



Kindergarten Readiness Assessment 2020 Information for Families:

North Branch Area Schools and the Lapeer County Intermediate School District are working to improve the way we gather information about kindergarten students at the beginning of the school year. This work is happening in conjunction with several other states, and in partnership with the Michigan Department of Education and the John Hopkins University Center for Technology in Education.

What is the purpose of the Kindergarten Readiness Assessment (KRA)? The KRA will help school districts better understand how to gather information about students' skills and behaviors at the start of kindergarten. The results from the KRA will not be used to evaluate your child's performance, but can be used by teachers to inform instruction for the entire class.

When will the Kindergarten Readiness Assessment take place? The KRA will take place between the beginning of the school year and October 22nd.

What will your child be asked to do? Your child's teacher will lead him/her through a series of activities and questions. The teacher will also observe your child's behavior during the normal daily routine. All activities and questions have been developed specifically for children who are just entering kindergarten.

How will data be collected and used? All the information that will be collected about your child will be kept confidential and in a secure location. No identifying information about your child will be shared.

If you have any questions about the Kindergarten Readiness Assessment, please contact Theresa Rae, North Branch Elementary Assistant Principal, or Amber White, Director of Curriculum and Instruction at 810.688.3042.

To assist your school district, have the most complete information about children enrolling in kindergarten, please complete the following information about your child and return it with your enrollment forms.

Local School District: **North Branch Area Schools** Name of Child's Teacher: _____

Child's First Name: _____ Child's Middle Name: _____ Child's Last

Name: _____

Child's Date of Birth: _____

What was your child's primary form of care last year? (Check up to 3 relevant choices). If the child was primarily at home during the last year, please check **No Prior Care**.

- Great Start Readiness Program (GSRP)** [State funded program age 4 by Sept. 1st]
- Head Start** [Federally funded program ages 3 & 4]
- Early Childhood Special Education Classroom** [School based preschool for special needs students with an IEP]
- Young Fives/Developmental Kindergarten (BK)** [Plan is for child to attend regular Kindergarten next year]
- Child Care-Home Based** [Operated out of a private home]
- Private Child Care Center** [Commercial business that may be independent or part of a chain]
- Registered Family/Relative Child Care** [Family or relative care provider receiving state assistance to provide care]
- Tuition-Based Preschool** [Full or half day of instruction and learning]
- No Prior Care Program** [Stay at home for care]
- Kindergarten** [Child has been retained for a 2nd year of kindergarten]

