



Preschool-Kindergarten Transition Form

Date _____
Preschool Attended: _____
Teacher: _____
Contact Phone # _____

Student Name: _____ Nickname _____ DOB: _____

Male/Female Primary Home Language: _____ Child Responds in: English/Spanish/Both/Other

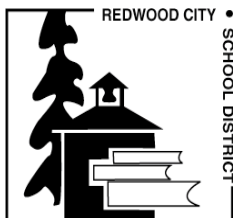
Understandable Speech? Yes/No IEP: No/Yes/Active/Inactive

Health Issues: _____ Special Concerns: _____
 (Glasses, medications, allergies, etc.) (Attendance, etc.)

Toileting & Self Help: Indep./Needs Assistance Usually Appears Rested: Yes/No Usually Appears Nourished: Yes/No

	Not Yet	Sometimes	Always	COMMENTS
SELF				
Makes choices and carries out activities				
Works independently				
Exhibits impulse control and self regulation				
Is enthusiastic and curious about learning				
Handles frustration well and works through difficulties constructively				
Demonstrates fine motor coordination (pencils, crayons, scissors)				
General coordination on the playground (kicking, running, jumping, climbing)				
PEERS				
Interacts cooperatively with peers				
Shows empathy and caring for others				
Expresses anger/frustration in constructive ways				
Is chosen, for play, by other children				
CLASSROOM ENVIRONMENT				
Follows classroom rules and routines				
Moves from one activity to the next				
Able to take turns and share				
Participates in the group life of the class				
Seeks adult help when needed				
Responds appropriately when corrected				

Additional Comments (Parent Engagement, Peer Placement Suggestions, Student Strengths, Concerns, Other):



Welcome to the Redwood City School District!

If your child has attended preschool, her/his kindergarten teacher will want to learn more about your child to better prepare for the first weeks of school. Please sign below and give this form to your child's preschool teacher to complete and return.

¡Bienvenidos al Distrito Escolar de Redwood City!

Si su hijo/a ha asistido a educación preescolar, al maestro/a de kinder le gustaría aprender más acerca de su hijo/a para prepararse mejor para las primeras semanas de escuela. Por favor complete su parte, firme y entregue este formulario al maestro/a de preescolar de su hijo.

Child's Name: _____ Parent/guardian Name: _____

Home School where registering: _____

School of Choice transfer application made, if any: _____

Por la presente autorizo al preescolar de mi niño/a q que comparta la información solicitada en el formulario de transición del preescolar al Kindergarten con las escuelas del Distrito escolar de Redwood City y el/la maestro/a de Kindergarten.

Firma del padre/madre/tutor: _____ Fecha: _____

I hereby authorize my child's preschool to share the information requested on the Preschool-Kindergarten Transition form with the Redwood City School District school and kindergarten teacher.

Parent/guardian signature: _____ Date: _____

INSTRUCTIONS TO PRESCHOOL TEACHER:

Please complete this form based on your observations of this child in late Spring and return it by mid- May to:

Redwood City School District, Attention: Melanie, 750 Bradford St., Redwood City 94063

Or scan/email to: mdavenport@rcsdk8.net (Be sure to send both sides.)

