

## **Early Entrance to Kindergarten Testing Authorization/Waiver Form**

Clear Form

Frederick County Public Schools 191 South East Street Frederick, Maryland 21701

FCPS Form 058-F06 March 2025

Date:

Child's Name:
Parent/Guardian:
I,
Early entrance to kindergarten in FCPS is limited to students who demonstrate <b>advanced academic skills</b> in literacy and math in alignment with the Ready to Read Act, the Maryland Comprehensive Literacy Plan, and the FCPS Comprehensive Literacy Plan. FCPS strictly adheres to expectations that students eligible for early entrance demonstrate advanced skills, scoring "above benchmark" on composite scores for English Language Arts and Mathematics. Eligible students must also demonstrate developmental, social and emotional readiness.
The expectation is that children willingly accompany the test examiner. In circumstances where a child refuses to leave the parent/guardian, reasonable attempts will be made to encourage the child to participate. In the event that a child does not willingly participate in the assessment, the assessment will not be given, and will not be rescheduled.
I understand it was my responsibility prior to the date of this assessment, to call the assessor to reschedule in the event of any mitigating circumstance(s). Appeals based on any of these circumstances will not be considered.
I understand that I will receive notice (by email) about my child's acceptance or denial into Early Entrance to Kindergarten:
a. Children assessed by May 30th, will receive an email by June 6th.
b. Children assessed after May 30th will receive an email within 10 business days of the testing date.
Any appeal of decision must be made by writing a letter/email to the office of Early Childhood Education within ten (10) business days of notification that their child has not been accepted.
I also understand that if accepted into Early Entrance to Kindergarten, there is a 45-day probationary period to ensure that my child is meeting grade level expectations. My child's teacher will request a meeting with me to discuss any concerns prior to or upon the completion of the 45-day probationary period.
Parent/Guardian Signature: Date:

Assessor Signature: