

Appendix V
Miami-Dade County Public Schools
Prekindergarten Program for Children with Disabilities
Kindergarten Transition Student Preparation

Student's Name: _____ ID# _____
Kindergarten Transition Meeting Date: _____ Time: _____
Home Language: _____ Translator needed: yes no

Meeting: annual transition (re-eval/no re-eval)
People to inform: LEA SLP OT PT GEN.ED. Kindergarten Teacher
 ESE Rep Translator

Notification dates: 1. _____ in person written phone call
2. _____ in person written phone call
3. _____ in person written phone call

BDI-2 Date: _____ CA: _____
Adaptive: _____
Personal/Social: _____
Communication: _____
Motor: _____
Cognitive: _____
PELI: _____
DECA OR SRS: _____

CURRICULUM AND LEARNING ENVIRONMENT

Strength: _____
Weakness (if applicable) or NA _____
PENS: _____
GOALS: _____

SOCIAL/EMOTIONAL BEHAVIOR

Strength: _____
Weakness (if applicable) or NA _____
PENS: _____
GOALS: _____

INDEPENDENT FUNCTIONING

Strength: _____
Weakness (if applicable) or NA _____
PENS: _____
GOALS: _____

COMMUNICATION

Strength: _____
Weakness (if applicable) or NA _____
PENS: _____
GOALS: _____