

# Early Entrance to Kindergarten



*Guidance and Application for the  
2022-2023 School Year*

State of Ohio laws and Reynoldsburg policy require that a child entering Kindergarten be five years of age on or before August 1<sup>st</sup>.

Parents of children who will become five (5) years of age between August 2<sup>nd</sup> and before January 1<sup>st</sup> may request testing for early entrance to Kindergarten.

Parents of children who will become five (5) years of age after January 1<sup>st</sup> will be referred for early entrance testing at the discretion of the building Principal.

The techniques used to evaluate a child's readiness include tests designed to assess the degree of that child's physical, intellectual, social, and emotional maturity. Test scores alone will not determine the child's readiness for school, but rather a clinical evaluation that measures the balance or imbalance of the child's development and its relationship to his/her readiness for school.

## Procedures for Early Entrance

1. The parent / guardian must submit a written request to:

James Young, Coordinator of Gifted Services  
Fax: (614) 501-1050  
James.Young@reyn.org

2. An application packet will be provided to the parent by the District (see attached).
3. An individual evaluation of the child shall be initiated when the completed packet is returned. **Completed applications must be submitted by 4:00 PM on May 31 in order to be processed.** The packet is provided to both the building administrator and the School Psychologist. The evaluation should and will include the following:
  - Cognitive Assessment
  - Academic Achievement Assessment (Mathematics, Reading, Language)
  - Iowa Acceleration Scale
4. The Psychologist shall provide a written summary of the initial evaluation to the Building Principal and Gifted Coordinator who will schedule a conference with the parent to discuss the results and make recommendations.
5. The building team, including the Principal, Grade-Appropriate Teacher, School Psychologist, Gifted Services Coordinator, and parents shall meet to discuss the evaluation and make recommendations. The recommendation for advanced placement shall be based upon:
  - Formal application and applicable checklists
  - Recommendations from preschool personnel (if applicable)
  - Evaluation information
6. The Building Principal will provide the parent with a copy of the written summary of the evaluation and the team decision and/or recommendations for entrance or delay of entrance.
7. In the event that a child has been evaluated by a certified or licensed Psychologist outside of Reynoldsburg City Schools, the decision for acceptance of the student in the school program rests solely with Reynoldsburg City Schools.

## Early Entrance to First Grade

The procedures for consideration for placement at the traditional grade one level at an age less than six (6) years of age is the same as those listed for kindergarten, except that a mental age of eight years, 0 months or a corresponding IQ score, and developmental age scores of one (1) year greater than those required for early entrance to kindergarten.

## Transition to the Recommended Placement

### *Written Acceleration Plans*

Students qualifying for early entrance will be placed on a Written Acceleration Plan. Written Acceleration Plans (WAPs) are plans that detail the commitment by both the school and the parent / guardian to ensure that the student's transition to the new placement is successful, as well as steps to be taken by the parent / guardian or school if the student struggles to transition successfully to the new placement.

### *Transition Period*

Students qualifying for early entrance will be given a four (4) week transition period at the beginning of the school year where they will be carefully observed by the teacher. Following the four-week transition period, a conference will be scheduled to review progress with the parent and determine if the early entrance placement will be finalized.

**COMPLETED APPLICATIONS MUST BE SUBMITTED BY 4:00 PM ON MAY 31**

**Reynoldsburg City Schools**  
*Parent Application for Early Entrance to Kindergarten*

Name of child: \_\_\_\_\_  
Last Name First Name MI

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Month Day Year

Home Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

School to be attended: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Who has custody of the child: \_\_\_\_\_ Child Resides with: \_\_\_\_\_

Number of Siblings: \_\_\_\_\_ Age of Sibling(s): \_\_\_\_\_

Has the child had any preschool experience: Yes No Where/when? \_\_\_\_\_

Please state your intent for requesting the early entrance evaluation of your child:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain why you feel your child should be considered for early entrance to kindergarten:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I must return this form and the completed packet no later than May 31 prior to the start of the school year for which admission is desired in order for my child to be considered for early entrance to kindergarten.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

Attach two (2) recommendations from preschool teachers or other instructors to this application (included in the packet). These should not be completed by family members.

***Return Completed Packet no later than 4:00 PM on May 31 to:***

James Young, Coordinator of Gifted Services

Fax: (614) 501-1050

James.Young@reyn.org

**Early Entrance to Kindergarten**  
*Recommendation Form*

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The above-named child is applying for early entrance to kindergarten. You are being asked to recommend this child for consideration as an early entrance applicant.

How long have you known this child? \_\_\_\_\_

In what capacity do you know this child (e.g. preschool teacher, Sunday School teacher, daycare, etc.)?

\_\_\_\_\_  
\_\_\_\_\_

Please describe below the reasons you believe this child is ready for kindergarten:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name (Type or Print)

\_\_\_\_\_  
Business / Organization

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date

**Early Entrance to Kindergarten**  
*Recommendation Form*

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The above-named child is applying for early entrance to kindergarten. You are being asked to recommend this child for consideration as an early entrance applicant.

How long have you known this child? \_\_\_\_\_

In what capacity do you know this child (e.g. preschool teacher, Sunday School teacher, daycare, etc.)?

\_\_\_\_\_  
\_\_\_\_\_

Please describe below the reasons you believe this child is ready for kindergarten:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name (Type or Print)

\_\_\_\_\_  
Business / Organization

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date



## Skills Checklist for Ages 3 Through 5

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Person Completing Checklist: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Please rate each skill according to the follow rating scale:

1-----2-----3-----4-----5  
Always ----- Frequently----- Occasionally ----- Seldom----- Never

### *General Knowledge*

- 1 2 3 4 5 Matches colors
- 1 2 3 4 5 Points to colors when requested
- 1 2 3 4 5 Can name colors when adult points to them  
List colors your child can name: \_\_\_\_\_
- 1 2 3 4 5 Matches shapes (including:  circle  square  triangle  rectangle)
- 1 2 3 4 5 Points to shapes when requested (incl:  circle  square  triangle  rectangle)  
List other shapes known: \_\_\_\_\_
- 1 2 3 4 5 Can orally state:  First Name  Last Name  Age
- 1 2 3 4 5 Can recognize own printed name
- 1 2 3 4 5 Can name some letters: (including: \_\_\_\_\_)
- 1 2 3 4 5 Can rote count up to: \_\_\_\_\_
- 1 2 3 4 5 Can name some numerals: \_\_\_\_\_
- 1 2 3 4 5 Can point to body parts when asked  
How many body parts does your child know? \_\_\_\_\_

### *Self-Help Skills*

- 1 2 3 4 5 Uses bathroom without help, including washing hands and flushing
- 1 2 3 4 5 Eats with minimal assistance
- 1 2 3 4 5 Cleans up eating area
- 1 2 3 4 5 Can dress self
- 1 2 3 4 5 Puts shoes on correct feet
- 1 2 3 4 5 Puts on outdoor clothing
- 1 2 3 4 5 Takes off outdoor clothing
- 1 2 3 4 5 Zips coat
- 1 2 3 4 5 Snaps clothing
- 1 2 3 4 5 Keeps nose and hands clean, hair neat, adjusts clothing
- 1 2 3 4 5 Is aware of obvious dangers and avoids them
- 1 2 3 4 5 Locates own possession and returns them to appropriate place
- 1 2 3 4 5 Seeks out adult if hurt or injured

### *Social/Play/Behavioral Skills*

- 1 2 3 4 5 Plays and interacts with \_\_\_\_\_ (Number of) children
- 1 2 3 4 5 Separates from parents
- 1 2 3 4 5 Shares toys or work materials with peers
- 1 2 3 4 5 Takes turns in games
- 1 2 3 4 5 Does not fight with other children
- 1 2 3 4 5 Does not disturb or disrupt activities of others
- 1 2 3 4 5 Makes choices about preferred activities
- 1 2 3 4 5 Stops an activity when instructed by an adult

### *Social/Play/Behavioral Skills, continued*

- 1 2 3 4 5 Works on a task for: (circle one) 1 - 3 - 5 - 10 - 15 minutes
- 1 2 3 4 5 Stays in seat for about \_\_\_\_\_ (number of) minutes
- 1 2 3 4 5 Comes to adult when signaled
- 1 2 3 4 5 Can pay attention, wait turn and participate in small group of children
- 1 2 3 4 5 Plays pretend
- 1 2 3 4 5 Can wait quietly

### *Gross Motor Skills*

- 1 2 3 4 5 Balances on one foot for five seconds
- 1 2 3 4 5 Hops two hops on one foot
- 1 2 3 4 5 Gallops
- 1 2 3 4 5 Steers and pedals a tricycle
- 1 2 3 4 5 Can turn a somersault
- 1 2 3 4 5 Throws a ball over hand
- 1 2 3 4 5 Catches a bounced ball
- 1 2 3 4 5 Jumps over 6" object landing on both feet
- 1 2 3 4 5 Can jump from 12" landing on toes
- 1 2 3 4 5 Can walk on tiptoes three steps
- 1 2 3 4 5 Can walk a balance beam
- 1 2 3 4 5 Bends from waist to pick things up
- 1 2 3 4 5 Walks up/down steps alone with alternating feet

### *Fine / Visual Motor Skills*

- 1 2 3 4 5 Shows a hand preference
- 1 2 3 4 5 Grasps a pencil with fingers, not fist
- 1 2 3 4 5 Can copy a:  Circle  Horizontal line  Vertical line  Cross  Square
- 1 2 3 4 5 Can place small pegs in a pegboard
- 1 2 3 4 5 Can print capital letters
- 1 2 3 4 5 Can cut a line continuously
- 1 2 3 4 5 Can cut out simple shapes

### *Language Skills*

- 1 2 3 4 5 Follows directions with a location word. For example: "Put the ball under the table"
- 1 2 3 4 5 Follows direction with more than one step
- 1 2 3 4 5 Maintains interest in story books
- 1 2 3 4 5 Speaks in complete sentences
- 1 2 3 4 5 Number of words in a typical sentence \_\_\_\_\_
- 1 2 3 4 5 Uses plural "S" on words
- 1 2 3 4 5 Adds "-ing" to verbs
- 1 2 3 4 5 Can talk about something that happened in the past
- 1 2 3 4 5 Uses past tense (walked)
- 1 2 3 4 5 Can give answers to questions like "What do you do when you're sleepy?"
- 1 2 3 4 5 Uses is, are, and am in sentences
- 1 2 3 4 5 Uses contractions like don't and can't
- 1 2 3 4 5 Uses pronouns like he, she, I, you, me, and mine
- 1 2 3 4 5 Can identify and name common objects and pictures
- 1 2 3 4 5 Relates experiences, ideas, and feelings to others
- 1 2 3 4 5 Speaks clearly enough that an outsider can understand
- 1 2 3 4 5 Uses words that tell location (in., out, on, under, etc.)
- 1 2 3 4 5 Can tell the functions of common objects ("Ride in a car", "Eat with a spoon", etc.)