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| F:\SHARE\Forms Transfers\Forms-latest PDFs and logos\CCS logos\CCS-logoweb.png | | | Spokane Head Start/EHS  KINDERGARTEN TRANSITION Checklist | | | | | | IEP  Priority  Individual Health Plan | |
|  | | | | | | | | | | |
| Child: |  | | | Phone: |  | | | Birthdate: | |  |
| Teacher: | |  | | | | Site: |  | | |  |
|  | |  | | | |  |  | | | |
| Please check the most appropriate box for each area.   |  |  |  |  | | --- | --- | --- | --- | | **Teaching Strategies Gold Objectives and Dimensions** | Not Yet | Sometimes | Regularly | | **Social-Emotional** |  | | | | 1. **Regulates own emotions and behaviors:** follows limits and expectations |  |  |  | | 1. **Establishes and sustains positive relationships:** interacts with peers |  |  |  | | Comments: | | | | | **Physical** |  | | | | 1. **Demonstrates traveling skills** |  |  |  | | 1. **Demonstrates balancing skills** |  |  |  | | 1. **Demonstrates gross-motor manipulative skills** |  |  |  | | 1. **Demonstrates fine-motor strength and coordination** |  | | | | 1. Uses fingers and hands |  |  |  | | 1. Uses writing and drawing tools |  |  |  | | Comments: | | | | | **Language** |  | | | | 1. **Uses language to express thoughts and needs** | | 1. Uses an expanding expressive vocabulary |  |  |  | | 1. Speaks clearly |  |  |  | | 2. **Uses appropriate conversational and other communication skills:** engages in conversations |  |  |  | | Comments: | | | | | **Cognitive** |  | | | | 1. **Demonstrates positive approaches to learning** | | 1. Solves problems |  |  |  | | 1. Shows curiosity and motivation |  |  |  | | 1. Shows flexibility and inventiveness in thinking |  |  |  | | 2. **Remembers and connects experiences:** recognizes and recalls |  |  |  | | 3. **Uses classification skills** |  |  |  | | Comments: | | | | | **Literacy** |  | | | | 1. **Demonstrates phonological awareness:** notices and discriminates rhyme |  |  |  | | 2. **Demonstrates knowledge of the alphabet**: uses letter-sound knowledge |  |  |  | | 3. **Comprehends and responds to books and other texts:** uses emergent reading skills |  |  |  | | 4. **Demonstrates emergent writing skills:** writes name |  |  |  | | Comments: | | | | | **Mathematics** |  | | | | 1. **Uses number concepts and operations** | | 1. Counts: 10-20 objects |  |  |  | | 1. Quantifies: makes sets of 6-10 objects and tells which has more/less/same |  |  |  | | 1. Connects numerals with their quantities: up to 5 |  |  |  | | Comments: | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give my permission for this form to be shared with Spokane Public Schools and my child’s Kindergarten teacher.  (parent/guardian name) | | | | | |
| Elementary School |  | | Early conference recommended  Interpreter needed; home language: | | |
| Parent signature: |  | Date: |  | Staff: |  |
|  | | | | | |