



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 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 (3 rd or 4 th Edition) 2. Differential Ability Scale (2 nd Edition) 3. Other:
Gross Motor Skills		1. Peabody Developmental Motor Scales (2 nd Edition) 2. Vineland Adaptive Behavior Scale (2 nd Edition, Gross Motor) 3. Other:
Fine Motor Skills		1. Beery Test of Visual Motor Integration (5 th Edition) 2. Vineland Adaptive Behavior Scales (2 nd Edition, Fine Motor) 3. Other:
Visual Discrimination		1. Test of Visual-Perceptual Skills (5 th Edition) 2. Motor-Free Visual Perception Test (3 rd Edition) 3. Other:
Auditory Discrimination		1. Test of Auditory-Perceptual Skills (Revised) 2. Test of Language Development-Primary (4 th Ed., Auditory Discrimination) 3. Other:
Social/Emotional Development		1. Preschool and Kindergarten Behavior Scale (2 nd Edition) 2. Other:
Language Development		1. Wechsler Preschool Primary Scale of Intelligence (3 rd or 4 th 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 _____

Completed By: _____

Signature of Executive Director
Teaching and Learning Services