**Kindergarten Readiness Assessment 2019**

**Information for Families:**

The Michigan Association of Intermediate School Administrators (MAISA), Genesee Intermediate School District, and *insert local 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 Johns 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 November 1st.

**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 *District Representative email and phone number.*

**In order 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 to your child’s teacher:**

Name of Local School District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 in the year before entering kindergarten this year?**

**(Check all that apply)**



 Great Start Readiness Program (GSRP) Head Start Family/Relative Child Care



Private Child Care Center Tuition-Based Preschool Early Childhood Special

 Education Classroom

Young 5’s/Developmental Kindergarten/Transitional Kindergarten

**What was the schedule of your child’s primary form of care last year?**



Part-Day, 4 days per week Part-Day, 5 days per week School-Day, 4 days per week



School-Day, 5 days per week Other Schedule