Snohomish School District No. 201
1601 Avenue D
Snohomish, WA 98290
(360) 563-7257

First Grade Early Entrance Assessment Form

To be completed by parent/guardian: (When completed give to Teaching and Learning Services.)

Student Name: _____ Birth Date: _____

Parent/Guardian Name: _____ Telephone: _____

Parent Guardian Address: _____

Elementary School Service Area: _____

To be completed by principal: (Principal to return form to Teaching and Learning Services)

An official letter of completion from a State Board of Education (SBE) accredited school for this student has been received:

Yes _____ No _____

Letter from kindergarten teacher supports placement for first grade: Yes _____ No _____
(**Note**: Attach copies of documents referenced above to this form.)

Based on review of the completion document and letter from the kindergarten teacher,

I recommend _____ do not recommend _____ placement of this student in a thirty (30) day evaluation period.

_____ _____

Signature of SSD Elementary Principal Date

Comments:

For District Use Only:
Admitted: _____ Not Admitted: _____ to _____Elementary for the 2 ____- 2 _____ school year.

_____

Comment:
Notified: Parent/Guardian _____
Principal: _____

School Service Area Verified: _____
Completed By: _____ _____
Signature of Executive Director, Teaching and Learning Services