

Coshocton City Schools

EARLY ENTRANCE TO KINDERGARTEN REFERRAL FORM

According to The Model Policy for Academic Acceleration (Section 3324.10 of HB 66) and the Coshocton City Schools Board Policy for Mandatory Kindergarten, the option of early entrance to kindergarten shall be available to all children demonstrating advanced academic ability beyond their same age mates.

General Information /Process:

Step 1. Complete this form and submit by August 1, to the Building Principal or the Gifted Coordinator, Muskingum Valley Educational Service Center

Step 2. Evaluation – Must have parent permission (page 2) to complete the following assessments.

- A. **Test of cognitive abilities** – Student will be individually tested using a nationally-normed standardized test from the approved list published by the Ohio Department of Education. Students exhibiting advanced intellectual and reasoning abilities should be considered for early entrance.
- B. **Kindergarten Entrance Screening** – Student readiness for kindergarten will be assessed. This will include an assessment of fine motor and social skills. (Kindergarten Screening will be conducted only after the testing results from Section A reveal scores in the advanced range.)

Step 3. Review of Assessment Items/Reason for Referral – Upon completion of the evaluation process, the results will be reviewed by the building principal, gifted coordinator and gifted intervention specialist. A school psychologist may also be asked to review the results and provided input.

Step 4. Parent/Guardian Conference – The review team listed in Step 3 will meet with the parent(s) or guardian to review assessment results and make final decision with regard to appropriate student placement.

Please Note: According to HB 66, for children who are not yet 5 by January 1, a referral is required from an educator within the district or a preschool teacher, pediatrician, or psychologist who is familiar with the child.

CHILD INFORMATION

NAME: _____ GENDER _____ AGE _____ GRADE _____

BUILDING _____

DATE OF BIRTH _____

PARENT/GUARDIAN NAME(S) _____

ADDRESS _____

DAYTIME PHONE _____ EVENING PHONE _____

CELL _____ E-mail _____

PERSON MAKING THE REFERRAL _____

RELATIONSHIP TO CHILD _____

SUPPLEMENTAL ITEMS (OPTIONAL)

Please list any items that will accompany this referral form such as examples of the child’s work/ability, any pre-school evaluations, etc. Be sure the child’s name is on all items.

Please Note: According to HB 66, for children who are not yet 5 by January 1, a referral is required from an educator within the district or a preschool teacher, pediatrician, or psychologist who is familiar with the child.

APPROVAL FOR EARLY ENTRANCE ASSESSMENT

Your child has been referred for Early Entrance into Kindergarten. Assessments are required to complete the process. One or more of the following assessments may be administered to your child.

Woodcock-Johnson III(WJIII), Tests of Cognitive Abilities, and/or Naglieri Nonverbal Ability Test (NNAT), Wechsler Preschool and Primary Scale of Intelligence™-Third Edition (WPPSI™-III), Wechsler Intelligence Scale for Children (WISC)-4th Edition, Stanford-Binet Intelligence Scales-5th Edition, Universal Nonverbal Intelligence Test(UNIT).

I understand that if I grant permission, my child may receive assessment(s) by designated school personnel and that the information may be shared with teachers, principals, and other appropriate school personnel. I will be informed of whether or not my child qualified for early entrance.

No assessment will be made without your permission. Please sign below to authorize assessment.

_____ Check here if student has been identified as needing testing modifications based on ESL, pre-school with disability, etc.

AUTHORIZATION

Signature of Parent or Guardian Required

Date

RETURN COMPLETED FORM BY AUGUST 1, TO: Building Principal or the Gifted Coordinator