

Applying for Early Entrance to Kindergarten

Students who turn 5 after the state deadline of September 1st of the kindergarten year, may be considered for accelerated placement in kindergarten. If you believe that your child may be a good candidate for early entrance, please obtain an information/application packet by visiting our web site: www.unit5.org or call the District Office at 309-557-4000 to pick up a packet.

- Once the application and background information has been completed, it must be returned to the Curriculum Office **no later than April 1st** in the year for which admission is being requested.
- Once an application has been received, parents will be notified to an appointment with the Building Principal and Acceleration Team to schedule assessments.
- The following conditions must be met before consideration is made:
 - Proof of birth date must be provided using an original certified birth certificate.
 - Proof of residency in Unit 5 must be provided.
 - Daycare/Preschool referral- use checklist attached and include any letters of recommendation
 - Referral for possible accelerated placement may be made by a parent/guardian or others: (may include preschool educator, pediatrician, or psychologist).

When the above conditions have been met, the following will be considered:

- MAP- Reading- scoring above a 152 RIT (80th percentile)
- MAP- Math- scoring above a 153 RIT (80th percentile)
- Fountas and Pinnell- Level A
- Additional screenings may be required by the school principal and the screening team

An Acceleration Team (which may include principal, kindergarten teacher, interventionist, psychologist, or LBS1) will conduct the assessments and collect any additional information that is needed. The team will convene with parents to review evaluation results and determine eligibility for the early entrance. Parents will be provided with a written notice of eligibility.

Timeline for Early Entrance to Kindergarten

April 1st Deadline for Early Entrance to Kindergarten applications

Return application to: Unit 5 District Office, 1809 W. Hovey, Normal, IL 61761

June 1st Deadline to complete assessment

***Note:** Deadline for written notification of outcome of the assessment process is 45 days after the submission of referral.

IMPORTANT

Qualifying for early entrance to kindergarten is dependent on the assessment process. Please make sure you proceed with childcare arrangements as a contingency. If you are selecting a Preschool program, please understand that those programs routinely fill up quickly. Please register your child as you normally would, but let the Preschool Office know that your child is being screened for early entrance to kindergarten.

Early Entrance to Kindergarten Application

RETURN COMPLETED FORMS TO:

Unit 5 District Office, 1809 W. Hovey, Normal, IL 61761

Please complete this application if you feel your child demonstrates high academic ability, and developmental maturity appropriate for kindergarten placement and should be considered for early placement.

| | | | |
|--|-------------------|------------------------------|----------------|
| PLEASE PRINT ALL INFORMATION | | | |
| Child's Name: _____ | | | |
| | Last | First | Middle Initial |
| Birth date: ____/____/____ | | ____ Male | ____ Female |
| Type of Acceleration Requested (CHECK ONE): | | | |
| ____ Early Entrance to Kindergarten (my child will be 5 before January 1) | | | |
| ____ Early Entrance to Kindergarten (my child will NOT be 5 before January 1) | | | |
| Home Address: _____ | | | |
| | Street | City | Zip |
| Day care or Preschool Name and Address: _____ | | | |
| | Name & Address | City | Zip |
| Custodial Parent/Guardian Name: _____ | | Relationship to Child: _____ | |
| Home Phone: _____ | Work Phone: _____ | Cell Phone: _____ | |
| Email: _____ | | | |

Preschool Experience Please attach preschool report card if available and list the nursery schools, Head Start, special programs, and other day care programs attended. Include the dates of attendance and the approximate number of hours per week attended.

| Name of School/Program | Dates of Attendance | Number of Hours/Week |
|------------------------|---------------------|----------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

PLEASE RESPOND TO THE FOLLOWING IMPORTANT QUESTIONS:

1. Is a second language regularly spoken in the home: ____ NO ____ YES

If YES, what language (s) _____

2. Does your student have an IEP or need assistive technology or other accommodations in order to be tested? ____ NO ____ YES

If YES, please specify _____

Please use this space to provide any additional information that you would like to include (continue on the reverse side of this form if necessary.)

Permission for review and assessment for Early Entrance

I, _____, hereby give

(Custodial Parent/Legal Guardian Name)

my permission for **the Unit 5 School District to respond to request for**

assessment for: _____ Date of Birth: _____

(Name of Child)

In giving my permission, I understand that any or all of the following may occur based on the timeline specified in the **Early Entrance** packet:

1. Review of relevant records (releases of information will be included)
2. Interviews with caregiver and/or parent/guardian
3. Observation(s) of my child
4. Assessment (e.g. curriculum-based, screening, and other appropriate measures to determine placement)

I further understand and agree that the information collected by the school district will then be reviewed by the team for the purpose of assessing my child as a candidate for Early Entrance.

PRINT NAME of Parent/Legal Guardian

SIGNATURE of Parent/Legal Guardian

Date

RETURN APPLICATION AND PERMISSION FOR REVIEW BY April 1ST to the Unit 5 District Office

Background Information

1. What were some early childhood indicators which demonstrated your child was advanced for his/her age?

2. Describe recently observed characteristics that indicate child is ready for kindergarten.

3. Does your child prefer to play with pre-packaged games or games he/she creates? Explain and/or give example(s).

4. How does your child approach a challenging task? Provide at least one example.

5. How does your child relate to his/her age peers?

6. Describe your child's preferred playmates.

7. How does your child interact with adults (i.e. community members, strangers, neighbors, and/or lesson instructors)

8. How does your child choose to spend his/her free time?

9. Does your child participate in any activities or lessons (i.e. dance, art, sports, music, etc.)? If so, please include description and any special awards or recognition received.

10. How does your child handle frustration?

11. What will Early Entrance to Kindergarten in Unit 5 Schools provide for your child?

12. Please provide any other information about your child, which you believe, is important for us to know.

Day Care/Preschool Referral

For each item, please mark the space for Not True, Somewhat True or Certainly True. Answer all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behavior over the last six months. **(Return to Building Principal)**

Child's name _____ Date of birth _____

| | Not true | Somewhat true | Certainly true |
|---|----------|---------------|----------------|
| Considerate of other people's feelings | | | |
| Restless, overactive, cannot stay still for long | | | |
| Often complains of headaches, stomachaches or sickness | | | |
| Shares readily with other children, for example toys, treats, pencils | | | |
| Often loses temper | | | |
| Rather solitary, prefers to play alone | | | |
| Generally well behaved, usually does what adults request | | | |
| Many worries or often seems worried | | | |
| Helpful if someone is hurt, upset or feeling ill | | | |
| Constantly fidgeting or squirming | | | |
| Has at least one good friend | | | |
| Often fights with other children or bullies them | | | |
| Often unhappy, depressed or tearful | | | |
| Generally liked by other children | | | |
| Easily distract, concentration wanders | | | |
| Nervous or clingy in new situations, easily loses confidence | | | |
| Kind to younger children | | | |
| Often argumentative with adults | | | |
| Picked on or bullied by other children | | | |

Signature _____ Date _____

Print Name _____

Day Care/Preschool _____