



PINELLAS COUNTY SCHOOLS
PRESCHOOL KINDERGARTEN PARTNERSHIP INFORMATION

Legal Name of Student: \_\_\_\_\_
Last First Middle Initial Likes to Be Called

Birthdate: \_\_\_\_\_
[ ] Male [ ] Female [ ] Limited English Proficiency

Preschool Center: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Teacher Completing Form: \_\_\_\_\_ Director: \_\_\_\_\_

Dates of Attendance: From \_\_\_\_\_ To \_\_\_\_\_ Days Present: \_\_\_\_\_ Days Absent: \_\_\_\_\_

DEVELOPMENTAL PROGRESS:

Social/Emotional: (e.g., adjustment to school, favorite activities, ability to handle conflict) \_\_\_\_\_

Physical: (e.g., gross motor, fine motor, chooses physical activity) \_\_\_\_\_

Cognitive: (e.g., shows interest in learning, participates, language) \_\_\_\_\_

Additional Comments or Observations: (e.g., health concerns, referred for or receiving services) \_\_\_\_\_

Parent Comments \_\_\_\_\_

The information on this form will be shared with your child's kindergarten teacher to help facilitate a successful transition from preschool to kindergarten.
I give permission for this form and any signed documents to be forwarded to my child's kindergarten teacher.
Documents attached [ ] Yes [ ] No Kindergarten School: \_\_\_\_\_
Parent/Legal Guardian Signature Date Director Signature