|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Provider Name: |  | Pre-K Teacher: |  | Student ID #(To be completed by SDIRC) |  | Zoned School for Kinder:(To be completed by SDIRC) |  |

### Student Information

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name (Last, First, Middle Initial) |  | Date of Birth (Month, Date, Year) |  |
| Gender |  [ ]  Male [ ]  Female | Ethnicity/Race |  [ ]  I [ ]  A [ ]  B [ ]  P [ ]  W [ ]  H/L |
| Primary Home Language  |   | Limited English Proficient |  [ ]  Yes [ ]  No  |
| Attendance |  [ ]  Regular [ ]  Irregular | Tardies |  [ ]  Late Arrival [ ]  Early Pick-up |
| Known Allergies |  [ ]  None [ ]  Yes (List)  |  |  [ ]  Epi-Pen [ ]  Avi-Q |

### General Information 🗹 ALL services student is CURRENTLY receiving

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Early Intervention (ESE) [ ]  Inclusion | [ ]  | Speech Therapy [ ]  Language Therapy | [ ]  | Occupational Therapy [ ]  Physical Therapy |
| [ ]  | Glasses [ ]  Hearing Device(s)  | [ ]  | Assistive Technology [ ]  PECs | [ ]  | Addt’l Health Info |

### Developmental Information 🗹 ONLY CONCERNS

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | Displays age appropriate fine (small) motor skills | [ ]  | Demonstrates interest in books, songs, finger plays (other language activities) | [ ]  | Concentrates on a task for 5 minutes | [ ]  | Follows 3 step directions  |
| [ ]  | Displays age appropriate gross (large) motor skills | [ ]  | Settles into new groups or situations | [ ]  | Follows directions the first time | [ ]  | Works and plays well with others |
| [ ]  | Shows courtesy & respect | [ ]  | Follows rules/routines |
| [ ]  | Other: |  |

### Academic Milestones

|  |  |  |
| --- | --- | --- |
|  Upper Case Letters \_\_\_\_\_ / 26 |  Counts 1-31 [ ]  Yes [ ]  No |  Writes First Name [ ]  Yes [ ]  No |
|  Lower Case Letters \_\_\_\_\_ / 26 |  Counts 1 through \_\_\_\_\_ |  Writes Last Name [ ]  Yes [ ]  No |
|  Letter Sounds \_\_\_\_\_\_ / 28 |  1:1 Correspondence [ ]  Yes [ ]  No |  Puts thoughts in pictures to paper (journaling) [ ]  Yes [ ]  No |
|  |  |  Puts thoughts to paper in writing (journaling) [ ]  Yes [ ]  No |

### Comments

|  |
| --- |
| Which instructional strategies/techniques work well with this child? |
|  |
| Please share any information that would be helpful in placing this child in a successful Kindergarten setting. |
|  |
| Parental/Guardian Consent to Share Information |
| The information on this form will be shared with your child’s Kindergarten teacher to help facilitate a successful transition from Preschool to Kindergarten.I give permission for this form and any signed documents to be forwarded to my child’s Kindergarten teacher with the School District of Indian River County.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Legal Guardian Signature Date Director’s Signature |

###

**Helpful Hints for Completing the Pre-Kindergarten to Kindergarten Placement Form**

**✍** This form is ***completely voluntary*** but will be extremely helpful in placing your Preschool students into a Kindergarten classroom. Thank you for taking the time to share your knowledge of your students.

**🖂** If you chose to participate, kindly return the completed transition forms to Brooke Flood, School Readiness Coordinator, 6055 62nd Ave, Vero Beach, FL 32967 (772.564.4169). You can return them to me at our last provider on May 14, 2019, deliver in person to the Support Services Complex/Pre-K Office (at the same address) or call the office and I will pick them up at your facility ***prior to Friday, May 24, 2019.*** *Please continue to encourage your families to enroll for Kindergarten on their school sites as soon as possible so that their completed transition forms will be able to be delivered in a timely manner.*

**Header:**

* **Provider Name/Pre-K Teacher:** Completed by Provider or Pre-K Teacher
* **Student ID & Zoned School for Kinder:** Completed by SDIRC Staff

**Student Information:**

* **Ethnicity/Race:**
	+ **I** ~ American Indian/Alaskan Indian
	+ **A** ~ Asian
	+ **B**~ Black
	+ **P** ~ Pacific Islander/Hawaiian
	+ **W** ~ White
	+ **H/L** ~ Hispanic/Latino
* **Primary Home Language:** List language student speaks to his/her family at home
* **Limited English Proficient:** Student is learning English as a second language
* **Known Allergies:** List allergies if known
	+ **Epi-Pen or Avi-Q:** (an auto-injector for the emergency treatment of an allergy)
		- Check the one the family has provided a prescription to use

**General Information:** ***Check ALL services*** the student is ***CURRENTLY*** receiving

* **Early Intervention (ESE):** Student has an IEP and receives specialized instructional services
* **Inclusion:** Student has an IEP and spends some or all of the school day with non-disabled peers
* **Speech/Language Therapy:** Student receives therapy at the provider site or privately/itinerant
* **Occupational/Physical Therapy:** Student receives therapy at the provider site or privately/itinerant
* **Glasses/Hearing Devices:** Student wears glasses and/or hearing aid/device
* **Assistive Technology:** Used to increase, maintain, or improve functional capabilities of a child with a disability
* **PECs:** Picture Exchange Communication System: Utilizes pictures in exchange for a request
* **Additional Health Information:** List any health information not previously checked

**Developmental Information:**

* ***Check*** ***ONLY Concerns***
	+ **Follows 3 step directions**
		- For example: Put away your backpack, get your journal and write your name.
	+ **Other:** List any other developmental/social-emotional concerns

**Academic Milestones:**

* Fill in the blank or check (☑) the applicable box to indicate number or level of mastery.
* Letter Sounds: c = /k/ like cat and /s/ like cent g = /g/ like gate and /j/ like gentle

**Comments:**

* Any information you can share for each of the 2 questions would be helpful to assist in placing the student in a classroom that best fits his/her needs (You can include the student’s strengths as well).
* Parent/Legal Guardian & Director’s Signature to ensure release of information to the School District of Indian River County.