



**Covington Independent Public Schools**

**Consent to Screen/Evaluate for Early Entrance to Kindergarten**

School Year: \_\_\_\_\_

**Return this form, along with Early Entrance Request Form, to Elementary Director, 25 East 7<sup>th</sup> Street, Covington, KY 41011, by June 15 of the proposed entry year.**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I request and give permission for an individual screening of my child. I understand that the screening will be conducted by qualified District staff through the use of the Brigance Screen (Kindergarten), Dynamic Indicators of Basic Early Literacy (DIBELS), observation and parent/preschool teacher rating scales.

All assessment tools are selected and administered so as not to be discriminatory on a racial or cultural basis and administered appropriately for individuals who are English Learners. Screenings will be administered in the child's native language or other mode of communication.

I have been advised in my primary language or other mode of communication and understand the contents of the consent.

Please understand that although your son/daughter may meet eligibility for early admission, this does not guarantee him/her early entrance in kindergarten as factors such as classroom space will also be considered.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date