

# Kindergarten EPSF Assessment

Please read the letter provided in this packet for important information on the Early Prevention of School Failure Assessment.

**Kindergarten Assessment Date: Friday, May 17, 2019**

The assessment times will be as follows:

8:30 _____	please indicate your first second, and third choice by writing a number 1, 2 or 3 after the corresponding time.
10:30 _____	
12:30 _____	

We will try to honor your first choice time request, but only 10 children can be screened at one time. We appreciate your understanding. We will notify you of your time for the assessment when the schedule is completed.

Child's Name: \_\_\_\_\_

Name child would like to be called in school: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Parents/Guardians' Names: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Has your child been in pre-school? Y N Where? \_\_\_\_\_

Is there anyone your child should not sit near? (good friend(s) \_\_\_\_\_

\_\_\_\_\_

Is English your primary language at home? Y N

If not, what language is spoken? \_\_\_\_\_

Thank You!