

**KINDERGARTEN EARLY ENTRANCE EVALUATION
APPLICATION FORM**

PLEASE NOTE: Having your child enter school early is a serious decision. Parents who are considering application for early entrance should thoughtfully examine all the questions listed below before making a decision that will have significant impact on the lives of their child.

Child's Name _____ Date of Birth ____ / ____ / ____ Male Female *Check(✓)*

Mother _____ Home Phone _____ Cell Phone _____

Father _____ Home Phone _____ Cell Phone _____

Address _____ City _____ Zip Code _____

Current Preschool Name and Address: _____

District Neighborhood School: _____

Do you plan on sending your child to a magnet program? If so, which magnet program? _____

What daycare/preschool experiences has your child had? _____

What are your child's strengths? _____

What concerns do you have about your child's development? _____

What are your reasons for exploring early entrance to kindergarten? _____

Kindergarten Readiness Checklist

Readiness for school involves many aspects of development. The statements below generally refer to attributes of mature, beginning kindergarten students. Please assess your child's current skills to give us more specific information.

My Child:

ALWAYS	SOMETIMES	NEVER	
			1. Knows right from left hand, knee, leg, etc.
			2. Uses concepts of behind, in front of, under, above, over, below .
			3. Knows not only the largest and smallest object of a group but also the middle one.
			4. Distinguishes which object of equal size is the heaviest, lightest ... Ex: cotton ball vs steel ball.
			5. Understands the concepts of morning, afternoon, evening, night, tomorrow, and yesterday .
			6. Can state the days of the week .
			7. Can tell time to the hour .
			8. Distinguishes things that are similar and different and is starting to verbalize the differences between objects spontaneously.
			9. Counts objects to ten easily and does rote counting to thirty .
			10. Shows cause and effect and sequence of observation verbally by use of words such as "because" and "since".
			11. Produces the correct sound for P, B, M, W, H, D, T, N, G, K, NG, Y, F.
			12. Uses complete sentences containing at least five words.
			13. Remembers and follows three simple commands given at one time and not repeated.
			14. Relates in sequence an unfamiliar story that has been heard only once.
			15. Is well-coordinated when s/he walks, runs, and jumps.
			16. Is consistently right- or left-handed .
			17. Is able to draw a vertical line, horizontal line, and circle .
			18. Is able to draw triangle and diamond .
			19. Correctly labels shapes listed above and colors .
			20. Recites alphabet correctly without having to sing alphabet song.
			21. Is able to concentrate attention on a task without being distracted.
			22. Is able to play cooperatively with other children and engage in some competitive action play.
			23. Is able to wash, dress (except for tying), feed, and toilet self without help.
			24. Is capable of self-criticism and willing to carry some responsibility .
			25. Is able to verbalize anger and frustration instead of acting out.

CONSENT AGREEMENT:

After carefully reading the packet and completing all forms, I am requesting an evaluation for my child for Early Entrance into kindergarten and I give my permission for Cincinnati Public Schools to conduct an Early Entrance Evaluation.

Please **check the boxes** for each item to indicate that you have read and understand each and/or have completed each.

- I have read the packet and understand the positive and negative effects that early entrance to kindergarten will place on my child and our family.
- I have completed the early entrance application which includes the kindergarten readiness checklist.
- (Optional) A pediatrician, preschool teacher or child care provider has completed a readiness checklist.

Parent Signature

Date

Complete **all** items on the form and send it, along with a copy of your **CHILD'S BIRTH CERTIFICATE** to:

LEAD PSYCHOLOGIST
DEPARTMENT OF STUDENT SERVICES
EDUCATION CENTER
2651 BURNET AVE
CINCINNATI OH 45219



Cincinnati Public Schools

Acceleration Referral Form

Student name: _____

School: _____ Grade: _____

Name of person initiating referral: _____

Relationship to student: _____ Referral date: _____

The student is referred for possible acceleration in the following area(s):

Whole Grade Acceleration Early Graduation Early Entrance to K

Subject Acceleration in:

Reading Math Social Studies Science

Why are you considering acceleration for this child?

Has there been any program modification prior to this referral?

Additional evidence that supports acceleration (Super Saturday, enrichment programs, assessments, success in highly academic programs)

By signing below, I give permission for my child to be assessed for possible acceleration:

Signature of Parent or Legal Guardian Date Phone number