



Kindergarten Transition Childcare Information

Name of Child: _____

Childcare Centre Name: _____

Catchment School: _____

Date of Completion: _____

Student Strengths: *include interests, likes and dislikes, etc.*

Student Needs & Stretches: *safety, behavior, communication, self-regulation, self-care, sensory needs, learning, social development, etc.*



Supportive strategies in place for student success: *include supervision needs, adaptations, supports, equipment, etc.*

I give _____ permission to share this information with the Cowichan Valley School District.

Signature _____

Date _____

MM/DD/YYYY