



## ***Guidelines for Evaluating Four-Year-Old Children for Early Admission to Kindergarten***

**At their own expense**, parents may ask a licensed psychologist to provide an individual evaluation of a four-year-old child to determine if he/she meets the state guidelines for early admission to kindergarten. If so, the following information is designed to ensure the appropriate tests are administered and the results are appropriately reported.

Age norms must be used in scoring the tests. The psychologist must complete the attached form and submit a copy of a standard psychological report describing the test results directly to the AG Department. **Please note that the results can be used only if the tests are administered after the April 16<sup>th</sup> following the child’s fourth birthday and it has not been more than 12 months from the administration date.** If additional information is needed about the overall guidelines pertaining to early admission to kindergarten, please call the AG Department.

An **individual assessment of student aptitude** is required. The following is a list of instruments accepted by the Guilford County Schools for the aptitude assessment:

### **Test and Required Composite Score**

- Wechsler Preschool and Primary Scales of Intelligence - Fourth Edition (WPPSI-IV)—Full Scale IQ
- Differential Ability Scales- Second Edition (DAS-II)—General Conceptual Ability (GCA)
- Stanford-Binet: Fifth Edition (SB-V)—Test Composite for recommended battery of subtests for children 2-6 years

An **individual assessment of achievement** is also required. The assessment must yield scores for reading **AND** math. The following is a list of instruments accepted by the Guilford County Schools for the achievement assessment:

### **Assessments of Reading and Math**

- Test of Early Mathematics Ability – Third Edition (TEMA-3)
- Test of Early Reading Ability – Fourth Edition (TERA-4)
- Reading and Math scores from the Woodcock-Johnson Tests of Achievement—Fourth Edition (WJ-IV).  
Required subtests:

Reading:	Math:
<ul style="list-style-type: none"> <li>➤ Letter-Word Identification</li> <li>➤ Passage Comprehension</li> <li>➤ Word Attack</li> <li>➤ Oral Reading</li> <li>➤ Sentence Reading Fluency</li> </ul>	<ul style="list-style-type: none"> <li>➤ Applied Problems</li> <li>➤ Calculation</li> <li>➤ Math Fact Fluency</li> </ul>

- Reading and Math scores from the Wechsler Individual Achievement Test—Third Edition (WIAT-IV).  
Required subtests:

Reading:	Math:
<ul style="list-style-type: none"> <li>➤ Word Reading</li> <li>➤ Pseudoword Decoding</li> <li>➤ Reading Comprehension</li> <li>➤ Oral Reading Fluency</li> </ul>	<ul style="list-style-type: none"> <li>➤ Numerical Operations</li> <li>➤ Math Problem Solving</li> <li>➤ Math Fluency</li> </ul>

### **Global Assessments of Readiness (Optional)**

**Note:** The results of these assessments cannot be submitted to replace the required aptitude and achievement data. However, the results from these assessments can be submitted as another data point to speak to the student’s readiness for school learning.

- Metropolitan Readiness Test, Sixth Edition
- Stanford Early School Achievement Test, Tenth Edition



**Early Entrance to Kindergarten Psychologist Form**  
*Results from the Evaluation of a Four-Year-Old Child for Early Admission to Kindergarten*

**Part 1:**

To be completed by the parent/guardian:

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

Date of Birth: \_\_\_\_\_

Date of Evaluation: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

**Part 2:**

To be completed by psychologist and submitted with the official psychological report

**Results from Individual Aptitude Test**

Name of Test: \_\_\_\_\_

	<u>Results<sup>1</sup></u>	<u>Age Standard Score</u>	<u>Age %ile</u>
Full Scale or Composite	_____	_____	_____

**Results from Individual Achievement Tests**

Name of Test (Math): \_\_\_\_\_

Name of Test (Reading): \_\_\_\_\_

	<u>Results<sup>1</sup></u>	<u>Age Standard Score</u>	<u>Age %ile</u>
Math	_____	_____	_____
Reading	_____	_____	_____
Full Scale or Composite (If Available)	_____	_____	_____

**Evaluator Details:**

Evaluator's Name: \_\_\_\_\_

License Number: \_\_\_\_\_

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

\_\_\_\_\_

Practice Phone: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_

<sup>1</sup> Results cannot be used if test has been previously administered during the past 12 months or if given before April 16th of the current year. Results must be received by the 30<sup>th</sup> calendar day of the school year.

*Please submit this completed form along with a copy of the full evaluation report to:*

Mail To:  
GCS AG Department  
501 W. Washington Street  
Greensboro, NC 27401  
**OR**  
Email To: toonp@gcsnc.com

