

## Prekindergarten to Kindergarten Transition

Administer this survey in the fall of Kindergarten, after transition activities have been finalized.

### PROGRAM INFORMATION:

NAME OF  
PREKINDERGARTEN PROGRAM \_\_\_\_\_

### INSTRUCTIONS:

Using the questions below, please reflect on your family's and child's experiences throughout the transition from Prekindergarten to Kindergarten.

### QUESTIONS:

### RATING SCALE:

#### COMMUNICATON

Disagree      To Some  
                         Extent      Agree

I felt well-informed about the Kindergarten transition process.

☐      ☐      ☐

The school provided clear information about what to expect during the first few weeks of Kindergarten.

☐      ☐      ☐

I had repeated opportunities to ask questions and express concerns before the start of Kindergarten.

☐      ☐      ☐

#### SCHOOL ENVIRONMENT

The Kindergarten environment was welcoming for both my child and our family.

☐      ☐      ☐

#### PARENT ENGAGEMENT

The school offered opportunities for me to be involved in my child's transition to Kindergarten.

☐      ☐      ☐

I was comfortable reaching out to teachers or staff if I had concerns about my child's adjustment to Kindergarten.

☐      ☐      ☐

#### OVERALL SATISFACTION

Overall, I am satisfied with the way my child's transition to Kindergarten was handled.

☐      ☐      ☐

### ADDITIONAL COMMENTS

\_\_\_\_\_  
\_\_\_\_\_