



[www.bighollow.us](http://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 Admission to Kindergarten

Big Hollow School District 38 has established guidelines and procedures for parents requesting early admission to kindergarten when a child's birthday falls between the State of Illinois requirement of September 1<sup>st</sup> and November 1<sup>st</sup> of a given school year. The district recognizes that children develop at different rates socially, emotionally, physically, and academically, so kindergarten readiness can vary. Criteria and procedures for early admission follow.

### Initial Criteria for Early Admission to Kindergarten

1. The child must live within Big Hollow School District boundaries and turn five years old after September 1<sup>st</sup> and by November 1<sup>st</sup> of the ensuing school year.
2. Parents must submit the following paperwork by March 15<sup>th</sup> to the district office prior to the school year to initiate the process.
  - a. Early Entrance to Kindergarten Application
  - b. The child's birth certificate
  - c. Proof of Residence
  - d. Parent Checklist
  - e. Teacher Questionnaire
  - f. Letter of Recommendation, if not currently enrolled in pre-school
3. New residents who move in after the March 15 deadline, should contact the district offices as soon as possible to make arrangements for early admission screening.
4. Candidates and their parent(s) will be required to attend a screening with the kindergarten staff before the school year ends. The date will be arranged with all parties.

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
<b>Motor Development and Physical Well-Being</b>				
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"/>
<b>Personal and Social Development</b>				
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"/>
<b>Language and Literacy</b>				
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"/>
<b>Mathematics</b>				
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.

<b>1. Why do you think your child should be considered for early entrance to kindergarten?</b>
<b>2. Describe any behaviors and/or accomplishments that demonstrate your child has accelerated or advanced early development.</b>
<b>3. How does your child handle transitions or unfamiliar activities?</b>
<b>4. Describe how your child reacts to frustration or conflicts with others.</b>
<b>5. Describe chores or tasks your child does at home.</b>
<b>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.</b>
<b>7. What do you see as possible advantages and disadvantages of entering kindergarten early?</b>
Advantages:   
Disadvantages:    

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



[www.bighollow.us](http://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	

## 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 \_\_\_\_\_

# Teacher Checklist and Observation

CHILD'S NAME \_\_\_\_\_

Your above-named student is being considered for early entrance to Kindergarten at Big Hollow School District 38.

Please complete the following information:

Teacher's Name \_\_\_\_\_

Name of School \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

	Always	Frequently	Sometimes	Never
<b>Motor Development and Physical Well-Being</b>				
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"/>
<b>Personal and Social Development</b>				
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"/>
<b>Language and Literacy</b>				
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"/>
<b>Mathematics</b>				
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"/>



## Teacher Checklist and Questionnaire

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

1. What is the student's attitude toward learning?

2. How does the student handle transitions and unfamiliar activities?

3. Describe this student's interactions with other children and adults.

4. Describe the parent(s) involvement with their child regarding support and pressure.

5. How would you describe the child's self-concept and motivation to learn.

6. What benefits or disadvantages would you see if this child were to enter Kindergarten early?