



**COLUMBUS  
CITY SCHOOLS**

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## **GIFTED AND TALENTED**

**Dr. Colleen S. Boyle, Director**

3700 S. High St.

Columbus, Ohio 43207

Ph. 614-365-6626

Fax 614-365-8605

cboyle@columbus.k12.oh.us

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*Mission: Each student is highly educated, prepared for leadership and service, and empowered for success as a citizen in a global community.*

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April 2020

Dear Parents/Guardians,

Thank you for your interest regarding the evaluation of your child for early entrance to Kindergarten or First Grade for the upcoming school year. The evaluation process adopted by Columbus City Schools is based on local board policy and the state model policy for academic acceleration as put forth by the Ohio Department of Education. If you have any questions about the procedures, please feel free to call or email me, and I will be happy to answer your questions or concerns

The assessment involves the use of four instruments: the Iowa Acceleration Scale, a brief screener, a full cognitive ability test, and an academic achievement test. The screener, cognitive ability test, and academic achievement test measure a child's problem solving and thinking skills and prior understanding of academic concepts, respectively. The Iowa Acceleration Scales serves as a tool for understanding the child's total cognitive, academic, and social/emotional profile in order to make a placement recommendation.

### Process for Early Entrance Consideration:

1. The referral is filed with the Gifted & Talented Division. If the child's birthday falls between October 1 and December 31, the parent/guardian may make the referral. If the child's birthday is after January 1, the referral must come from a district educator, a certified preschool teacher, a physician, or a psychologist. Please submit the completed referral packet with all required signatures.
2. An appointment will be scheduled for evaluation at the end of May. If you cannot make your scheduled appointment, please be sure to call our office ahead of time to cancel or reschedule. These appointments are scheduled for the week of June 1. Details regarding time and place will be discussed when the appointment is made.
3. On the day of the full evaluation, the parent will bring the child to the testing site. Please also bring any prior preschool evaluations or examples of the child's academic work, photo identification, utility bill, child's birth certificate, and immunization records.
4. The initial testing session begins with a brief intelligence test. Students must score at or above 115 on this test to continue with the process. This minimum score is based on the research and critical item requirements of the Iowa Acceleration Scale. If a student does not score at or above 115, the evaluation will end and the child will not be eligible for early entrance consideration.
5. Students who meet the minimum score on the brief intelligence test will continue with the full cognitive assessment and an achievement test administered by a district school psychologist. This evaluation will be scheduled for later the same week.
6. In addition, the child will be observed during social interaction between assessments while participating in a variety of age-appropriate table activities with a district educator.
7. If the child earns qualifying scores for further consideration, a placement committee including a gifted resource specialist, a principal, a primary enrichment teacher, and parents will meet at the end of the assessment week to discuss the best placement for the child in the upcoming year using the information on the Iowa Acceleration Scale.

Please submit the enclosed referral packet ***no later than May 15*** so we can schedule testing in a timely manner. If you have any questions, please contact my office for more information. We will contact you in May to schedule the evaluation appointment.

Sincerely,

Dr. Colleen S. Boyle  
Director, Gifted & Talented



## Application for Early Entrance Kindergarten or 1<sup>st</sup> Grade Program

**CCS form deadline  
May 15, 2020**

Please complete this application if you feel that your child demonstrates academic achievement, social, emotional, and physical maturity appropriate for kindergarten or 1<sup>st</sup> grade placement, and should be considered for early placement in school and has a birth date that occurs October 1 or later. A signature from a pediatrician, psychologist, or licensed educator familiar with the child required if birthday is January 1 or later. Please return completed form to the Gifted and Talented office, 3700 S. High St., Columbus, OH 43207 by May 15, 2020.

Early Entrance Requested to:  Kindergarten (child will be 5 after Sept. 30)  1<sup>st</sup> Grade (child will be 6 after Sept. 30)

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First MI

Address \_\_\_\_\_ Gender:  Male  Female  
Street City State Zip Code

Phone \_\_\_\_\_ Home School \_\_\_\_\_

### Preschool Experience

List the preschools, Head Start, special education program, and/or other child care programs attended. Include the dates and attendance and the approximate number of hours per week attended.

Name of School/Program	Dates of Attendance	# Hours/Week
_____	____/____/____ - ____/____/____	_____
_____	____/____/____ - ____/____/____	_____
_____	____/____/____ - ____/____/____	_____
_____	____/____/____ - ____/____/____	_____

Please complete the following checklist and questionnaire.

### Parent Checklist

The seven broad developmental dimensions provide the framework for the kindergarten instructional program. The checklist will help in determining your child's readiness for our kindergarten program. Please read each statement and indicate your child's abilities as listed below by checking the appropriate column.

	Frequently	Sometimes	None of the Time
<b>Physical Well-Being and Motor Development</b>			
Performs self-help tasks independently (dressing, undressing, zipping, tying, and toileting).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses eye/hand coordination to perform fine motor tasks (drawing, writing and cutting).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses balance and control to perform large motor tasks (walking, jumping, and skipping).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Personal and Social Development</b>			
Shows eagerness to learn (is curious, like to investigate).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows rules and routines (cleans up at play time).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handles change and transition (dinner time to bedtime).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacts easily with one or more children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continued on page 2

**Appeals:** Must be made in writing (please state reason and any additional information) within 30 days of the date of this decision to: Executive Director, Office of Teaching and Learning, Columbus City Schools, 3700 S. High St., Columbus, Ohio 43207.

**Parent Checklist (continued)**

<b>Language and Literacy</b>	<b>Frequently</b>	<b>Sometimes</b>	<b>None of the Time</b>
Listens for meaning in stories, discussions, and conversations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaks clearly, to share ideas and thoughts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can identify letters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can identify beginning sounds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses letters and words to write.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writes name.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mathematical Thinking</b>			
Can recognize numbers 0-20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can orally count forward to 30.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can recognize, duplicate, and extend simple patterns (circle-triangle, circle-triangle, circle-triangle).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can recognize and describe attributes of shapes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Scientific Thinking</b>			
Uses a magnifying glass to look at different objects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifies, describes, and compares properties of objects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describes characteristics and basic needs of living things (food, water, shelter).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Social Studies</b>			
Recognizes self and others as having same and different characteristics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describes roles and responsibilities of people. (Firefighters put out fires).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognizes the reasons for rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>The Arts</b>			
Likes to paint and draw.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Likes to sing and dance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can share ideas about a drawing/painting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Parent Questionnaire**

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

1. Why do you feel your child should be considered for early entrance to kindergarten?

2. How long does your child maintain interest in a play activity or game at a given time? \_\_\_\_\_

**Parent Checklist** (continued from page 2)

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3. What responsibilities does your child have at home? What do you do when your child does not follow through?
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
4. How does your child respond when he/she tries, but cannot do something?
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
5. What types of reading activities does your child engage in at home?
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
6. What kinds of experiences has your child had with writing tools, such as crayons, pencils, and markers?
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
7. What does your child know about numbers, shapes, and patterns?
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
8. How does your child handle transitions and new situations?
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
9. How does your child interact with other children? Please explain and consider whether or not your child shares, takes turns, and cooperates with peers?

## Early Entrance Teacher Checklist

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

A request has been made by parent/legal guardians for the above named student to be considered for early entrance admission to Kindergarten or 1<sup>st</sup> Grade. As the child's current early childhood education teacher or service provider, we are requesting your assistance with this checklist.

The web link to the Ohio Department of Education's Learning Standards outlines the grade level indicators and benchmarks of skills expected of all kindergarteners in Ohio. *Please evaluate the above named student based on the criteria presented in the link below:*

<http://education.ohio.gov/Topics/Learning-in-Ohio/OLS-Graphic-Sections/Learning-Standards>

**Evaluator:**  *Teacher*,  *Service Provider*,  *Parent*,  *Other*: \_\_\_\_\_ )

### PLEASE CHECK PERFORMANCE LEVEL IN EACH AREA

#### Kindergarten Academic Content Areas:

	Mastered Skills (90%+ accuracy)	Working on Mastery Skills (75% to 90%)	Instructional Phase Skills (50% to 75%)	Not Introduced or Observed Skill(s)	
<b>(Language Arts)</b>					
Retell stories with key details in story	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Identify main idea and details in non-fiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrate phonics/phonemic skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use words/pictures to narrate text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use conventions (capitals, punctuation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Appropriately participate in conversations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>(Mathematics)</b>					
Count to 100 by 1s/10s from any number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Model adding/subtracting objects/numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use 10s and 1s to model numbers 11-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Describe items by measurable attributes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Identify/describe/compare shapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>(Science)</b>					
Sort/classify by physical properties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Observe/describe/compare living things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Observe/describe/compare non-living things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>(Social Studies)</b>					
Identify and share examples of culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use terms of direction, distance, landmarks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Describe purpose of authority and rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Identify goods and services to meet needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Please rate this child's performance in relation to his/her current peer group.</b>	<b>Top 5%</b>	<b>Top 10%</b>	<b>Top 25%</b>	<b>Upper Half</b>	<b>Lower Half</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Person Completing Form X \_\_\_\_\_ Date \_\_\_\_\_

School Affiliation: \_\_\_\_\_

**Additional considerations:**

*As a parent/guardian, I understand that a child's success in school depends on support at home. I am able to give my child additional support to help in his/her transition to a new setting with much higher academic demands than he/she encountered in preschool.*

*My child:*

- Is enthusiastic about going to kindergarten;
- Enjoys learning new information or skills;
- Is curious about many things and asks questions often;
- Concentrates on certain activities much longer than other children his/her age;
- Reads (and understands text) in picture books or chapter books;
- Figures out math-related problems better than other children his/her age;
- Due to social/emotional concerns for the child or family, acceleration may not be advisable if:
  - Has one or more older siblings in the grade in which he/she will be placed if admitted by early entrance;
  - Often did not want to attend preschool or missed preschool often because of illness or family issues.

**Parent/Guardian Referral (REQUIRED for all children)**

*I believe that my child exhibits a number of the characteristics listed above that indicate he/she might benefit by entering the grades K-12 program. I have reviewed the considerations above and do not feel they would negatively impact my child's success in school. I request evaluation for my child for possible early entrance to school.*

Parent/Guardian \_\_\_\_\_ X \_\_\_\_\_  
 Please print Signature Date

- **Is English your child's first language?**  Yes  No  
 If "No", what is your child's primary home language? \_\_\_\_\_
- **Is an interpreter required for this evaluation?**  Yes  No

**Professional Referral (REQUIRED if child's birthday is January 1 or later)**

*I believe that the referred child exhibits a number of the characteristics listed above that indicate he/she might benefit by entering the grades K-12 program. I have reviewed the considerations above and do not feel they would negatively impact the child's success in school. I request evaluation for this child for possible early entrance to school.*

Professional's Name \_\_\_\_\_ X \_\_\_\_\_  
 Please print Signature Date

Pediatrician  Psychologist  Licensed Educator State License # \_\_\_\_\_

Practice/School \_\_\_\_\_

**The referral request will be processed, and parents will receive the final determination for early entrance within 30 days from the date of the assessment.**

**Appointments not kept, or "no shows" will not be rescheduled - Spring screenings begin June 1-2, 2020.**

School Representative Receiving Referral \_\_\_\_\_

*(Verify the following: Parent/guardian driver's license/state ID, child's birth certificate, immunization records, utility bill matches address on application, and necessary custody documents or court orders stating district of residence)*

Elementary School \_\_\_\_\_

**For Office Use Only:** Date Received \_\_\_/\_\_\_/\_\_\_ Initials of Receiver \_\_\_\_\_ Date of Appointment \_\_\_/\_\_\_/\_\_\_

**Return completed form to the Gifted and Talented Office, 3700 S. High St., Columbus, OH 43207 by May 15, 2020.**