



Child Centered Plan

To help support a successful transition to Kindergarten

Child's Name _____ Birthdate _____

Head Start/PreK teacher _____ Teacher's email _____

Head Start/PreK Site _____ Kindergarten School _____

My child did not attend Head Start, PreK, or Preschool.

I am proud that my child knows:

My child's interests and hobbies are:

My teacher can help my child feel successful by:
(e.g. Transitional warnings, visual/sensory supports, schedules)

Things that may make it challenging
(e.g. Tired, time of day, types of directions, environments, challenges at home)

I am excited for my child to learn:

I would like to be involved in my child's education in these ways:

Parent/guardian _____ Date _____

A copy of this form will be kept in your child's education file. We also encourage you to share this form when you meet your child's kindergarten teacher for the first time. This will assist them in learning about your child and help you all have a great kindergarten year!