

Longview School District

Application for Early Entrance to Kindergarten Evaluation



To be completed by the parent or guardian.

Students Name: (Last, First Middle)	
☐ Female ☐ Male ☐ Other	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: ☐ IEP ☐ 504 Plan ☐ ELL	
Describe student special needs/accommodations:	
List Preschool Experience: Name of School City Number of Years	
Longview School child will be attending if admitted:	

Please enclose:

- \$175 non-refundable evaluation fee (Make checks payable to LVSD)
- Free/Reduced Lunch application (if applicable)
- Copy of child's birth certificate or passport
- Early Entrance to Kindergarten Parent and Preschool Questionnaires

Mail or deliver to:

Longview School District
Leadership and Learning
2715 Lilac St
Longview, WA 98632

Testing will be scheduled for August 4 through 15, 2026. Applications are due by August 1, 2026

My signature indicates permission to assess my child for Early Entrance to kindergarten

Parent/Guardian Signature (Required)

Date

Application for Early Entrance to Kindergarten 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 5 years old between September 1 and September 15 and must demonstrate above-level behaviors in the following areas: academic achievement, social, emotional and physical maturity.

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			
Physical Well-being and Motor Development	Frequently	Sometimes	Not Yet
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	Frequently	Sometimes	Not Yet
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	Frequently	Sometimes	Not Yet
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	Frequently	Sometimes	Not Yet
Can recognize numbers 0-20.			
Can orally count forward to 30.			
Can recognize, duplicate, and extend simple patterns			
Can recognize and describe attributes of shapes.			

Parent Questionnaire

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?

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?

For Internal Use Only		
Date Received	Check Number	Assessment Date
Area Assessed*	Early Entrance Standard Score	The tests administered may include but are not limited to:
Cognitive Ability and Language Development	Superior (121-129) or Very Superior (>130)	☐ Woodcock-Johnson IV Tests of Early Cognitive and Academic Development (ECAD) ☐ The Battelle Developmental Inventory, 3rd Edition (BDI-3) ☐ Bracken Basic Concept Scale, 4th Edition: Receptive (BBCS-4:R) ☐ Reynolds Intellectual Assessment Scales, 2nd Edition (RIAS-2)
Pre-Academic Skills	Superior (121-129) or Very Superior (>130)	☐ Bracken Basic Concept Scale, 4th Edition: Receptive (BBCS-4:R)
Social/Emotional Development	Average or better (>90)	☐ Social Skills Improvement System – Social Emotional Learning Edition (SSIS-SEL)
Gross / Fine Motor Domains	Average or better (>90)	☐ Developmental Assessment of Young Children, 2nd Edition (DAYC-2)
District School	District Reviewer	Date Parent Notified
Early Entrance Approved ☐ Early Entrance Not Approved ☐		

IMPORTANT NOTE: Students passing the initial assessment will be reevaluated by the school during the first 30 calendar days that school is in session. The parent/guardian will be notified before the end of the trial period of the final decision on the child's eligibility to remain in the kindergarten/first grade program. This decision can be made by the school at any time during the evaluation period.

The Longview School District is an Equal Opportunity district in education programs, activities, services, and employment. Longview School District does not discriminate on the basis of sex, race, creed, religion, color, national origin, age, veteran, or military status, sexual orientation, gender expression or identity, genetic information, disability, or the use of a trained dog guide or service animal. We provide equal access to the Boy Scouts of America and other designated youth groups. We also comply with Section 504 of the Rehabilitation Act of 1973, Section 402 of the Vietnam Era Veterans Readjustment Act of 1974, the Americans with Disabilities Act of 1990, the Civil Rights Act of 1964, the Age Discrimination in Employment Act, Older Worker Protection Act, and all other state, federal, and local equal opportunity laws .If you have a physical or mental disability that causes you to need assistance to access school facilities, programs, or services, please notify the school principal. This district endeavors to maintain an atmosphere free from discrimination and harassment. Any person who believes he or she has been discriminated against should contact the following district employees, located at 2715 Lilac Street, Longview, 98632, who have been designated to handle questions and complaints of alleged discrimination:

Section 504, Student ADA Coordinator, Title IX Coordinator

Andrew Schoonover, Executive Director of Student Services

360.575.7007

aschoonover@longviewschools.org

Civil Rights Compliance Coordinator

Karen Joy, Executive Director of Employee Services

360.575.7004

kjoy@longviewschools.org



Longview School District
Preschool/Daycare Questionnaire

Student Name _____ Date _____

Teacher Name _____ Preschool _____

Please complete the following confidential questionnaire and return directly to:

Longview School District
Leadership and Learning
2715 Lilac St
Longview, WA 98632

Please circle the appropriate symbol:

- + plus shows significant or consistent skills (behavior/progress)
- ✓ check shows moderate or inconsistent skills (behavior/progress)
- minus demonstrates little or no skills at this time

1. *Describe the student's basic skills:*

- | | | | |
|-------|-------------------|-------|--------------------|
| + ✓ - | Academic skills | + ✓ - | Language skills |
| + ✓ - | Social skills | + ✓ - | Emotional skills |
| + ✓ - | Fine motor skills | + ✓ - | Gross motor skills |
| + ✓ - | Basic readiness | | |

Additional Comments _____

2. *Do you feel that early entrance would benefit this student?* Yes No

Why? _____

3. *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

Please explain if necessary _____



Preschool/Daycare Questionnaire

Student Name _____

4. *Describe the student's work habits.*

- | | |
|--|---------------------------------|
| + ✓ - Works independently | + ✓ - Completes assignments |
| + ✓ - Manages materials | + ✓ - Follows oral directions |
| + ✓ - Uses problem solving skills | + ✓ - Listens to discussions |
| + ✓ - Participates in group activities | + ✓ - Contributes to discussion |

5. *Describe the student's personal development.*

- | | |
|------------------------------------|---------------------------------|
| + ✓ - Demonstrates self confidence | + ✓ - Listens to directions |
| + ✓ - Displays a positive attitude | + ✓ - Cooperates with others |
| + ✓ - Shares materials | + ✓ - Takes turns |
| + ✓ - Primarily a leader | + ✓ - Follows schools rules |
| + ✓ - Primarily a follower | + ✓ - Plays with other children |

6. *Give an example of how the student solves conflicts with other children.*

- | | |
|--|------------------|
| + ✓ - Expresses emotions verbally | + ✓ - Empathizes |
| + ✓ - Gets adult to solve the conflict | + ✓ - Uses words |
| + ✓ - Expresses emotions physically | + ✓ - Cries |
| + ✓ - Problem solves-
"You can have it when I'm finished" | + ✓ - Gives up |

7. *Describe the student's self-help skills.*

- | | |
|--|-------------------------|
| + ✓ - Dresses self | + ✓ - Toilets self |
| + ✓ - Can wash hands | + ✓ - Can put coat on |
| + ✓ - Can clean up after self | + ✓ - Can problem solve |
| + ✓ - Can snap and zipper to re-dress self | |
| + ✓ - Can manage shoes (put them on, tie, buckle, Velcro, etc.) | |
| + ✓ - Can keep track of belongings (coat, pack, materials, etc.) | |

Please note any other information that would be important in considering this child's placement for the coming year.
