

WAKULLA COUNTY SCHOOL BOARD
PREK TRANSITION INFORMATION FOR RECEIVING SCHOOL

Student: _____ Date: _____

Teacher: _____ Class/Grade: _____

Student Strengths:

- Color/shape/letter/number recognition
- Showing diligence with classroom assignments
- Classroom Discussion
- Arts and Crafts
- Arriving on-time to school
- Communicating his/her ideas
- Following rules/routines
- Pre-Writing/Fine Motor Skills
- Phonemic Awareness
- Playing well with others
- Helping Others
- Attending to stories
- Other _____

Student Priority Needs:

- Controlling Behavior
- Appropriate Behavior in Common Areas
(lunch, hallway, library, restroom, etc.)
- Pre-Writing/Fine motor skills
- Phonemic Awareness
- Listening
- Completing projects independently
- Staying on Task
- Complying with school/classroom rules
- Attending School Regularly
- Interacting Appropriately with Peers
- Interacting Appropriately with Adults
- Respecting Others (Students/Adults)
- Respecting Property (of others or school)
- Being On-Time to School
- Communicating with others
- Following Directions

Student Priority Needs Con't:

- Excessively Talking in Class
- Building Confidence
- Color/shape/letter/number recognition
- Other _____

Modifications That Would Help This Student Are :

- Preferential Seating
- Shorter Assignments
- Extra Time on Assignments
- Daily Agenda Book/Homework Sheet
- Daily Behavior Sheet/Home Note
- Extra Cues or Prompting from Teacher
- Separate Setting (such as ESE classroom) for taking test
- Visual supports (i.e. visual daily schedule)
- Other

Developmental Evaluation

N/A Headstart

Total Development SS:

- | | |
|-------------------------|--|
| Cognitive | <input type="checkbox"/> Below Age Level |
| | <input type="checkbox"/> On Age Level |
| SS _____ | <input type="checkbox"/> Above Age Level |
| Communication | <input type="checkbox"/> Below Age Level |
| | <input type="checkbox"/> On Age Level |
| SS _____ | <input type="checkbox"/> Above Age Level |
| Social/Emotional | <input type="checkbox"/> Below Age Level |
| | <input type="checkbox"/> On Age Level |
| SS _____ | <input type="checkbox"/> Above Age Level |

Current ESE classes/services: _____

Special Considerations

If this student should not be scheduled with another student for any reason, please indicate here: