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| **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. |

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| **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? | | | |