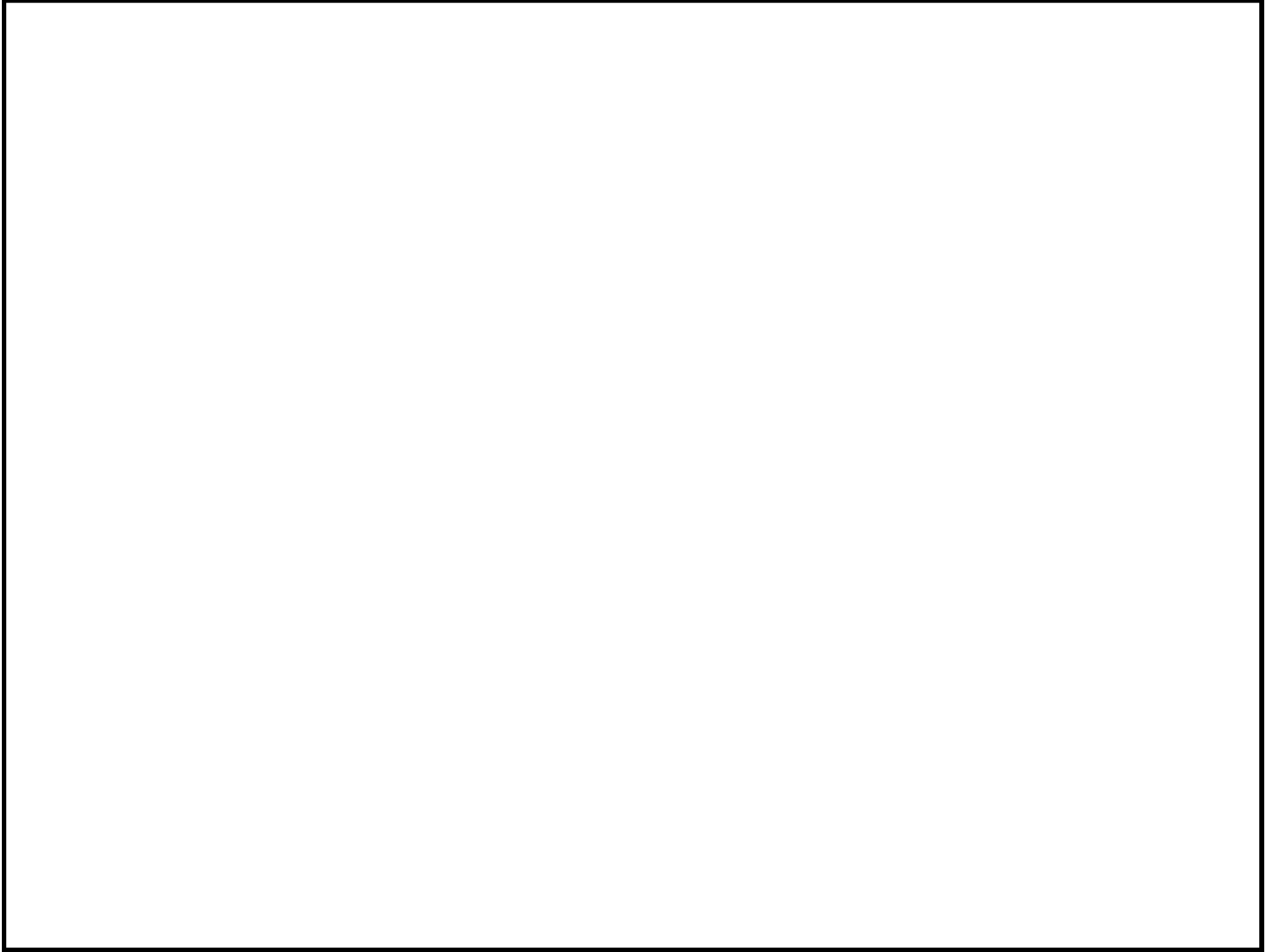




# All About Me



Here is a picture I drew of myself.

I am going to go to Kindergarten at

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Elementary School.



# From My Teacher



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

Circle one: Childcare Provider    Sunday School Teacher    Mother's Morning Out 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:

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

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

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

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# 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?

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:

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

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

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\*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)?

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

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# 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 . . .

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