

Kindergarten Transition Form

Hi! My name is _____, and I was/will be 5 years old on _____.

I was at _____ for _____ (years/months) before coming to your class.
(preschool/child care program)

I am very excited to be in Kindergarten! I hope that you read this information so you can help me be successful in school.

I am (circle all that apply): helpful silly empathetic outgoing a leader energetic affectionate easy-going responsive

I learn best when:

My favorite thing to do at school/child care:

At home:

When I am happy at school my behavior looks like:

At home:

When I need to be comforted at school, this is what helps me:

At home:

When I am angry at school my behavior looks like:

At home:

When I'm angry, this is what helps me:

What I'm able to do by myself:

My activity level: low typical high

How I handle conflict at school:

At home:

I can attend to my favorite activity for: 2-3min 5-6min 10+min

I can attend to my least favorite activity for: 2-3min 5-6min 10+min

Things that make me feel special at school/my strengths:

At home:

Other things that may be helpful for you to know (attach additional sheet if necessary):

I am **allergic** to:

Picture of Child

School District of Choice _____

