



Riverside Local Schools Referral for Early Entrance Evaluation

Student Name: _____ DOB: _____

Parent/Guardian: _____

Address: _____

Phone: _____ Email: _____

Date of referral: _____ Person making referral: _____

Background

List the preschools, Head Start, special programs, and other day care programs attended. Include the teacher name(s), dates of attendance and phone number.

Name of School/Program	Teacher	Dates of Attendance	Phone Number

Why do you feel that your child would be ready for a kindergarten or first grade program?

Academics

Please describe the child's academic skills. Why do you think this child is academically ready to be advanced?

Social-Emotional Factors

Please describe the child's social skills with same-age peers and adults. Do you have any social or emotional concerns (e.g. attention span, frustration tolerance, conflict resolution, behavior)?



Kindergarten Readiness Checklist

The seven broad developmental dimensions provide the framework for the kindergarten instructional program. This checklist will help in determining your child's readiness for kindergarten. Please read each statement and indicate how you rate your child's abilities by checking the appropriate column (1, 2, 3).

1= Never 2= Sometimes 3= Often

Physical Well-Being & Motor Development	1	2	3
Performs self-help tasks independently (dressing, undressing, zipping, tying, toileting, eating)			
Uses eye/hand coordination to perform fine motor tasks (drawing, writing, and cutting)			
Uses balance and control to perform large motor tasks (walking, jumping and skipping)			
Personal & Social Development	1	2	3
Shows eagerness to learn (curious, likes to investigate)			
Follows rules and routines (cleans up at play time)			
Handles change and transition (dinnertime to bedtime)			
Interacts easily with one or more children			
Separates easily from parent			
The ability to listen (attend) for at least 10 minutes			
Language & Literacy	1	2	3
Listens for meaning in stories, discussions, and conversations			
Speaks clearly; able to share ideas and thoughts			
Can identify most letters (uppercase and lowercase)			
Can identify some beginning sounds			
Uses letters and words to write			
Mathematical Thinking	1	2	3
Can recognize numbers 0-20			
Can orally count forward to 20			
Can recognize, duplicate, and extend simple patterns (circle-triangle, circle-triangle, circle-triangle)			
Can recognize and duplicate basic shapes			
Scientific Thinking	1	2	3
Can describe and sort objects by one or more properties			
Uses the five senses to make observations about the natural world			

Social Studies	1	2	3
Recognizes self and other as having same and different characteristics			
Describes roles and responsibilities of people (Mom is a doctor, she helps sick people.)			
Recognizes the reasons for rules			
Art			
Likes to paint and draw			
Likes to sing and dance			
Can share ideas about a drawing/painting			
Can recognize basic colors			

Testing may be required for acceleration purposes (*always required for whole grade acceleration and early entrance*). Testing will be conducted by designated school personnel and the information may be shared with your child's teachers, principals and other appropriate school personnel. The school district will inform you if your child qualifies for acceleration. No testing will be conducted until written parental permission is received.

Signature: _____ **Date:** _____

Consent Form



**Riverside Local Schools
Permission for Evaluation
(gifted identification / acceleration)**

Student Name: _____ DOB: _____

Grade: _____ Teacher: _____ School: _____

Parent/Guardian: _____

Phone: _____ Email: _____

Address: _____

Date of referral: _____ Person making referral: _____

Type of Evaluation:

- Superior Cognitive Ability
- Specific Academic Area: Reading/Writing
- Early Entrance
- Whole Grade Acceleration
- Specific Academic Area: Mathematics

In giving my permission, I understand that any or all of the following may occur:

- Administration of assessments (e.g. cognitive, achievement, aptitude, and any other appropriate measures to determine appropriate placement)
- Review of relevant records
- Observation(s) of my child
- Interview with caregiver and/or parent/guardian

I understand that if I grant permission, my child will receive assessment(s) by designated school personnel and that their information may be shared, as required, with teachers, principals, and other appropriate school personnel. I also understand that no assessment will be given without my written permission.

_____ I give my permission to evaluate my child, _____, for gifted/acceleration.

_____ I **do not** give my permission to evaluate my child, _____, for gifted/acceleration.

Signature: _____ **Date:** _____

