

**Norwood City School District
Kindergarten Early Entrance Evaluation
Referral Form**

Student Name _____ Birthdate _____

Parents' Names _____

Current Address _____

Home Phone _____ Work/ Cell Phone _____

Name of Preschool _____ Dates of Preschool Attendance _____

Preschool Teacher Name _____ Preschool Teacher Phone _____

Why are you considering early entrance to kindergarten for your child?

Please list advanced skills that your child is demonstrating:

Please provide additional information/ comments:

Signature of Person Initiating Referral

Relationship to Child

Date