****

Projected Kindergarten Site \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Kindergarten Planning Notes Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Student: | Male Female |
| Home Address: | |
| DOB: | Current Provider/Site: |
| Name of person completing form/relationship to child: | |

|  |  |
| --- | --- |
| **Current Interests**: What are the student’s current interests and/or favorite activities? Check all that apply. | |
| Art (crafts, drawing, painting, coloring, etc.)  Animals  Computer activities  Cars/trains | Sports activities  Food/candy  Books (being read to or reading)  Legos/building |
| Please indicate any other special interests (i.e. Sponge Bob, superheroes, Disney, etc.): | |

|  |  |
| --- | --- |
| **General Behavior**: Please check any areas of concern below. | |
| Attentiveness  Follows directions  Self-control | Appropriate interactions with peers  Appropriate interactions with adults  Participation in class activities |
| If needed, add comments below: | |

|  |  |  |
| --- | --- | --- |
| **Stress Response**: How does the student usually indicate he/she is becoming anxious or stressed? Please check all that apply. | | |
| Leaves seat  Off task  Meltdown  Acts silly  Noises  Blurts out/calls names  Cries  Repeats self | | Shuts down  Stares off  Fidgets  Hurts self  Yells out  Damages property  Distractibility increases  Leaves room |
| If needed, add comments below: | | |
| **Sensory Issues**: Does the child have any significant sensory issues? Please check all that apply. | | |
| Sensitive to bright lights  Sensitive to touch  Sensitive to loud sounds | Sensitive to infringement on personal space  Sensitive to smells and/or tastes  Sensitive to textures | |
| If needed, add comments below: | | |

|  |  |
| --- | --- |
| **Current Skills**: Please indicate the student’s ability to complete the following tasks **independently** by checking the box next to a number from 1 to 5. 1 being unable to complete and 5 being able to complete independently. | |
| Writes his/her name | 1  2  3  4  5 |
| Recognizes his/her name | 1  2  3  4  5 |
| Identifies at least half of the letters (capital or lowercase) | 1  2  3  4  5 |
| Identifies numbers 0 to 5 in random order | 1  2  3  4  5 |
| Rote counts 0 to 10 | 1  2  3  4  5 |
| Identifies basic colors by sight | 1  2  3  4  5 |
| Able to zip/button (i.e. clothing, backpack, etc.) | 1  2  3  4  5 |
| Able to operate a computer mouse | 1  2  3  4  5 |
| Able to use scissors | 1  2  3  4  5 |
| Displays gross motor control and balance | 1  2  3  4  5 |
| Able to use bathroom | 1  2  3  4  5 |
| Please indicate any other helpful information below: | |

|  |  |
| --- | --- |
| **Language Ability**: In general, how would you rate the child’s language expression skills relative to typical peers? Please rate as weak (W), average (A), strong (S). | |
| Ability to understand his/her speech | W  A  S |
| Ability to express wants/needs | W  A  S |
| Ability to respond to questions | W  A  S |
| Use of varied vocabulary | W  A  S |
| Please indicate any other helpful information below: | |

|  |  |  |
| --- | --- | --- |
| **Health Concerns**: Please indicate any known health concerns. | |  |
| Medications: | IEP: Yes  No | Hearing: Yes  No |
| Allergies: | ELL: Yes No | Vision: Yes  No |
| Seizures: Yes  No | Speech: Yes No |  |
| Known Screening Referrals (please list): | | |

|  |
| --- |
| **Other Comments:** Please provide any other helpful information below. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Interventions:** Please choose interventions that have been implemented, the domain in which you implemented the intervention, list dates implemented, and the impact on student learning. | | | |
| **Intervention:** | **Corresponding Domain:** | **Date(s) Implemented:** | **Result:** |
| Choose an item. | Choose an item. |  |  |
| Choose an item. | Choose an item. |  |  |
| Choose an item. | Choose an item. |  |  |

**Kindergarten Planning Notes**

The purpose of the Kindergarten Planning Notes is to provide information on students in Pre-K throughout Hillsborough County (public and private settings) to their projected Kindergarten site. The Kindergarten sites will use the information to make the best placement for the student as well as balance Kindergarten classrooms.

Please take a few minutes to complete the form to the best of your ability either electronically or by hand. Once completed, please return the form per the directions provided to you from your supervisor.

A new section added this year address any Interventions a student may be receiving. This section may not apply to all students. For the Intervention Section, if you are completing the form electronically, please click to the right side of the words “choose an item” in the intervention column and select the intervention that applies. The same thing should be done in the corresponding domain column.

If you are completing the form by hand, please reference the list below for possible interventions and corresponding domains that can be written in the boxes.

|  |  |
| --- | --- |
| **Interventions** | **Corresponding Domains** |
| choices  cues  explicit teaching  frequent breaks  individualized instruction  individual visual schedule  more time  multiple opportunities  positive reinforcement  proximity control  scaffolding  sensory tools  small group instruction  social stories  verbal reminders  visual reminders | general behavior  stress response  sensory issues  current skills  language ability |