A "WHOLE CHILD" approach to teaching and learning. (ASCD, 2006)
"Children are the living message we send to a time we will not see." (John W. Whitehead)

TRANSITION PROFILE:
For children who will be entering school from a preschool, child care or home environment.

PARENTS: Please fill out your information on both sides of this Transition Profile. Then take it to your preschool or child care provider to complete. Present this form with other registration materials (immunization records, enrollment form) at your child's Kindergarten Orientation in the spring.

Date:_____

Child's Name:_____ **Birthdate**:_____ **Sex   M   F**
                                                                                                                   (Cirlce One)

Nickname:_____ **Age now**:_____

Observer(s):_____

Name of Facility: _____

Address: _____

Phone Number: _____

Is there anything you would like this child's new teacher to know in order to better meet the child's needs? (Special interests or abilities, favorite activities, fears/dislikes, personality traits, social interactions, home situation, concerns)

Preschool Teacher/Child Care Provider:

Parent(s)/Guardian(s)

I (we) give permission to share information: _____
                                                                                  Parent(s)/Guardian(s) Signature(s)

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Child's Name:		Date of Birth:
Parent's Name(s):		Neighborhood School:

1- NOT YET	2- SOMETIMES	3- USUALLY	N/A – NOT APPLICABLE

1. Understanding Self & Others:	Teacher	Parent	Recognizes printed name		
Separates well from family			Recites finger plays and rhymes		
Expresses emotions/feelings appropriately			Listens to a story read aloud		
Handles frustration appropriately			Uses materials appropriately		
Gives common information about self (first and last name, age, birthdate)			**5. Rules & Routines:**	**Teacher**	**Parent**
Able to express favorites (activities/toys)			Stays in play/work area		
2. Communication:	**Teacher**	**Parent**	Walks while inside		
Listens and pays attention			Uses inside voice		
Communicates a need, a feeling, and expresses self clearly			Gets adult's attention appropriately		
Able to listen to, understand and follow directions			Follows rules and routines		
Relates experiences and ideas to others			Keeps hands and feet to self		
Asks questions to get information			**Daily Transition Activities:**		
Solves problems using words			Participates in cleanup when asked to do so		
Makes contributions to group discussions			Lines up appropriately and walks with group		
3. Self-Help & Self-Care:	**Teacher**	**Parent**	Transitions between activities		
Independently washes and dries hands			**Classroom Skills:**		
Independent in toileting			Attends to group activities		
Aware of obvious dangers and avoids them			Stays on task		
Cares for personal belongings			Follows directions related to task		
Puts on/takes off outer wear and shoes within a reasonable amount of time			Appropriately self-directed		
Uses basic manners (please, thank you, etc.)			Knows way around school and playground		
Peer Interaction:			**6. Physical Development:**	**Teacher**	**Parent**
Plays without risk to self/others			**Fine Motor:**		
Shares and takes turn			Grasps a writing tool appropriately		
Plays cooperatively with peers			Holds scissors and snips/cuts		
Has friends			Copies a circle, line, +		
4. Early Learning Skills:	**Teacher**	**Parent**	Draws recognizable person		
Identifies colors (red, blue, black, green, yellow, orange, brown, purple)			Draws picture and tells about it		
Identifies basic shapes (circle, triangle, square)			**Gross Motor:**		
Rote counts (1-10)			Maneuvers and uses playground equipment appropriately		
Sings the ABC song			Explores creative movement (dance, acting out skits)		
Counts objects (1-5)			Demonstrates running, jumping hopping		
Recognizes letters in name			Navigates environment with safety		
Able to rhyme simple words					

Recent health Screenings:	Date	None
Physical		
Dental		
Vision		
Hearing		

Comments:

Current Services: _____

Child has: Current IEP YES_____ NO_____   Current IFSP YES_____ NO_____

Parent Signature/Date: _____ Teacher Signature/Date: _____

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