



Kindergarten Early Entrance Evaluation Application

To be completed by the parent or guardian.

Students Name: Last			First			Middle		
<input type="checkbox"/> Female		<input type="checkbox"/> Male		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 columns: Frequently, Sometimes, Never. Rows include: Gross and Fine Motor Development, Social and Emotional Development, Language and Literacy, Mathematical Thinking.



Parent or Guardian Questionnaire

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

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?



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

Table with 2 main columns: Program type (Montessori, Preschool, Daycare) and Days per week (1-5). Includes instruction 'Check all that apply'.

Teacher/Caregiver Checklist

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.

Checklist table with 5 columns: Fully Mastered, Almost Mastered, Emerging Skill, Not Yet Able. Rows include categories like Perceptual/Fine Motor Development, Social/Emotional Development, and Communication Development.



Preschool/Daycare Questionnaire

	Fully Mastered	Almost Mastered	Emerging Skill	Not Yet Able
Cognitive/Pre-Academic Development				
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.				
Adaptive Development				
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?
