

**MOUNDS VIEW PUBLIC SCHOOLS** – 350 Highway 96 West, Shoreview, MN 55126 – 651-604-9784

**APPLICATION FOR PSYCHOLOGICAL EVALUATION  
FOR EARLY ENTRANCE TO FIRST GRADE – 2007-2008  
Evaluator: Joann Komanecki**

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ School to Attend \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

**DESCRIBE YOUR CHILD'S BEHAVIOR IN THE FOLLOWING AREAS:**

1. How well does s/he relate to adults and to his/her peer group?
  
  
  
  
  
  
  
  
  
  
2. Describe his/her ability to wait for things or events.
  
  
  
  
  
  
  
  
  
  
3. How does s/he deal with anger?
  
  
  
  
  
  
  
  
  
  
4. Describe your child's performance in any preschool experiences in which s/he has participated. Please provide the name of a contact person(s) in each preschool program who you feel could comment on your child's performance.
  
  
  
  
  
  
  
  
  
  
5. State your reasons for wanting your child to enter school early.

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

**Please return this form, a check in the amount of \$200 payable to Joann Komanecki and a copy of your child's birth certificate to Nancy Hedman, at the above address by June 1. Thank you.**