

Application for Early Entrance to Kindergarten Evaluation

To be completed by the parent or guardian.

Students Name: Last			First			Middle		
<input type="checkbox"/> Female		<input type="checkbox"/> Male		Date of Birth:				
Parent/Guardian Name:								
Address: Street			City			ZIP		
Home phone:			Cell phone:			Work phone:		
Email:					Best method of contact:			
Student has identified individual education needs:								
<input type="checkbox"/> IEP			<input type="checkbox"/> 504 Plan			<input type="checkbox"/> ELL		
Describe student special needs/accommodations:								
List Preschool Experience:								
Name of School			City			Number of Years		
Name of School			City			Number of Years		
School child will be attending if admitted:								

Please enclose:

- \$175 non-refundable evaluation fee
- Copy of child’s birth certificate or passport
- Early Entrance to Kindergarten Parent Questionnaire

Request for fee reduction (Please fill out and attach our application for free/reduced lunch)

Signature of Parent or Guardian: _____ **Date:** _____

For Internal Use Only		
Date Received	Payment submitted	Assessment Date

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Please complete this questionnaire if you would like your child to be considered for early placement in kindergarten. To be eligible for early entrance testing, a child must be 5 years old between September 1 and November 30 and must demonstrate above-level behaviors in the following areas: academic achievement, social, emotional and physical maturity.

Child's name: _____ Birth date: _____
Last First

Parent Checklist			
This checklist will help determine your child's readiness for our kindergarten program. Please read each statement and indicate your child's abilities by checking the appropriate column.			
	Frequently	Sometimes	Never
Physical Well-being and Motor Development			
Performs self-help tasks independently (dressing, zipping and tying).			
Uses eye/hand coordination to perform fine motor tasks (drawing, writing and cutting).			
Uses balance and control to perform large motor tasks (walking, jumping and skipping).			
Personal and Social Development			
Shows eagerness to learn (is curious, likes to investigate).			
Follows rules and routines (cleans up at play time).			
Handles change and transition (dinner time to bedtime).			
Interacts easily with one or more children.			
Language and Literacy			
Listens for meaning in stories, discussions and conversations.			
Speaks clearly to share ideas and thoughts.			
Can identify letters.			
Can identify beginning sounds.			
Uses letters and words to write.			
Writes name.			
Mathematical Thinking			
Can recognize numbers 0-20.			
Can orally count forward to 30.			
Can recognize, duplicate, and extend simple patterns (circle-triangle, circle-triangle, circle-triangle).			
Can recognize and describe attributes of shapes.			

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Scientific Thinking			
Uses a magnifying glass to look at different objects.			
Identifies, describes and compares properties of objects.			
Describes characteristics and basic needs of living things, (food, water, shelter).			
Social Studies			
Recognizes self and others as having same and different characteristics.			
Describes roles and responsibilities of people, (firefighters put out fire).			
Recognizes the reasons for rules.			
The Arts			
Likes to paint and draw.			
Likes to sing and dance.			
Can share ideas about a drawing/painting.			

Parent Questionnaire

Please answer each question below. If additional space is needed, attach other sheets as necessary.

- Why do you feel your child should be considered for early entrance into kindergarten?
- What responsibilities does your child have at home? What do you do when your child does not follow through?
- How long does your child maintain interest in a play activity or game at a given time?

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4. How does your child respond when he/she tries but cannot do something?
5. What does your child know about numbers, shapes and patterns?
6. What types of reading activities does your child engage in at home?
7. What kinds of experiences has your child had with writing and writing tools?
8. How does your child handle transitions and new situations?
9. How does your child interact with other children? Please explain and consider whether or not your child shares, takes turns and cooperates with peers.
10. What experiences has your child had that have required separating from you?