



**Loranne  
Ausley  
(Chair)**

June 1, 2010

**Ken Armstrong**

Dear Child Care Center Director:

Whole Child Leon is currently focused upon three key areas impacting young children:

**Nina Ashenafi**

- Children are Healthy at Age 1
- Children are Making Appropriate Progress
- Children are Entering Kindergarten Ready to Learn

**Courtney  
Brogan**

**Kristin Dozier**

One of our priorities relative to these key areas is a multiyear commitment to a significant increase in children entering kindergarten ready to succeed in school and life. Our Quality Education Action Team is charged with working with community stakeholders to meet two measurable objectives to address this priority:

**Laurie Dozier**

1. To define the criterion of success for kindergarten entry, and
2. To develop an early childhood to kindergarten transition plan.

**Chris Duggan**

As a result of our work, we are pleased to be able to provide the enclosed kindergarten parent input forms to the parents of voluntary prekindergarten students. We believe the information provided through this process will enable these children to transition more effectively.

**Ed Feaver**

We are asking you to partner with us in three ways in order to make this process work:

**Bob Gabordi**

- Communicate to your parents the importance of returning this form to either you or to the school their child will be attending in the fall.
- Distribute the forms to each child in your VPK program.
- Collect any returning forms and call **Bev Owens at 850-487-7525** to arrange for form pick-up.

**Robin  
Johnston**

**Serena Moyle**

Thank you so very much for supporting Whole Child and the children of Leon County!

**Bev Owens**

Sincerely,

A handwritten signature in cursive script that reads "Loranne Ausley".

**Lori Danello  
Roberts**

Loranne Ausley  
Chair, Whole Child Leon

**Angel Trejo**



## Kindergarten Parent Input Form 2010 – 2011

Dear Parents/Guardians,

**Congratulations!** Your child is about to embark on a wonderfully exciting time in his/her life – Kindergarten! To help facilitate your child’s transition into the new school, please complete this form. This is a great opportunity for you to share your expertise regarding your child and to help your child’s new school make the most appropriate class placement. Please return this survey either to your child’s current teacher or to your child’s new school by July 31, 2010. Thank you in advance for completing and returning this form.

Child’s Name: \_\_\_\_\_ Child’s Date of Birth: \_\_\_\_\_

Name(s) and the age(s) of other siblings:

---

---

Name(s) and the age(s) of other relatives attending the school that your child(ren) will be attending in the fall:

---

---

Name(s) of Preschool(s) attended. May we contact them?  Yes  No

---

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

Please list any special needs that your child has (such as allergies, medication taken on a regular basis, glasses, hearing difficulties, etc.). \_\_\_\_\_

---

Please tell us about your child’s developmental strengths.

---

---

Please tell us about your child’s developmental needs.

---

---

Continued

Please tell us about any of your child's behaviors that concern you. \_\_\_\_\_

---

---

What does your child do when s/he is excited? \_\_\_\_\_

---

---

What does your child do when s/he is mad or angry? \_\_\_\_\_

---

---

How does your child adjust to new situations or people? \_\_\_\_\_

---

---

Is there any additional information you would like to provide? \_\_\_\_\_

---

---

Has your child participated in any screenings and/or assessments? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what agency completed the screenings and/or assessments? \_\_\_\_\_

Please have your child draw a picture of him/herself for the new teacher in the box below.