

**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.***

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**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 screener. 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 as well as a full IQ test. There will then be a complete review of the data, including information gathered from the child's parents, using the Iowa Acceleration Scale, 3<sup>rd</sup> 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 1
- \*Applications are due May 4
- \*Principal and or Psychologist will contact Family for initial conversation by May 11
- \*Individually administered Intelligence Screener will take place week of June 4
- \*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 29

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 \_\_\_\_\_

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**RETURN THIS APPLICATION TO:**

Office of Curriculum and Instruction  
Gahanna-Jefferson Administrative Offices  
160 S. Hamilton Road  
Gahanna, Ohio 43230