Barren County Schools Parent Information and Application for Early Entrance to Kindergarten

Please complete this application if:

- 1. Your child will turn five (5) years old between August 2nd and September 30th and you are requesting early admission to kindergarten in the Barren County Public Schools, pursuant KRS 158.030.
- 2. You believe your child demonstrates academic achievement, social, emotional and physical maturity appropriate for kindergarten placement.

The submission of this application serves as the petition for your child to be considered for early placement in kindergarten. The completed application may be submitted to your child's school OR directly to the following:

Office of the Director of Instruction Barren County Board of Education 202 West Washington Street Glasgow, KY 42141

For more information, contact the school counselor or the Barren County Director of Elementary Instruction at 270-651-3787.



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==PARENTS KEEP THIS INFORMATION==

Overview

Senate Bill 24 (SB 24), amended KRS 158.030 to say that beginning with the 2017-2018 school year, any child who is five (5) years of age, or who may become five (5) years of age by August 1, may enter a primary school program. This changed the long-standing October 1 entry eligibility requirement that was formerly in place.

To be recommended for early entrance to kindergarten, children will need to demonstrate aboveaverage performance and development in academic skills as well as approaches to learning, health and physical well-being, language and communication development, social and emotional development, and cognitive and general knowledge. The standards for early admittance are very high to ensure that students are not frustrated by their advanced grade placement. There will be no consideration for children with birthdates outside of the Aug 2 to September 30 window. Additionally, final placement considerations will include availability of space and funding.

The process will include multiple measures of the child's readiness for school. These measures will include, but are not limited to the following:

- Parent observation and input (Parent Questionnaire)
- Data from prior settings, such as childcare, state-funded preschool, Head Start and other early learning settings (Early Settings Information); this form may be duplicated and completed by multiple prior early settings providers
- Brigance Kindergarten Readiness Screener including Parent Social/Emotional Self-Help
- Other exams that may include STAR Early Literacy, STAR Math, or District Common Assessments

Your child will be evaluated by qualified school personnel. Upon completion of all assessments, all data collected will be reviewed. Parent(s) or guardian(s) will be notified in writing as to the decision for early entrance trial period no later than July 15.

Timeline for the Process

- March 15 May 1 Completed Application Packet Submitted
- May 1 June 30 Assessments Scheduled & Administered
- By July 15 Parents Notified of Response to Petition

There are two possible outcomes of individual testing:

- The student <u>did not</u> demonstrate the needed readiness skills and is not eligible for early entrance into kindergarten, or:
- The student <u>did</u> demonstrate the needed readiness skills and is eligible for early entrance into kindergarten. Families of students found eligible must complete the regular registration process through their home school to enroll the student into a kindergarten program for the upcoming year
 - Enrollment items that the school will require copies of:
 - Certified Birth Certificate
- Recent Health Physical Examination
 Recent Dental Screening or Examination
- Kentucky Immunization Certificate
- Kentucky Eye Exam by an ophthalmologist or optometrist
- Student's Social Security Card (optional)

Child's Name		Birthd	ate /	/	
Last	First	MI			
Address					
Street	City		S	state 2	Zip Code
Child's First Language			Gender:	Female	Male
Parent/Guardian Name(s)					
Home Phone	Cell	Work			

Petition for Early Enrollment Form

Early Admission to Kindergarten

Because my child will not turn five (5) years old before August 1, I am requesting early admission to kindergarten in the Barren County Public Schools, pursuant KRS 158.030.

I understand the following:

Upon entry into the kindergarten program, my child will be screened using the Kentucky Kindergarten Readiness Screener, the Brigance. Those screening results will be used to plan my child's academic program, and they will be shared with me along with the kindergarten teacher's interpretation of what the screening data means in regard to my child's anticipated kindergarten success. I will be required to complete a social/emotional inventory as a part of this screening.

My child will be provided the same rigorous kindergarten program and supports as all other students attending kindergarten in the Barren County Schools. This includes curriculum content and instruction, assessment, daily schedule and behavioral expectations.

_____ My child's progress and performance will be measured using the Kentucky Core Academic Standards as a guide, with attention to those standards specific to kindergarten.

_____ My child will be not be promoted and/or retained as a part of his/her public school experience because of his chronological age/birthdate.

I may rescind my request for early entry to kindergarten and withdraw my child from kindergarten by providing the school principal with this written request.

Parent/Guardian's Signature

Date

Early Learning Experience - List all preschools (public and private), Head Start, childcares, therapy services and/or other early learning experiences in which your child has participated.

Name of School/Program	Teacher's Name	Dates of Attendance	#Hours/Week
		_	
		<u>_</u>	

Parent Questionnaire - Please answer each question below. If more space is needed, attach additional paper.

- 1. Why do you believe your child should be considered for early entrance to kindergarten?
- 2. What responsibilities does your child have at home? What types of prompting is required for your child to fulfill those responsibilities?
- 3. How does your child respond when he/she tries something that is new and challenging? How does your child respond when not successful?
- 4. How long does your child maintain interest in an activity of their choosing?

In an activity of your choosing?

- 5. Are they any health concerns or issues for your child (allergies, medications, etc.)?
- 6. What kinds of experiences has your child had with writing tools such as crayons, pencils and markers?

With scissors?

- 7. How many of the following can your child identify and/or recognize?.
 - 1. Letters?
 - 2. Numbers?
 - 3. Shapes?
- 8. How does your child respond to change?
- 9. On a scale of 1 10 how would you rate your child's ability to do things for her/himself? Why did you choose that rating?
- 10. Describe your child as your child works/plays with other children.

Parent Report—Self-help and Social-Emotional Scales

Child's Date of Birth

Child's Name

B. Dres 5. 4.	5. 4. Dres	5. <u>4</u> .	Dres 4.	Dres 4.	Dres 4.	Dres 4.				ώ			2.				. `	A. Eatir		Directions	Parent's/C	Child's Name
		Rarelv/No	Does your child dress himself/herself unsupervised?	NO		criteria: Buckling, tyling, or veicro» lastening is not required for credit.	Does your child put on his/her shoes?	Dressing Skills	Rarely/No	Does your child hold a fork in his/her fingers, not in his/her fist?	Rarely/No	a piece of baked potato or a piece of cake?	Does your child use the	Rarely/No	turning the spoon upside down, with little or no spilling of food?	If yes, does your child place the spoon in his/her mouth without	Does your child use a spoon?	Eating Skills	SE	: Read each item and circle	Parent's/Caregiver's Name	ame
		Sometimes	mself/herself unsup	wrong feet)	Yes (sometimes on	ן, טר עפוכרט [®] ומגנפרוו	his/her shoes?		Sometimes	ork in his/her finge	Sometimes	or a piece of cake.	side of the fork for	Sometimes	le down, with little	lace the spoon in h	2000 ?		SELF-HELP SKILLS	the response or desci		
		Most of the time, except for help with difficult fasteners	pervised?	foot 90% of the time)	Yes (each shoe on correct	וווט וא נוסר גפלחונפט			Most of the time	rs, not in his/her fist?	Most of the time		Does your child use the side of the fork for cutting soft food, such as	Most of the time	or no spilling of food?	is/her mouth without				Directions: Read each item and circle the response or description that best reflects your child's behavior or skill level.	Teache	Child's
2				11.					10.			.9			x			7.	C. Toi	hild's behavior	Teacher's Name	Child's Date of Birth
7		Rarely/No			Rarely/No	Does your chi	OR	Rarely/No	Does your	Rarely/No			Rarely/No	potty (no r	Does vour	Rarely/No		Does your	Toileting Skills	r or skill level.		Ъ
In an to the		Sometimes		child take care of his/her toileting needs?	0	ld wipe hims		0	ld attempt to	0	a week)?	ld urinate ("t	0	e than one a	ld have how	0	help with clo	ld get on the				
pathroom of			{	of his/her toi	Sometimes	elf/herself in		Sometimes	o wipe himse	Sometimes		oee") in the	Sometimes	accident a w	el movemen	Sometimes	othing)?	toilet or po				Today's Date
n nis/ner ov	hie/hor ow	res (riusning the toilet most of the time after using it)		ileting need	ۍ ۲	Idependent		ŭ	elf/herself at	č	-	toilet or po	Ñ	eek)?	ts ("noon")	5		tty by himse				Date
child go to the bathroom on his/her own without being		ves (riusning the tollet and washing and drying his/her hands most of the time)		?sł	Most of the time	child wipe himself/herself independently after toileting?		Most of the time	child attempt to wipe himself/herself after toileting?	Most of the time		Does your child urinate ("bee") in the toilet or potty (no more than	Most of the time		child have howel movements ("noon") in the toilet or	Most of the time		child get on the toilet or potty by himself/herself (even if				

===RETURN THIS FORM TO SCHOOL===

<u>6</u>

Does your child put on his/her socks?

Rarely/No

Sometimes

Most of the time

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BRIGANCE® Early Childhood Screen III (K & 1)

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Self-help and Social-Emotional Scales

											'n													D.	
	20.			19.			18.			17.	Play		16.				. 5			14			13.	Rela	
Rarely/No	Does your child give ve into play activities?	Rarely/No	duck-duck-goose, tag, or kickball?	Does your child play co	No	an invitation to a party?	Does your child have a	No	best friend?	Does your child have se	Play and Relationships with Peers	Rarely/No	Does your child share h	Rarely/No	or pets, or what he/she	herself, such as things	Does vour child eniov s	Rarely/No	when he/she is happy?	Does vour child look fo	Rarely/No	he/she earns positive feedback?	Does your child respon	Relationships with Adults	
Sometimes	Does your child give verbal directions or incorporate verbal directions into play activities?	Sometimes	or kickball?	Does your child play cooperatively in a large-group game, such as		an invitation to a party?	Does your child have a best friend with whom he/she is close and		_	Does your child have several friends but one who is a special or	ith Peers	Sometimes	Does your child share his/her thoughts and ideas with you?	Sometimes	or pets, or what he/she did over the weekend?	herself, such as things he/she likes, names of his/her family members	Does your child eniov sharing information with you about himself/	Sometimes		Does your child look forward to sharing his/her feelings with you	Sometimes	edback?	Does your child respond with feelings of pride and enthusiasm when		
Most of the time	oorate verbal directions	Most of the time		roup game, such as	Yes	ט פגנפוומוווש	he/she is close and	Yes		/ho is a special or		Most of the time	eas with you?	Most of the time		her family members	vou about himself/	Most of the time		r feelings with vou	Most of the time		and enthusiasm when		
		28.			27.	۲ ۲		30		25.		פֿע			24.			23.			22.			21.	
Rarely/No	manner by getting up	Does vour	Rarely/No	restricted, such as going	that belon	Rar	turns, per		- Rarely/No	If supervised by an adult, does your child take turns without undue objection?	If comparison by an adult	Prococial Skills and Rehaviors	Rarely/No	even when there are minor distractions, such as a car making noise outside or someone tapping a pencil?	Does your	Rarely/No	attitude?	Does your	Rarely/No	perhaps by dawdling less than at an earlier age?	Does your	Rarely/No	activity or project?	21. Does your child maintai	
Sometimes	d sport and refraining fr	child react to a disappointment or failure in an acceptable	Sometimes	such as going to the bathroom or leaving the classroom?	child ask an adult for permission before using things a to others or before engaging in an activity that may	Sometimes	taking turns even if he/s	child understand or accent the need to share and take	Sometimes	r, does your child take ti			Sometimes	n there are minor distractions, such as someone tapping a pencil?	child remain focused on what he/she has been asked to do	Sometimes		child approach new tasks with confidence and a "can-do"	Sometimes	s than at an earlier age	child show that he/she likes to finish what he/she starts	Sometimes		child maintain interest when engaged in a small-group	ueire
Most of the time	om shouting or	lure in an acceptab	Most of the time	ving the classroom?	ore using things activity that may be	Most of the time	the isn't asked to?	to chare and take	Most of the time	urns witnout unaue			Most of the time	a car making noise	has been asked to	Most of the time		lence and a "can-dc	Most of the time	?	what he/she starts,	Most of the time		d in a small-group	

Parent Report—Self-help and Social-Emotional Scales (continued)

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Self-help and Social-Emotional Scales

To be completed by prior child care provider

Barren County Public Schools Early Settings Information (Daycare, Private Sitter, Preschool, etc.)

Child's Name				Birthdate		/	/
	Last	First	MI				
Name of Progran	n Attended						
Program Address							
	Street	City				State	Zip Code
Phone		Dates Attended	/	/	to_	/	/
Name of Person	Completing the Ea	rly Settings Information					
Role or Position_		Signature					

Please respond to each of the following statements by circling the most appropriate choice based on this child's typical performance in your classroom.

- **N Not Yet** This child demonstrates this skill with accuracy less than 10% of times attempted or does not yet attempt this skill.
- **E Emerging** –This child demonstrates this skill with accuracy more than 10% of times attempted, but less than 80% of times attempted.

M – Mastered – This child demonstrates this skill with accuracy more than 80% of times attempted.

Is able to separate from parents, demonstrating security	Ν	Е	Μ
Demonstrates independent personal care skills (toileting, dressing, feeding)	Ν	Е	Μ
Follows daily classroom routine without prompt	Ν	Е	Μ
Transitions from one activity to another without resistance or prompt	Ν	Е	Μ
Adheres to classroom and outdoor rules with little prompt	Ν	Е	Μ
Works independently	Ν	E	Μ
Is eager to try new things	Ν	E	Μ
Is persistent when faced with adversity	Ν	Е	Μ
Works until a task is completed	Ν	Е	Μ
Shows pride in efforts and completed tasks	Ν	Е	Μ
Demonstrates curiosity and a willingness to explore	Ν	Е	Μ
Works or plays cooperatively with peers	Ν	Е	Μ
Demonstrates responsibility by caring for materials and the classroom environment	Ν	Е	Μ
Understands and follows two-step directions	Ν	Е	Μ
Is able to attend to a group book reading	Ν	Е	Μ
Speaks in complete sentences	Ν	Е	Μ
Participates in turn taking as a part of conversation for at least three exchanges	Ν	Е	Μ
Is able to retell a story with events in correct sequential order.	Ν	Е	Μ
Demonstrates understanding of positional words (up, in, near, under, over, behind)	Ν	Е	Μ
Demonstrates understanding of time (before, after, tomorrow, yesterday)	Ν	Е	Μ
Demonstrates understanding of sequence (first, next, then)	Ν	Е	Μ
Recognizes all upper case letters of the alphabet	Ν	Е	Μ
Distinguishes between printed letter and numeral	Ν	E	Μ
Identifies the beginning sound of simple words	Ν	E	Μ
Provides two rhyming words when offered a simple word such as "hat"	Ν	E	Μ
Writes first name with letters in correct order	Ν	Е	Μ

Is able to use scissors with control and intentionality	Ν	Е	Μ
Classifies objects by shape, size or color and can describe rational for classification	Ν	Ε	Μ
Recognizes and can continue simple patterns	Ν	Ε	Μ
Counts to at least 30 (rote count)	Ν	Ε	Μ
Counts at least 10 objects (meaningfully count)	Ν	Ε	Μ
Matches correct number of objects to written numerals 1-5	Ν	Ε	Μ
Distinguishes which group of objects has more and which group has less	Ν	Ε	Μ
Recognizes first and last name in print	Ν	Ε	Μ
Demonstrates knowledge of front and back of book	Ν	Ε	Μ
Turns pages in a book, one at a time	Ν	Ε	Μ
Understands the difference between text and picture	Ν	Е	Μ
Demonstrates understanding of reading left to right and top to bottom	Ν	Е	Μ
Reacts to conflict by using words to problem solve	Ν	Е	Μ
Seeks to calm self when angry or frustrated	Ν	Е	Μ

What strengths does this child demonstrate that would facilitate success upon early entry into the kindergarten setting?

What supports might this child need to be successful upon early entry into the kindergarten setting?

Other comments or concerns regarding this child's early entry into the kindergarten setting?

===FOR DISTRICT USE ONLY===

Early Entrance to Kindergarten Data Collection and Reporting

Child's Name	Child's Name School								
Required Application Documentation	on								
Application Parent Questionnaire & Early Settings Information	Date Received Date Received								
Initial Data Collection	Data Saraanad								
Brigance Screening Score Minimum Expectation: 85	Date Screened								
Initial Data Review, Discussion and F	Recommendation:								
Additional Assessment Data Recomm	nended: \Box Yes \Box No	0							
STAR Early Literacy Score Minimum Expectation: 700 – Give Brigance Kindergarten Readiness S		red chieved on the							
Additional Test Score Minimum Expectation:% - Gi	Date Administe	red							
Minimum Expectation:% - Gi Brigance Kindergarten Readiness S	iven ONLY if a score of 85 i Screener	is achieved on the							
Additional Data Review, Discussion a									
Child is eligible for Early Entry t	o K Child is NOT eligi	ble for Early Entry to K.							
Signatures and Titles of Participants (Principal, Guidance Counse	lor, Teacher, etc.)							
Signature , Title	Signature	, Title							
Signature Title	Signature								

===RETURN THIS FORM TO SCHOOL===	===FOR DISTRICT USE ONLY=== BC 09.121 AP.21
Date Received in Central Office	Date of Screening
Requested school at or over cap size? \Box Yes \Box No	
Child met Kindergarten Readiness Standards on dis Kindergarten Readiness Level	
Comments:	
PETITION FOR EARLY ENROLLMENT	□ Recommended □ Not Recommended
Director of Instruction's Signature	Date
PETITION FOR EARLY ENROLLMENT	□ Recommended □ Not Recommended
Director of Pupil Personnel's Signature	Date