

PreK-K Transition Report for:

(Student Name)

Date of Birth: _____	☐ Male ☐ Female Ethnicity/Race: _____		
☐ The child understands English ☐ The child speaks English			
Parent(s)/Guardian(s): _____			
The family's primary language is _____ The parent(s) understands English: ☐ None ☐ Some ☐ Most ☐ All	Someone in the household can read English: ☐ Yes ☐ No Who: _____ Early learning program uses an interpreter with this family: ☐ Yes ☐ No		
Early Learning Program:			
☐ ECEAP _____ Site Name _____	☐ Special Ed Preschool _____ Site Name _____		
☐ Head Start _____ Site Name _____	☐ Community Preschool _____ Site Name _____		
Teacher: _____	Contact info (phone/email): _____		
Attendance: Not Applicable - Impacted by school closure due to COVID-19			
The above early learning program and parent/guardian thought it would be helpful for you to have information about this child who will be attending your kindergarten program next year. Our goal is to introduce your new student, so you have a snapshot of who this child is and what they've learned during their time in this early learning program. Through their experiences in this early learning program, it is expected that children will develop certain age-appropriate skills. Unless noted in the "Just Thought You'd Like to Know" paragraph, this child meets age-appropriate expectations for the following: <table style="width: 100%; border: none;"><tr><td style="vertical-align: top; width: 50%;"> - Uses scissors - Uses appropriate pencil grasp - Recognizes own name - Uses glue - Likes and respects books </td><td style="vertical-align: top; width: 50%;"> - Knows colors - Focuses on a group activity for 15 minutes - Participates in physical activities - Enjoys school </td></tr></table>		- Uses scissors - Uses appropriate pencil grasp - Recognizes own name - Uses glue - Likes and respects books	- Knows colors - Focuses on a group activity for 15 minutes - Participates in physical activities - Enjoys school
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Anticipated School District: Everett School District			
Anticipated Elementary School: _____			
I grant permission to my child's early learning program to share the contents of this transition document with the anticipated school district(s) named above.			
Parent Signature _____ Date _____			
Parent contact daytime phone: _____ email: _____			

Mail by June 30th to:

Everett Public Schools
Early Learning Program
3900 Broadway
Everett, WA 98201

Fax: (425) 385-4012
Email: earlylearning@everettsd.org
Questions: (425) 385-4024

Child Information

Assessment

Please indicate the type of assessment used: ☐ Teaching Strategies GOLD ☐ DECA

☐ Ages & Stages ☐ Other formal/informal assessment_____

R-Rarely

S-Sometimes

C-Consistently

Social & Emotional

R S C

Cognitive/General Knowledge

R S C

Participates in activities

Makes connections to life or prior learning

Follows directions / routines

Shows curiosity and motivation

Takes care of own needs

Solves problems

Uses appropriate ways to solve problems

Shows flexibility / inventiveness in thinking

Respects classmates, teachers and materials

Persists with individual tasks

Demonstrates positive play interactions

Has a special friendship with 1 or more children

Just thought you'd like to know! (From the family)

This section is for optional **parent or guardian** input and should be written or dictated by a parent or guardian.

Just thought you'd like to know! (From the PreK teacher)

This section is for the child's PreK Teacher to highlight some unique characteristics and accomplishments of this child.