

**WORLD OF WONDERS
GETTING TO KNOW YOU TRANSITIONAL PROGRAM**

Date: _____

Child's Name: _____ D.O.B.: _____

Date of Promotion: _____

Primary Caregiver: _____

Orientation Schedule: _____

1. Family names and relationships (including pets): _____

2. Self-help skills (manual dexterity - utensils, dressing /undressing skills, buttoning, zipping etc.): _____

3. Social/Emotional maturity (peer & adult interaction skills, stranger anxiety, etc.): _____

4. Cognitive abilities (materials and equipment): _____

5. Gross motor skills: _____

6. Feeding requirements (Allergies, likes and dislikes)
etc.): _____

7. Sleeping routine (time and duration, special blankets or stuffed
animals, etc.): _____

8. Other comments (favorite activities, special concerns, habits,
etc.): _____

9. Bathroom Skills (Potty trained, accidents, bathroom
independence.)

Would you like to schedule a conference?

Yes

No

Parents Signature

Date

