

# Pre-School Transition Record Feasibility Trial 2008/09



Name of child: \_\_\_\_\_

DOB: \_\_\_\_\_

Attendance: \_\_\_\_\_

L / R Hand: \_\_\_\_\_

Place  
Pre-School  
Logo Here

## Personal Social and Emotional Development

## Physical Development and Movement

## Language Development

## The Arts

## Early Mathematical Experiences

## The World Around Us

### Additional information:

- Areas for further development and support

Pre-School Leader/Teacher: \_\_\_\_\_

Date: \_\_\_\_\_

Principal: \_\_\_\_\_

Date: \_\_\_\_\_

I agree that this Transition Record will be forwarded to the designated Primary School of my child.

Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_