




# CPS KINDERGARTEN TRANSITION FORM INSTRUCTIONS

## Legend:

 **Key Point**  
Please read


 **Helpful Note**  
Offers clarification

 **If filling out this form by hand, please print answers clearly**

## STUDENT DEMOGRAPHIC INFO

### 1. Fill In Child's Name

Fill in the child's legal name – as found on the birth certificate – using the indicated lines (First, Middle Name or Initial, Last). Please double check the spelling of the child's name.

 If not accurately filled out, the child's record cannot be successfully uploaded to the student's record in ASPEN (CPS student database).

### 2. Fill in Child's Date of Birth

Fill in child's date of birth using the indicated spaces on the line (mm/dd/yyyy)

### 3. Fill In Whether or Not the Child Has Siblings and Their Ages

Check the "yes" or "no" box to indicate whether or not the child has siblings. Then, Indicate how many siblings the child has. Example: check off the box labeled 3 if the child has 3 siblings.

On the line after "What are the ages their ages?", write down the ages of the child's siblings from youngest to oldest. If the youngest sibling is under 1 year, indicate the age of this child in months.

 All of the ages of the siblings are written on one line.

## LANGUAGES

### 1. Fill In Language Chart

Fill in the grid to indicate what the child's home language is, what language the child responds to, and what language the child speaks.

 If the child speaks more than four languages, please note the four most used languages.

If you have checked "Other", please indicate the name (s) of the language(s) the child speaks on the line right after "Other".

### Fill in if the Child is Comfortable Expressing Self in English

Check the appropriate box to indicate how comfortable the child is in expressing himself/herself with familiar adults.


## Fill In If Translation Services Are Needed

Check the appropriate box to indicate if translation services are helpful/needed to communicate with the child's family.

## HEALTH

### 1. Fill In the Box If the Child Has Major Health Concerns

If the child has asthma or life threatening allergies, indicate that in the textbox. If the child has no major health concerns, leave the textbox blank.

 Because there are hundreds of children in an elementary school, School Nurses are often busy at the beginning of the school year. Comments help the Kindergarten Teacher know to follow up with the School Nurse.


## CENTER AND TEACHER INFORMATION

### 1. Fill In the Name of Your Preschool Center


Fill in the full name your childcare center. You do not have to indicate that you are affiliated with an umbrella organization (example: Catholic Charities or DHSP).

### 2. Fill in the Name of the Person Completing this Transition Form

Provide the first and last name of the person filling out the form.

 It does not matter if the person filling out the form is a teacher or an administrator.


Check the appropriate box to indicate the relationship of the person filling out the form to the child. If you check other, please indicate what relationship you have to the child.


 The role of the child's teacher includes Lead Teacher, Teacher, or Assistant Teacher.

Add the phone number and email a Kindergarten teacher could use to easily contact the person filling out the form.

Note how long the person filling out the form has known the child. If less than one year, fill in the length of time in months. If over one year, fill in the length of time in years and fraction of a year.

## STUDENT EDUCATION AND SOCIAL EMOTIONAL DEVELOPMENT INFORMATION

 Use the child's most recent formative assessment and most recent teacher discussions to answer these questions.

 Please note that while filling out the grid, you can only check one box. Choose the box that indicates the child's most typical behavior.

### 1. Fill In Social/Emotional and Life Skills Section

SOCIAL/EMOTIONAL & LIFE SKILLS	Rarely	With support	Sometimes	Most of the time	Not observed
Successfully transitions from parent/guardian					
Is able to transition from one activity to another					
<b>Plus 17 other rows</b>					

### 2. Fill In Physical and Self Help Section

PHYSICAL & SELF HELP	Rarely	With support	Sometimes	Most of the time	Not observed
Able to open own food containers and feed self					
Able to dress self – put on own coat and backpack					
<b>Plus 5 other rows</b>					

### 3. Fill Learning and Language Section


APPROACHES TO LEARNING & LANGUAGE					
Engages in conversation					
Follows verbal directions					
<b>Plus 3 other rows</b>					

## GENERAL

### 4. Fill In General Section With Comments

Fill in this section with:

- comments based on observations of the child (example: likes to play with trains)
- strategies used to support the child in the classroom (example: sits next to teacher during circle time)
- Information that you would like the Kindergarten teacher to know in order for her/him to better support the child

 Your comments could include the suggestion that the Kindergarten teacher call you for more information regarding the child.

## SERVICES

### 1. Fill In Evaluation and Special Start Questions

Check the appropriate box for the three questions about Special Start evaluations or placements.

**2. Fill In Services Child Is/Has Been Receiving**

SERVICES CHILD IS/HAS BEEN RECEIVING	TIMES PER WEEK/MONTH	PROVIDER
Speech/ Language Therapy		
Occupational Therapy (OT)		
Physical Therapy (PT)		
Behavioral/ Counseling		
Other		

For each type of service (speech/language, OT, PT or behavioral/counseling) a child is or was receiving, indicate:

- How many times a week or month the child received services. After the number of times indicate if was per “wk.” or “mo.”
  - the agency that provided the services in the “Provide” box. Examples: Early Intervention or Special Start
- ➔ Do not indicate the name of the specialist providing the service. Fill in the above grid as completely as possible.

**PARENT PERMISSION TO SHARE INFORMATION**

➔ Preschools must have parents sign a release form before a center can send this form to the Cambridge Public Schools. The consent form has two sections:

- Top Section: to allow preschool center release this form to the Cambridge Public Schools (CPS)
- Bottom Section: to allow CPS Kindergarten teacher to contact the preschool

**1. Obtain Parents/Guardians Permission to Share Form with CPS and for CPS to Contact Preschool**

This may be done in one of two ways:

- Parent signs the top and bottom sections of the release form.
- For programs that already have a signed release permitting it to share information with CPS or to have CPS contact the preschool, write in the date the signed release was received in the appropriate space (line) on the top and bottom sections of the release form.

**2. Parents/Guardians May Add Comments On a Separate Sheet of Paper**

Parents may request to have their comments submitted with this Transition Form on a separate piece of paper. This document should be scanned by the preschool and saved in a folder with the rest of the child’s Transition Form.

**All Kindergarten Transition documents can be found on CPS’ Website. To access forms, go to CPS website.**

- ➔ Click on Departments (found before Student, Families, Staff tabs).
- ➔ In middle column, click on Birth-Grade 3 Partnership

↪ **On the left hand side navigation bar, click on Kindergarten Transition**