

What to expect on the day of assessment...

Students will be expected to complete the classroom experience and assessments independently.

Students will be assessed by a district psychologist and classroom teachers. Assessments include formal, standardized assessment of cognitive, social and developmental skills as well as informal observations.

A parent meeting will be held shortly after the children have settled into the classroom, and will provide timeline information for Early Entrance results. Parents will also have a chance to ask questions!



The mission of the Granite Falls School District is to inspire and facilitate a passion for life-long learning and the pursuit of excellence in every student, every day.



Kindergarten Early Entrance

Parents of Kindergarten Early Entrance Applicants:

Granite Falls School District welcomes all children who will be five years of age on or before August 31 to register for All Day Kindergarten. School board policy also allows for an assessment opportunity for children who will be age five between September 1 and October 15. Students who meet the minimum criteria for these assessments will be granted early admission to Kindergarten.

Completed applications for Early Entrance must be complete and submitted no later than July 31.

Send by mail or hand deliver to:

*Granite Falls School District
205 N. Alder Avenue
Granite Falls, WA 98252*

The assessment date for Early Entrance assessments is in **August from 9 am to 12 am at Mountain Way Elementary** located at 702 N. Granite Avenue. The assessment will measure cognitive and social development as well as provide children with a half day classroom experience. This is the only assessment opportunity provided (students who are unable to attend will not be considered for Early Entrance). A brief informational parent meeting will also be held beginning at 9:15 am.

Items required for a complete application due July 31:

- Copy of birth certificate
- Completed application
- "Consent to Share Information with Other Programs"

Due at time of assessment:

- Two completed rating scales (parent and preschool)
- Assessment fee of \$200 (\$100 partial fee waiver for income eligible families)

Child's Name: _____

Gender: Male Female Birth date: _____

Child's Address: _____

City: _____ Zip: _____

Neighborhood Elementary School: _____

Preschool attended: _____

Primary language spoken by child:

English Spanish Russian Other: _____

Primary language spoken by family:

English Spanish Russian Other: _____

Parent/Guardian Name: _____

Address (if different from child): _____

City: _____ Zip: _____

Current email address: _____

Phone: _____ / _____

Home

Cell

I grant permission for staff members of Granite Falls School District to assess my child, _____ to determine eligibility for Early Entrance to Kindergarten.
(Please Print)

I understand that this assessment process may include tests of oral language development, visual motor development, cognitive development and social-emotional development.

Parent /Legal Guardian Signature: _____

Relationship to child: _____ Date: _____

Parent /Legal Guardian Signature: _____

Relationship to child: _____ Date: _____

NOTE: If the parents are divorced and have been awarded joint decision making for education decisions regarding the child, **both** parents must sign.

1. Would you like to request a partial fee waiver based on federal requirements of yearly income? Yes No

If you answered "Yes" to the above question, please provide the following information:

2. Do you have other children in the Granite Falls School District receiving free or reduced price meals? Yes No

If you answered "Yes" to item number 2, please complete the form titled "**Consent to Share Information with Other Programs.**" (This form is included in the application packet.)

If you answered "No" to item number 2, please provide information for item numbers 3, 4, and 5.

3. Total Household Size (number of persons): _____

4. Total Household Income: \$ _____

5. Household Income Received (check one):
 weekly every two weeks twice monthly annually

Parental Release of Information Form

CONSENT TO SHARE CHILD NUTRITION PROGRAM ELIGIBILITY INFORMATION

If you qualify for free or reduce-price meals you may be eligible for decreased fees to participate in other school programs. Submitting/not submitting this form will not affect your child's eligibility for free or reduce price meals. Please complete the following chart and sign below. This form authorizes eligibility status to be shared with the Early Entrance to Kindergarten program, for each child indicated.

School Year: _____ - _____

| | | |
|-----------------------------|---------------------------------------|---|
| Child's Name: | | |
| Check to participate | Title of school program | How the shared information will be used |
| ✓ | <i>Early Entrance to Kindergarten</i> | <i>To reduce the District conducted Early Entrance assessment fee</i> |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| Child's Name: | | |
| Check to participate | Title of school program | How the shared information will be used |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| Child's Name: | | |
| Check to participate | Title of school program | How the shared information will be used |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| Child's Name: | | |
| Check to participate | Title of school program | How the shared information will be used |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |
| <input type="checkbox"/> | | |

Signature of Parent/Guardian: _____ Date: _____

E-Mail Address: _____ Phone: _____

USDA is an equal opportunity provider and employer.



Ages & Stages Questionnaires®

60 Month Questionnaire

57 months 0 days through 66 months 0 days



Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed:

Child's information

Child's first name: _____ Middle initial: _____ Child's last name: _____

Child's date of birth: _____ Child's gender: Male Female

Person filling out questionnaire

First name: _____ Middle initial: _____ Last name: _____

Street address: _____ Relationship to child: Parent Guardian Teacher Child care provider Grandparent or other relative Foster parent Other: _____

City: _____ State/Province: _____ ZIP/Postal code: _____

Country: _____ Home telephone number: _____ Other telephone number: _____

E-mail address: _____

Names of people assisting in questionnaire completion: _____

PROGRAM INFORMATION

Child ID #: _____
Program ID #: _____
Program name: _____



60 Month Questionnaire

57 months 0 days
through 66 months 0 days

On the following pages are questions about activities children may do. Your child may have already done some of the activities described here, and there may be some your child has not begun doing yet. For each item, please fill in the circle that indicates whether your child is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

Notes:

- Try each activity with your child before marking a response.
- Make completing this questionnaire a game that is fun for you and your child.
- Make sure your child is rested and fed.
- Please return this questionnaire by _____.

COMMUNICATION

| | YES | SOMETIMES | NOT YET | _____ |
|---|-----------------------|-----------------------|-----------------------|-------|
| 1. Without your giving help by pointing or repeating directions, does your child follow three directions that are <i>unrelated</i> to one another? Give all three directions before your child starts. For example, you may ask your child, "Clap your hands, walk to the door, and sit down," or "Give me the pen, open the book, and stand up." | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| 2. Does your child use four- and five-word sentences? For example, does your child say, "I want the car"? Please write an example: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| 3. When talking about something that already happened, does your child use words that end in "-ed," such as "walked," "jumped," or "played"? Ask your child questions, such as "How did you get to the store?" ("We walked.") "What did you do at your friend's house?" ("We played.") Please write an example: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| 4. Does your child use comparison words, such as "heavier," "stronger," or "shorter"? Ask your child questions, such as "A car is big, but a bus is _____" (bigger); "A cat is heavy, but a man is _____" (heavier); "A TV is small, but a book is _____" (smaller). Please write an example: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |

COMMUNICATION

(continued)

YES SOMETIMES NOT YET

5. Does your child answer the following questions? (Mark "sometimes" if your child answers only one question.)

"What do you do when you are hungry?" (Acceptable answers include "get food," "eat," "ask for something to eat," and "have a snack.")

Please write your child's response:

"What do you do when you are tired?" (Acceptable answers include: "take a nap," "rest," "go to sleep," "go to bed," "lie down," and "sit down.") Please write your child's response:

6. Does your child repeat the sentences shown below back to you, without any mistakes? (Read the sentences one at a time. You may repeat each sentence one time. Mark "yes" if your child repeats both sentences without mistakes or "sometimes" if your child repeats one sentence without mistakes.)

Jane hides her shoes for Maria to find.

Al read the blue book under his bed.

COMMUNICATION TOTAL

GROSS MOTOR

YES SOMETIMES NOT YET

1. While standing, does your child throw a ball overhand in the direction of a person standing at least 6 feet away? To throw overhand, your child must raise his arm to shoulder height and throw the ball forward. (Dropping the ball or throwing the ball underhand should be scored as "not yet.")



2. Does your child catch a large ball with both hands? (You should stand about 5 feet away and give your child two or three tries before you mark the answer.)



3. Without holding onto anything, does your child stand on one foot for at least 5 seconds without losing her balance and putting her foot down? (You may give your child two or three tries before you mark the answer.)




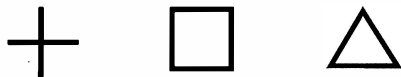
GROSS MOTOR (continued)

- | | YES | SOMETIMES | NOT YET | |
|---|-----------------------|-----------------------|-----------------------|-------|
| 4. Does your child walk on his tiptoes for 15 feet (about the length of a large car)? (You may show him how to do this.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| 5. Does your child hop forward on one foot for a distance of 4–6 feet without putting down the other foot? (You may give her two tries on each foot. Mark "sometimes" if she can hop on one foot only.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| 6. Does your child skip using alternating feet? (You may show him how to do this.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |

GROSS MOTOR TOTAL _____

FINE MOTOR

- | | YES | SOMETIMES | NOT YET | |
|--|-----------------------|-----------------------|-----------------------|-------|
| 1. Ask your child to trace on the line below with a pencil. Does your child trace on the line without going off the line more than two times? (Mark "sometimes" if your child goes off the line three times.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| _____ | | | | |
| 2. Ask your child to draw a picture of a person on a blank sheet of paper. You may ask your child, "Draw a picture of a girl or a boy." If your child draws a person with head, body, arms, and legs, mark "yes." If your child draws a person with only three parts (head, body, arms, or legs), mark "sometimes." If your child draws a person with two or fewer parts (head, body, arms, or legs), mark "not yet." Be sure to include the sheet of paper with your child's drawing with this questionnaire. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| 3. Draw a line across a piece of paper. Using child-safe scissors, does your child cut the paper in half on a more or less straight line, making the blades go up and down? (Carefully watch your child's use of scissors for safety reasons.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
|  | | | | |
| 4. Using the shapes below to look at, does your child copy the shapes in the space below without tracing? (Your child's drawings should look similar to the design of the shapes below, but they may be different in size. Mark "yes" if she copies all three shapes; mark "sometimes" if your child copies two shapes.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |



(Space for child's shapes)

FINE MOTOR (continued)

YES SOMETIMES NOT YET _____

5. Using the letters below to look at, does your child copy the letters without tracing? Cover up all of the letters except the letter being copied. (Mark "yes" if your child copies four of the letters and you can read them. Mark "sometimes" if your child copies two or three letters and you can read them.)

V H T C A

(Space for child's letters)

6. Print your child's first name. Can your child copy the letters? The letters may be large, backward, or reversed. (Mark "sometimes" if your child copies about half of the letters.)

(Space for adult's printing)

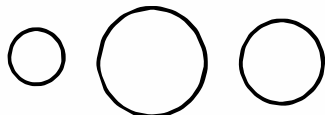
(Space for child's printing)

FINE MOTOR TOTAL _____

PROBLEM SOLVING

YES SOMETIMES NOT YET _____

1. When asked, "Which circle is smallest?" does your child point to the smallest circle? (Ask this question without providing help by pointing, gesturing, or looking at the smallest circle.)



2. When shown objects and asked, "What color is this?" does your child name five different colors like red, blue, yellow, orange, black, white, or pink? (Mark "yes" only if your child answers the question correctly using five colors.)

PROBLEM SOLVING (continued)

- | | YES | SOMETIMES | NOT YET | |
|---|-----------------------|-----------------------|-----------------------|-------|
| 3. Does your child count up to 15 without making mistakes? If so, mark "yes." If your child counts to 12 without making mistakes, mark "sometimes." | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| 4. Does your child finish the following sentences using a word that means the opposite of the word that is italicized? For example: "A rock is <i>hard</i> , and a pillow is <i>soft</i> ." | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |

Please write your child's responses below:

A cow is *big*, and a mouse is _____

Ice is *cold*, and fire is _____

We see stars at *night*, and we see the sun during the _____

When I throw the ball *up*, it comes _____

(Mark "yes" if he finishes three of four sentences correctly. Mark "sometimes" if he finishes two of four sentences correctly.)

- | | | | | |
|---|-----------------------|-----------------------|-----------------------|-------|
| 5. Does your child know the names of numbers? (Mark "yes" if she identifies the three numbers below. Mark "sometimes" if she identifies two numbers.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
|---|-----------------------|-----------------------|-----------------------|-------|

3 1 2

- | | | | | |
|--|-----------------------|-----------------------|-----------------------|-------|
| 6. Does your child name at least four letters in her name? Point to the letters and ask, "What letter is this?" (Point to the letters out of order.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
|--|-----------------------|-----------------------|-----------------------|-------|

PROBLEM SOLVING TOTAL _____

PERSONAL-SOCIAL

- | | YES | SOMETIMES | NOT YET | |
|--|-----------------------|-----------------------|-----------------------|-------|
| 1. Can your child serve himself, taking food from one container to another, using utensils? For example, does your child use a large spoon to scoop applesauce from a jar into a bowl? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| 2. Does your child wash her hands and face using soap and water and dry off with a towel without help? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | _____ |
| 3. Does your child tell you at least four of the following? Please mark the items your child knows. | | | | _____ |
| <input type="radio"/> a. First name | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| <input type="radio"/> b. Age | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| <input type="radio"/> c. City he lives in | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| <input type="radio"/> d. Last name | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| <input type="radio"/> e. Boy or girl | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| <input type="radio"/> f. Telephone number | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |

PERSONAL-SOCIAL (continued)

| | YES | SOMETIMES | NOT YET | |
|---|-----------------------|-----------------------|-----------------------|---|
| 4. Does your child dress and undress himself, including buttoning medium-size buttons and zipping front zippers? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 5. Does your child use the toilet by herself? (<i>She goes to the bathroom, sits on the toilet, wipes, and flushes.</i>) Mark "yes" even if she does this after you remind her. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| 6. Does your child usually take turns and share with other children? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | — |
| | PERSONAL-SOCIAL TOTAL | | | — |

OVERALL

Parents and providers may use the space below for additional comments.

1. Do you think your child hears well? If no, explain: YES NO

2. Do you think your child talks like other children her age? If no, explain: YES NO

3. Can you understand most of what your child says? If no, explain: YES NO

4. Can other people understand most of what your child says? If no, explain: YES NO

OVERALL (continued)

5. Do you think your child walks, runs, and climbs like other children his age?
If no, explain: YES NO
6. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain: YES NO
7. Do you have any concerns about your child's vision? If yes, explain: YES NO
8. Has your child had any medical problems in the last several months? If yes, explain: YES NO
9. Do you have any concerns about your child's behavior? If yes, explain: YES NO
10. Does anything about your child worry you? If yes, explain: YES NO