



Application for Early Entrance Kindergarten or 1st Grade Program

CCS form deadline: May 15, 2021

Please complete this application if you feel that your child demonstrates academic achievement, social, emotional, and physical maturity appropriate for kindergarten or 1st grade placement, and should be considered for early placement in school and has a birth date that occurs October 1 or later. A signature from a pediatrician, psychologist, or licensed educator familiar with the child required if birthday is January 1 or later. Please return completed form to the Gifted and Talented Division, 3700 S. High St., Columbus, OH 43207 by May 15, 2021.

Early Entrance Requested to: Kindergarten (child will be 5 after Sept. 30) 1st Grade (child will be 6 after Sept. 30)

Child's Name _____ Birthdate ____/____/____
Last First MI

Address _____ Gender: Male Female
Street City State Zip Code

Phone _____ Home School _____

Preschool Experience

List the preschools, Head Start, special education program, and/or other child care programs attended. Include the dates and attendance and the approximate number of hours per week attended.

Name of School/Program	Dates of Attendance	# Hours/Week
_____	____/____/____ - ____/____/____	_____
_____	____/____/____ - ____/____/____	_____
_____	____/____/____ - ____/____/____	_____
_____	____/____/____ - ____/____/____	_____

Please complete the following checklist and questionnaire.

Parent Checklist

The seven broad developmental dimensions provide the framework for the kindergarten instructional program. The checklist will help in determining your child's readiness for our kindergarten program. Please read each statement and indicate your child's abilities as listed below by checking the appropriate column.

	Frequently	Sometimes	None of the Time
Physical Well-Being and Motor Development			
Performs self-help tasks independently (dressing, undressing, zipping, tying, and toileting).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses eye/hand coordination to perform fine motor tasks (drawing, writing and cutting).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses balance and control to perform large motor tasks (walking, jumping, and skipping).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal and Social Development			
Shows eagerness to learn (is curious, like to investigate).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows rules and routines (cleans up at play time).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handles change and transition (dinner time to bedtime).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacts easily with one or more children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continued on page 2

Appeals: Must be made in writing (please state reason and any additional information) within 30 days of the date of this decision to: Executive Director, Office of Teaching & Learning, Columbus City Schools, 3700 S. High St., Columbus, Ohio 43207.

Parent Checklist (continued)

Language and Literacy	Frequently	Sometimes	None of the Time
Listens for meaning in stories, discussions, and conversations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks clearly, to share ideas and thoughts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can identify letters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can identify beginning sounds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses letters and words to write.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes name.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematical Thinking			
Can recognize numbers 0-20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can orally count forward to 30.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can recognize, duplicate, and extend simple patterns (circle-triangle, circle-triangle, circle-triangle).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can recognize and describe attributes of shapes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scientific Thinking			
Uses a magnifying glass to look at different objects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies, describes, and compares properties of objects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describes characteristics and basic needs of living things (food, water, shelter).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Studies			
Recognizes self and others as having same and different characteristics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describes roles and responsibilities of people. (Firefighters put out fires).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes the reasons for rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Arts			
Likes to paint and draw.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Likes to sing and dance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can share ideas about a drawing/painting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parent Questionnaire

Directions: Please answer each question below. If additional space is needed, use the back of this form.

1. Why do you feel your child should be considered for early entrance to school?

2. How long does your child maintain interest in a play activity or game at a given time? _____

Parent Checklist (continued from page 2)

3. What responsibilities does your child have at home? What do you do when your child does not follow through?

4. How does your child respond when he/she tries, but cannot do something?

5. What types of reading activities does your child engage in at home?

6. What kinds of experiences has your child had with writing tools, such as crayons, pencils, and markers?

7. What does your child know about numbers, shapes, and patterns?

8. How does your child handle transitions and new situations?

9. How does your child interact with other children? Please explain and consider whether or not your child shares, takes turns, and cooperates with peers?

Early Entrance Teacher Checklist – To Be Completed by a Preschool Teacher Familiar with Child

Student Name: _____ Date of Birth: _____

A request has been made by parent/legal guardians for the above named student to be considered for early entrance admission to Kindergarten or 1st Grade. As the child's current early childhood education teacher or service provider, we are requesting your assistance with this checklist.

The web link to the Ohio Department of Education's learning standards outlines the grade level indicators and benchmarks of skills expected of all kindergarteners in Ohio. *Please evaluate the above named student based on the criteria presented in the link below:*

<http://education.ohio.gov/Topics/Learning-in-Ohio/OLS-Graphic-Sections/Learning-Standards>

Evaluator: *Teacher*, *Service Provider*, *Other*: _____)

PLEASE CHECK PERFORMANCE LEVEL IN EACH AREA

Kindergarten Academic Content Areas:

	Mastered Skills (90%+ accuracy)	Working on Mastery Skills (75% to 90%)	Instructional Phase Skills (50% to 75)	Not Introduced or Observed Skill(s)	
(Language Arts)					
Reading Standards for Literature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reading Standards for Informal Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Foundational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Speaking and Listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(Mathematics)					
Counting and Cardinality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Operations and Algebraic Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Number and Operations Base Ten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Measurement Data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Geometry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(Science)					
Earth and Space Sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Life Sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physical Sciences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(Social Studies)					
History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Geography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Economics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Please rate this child's performance in relation to his/her current peer group.	Top 5%	Top 10%	Top 25%	Upper Half	Lower Half
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Person Completing Form X _____ Date _____

School Affiliation: _____

Additional considerations:

As a parent/guardian, I understand that a child's success in school depends on support at home. I am able to give my child additional support to help in his/her transition to a new setting with much higher academic demands than he/she encountered in preschool.

My child:

- Is enthusiastic about going to kindergarten;
- Enjoys learning new information or skills;
- Is curious about many things and asks questions often;
- Concentrates on certain activities much longer than other children his/her age;
- Reads (and understands text) in picture books or chapter books;
- Figures out math-related problems better than other children his/her age;
- Due to social/emotional concerns for the child or family, acceleration may not be advisable if:
 - Has one or more older siblings in the grade in which he/she will be placed if admitted by early entrance;
 - Often did not want to attend preschool or missed preschool often because of illness or family issues.

Parent Referral (REQUIRED for all children)

I believe that my child exhibits a number of the characteristics listed above that indicate he/she might benefit by entering the grades K-12 program. I have reviewed the considerations above and do not feel they would negatively impact my child's success in school. I request evaluation for my child for possible early entrance to school.

Parent/Guardian _____ X _____
Please print Signature Date

- **Is English your child's first language?** Yes No
If "No", what is your child's primary home language? _____
- **Is an interpreter required for this evaluation?** Yes No

Professional Referral (REQUIRED if child's birthday is January 1 or later)

I believe that the referred child exhibits a number of the characteristics listed above that indicate he/she might benefit by entering the grades K-12 program. I have reviewed the considerations above and do not feel they would negatively impact the child's success in school. I request evaluation for this child for possible early entrance to school.

Professional's Name _____ X _____
Please print Signature Date

Pediatrician Psychologist Licensed Educator **State License #** _____

Practice/School _____

The referral request will be processed, and parents will receive the final determination for early entrance within 60 days from the date the referral is received.

Appointments not kept, or "no shows" will not be rescheduled - Spring screenings begin June 7-8, 2021.

School Representative Receiving Referral _____

Elementary School _____

For Office Use Only: Date Received ___/___/___ Initials of Receiver _____ Date of Appointment ___/___/___
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Return completed form to the Gifted and Talented Office, 3300 S. High St., Columbus, OH 43207 by May 15, 2021.

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