



**SNOHOMISH
SCHOOL
DISTRICT**

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 & Learning Services)

Student Name: _____ Birth Date: _____

Parent/Guardian Name: _____ Telephone: _____

Parent Guardian Address: _____

Elementary School Service Area: _____

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To be Completed by Principal: (Principal to return form to Teaching & 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: _____

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For District Use Only:

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

Comment: _____

Notified: Parent _____

Principal: _____

School Service Area Verified: _____

Completed By: _____

Signature of Executive Director
Teaching and Learning Services