

SAINT ANDREW CATHOLIC SCHOOL
9990 NW 29th Street
Coral Springs, FL 33065

Phone (954) 753-1280

Fax (954) 753-1933

Msgr. Michael Souckar, Pastor

Kristen Hughes, Principal

PRESCHOOL TO KINDERGARTEN TRANSITION INFORMATION

Name of Student: _____ Date of Birth: _____

Gender: _____ Boy or _____ Girl Primary Language spoken at home: _____

Preschool Program Attended: _____

Preschool Teacher Name _____ School Phone #: _____

Length of time attended current school: _____ Less than a year _____ 1 year _____ 2 years _____ 3 years

I hereby authorize Saint Andrew Catholic School to make inquiries and to obtain my child's academic/ disciplinary/ attendance/ health records from any school in which my child has attended. This information is also used by school administrators to balance class groupings.

Parent's Name (please print)

Parent's Signature

DATE

BELOW TO BE FILLED OUT BY PRE SCHOOL ONLY- AND RETURNED TO SAINT ANDREW CATHOLIC SCHOOL

Length of time attended current school: _____ Less than a year _____ 1 year _____ 2 years _____ 3 years

Attendance: Days Present _____ Days Absent _____ Days Tardy _____

Special services that student receives/received (circle all that apply):

Speech/language _____ OT/PT _____ Counseling _____ Other _____

Has the student been referred for consideration of special education services: _____ YES _____ NO

Please note any classroom accommodations made for this student, whether formal or informal:

Health concerns: _____

Safety concerns: _____

Behavior Maintenance: _____ Low _____ Medium _____ High

A strength of this student is: _____

An area needing more development is: _____

The student's family has:

_____ Attended monthly meetings

_____ Volunteered in classroom

_____ Participated in school activities

_____ Communicated regularly by phone or notes

_____ Sent materials to classroom

_____ Other _____

See other side

When involved in classroom learning, this student is: (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> easily engaged in activities | <input type="checkbox"/> slow to engage in activities | <input type="checkbox"/> easily frustrated |
| <input type="checkbox"/> usually confident | <input type="checkbox"/> attentive | <input type="checkbox"/> persistent |
| <input type="checkbox"/> playful | <input type="checkbox"/> serious | <input type="checkbox"/> quick to respond |
| <input type="checkbox"/> focused | <input type="checkbox"/> easily distracted | |

The student works best:

- | | | |
|---|--|---|
| <input type="checkbox"/> alone | <input type="checkbox"/> with a partner | <input type="checkbox"/> in a small group |
| <input type="checkbox"/> in a large group | <input type="checkbox"/> 1-on-1 with teacher | <input type="checkbox"/> any |

| Social/Emotional | Area of Strength | Age Appropriate | Requires Development | Area of Concern | Comments |
|--------------------------------------|------------------|-----------------|----------------------|-----------------|----------|
| Exhibits courtesy and respect | | | | | |
| Shows empathy towards peers | | | | | |
| Works and plays cooperatively | | | | | |
| Demonstrates self control | | | | | |
| Shares without prompting | | | | | |
| Interacts with other children | | | | | |
| Expresses needs appropriately | | | | | |
| Adjusts to transitions and changes | | | | | |
| Accepts responsibility for behavior | | | | | |
| Separates from parents | | | | | |
| Is able to be redirected by teacher | | | | | |
| Academic Skills | Area of Strength | Age Appropriate | Requires Development | Area of Concern | Comments |
| Ability to focus in group situations | | | | | |
| Follow two-step directions | | | | | |
| Letter recognition ___/26 uppercase | | | | | |
| Letter recognition ___/26 lowercase | | | | | |
| Letter sound recognition ___/26 | | | | | |
| Identifies _____ colors (#) | | | | | |
| Retells some ideas from stories | | | | | |
| Uses symbols to convey meaning | | | | | |
| Speech is intelligible | | | | | |
| l:l number correspondence to: ___ | | | | | |
| Recognizes shapes | | | | | |
| Recognizes numerals 0 - _____ | | | | | |
| Classroom Functioning | Area of Strength | Age Appropriate | Required Development | Area of Concern | Comments |
| Follows classroom routines | | | | | |
| Independently remains on task | | | | | |
| Toilets independently | | | | | |
| Gross motor control | | | | | |
| Fine motor control | | | | | |
| Beginning control of writing tools | | | | | |

Please list additional information that would be helpful to meet the needs of this student:

Thank you, and please send via fax, mail, or e-mail. This information will remain confidential.

Mail: Saint Andrew Catholic School
 9990 NW 29th Street
 Coral Springs, FL 33065

Fax: (954) 753 - 1933
 Email: Registrar@sacccs.org