

Central Primary School

Applying for Accelerated Placement-

If you feel that your child may be a good candidate for accelerated placement, please obtain an information/application packet by visiting the website www.central51.net or call the Central Primary School Office at 309.444.3580 to pick up a packet.

Once the application has been completed and returned to the Central Primary School Office no later than **May 1** in the year for which admission is being requested.

Parents will be notified of an appointment with the building Principal and Acceleration Team to schedule assessments.

The following conditions must be met before consideration is made:

Candidates must be 5 years old on or before October 15 of that school year. To be considered for early entrance into first grade, candidates must be 6 years old on or before October 15 of that school year. Students will be required to complete assessments in the areas of cognitive ability, language skills, motor skills, and social emotional/behavioral appropriateness. To be considered for early entrance, students must demonstrate advanced abilities across all four domains (5 year old performance for kindergarten candidates, 6 year old performance for first grade candidates).

- ❖ Proof of birth date must be provided using an original certified birth certificate
- ❖ Proof of residency in the Central 51 school district
- ❖ Daycare/Preschool referral- use checklist attached and include any letters of recommendation
- ❖ Referral for possible accelerated placement may be made by a parent/guardian or others: (may include preschool educator, pediatrician, or psychologist)

When the above conditions have been met, the following will be considered:

- Fountas and Pinnell- Level G for first grade
- Additional screenings will be required by the school principal and screening team

An Acceleration Team (which may include principal, general education teacher, interventionist, psychologist, counselor, social worker or LBS1 teacher) will conduct the assessments and collect any additional information that is needed. The team will convene with parents to review evaluation results and determine eligibility for accelerated placement. Parents will be provided with a written notice of eligibility

Accelerated Placement Application

RETURN COMPLETED FORMS TO:

Central Primary School, 1400 Newcastle Rd. Washington, IL 61571

Please complete this application if you feel your child demonstrates high academic ability, and developmental maturity appropriate for accelerated placement and should be considered for early placement.

PLEASE PRINT ALL INFORMATION

Child's Name: _____

Last

First

Middle Initial

Birth date: ____/____/____

____ Male

____ Female

Type of Acceleration Requested (CHECK ONE):

____ Early Entrance to Kindergarten (my child will be 5 before January 1)

____ Early Entrance to Kindergarten (my child will **NOT** be 5 before January 1)

____ Accelerated Placement for First Grade

Home Address: _____

Street

City

Zip

Day care or Preschool Name and Address: _____

Name & Address

City

Zip

Custodial Parent/Guardian Name: _____ Relationship to Child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Preschool Experience Please attach a preschool report card if available and list the nursery schools, Head Start, special programs, and other day care programs attended. Include the dates of attendance and the approximate number of hours per week attended.

Name of School/Program

Dates of Attendance

Number of Hours/Week

PLEASE RESPOND TO THE FOLLOWING IMPORTANT QUESTIONS:

1. Is a second language regularly spoken in the home: ____ NO ____ YES

If YES, what language (s) _____

2. Does your student have an IEP or need assistive technology or other accommodations in order to be tested? ____ NO ____ YES

If YES, please specify _____

Please use this space to provide any additional information that you would like to include (continue on the reverse side of this form if necessary.)

Permission for review and assessment for Accelerated Placement

I, _____, hereby give

(Custodial Parent/Legal Guardian Name)

my permission for **the Central School District 51 to respond to request for**

assessment for: _____ Date of Birth: _____

(Name of Child)

In giving my permission, I understand that any or all of the following may occur based on the timeline specified in the **Accelerated Placement** packet:

1. Review of relevant records (releases of information will be included)
2. Interviews with caregiver and/or parent/guardian
3. Observation(s) of my child
4. Assessment (e.g. curriculum-based, screening, and other appropriate measures to determine placement)

I further understand and agree that the information collected by the school district will then be reviewed by the team for the purpose of assessing my child as a candidate for Accelerated Placement.

PRINT NAME of Parent/Legal Guardian

SIGNATURE of Parent/Legal Guardian

Date

RETURN APPLICATION AND PERMISSION FOR REVIEW BY May 1 to the Central Primary School Office.

Background Information (Please attach additional pages if needed)

1. What were some early childhood indicators which demonstrated your child was advanced for his/her age?

2. Describe recently observed characteristics that indicate your child is ready for kindergarten.

3. Does your child prefer to play with pre-packaged games or games he/she creates? Explain and/or give example(s).

4. How does your child approach a challenging task? Provide at least one example.

5. How does your child relate to his/her age peers?

6. Describe your child's preferred playmates.

7. How does your child interact with adults (i.e. community members, strangers, neighbors, and/or lesson instructors)

8. How does your child choose to spend his/her free time?

9. Does your child participate in any activities or lessons (i.e. dance, art, sports, music, etc.)? If so, please include description and any special awards or recognition received.

10. How does your child handle frustration?

11. What will accelerated placement provide for your child?

12. Please provide any other information about your child, which you believe is important for us to know.

Day Care/Preschool Referral

For each item, please mark the space for Not True, Somewhat True or Certainly True. Answer all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behavior over the last six months. **(Return to Central Primary Office)**

Child's name _____ **Date of birth** _____

	Not true	Somewhat true	Certainly true
Considerate of other people's feelings			
Restless, overactive, cannot stay still for long			
Often complains of headaches, stomachaches or sickness			
Shares readily with other children, for example toys, treats, pencils			
Often loses temper			
Rather solitary, prefers to play alone			
Generally well behaved, usually does what adults request			
Many worries or often seems worried			
Helpful if someone is hurt, upset or feeling ill			
Constantly fidgeting or squirming			
Has at least one good friend			
Often fights with other children or bullies them			
Often unhappy, depressed or tearful			
Generally liked by other children			
Easily distract, concentration wanders			
Nervous or clingy in new situations, easily loses confidence			
Kind to younger children			
Often argumentative with adults			
Picked on or bullied by other children			

Signature _____ Date _____

Print Name _____ Day Care/Preschool _____