

# Student Snapshot

*Receiving School:*

*Receiving District:*

*Phone Number:*

Student Name:

Sending School:

Sending Teacher:

Dear Kindergarten Teacher,

My child \_\_\_\_\_ will be enrolling in your kindergarten class this fall. The following information is important to know about them to ensure a smooth transition and increase their chances of success.

## ***Completed by the Parent:***

I describe my child's personality as:

My child likes learning in these ways:

I worry about my child in these areas:

I plan to be involved with my child's kindergarten year in the following ways:

- Come to parent-teacher conferences       Volunteer in the classroom  
 Volunteer for the field trips or other events       Participate in Parent and Teacher Organization

If your child attended preschool, was on an IEP, or received PT, OT or speech services, list the place and length of time:

My preferred language for communication is:

## Student Snapshot – *continued*

*Completed by the Sending Teacher*

	<b>Developmental Areas</b>	<b>Suggestions to Address Challenges</b>
( ) Strength ( ) Challenge	Language and Communication Skills	
( ) Strength ( ) Challenge	Literacy Skills	
( ) Strength ( ) Challenge	Math and Science Skills	
( ) Strength ( ) Challenge	Social and Emotional Skills	
( ) Strength ( ) Challenge	Problem Solving and Self-Help Skills	
( ) Strength ( ) Challenge	Physical Motor, Health and Safety Skills	

This information is intended to be shared between the parent, sending school and receiving school.

**Parent Name and Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_