

SAINT ANDREW CATHOLIC SCHOOL  
9990 NW 29<sup>th</sup> Street  
Coral Springs, FL 33065

Phone (954) 753-1280

Fax (954) 753-1933

Msgr. Michael Souckar, Pastor

Kristen Hughes, Principal

**PRESCHOOL TO KINDERGARTEN TRANSITION INFORMATION**

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Boy or \_\_\_\_\_ Girl Primary Language spoken at home: \_\_\_\_\_

Preschool Program Attended: \_\_\_\_\_

Preschool Teacher Name \_\_\_\_\_ School Phone #: \_\_\_\_\_

Length of time attended current school: \_\_\_\_\_ Less than a year \_\_\_\_\_ 1 year \_\_\_\_\_ 2 years \_\_\_\_\_ 3 years

*I hereby authorize Saint Andrew Catholic School to make inquiries and to obtain my child's academic/ disciplinary/ attendance/ health records from any school in which my child has attended. This information is also used by school administrators to balance class groupings.*

\_\_\_\_\_  
Parent's Name (please print)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
DATE

**BELOW TO BE FILLED OUT BY PRE SCHOOL ONLY- AND RETURNED TO SAINT ANDREW CATHOLIC SCHOOL**

Length of time attended current school: \_\_\_\_\_ Less than a year \_\_\_\_\_ 1 year \_\_\_\_\_ 2 years \_\_\_\_\_ 3 years

Attendance: Days Present \_\_\_\_\_ Days Absent \_\_\_\_\_ Days Tardy \_\_\_\_\_

Special services that student receives/received (circle all that apply):

Speech/language \_\_\_\_\_ OT/PT \_\_\_\_\_ Counseling \_\_\_\_\_ Other \_\_\_\_\_

Has the student been referred for consideration of special education services: \_\_\_\_\_ YES \_\_\_\_\_ NO

Please note any classroom accommodations made for this student, whether formal or informal:

Health concerns: \_\_\_\_\_

Safety concerns: \_\_\_\_\_

Behavior Maintenance: \_\_\_\_\_ Low \_\_\_\_\_ Medium \_\_\_\_\_ High

A strength of this student is: \_\_\_\_\_

An area needing more development is: \_\_\_\_\_

The student's family has:

\_\_\_\_ Attended monthly meetings  
\_\_\_\_ Participated in school activities  
\_\_\_\_ Sent materials to classroom

\_\_\_\_ Volunteered in classroom  
\_\_\_\_ Communicated regularly by phone or notes  
\_\_\_\_ Other \_\_\_\_\_

See other side

**When involved in classroom learning, this student is: (check all that apply)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> easily engaged in activities | <input type="checkbox"/> slow to engage in activities | <input type="checkbox"/> easily frustrated |
| <input type="checkbox"/> usually confident            | <input type="checkbox"/> attentive                    | <input type="checkbox"/> persistent        |
| <input type="checkbox"/> playful                      | <input type="checkbox"/> serious                      | <input type="checkbox"/> quick to respond  |
| <input type="checkbox"/> focused                      | <input type="checkbox"/> easily distracted            |  |

**The student works best:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> alone            | <input type="checkbox"/> with a partner      | <input type="checkbox"/> in a small group |
| <input type="checkbox"/> in a large group | <input type="checkbox"/> 1-on-1 with teacher | <input type="checkbox"/> any              |

<b>Social/Emotional</b>	<b>Area of Strength</b>	<b>Age Appropriate</b>	<b>Requires Development</b>	<b>Area of Concern</b>	<b>Comments</b>
Exhibits courtesy and respect					
Shows empathy towards peers					
Works and plays cooperatively					
Demonstrates self control					
Shares without prompting					
Interacts with other children					
Expresses needs appropriately					
Adjusts to transitions and changes					
Accepts responsibility for behavior					
Separates from parents					
Is able to be redirected by teacher					
<b>Academic Skills</b>	<b>Area of Strength</b>	<b>Age Appropriate</b>	<b>Requires Development</b>	<b>Area of Concern</b>	<b>Comments</b>
Ability to focus in group situations					
Follow two-step directions					
Letter recognition ___/26 uppercase					
Letter recognition ___/26 lowercase					
Letter sound recognition ___/26					
Identifies _____ colors (#)					
Retells some ideas from stories					
Uses symbols to convey meaning					
Speech is intelligible					
1:1 number correspondence to: ___					
Recognizes shapes					
Recognizes numerals 0 - _____					
<b>Classroom Functioning</b>	<b>Area of Strength</b>	<b>Age Appropriate</b>	<b>Required Development</b>	<b>Area of Concern</b>	<b>Comments</b>
Follows classroom routines					
Independently remains on task					
Toilets independently					
Gross motor control					
Fine motor control					
Beginning control of writing tools					

**Please list additional information that would be helpful to meet the needs of this student:**

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Thank you, and please send via fax, mail, or e-mail. This information will remain confidential.

**Mail:** Saint Andrew Catholic School  
 9990 NW 29<sup>th</sup> Street  
 Coral Springs, FL 33065

**Fax:** (954) 753 - 1933  
**Email:** Registrar@sacccs.org