Application for Early Entrance

Transitional Kindergarten Program

San Leandro Unified School District

2014

PARENT/GUARDIAN QUESTIONNAIRE

Please complete this application if you would like your child to be considered for early placement in to kindergarten. **To be eligible for early entrance, your child must be 5 years old between 12/3/2014 and 02/28/2015** and demonstrate above-level behaviors in the following areas: academic achievement, social, emotional and physical maturity.

Child's Name _____ Birth Date _____
Last First

Address _____
Street City State Zip Code

Gender: _____ Home School _____

Parent/Guardian Name: _____ Phone: _____

Preschool Experience

List the preschools and/or other childcare 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

Does your child currently have an IEP or 504 plan? Yes [ ] No [ ]. If the answer is "yes," please enclose a copy of the IEP or 504 plan with your application.

Parent/Guardian Checklist

Please read each statement and indicate your child's abilities as listed below by checking the appropriate column. This checklist will help you determine if your child is ready for our Kindergarten program.

	Frequently	Sometimes	Rarely	Never
Physical Well – Being and Motor Development				
Performs self-help tasks independently (dressing, zipping and tying).				
Performs fine motor tasks (drawing, writing and cutting with scissors).				
Performs large motor tasks (can jump, skip, throw)				
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).				

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Interacts easily with one or more children.				
Is able to sit and remain focused to complete a task.				
Takes turns easily.				

Parent Checklist Continued	**Frequently**	**Sometimes**	**Rarely**	**Never**
Language and Literacy				
Listens for meaning in stories, discussions and conversations.				
Identifies characters, setting, and main events in a story.				
Can identify uppercase and lowercase letters.				
Can identify and produce beginning sounds.				
Can match sounds to corresponding letters.				
Can read simple words.				
Can sing songs or retell a poem or chant.				
Uses some letters and words to write.				
Writes name.				
Mathematical Thinking				
Can recognize and sequence numbers 0-30.				
Can orally count to 30.				
Can count objects to 30.				
Can recognize and describe some shapes.				
Can recognize, duplicate, and extend simple patterns (circle-triangle, circle-triangle, circle-triangle).				
Scientific Thinking				
Makes observations using 5 senses (I see, I smell, I hear etc.				
Categorizes animals into groups that move by hopping, running, flying, swimming, etc.				
Describes characteristics and basic needs of living things (A dog needs water, A bird builds a nest.)				
Social Studies				
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.				
The Arts				
Likes to paint and draw.				
Likes to sing and dance to music.				
Can share ideas about a drawing/painting, act out a story.				

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?

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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 and writing activities does your child engage in at home?
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?

SIGNATURE: _____ **DATE:** _____
Parent/Guardian

***Special Note*:** To be given consideration, please;
☐ Return completed questionnaire
☐ Attach a birth certificate

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☐ Send these items *by May 1st* to: _____

San Leandro Unified School District policy prohibits discrimination on the basis of disability. No qualified student will be denied early entrance to [kindergarten/transitional kindergarten] because of an actual or perceived disability. If you have any questions about the San Leandro Unified School District's anti-discrimination policies, please contact Student Services at (510) 667-6427.

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