



PRINT STUDENT'S NAME			DATE (MM/DD/YY)	_____
(LAST)	(FIRST)	(M)	STUDENT ID. NO.	_____

Kindergarten Transition Information Level A

Basic Info

Insert photo of student here

Child's Name:

Birthdate:

Exceptionality:

Parents/Family Members:

Address:

Phone #-

Emergency Contact Name and Number:

Pre-K School:

Address:

Phone #-

Pre-K Teacher:

Speech Pathologist:

Physical Therapist:

Occupational Therapist:

Staffing Specialist:

I like...

I don't like...

Strengths...

My School Day

My favorite time of day is:

My favorite toy is:

The special equipment I use during the school day is:

I communicate by:

I eat:

When I go to the bathroom, I:

Other important information to know about me: