
KINDERGARTEN ASSESSMENT

Name: _____ Birthdate: _____

Parent/Guardian: _____ Phone: _____

Address: _____

City: _____ WA _____ Zip: _____

Dear Parent or Guardian:

Assessment results from the early entrance screening:

Developmental Indicators for the Assessment of Learning – Revised

Motor: _____
Concepts: _____
Language: _____

Vineland

Socialization: _____
Daily Living: _____

Your child _____ is granted _____ early entrance into Kindergarten for the ____/____ school year.
_____ is not granted

Please contact me if you have any questions or concerns.

Sincerely,

Principal
Parkside Elementary School

Tenino School District

Endorsed by the Board: October 11, 1993
Revised by the Board: July 20, 2000
Updated: October 22, 2003