

KINDERGARTEN ACCELERATION REGISTRATION FORM

Test Date: _____

The completed form must be returned to the campus principal/counselor by July 1.

Student Information

All information is required.

Student Name: _____
Last First Middle

Social Security Number: _____ Date of Birth: _____

Parent/Guardian Name: _____ Contact Number: _____

Home Address: _____

City / State / Zip: _____

Assigned Campus: _____

By signing this form, I attest that I have read the information sheet, am aware of the time limits on taking the test, the 90th percentile score requirement, that the test is administered on the date and place specified, that I will provide transportation to and from the test site, score results are final; there is no appeal process.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date

Signature of Principal or Counselor

Date

Kindergarten Acceleration Registration Parent Information Form

I. Parent Information – Please answer the questions below

1. Describe how your child relates to other children.
2. List activities in which your child participates.
3. List prior educational experience (i.e., preschool, day care, Sunday school).
4. Reasons I want early placement in first grade for my child:

II. Social/Emotional

Read each of the following items. Place a check mark beside any behavior that you observe **most or all of the time** in your child. Please leave all others blank.

- Explains game or activity rules to others
- Plays with 4-5 children on cooperative activity, without adult intervention, for 20-30 minutes
- Sits down properly at a table
- Behaves in an appropriate manner in places requiring quiet
- Controls temper when angry in school or social situations
- States consequences of breaking a rule
- Accepts responsibility for actions
- Follows classroom/daycare rules
- Adjusts when transferred to a different physical setting at home or school
- States feelings about self, such as anger, happiness, love
- Follows multiple step directions
- My child knows his/her birthday
- My child knows his/her phone number
- My child knows his/her address

I realize that these social/emotional skills are expected of the students entering first grade. Even though my child may not demonstrate all of these skills, I still want school personnel to continue with the Calallen ISD kindergarten accelerated placement testing process.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date