



PINELLAS COUNTY SCHOOLS
PRESCHOOL KINDERGARTEN PARTNERSHIP INFORMATION

Legal Name of Student: _____
Last First Middle Initial Likes to Be Called

Birthdate: _____ ☐ Male ☐ Female ☐ Limited English Proficiency

Preschool Center: _____ Email: _____

Address: _____ Phone Number: _____

Teacher Completing Form: _____ Director: _____

Dates of Attendance: From _____ To _____ Days Present: _____ Days Absent: _____

DEVELOPMENTAL PROGRESS:

Social/Emotional: (e.g., adjustment to school, favorite activities, ability to handle conflict)

Physical: (e.g., gross motor, fine motor, chooses physical activity)

Cognitive: (e.g., shows interest in learning, participates, language)

Additional Comments or Observations: (e.g., health concerns, referred for or receiving services)

Parent Comments

The information on this form will be shared with your child's kindergarten teacher to help facilitate a successful transition from preschool to kindergarten.

I give permission for this form and any signed documents to be forwarded to my child's kindergarten teacher.

Documents attached ☐ Yes ☐ No Kindergarten School: _____

Parent/Legal Guardian Signature

Date

Director Signature