

**North Central ESD Education  
Transition to Kindergarten**

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent's Name \_\_\_\_\_ Date \_\_\_\_\_

Name of Preschool or Childcare \_\_\_\_\_

**Kindergarten Readiness Goals:**

**Literacy Skill**

☐Writes own name   ☐Names at least 10 letters   ☐Book Appreciation   ☐Knows initial sounds of words

**Math Skill**

☐Counts objects to 10   ☐Names 5 shapes   ☐Creates patterns

**Social/Emotional**

☐Follows simple rules, routines, & directions   ☐Manages Transitions   ☐Demonstrates self-control

☐Resolves conflicts   ☐Manages feelings

Years of Preschool \_\_\_\_\_ IEP/IFSP? Yes \_\_\_\_\_ No \_\_\_\_\_ English Language Learner? Yes \_\_\_\_\_ No \_\_\_\_\_

Attendance Consistent? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_

Behavior Support Plan: Yes \_\_\_\_\_ No \_\_\_\_\_ Plan: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Medical Needs: \_\_\_\_\_

Anything you feel the teacher should know to support your child to be successful in kindergarten:

\_\_\_\_\_  
\_\_\_\_\_

Significant family changes in the last year?

\_\_\_\_\_  
\_\_\_\_\_

I give \_\_\_\_\_ Preschool permission to share this form and child assessment data with the following school district: \_\_\_\_\_

Person Responsible \_\_\_\_\_ or ☐ I will transfer the following records to the school myself:

- ☐ TS GOLD/Creative Curriculum
- ☐ Development Assessment (DIAL R, ASQ, ASQ SE) and/or Screenings
- ☐ Other pertinent information requested (please describe):

\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_