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**Kindergarten Transition Planning Meeting**

**To prepare for the meeting:**

* Review all documentation provided to date. This documentation may include intake meeting notes, preschool/daycare observations and reports/assessments. If this is the first opportunity to collect information, use this template to facilitate the discussion.
* Make notes from the documentation review, or record new information, under the “Needs” column of this template. Based on this information, develop child specific strategies or note equipment needs for the kindergarten classroom.

**Purpose of the meeting:**

* For the home, school and community supports to work together to develop a plan to help this child successfully transition to kindergarten.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Meeting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Contact(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are some key understandings about this child? (Strengths, likes, dislikes, etc.)

What are the parent’s hopes for Kindergarten?

**Participants at the**

**Kindergarten Transition Planning Meeting**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Name** | **Title** | **E-Mail** |
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|  **Needs** | **Strategies, Equipment, Materials**  |
| **Personal Care** (ability to dress: take shoes/coat off and on, toileting, feeding,fine motor control for opening containers) |  |
| **Physical Development** (eye-hand coordination, balancing energetic and restful times, enjoying physical activity, taking safe risks, understanding personal space) |  |
| **Self-Regulation Skills (**focusing/attending, ability to regulate emotions, wait to have needs met, move between activities) |  |
| **Health** (allergies, medical procedures, medication) |  |
| **Safety** (ability to set clear and appropriate boundaries, to keep hands and feet to self, to remain in assigned areas, be independent during unstructured times, follow directions during drills and transitions) |  |
| **Communication** (ability to share idea and preferences, communicate needs, wants and thoughts appropriately, articulation and/or language processing) |  |
| **Pre-academic Skill (Colours, numbers, artistic development, participating in centers, circle time**) |  |
| **Social/Emotional Learning and Social Responsibility Skills** (sharing, cooperating, turn taking, coping with independence, confidence, helping others, understanding and accepting differences) |  |
| **Hearing and Vision** |  |
| **Other** |  |

**Kindergarten Transition Action List**

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| **What needs to be done…** | **By Who…** | **By When…** |
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