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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.

|  |  |  |  |
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| **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: |  |
|  |