

Lake Stevens School District No. 4
Kindergarten Early Entrance Application
and Assessment Form

5035F

1. To Be Completed by Parent (Give to psychologist on day of evaluation)

Student: _____ Birthdate: _____

Parent's Name: _____ Phone: _____

Address: _____

Service Area Principal: _____

2. To Be Completed By Psychologist: (Note: Psychologist must return completed form to Student Services, Lake Stevens School District, 12309 22nd Street NE, Lake Stevens, WA 98258.)

Psychologist's Name: _____ Phone: _____

Address: _____

Score at 5.6 chronological age as measured by appropriate assessment instruments and determined by a licensed/certified school psychologist. The student must have no significant physical problems such as vision, hearing, gross motor, or health concerns that would affect attendance.

<u>Areas Assessed*</u>	<u>Level of Ability</u>	<u>Test Administered</u>
Mental Ability	_____	_____
Gross Motor Skills	_____	_____
Fine Motor Skills	_____	_____
Visual Discrimination	_____	_____
Audio Discrimination	_____	_____
Social/Emotional Development	_____	_____
Language Development	_____	_____

Psychologist's Signature: _____ Date: _____

*State regulations require an assessment be conducted of each area listed.

3. For District Use Only

Screening Results - Passed: ____ Yes ____ No

School Assigned To: _____

