[Insert DATE]

Dear Parent/Guardian,

[**INSERT** **PRESCHOOL NAME**] is committed to supporting you and your child during the transition from preschool to kindergarten. We know the transition process is an important time in your child’s life. We want to provide your family with information that will ease this process.

Through a county wide collaboration with the First Things First Initiative of Summit County, our preschool program will be working with your child’s receiving kindergarten teacher to ensure they are ready to support your child next school year. Your child’s kindergarten program may receive a paper or online copy of the Summit County Transition Skills Summary outcomes.

Please complete and return the bottom portion of this letter to your child’s teacher by [**INSERT DATE**]. If you have any questions or concerns, contact your child’s preschool teacher or [YOUR PRESCHOOL NAME].

*I give permission for the Summit County Transition Skills Summary (TSS) Results to be shared with my child’s receiving kindergarten program in the school district(s) checked below. (You can check more than one district if you are unsure where your child will attend kindergarten.)*

|  |  |  |
| --- | --- | --- |
| Akron Public Schools | Hudson City Schools | Springfield Local Schools |
| Barberton City Schools | Manchester Local Schools | Stow-Munroe Falls City Schools |
| Copley-Fairlawn City Schools | Mogadore Local Schools | Tallmadge City Schools |
| Coventry Local Schools | Nordonia City Schools | Twinsburg City Schools |
| Cuyahoga Falls City Schools | Norton City Schools | Woodridge Local Schools |
| Green Local Schools | Revere Local Schools | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |

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

**Print the Child’s Full Name** (*Please write your child’s name as it will appear on their kindergarten registration*)

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

**Parent/Guardian Signature Date**

**Check the box for the ethnicity that best describes your child:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| American Indian/  Alaska Native | Asian | Black/  African American | Hispanic | Multiracial | Pacific Islander | White |