

# Tool 1) Information About My Child

This form was designed to help families prepare for a Transition Conference, an Admissions and Release Committee (ARC) Meeting or Parent/Teacher Conference. Complete each section, take it to the meeting, and share the information with other team members.

<b>These things please me most about my child:</b>	<b>Here's what my child does well:</b>	<b>My child really likes these:</b>
<b>Right now I'm most concerned about:</b>	<b>I would like my child to learn to do these in the future:</b>	<b>My child learns more easily when:</b>
<b>I think these services would help my child:</b>	<b>Other help our family could use is:</b>	<b>I would like to be involved in my child's program in these ways:</b>

**Sample Information Sharing Form:  
Intake Form**

Child's Name \_\_\_\_\_

*Please check all that apply.*

**My child:**

- lives with both parents
- lives with one parent
- spends time with both parents on a regular basis
- takes care of himself or herself after school
- goes to child care after school

**My child learns best when:**

- I show him or her how to do it
- I tell him or her how to do it
- He or she tries on her own

**My child is especially good at or really enjoys:**

- reading                       art
- writing                          math
- music                          helping others
- making friends             self-help skills

Others such as sports, activities, hobbies: (list)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What types of books does he or she read? How often?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does your child have a public library card?**

**When working or playing at home my child:**

- likes to try new things             is confident
- is often playful                       is serious
- is talkative                             is quiet/shy
- pays attention                         is distractible
- asks for help                          is frustrated

**My child enjoys working:**

- alone                                     in pairs
- in small groups                       in large groups

**My child communicates best by:**

- talking                                  writing
- sign language

**Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Source: Head Start Training Guide: Planning for Transitions

# Hands-on Tools

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**As a parent/guardian, I plan to be involved with my child's education by:**

- \_\_\_ attending parent/teacher conferences
- \_\_\_ volunteering in my child's classroom
- \_\_\_ talking to my child's teacher regularly
- \_\_\_ sending materials for activities or special events
- \_\_\_ chaperoning field trips
- \_\_\_ sharing a hobby or skill with my child's class
- \_\_\_ looking over my child's school work
- \_\_\_ helping with homework
- \_\_\_ talking to my child about his or her day
- \_\_\_ attending school functions

Others: (list) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I have questions about:**

- \_\_\_ volunteering in the school
- \_\_\_ participating on the school improvement team
- \_\_\_ services available in our neighborhood

Others: (list) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I can be reached at:**

daytime # \_\_\_\_\_  
evening # \_\_\_\_\_

**Parent Signature** \_\_\_\_\_

Source: Head Start Training Guide: Planning for Transitions

# *Hands-on Tools*

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## **Sample Information Sharing Form: Worksheet for Sharing Information about Your Child**

An important part of transition is sharing information about your child's needs, strengths, and abilities. The following information will help the staff in the new program learn about and plan for your child.

1. What kinds of things does your child enjoy learning?
2. What things are the most difficult for your child to learn?
3. What are your child's favorite toys and activities?
4. How does your child get along with other children?
5. What kinds of rewards work best with your child (for example: hugs, praise, or stickers)?
6. What kinds of discipline work best with your child?
7. What kinds of help does your child need during routines such as eating, dressing, or toileting?
8. What goals would you like to set for your child in the new program?
9. What other information would you like to share about your child?

Adapted from: *Planning Your Child's Transition to Preschool: A Step-by-Step Guide for Families*, FACTS/LRE Project, University of Illinois at Urbana-Champaign

Source: Head Start Training Guide: Planning for Transitions

## Sample Information Sharing Form: Who Is This Child?

*What family information would help to understand your child this year?*

*What are your hopes/dreams for your child...  
Now?..  
...In the future?..*

*What does your child need to help him/her succeed in school this year?*

**WHO IS THIS CHILD?**

Health: \_\_\_\_\_

NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

SIBLINGS \_\_\_\_\_

TODAYS DATE \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_

*Teacher Summary*

*ALL CHILDREN HAVE GIFTS  
What are your child's?*

Adapted from: MAPS, Jack Pearpoint and Marsha Forest, by the deLacey Family Education Center, Community Unit School District #300/Funded Programs, Project TRANSFER, Carpentersville, Illinois

Informational Resources: *Hands-on Tools*

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Source: Head Start Training Guide: Planning for Transitions

*Paving the Way for Transitions that Lead to School Success Training Series*  
Module 4: With Family-Centered Transition Planning

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