



# Application for Early Entrance

## Kindergarten Program

MONTGOMERY COUNTY PUBLIC SCHOOLS  
Rockville, Maryland 20850

MCPS Form 271-6  
February 2008

Please complete this application if you feel that your child demonstrates academic achievement, social, emotional, and physical maturity appropriate for kindergarten placement, and should be considered for early placement in kindergarten and has a birth date that occurs between September 2 and October 15, and return to your school.

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Last First MI*

Address \_\_\_\_\_  
*Street City State ZIP Code*

Gender:  Male  Female Ethnicity:  American Indian  Asian or Pacific Islander  African American  White  Hispanic

Home School \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone: Home \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Preschool Experience

List the preschools, Head Start, special education program, and/or other child care programs attended. Include the dates of attendance and the approximate number of hours per week attended.

Name of School/Program	Dates of Attendance	# Hours/Week
_____	____/____/____, ____/____/____	_____
_____	____/____/____, ____/____/____	_____
_____	____/____/____, ____/____/____	_____
_____	____/____/____, ____/____/____	_____

Please complete the following checklist and questionnaire.

## Parent Checklist

The seven broad developmental dimensions provide the framework for the kindergarten instructional program. This checklist will help in determining your child's readiness for our kindergarten program. Please read each statement and indicate your child's abilities as listed below by checking the appropriate column.

	Frequently	Sometimes	None of the Time
<b>Physical Well-Being and Motor Development</b>			
Performs self-help tasks independently (dressing, undressing, zipping, and tying).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses eye/hand coordination to perform fine motor tasks (drawing, writing, and cutting).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses balance and control to perform large motor tasks (walking, jumping, and skipping).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Personal and Social Development</b>			
Shows eagerness to learn (is curious, likes to investigate).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows rules and routines (cleans up at play time).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handles change and transition (dinner time to bedtime).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacts easily with one or more children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continued on page 2

**Appeals:** Must be made in writing (please state reason and any additional information) within 30 days of the date of this decision to: Office of the Chief Operating Officer, Montgomery County Public Schools, 850 Hungerford Drive, Rockville, Maryland 20850.

## Parent Checklist (continued)

### Language and Literacy

Listens for meaning in stories, discussions, and conversations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks clearly, to share ideas and thoughts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can identify letters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can identify beginning sounds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses letters and words to write.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes name.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Mathematical Thinking

Can recognize numbers 0–20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can orally count forward to 30.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can recognize, duplicate, and extend simple patterns (circle-triangle, circle-triangle, circle-triangle).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can recognize and describe attributes of shapes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Scientific Thinking

Uses a magnifying glass to look at different objects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies, describes, and compares properties of objects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describes characteristics and basic needs of living things (food, water, shelter).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Social Studies

Recognizes self and others as having same and different characteristics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describes roles and responsibilities of people. (Firefighters put out fires.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes the reasons for rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### The Arts

Likes to paint and draw.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Likes to sing and dance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can share ideas about a drawing/painting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Parent Questionnaire

**Directions:** Please answer each question below. If additional space is needed, use the back of this form.

1. Why do you feel your child should be considered for early entrance to kindergarten?

2. How long does your child maintain interest in a play activity or game at a given time? \_\_\_\_\_

Continued on page 3

**Parent Questionnaire** (continued from page 2)

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3. What responsibilities does your child have at home? What do you do when your child does not follow through?
  
  
  
  
  
  
  
  
  
  
4. How does your child respond when he/she tries but can't do something?
  
  
  
  
  
  
  
  
  
  
5. What types of reading activities does your child engage in at home?
  
  
  
  
  
  
  
  
  
  
6. What kinds of experiences has your child had with writing tools, such as crayons, pencils, and markers?
  
  
  
  
  
  
  
  
  
  
7. What does your child know about numbers, shapes, and patterns?
  
  
  
  
  
  
  
  
  
  
8. How does your child handle transitions and new situations?
  
  
  
  
  
  
  
  
  
  
9. How does your child interact with other children? Please explain and consider whether or not your child shares, takes turns, and cooperates with peers?

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**For Office Use Only:** Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_ Initials of Receiver \_\_\_\_\_ Date for Appointment \_\_\_\_/\_\_\_\_/\_\_\_\_