



Has this child been screened or assessed before by a professional educator or psychologist? Y N  
If yes, by whom and when? **(Please attach assessment results.)** This is required if the child will turn 5 after Jan. 1.

How has this child demonstrated that he/she is performing **well above** the level of his/her age peers?  
(Give *specific examples* of academic, social and/or developmental skills, demonstration of an intense interest or talent, and activities or projects that this child has initiated or completed.)

What skills does this child exhibit that leads you to believe he/she is ready for enrollment in school?

Does this child have any limitations that might interfere with his/her ability to succeed in school? Y N  
If yes, please explain.

Please check that you have read and understand the <b>Parent Information for Early Entrance to Kindergarten</b> (found on the KCS District Website Under the <b>Department of Teaching &amp; Learning</b> under <b>Gifted Education</b> form).
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**Referral Signature:**

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***Print Name of Person Initiating Referral***

***Signature***

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*Position/Relationship to Child*

*Phone #*

*Date*

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**Parent Permission:**

**I hereby give permission** to Kettering City Schools to collect data regarding my child in consideration for possible early entrance to school. In giving my permission, I understand that any or all of the following may occur: Review of relevant records, Interviews with the student, teacher(s) and parent(s), observations of the child, formal/informal assessments and screenings will be given (e.g. ability, achievement and/or aptitude tests, developmental tests, readiness assessments, etc.)

Screening will consist of approximately one hour of 1:1 assessment with your child. Those results will be shared with family to determine if further standardized assessment is requested using the Iowa Acceleration Scale involving approximately 3-5 hours of individual student testing.

I also understand and agree that the information collected by the school district will then be reviewed by an Acceleration Evaluation Team who will complete a summary report and make a recommendation.

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*Signature of Parent/Guardian*

*Relationship to child*

*Date*

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**I do NOT give permission** for the evaluation for Early Entrance to School.

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*Signature of Parent/Guardian*

*Relationship to child*

*Date*

**Return this form with the completed "Parent Questionnaire for Early Entrance to School", and additional pertinent information to Lynn Cannarozzi (address listed above.)**

**For Office Use Only**

Gifted Coordinator received referral on \_\_\_\_\_.

Parent given/sent Early Entrance packet on \_\_\_\_\_.

Permission form signed and returned on \_\_\_\_\_ Y N Gifted Coordinator received on \_\_\_\_\_.

Acceleration Evaluation Team meeting date(s) \_\_\_\_\_:

Case completed on \_\_\_\_\_ Written Acceleration Plan? Y N completed on \_\_\_\_\_.