

Flagler County Schools Pre-K to Kindergarten Transition Form

Provider Name: _____ **Pre-K Teacher:** _____ **Kindergarten Zoned School:** _____

Student Information

| | | | |
|---|--|---|--|
| Student Name <small>(Last, First, Middle Initial)</small> | | Date of Birth <small>(Month, Date, Year)</small> | |
| 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)
- Inclusion Occupational Therapy Physical Therapy Assistive Technology PECs
- MTSS: Area of Focus we may need to look into during Kindergarten _____

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

Academic Milestones

| | | |
|---|---|--|
| Upper Case Letters / 26 | Counts 1 through 31 Yes No | Uses scissors effectively Yes No |
| Lower Case Letters / 26 | Counts 1 through _____. | Holds pencil correctly Yes No |
| Letter Sounds ____ / 52- upper and lower | Recognizes numerals 1-31 Yes No | Writes First Name Yes No |
| PA: Recognizes Rhyme Yes No | Creates/extends a pattern AB ABB Yes No | Writes Last Name Yes No |
| PA: Produces Rhyme Yes No | Duplicates a pattern AB Yes No | Puts thoughts to paper in pictures Yes No |
| PA: Recognizes Initial Sounds Yes No | 1:1 Correspondence to 15 Yes No | Puts thoughts to paper in writing Yes No |
| PA: Combines onset & rime to form a familiar one syllable word /c/ /at/ = cat Yes No | Subitizes up to 5 objects Yes No | OL/V: Shows increased vocabulary use and understanding Yes No |
| Compose and decomposes of 8 using objects, fingers or acting out Yes No | Recognizes basic colors Yes No | |
| | Recognizes 2D Shapes Yes No | |
| | STAR Early Literacy Scale Score (final assessment) AP3 _____ | |

Comments

Which instructional or behavioral 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 Flagler County Schools.

Parent/Legal Guardian Signature _____

Date _____

Director's Signature _____