

## 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: \_\_\_\_\_



Washington State  
Kindergarten Transition Summary Form

Child's Legal Name \_\_\_\_\_ Nickname: \_\_\_\_\_

First                      Middle                      Last

Circle One:   Male   Female

Date of Birth: (mm/dd/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Child's SSID, if available: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

School District Child is Entering: \_\_\_\_\_

In the year before kindergarten, child previously attended (may select more than one):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Tribal Head Start                | <input type="checkbox"/> Licensed Child Care Center                         | <input type="checkbox"/> Cared for by parent or relative |
| <input type="checkbox"/> Head Start                       | <input type="checkbox"/> Licensed Family Child Care (home-based child care) |  |
| <input type="checkbox"/> ECEAP                            | <input type="checkbox"/> Preschool Co-Op                                    |  |
| <input type="checkbox"/> District Preschool               |   |  |
| <input type="checkbox"/> District Developmental Preschool |   |  |

Name of preschool program/child care listed above that child attended:

\_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Provider ID for licensed centers and homes, if known: \_\_\_\_\_

Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year                      Month/Year

Average days per week child attended program: \_\_\_\_\_

Avg. Hours per day \_\_\_\_\_

<b>Additional Information:</b>				
Please check the box that best describes the child's current ability.				
	Most of the Time	Sometimes	Not Yet	Not Sure
<b>Social-Emotional</b>				
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:				
<b>Language</b>				
Speech is understood by most people in home language				
Speech is understood by most people in English				
Other important language information:				
<b>Literacy</b>				
Recognizes own name in print				
Identifies letters in own name				
Child is able to listen to a story being read				
Other important literacy information:				
<b>Physical</b>				
Holds pencil with three finger grip				
Can draw lines and shapes				
Sustains balance during simple movement exercises				
Other important physical information:				
<b>Math</b>				
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. \_\_\_\_\_  
\_\_\_\_\_