



Dear Parent/Guardian,

We are 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
If you have any questions or concerns, contact your child's preschool teacher or

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.)

- | | | |
|---|---|---|
| <input type="checkbox"/> Akron Public Schools | <input type="checkbox"/> Hudson City Schools | <input type="checkbox"/> Springfield Local Schools |
| <input type="checkbox"/> Barberton City Schools | <input type="checkbox"/> Manchester Local Schools | <input type="checkbox"/> Stow-Munroe Falls City Schools |
| <input type="checkbox"/> Copley-Fairlawn City Schools | <input type="checkbox"/> Mogadore Local Schools | <input type="checkbox"/> Tallmadge City Schools |
| <input type="checkbox"/> Coventry Local Schools | <input type="checkbox"/> Nardon City Schools | <input type="checkbox"/> Twinsburg City Schools |
| <input type="checkbox"/> Cuyahoga Falls City Schools | <input type="checkbox"/> Norton City Schools | <input type="checkbox"/> Woodridge Local Schools |
| <input type="checkbox"/> Green Local Schools | <input type="checkbox"/> Revere Local Schools | <input type="checkbox"/> 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:

- | | | | | | | |
|-----------------------------------|--------------------------|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| American Indian/
Alaska Native | Asian | Black/
African American | Hispanic | Multiracial | Pacific Islander | White |