

**HERMISTON SCHOOL DISTRICT  
TESTING PROCEDURES FOR EARLY ENTRY INTO KINDERGARTEN**

Board Policy JEBA – Age of Entrance, indicates students may be enrolled in kindergarten if they are five years old on or before September 1. Exemptions for early entry to kindergarten will be based on an analysis by qualified professional staff of the student’s:

1. Intellectual functioning;
2. Emotional/Social functioning;
3. Adaptive behavior (including, but not limited to, perceptual and motor skills, self-help skills and communication skills).

In order to qualify for early entry, the student must be five years old as of midnight on October 1 to apply for the evaluation procedure and consideration for early kindergarten enrollment.

Students must be tested by one of the following formal assessments approved by Hermiston School District:

- Wechsler Preschool and Primary Scale of Intelligence – third edition
- Stanford-Binet Intelligence Scale – fifth edition
- Adaptive Behavior Assessment System – third edition

Testing needs to occur within two months of anticipated entry into kindergarten. Testing may be performed by a licensed psychologist of your choice. The psychologist may charge a fee for testing, which commonly ranges from \$200 to \$400. If you need an interpreter, the district can make arrangements for you. The fee for interpreter services is \$65, paid directly to the district. Please contact our office at 541.667.6000 to make arrangements for the interpreter.

Please sign the release of information below and provide this to the psychologist you choose to perform the assessment. Please have their office mail the completed assessments to Hermiston School District Office, Attn: Bryn Browning, Assistant Superintendent, 305 SW 11th St., Hermiston, OR 97838.

**THE HERMISTON SCHOOL DISTRICT MUST RECEIVE A COPY OF THE PSYCHOLOGIST’S REPORT ON OR BEFORE THE SECOND FRIDAY IN AUGUST.**

Forms are available through all elementary schools and the District Office. If you need to request a waiver of fees for testing, interpreter services, or both due to financial hardship, please contact our office, (541) 667-6000.

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I give permission to release assessment information to the Hermiston School District.

Student Name: \_\_\_\_\_  
*First Name* *MI* *Last Name*

Parent/Guardian: \_\_\_\_\_  
*First Name* *MI* *Last Name*

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home School: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_