



# Cabrillo Unified School District Preschool to Kindergarten Transition Form

**Instructions to preschool teacher: Please complete this form based on your observations of this child in late Spring and return it by mid-May to :**

## STUDENT INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Male / Female

Primary Home Language: \_\_\_\_\_ Child Responds In: English / Spanish / Other

Home School Kindergarten \_\_\_\_\_ Preschool Experience and Dates \_\_\_\_\_

IEP: No / Yes: Active / Inactive Referrals Needed \_\_\_\_\_

Special Health Care Issues: \_\_\_\_\_ Special Concerns: \_\_\_\_\_  
 (Glasses, medications, allergies, etc.) (Attendance, At-Risk etc.)

Toileting & Self-Help      Usually Appears Rested      Usually Appears Nourished      Speech Understandable  
 Independent / Needs Assistance      Yes / No      Yes / No      Yes / No

Comments:

SOCIAL / EMOTIONAL	1 Not Yet	2 In Progress	3 Proficient	4 Comments
Seeks adult help when appropriate				
Engages in cooperative play activities with peers				
Exhibits impulse control and self-regulation				
Works Independently				
Follows rules when participating in routine activities				
Participates successfully in circle time for 10-15 minutes (listens, focuses, sits still, engages)				
Handles frustration well/works through difficulties constructively				
Is able to transition between activities smoothly				
PHYSICAL	1 Not Yet	2 In Progress	3 Proficient	4 Comments
Demonstrates use of small manipulatives such as crayons, paintbrushes, buttons, zippers, etc.				
Has general coordination on playground (kicking balls, running, climbing)				
Demonstrates sense of his/her own body in relation to others				
ACADEMIC	1 Not Yet	2 In Progress	3 Proficient	4 Comments
Follows 1-2 step directions				
Recognizes primary shapes				
Recognizes Numbers 0-10				
Counts objects 1-12 w/ 1 to 1 correspondence				
Recognizes letters	(0)	(6)	(20+)	
Has book awareness				

## PRESCHOOL TEACHER CONTACT INFORMATION

Name \_\_\_\_\_ Preschool \_\_\_\_\_ Email \_\_\_\_\_  
 Phone \_\_\_\_\_ Date: \_\_\_\_\_



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### PARENT INFORMATION AND CONSENT

#### **Welcome to the Cabrillo Unified School District!**

If your child has attended preschool, her/his kindergarten teacher will want to learn more about your child to better prepare for the first weeks of school. Please sign and give this form to your child's preschool teacher to complete and return.

Child's Name: \_\_\_\_\_

Parent/guardian Name: \_\_\_\_\_

Home School where registering: \_\_\_\_\_

School of Choice transfer application made, if any: \_\_\_\_\_

***I hereby authorize my child's preschool teacher to share the information requested on the Preschool-Kindergarten Transition form with the Cabrillo Unified School District for the purpose of supporting my child's transition to kindergarten.***

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Cabrillo Unified School District Preschool to Kindergarten Transition Form

*Instructions for the preschool teacher: Ask the child to draw a picture of herself and when she is done, ask her to tell you about her picture; write down what she says on this page and ask her to write/sign her name at the bottom.*

This is a picture of me!

A large, empty rectangular box with a black border, intended for a child to draw a picture of themselves.

MY NAME / MI NOMBRE: \_\_\_\_\_ 

### PRESCHOOL TEACHER CONTACT INFORMATION

Name \_\_\_\_\_ Preschool \_\_\_\_\_ Email \_\_\_\_\_  
Phone \_\_\_\_\_ Date: \_\_\_\_\_