

Early Entrance to Kindergarten Educational Information Form

Child's Name _____ Birthdate _____

Address _____ City _____ Zip _____

Parent/Guardian 1 Name _____

Phone _____ Alt. Phone _____

Parent/Guardian 2 Name _____

Phone _____ Alt. Phone _____

Name of person completing this form: _____

Role (lead childcare teacher/worker/administrator): _____

Childcare/educational setting: _____

Please answer the following questions as completely as possible.

1. How long have you known this child and in what capacity?

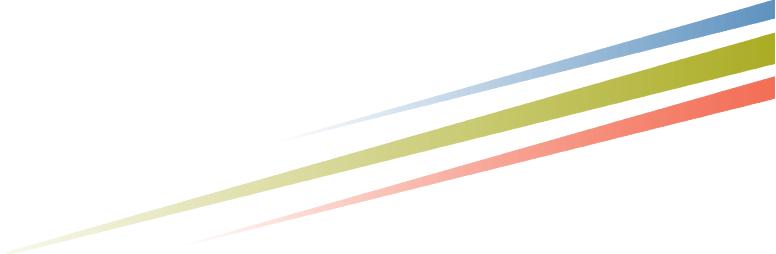
2. Describe the child's attendance history.

3. Describe the behaviors or accomplishments that lead you to believe this child should be considered for early entrance to kindergarten.

4. What are this child's strengths?
 - a. Academic

 - b. Behavioral

 - c. Social



5. What do you see as advantages and disadvantages of early entrance to kindergarten for this child?

a. Advantages

b. Disadvantages

6. What else would you like us to know?

___ I have no reservations about recommending this child for early entrance to kindergarten.

___ I have some reservations about recommending this child for early entrance to kindergarten.

Please describe your reservations:

___ I have many reservations about recommending this child for early entrance to kindergarten.

Please describe your reservations:

Teacher/Administrator/Daycare Provider Signature

Date