



**Kindergarten Early Entrance Assessment Form**

**Form Must be Received by August 15<sup>th</sup>, Parents will be notified by August 31<sup>st</sup>**

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

Examiner's Signature \_\_\_\_\_

Date \_\_\_\_\_

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**For District Use Only:**

Admitted: \_\_\_\_\_ Not Admitted: \_\_\_\_\_ to \_\_\_\_\_ Elementary School for the 20\_\_- 20\_\_ school year.

Comment: \_\_\_\_\_

Notified: Parent \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Executive Director  
Teaching and Learning Services

School Verified: \_\_\_\_\_

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