



## Application for Early Entrance to 5-Year-Old Kindergarten

Please complete this application prior to May 1 if you feel your child would be a good candidate for early entrance. Return this application to the Gifted and Talented Coordinator located in the Administrative Services Center. In order to qualify, your child must:

- demonstrate academic achievement, social-emotional, and physical maturity appropriate for five-year-old kindergarten placement
- turn five years old between September 2 and September 30.

Child's Name			Birthdate
	Last    First    MI		__ / __ / __
Address			
	Street    City    State    Zip		
Parent/Guardian		Home Ph	Work Ph

### Preschool Experience

List the preschools, Head Start, and/or other programs attended (ex: church school, library time, etc.). Include the dates of attendance, phone number and the approximate number of hours per week attended.

Name of School/Program	Dates of Attendance	Phone Number	#Hours/Week

### Parent Checklist

The five broad developmental dimensions provide the framework for the kindergarten instructional program. This checklist will help in determining your child's readiness for our kindergarten program. Please read each statement and indicate your child's abilities as listed below by checking the appropriate column. Your responses will be used as part of the evaluation procedure.

Physical Well-Being and Motor Development	Frequent	Sometimes	None of the Time
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)			
<b>Personal and Social Development</b>			
Shows eagerness to learn (is curious, likes to investigate)			
Follows rules and routines (cleans up at play time)			
Handles change and transition (dinnertime to bedtime)			
Interacts easily with one or more children			
<b>Language and Literacy</b>			
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	Frequent	Sometimes	None of the Time
Can recognize numbers 0-20			
Can orally count forward to 30			
Can recognize, duplicate, and extend simple patterns(circle-triangle, circle-triangle, circle-triangle)			
Can recognize and describe attributes of shapes.			

### Parent Questionnaire

**Directions: Please answer each question below. If additional space is needed, please use the back of this form. Your responses will be used as part of the evaluation procedure.**

1. Why do you feel your child should be considered for early entrance to kindergarten?
  
2. What responsibilities does your child have at home?
  
3. How does your child respond when he/she tries but can't do something?
  
4. What types of reading activities does your child engage in at home?
  
5. What kinds of experiences has your child had with writing tools such as crayons, pencils and markers?

6. What does your child know about numbers, shapes, and patterns?
  
7. What are some of the things you do to help your child learn?
  
8. How does your child interact with other children? Please explain and consider whether or not your child shares, takes turns, and cooperates with peers.
  
9. Please provide any other information which you feel will be helpful in determining your child's readiness for school.

**PERMISSION FOR EVALUATION:**

I hereby give my permission to Racine Unified School District to evaluate my child to determine if he/she meets the requirements for early admission to Kindergarten.

I understand that in order to be considered for early admission, my child would have to demonstrate developmental readiness in fine motor, gross motor, overall cognitive abilities, and social/emotional development. This is to ensure that my child will be able to experience success in a Kindergarten class.

I give permission to gather information related to early admission from my child's current early childhood program.

In the event that initial placement in the program is approved, I understand that there will be a one-month trial placement. If after one month my child is not successful, I will be contacted by the classroom teacher and Gifted and Talented Coordinator to review placement.

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Parent Signature

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Date

**RETURN COMPLETED FORM PRIOR TO MAY 1 TO:**

**Halli Lannan**

**Assistant Director of Curriculum and Instruction**

**halli.lannan@rusd or (262) 631-7077**