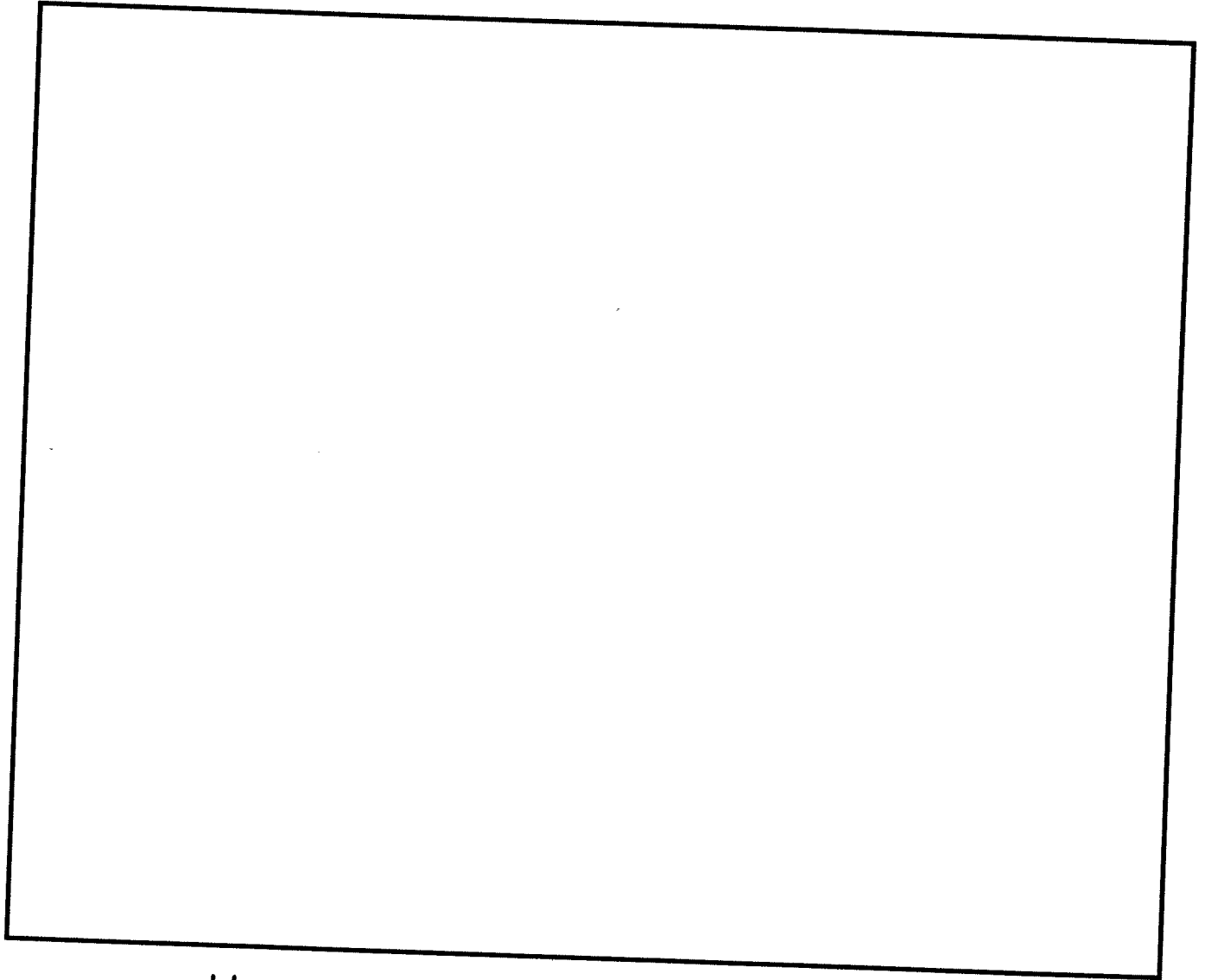


All About Me



Here is a picture I drew of myself.

I am going to go to Kindergarten at

Elementary School.

From My Teacher



This section may be filled out by any adult who works with the child.

Circle one: Childcare Provider

Preschool School Teacher

Other _____

Name of Center/School _____

Does the child attend all day or half day? _____

Circle the days that the child attends:

Monday Tuesday Wednesday Thursday Friday

How many children are in the class? _____

How long has the child been in the program? _____

Was this the child's first school experience? ___ yes ___ no ___ do not know

To help the kindergarten teacher facilitate a smooth transition into school, please check all the items below that describe the child while he/she is in your care:

likes to play on his/her own

shy in new situations

tends to lead others

frustrated by difficult tasks

talkative, verbal

likes active activities most

independent

likes to play in a group

outgoing in new situations

tends to follow others

persistent with difficult tasks

quiet

likes quiet activities most

often needs adult assistance

What are the child's favorite activities in the classroom?

What else would you like the kindergarten teacher to know about this child (how to help him/her adjust to a group; talents; etc.)

From My Family

This section can be filled out by a parent, guardian, or other family member.

Relationship to child: _____

Does the child have any brothers or sisters?

Name	Age	Live in home?
_____	_____	_____
_____	_____	_____
_____	_____	_____

To help the kindergarten teacher facilitate a smooth transition into school, please check all the items below that describe the child while he/she is in your care:

- likes to play on his/her own
- shy in new situations
- tends to lead others
- frustrated by difficult tasks
- talkative, verbal
- likes active activities most
- independent
- likes to play in a group
- outgoing in new situations
- tends to follow others
- persistent with difficult tasks
- quiet
- likes quiet activities most
- often needs adult assistance

Please share any medical concerns of health issues* for your child (allergies, medicines).

*Information about medication for chronic conditions should be shared with the elementary school in the spring or early summer before school begins.

What else would you like the kindergarten teacher to know about this child (fears, likes/dislikes, special people or friends)?

Do you have any other information, questions or concerns about your child entering kindergarten?





My Favorite Things



My favorite toy is _____

My favorite game is _____

My favorite book is _____

My favorite thing to do is _____

If I could tell my Kindergarten teacher one thing about me, I would tell him/her . . .

This document and other "Transition to Kindergarten Program" activities and materials are made possible by Project Enlightenment, Wake County Public School System. Supporting Children's Transition to Kindergarten Program is funded by Wake County SmartStart, an organization that ensures young children are healthy and prepared for school and life.

Signing below indicates that you understand that the information listed here will be shared with the elementary school listed on the cover.

Child Care Provider/Preschool Teacher Signature

Parent Signature

