

Spring Transition Summary

(Optional)

Child: _____ Teacher: _____ Date: _____

Learning Summary

(Consider items such as the child's interests, child's strengths, relations with peers, ability to work independently, main accomplishments this year in ECEAP, management techniques that work well with this child, etc.)

Other considerations for kindergarten

If the child was referred for services, Child Find Date: _____

Focus of concern: _____

Child has IEP and received services:

- Speech (therapist/agency) _____
- OT (therapist/agency) _____
- PT (therapist/agency) _____
- Other specialists/agencies involved with the child and family:
