Wayne Local Schools Early Entrance to Kindergarten Referral Form

Student Demographic Information

Name: _____ Gender: _____ Date of Birth: _____

Parent Name(s): _____ Cell: _____

Address: _____ Email: _____

Educational History (Please include copies of your child's progress reports)

Preschool/Day Care Facility: _____

Address: _____ Phone: _____

Months of Attendance: _____ Teacher: _____

Preschool/Day Care Facility: _____

Address: _____ Phone: _____

Months of Attendance: _____ Teacher: _____

Background Information

Do you know or suspect any problems with _____ vision or _____ hearing?

Does your child take any medication? _____

Does your child have any health problems? _____

Are there any specific home factors that may affect your child's performance in school? ____

_____

Has your child previously been administered any academic/cognitive assessments? __Yes __No

If yes, administered by: _____ on (date): _____

*Please attach copies of results

Please respond to the following questions:

1. What were some early childhood indicators that demonstrated your child was advanced for his/her age?

2. What characteristics have you recently observed that lead you to believe your child is ready for kindergarten?

3. How does your child approach a challenging task? Include an example.

4. How does your child relate to his/her age peers?

5. Describe your child's preferred playmates.

6. How does your child interact with adults (e.g., community members, strangers, neighbors)?

7. How does your child choose to spend his/her free time?

8. Does your child participate in any activities (e.g., dance, art, sports, music lessons, etc.)?

9. How does your child handle frustration?

10. Please provide any other information that you think is important for us to know about your child.

Consent for Early Entrance Evaluation

- I give permission for Wayne Local Schools to request information about my child from his/her preschool or daycare facility.
- I give permission for Wayne Local Schools to complete assessments by designated school personnel and understand that the results may be shared with teachers, principals, and other appropriate school personnel.
- I understand that the information collected from these assessments and observations will become part of the application for early entrance to kindergarten for my child. I further understand that my granting of consent is voluntary and I may revoke consent at any time.

Child's Name: _____ Date of Birth: _____

Parent Name(s): _____

Parent Signature(s): _____ Date: _____

RETURN COMPLETED REFERRAL/CONSENT TO:

Wayne Local Schools
Gifted Dept: Early Kindergarten
625 Dayton Road
Waynesville, OH 45068
Email: kboggs@waynelocal.net