



## Clear Fork Valley Schools Early Entrance to Kindergarten Application

Applicant's Name: \_\_\_\_\_ Date of birth: \_\_\_/\_\_\_/\_\_\_

Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Gender: Female \_\_\_ Male \_\_\_

With whom does the applicant live? \_\_\_\_\_ Relationship: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

Father's name: \_\_\_\_\_

phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_

Does your child receive preschool special education services? Yes \_\_\_ No \_\_\_

List the student's siblings:

Name of sibling	Age	Sex	Grade

List the preschools, Head Start, special education program, and/or other child care programs attended. Include the dates of attendance and the approximate number of hours per week attended.

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

By signing below, you are giving Clear Fork Valley Local Schools permission to evaluate your child to determine if he/she is eligible for early entrance to kindergarten.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

We seek to identify children who demonstrate a readiness for a full-day kindergarten program at this time. We gather and examine a variety of information from parents and teachers. We are aware that some children are very bright, but may not be developmentally ready for this program at this time. We want your child to be in an educational environment where he or she is comfortable and will thrive. When responding to the questions below, please mark how frequently your child exhibits the behavior. Space has been provided to give specific examples of behaviors that are often or almost always displayed.

1. My child is an avid reader or loves being read to. If they can read, please indicate what age they started reading and list some books or print your child is able to read.

Seldom                  Sometimes                  Often                  Almost Always

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2. My child uses advanced vocabulary, expresses himself/herself well.

Seldom                  Sometimes                  Often                  Almost Always

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3. My child retains a great deal of information

Seldom                  Sometimes                  Often                  Almost Always

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4. My child is a keen observer, gets more from a story, film or situation than others do.

Seldom                  Sometimes                  Often                  Almost Always

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5. My child sees relationships among unrelated ideas.

Seldom                  Sometimes                  Often                  Almost Always

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6. My child has a wide range of interests.

Seldom                  Sometimes                  Often                  Almost Always

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7. My child reasons things out for self, sees common sense answers.

Seldom                  Sometimes                  Often                  Almost Always

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8. My child shows rapid insight into "how" and "why" relationships.

Seldom                  Sometimes                  Often                  Almost Always

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9. My child is very inquisitive, curious.

Seldom                  Sometimes                  Often                  Almost Always

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10. My child has a keen sense of humor, finds humor where others don't see it.

Seldom            Sometimes            Often            Almost Always

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11. My child solves problems in a variety of ways - is often innovative.

Seldom            Sometimes            Often            Almost Always

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12. My child is a high risk-taker: impulsive, adventurous and speculative.

Seldom            Sometimes            Often            Almost Always

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13. My child is individualistic; likes to spend time alone.

Seldom            Sometimes            Often            Almost Always

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14. My child organizes and directs activities in which he/she is involved.

Seldom            Sometimes            Often            Almost Always

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15. My child is especially sensitive to others and to situations.

Seldom            Sometimes            Often            Almost Always

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17. My child likes to take advantage of enrichment activities.

Seldom            Sometimes            Often            Almost Always

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Social and Emotional Development

1. Is your child able to take care of his/her own personal belongings, such as:

- lunch     sweater     boots     coat     backpack     toys

Comments: \_\_\_\_\_

2. Can your child be left with a babysitter without making a big fuss?

- Yes     Most of the time     No

Comments: \_\_\_\_\_

3. Can your child be away from you for a whole day without becoming upset?

- Yes     Not at this time     Don't know yet

Comments: \_\_\_\_\_

4. How well does your child react when plans change?

- Becomes upset     cries easily     accepts change without becoming upset

Comments: \_\_\_\_\_

5. How well does your child change from:

	Easily	Not Very Easily	Not well at this time
One adult to another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One place to another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One task to another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Is your child able to easily share things such as:

	Yes, most of the time	Seldom	Not at this time
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pencils/Crayons/Paper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Is your child able to make friends easily?

- Yes, most of the time     Not at this time

Comments: \_\_\_\_\_

8. Does your child know how to take turns with other children?

- Yes, most of the time     Some of the time  
 At this time he/she has difficulty keeping friends

Comments: \_\_\_\_\_

9. Does your child seem to play well with other children?

- Yes, most of the time     Some of the time  
 At this time he/she has difficulty playing with other children

Comments: \_\_\_\_\_

10. Is your child able to "work" cooperatively with other children on a task?

- Yes, most of the time     Some of the time  
 At this time he/she has difficulty "working" cooperatively on a task with others

Comments: \_\_\_\_\_





# Clear Fork Valley Schools

## Early Entrance to Kindergarten Teacher Recommendation

Student's Name: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ School year you taught this student \_\_\_\_\_

School \_\_\_\_\_ Telephone number: ( ) \_\_\_\_\_

Parents have the right to see all information regarding their child. Please be as professionally accurate and honest with your feedback as possible.

### TO THE TEACHER:

The above-named student has applied for early entrance to kindergarten in Clear Fork Valley Local Schools. Clear Fork has established a process for identifying highly gifted children who are eligible for kindergarten prior to their fifth birthday. Please complete all sections of this form. Teacher recommendations must be submitted by the parent along with the application. Please place the recommendation in a sealed official school envelope with your signature across the seal and return it to the parent. If you have any questions, please do not hesitate to call Clear Fork Valley Local Schools at 419-886-3855. Thank you for your time and assistance.

### I. Academic Traits

*By check mark, please rank the applicant in the following categories in comparison with other students of the same age or grade level whom you have known or taught in your school. Additional narrative comments are encouraged.*

	Low	Average	High
Intellectual Aptitude			
Task Commitment			
Academic Motivation			
Intellectual Curiosity			
Imagination and Originality			

### II. Academic Checklist

Is this child able to consistently:

\_\_\_ Yes \_\_\_ No Identify rhyming words?

\_\_\_ Yes \_\_\_ No Identify the sound at the beginning of words?

\_\_\_ Yes \_\_\_ No Read phonetic words such as cat, top, etc.?

\_\_\_ Yes \_\_\_ No Read sight words such as are, they, etc.?

\_\_\_ Yes \_\_\_ No Read short books (not merely retell the story from memory?)

\_\_\_ Yes \_\_\_ No Write his or her first name legibly?

\_\_\_ Yes \_\_\_ No Count to 20?

\_\_\_\_ Yes \_\_\_\_ No Identify numerals 0-9 (out of sequence?)

\_\_\_\_ Yes \_\_\_\_ No Identify geometric shapes?

\_\_\_\_ Yes \_\_\_\_ No Count groups of objects to 10 accurately?

\_\_\_\_ Yes \_\_\_\_ No Solve simple addition problems?

\_\_\_\_ Yes \_\_\_\_ No Solve simple subtraction problems?

**III. Recommendations for this candidate to Early Entrance:**

\_\_\_\_ With great enthusiasm \_\_\_\_ With good confidence \_\_\_\_ With some confidence

\_\_\_\_ With reservation \_\_\_\_ I DO NOT recommend this candidate

NOTE: Please elaborate on a "do not recommend" and "recommend with reservation" recommendation.

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**IV. Narrative**

Please describe ways in which this child demonstrates that he or she is achieving one year above grade level or at an advanced level of proficiency.

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Please describe this student as a learner.

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Please describe this child's social interactions at school.

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We would appreciate any additional information that will help determine whether early entrance is a good match for this child.

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