

# Newberg School District 29J

Code: **JEBA-AR**  
Adopted: 10/05  
Readopted: 9/24/07, 3/09/09, 5/10/10

## Early Entrance

1. Parents may request and receive information and application forms for early entrance to kindergarten from the district office.
2. In-district parents shall return the completed application by May 1, or as reasonably close to that date as possible, to the district office. Parents new to the district shall submit the completed application by August 15.
3. A District Screening Team comprised of an elementary principal, district personnel and a school psychologist shall discuss the application and determine whether to advance the application for assessment.
4. An assessment appointment shall be scheduled with a district psychologist. A \$90 nonrefundable fee made payable to Newberg School District shall be required at this time. If this fee presents a hardship, the parents are urged to contact the District Office.
5. The primary assessment device to be used in determining the child's eligibility shall be the Developmental Indicators for the Assessment of Learning (DIAL 3). The test assesses the areas of language, motor and conceptual development for children between the ages of two years to five years, eleven months. The child shall achieve criteria and norms established by the DIAL 3 at or above the 92nd percentile in each of the areas of language, motor and conceptual development.
6. A district psychologist shall contact the parent and school principal to review and explain the assessment results.
7. If the child qualifies for early entrance the kindergarten teacher shall conduct a parent conference at the end of six weeks of school to review the progress.

## Early Entrance to Kindergarten

Dear Parent:

You have requested information regarding early entry to kindergarten in the Newberg School District.

Oregon law states that, “children who have reached their fifth birthday on or before September 1st. shall be admitted to kindergarten”. Newberg School District Board policy allows the parents of a child whose birthday falls between September 2nd and December 15th to apply for early entrance to kindergarten if the child’s skills and maturity level indicate kindergarten readiness.

The skills and maturity level of a student are determined using the following instruments: a parent checklist, a pre-school teacher questionnaire, and the Developmental Indicators for the Assessment of Learning Assessment. (DIAL 3).

Attached, please find information that will assist you in your request for early entry screening and testing:

1. Newberg School District Policy and Administrative Regulations regarding early entry to kindergarten.
2. An application form for early entrance consideration
3. A parent checklist and questionnaire

Please note that the completed application should be returned to the Newberg School District Office located at 714 E. 6th Street, Newberg, OR 97132. The application is due by May 1.

A district administrator will work with a district screening team to determine the eligibility of your child for early entrance into kindergarten. Once the team reviews the application, parent checklist and pre-school teacher checklist, a district representative will contact you whether or not your child meets the criteria for testing for early entrance.

A \$90 nonrefundable fee made payable to Newberg School District shall also be required at this time. This fee may be waived.

If you have any further questions or need clarification regarding this process, please call the Newberg Public Schools at 503-554-5000. Thank you.

Sincerely,

**Application for Early Entrance**  
 Kindergarten Program  
 Newberg School District 29J  
 714 E. 6th Street, Newberg, Oregon 97132

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 December 15. Please return your completed form to your school.

Principal's Signature \_\_\_\_\_

Child's Name _____	Birthdate ____/____/____
Gender: ___ Male ___ Female	Home School _____
Current Address _____	
Street	City State
Zip _____	
Parent/Guardian Name _____	
Phone :Home _____ - _____ - _____	Work _____ - _____ - _____

**Preschool Experience**

List the preschools, Head Start, special education program, and/or other childcare 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
_____	__/__/__ - __/__/__	_____
_____	__/__/__ - __/__/__	_____
_____	__/__/__ - __/__/__	_____

<b>For Office Use Only:</b>	Date Received ____/____/____	Initials of Receiver _____
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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.

<b>Physical Well-Being and Motor Development</b>	<b>Frequently</b>	<b>Sometimes</b>	<b>None of the Time</b>
Performs self-help tasks independently (dressing, undressing, zipping and tying)			
Uses eye/hand coordination to perform fine motor tasks (drawing, writing and cutting)			
Uses balance and control to perform large motor tasks (walking, jumping and skipping)			

<b>Personal and Social Development</b>	<b>Frequently</b>	<b>Sometimes</b>	<b>None of the Time</b>
Shows eagerness to learn (is curious, likes to investigate)			
Follows rules and routines (cleans up at play time)			
Handles change and transition (dinner time to bed time)			
Interacts easily with one or more children			

<b>Language and Literacy</b>	<b>Frequently</b>	<b>Sometimes</b>	<b>None of the Time</b>
Listens for meaning in stories, discussions and conversations			
Speaks clearly to share ideas and thoughts			
Recognizes/names all upper/lower case letters			
Can read simple words			
Uses letters and words to write			
Writes name			

<b>Mathematical Thinking</b>	<b>Frequently</b>	<b>Sometimes</b>	<b>None of the Time</b>
Can recognize numbers 0-20			
Can orally count forward to 20			
Can recognize, duplicate and extend simple patterns (circle-triangle, circle-triangle)			
Can recognize and describe attributes of shapes (color, size, shape)			

<b>Scientific Thinking</b>	<b>Frequently</b>	<b>Sometimes</b>	<b>None of the Time</b>
Identifies, describes and compares properties of objects			
Describes characteristics and basic needs of living things (food, water, shelter)			

<b>Social Studies</b>	<b>Frequently</b>	<b>Sometimes</b>	<b>None of the Time</b>
Recognizes self and others as having same and different characteristics			
Describes roles and responsibilities of people (firefighters put out fires)			
Recognizes the reasons for rules			

<b>The Arts</b>	<b>Frequently</b>	<b>Sometimes</b>	<b>None of the Time</b>
Likes to paint and draw			
Likes to sing and dance			
Can share ideas about a drawing/painting			

*For office use only:*

<b>COLUMN TOTALS</b> Total the number of checks in each column	Totals			
<b>CALCULATE WEIGHTED TOTALS</b> Multiply column totals by “weight” for each column to obtain weighted column totals	Weight	5	3	0
<b>CALCULATE GRAND TOTAL</b> Add weighted column totals together to obtain grand total.	Grand Total			

### Parent Questionnaire

**Directions: Please answer each question below. If additional space is needed, please 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? \_\_\_\_

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 cannot 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?

**PRE- SCHOOL SCREENING FOR EARLY ENTRY FOR KINDERGARTEN**

Newberg School District 29J  
714 E. 6th Street  
Newberg, Oregon 97132

Dear Pre-school Teacher: You are receiving this form because the parent of the following student has requested an application for Early Entrance into kindergarten. The Newberg School District is seeking your professional assessment of the following skills to help us determine the readiness for kindergarten.

***Please return the completed form in the self-addressed envelope. It is important that the Director of Elementary Support receive it completed before any further action can be taken about early entrance for this student.***

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Educational Setting: \_\_\_\_\_

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

***SOCIAL EMOTIONAL DEVELOPMENT***

<b>Frequently</b>	<b>Sometimes</b>	<b>None of The Time</b>	
			Uses words to solve problems
			Keeps hands, feet and objects to self
			Accepts direction and redirection
			Able to function independently (Able to separate from parent when volunteering, for example)
			Waits patiently for others in turn taking
			Attends to task for 15 minutes
			Can sit and listen quietly for 15 minutes
			Considerate and respectful of others

**SELF CARE**

Frequently	Sometimes	None of The Time	
			Able to put on coat, backpack and get own papers unassisted
			Able to tie shoes
			Able to interact appropriately without adult for brief periods of time
			Able to function appropriately as a part of a large group during structured and unstructured times such as recess
			Able to transition and self monitor during transitions
			Uses classroom materials appropriately

**PHONEMIC/PHONICS AWARENESS**

Frequently	Sometimes	None of The Time	
			Tells whether words and sounds are the same or different
			Identifies which word is different
			Identifies whether words rhyme
			Produces rhyming words
			Orally blends syllables of onsets and rimes
			Claps words in a sentence
			Claps syllables in a word
			Identifies 1st sound in one syllable words

**ALPHABETIC PRINCIPLE**

Frequently	Sometimes	None of The Time	
			Recites the alphabet
			Recognizes upper case letters (20+)
			Recognizes lower case letters (20+)
			Knows the letter sounds (20+)

**LANGUAGE ARTS**

<b>Frequently</b>	<b>Sometimes</b>	<b>None of The Time</b>	
			Holds book correctly
			Knows left to right progression
			Knows what a title is
			Has some words memorized in familiar books

**FINE MOTOR AND WRITING SKILLS**

<b>Frequently</b>	<b>Sometimes</b>	<b>None of The Time</b>	
			Holds and uses scissors correctly
			Holds and uses pencil correctly
			Copies upper and lower case letters correctly
			Writes first name
			Writes last name
			Writes numerals to 20
			Accurately draws: circle, square, triangle, rectangle, oval and diamond
			Draws a person with a head, arms, legs, eyes, nose, mouth and hair without prompting

**MATH CONCEPTS**

<b>Frequently</b>	<b>Sometimes</b>	<b>None of The Time</b>	
			Names shapes: circle, square, triangle, rectangle, oval and rhombus
			Identifies a pattern
			Creates a pattern
			Classifies and sorts by: color, size, shape
			Counts objects to 20
			Rote counts to 20
			Recognizes numerals to 20
			Compares amounts (more/less)

**COMMENTS:**

**For District Office Use Only:**

			Totals	<b>COLUMN TOTALS</b> Total the number of checks in each column
5	3	0	Weight	<b>CALCULATE WEIGHTED TOTALS</b> Multiply column totals by “weight” for each column to obtain weighted column totals.
			Grand Total	<b>CALCULATE GRAND TOTAL</b> Add weighted column totals together to obtain grand total.