

My Favorite Things

My favorite toy is _____

My favorite game is _____

My favorite book is _____

My favorite thing to do is _____

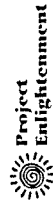
If I could tell my kindergarten teacher one thing about me, I would tell him/her ...

This document and other "Transition to Kindergarten Program" activities and materials are made possible by Project Enlightenment, Wake County Public School System. The "Transition to Kindergarten Program" is funded by Wake County SmartStart, an organization that ensures young children are healthy and prepared for school and life.

Signing below indicates that you understand that the information listed here will be shared with the elementary school listed on the cover.

Child Care Provider Signature

Parent Signature



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All About Me

Here is a picture I drew of myself.

I am going to go to Kindergarten at

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:

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

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

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

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? _____

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- talkative, verbal
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- likes quiet activities most
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Please share any medical concerns of health issues* for your child (allergies, medicines).

*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)?

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

