

**EARLY ENTRANCE PARENT REFERRAL AND CONSENT TO EVALUATE**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Attendance Area School \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Email address \_\_\_\_\_

Address \_\_\_\_\_

I am requesting that my child be evaluated for early entrance to kindergarten/1<sup>st</sup> grade for the \_\_\_\_\_ school year.

1. I understand that this referral does not guarantee my child an early entrance placement.
2. I understand my child must turn 5 between September 2 and October 1 and that my request must be received by October 1.
3. I understand the criteria for early entrance are as follows:
  - a. Speed Dial-4 developmental screener is administered – percentile score must be 90<sup>th</sup> percentile or higher.
  - b. If screener is passed at the 90<sup>th</sup> percentile, a district school psychologist will administer a norm-referenced intellectual assessment – full scale IQ score must be in the superior range.
4. If my child is recommended for early entrance, I understand the placement is provisional and that I must meet with the school team every two weeks for at least the first month after acceptance to ensure my child has made a smooth transition.
5. I understand that early entrance is designed for a child that is academically ready and socially mature when compared to others his or her age and that very few children qualify for early entrance to kindergarten.

I give my permission to begin the early entrance screening process and for KPBSD personnel to administer the Speed Dial-4 developmental screener, and if applicable, the norm-referenced intellectual assessment.

\_\_\_\_\_  
Printed Name\_\_\_\_\_  
Signature\_\_\_\_\_  
Relationship to child\_\_\_\_\_  
Date