# Application for Early Entrance to Kindergarten Program
## Parent Questionnaire

Please complete this application if you would like your child to be considered for early placement in kindergarten. To be eligible for early entrance, the child must demonstrate above-level behaviors in the following areas: academic achievement, social, emotional and physical maturity.

Child's Name (please print) Date of BirthGender

Address City, State and Zip

Parent/Guardian Name Telephone Number

Home School: ❑ Tioga Elementary ❑ WA Johnson Elementary

### Preschool Experience

List the preschools and/or other child care programs attended. Include the dates of attendance and the approximate number of hours per week attended.

| Name of School/Program | Dates of Attendance | # Hours/Week |
|---|---|---|
| | | |
| | | |

### Parent Checklist

This 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 | Never |
|---|---|---|---|
| **Physical Well — Being and Motor Development** | | | |
| Performs self-help tasks independently (dressing, zipping and tying). | | | |
| 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 and Social Development** | | | |
| Shows eagerness to learn (is curious, likes to investigate). | | | |
| Follows rules and routines (cleans up at play time). | | | |
| Handles change and transition (dinner time to bedtime). | | | |
| Interacts easily with one or more children. | | | |
| **Language and Literacy** | | | |
| Listens for meaning in stories, discussions and conversations. | | | |
| Speaks clearly to share ideas and thoughts. | | | |
| Can identify letters. | | | |
| Can identify beginning sounds. | | | |
| Uses letters and words to write. | | | |
| Writes name. | | | |

## Parent Checklist (continued)

| | Frequently | Sometimes | Never |
|---|---|---|---|
| **Mathematical Thinking**<br>Can recognize numbers 0-20. | | | |
| Can orally count forward to 30. | | | |
| Can recognize, duplicate, and extend simple patterns (circle-triangle, circle-triangle, circle-triangle). | | | |
| Can recognize and describe attributes of shapes.<br>**Scientific Thinking**<br>Uses a magnifying glass to look at different objects. | | | |
| Identifies, describes and compares properties of objects. | | | |
| Describes characteristics and basic needs of living things (food, water, shelter).<br>**Social Studies**<br>Recognizes self and others as having same and different characteristics. | | | |
| Describes roles and responsibilities of people (firefighters put out fire). | | | |
| Recognizes the reasons for rules.<br>**The Arts**<br>Likes to paint and draw. | | | |
| Likes to sing and dance. | | | |
| Can share ideas about a drawing/painting. | | | |

## Parent Questionnaire

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 into kindergarten?

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

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

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

| |
|---|
| 5. What does your child know about numbers, shapes and patterns? |
| 6. What types of reading activities does your child engage in at home? |
| 7. What kinds of experiences has your child had with writing and writing tools? |
| 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. |
| 10. What experiences has your child had that have required separating from you? |

Please return this completed form to: Bensenville School District 2, Teaching & Learning Dept., 210 S. Church Road, Bensenville, IL 60106 or to the Building Principal

For Office Use Only:Date Received: _____ Date of Appointment: _____