



## Application for Foundations K

### An Early Entry Intervention Kindergarten Program

According to Sedro-Woolley School Board policy 3110, "To be admitted to a kindergarten program, which commences in the fall of the year a child must be not less than 5 years of age prior to September 1 of that school year."

Student Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ CellPhone: \_\_\_\_\_

Email address: \_\_\_\_\_

Has your child attended preschool/daycare? Yes  No

If yes, location: \_\_\_\_\_

How often (days per week): \_\_\_\_\_ How long (hours per day): \_\_\_\_\_

Dates from \_\_\_\_\_ To \_\_\_\_\_ Teacher(s): \_\_\_\_\_

Reason(s) you are seeking early admittance for your child:

Parent/Guardian Signature: \_\_\_\_\_

Contact the Teaching and Learning Department at (360) 855-3503 if you have any questions or need additional information. Applications should be returned by January 10<sup>th</sup> to the Early Learning Liaison, Sedro Woolley School District 801 Trail Road, Sedro-Woolley, WA 98284



## Foundations K Parent Questionnaire

### An Early Entry Intervention Kindergarten Program

Please complete this questionnaire if you would like your child to be considered for early entrance for kindergarten.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's first language if different than English: \_\_\_\_\_

Number of year(s) in preschool/daycare: \_\_\_\_\_

Name of Preschool/daycare: \_\_\_\_\_

#### Please answer the questions below:

1. What are your child's interests?
2. What types of activities does your child engage in at home?
3. How long does your child maintain interest in a play activity or game at a given time?
4. How does your child respond when he/she tries but cannot do something?
5. How does your child interact with other children? Please explain and consider whether your child shares, takes turns, and cooperates with peers.
6. How does your child respond to new situations and/or challenges?

Below is a list of statements that describe children. Please think about your child as you read each statement and check your response under the following columns.

R- if the behavior RARELY occurs  
 S- if the behavior SOMETIMES occurs  
 O- if the behavior OFTEN occurs

Child joins in group activities with 20 children for 15 minutes.....	R	S	O
Child initiates play with other children.....	R	S	O
Child demonstrates appropriate verbal language skills. (i.e. can form complete sentences, use specific language, express thinking)	R	S	O
Child listens, participates, and engages in group discussions	R	S	O
Child follows multiple step directions that are given to the group.....	R	S	O
Child demonstrates coping strategies to deal with social conflict	R	S	O
Child can work independently	R	S	O
Child completes work in a timely fashion	R	S	O
Child cuts with scissors .....	R	S	O
Child follows directions without multiple reminders	R	S	O
Child separates from parents with limited difficulty	R	S	O
Child knows how to ask for help appropriately	R	S	O
Child has positive strategies to seek attention from peers (not physical)	R	S	O
Child is patient when he/she is not first	R	S	O
Child gets along with other children	R	S	O
Child takes care of bathroom issues independently	R	S	O
Child needs a nap during the day .....	R	S	O
Child has stamina for school	R	S	O
Child follows three step directions	R	S	O

Is there anything else you would like to tell us about your child to help us better understand your child and in consideration for this program?

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