



Early Entrance Kindergarten Process Checklist

Student's Name:		Referral Date:	
Parent(s)/Guardian(s):		Contact Info:	

	Completed :	Date:	Personnel Signature:
Contact has been made with Parent/Guardian initiating referral to set up testing.	<input type="checkbox"/>		
Written Summary provided to Parent/Guardian and attached to this document.	<input type="checkbox"/>		
IF Student meets 115 threshold, Kindergarten Readiness dates have been given and scheduled.	<input type="checkbox"/>		
If the 115 threshold has NOT been met, the right to appeal has been explained to Parent/Guardian.	<input type="checkbox"/>		
Kindergarten Readiness Results (if applicable) have been discussed w/Parent/Guardian and District team to make an EEK determination.	<input type="checkbox"/>		

___ Student has been recommended for Early Entrance Kindergarten (EEK) placement.

___ Student has NOT been recommended for Early Entrance Kindergarten (EEK) placement.

