



STUDENTS

Entrance Qualifications

Pursuant to [Chapter 392-335 WAC](#) the Everett School District established the following procedure for early entrance of kindergarten and first-grade children. Early admittance will be considered for children who turn five-years-old or six-years-old up to October 31. This allows children who appear to have the ability or need, or both, to enter kindergarten or first grade prior to the uniform entry age.

Application/Assessment Process

Applications for early entrance ~~with assessment results~~ for children living within the district must be submitted by parent(s)/guardian(s) no later than April 15. **The early entrance application is not available to families requesting a school transfer from outside district boundaries.** The Parent/Guardian Packet for Early Entrance into Kindergarten or 1st Grade is available ~~at the Categorical Programs office~~ **online, at each elementary school, and at the Academics office located at the Community Resource Center at 3900 Broadway in Everett.** **Proof of age and address will be required.** In requesting this waiver of entry requirements, the parent(s)/guardian(s) assumes responsibility for this action and understands that the child's placement (if found eligible) is conditional on the continued success of the child in that placement.

Once the application packet has been received and reviewed by the district, an initial screening date will be set during the month of April at the Community Resource Center. The results of the screening determine whether or not the child is recommended for a full assessment by the district psychologist.

~~An~~ **The required** early entrance assessment ~~is required. It~~ must include, but not be limited to, an individual assessment in seven (7) areas:

- (1) mental ability;**
- (2) gross-motor skills;**
- (3) fine-motor skills;**
- (4) visual discrimination;**
- (5) auditory discrimination;**
- (6) social/emotional development; and**
- (7) language development.**

The district reserves the right to annually establish a fee to pay for the cost of the assessment noted above. Parent(s)/guardian(s) for whom the cost of an assessment as required by policy would cause undue hardship may request a reduction or exemption from fees.

~~Students to be assessed by district staff will proceed through the assessment sequence.~~

Students must demonstrate need or ~~substantially above average~~ **exceptional** ability in each of the areas. For students **substantially above average**, a standard score of 115 **(the equivalent of the age five years, six months or six years, six months)** or above in all seven (7) testing areas is required.;

~~(1) mental ability;~~

~~(2) gross motor skills;~~

~~(3) fine motor skills;~~

~~(4) visual discrimination;~~

~~(5) auditory discrimination;~~

~~(6) social/emotional development; and~~

~~(7) language development.~~

Notification Process

~~Application for early entrance and individual test results are to be sent to the Categorical Programs office for evaluation according to district criteria by April 15. A student must show ability or need, or both in areas assessed in order to be placed for early entry.~~

~~The student who appears to show substantial ability—above average—must pass the screening in all areas at the five-year, six-month level for kindergarten or six-year, six-month level for first grade and must receive a recommendation from the evaluator that early entrance is indicated.~~

Children determined eligible for early entry by the **Academics Categorical Programs** office will receive consideration for placement by the local school principal as any other entering student. The **Academics Categorical Programs** office is responsible for notifying parent(s)/guardian(s) if the waiver of entry requirements has or has not been granted, based on the assessment results and recommendations submitted by the psychologist. **This notification will be done within ten (10) working days of written receipt of the Application for Early Entrance and the Early Entrance Assessment Form test results.**

The **Academics Categorical Programs** office is responsible for notifying the appropriate school of the new student that has passed the early entrance assessment. The parent(s)/guardian(s) would then proceed to the school with the child for registration, bringing the child's birth certificate, immunization records and proof of **address residency**, if required **for enrollment by school**.

Trial Period Process

When the child is identified with **substantial ability—above average**—in all seven developmental areas and admitted as an early entrance student, the teacher and principal will observe the child throughout a 30-calendar day trial period. The principal will report to the parent(s)/guardian(s) on the child's adjustment and progress and make a final determination for continuation. If, after the 30-calendar day trial period, it is later determined that early entrance for a particular child was not appropriate, the child may be withdrawn from the program after a conference with the parent(s)/guardian(s). The conference will be documented on an Early

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Entrance Evaluation Form.

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Appeal Process

Parent(s)/guardian(s) may appeal a decision in writing to the superintendent or superintendent's designee.

Cross reference:

[Board Policy 3111](#)

Entrance Qualifications

Adopted: December 2, 1985
Revised: June 1, 1998
Revised: December 18, 1998
Revised: January 2000
Revised: March 2005
Updated: January 2007
Updated: November 2011
Revised: January 2016
Revised: December 2019
Updated: February 2021
PROPOSED: April 2022

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Addendum A Early Entrance Application For the _____ – _____ School Year

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REQUESTING EARLY ENTRANCE TO:

_____ KINDERGARTEN

_____ FIRST GRADE

(with NO ACCREDITED KINDERGARTEN)

Residence Area School: _____

Requesting a **School Transfer Variance**? _____ Yes

_____ No

If yes, to which school? _____

STUDENT INFORMATION

Gender

☐ Male ☐ Female

Student name: _____ Birthdate (mm/dd/yy): _____

Parent/guardian name: _____ Email: _____

Address: _____ Telephone(s): _____

City, State, Zip Code: _____

Child's primary language: _____ Languages spoken in home: _____

Interpreter needed for child or parent: ____ Yes ____ No **Race/Ethnicity (optional):** _____

PRESCHOOL/KINDERGARTEN EXPERIENCE

School/provider _____

School administrator _____

Address _____

City, State, Zip Code _____

Telephone _____

Teacher's name _____

Dates attended: from _____ to _____
Date Date

Reason for requesting early entrance: _____

My signature below indicates that:

I give permission for the provider(s) listed above to share information about my child's educational experience, strengths and needs with Everett Public Schools teaching and administrative staff.

I request that the state age requirement for entrance to kindergarten / first grade be waived.

I understand that students passing the formal assessment will be reevaluated by the building principal, school psychologist, and the student's teacher during the first thirty (30) calendar days that school is in session. The parent/guardian will be notified at the end of the trial period of the final decision on the student's eligibility to remain in the kindergarten/first grade program. This decision can be made by the school at any time during the evaluation period.

Parent/guardian signature (Required): _____

Please attach student's final progress report and/or letter from preschool regarding child's performance.

When completed, this form and the required information must be mailed by the school to:

Early Entrance Office ~ Everett Public Schools ~ 3900 Broadway ~ Everett, WA 98201 ~ **no later than** _____
Date

IMPORTANT NOTE: Students who enter kindergarten in September prior to turning five or who enter first grade prior to turning six will be reevaluated by the building principal, school psychologist, and the child's teacher during the first thirty-calendar days that school is in session. The parent/guardian will be notified before the end of the trial period of the final decision on the child's eligibility to remain in the kindergarten/first grade program. This decision can be made by the school at any time during the evaluation period.

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FOR DISTRICT USE:

Date Application Received: _____ Date Parent Notified: _____

Notes:

Adopted: January 2016
Revised: December 2019
PROPOSED: April 2022



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Addendum B Early Entrance Assessment Form for Kindergarten ☐ or First Grade ☐ For the _____ - _____ School Year 3900 Broadway, Everett, WA 98201 425-385-4068 Fax 425-385-4012 (Page 1 of 2)

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TO BE COMPLETED BY PARENT/GUARDIAN

Student name: _____ Student's primary language: _____
Residence area school: _____ Language spoken at home: _____
Birthdate (mm/dd/yy): _____ Email: _____
(Child must turn 5 or 6 years old by October 31 to qualify for assessment) (Notification will be emailed unless no email is listed)
Parent/guardian name: _____ Primary telephone #: _____
Address: _____ City, State & Zip Code: _____

My signature indicates that the district may work with a psychologist and has permission to release my child's test results:

Parent/guardian signature (Required)

TO BE COMPLETED BY PSYCHOLOGIST

Name of examiner: _____ License/certification #: _____
Address: _____ Email: _____
Phone: _____ Fax: _____

Note to Examiner: Student must demonstrate **above average ability** in each of the following areas (*standard score of 115 or above in all testing areas*). The student must pass the screening in **all** areas at the five-year, six-month level for kindergarten or six-year, six-month level for first grade.

Area Assessed*	Standard score	Test Administered (Please Circle Test Used) The listed tests are preferred.
Mental Ability		1. Wechsler Preschool Primary Scale of Intelligence (3rd or 4th Edition) 2. Differential Ability Scale – Second Edition 3. Other:
Gross Motor Skills		1. Peabody Developmental Motor Scales (2nd Edition) 2. Vineland Adaptive Behavior Scale (2nd Edition, Gross Motor) Developmental Assessment of Young Children (2nd Edition) Gross Motor 3. Other:
Fine Motor Skills		1. Beery Test of Visual Motor Integration (5th Edition) 2. Vineland Adaptive Behavior Scales (2nd Edition, Fine Motor) Developmental Assessment of Young Children (2nd Edition) Fine Motor 3. Other:
Visual Discrimination		1. Test of Visual-Perceptual Skills (5th Edition) 2. Motor Free Visual Perception Test (3rd Edition) Differential Ability Scales (2nd Edition) 3. Other:
Auditory Discrimination		1. Test of Auditory-Perceptual Skills (Revised) Differential Ability Scales (2nd Edition) Phonological Processing 2. Test of Language Development – Primary (4th Edition, Auditory Discrimination) 3. Other:

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Social/Emotional Development		<ol style="list-style-type: none">1. Preschool and Kindergarten Behavior Scale (2nd Edition) Adaptive Behavior Assessment System (3rd Edition)2. Developmental Assessment of Young Children (2nd Edition) Social Development23. Other:
Language Development		<ol style="list-style-type: none">1. Wechsler Preschool Primary Scale of Intelligence (3rd or 4th Edition)2. Test of Language Development—Primary Differential Ability Scales (2nd Edition) Verbal Reasoning3. Other:
*State regulations require an assessment be conducted in each area listed above.		

See page 2 for assessment of academic and readiness skills

Adopted: January 2016
Revised: December 2019

PROPOSED: April 2022



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Addendum B
Early Entrance Academic Assessment Form
First Grade Only
For the _____ - _____ School Year
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	Assessment	Standard Score(s)	Notes/Comments
Reading			
Mathematics			

Kindergarten Only readiness skills – see screener in student file

Kindergarten Readiness Skills	Level of skill	Notes/Comments
Names upper case letters (random order)	_____/26	A B C D E F G H I J K L M N O P Q R S T U V W X Y Z
Names lower case letters	_____/26	a b c d e f g h i j k l m n o p q r s t u v w x y z
Knows letter sounds	_____/26	Knows:
Orally rhymes with a given word (sat – cat, run – sun)	_____/5	Words rhymed:
Names colors	_____/8	orange black yellow blue red brown purple green
Counts to 20	Counts to _____	
Counts sets of objects to 20	Counts sets to _____	
Recognizes numerals to 10 (random order)	_____/10	Recognizes: 1 2 3 4 5 6 7 8 9 10
Puts numbers in orders	1 to 5 – 1 to 10	
Names shapes	_____/4	circle rectangle square triangle
Prints name	First Last	(Examiner – please attach sample)
Prints alphabet letters	_____/26	(Examiner – please attach sample)
Draws basic shapes	_____/4	circle rectangle square triangle (Examiner – please attach sample)

Psychologist signature: _____

Date: _____

Examiner: Please attach a separate sheet with observations and recommendation regarding placement.
*All evaluations must be received in the Academics office **Categorical Programs** no later than June 1.*

IMPORTANT NOTE: Students who enter kindergarten in September prior to turning five or who enter first grade prior to turning six will be reevaluated by the school during the first 30 calendar days that school is in session. The parent/guardian will be notified before the end of the trial period of the final decision on the child's eligibility to remain in the kindergarten/first grade program. This decision can be made by the school at any time during the evaluation period.

FOR DISTRICT USE:

District school: _____ District reviewer: _____

Date parent notified: _____

Early Entrance: Approved ☐ Not approved ☐ Notes: _____

Adopted: January 2016 _____
 Revised: December 2019 _____

PROPOSED: April 2022



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Addendum C Early Entrance Evaluation Form For the _____ - _____ School Year

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To be completed after the child has been in school for thirty (30) calendar days for determination of continuance **at this grade.**

STUDENT NAME: _____
SCHOOL: _____

BIRTH DATE: _____
GRADE: _____

PEOPLE PRESENT: Please circle: YES NO

DATE OF MEETING
OR PHONE CALL:

PRINCIPAL YES NO
PARENT/GUARDIAN YES NO

TEACHER YES NO
OTHERS

**STUDENT ATTENDANCE
AND TEACHER
OBSERVATIONS:**

INTERVENTIONS ATTEMPTED/RESULTS:

FINAL RECOMMENDATION:

PRINCIPAL: _____
Signature
PARENT/GUARDIAN: _____
Signature

TEACHER: _____
Signature
DATE: _____

PLEASE SEND **ORIGINAL OR SCAN/EMAIL TO P-5 INSTRUCTION, ATTN: JODI MADISON** **A COPY TO CATEGORICAL PROGRAMS**
FAX: 425-385-4012 EMAIL: JMADISON2@EVERETTSD.ORG