Early Entrance to Kindergarten
Data Collection and Reporting

Child's Name _____ School _____

Required Application Documentation

_____Application Date Received_____

_____Parent Questionnaire Date Received_____

_____Early Settings Information Date Received_____

Initial Data Collection

Brigance Screening Score _____ Date Screened_____
Minimum Expectation: 85

STAR Early Literacy Score_____ Date Administered_____
Minimum Expectation: 776 – ***Given ONLY if a score of 85 is achieved on the Brigance Kindergarten Readiness Screener***

DCA Unit 1 Math Score_____ Date Administered_____
Minimum Expectation: 80% - ***Given ONLY if a score of 85 is achieved on the Brigance Kindergarten Readiness Screener***

Initial Data Review, Discussion and Recommendation:

_____
_____
_____

_____*Child **is** eligible for Early Entry to K.* _____ *Child **is NOT** eligible for Early Entry to K.*

Signatures and Titles of Participants (Principal, ECC, Guidance Counselor, etc.)

_____,_____ _____,_____
Signature Title Signature Title

_____,_____ _____,_____
Signature Title Signature Title

Supervisor of Elementary Instruction Notified of Early Entry Status on ____/____/_____

Four-Week Probationary Child Study Team scheduled for _____/_____/_____

Warren County Public Schools
Probationary Data Collection and Child Study Team Review

Child's Name _____ School _____

Brigance Teacher Self-Help
Scale Score_____ Date Administered_____
Minimum Expectation: 110

Brigance Teacher Social/Emotional
Scale Score_____ Date Administered_____
Minimum Expectation: 110

STAR Early Literacy Score_____ Date Administered_____
Minimum Expectation: 776

DCA Unit 1 Math Score_____ Date Administered_____
Minimum Expectation: 80%

Probationary Data Review, Discussion and Recommendation

___*Child* ***demonstrated*** *skills necessary for Kindergarten success.*

___*Child* ***did not demonstrate*** *skills necessary for Kindergarten success.*

Signatures and Titles of Participants (Principal, Parent(s), ECC, Guidance Counselor, Kindergarten Teacher(s)

_____,_____ _____,_____
Signature Title Signature Title

_____,_____ _____,_____
Signature Title Signature Title

_____,_____ _____,_____
Signature Title Signature Title

Supervisor of Elementary Instruction Notified of Child Study Team Recommendation

on ____/____/____ Notification made by:_____