

PreK-K Transition Information and Student Work Sample

Completion Date _____

Child name:	Birth Date:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Parent(s)/guardian(s):		
Name(s)/age(s) of younger sibling(s):		
The family's primary language is:		
<input type="checkbox"/> Someone in the household reads English <input type="checkbox"/> Family uses an interpreter		
Child has a current Individual Education Plan (IEP): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know		

Anticipated school and/or district:

Name of early learning program:	
<input type="checkbox"/> Head Start <input type="checkbox"/> ECEAP <input type="checkbox"/> Childcare Center <input type="checkbox"/> Family Child Care Home <input type="checkbox"/> Preschool Program <input type="checkbox"/> Other _____	
Address:	Phone Number:
Dates of attendance: From _____ to _____	Schedule: _____#days per week _____#hours per day
Person completing this form:	

Information from child's family: (Optional. This section is for parent or guardian input only and should be written or dictated by a parent or guardian.)
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I, _____ (print name)	grant permission to _____ (name of caregiver or early learning program)
to share the contents of this document with the school named above for the purposes of Kindergarten transition planning.	
Parent/Guardian Signature _____	Date _____

Student's Oral Language (Teacher to take dictation of child's oral story):

David Matteson & Associates Emergent Writing Assessment

Monitoring Notes

Current Student Work Level:

Current Oral Language Level:

Activity Details

Student: Independently produces a drawing of his/her story and verbally tells the story to the teacher

Teacher: Prompts child to write and tell their story.

Next Steps for the Child:

David Matteson & Associates Emergent Writing Assessment
Student Writing Sample

Additional Information

✓ Please check the most appropriate box for each developmental objective listed below.

Type of assessment used: Teaching Strategies Gold Other formal/informal assessment _____

Social-Emotional	Most of the Time	Sometimes	Rarely or Never
Manages classroom rules, routines and transitions with occasional reminders			
Demonstrates confidence in meeting own needs (can ask for help, uses bathroom independently)			
Initiates positive play interactions with group of two or more children, takes turns			
Makes attempts to solve social problems, including seeking adult help			
Additional social-emotional information (if necessary):			
Physical			
Moves purposefully from place to place with control			
Sustains balance during simple movement experiences			
Demonstrates fine motor control (stringing beads, connecting blocks, holding pencil correctly)			
Additional physical information (if necessary):			
Language and Literacy			
Writes own name			
Is understood by most people			
Engages in conversations of at least three exchanges			
Recognizes and can name 10 letters or more, including those in own name			
Additional language and literacy information (if necessary):			
Cognitive			
Sustains work on age-appropriate, interesting task, persisting through challenges			
Talks about experiences, recalling events in order			
Additional cognitive information (if necessary):			
Math			
Verbally counts to 20			
Counts 10-20 objects accurately			
Identifies which part has more or less, or the same (equal)			
Additional math information (if necessary):			