



Snohomish School District No. 201
 1601 Avenue D
 Snohomish, WA 98290
 (360) 563-7257

Kindergarten Early Entrance Assessment Form

Form must be received by August 15. Parents/guardians will be notified by August 31.

To be completed by parent/guardian: (Give to examiner on the first day of evaluation.)

Student Name: _____ Birth Date: _____

Parent/Guardian Name: _____ Telephone: _____

Parent/Guardian Address: _____

Parent/Guardian Email: _____ School: _____



To be completed by examiner: (Examiner must return completed form to address above)

Examiner: _____ Profession: _____

Address: _____ Telephone: _____

Student must demonstrate above-average ability in each of the following areas (standard score of 115 or above in all testing areas). If the exam administered does not use standard scores, the student must pass the screening at the five-year, six-month level. Assessment is required in all areas listed.

Area Assessed	Standard Score	Test Administered (Please circle test used.) The listed tests are preferred.
Mental ability		1. Wechsler preschool primary scale of intelligence (3rd or 4th edition) 2. Differential ability scale (2nd edition) 3. Other:
Gross motor skills		1. Peabody developmental motor scales (2nd edition) 2. Vineland adaptive behavior scale (2nd edition, gross motor) 3. Other:
Fine motor skills		1. Beery test of visual motor integration (5th edition) 2. Vineland adaptive behavior scales (2nd edition, fine motor) 3. Other:
Visual discrimination		1. Test of visual-perceptual skills (5th edition) 2. Motor-free visual perception test (3rd edition) 3. Other:
Auditory discrimination		1. Test of auditory-perceptual skills (revised) 2. Test of language development-primary (4th ed., auditory discrimination) 3. Other:
Social/emotional development		1. Preschool and kindergarten behavior scale (2nd edition) 2. Other:
Language development		1. Wechsler preschool primary scale of intelligence (3rd or 4th edition) 2. Test of language development – primary 3. Other:

Examiner's Signature

Date

For District Use Only:

Verified: School DOB

Based on Scores: Approved Denied

Based on Space: Approved Denied by Principal _____

Comment:

Admitted: Not Admitted: to _____ Elementary school for the 2_ - 2_ school year.

Notified: Parent/Guardian _____

Completed by: _____

Signature of Executive Director
Teaching and Learning Services