

Gahanna-Jefferson Public Schools
EARLY ENTRANCE TO KINDERGARTEN APPLICATION

Child's Name: _____ Parent's Name _____
Address: _____ City _____
Zip Code: _____ Phone: _____ School of Residency: _____
Child's Date of Birth: _____ Gender: _____ Date of Application: _____

1) Who initiated the consideration of acceleration and early entrance into kindergarten? (*Circle*)
Student Parent Educator Other (Indicate name and position) _____

2) Does your child have siblings who are currently in school? (*Circle*) YES NO
If yes, list name, date of birth and grade: _____

3) Has your child demonstrated high ability, accelerated performance, and/or talent as compared with same age peers in the following areas? (*Circle all that apply*)
Reading Math Science Social Studies Language Arts
Other _____

4) Please describe how your child has shown exceptional talent in the area(s) marked above.

5) Has your child demonstrated high ability, accelerated performance, and/or talent as compared with same age peers in the following areas? (*Circle all that apply*)
Music Art Drama Dance Sports Leadership
Other _____

6) Please describe how your child has shown exceptional talent in the area(s) marked above.

7) Has your child received a formal professional evaluation/diagnosis for any of the following areas? (*circle*)

• Specific Learning Disability (e.g. Written Language, Math, Reading, Nonverbal, other)?	Yes	No
• Developmental Disability (e.g. Autism, Asperger's Syndrome, PDD-NOS, other)?	Yes	No
• Other Health Impairment (e.g. ADD, ADHD, other)?	Yes	No
• Social-Emotional/Psychiatric (e.g. Depression, Bipolar Disorder, OCD, ODD)?	Yes	No
• Physical (e.g. Visual, Hearing, Motor, Traumatic Injury, other)?	Yes	No
• Other: _____	Yes	No

9) Do you speak more than one language in the home? Yes No
If "YES", what languages do you speak in your home? _____
Is an interpreter required for this evaluation? Yes No

10) Did your child attend a preschool program? Yes No

If yes, give dates attended and the name and address of the school from whom we may obtain a report if necessary.

Name of School: _____ Dates attended: _____
Address: _____ Phone: _____

*Children who will benefit from early entrance may not exhibit all of the characteristics listed below; however, strong candidates will exhibit more of these characteristics than other children. **Please use your best judgment and rate your child in each of the following areas using a scale of 1 indicating low agreement and 5 high agreement.***

My child seems advanced beyond other children his/her age in these ways: (1 low – 5 High)

Areas of ability/achievement/aptitude/behavior: (1 low – 5 High)

- ___ Understands the meanings and use of words better than other children his/her age;
- ___ Is curious about many things and asks questions often;
- ___ Is very good at working puzzles or solving problems;
- ___ Has a great sense of humor and understands jokes more than other children his/her age;
- ___ Has a good memory and remembers details of conversations or stories;
- ___ Is interested in difficult concepts such as time and space;
- ___ 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.

School and academic factors: (1 low – 5 High)

- ___ Enjoys learning new information or skills;
- ___ Participates in community-sponsored activities such as sports, dance, gymnastics, library and museum programs;
- ___ Believes he/she is capable of succeeding at new tasks.

Developmental factors: (1 low – 5 High)

- ___ Has average fine and large motor coordination (i.e., holding a pencil, skipping);
- ___ Is able to use the computer to play games or find information.

Interpersonal skills: (1 low – 5 High)

- ___ Thoughtfully considers feedback and criticism and modifies behavior appropriately;
- ___ Often behaves in a way that is positive and effective;
- ___ Has good interpersonal skills with same age-peers, with older and younger children and with adults;
- ___ Has excellent interpersonal relationships with adults in a teaching role.

Attitudes and supports necessary for success in school: (1 low – 5 High)

- ___ My child is enthusiastic about going to kindergarten.
- ___ As a parent, I understand that a child's success in school depends on support provided at home.
- ___ As a parent, 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 did not miss preschool often because of illness or family issues and was eager to attend daily.

Please read the following information and sign below indicating agreement and understanding:

I am requesting that an evaluation of my child be conducted by personnel of Gahanna-Jefferson Public Schools for the purpose of consideration of early entrance into kindergarten. The first step of this process will be an individually-administered intelligence test. I understand that according to the Iowa Acceleration Scale, it is not recommended for children who have an IQ below 115 to continue with the second step of the process.

The second step will be an individually-administered achievement and aptitude test. There will then be a complete review of the data, including information gathered from the child's parents, using the Iowa Acceleration Scale, 3rd. Edition. I am aware that other tests or evaluations will not be accepted.

Finally, the above results will be reviewed by an Acceleration Committee, comprised of at least the Psychologist, Principal, Teacher and Child's Parent, for a determination on eligibility for early entrance and acceleration into kindergarten. If early entrance is recommended and agreed upon, I understand that my child will be permitted to enroll in school and will need to meet all immunization requirements for entrance to school. It will then be necessary for the school team to develop and write an acceleration plan. At the end of the first six weeks in school, my child's progress may be reviewed by the teacher, or at the parents' request, to determine: 1) if the current placement is successful; 2) if any adjustments to the acceleration plan are needed; or 3) if withdrawal from school is recommended.

Early Entrance and Acceleration Time Line:

*Applications Available March 22,2021

*Applications are due May 3,2021

*Principal and or Psychologist will contact Family for initial conversation by May 10,2021

*Individually administered Intelligence Test will take place week of May 31 1,2021

*If IQ above 115, individually administered Achievement, Aptitude and IQ tests will be administered.

*Acceleration Committee meets with parents to make final decision by June 28,2021

I believe that my child exhibits a number of the characteristics listed on the first page that indicate he/she might benefit from early entrance and acceleration into kindergarten. I have reviewed the considerations of such acceleration and do not feel that they would negatively impact my child's future long term success in school. I have read the above; have been informed of the evaluation timeline and request evaluation for my child for possible early entrance and acceleration into kindergarten.

Parent/Guardian _____ Date _____

RETURN THIS APPLICATION TO:

Office of the Assistant Superintendent
Gahanna-Jefferson Administrative Offices
160 S. Hamilton Road
Gahanna, Ohio 43230