



SMART START – CENTRE COUNTY

**2790 W. College Avenue, Suite 7
State College, PA 16801**

814-238-0331

Spring 2008

Dear Kindergarten Family,

We hope that you and your child have experienced a wonderful start to the Kindergarten school year. The transition to Kindergarten is a time when we traditionally consider the child as moving from a home/early childhood environment to a school setting. Your child may also be moving between services received by one community agency to another one serving school age children. It is our goal to make these transitions as smooth and beneficial as possible. We are the **Centre County Transition Team**, a part of the Smart Start Centre County initiative, and we would like your assistance in helping us reach that goal by filling out this survey.

Basic Information

School District _____ School Name _____

Home Language of Child _____

Did your child transition to Kindergarten from (please check any/all that apply):

Home Child Care/Preschool Setting Other (please specify) _____

Is your child receiving services from a community agency?

Check box next to each choice

- Head Start _____
- Early Intervention _____
- Other _____ (please specify)

How did you receive information about Kindergarten registration for your child?

- | | |
|---|--|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other Parents |
| <input type="checkbox"/> Childcare/preschool provider | <input type="checkbox"/> Service Organizations |
| <input type="checkbox"/> Kindergarten teacher | <input type="checkbox"/> Other |

What programs, support services, information were offered to you by your **early childhood (child care/preschool/early intervention) setting** to assist with the transition to Kindergarten for your child and family?

- | | |
|---|---|
| <input type="checkbox"/> Informational meetings | <input type="checkbox"/> Curriculum for child |
| <input type="checkbox"/> Registration info | <input type="checkbox"/> Other (please specify) |

What programs, services, information were offered to you by your **Kindergarten setting/school district** to assist with the transition to Kindergarten? (Please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Kindergarten Camps | <input type="checkbox"/> Registration Information |
| <input type="checkbox"/> Meetings | <input type="checkbox"/> Other (be specific if possible) |

Which activities did you participate in, and how were they helpful?

What did you do in the **home setting** to prepare your child and family for Kindergarten?

- | | |
|--|--|
| <input type="checkbox"/> Family discussion | <input type="checkbox"/> Preparation Activities |
| <input type="checkbox"/> Visits to Kindergarten/school | <input type="checkbox"/> Other (be specific if possible) |

What were you **most concerned about as a parent** in preparing your child for the transition to Kindergarten?
(Please check all that apply)

- Transportation (using a school bus or getting my child to and from school)
- How to prepare for school closings and delays
- Before and after school care for my child
- If my child was academically ready for school
- If my child was emotionally and socially ready for school
- The cafeteria, bathroom locations and a new building
- Whether or not the teacher would understand my child's particular needs

What suggestions do you have for ways to improve the process of transition to Kindergarten?

What advice would you like to give to parents of the next Kindergarten class as they now prepare for the transition to school?

Many thanks for supporting our goal and for helping other families in your community make a smooth transition.

Please return the survey to _____ by _____

Smart Start—engaging all of Centre County to promote the welfare of our youngest citizens
www.smartstartcc.org