|  |
| --- |
| **Transition Report** |
| Child’s name: Click here to enter text.  |
| Child’s date of birth: Click here to enter text. |
| Language of instruction: Click here to enter text.Other languages child is exposed to: Click here to enter text. |
| All disciplines working with child and frequency of services: Click here to enter text. |
| Contact information for all providers: Click here to enter text. Date transition report was completed: Click here to enter text. Assessment tool(s) used: Click here to enter text.  |
| **We want your child to be successful in a preschool setting. Are there supports you think are important to have in place?** Click here to enter text. |
| **Social/Emotional/Behavior:** (Including ability to follow routines, participate in routines, regulate emotions, interact with others) |
| **Present level skills and strengths**:**Next steps:**  | **Anticipated supports needed to successfully access/participate in the learning environment:** |
| **Pre-Academic and Cognitive Skills:** (Including ability to Identify/match body parts, knowledge of colors, shapes, numbers or letters, pretend play/functional play, ability to attend to activities and adult-directed activities, looking at books/interacting with books) |
| **Present level skills and strengths**:**Next steps:** | **Anticipated supports needed to successfully access/participate in the learning environment:** |
| **Communication (Including Receptive & Expressive Language):** (Including ability to understand and follow directions, use of gestures/signs/words/pictures to communicate, vocabulary, grammatical structures, mean length of utterance)  |
| **Present level skills and strengths**:**Next steps:** | **Anticipated supports needed to successfully access/participate in the learning environment:** |
| **Motor (including Fine Motor & Gross Motor):** (Including ability to move body and access environment, smaller movements such as grasp for coloring and holding utensils)  |
| **Present level skills and strengths**:**Next steps:** | **Anticipated supports needed to successfully access/participate in the learning environment:** |
| **Is Assistive Technology/Adaptive Equipment currently being used?** Click here to enter text. | **If so, what device(s) and how are they used to support the child?**Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| **Exit Rating** | **Rating**  | **New Skills or Behaviors** |
| Positive Social Emotional Skills: Click here to enter text. | Choose an item. | Choose an item. |
| Acquiring and Using Knowledge and Skills: Click here to enter text. | Choose an item. | Choose an item. |
| Taking Appropriate Action to Meet Needs: Click here to enter text. | Choose an item. | Choose an item. |
| **Developmental Delay** Is the child demonstrating a delay in any of the 5 areas of development?   | **Yes or No** Click here to enter text.  | **Which area(s)?** Click here to enter text.  |
| **Health Concerns** (allergies, medical needs, diapering): Indicate needs and impact of the student’s health needs. Click here to enter text. | Safety Concerns: Click here to enter text. |
| **Family Input:** Parent Input: What information would you like the Child Find team to know about your child? Do you have any questions or concerns about your child’s upcoming transition into Denver Public Schools?  |