

**PRE-SCHOOL INFORMATION**

Dear Pre-School Teacher:

To assist with this child's transition to Kindergarten (TK or K), please complete the information below and mail this completed form along with the Permission Form completed by the parent/guardian to his/her elementary school by May 1. This information will be passed on to the child's TK or Kindergarten teacher. Thank you.

**Pre-School Teacher Completing Form**

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name of Program/School

\_\_\_\_\_  
Signature

**Child's Name**

**Child's Date of Birth**

**For School Year**

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Last

\_\_\_\_\_  
Month / Day / Year

**Child's Social Emotional Development**

1. Are there other children that this child should not be placed with?  
 Yes                       No                       Don't Know

Other Child's Name: \_\_\_\_\_ Other Child's Name: \_\_\_\_\_

2. At school, does this child play mostly alone, with others, or both?  
 Mostly Alone     Mostly With Others     Both

**How often is this child able to...(please check one)**

1. Attend on time and/or regularly?  
 Most of the time                       Some of the time                       Never
2. Sit attentively for 10-15 minutes for large group or circle time?  
 Most of the time                       Some of the time                       Never
3. Cooperate with and share with others?  
 Most of the time                       Some of the time                       Never
4. Follow the classroom routines?  
 Most of the time                       Some of the time                       Never
5. Make a choice and engage in the selected activity?  
 Most of the time                       Some of the time                       Never
6. Ask the teacher for help?  
 Most of the time                       Some of the time                       Never

7. Follow two-step directions?

Most of the time

Some of the time

Never

Please describe any areas in which this child needs help (e.g. toileting, classroom behavior).

Please describe strategies or accommodations that work well for this child.

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### Cognitive and Physical Development

1. Can this child identify letters?

None

Few

Many

All

Don't Know

2. Does this child show developmentally appropriate fine motor skills (for example, use scissors, grip pencil, etc.)?

Yes

No

Don't Know

3. Can this child recognize numbers 1-10?

None

Few

Many

All

Don't Know

4. Can this child write symbols to create meaning?

Yes

No

Don't Know

5. Can this child read?

Yes

No

Don't Know

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### Language Development

1. How often does this child communicate clearly?

Most of the time

Some of the time

Never

2. How often does this child use sentences to communicate?

Most of the time

Some of the time

Never

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### Special Needs

1. Does this child have an Individual Education Plan (IEP)?

Yes

No

Don't Know

2. What services has this child received and/or what support strategies have you implemented?

3. Please describe this child's learning style.

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### Special Interests / Strengths

1. Please describe this child's favorite activities.

2. Please describe this child's strengths.

3. What would you like another teacher to know about this child? (For example: family situation, personality, behavior, living arrangements, etc.)