

**Colchester
Transition to Kindergarten Information**

Child's Name _____

Child's Nickname _____

Program _____

Center Based Home Based

Sending Teacher _____

Program/Teacher Contact Name and Phone # _____

Classroom Behavior

- Appropriate behavior daily
- Appropriate behavior most of the time; requires some additional teacher attention
- Behavior needs improvement; requires frequent redirection on a daily basis
- Individual behavior plan

Additional Information/Strengths/Concerns (e.g. academic/developmental concerns; areas in which extra support is required; successful strategies used)

- _____
- _____
- _____
- _____
- _____
- _____

Students from whom this child should be separated:

Years in PreK

- ___ Less than 6 mo
- ___ 1 year
- ___ 2 years

Length of Day

- ___ Full Day
- ___ Part Day

of days per week ___

(for current year)

**If child is attending kindergarten in Colchester Public Schools, please return this card to:
Colchester Elementary School, 315 Halls Hill Rd, Colchester, CT 06415 Attn: Kindergarten Registration**