



**WARRENSVILLE  
HEIGHTS**  
City School District

**WARRENSVILLE HEIGHTS CITY SCHOOL DISTRICT**

Early Entrance Testing for Kindergarten for the 20/21 School Year

PARENT/GUARDIAN REFERRAL FORM

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address/City/State/Zip  
\_\_\_\_\_

Email \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

School Year \_\_\_\_\_

Children who will benefit from early entrance acceleration will exhibit most, if not all, of the following characteristics. Please check the characteristic that best describes your child.

Characteristic	Always	Occasionally	Never
Understands and uses advanced vocabulary			
Is very curious and asks many questions			
Has a good memory and remembers details			
Is interested in learning new concepts			
Has long attention span and concentration			
Recognizes letters out of alphabetical order			
Reads and understands			
Can write and read numbers 0-9			
Can count and understand concepts to 20			
Participates in activities such as sports, art, dance			
Well-developed fine motor skills (holding a pencil)			
Well-developed large motor skills (skipping)			
Modifies behavior appropriately			
Good interpersonal skills with all ages & adults			

Research states that bright children who are carefully selected for Early Entrance to Kindergarten generally perform very well, both academically and socially. \*

All children who will be the proper age for entrance to kindergarten or first grade by the first day of January of the school year for which admission is requested shall be evaluated upon the request of the child's parent or legal guardian. Children who will not yet be the proper age for entrance to kindergarten or first grade by the first day of January of the school year for which admission is requested shall also be evaluated for possible early admittance if referred by an educator within the district, a pre-school educator who knows the child, pediatrician or psychologist who knows the child.

### **Consent to Test**

I give consent for a Licensed School Psychologist to evaluate my child for possible Early Entrance to Kindergarten for Fall of 2020. This comprehensive evaluation includes cognitive, achievement, and aptitude testing, and may take up to three hours to complete. However if your child does not make it through the cognitive achievement assessment the psychologist will not test in the other areas. The parent/guardian must remain at the test site, but may not stay in the testing room.

I understand that testing my child does not guarantee placement in Kindergarten for 2020-2021.

After review of this form, you will be contacted by telephone to notify you of a date, time, and location for your child's evaluation. Within two weeks after the evaluation, you will be provided another date, time, and location for your child's study team meeting. At this meeting, we will discuss your child's test results and proceed through the IOWA Acceleration Scales process to determine your child's acceptance or non-acceptance into Kindergarten. The IOWA Scales process is a mandate by the Ohio Department of Education for any child being considered for Whole-Grade Acceleration, Grades Kindergarten through Grade 8. Please be advised that the child study team meeting will be approximately one hour in length. If you have any further questions concerning this process, please call Jamie Lindsey at 216 336-6595.

Please return this form as soon as possible, in order for your child to be evaluated. Referrals accepted after Friday, April 26, 2020 may result in your child's testing taking place after August 20, 2020.

Parent/Guardian Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

EDUCATOR/MEDICAL PROFESSIONAL REFERRAL FORM

(To be completed by a non-family member)

This form is required only if the student will be turning 5 years of age on or after October 1, 2020.

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Name of person  
making this referral \_\_\_\_\_ Title of person making  
this referral \_\_\_\_\_

Name of your Organization/Practice \_\_\_\_\_

Business Address \_\_\_\_\_

Phone # \_\_\_\_\_

How do you know the applicant?

\_\_\_\_\_  
\_\_\_\_\_

Do you feel the applicant would be prepared for Kindergarten in August of 2020? Please explain why or why not. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly state the characteristics you see in the applicant that you feel make him/her school ready.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return this form to:

Jamie Lindsey

216-336-6595

4285 Warrensville Center Road

Warrensville Heights, Ohio 44128