



Volusia County Schools
Pre-Kindergarten to Kindergarten Transition Form
2022-2023

Provider Name: _____

Pre-K Teacher: _____

Kindergarten Zoned School: _____

Student Information

Student Name (Last, First, Middle Initial)		Student Alpha Code (VCS only)		Date of Birth (Month, Date, Year)	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity/Race	<input type="checkbox"/> I <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> W <input type="checkbox"/> H/L <input type="checkbox"/> M		
Primary Home Language		Limited English Proficient	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Attendance	<input type="checkbox"/> Regular <input type="checkbox"/> Irregular	Tardies	<input type="checkbox"/> Late Arrival <input type="checkbox"/> Early Pick-up		
Known Allergies	<input type="checkbox"/> None <input type="checkbox"/> Yes (List)		<input type="checkbox"/> Epi-Pen <input type="checkbox"/> Avi-Q		

General Information ALL services student is CURRENTLY receiving

- Individualized Education Plan (IEP)
 Speech Therapy
 Language Therapy
 Glasses
 Hearing Device(s)
 Early Intervention (ESE)
 Inclusion
 Occupational Therapy
 Physical Therapy
 Assistive Technology
 PECs
 MTSS: Area of Focus _____ Additional Health Info. _____

Developmental Information FREQUENCY of each approach to learning and social-emotional skill

Shows increased curiosity and is eager to learn new things and have new experiences	<input type="checkbox"/> Almost Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely	Engages in associative play and begins to play cooperatively with friends	<input type="checkbox"/> Almost Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely	Attends to a task for up to 5 minutes (preferred and non-preferred)	<input type="checkbox"/> Almost Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely
Follows directions the first time	<input type="checkbox"/> Almost Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely	Shows beginning problem solving including offering potential solutions	<input type="checkbox"/> Almost Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely	Identifies and regulates own behavior (verbalizes emotions)	<input type="checkbox"/> Almost Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely
Resolves conflict appropriately (responds appropriately to express needs, wants and feelings)	<input type="checkbox"/> Almost Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely	Willing to be flexible if routines must change	<input type="checkbox"/> Almost Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely	Transitions easily between activities	<input type="checkbox"/> Almost Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely

Academic Milestones

- | | | |
|--|--|---|
| Upper Case Letters ____/ 26 | Counts 1 through 31 <input type="checkbox"/> Yes <input type="checkbox"/> No | Uses scissors effectively <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Lower Case Letters ____/ 26 | Counts 1 through ____ | Holds pencil correctly <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Letter Sounds ____/ 52 | Recognizes numerals 1-31 <input type="checkbox"/> Yes <input type="checkbox"/> No | Writes First Name <input type="checkbox"/> Yes <input type="checkbox"/> No |
| PA: Recognizes Rhyme <input type="checkbox"/> Yes <input type="checkbox"/> No | Creates/extends a pattern <input type="checkbox"/> AB <input type="checkbox"/> ABB | Writes Last Name <input type="checkbox"/> Yes <input type="checkbox"/> No |
| PA: Produces Rhyme <input type="checkbox"/> Yes <input type="checkbox"/> No | Duplicates a pattern <input type="checkbox"/> AB <input type="checkbox"/> No | Puts thoughts to paper in pictures <input type="checkbox"/> Yes <input type="checkbox"/> No |
| PA: Recognizes Initial Sounds <input type="checkbox"/> Yes <input type="checkbox"/> No | 1:1 Correspondence to 15 <input type="checkbox"/> Yes <input type="checkbox"/> No | Puts thoughts to paper in writing <input type="checkbox"/> Yes <input type="checkbox"/> No |
| PA: Combines onset & rime to form a familiar one syllable word /c/ /at/ = cat <input type="checkbox"/> Yes <input type="checkbox"/> No | Subitizes up to 5 objects <input type="checkbox"/> Yes <input type="checkbox"/> No | OL/V: Shows increased vocabulary use and understanding <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Recognizes basic colors <input type="checkbox"/> Yes <input type="checkbox"/> No | Solves real world joining and separating problems up to 8 <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Recognizes 2D Shapes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

STAR Early Literacy Scale Score (final assessment) AP3 _____

Comments

Which instructional strategies/techniques work well with this child?

Parental/Guardian Consent to Share Information

The information on this form will be shared with your child's Kindergarten teacher to help facilitate a successful transition from Preschool to Kindergarten.

I give permission for this form and any signed documents to be forwarded to my child's Kindergarten teacher at Volusia County Schools.

Parent/Legal Guardian Signature_____
Date_____
Director's Signature