



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

**First Grade Early Entrance Assessment Form**

**To be completed by parent/guardian:** (When completed give to Teaching and Learning Services.)

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

Parent/Guardian Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Parent Guardian Address: \_\_\_\_\_

Elementary School Service Area: \_\_\_\_\_

.....  
**To be Completed by Principal:** (Principal to return form to Teaching and Learning Services)

An official transcript for this student has been received: Yes \_\_\_\_\_ No \_\_\_\_\_

Letter from kindergarten teacher supports placement for first grade: Yes \_\_\_\_\_ No \_\_\_\_\_

(NOTE: Attach copies of documents referenced above to this form.)

Based on review of the transcript/letter from the kindergarten teacher,

I recommend \_\_\_\_\_ do not recommend \_\_\_\_\_ placement of this student in a thirty (30) day evaluation period.

\_\_\_\_\_  
 Signature of SSD Elementary Principal Date

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

.....  
**For District Use Only:**

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

Comment:

Notified: Parent/Guardian \_\_\_\_\_

Principal: \_\_\_\_\_

School Service Area Verified: \_\_\_\_\_

Completed By: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Executive Director

Teaching and Learning Services