

Pre-School Transition Record



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: _____