



Sedro-Woolley School District No. 101

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Washington State Kindergarten Transition Summary Form

Part of our District work to create an aligned PreK-3 system involves increasing the connection and communication between preschools and our schools. One component of this work is the *Washington State Kindergarten Transition Summary Form*. This report will be completed for children entering our schools by PreK teachers in the community.

Transition Forms represent the collaboration between kindergarten teachers and community PreK providers based on common professional development, shared expectations and aligned instructional approaches.

The *Washington State Kindergarten Transition Summary Form* is intended to:

- Provide a means of communicating children's developmental progress as they enter kindergarten
- Help create a smooth transition as children enter into kindergarten with less stress and an easier adjustment to the new learning environment
- Provide information for class placement
- Continue partnership development by strengthening communication between preschool/childcare environments and kindergarten
- Help our state identify where needs exist related in kindergarten readiness

If your child has not participated in a formal preschool or daycare setting, please complete the *Washington State Kindergarten Transition Summary Form* from the parent perspective.

Please return the completed form to your child's neighborhood school.

Washington State's Kindergarten Transition Summary Form

Thank you in advance for completing the voluntary Washington State Kindergarten Transition Summary Form. Completing this form will help the children in your care to have a smoother transition into kindergarten. Research shows that when school districts, early learning programs and parents work together to support children as they enter kindergarten, children experience an easier transition and are more excited about the start of school.

Your Information

Please complete one form for each child transitioning from your care to Kindergarten.

Your Name: _____ Date Form was completed: _____

Relationship to Child: _____

Parent Information

I, _____ have had an opportunity to review the contents of
(print name)
this form and understand that the form will be shared with the school district named on page two of this form for the purposes of kindergarten transition planning.

Parent/Guardian Signature _____ Date: _____



Additional Information:				
Please check the box that best describes the child's current ability.				
	Most of the Time	Sometimes	Not Yet	Not Sure
Social-Emotional				
Works and plays well with others				
Able to follow simple directions				
Able to pause and get an adult when there is a problem				
Able to adapt when planned to do or wanted to do is not possible				
Able to stick with an activity for more than a few moments				
Able to help, share and take turns				
Other important social-emotional information:				
Language				
Speech is understood by most people in home language				
Speech is understood by most people in English				
Other important language information:				
Literacy				
Recognizes own name in print				
Identifies letters in own name				
Child is able to listen to a story being read				
Other important literacy information:				
Physical				
Holds pencil with three finger grip				
Can draw lines and shapes				
Sustains balance during simple movement exercises				
Other important physical information:				
Math				
Verbally counts to 20				
Able to count up to 20 objects				
Can identify basic shapes (square, rectangle, circle, triangle)				
Other important math/cognition information:				

Optional Page

Based on observation and parent input, additional support is needed in:

- | | | |
|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> arrival/departure | <input type="checkbox"/> snack | <input type="checkbox"/> center time |
| <input type="checkbox"/> outdoor time | <input type="checkbox"/> table work | <input type="checkbox"/> toileting |
| <input type="checkbox"/> large group | <input type="checkbox"/> small group | <input type="checkbox"/> hand washing |

About Me (Capture direct quotes from the child about starting school)

What are you looking forward to most about kindergarten? _____

What did you like most about preschool? _____

About the Child (comments from parents)

What do you hope for your child as s/he begins kindergarten? _____

What do you wonder about kindergarten?

Is there additional information you would like the district and kindergarten teacher to know about this child:

Share a fun story or anecdote about this child that will help their kindergarten teacher better understand this child as a learner. _____
