

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 5, 2017

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? _____ If not, what language is spoken? _____

Thank You!