



# Successful Transition to Kindergarten

TO BE COMPLETED BY EARLY CARE EDUCATOR OR CHILD CARE PROVIDER

Child's Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Preschool/Care Provider Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Child Care Center or Family Care Home Attended: \_\_\_\_\_

Today's Date \_\_\_\_\_ School/Kindergarten child will be attending \_\_\_\_\_

This form describes your child's developmental progress in achieving four broad desired results for all children:

- Children are personally and socially competent
- Children are effective learners
- Children show physical and motor competence
- Children are safe and healthy

Your child's strengths include:

Areas your child is working on:

Activities to help your child learn and development:

Additional comments:

## PARENTS PERMISSION

I give my permission to:

- ◆ Send the pertinent forms/information to my child's school/teacher (after I have reviewed the contents)
- ◆ Send any developmental assessment(s)
- ◆ Allow the early care and education teacher/care provider and Kindergarten teacher to share information

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REGISTER YOUR CHILD FOR SCHOOL, EARLY!**