



Early Entrance to Kindergarten

To enter kindergarten in Illinois, children must be five years old by September 1st of their kindergarten year. However, parents who feel that their child's potential and skills are superior to those of children of the same age can apply for early entrance to kindergarten.

Early entrance to kindergarten is considered a form of whole-grade acceleration and is appropriate only for students who demonstrate compelling evidence of intellectual and social advancement. The decision to grant early entrance will be made after carefully examining relevant evidence provided by the parents and/or gathered through a district evaluation process. Please be aware that only some children who apply meet the criteria and are accepted to enter kindergarten early.

The decision to enter school early can profoundly affect a child's academic and social performance for the remainder of the child's school career. This decision must be taken very seriously and should not be considered for daycare reasons. Academic readiness, potential, and social-emotional maturity are all equally important considerations.

CRITERIA: District 59 has a policy related to Early Entrance to Kindergarten. To be eligible for early entrance to kindergarten, children must meet all of the following criteria:

- Turn five years old by December 31st of the proposed kindergarten year
- Must have attended (and completed) a preschool program throughout the entire school year immediately preceding the proposed kindergarten year.
- Parents will be asked to provide relevant evidence supporting their belief that their child is exceptionally advanced intellectually and socially (for example, progress reports, assessment results, etc.)

PROCESS: Parents/guardians wishing to apply for early entrance to kindergarten should submit the following information to the Assistant Superintendent for Instruction by May 15.

- Completed *Early Entrance to Kindergarten* referral form
- Signed and completed *Authorization for Exchange of Confidential Information/Records* authorizing CCSD59 to exchange information with child's preschool
- Completed *Parent Questionnaire*
- Progress Reports or other records, evidence, or assessments from the child's preschool program that demonstrate academic and social development

The first phase of the review process will include a District Team reviewing the information submitted and contacting preschool staff if determined to be warranted. After this review, parents will be contacted regarding the next steps.

For more details about the early entrance process, please see the Early Entrance page on our website at <http://www.ccsd59.org/>. After reviewing the information, if you have questions about the process, please contact the Instruction Department at 847-593-4305.

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INSTRUCTION



DEPARTMENT

Referral Form

Child's name _____
(must match birth certificate) (First) (Middle) (Last)

Birth date: MM/DD/YY _____ Male Female
(Attach a copy of the child's birth certificate to this application. **Note: The child needs to be 5 by December 31st**)

CCSD59 School your child will attend if the request is approved: _____

Name of parent(s)/guardian(s) we should contact: _____

Email address(s) _____

Street address: _____ **City:** _____ **Zip Code:** _____
(Results will be mailed to this address)

Name of parent(s)/guardian(s) phone number(s): _____

List any sibling(s) enrolled in school: _____

Child's first language, if other than English: _____

To complete the referral process, parents must submit the following items to CCSD59 by May 15th.

- Early Entrance Referral Form
- Birth Certificate
- Consent to Release Information
- Early Entrance Parent Questionnaire
- Progress Reports or other records, evidence, or assessments from the child's preschool program that demonstrate academic and social development _____

As the parent/guardian, I understand that:

1. I am authorizing CCSD59 to screen, evaluate (if determined to be warranted), and administer relevant assessments (if applicable) to determine the appropriate grade placement for my child.
2. I am authorizing CCSD59 to gather information from my child's previous school or teacher (if applicable) to assist in determining current academic and social readiness. A *Release of Information* is attached.

Parent/Guardian Signature: _____ Date: _____

Submit the completed packet by May 15 to:

(In Person) Nancy Torres - Instruction Department
Community Consolidated School District 59
1001 Leicester Road, Elk Grove Village, IL 60007

or via email at torres.nancy@ccsd59.org

Date Received: ___/___/___ Initials of Receiver: _____

Please list all previous school, educational, and/or group experiences your child has participated in:

Please indicate the name(s) of teachers, directors, and leaders who can speak to your child's academic and social/emotional maturity.

Why are you requesting early entrance to kindergarten for your child? (attach another sheet if necessary)

What **academic** skills does your child demonstrate that indicate that your child shows advanced readiness for kindergarten? (attach another sheet if necessary)

What **social** skills does your child demonstrate that indicate that your child shows advanced readiness for kindergarten? (attach another sheet if necessary)_____

What other evidence do you have (if applicable) to support early entrance to kindergarten? (attach another sheet if necessary)



Community Consolidated School District 59
1001 Leicester Road * Elk Grove Village, IL 60007
PH: 847-593-4300 * FAX: 847-593-4352

**AUTHORIZATION FOR THE EXCHANGE
CONFIDENTIAL INFORMATION/RECORDS**

Student: _____ Birth Date: _____

Parent's Name(s): _____ Student ID#: _____

Home Address: _____

City: _____ Zip Code: _____

Last School of Attendance (*Dist. 59*) _____

Last Year of Attendance (*Dist. 59*) _____

I/we hereby authorize that the following information will be released/exchanged:

All permanent records (including, but not limited to, basic identifying information, birth certificate or other proof of student's identity, academic transcript, attendance records, and health records, where applicable.

All temporary records (including, but not limited to, scores on State assessments administered in grades K-8, discipline records, health-related information, accident reports, family background information, psychological evaluation reports, aptitude and achievement test results, report cards, honors and awards, progress monitoring information, IDEA/special education records, and Section 504 records)

These disclosures are authorized pursuant to the *Family Education Rights and Privacy Act* (20 U.S.C. Section 1232g), the *Illinois School Student Records Act* (105 ILCS 10/1 *et seq.*), and the *Illinois Mental Health and Developmental Disabilities Confidentiality Act* (740 ILCS 110/1 *et seq.*),* and are to be made for the purpose of:

- Educational evaluation and/or planning Other [specify]:

*Prior to the release of protected health information, health care providers may require the parent/guardian to execute an additional authorization form to comply with the *Health Insurance Portability and Accountability Act* ("HIPAA").

I understand that I have the right to inspect and copy the information to be disclosed, challenge its contents, and limit my consent to designated records or portions of the information contained in those records. I also understand that my refusal to consent to the exchange of records and communications could result in incomplete and/or inappropriate educational planning for the student. This consent expires one year from the date indicated below. However, I understand that I have the right to revoke this consent in writing at any time.

- I authorize District 59 to release information concerning the above named student.
 I authorize District 59 to obtain information concerning the above named student.

TO: _____ FROM: _____

Phone: _____ Phone: _____

For: Early Entrance Application.

Check those applicable: Student Records Other.

Printed Name _____ Signature _____
Date _____ *[If under the age of 18, parent signature is required]*

Witness Signature *[required for mental health/developmental disability records]* _____
Date _____

Student Signature *[required for mental health/developmental disability records]* _____
Date _____ *(if the student is age 12 or older)*



Early Entrance Parent Questionnaire

Child's Name: _____ Birth Date: _____

Child's first language, if other than English: _____

Years of preschool: _____ Name of preschool: _____

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

1. What are some of your child's interests?

2. What reading and/or writing activities does your child engage in at home?

3. What are some of your child's favorite toys?

4. How long does your child maintain attention in a play activity or game at a given time?

5. How would you describe your child's language skills?

6. How would you describe your child's listening skills?

7. How does your child interact with other children?

8. How does your child respond when he/she tries but cannot do something?

9. Describe your child's behavior when separating from you.

10. What types of situations frustrate your child?

11. How does your child handle transitions and new situations?
