

Family Transition Summary

(Optional)

To be completed by family and given to kindergarten staff

_____ Birth date: _____ Sex: M F
Child's Name

_____ Language child speaks at home
Child likes to be called

Parents' Names

_____ Morning Afternoon Evening
Parents' Phone(s) Best time to call

_____ Translator needed: Yes No
Languages spoken at home

Our child's strengths are:

In ECEAP our child learned:

In kindergarten I want my child to learn:

Our learning, health, or food concerns for our child are:

What you should know about our family:

Family Transition Summary

(Optional)

In ECEAP we were involved in these ways (check the boxes):

- Encouraged my child's learning at home
- Read newsletters from school
- Participated in conferences and home visits
- Prepared classroom materials at home or school
- Called other parents about events and activities
- Attended family activities
- Volunteered in the classroom
- Helped with health screenings (vision, hearing, height and weight)
- Shared my special skills, interests or occupation
- Helped with reading activities
- Assisted on field trips
- Helped with parent newsletter (or other office tasks)
- Performed simple repairs for the classroom (toys, equipment, etc.)
- Helped plan family activities (field trips, monthly gatherings, projects)
- Helped with fundraising for the classroom/program
- Served on Policy Council as a parent representative from my ECEAP site
- Participated in program-wide, issue-related committees (Health Services Advisory Committee)
- Participated in Employment and Training opportunities (Peer Health, Peer Literacy, Bus Driver Training, Interpreter Training)
- Attended annual Advocacy Day in Olympia, participated in other community advocacy efforts
- Other: _____

In kindergarten we would like to be involved in these ways:

ECEAP Information:

Our child attended ECEAP (Early Childhood Education and Assistance Program). Information I am providing to you includes (check the information you are providing):

- Parent Partnership Plan
- Individual Learning Plan
- Health Profile Summary
- Original Certificate of Immunization Status (CIS)
- Other: