

April 2020

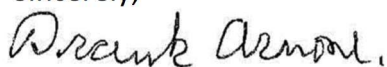
Dear Kindergarten Parents,

Each school year we collect information from parents and preschool, nursery school and day care providers about your incoming kindergartener. This information helps administrators and teachers with the development of well-balanced classrooms. Again, this year, we have partnered with the Mid-Fairfield Preschool Directors Group and with other Fairfield County School Districts to use a common articulation form to be used by preschools, nursery schools and day cares to help gather this important information. The articulation form was developed with the help of the Connecticut State Department of Education and based on the Connecticut Preschool Assessment Framework.

Please email the attached form to your child's preschool, nursery school or day care provider and have them complete it and email or mail it to your kindergartener's school secretary. Below you will find the school's contact information and mailing address.

Thank you for your cooperation in helping us provide for the best learning environment for your kindergarten student. If you have any questions, please feel free to contact me, or Diane Perruzzi at 203-255-8372.

Sincerely,



Frank Arnone
 Executive Director of Innovation, Curriculum & Programs PK-12

Diane Perruzzi
 Administrative Secretary II

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Child Record

Child's Name: _____ Date of Birth: _____

Teacher(s): _____

Program: _____ Phone: _____

Address of Program: _____ (include City & State)

Dates child attended program: **From**(m)____/(y)____ **To**(m)____/(y)____

Date form completed: _____

Child's Spoken Language

Child's Dominant Language is:

Child speaks dominant language clearly:

Child understands dominant language:

Occasionally

Occasionally

Sometimes

Sometimes

____ Mostly

____ Mostly

For children whose dominant language is not English, also complete the following:

Child speaks English clearly:

Child understands English:

_____ Occasionally

_____ Occasionally

_____ Sometimes

_____ Sometimes

Mostly

Mostly

Home Language Information

Is a language other than English spoken at home? (check one) _____ YES _____ NO

If yes... A. What language? _____

B. What is the primary language SPOKEN TO the child at home? _____

C. What language does the CHILD use at home? *(Please check one line below)*

_____ Only English

Mostly English and sometimes

_____ Mostly _____ and sometimes English

Only _____

Adjustment to Program/Relationships with Adults

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CHILD PROFILE

Child's Name: _____ Teacher: _____

Date of Birth: _____ Program: _____

E=Emerging M=Mastered

Performance Standards		Benchmarks for 2 ½ -6 year-olds							
		E	M	E	M	E	M	E	M
PERSONAL AND EMOTIONAL	P & S 1. Shows self-direction								
	P & S 2. Sustains attention								
	P & S 3. Participates in groups								
	P & S 4. Manages transitions								
	P & S 5. Expresses emotions								
	P & S 6. Shows empathy								
	P & S 7. Cooperates with peers								
	P & S 8. Resolves conflicts								
	P & S 9. Appreciates differences								
PHYSICAL	PHY 1. Uses large muscles								
	PHY 2. Uses small muscles								
	PHY 3. Cares for self								
COGNITIVE	COG 1. Engages in inquiry								
	COG 2. Solves problems								
	COG 3. Sorts objects								
	COG 4. Makes patterns								
	COG 5. Compares & orders								
	COG 6. Quantifies								
	COG 7. Shows spatial awareness								
	COG 8. Uses sentences								
	COG 9. Understands conversations								
	COG 10. Understands stories								
	COG 11. Understands books								
	COG 12. Recognizes sounds								
	COG 13. Identifies words								
	COG 14. Writes for meaning								
CREATIVE	CRE 1. Builds and constructs								
	CRE 2. Draws and paints								
	CRE 3. Pretends in play								
	CRE 4. Responds to music								

Attach child 's
photo here
(optional)

Narrative Summary

Child's Name: _____ Child's Age: (y) _____ (m) _____

Teachers: _____ Report Date: (m) _____ (y) _____

Program: _____

Child's Strengths and Growth

Areas that Need Strengthening

Child's Interests and Passions

PERMISSION FOR TRANSFER OF INFORMATION

PARENT COMMENTS: (Please add any additional information or indicate if you do not agree with any part of this evaluation.) You may use back of this form.

I give my permission for _____ to:
Name of Preschool

_____ Share the **Transition to Kindergarten Information**

with the following school: _____
Name of Elementary School

_____ Have an on-going mutual exchange of information regarding my child
_____ with the _____ school staff
Name of Child *Name of Elementary School*

Parent Signature _____

Date _____