



Early Learning Coalition of Sarasota County

Pre-Kindergarten to Kindergarten Transition Checklist

Child's Name _____ D/O/B ___/___/___ Parent's Name(s) _____

Provider/Center Name _____ Home language: _____

Name of kindergarten program child will be attending: _____

To be completed by the teacher:

Please check one box below

Activity	Not Yet	Sometimes	Always	Comments
Moves from one activity to the next with little difficulty (ex: from playtime to meal time)				
Follows simple classroom rules/routines				
Makes simple choices and carries out activities				
Works independently				
Cleans up independently				
Takes care of personal needs without help				
Toileting, Dressing				
Zippers on own				
Puts shoes on correct feet without assistance				
Uses eating utensils				
Develops special friendship				
Can child name a friend?				
Do other children like to play with child?				
Participates in group life of the class				
Interacts with one or more children				
Actively participates in circle time				
Understands rules of group games				
Waits for turns in group activities				
Shows empathy and caring for others				
Expresses anger with words rather physical action				
Asks to use another's belongings				
Expresses him/herself clearly				
Few articulation mistakes				
Easy to understand and hear				
Uses complete sentences of 4 or more words				
Uses endings: s, ed, and ing (ex: I am going to the park. I kicked the ball)				

To be completed by the teacher:

Please check or circle one box below

Activity	Not Yet	Sometimes	Always	Comments
Listens to and retells stories such as The Three Bears				
Attends to an activity he/she enjoys for 10 minutes (not TV)	Under 5 min	5 min	10 min	
Recognized and names most letters of the alphabet	1 -10 letters	11 – 20 letters	All	
Identifies letters in his/her first name	None	Half	All	
Writes letters of first name	None	1-2 letters	3+	
Recognizes 7 basic colors: Red, Yellow, Blue, Black, Green, Purple, Gray, Orange	0 - 3 Colors	4 - 6 Colors	7 Colors	
Names 3 basic shapes: Circle, Triangle, Square	1 Shape	2 Shapes	All	
Sorts 3 shapes	1 Shape	2 Shapes	All	
Recognizes most numbers 1 to 10	0-3 numbers	4-9	All	
Counts verbally up to 20	0- 5	6 - 19	All	
Can give 5 blocks on request	0-1	2-4	5	

To be completed by parent/s:

How well does your child separate from you? _____

What does your child like to do best? _____

How would you describe your child's personality? Outgoing Shy Flexible Quiet Talkative Calm Active Other _____
CIRCLE ABOVE ALL THAT APPLY

How do you manage unacceptable behavior (e.g. hitting, biting)? _____

How does your child react to stress or a change in routine? _____

What helps calm your child down when s/he is upset? _____

Does your child have any food restrictions or allergies? Please list _____

Do you have any concerns about your child's development? _____

Is your child receiving special services (e.g. speech, behavioral)? _____

Additional Information: _____

Parent signature: _____ Date: _____ Pre-K teacher signature: _____ Date: _____