



KINDERGARTEN TRANSITION FORM

PLEASE HAVE YOUR CHILD'S PRE-K TEACHER COMPLETE THIS FORM.

PLEASE RETURN IT TO SAINT JAMES AT THE TIME OF YOUR CHILD'S KINDERGARTEN SCREENING APPOINTMENT.

Today's Date: / /
MM DD YY

Student's Date of Birth: / /
MM DD YY

Name: _____

Male Female

Language: _____
Used in home by parents Used by student Student first learned

Pre-K Program: _____ Pre-K Teacher: _____

Length Attended: _____ Hours per Week: _____

Please check the appropriate box for each behavior:	Emerging	Progressing	Mastered
Personal Social Development			
Demonstrates a sense of self as a learner			
Demonstrates a sense of responsibility to self			
Demonstrates a sense of responsibility to others			
Demonstrates effective functioning individually			
Demonstrates effective functioning as a group member			
Comments:			
Physical Development	Emerging	Progressing	Mastered
Demonstrates control, balance, strength, and coordination in gross-motor tasks			
Demonstrates coordination and strength in fine-motor tasks			
Participates in healthy physical activity			
Practices appropriate eating habits, hygiene, and self-help skills			
Comments:			
Cognitive Development	Emerging	Progressing	Mastered
Demonstrates the ability to think, reason, question, and remember			
Engages in problem solving			
Uses language to communicate, convey, and interpret meaning			
Prints or copies first name			
Recognizes simple patterns and duplicates or extends them			
Establishes social contacts			
Comments:			

Additional services received: Special Ed Speech/Language PT OT ELL

Additional Comments: _____

Teacher's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____