div style="text-align: center; font-size: small;">Site Name</div>	<input type="checkbox"/> Community Preschool _____ <div style="text-align: center; font-size: small;">Site Name</div>

**Teacher :** \_\_\_\_\_   **Phone number:** \_\_\_\_\_

**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:

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Uses scissors</li> <li>• Uses appropriate pencil grasp</li> <li>• Recognizes own name</li> <li>• Uses glue</li> <li>• Likes and respects books</li> </ul> | <ul style="list-style-type: none"> <li>• Knows colors</li> <li>• Focuses on a group activity for 15 minutes</li> <li>• Participates in physical activities</li> <li>• Enjoys school</li> </ul> |
|--|--|

**Anticipated 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:** Lake Stevens Schools  
 Early Learning Department  
 12309 22nd St NE  
 Lake Stevens, WA 98258

**Fax:** (425) 335-1592

**Questions:** (425) 335-1549

# Child Information

## Assessment

Please indicate the type of assessment used:    Teaching Strategies GOLD    DECA  
 Ages & Stages    Other formal/informal assessment\_\_\_\_\_

		R-Rarely			S-Sometimes			C-Consistently			
<b>Social &amp; Emotional</b>		R	S	C	<b>Cognitive/General Knowledge</b>				R	S	C
Participates in activities					Makes connections to life or prior learning						
Follows directions / routines					Shows curiosity and motivation						
Takes care of own needs					Solves problems						
Uses appropriate ways to solve problems					Shows flexibility / inventiveness in thinking						
Respects classmates, teachers and materials					Persists with individual tasks						
Demonstrates positive play interactions					<b>Math</b>						
Has a special friendship with 1 or more children					Counts orally to _____						
<b>Language and Literacy</b>					R	S	C	Names shapes <u>  </u> ○ <u>  </u> □ <u>  </u> △ <u>  </u> ▭			
Names _____ /26 uppercase letters					Names numerals <u>  </u> 0 <u>  </u> 1 <u>  </u> 2 <u>  </u> 3 <u>  </u> 4 <u>  </u> 5 <u>  </u> 6 <u>  </u> 7 <u>  </u> 8 <u>  </u> 9 <u>  </u> 10						
Names _____ /26 lowercase letters					_____ All 10 numerals						
Names _____ letter sounds											
Copies first name					Counts groups of objects:	1-5			R	S	C
Writes first name				6-10							
Engages in conversations with        - adults				11-20							
- other children				More							
Retells stories					Knows concepts of :	Less					
Can tell their own story				Same							
Can tell if two words rhyme											

### Just thought you'd like to know:

This section highlights some unique characteristics and accomplishments of this child.

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

### Notes