



# Child Transition Profile

This profile is to be completed by the sending provider and family member and given to the receiving teacher to support the child's transition. This information does not replace a formal child assessment. However, it provides practical information that will help facilitate the child's ability to engage and adapt to the new setting.

**Child's Name**

**Date of Birth**

**Age**

**Parent / Guardian**

**Parent contact phone number**

**Person(s)**

Name

**completing profile**

Relationship to Child

Phone

Name

Relationship to Child

Phone

Name

Relationship to Child

Phone

**Date completed**

What are the child's favorite activities, people, and places?

Has the child had opportunities to play with peers in community or other settings?

## Handout 2.1

### Communication

What is the child's primary language?

How does the child communicate with others (both adults and peers)? Check all that apply and explain.

some words    sign language    communication boards and/or devices

Does the child ask for assistance/express needs and wants?    yes    no    sometimes (please explain)

Does the child follow verbal directions?    yes, 1-step directions    yes, 2-step directions    no    sometimes

What strategies are effective if child exhibits frustration during communication?

List strengths and areas of focus for communication.

Include any additional comments on the back of this form.

## Handout 2.1

### Classroom Skills

Do you feel this child will use or require any supports to participate in classroom activities?

augmentative communication devices  adaptive equipment  other (e.g., pair with a friend or adult assistance)

Does the child show curiosity and enthusiasm for new activities?  yes  no  sometimes (explain)

What helps the child adjust to new situations?

### Social/Emotional

What comforts the child? (e.g., special toy, blanket, singing)

What frightens the child?

What types of play does the child engage in?

- individual – only plays alone
- parallel – plays next to a peer but does not interact
- cooperative – plays with another child, sharing toys or conversation

Include any additional comments on the back of this form.

## Handout 2.1

### Motor/Health

Does the child participate in self-care?  hand washing  toileting  eating  dressing

What support(s) does the child need to be successful in self-care?

Will the child need help moving around the building, playground or the classroom?  yes (explain)  no

### Additional Concerns

What is the family or guardian most concerned about regarding the transition to preschool?

Include any additional comments on the back of this form.

Please include any artifacts that you think will help introduce your child to the receiving teacher and program staff at the preschool. This can include video clips, pictures, social stories, etc.