

**Southwest Licking Local Schools**  
**Referral for Early Entrance Assessment**

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Referred By: \_\_\_\_\_

\*\*If DOB is between January 1 and August 1, referral must come from a physician, psychologist, district educator, or preschool teacher with knowledge of the referred child.



Please consider the above student for the following type of early entrance:

Early Entrance to Kindergarten

Early Entrance to First Grade

Reason for referral:

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\_\_\_\_\_  
Signature Relationship to Child Date

Please return to Colleen Boyle, Gifted Coordinator, LCESC, 675 Price Rd., Newark, OH 43055 or fax to 740-349-6107.

**Southwest Licking Local Schools**  
**Permission for Early Entrance Assessment**

Child's Name \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Referred By: \_\_\_\_\_

Your child has been referred as a potential candidate for academic acceleration. Assessments are required for identification purposes. The following assessments **may** be administered to your child:

- Otis Lennon School Ability Test
- Iowa Test of Basic Skills
- Woodcock Johnson Ability and Achievement Tests
- Iowa Acceleration Scale

No assessment will be done without your written permission. Please read the information below and return this form to school as soon as possible. If you have questions, please contact: Colleen Boyle, Coordinator of Gifted Services at 740-349-6094.

**TESTING IS FOR PLACEMENT PURPOSES ONLY AND DOES NOT GUARANTEE THAT EARLY ENTRANCE WILL BE OFFERED.**

I understand that if I grant permission, my child will receive assessment(s) by designated school personnel and that the information may be shared with teachers, principals, and other appropriate school personnel. I will be notified of the decision making process and meeting to determine the appropriate placement for my child based on this assessment.

- Permission is given to conduct the assessment(s)
- Permission is given to contact my child's preschool teacher

Name	School	Phone

- Permission is denied

Signature	Relationship to Child	Date

Please return to Colleen Boyle, Gifted Coordinator, LCESC, 675 Price Rd., Newark, OH 43055 or fax to 740-349-6107.

**Early Entrance Questionnaire**

Student: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Person completing this form: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

1. What are the names and ages of this student's siblings?

<i>Name</i>	<i>Age</i>
_____	_____
_____	_____
_____	_____
_____	_____

2. Has this student ever been formally evaluated by a psychologist, social worker, or learning specialist? No \_\_\_\_ Yes \_\_\_\_ (Please attach all available results)

When was the evaluation? \_\_\_\_\_

Why was the child evaluated? \_\_\_\_\_

3. Has the student been on medication within the last year for control of behavior or emotions?

No \_\_\_\_ Yes \_\_\_\_

4. Does the student have a diagnosed learning or physical disability? No \_\_\_\_ Yes \_\_\_\_

(If "yes," please specify) \_\_\_\_\_

Has the student ever received special educational services? Yes \_\_\_\_ No \_\_\_\_

5. In what extra-curricular activities (in and out of school) does this student participate?

<i>Activity</i>	<i>Awards/Honors/Leadership Roles</i>
_____	_____
_____	_____
_____	_____
_____	_____

6. Tell us about the friends of your child. Are they same age, older, younger, both? Many or few?

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

7. How does your child feel about entering school early?

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

8. Do you believe early entrance is a good option for your child? Why or why not?

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