



GLENVIEW SCHOOL DISTRICT 34

1401 Greenwood Road
Glenview, Illinois 60026
www.glenview34.org

EARLY ENTRY TO FIRST GRADE APPLICATION

To be considered for early entrance to 1st grade according to the policies of District 34 and the State of Illinois, children must meet the following:

1. The child attended a non-public preschool and will complete kindergarten at that same facility.
2. The child was taught by an appropriately certified kindergarten teacher.
3. The child will turn 6 years of age between September 2 and December 31 of his first grade year. If these 3 requirements are met, please complete and return all of the following forms.

A District 34 licensed school psychologist will complete further testing before a final determination is made.

Confidential Teacher Information for Early Admission to First Grade
Please return this form directly to: (by March 30 of the current school year)

Glenview School District 34
Attn: Dr. Matthew Silverman, Assistant Superintendent for Teaching & Learning
1401 Greenwood Road
Glenview, IL 60026

OR scan a digital copy to, msilverman@glenview34.org.

NON-PUBLIC PRESCHOOL AND KINDERGARTEN INFORMATION

This form is to be completed by the school principal/director.

STUDENT INFORMATION

Student Name: _____

Student Birth Date: _____

Parent Name: _____

Address: _____



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Phone: _____

Name of Preschool/Kindergarten: _____

Name of Preschool/Kindergarten Director: _____

Address: _____

Phone: _____

Dates of attendance in preschool program: _____

Dates of attendance in kindergarten program: _____

Kindergarten Teacher's name: _____

Kindergarten Teacher's State License Certificate Number: _____

Kindergarten Teacher's DCFS Approval Certificate: _____

ACADEMIC PROGRAM

Please describe your preschool program:

Please describe your kindergarten program and include length of instructional day:



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Please describe the curriculum uses in your kindergarten program. Include specific series/text books and amount of instruction time per day.

Reading:

Writing:

Math:

Social Studies:

Science:

Please give an overview of the formative and summative assessments used in your program to determine student learning. Include frequency and assessment types. (You may attach examples.)



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Please attach a copy of the classroom teacher's appropriate certification. A current certificate can be accessed at the Illinois Board of Education site www.isbe.net. Form completed by:

Name & Title: _____

Please comment on the child's social interactions with peers and adults in both structured and unstructured situations.

How would you predict the child's success as an independent learner? Please include reflections on his/her maturity, creativity, and intellectual ability.

Did the student require additional support or intervention for academics? _____
If additional support was needed, please indicate type and frequency of support.



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LEARNER CHARACTERISTICS

As compared to all students you have taught, on a scale of one to four (1 = Seldom/Lowest while 4 = Always/Highest), please rate the child in the following areas:

1. Works well independently: 1 2 3 4
2. Works well with others: 1 2 3 4
3. Respects rights and property of others: 1 2 3 4
4. Accepts responsibility for own behavior: 1 2 3 4
5. Claims only his/her share of attention: 1 2 3 4
6. Talks at appropriate times: 1 2 3 4
7. Speaks in complete sentences: 1 2 3 4
8. Listens attentively: 1 2 3 4
9. Follows school and classroom rules: 1 2 3 4
10. Exercises self-control: 1 2 3 4
11. Follows directions: 1 2 3 4
12. Completes work in reasonable time period: 1 2 3 4
13. Seeks help when needed: 1 2 3 4
14. Does neat and careful work: 1 2 3 4
15. Is responsible for belongings and supplies: 1 2 3 4
16. Stays on task: 1 2 3 4
17. Demonstrates a positive attitude: 1 2 3 4
18. Listens without interrupting: 1 2 3 4
19. Seems content: 1 2 3 4



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- 20. Shows a desire to learn: 1 2 3 4
- 21. Accepts and respects authority: 1 2 3 4
- 22. Attends to personal needs: 1 2 3 4
- 23. Expresses ideas, thoughts, and feelings: 1 2 3 4

Please attach any assessment information that will assist us in knowing the student's first grade level of instruction.

Signature

Date



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THIS SECTION IS FOR KINDERGARTEN ONLY

STUDENT INFORMATION

Student Name: _____

Student Birth Date: _____

Parent Name: _____

Address: _____

Phone: _____

Name of Preschool: _____

Name of Preschool Director: _____

Address of Preschool Attended: _____

Name of Preschool Teacher: _____

Number of Years Attended: _____



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To Be Completed By The Current Preschool Teacher

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