



### Kindergarten Early Entrance Evaluation Application

To be completed by the parent or guardian.

Students Name: Last			First	Middle
Date of Birth:				
Parent/Guardian Name:				
Address: Street		City	ZIP	
Home phone:	Cell phone:	Email:		
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:**

- Kindergarten Early Entrance Parent or Guardian Questionnaire.

**Mail to:** Lake Oswego School District  
 ATTN: Kindergarten Early Entrance  
 2455 Country Club Road  
 Lake Oswego, OR 97034

**Permission for Assessment:**

I understand that this testing includes assessments in the areas of cognitive ability, large/fine motor skills, visual-motor skills, communication skills, and social/emotional development. I understand that the results of this testing will be shared with me and will be made a part of my child’s school record.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

For Internal Use Only		
Date Received	Date Sent to Assessment Team	Assessment Date



Parent or Guardian Questionnaire

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 five (5) years old between September 2 and September 15 and must demonstrate above-level readiness in the following areas: academic achievement, social, emotional and physical maturity.

Child's name: \_\_\_\_\_ Birth date: \_\_\_\_\_
Last First

Parent Checklist table with categories: Gross and Fine Motor Development, Social and Emotional Development, Language and Literacy, Mathematical Thinking. Includes instructions: '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.'



**Parent or Guardian Questionnaire**

<b>Scientific Thinking</b>			
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).			
<b>Social Studies</b>			
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.			
<b>The Arts</b>			
Likes to paint and draw.			
Likes to sing and dance.			
Can share ideas about a drawing/painting.			

<b>Parent Questionnaire</b>
Please answer each question below. If additional space is needed, attach other sheets as necessary.
1. Why do you feel your child should be considered for early entrance into kindergarten?
2. What responsibilities does your child have at home? What do you do when your child does not follow through?
3. How long does your child maintain interest in a play activity or game at a given time?



**Parent or Guardian Questionnaire**

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?



### Preschool/Daycare Questionnaire

Student name: \_\_\_\_\_

Date: \_\_\_\_\_

Teacher/caregiver name: \_\_\_\_\_

Preschool: \_\_\_\_\_

Please complete the following confidential questionnaire and return directly to:

Lake Oswego School District  
ATTN: Kindergarten Early Entrance  
2455 Country Club Road  
Lake Oswego, OR 97034

Which of the following best describes the student's current program or school?	
Check all that apply:	
_____ Montessori Full/half days	Days per week: 1 2 3 4 5
_____ Preschool Full/half days	Days per week: 1 2 3 4 5
_____ Daycare Full/half days	Days per week: 1 2 3 4 5

<b>Teacher/Caregiver Checklist</b>				
This checklist will help determine this child's readiness for our kindergarten program. Please read each statement and indicate the child's abilities by checking the appropriate column.				
	Fully Mastered	Almost Mastered	Emerging Skill	Not Yet Able
<b>Perceptual/Fine Motor Development</b>				
Independently zips coat and ties shoes.				
Independently performs fine motor tasks (for example, drawing and cutting).				
Manipulates two small objects at the same time (for example, stringing beads and stacking blocks).				
Writes own name.				
Draws shapes with accuracy and precision.				
<b>Social/Emotional Development</b>				
Shows eagerness to learn (is curious, likes to investigate).				
Follows rules and routines (cleans up at play time).				
Easily transitions from one activity to another (dinner time to bedtime).				
Plays cooperatively with one or more children.				
<b>Communication Development</b>				
Listens for meaning in stories, discussions and conversations.				
Speaks clearly to share ideas and thoughts.				
Follows directions with multiple steps ("first put your toy on the table, then hang up your coat, then bring me the book").				



**Preschool/Daycare Questionnaire**

	Fully Mastered	Almost Mastered	Emerging Skill	Not Yet Able
<b>Cognitive/Pre-Academic Development</b>				
Can identify letters.				
Can identify beginning sounds.				
Uses letters and words to write.				
Can recognize numbers 0-20.				
Can orally count forward to 30.				
Can add single-digit numbers.				
Matches and names simple patterns (for example, "cat-dog-cat-dog").				
Can recognize and describe attributes of shapes.				
<b>Adaptive Development</b>				
Knows own address and phone number.				
Keeps track of belongings (coat, backpack, etc.)				
Uses bathroom, wipes and washes hands independently.				
Gets dressed with minimal adult help.				

Do you feel that early entrance to Kindergarten would benefit this student?      Yes      No

Why?

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