



# Sandusky City Schools

**Student Services Department**  
 407 Decatur Street, Sandusky, OH 44870-2442  
 Phone: 419-621-2715 ♦ FAX: 419-609-4402

## APPLICATION FOR CONSIDERATION OF EARLY ENTRANCE TO KINDERGARTEN

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Child Lives With:  Both Parents  Mother Only  Father Only  
 Other, Specify: \_\_\_\_\_

### BACKGROUND INFORMATION & DEVELOPMENTAL HISTORY

1. Was the child born full-term, without complications, following a healthy pregnancy?  
 Yes  No: If No, please provide details: \_\_\_\_\_  
 \_\_\_\_\_

2. Has the child experienced any serious illnesses, accidents, injuries or hospitalizations?  
 No  Yes: If Yes, please provide details: \_\_\_\_\_  
 \_\_\_\_\_

3. Is the child being treated for any long-term and/or chronic medical conditions?  
 No  Yes: If Yes, please provide details: \_\_\_\_\_  
 \_\_\_\_\_

Is your child being treated by a specialist?  
 No  Yes: If Yes, please provide details: \_\_\_\_\_  
 \_\_\_\_\_

Name of specialist \_\_\_\_\_ Specialty Area \_\_\_\_\_

4. Names and ages of brothers/sisters:

Name (First and Last if different)	Age	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. At what age (approximately) did the child:  
 Crawl \_\_\_\_\_ Walk \_\_\_\_\_ Say first words \_\_\_\_\_ Put words together \_\_\_\_\_  
 Speak in sentences \_\_\_\_\_ Become toilet-trained (daytime) \_\_\_\_\_
6. Daycare and Preschool Experiences: (Please check all that apply)  
 \_\_\_ Attended daycare center from \_\_\_\_\_ age to \_\_\_\_\_ age.  
 Name of daycare center \_\_\_\_\_  
 Location (City) \_\_\_\_\_  
 \_\_\_ Daycare at a babysitter's home from \_\_\_\_\_ age to \_\_\_\_\_ age  
 \_\_\_ Daycare by babysitter in your home from \_\_\_\_\_ age to \_\_\_\_\_ age  
 \_\_\_ Attended preschool program:  
 Name of Program \_\_\_\_\_  
 Location (City) \_\_\_\_\_  
 Dates Attended: From \_\_\_\_\_ to \_\_\_\_\_
7. Have any significant behavioral problems been recently reported by a babysitter, daycare or preschool staff? \_\_\_ No \_\_\_ Yes: If Yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_
8. Has your child experienced any significant emotional trauma within the recent past?  
 (e.g., death of a close family member, death of a pet, parents' divorce, etc.)  
 \_\_\_ No \_\_\_ Yes: If Yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

### **BEHAVIORS, CHARACTERISTICS, and SKILLS**

1. Please indicate whether the child exhibits any of the following behaviors and provide explanation below:
- |   |   |
|---|---|
| ___ Becomes easily over stimulated in play    | ___ Has a short attention span              |
| ___ Lacks self-control                        | ___ Seems unhappy much of the time          |
| ___ Hides feelings                            | ___ Has frequent or unusual fears           |
| ___ Takes nap during the day                  | ___ Seems impulsive                         |
| ___ Overreacts when faced with a problem      | ___ Clings to adult in unfamiliar situation |
| ___ Requires a lot of adult attention         | ___ Cannot calm down                        |
| ___ Is easily frustrated/becomes angry easily | ___ Overly dependent on adults or siblings  |
2. What activities does your child enjoy?
- Sports \_\_\_\_\_  
 \_\_\_\_\_
- Play/activities with siblings and friends \_\_\_\_\_  
 \_\_\_\_\_
- Solitary play/hobbies/activities \_\_\_\_\_  
 \_\_\_\_\_
- Family activities \_\_\_\_\_  
 \_\_\_\_\_

3. Does your child show the following characteristics and perform the following skills?

**Please Mark Y for Yes, or N for No**

**A. Speech, Language, and Pre-Literacy**

- Uses speech that is free of articulation errors and/or sound substitutions (e.g.: substituting a “w” for an “r” sound, “th” for “s” sound, etc.)
- Speaks in complete sentences, many of which are 7 or more words in length.
- Asks many questions, especially “why” questions.
- Enjoys being read to for extended periods of time.
- Uses vocabulary that is advanced, or “adult-like.”
- Enjoys expressing him or herself verbally, especially in discussions with adults.
- Points to signs/words in the community and asks, “What does that say?”
- Shows interest in many kinds of books.

**B. Motor Development**

- Can hop on one foot for 2 to 3 seconds.
- Can hop forward on one foot for 3 to 4 hops.
- Can gallop and/or skip.
- Walks up and down stairs placing only one foot per tread.
- Can color, staying mostly within the lines of the picture.
- Can copy shapes, such as square, triangle, circle.
- Can draw a recognizable person with head (including eyes and mouth), body, arms, and legs.
- Can copy letters and short words.
- Can write own name without a sample, in recognizable form.
- Enjoys fine motor tasks, such as building with Legos®, paper-pencil, and art activities.

**C. Adaptive Skills**

- Dresses self completely, except for tying (ex.: shoes, coat, etc.).
- Can button medium-sized buttons in front of clothing.
- Can engage and zip a zipper.
- Uses bathroom independently, including wiping, flushing, and washing/drying hands.

**D. Social and Behavioral Skills**

- Separates easily from parent, with reassurance, in new situation.
- Can attend to an adult-selected activity for at least 10 minutes.
- Has a long attention span (20 minutes or more) for a favorite, self-selected activity.
- Takes minor disappointments in stride, without anger or tears.
- Seeks out and plays appropriately with friends without needing close adult supervision.
- Enjoys problem-solving tasks, such as puzzles, games of skill, etc., and continues with task until it is completed.

**E. Concepts and Other**

- Understands and uses time-related words, such as yesterday, today, tomorrow, and next week.
  - Uses words to express own feelings and/or feelings of others.
  - Identifies colors: red, green, blue, orange, yellow, purple, pink, black, or white.
  - Identifies most letters of the alphabet.
  - Understands and uses positional words, such as behind, under, in front of, beside.
  - Understands and uses comparative words, such as: bigger, smaller, taller, different, or same.
  - Can count from memory to 20.
  - Can count 10 objects accurately.
  - Can tell his/her age.
  - Has a sense of humor; enjoys riddles, jokes, puns, etc.
4. Use this space to add any other information you would like us to know about your child. Use the back of this page if more space is needed.