



Early Admission to First Grade Parent Request Form

Child's Name _____ Date _____

Child's Date of Birth _____

Address _____

Phone Number _____ Parents' Email Address _____

Mother's Name _____ Father's Name _____

Name of Kindergarten _____ Phone Number _____

Kindergarten Teacher Name _____

Kindergarten Address _____

Home School _____

I give my consent to Lake Zurich Community Unit School District 95 to administer the following tests and procedures to determine eligibility for early admission into First Grade.

- To attend Kindergarten screening, including literacy portion and be administered Fountas & Pinnell.
- To administer The Test of Early Reading Ability (TERA-3), The Test of Early Written Language (TEWL-3) and the Test of Early Math Ability (TEMA-3) achievement tests as part of the preliminary screening.
- To administer the Wechsler Preschool & Primary Scale of Intelligence Fourth Edition (WPPSI-IV) if further testing is warranted, based on the preliminary screening.
- To contact my child's current Kindergarten teacher.
- To observe my child in Kindergarten.
- To allow my child to be interviewed by the District 95 Psychologist administering the tests and a District 95 Kindergarten teacher as well.

Since this early admission procedure exceeds State of Illinois requirements, I understand that the decision by the screening team is final.

Parent Signature

Date