



www.bighollow.us

Mr. Robert Gold, Superintendent

Big Hollow District Office
 26051 W. Nippersink Rd.
 Ingleside, IL 60041
 Phone 847-740-1490
 Fax 847-740-9172

Big Hollow Primary School (EC-1)
 33335 N. Fish Lake Rd.
 Ingleside, IL 60041
 Phone 847-740-5320
 Fax 847-740-3490

Big Hollow Elementary (2-4)
 33315 N. Fish Lake Rd.
 Ingleside, IL 60041
 Phone 847-740-5321
 Fax 847-740-3795

Big Hollow Middle School (5-8)
 26051 W. Nippersink Rd.
 Ingleside, IL 60041
 Phone 847-740-5322
 Fax 847-740-9021

Early Kindergarten Entry Required Documents

Student Name: _____

Parent/Guardian: _____

Item	Date Received
Parent Application	
Birth Certificate	
Proof of Residency	
Parent Consent Form	
Parent Checklist/Observation	
Teacher Checklist/Observation	
Screening with Kindergarten Team	
Preschool Observation Form	

Early Admission to Kindergarten - Parent Application

Child's Name _____ Gender M F

Child's Birthdate _____ Home Phone _____

Address _____

Mother's Name _____

Address, if different from
child's _____

Email _____ Cell Phone _____

Father's Name _____

Address, if different from
child's _____

Email _____ Cell Phone _____

Siblings (age/grade)

Language(s) spoken at home:

KINDERGARTEN and PRE-SCHOOL(S) ATTENDED

Name of School/Program	Contact Information (Name and Phone #)	Dates of Attendance	# Hours Per Week

CONSENT and SIGNATURE

I give my consent for Big Hollow School District 38 to administer screening tools and conduct an observation to determine eligibility for early admission into kindergarten for the _____ school year.

I give permission for _____(school) to release information to Big Hollow School District 38, if applicable.

I understand that the decision of the screening team is final.

Parent Signature _____ Date _____

CHILD'S NAME _____

Please assess your child’s readiness for Kindergarten. This checklist covers seven broad areas of developmental readiness required for our Kindergarten program. Read each statement and indicate your child’s abilities for each by checking the appropriate column. Keep in mind that we recognize that a child will not have all these items solidly in the “always” category to start Kindergarten.

Please return the completed form to school by _____.

	Always	Frequently	Sometimes	Never
Motor Development and Physical Well-Being				
Runs, jumps, and climbs with balance and control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses crayons, markers, and pencils to write and draw with control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cuts with scissors independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performs daily self-help tasks such as zipping, dressing, and tying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Puts on and takes off coat/shoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open packets and containers for lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal and Social Development				
Cooperates with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows multi-step directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Works independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solves for basic problems/situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knows and follows rules; understands the reasons for the rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows directions, rules, and routines without much assistance from an adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts responsibility for their choices/actions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aware of their own and others’ personal space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacts appropriately with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cares about the feelings of others; shows kindness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares supplies with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes turns with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asks questions and shows interest in the world around them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
States their birthday, address and phone number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language and Literacy				
Tells and retells familiar stories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses ideas clearly; uses an extensive or advanced vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes first and last name correctly (e.g. M-a-t-t, not M-A-T-T)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes and writes upper and lower case letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Produces the sounds that letters make	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reads and writes basic sight words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses letters to write words	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes 1-2 sentences with a capital, spacing between words and punctuation at the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blends and segments one syllable words (e.g. c-a-t-, cat)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mathematics				
Counts orally to 100 by 1’s and 10’s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counts backwards from 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies written numbers 1 - 99	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can count objects up to 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can visually represent numbers to 20 with pictures or symbols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands concepts of before, after and between	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes numbers 1 - 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes basic shapes and their attributes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Puts objects in order from smallest to largest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parent/Guardian Questionnaire

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

1. Why do you think your child should be considered for early entrance to kindergarten?
2. Describe any behaviors and/or accomplishments that demonstrate your child has accelerated or advanced early development.
3. How does your child handle transitions or unfamiliar activities?
4. Describe how your child reacts to frustration or conflicts with others.
5. Describe chores or tasks your child does at home.
6. How does your child interact with other children? Please explain and consider whether or not your child shares, takes turns, and cooperates with peers.
7. What do you see as possible advantages and disadvantages of entering kindergarten early?
Advantages:
Disadvantages:

Parent Signature _____ Date _____

Parent Consent for Evaluation and Data Collection

Date _____

Parent(s)/Guardian Name

Re: Child's Name _____

Dear Parent(s):

You have requested that the above-named child be considered for Early Admission to Kindergarten. The early admission process involves the gathering of information, and screening by Big Hollow's kindergarten team. This data will be used to make a recommendation regarding early entry to first grade.

Consent for Evaluation

Please sign and return the consent form to the Big Hollow School District office to the attention of the superintendent. The evaluation process cannot proceed until this form is signed and returned.

- Yes, I give my permission for my child to be screened by the kindergarten team.
- Yes, I give permission for my child's current teacher to be contacted. I understand that my child's teacher will be asked to complete an observation form and that a member of Big Hollow's early admission team will be conducting an observation of my child in the classroom setting.

Parent Signature _____ Date _____