Request for Kindergarten Entry Assessment Scores

Date: _____

To:_____	**From**:_____
School / Department	School / Department
School District	School District
Telephone No. FAX No.	Telephone No. FAX No.

Student:_____ _____
            Last   First   MI   Grade

LA School ID (Unique ID): _____ DOB: _____
                      (10-digit number)

Previous School_____ District:_____

KEA:_____ KEA Results:_____
(DRDP-K, DSC, or TS Gold)   Please attach data and documentation.