

Welcome

To enroll for Preschool in the Troy School District, please fill in this ENTIRE Preschool Enrollment Packet, Print and Bring to your Registration/Enrollment appointment.

If you have any questions, please call the Enrollment office at [\(248\) 823-4002](tel:2488234002) or [\(248\) 823-4004](tel:2488234004)

Thank you

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

| | | |
|---|-------------------|--|
| For Provider Use Only: | Date of Admission | Date of Discharge |
| Name of Child (Last, First, Middle Initial) | | Child's Date of Birth |
| Address (Number and Street, Building/Apartment Number) | | City |
| | | State |
| | | Zip Code |
| Parent/Legal Guardian's Name | Home Phone () | Parent/Legal Guardian's Name (Optional) |
| | | Home Phone () |
| Home Address (if not child's address) | Cell Phone () | Home Address (if not child's address) |
| | | Cell Phone () |
| City | State | Zip Code |
| | | |
| Email Address (optional) | | Email Address |
| Employer Name | Work Phone () | Employer Name |
| | | Work Phone () |
| Name of Child's Physician or Health Clinic | | Physician's or Health Clinic's Phone Number () |
| Hospital Preferred for Emergency Treatment (optional) | | |
| Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.) | | |

BCAL-3731 (Rev. 6-17) Previous editions 4-16, 6-15 and 7-12 may be used until September 30, 2018.

See Reverse Side

| | | |
|--|-----|--------|
| Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.) | | |
| 1. | () | () |
| 2. | () | () |
| 3. | () | () |
| Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.) | | |
| 1. | () | 2. () |
| 3. | () | 4. () |

| |
|---|
| Parent/Legal Guardian Initials: |
| _____ I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical for the above named minor child while in care. |

| | |
|---|-------------------|
| I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form. | |
| Signature of Parent or Guardian _____ | Date Signed _____ |

| | | | | | | | |
|--|-----------------------------------|--------------------|-----------------------------------|--------------------|-----------------------------------|---|-----------------------------------|
| Date Card Reviewed | Parent or Legal Guardian Initials | Date Card Reviewed | Parent or Legal Guardian Initials | Date Card Reviewed | Parent or Legal Guardian Initials | Date Card Reviewed | Parent or Legal Guardian Initials |
| | | | | | | | |
| LARA is an equal opportunity employer/program. | | | | | | AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation | |

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HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

PERSONAL

| | | | |
|---------------------------------------|--------|------------|---------------------------------|
| CHILD'S NAME (Last, First, Middle) | | | DATE OF BIRTH (mm/dd/yy) / / |
| ADDRESS (Number & Street) | (City) | (ZIP Code) | TODAY'S DATE (mm/dd/yy) / / |
| PARENT/GUARDIAN (Last, First, Middle) | | | HOME TELEPHONE NUMBER () |
| ADDRESS (Number & Street) | (City) | (ZIP Code) | WORK TELEPHONE NUMBER () |

SECTION I - HEALTH HISTORY

| Yes | No | Resolved | # Is your child having any of the problems listed below? | |
|--------------------------|--------------------------|--------------------------|---|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1 Allergies or Reactions (for example, food, medication or other) | Birth History: <input type="checkbox"/> Yes <input type="checkbox"/> No Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: If yes, list medications: Was the health history reviewed by a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No Examiner's Initials: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2 Hay Fever, Asthma, or Wheezing | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3 Eczema or Frequent Skin Rashes | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4 Convulsions/Seizures | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5 Heart Trouble | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6 Diabetes | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7 Frequent Colds, Sore Throats, Earaches (4 or more per year) | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8 Trouble with Passing Urine or Bowel Movements | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9 Shortness of Breath | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10 Speech Problems | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11 Menstrual Problems | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12 Dental Problems: Date of Last Exam / / | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other (please describe): _____ | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Does your child take any medication(s) regularly? | |
| | | | Reason for Medication | |
| | | | _____ / / | |
| | | | Parent/Guardian Signature _____ Date _____ | |

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

| No | Yes | Was child tested for: | Test results: | Normal | Referred | Under Care | No | Yes | Was child tested for: | Test results: | Normal | Referred | Under Care |
|--------------------------|--------------------------|---------------------------------------|---|--------|----------|------------|--|--------------------------|---|---|--------|----------|------------|
| <input type="checkbox"/> | <input type="checkbox"/> | VISION Date: ___/___/___ | Visual Acuity Muscle Imbalance Other: _____ | | | | <input type="checkbox"/> | <input type="checkbox"/> | HEIGHT & WEIGHT Other: _____ | Height Weight Other: _____ | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | HEARING Date: ___/___/___ | Audiometer Other: _____ | | | | <input type="checkbox"/> | <input type="checkbox"/> | HEMOGLOBIN / HEMATOCRIT BLOOD PRESSURE | → Reading: _____ | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | URINALYSIS Date: ___/___/___ | Sugar Albumin Microscopic | | | | <input type="checkbox"/> | <input type="checkbox"/> | TUBERCULIN Date: ___/___/___ | Type: _____ Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> _____ mm | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | BLOOD LEAD LEVEL Date: ___/___/___ | Level _____ ug/dl | | | | NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above. | | | | | | |

Examinations and/or Inspections

| |
|---|
| Essential Findings Deviating from Normal: |
| |
| |
| Exam Date: ___/___/___ |

SECTION III - IMMUNIZATIONS

Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*

| VACCINES (Circle Type) | DATE ADMINISTERED MM/DD/YYYY | | VACCINES (Circle Type) | DATE ADMINISTERED MM/DD/YYYY | |
|---|---------------------------------|---|--|---------------------------------|--------------------|
| Hepatitis B (HepB) | 1 | 3 | Hepatitis A (HepA) | 1 | 2 |
| | 2 | | | 2 | 3 |
| DTaP/DTP/DT/Td | 1 | 4 | Influenza (IIV/LAIV) | 1 | 4 |
| | 2 | 5 | | 2 | 4 |
| | 3 | 6 | | | |
| Tdap | 1 | | Meningococcal (MCV4 / MPSV4) | 1 | 2 |
| Haemophilus Influenzae type b (HIB) | 1 | 3 | Human Papillomavirus (HPV4/HPV2) | 1 | 3 |
| | 2 | 4 | | 2 | |
| Polio (IPV/OPV) | 1 | 3 | OTHER Vaccines Specify Date & Type | Type of Vaccine(s) | Date of Vaccine(s) |
| | 2 | 4 | | 1 | |
| | | | | 2 | |
| Pneumococcal Conjugate (PCV7/PCV13) | 1 | 3 | 3 | | |
| | 2 | 4 | | | |
| Rotavirus (RV1/RV5) | 1 | 3 | Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable | | |
| | 2 | | *NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your child's school or local health department. | | |
| | | | | | |
| Measles, Mumps, Rubella (MMR) | 1 | 2 | Parent/Guardian refused immunizations: <input type="checkbox"/> | | |
| Varicella (Chickenpox) | 1 | 2 | | | |
| History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: _____ | | | | | |
| I certify that the immunization dates are true to the best of my knowledge | | | | | |
| _____ | | | _____ | | ____/____/____ |
| Health Professional's Signature | | | Title | | Date |

SECTION IV - RECOMMENDATIONS

(Required for Child Care and Head Start/Early Head Start)

| | | |
|--------------------------|--------------------------|---|
| No | Yes | |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain: |
| <input type="checkbox"/> | <input type="checkbox"/> | Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other |
| Other Recommendations | | |

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)

I have examined _____'s teeth. As a result of this examination, my recommendation for treatment is: _____

child's name

_____ / _____ / _____

Dentist's Signature Date

PHYSICIAN'S SIGNATURE

_____ / _____ / _____

Examiner's Signature Date

_____ Degree or License

_____ MI _____ (_____) _____

Number & Street City ZIP Code Telephone

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

Developed in Cooperation with the Departments of Human Services, Education, Community Health, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.



Troy School District Preschool
Family and Social History

The following information is confidential. The information included will give the preschool staff a head start on getting to know your child. Thank you for taking the time to complete this valuable form.

Name of Child _____ Birthdate _____

Mother (Guardian) _____ Age _____

Father (Guardian) _____ Age _____

Home Elementary School for Kindergarten _____

Parent work hours: _____

Marital Status of Parents:

Living Together _____ Steppather _____

Parent work hours _____ Stepmother _____

If child is adopted:

Age at Adoption _____

Does child know he/she is adopted? _____

Separated _____ Divorced (remarks) _____
how long?

Custody/Living Arrangements: _____

Brothers/Sisters of Child:

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Other members of the household (include relationship/age): _____

What is your child's native language? _____ Does your child speak English? _____

Does the child have a room alone? _____ If not, with whom? _____

Who has cared for child other than parents? _____ How many people live in your home? _____

Has your child had any group play experience? Where? _____

Does child have neighborhood friends? Specify. _____

Average number of hours per day spent on IPAD/computer/phone/TV. _____

Child's favorite indoor activities: _____

Child's favorite outdoor activities: _____

Please complete reverse side of this form.



Developmental History of Child:

Age at which child:

Crept on hands and knees _____

Sat alone _____

Walked alone _____

Named simple objects _____

Repeated short sentences _____

Slept through night _____

Began toilet training _____

Word child uses for: Urination _____ Bowel movement _____

Usual time for B.M. _____ Dietary Restrictions? _____

Does child dress self? _____ Undress self? _____

What time does your child go to bed at night? _____ Does she/he sleep well? _____

What time does your child usually awaken? _____ Any medical concerns/diagnosis? _____

Has your child ever been serviced by/ or participated in any other programs sponsored by the Troy School District? (ECP, Head Start, Early On, speech/language, etc) If so, when/by whom?

Does your child have an IEP? (Individualized Educational Plan) _____

Do you have any concerns about your child's developmental progress? _____

Does your child have any learning challenges that might influence their development? _____

Has your child had any prior screenings completed relating to their development? _____

Does your child have any special fears you are aware of? _____

What method of behavior control is used in your home? _____

What is your child's usual reaction? _____

Who does your child behave well for? _____ Who does your child not behave well for? _____

How would you describe your child's personality? _____

Has your family experienced changes at home in the past year (move, illness, loss of loved one or pet, etc.) that might affect your child during preschool? _____

Is there any special information that would help the teaching team caring for your child?



Dear Preschool Families,

Troy School District preschool collaborate with Oakland Schools by using the developmental screening tool the ASQ-3rd edition, Ages & Stages Questionnaire. Parents & professionals rely on ASQ for the best developmental and social-emotional screening for children from one month to 5 ½ years. Highly reliable and valid, ASQ looks at strengths and trouble spots, educates parents about developmental milestones, and incorporates parents' expert knowledge about their children.

The ASQ is widely used in homes, early childcare programs, schools, and clinical settings. The ASQ is easy for parents and educators to use and takes less than 15 minutes to complete.

Please take 15 minutes for your child and complete the ASQ3 screening tool @ <https://www.asqonline.com/family/a4a4bf>

You may also complete the ASQ-SE2(social-emotional development) screening tool to see if your child's social-emotional development is on schedule @ <https://www.asqonline.com/family/8e80fb>.

** If your child has a diagnosis, please do not complete this screening.*

If you prefer to complete a paper copy of the screening tool, please contact your child's teacher.

Once the ASQ3 or ASQ-SE2 is completed & scored, parents & teachers are given an individual child report. Information from the report will help identify developmental delays, strengths and milestones, and the need for additional screening or support. This provides families and teachers with a tool which establishes information on the child's development.

Because developmental and social-emotional delays can be subtle and can occur in children who appear to be developing typically, most children who would benefit from early intervention are not identified until after they start school. It is our goal to help identify and provide support with early intervention through the use of this assessment tool.

Thank you for taking the time to complete the ASQ-3 and the ASQ-SE2 for your child. We highly regard your expertise on your child's development and look forward to providing you with an excellent parent/teacher partnership for the education and development of your child.

Please complete the back of this form and submit at enrollment.



Screening Consent Form 2019-20

Dear Preschool Families,

The first 5 years of life are very important for your child(ren) because this time sets the stage for success in school and later in life. During infancy and early childhood, your child(ren) will gain many experiences and learn many skills. It is important to ensure that each child's development proceeds well during this period.

Please read the text below and select the desired option to indicate whether you will participate in the screenings/monitoring programs.

_____ I have read the provided information about the Ages & Stages Questionnaire (ASQ-3) and the ASQ-SE2. I wish to have my child(ren) participate in the monitoring program.

_____ I understand and give my consent for my child(ren) to participate in hearing and vision screening provided by the Oakland County Health Department. Screening is available to 4 year old students only.

_____ I do not wish to participate. I have read the provided information about the Ages & Stages Questionnaires (ASQ-3) and the ASQ-SE2 and understand the purpose of this program.

_____ I do not wish to participate. I have read the provided information about the hearing & vision screening and understand the purpose of this program.

Please return this form at enrollment

My child _____, attends the Troy School District preschool program.

X

Parent or Guardian's Signature

Date _____



Preschool 2019-20 Parent Agreement

Please read and sign the reverse side of this form.

Child's Name (please print clearly) _____

Please read each statement below, and then sign the bottom of this agreement. Return this form at the time of enrollment. I, _____, have been provided information pertaining to the Preschool policies and procedures via the Parent Handbook. I have received a printed copy at the time of enrollment.

- I have read the Preschool Parent Handbook and agree to abide by all policies and procedures described including the following: admission and withdrawal, schedule of operation, tuition/fees, late pick-up fees, typical daily routine, program philosophy, food provided by the parent, child illness exclusion policy, notification for accidents, injuries and incidents, discipline policy, pest management, volunteer policy.

I understand and agree to the following:

- The policies regarding fees.
- I can view my account online. Fees for the upcoming month are posted to my account on the fifteenth (15th) of each month. **Invoices are not mailed.** Fees/tuition is due the first of each month.
- Half day preschool class tuition is due Aug-Dec. Five installment payments.
- Full day preschool class tuition is due Aug-March, eight installment payments. Payment method is limited to either online payment by using a VISA, MasterCard, Discover, or American Express debit or credit card or by participation in the Authorization for Automatic Credit Card/Debit Payment option.
- Payments received after the due date will be assessed a 5% late charge on the current balance.
- **If my account is more than 30 days past due it will be turned over to a collection agency.**
- Credits/refunds are not given for any missed days of school. (including, but not limited to: illness, travel, emergency closings, weather, etc.)
- Half-Day Preschool ONLY – Unused portions of the yearly tuition will not be refunded after December 1, 2019 due to withdrawal from preschool.
- Full Day Preschool ONLY – Unused portions of the yearly tuition will not be refunded after December 1, 2019, due to withdrawal from preschool.
- Written notice to the Troy School District Preschool is required to withdraw my child from the program. **The withdrawal becomes effective two (2) weeks after the notice is received in the preschool office, 205 W. Square Lake Rd.** If, after withdrawing my child I want to reinstate, I may do so space permitting.
- I understand the late pick up fee policy.
- My child's photo may be used in Troy School District publications, general news articles, social media, or on the district website.
- I may review the latest licensing report for the center where my child attends by asking to see the Licensing Notebook.
- I have received information on Concussion Awareness.
- Half-Day Preschools ONLY – I must provide my child with a healthy snack each day. I must label the snack bag with my child's first and last name and record the date on the bag daily.
- Full Day Preschools ONLY – I must provide my child with a lunch and two snacks each day. I understand lunch may be purchased at school or I may pack lunch. When I send snack/lunch from home I must label the snack/lunch bag with my child's first and last name and record the date on the bag daily.
- I have been provided with a list of activities (Daily Routine) that will be offered during the preschool hours. I understand that not all activities will be offered daily.
- I understand that if a serious injury or accident occurs with my child, I will be notified first, unless the injury is life-threatening. If life threatening, 911 will be called for medical evaluation and possible transport to the hospital.
- I understand the Pest Management Application notification will be provided to me by email, a posting in the center, or in person by staff prior to applications. The handbook explains application methods used.

Parent's Signature _____ Date _____



Preschool 2019-20 Parent Agreement

Please read and sign the reverse side of this form.

BEHAVIOR EXPECTATIONS

We believe that children learn best in a well-ordered environment that is free from disruptions. To promote such an environment, the Early Childhood department, teachers and staff work together to help children to:

- Respect all persons & property
- Act in a courteous and cooperative manner.
- Use acceptable and appropriate language.
- Be safe & learn to act responsibly.

These student rules are described in the Troy School District's Student's Rights and Responsibilities Code of Conduct booklet and apply to all schools in the district. This can be found on the Troy School District's website at www.troy.k12.mi.us/about/codeofconduct.pdf.

Teachers will handle the majority of discipline within the classroom. Repeated and/or harmful behavior to others or self, will be called to the attention of the Early Childhood Director and/or Coordinator and parents will be notified.

Behavior will be monitored, with daily communication with the family.

1. If significant behavior changes do not occur, teaching team, director, and family, meet to discuss alternative options, strategies, classroom supports, next steps.
2. If the placement in the preschool classroom/CARE is not the recommended environment for the safety of the child, students and staff, and all intervention measures have been implemented without improvement in behavior, a final recommendation for permanent suspension from program may occur.
3. A child who has not been able to adjust to behavioral recommendations may be dismissed from the preschool/CARE program.

- I have read the behavior expectations and reviewed them with my child.

PROGRAM DISMISSAL

The following circumstances may result in a child being dismissed from the preschool.

- **Incomplete forms.**
- Dropping off a child before the start of class.
- Late pick-up (after class ends) more than three (3) times.
- Physical or verbal abuse/harm to another child or staff member, according to developmental expectations.
- Physical or verbal abuse/harm to another child or staff member by either a child or a parent.
- A child who does not adjust to behavioral recommendations as stated in the discipline procedures.
- Failure to sign a child in or out of the program more than three (3) times.

Accounts more than five (5) working days overdue may be dropped from the program

Parent's Signature _____

Date _____

WRITTEN INFORMATION PACKET DOCUMENTATION

Michigan Department of Human Services
Bureau of Children and Adult Licensing

| | |
|------------------------------------|-------------|
| Child(ren)'s Name(s) (Last, First) | Center Name |
|------------------------------------|-------------|

A written information packet has been provided at the time of enrollment. The packet included all the following information:

- Criteria for admission and withdrawal.
- Schedule of operation, denoting hours, days, and holidays during which the center is open and services are provided.
- Fee policy.
- Discipline policy.
- Food service program.
- Program philosophy.
- Typical daily routine.
- Parent notification plan for accidents, injuries, incidents, illnesses.
- Exclusion policy for child illnesses.
- Notice of the availability of the center's licensing notebook.
 - The licensing notebook contains all the licensing inspection and special investigation reports and related corrective action plans since May 28, 2010.
 - The licensing notebook is available to parents during regular business hours.
 - Licensing inspection and special investigation reports from at least the past two years are available on the child care licensing website at www.michigan.gov/michildcare.
- Other _____

I certify that I received all of the above items.

Parent/Guardian Signature

Date

Note: A single BCAL-4340 form may be used for all children in the same family.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

Educational Material for Parents and Students (Content Meets MDCH Requirements)

Sources: Michigan Department of Community Health, CDC and the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

UNDERSTANDING CONCUSSION

Some Common Symptoms

Headache
Pressure in the Head
Nausea/Vomiting
Dizziness

Balance Problems
Double Vision
Blurry Vision
Sensitive to Light

Sensitive to Noise
Sluggishness
Haziness
Fogginess
Grogginess

Poor Concentration
Memory Problems
Confusion
“Feeling Down”

Not “Feeling Right”
Feeling Irritable
Slow Reaction Time
Sleep Problems

WHAT IS A CONCUSSION?

A **concussion is a type of traumatic brain injury** that changes the way the brain normally works. A concussion is caused by a fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven’t been knocked out.

You can’t see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A student who may have had a concussion should not return to play on the day of the injury and until a health care professional says they are okay to return to play.

IF YOU SUSPECT A CONCUSSION:

- 1. SEEK MEDICAL ATTENTION RIGHT AWAY** – A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports. Don’t hide it, report it. Ignoring symptoms and trying to “tough it out” often makes it worse.
- 2. KEEP YOUR STUDENT OUT OF PLAY** – Concussions take time to heal. Don’t let the student return to play the day of injury and until a health care professional says it’s okay. A student who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal. It is better to miss one game than the whole season.
- 3. TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION** – Schools should know if a student had a previous concussion. A student’s school may not know about a concussion received in another sport or activity unless you notify them.

SIGNS OBSERVED BY PARENTS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Can’t recall events prior to or after a hit or fall
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

CONCUSSION DANGER SIGNS:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people/places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously.)

HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rests breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a health care professional.

Remember: Concussion affects people differently. While most students with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

To learn more, go to www.cdc.gov/concussion.

Parents and Students Must Sign and Return the Educational Material Acknowledgement Form

CONCUSSION AWARENESS

EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by _____

_____ Sponsoring Organization

Participant Name Printed

Parent or Guardian Name Printed

Participant Name Signature

Parent or Guardian Name Printed

Date

Date

Return this signed form to the sponsoring organization that must keep on file for the duration of participation or age 18.

Participants and parents please review and keep the educational materials available for future reference.



Student Name: _____
(Please Print)
School: _____ Student ID Number: _____
Year of Graduation: _____

TROY SCHOOL DISTRICT STUDENT TECHNOLOGY ACCEPTABLE USE POLICY

Philosophy

Technology users (collectively, "Users" or, as applicable "Student Users" or "Employee Users") of the Troy School District (the "District"), at the discretion of the Superintendent or his/her designee, will be granted a login allowing access to the District's technology resources in order to promote personal academic growth, information gathering and communication. Technology resources include but are not limited to computing devices, servers, networking equipment and cabling, telecommunications and audio/video systems, software and access to the Internet and on-line services. The District's goal is to promote educational excellence through collaboration, creativity, critical thinking and communication opportunities made available by technology.

Other than as expressly set forth herein (i.e., specifically related to CIPA compliance), the District makes no specific promises about the technology resources provided by the District. For example, the District makes no commitments about the specific functions of the technology resources or their reliability, availability or ability to meet Student Users' needs. The technology resources are being provided "AS IS." The District will not be responsible for loss of data, service interruptions or for the accuracy or quality of information obtained through District technology resources. The District prohibits unlawful use of technology resources and in no way assumes responsibility for the actions of Student Users that could result in criminal or civil legal recourse.

Student User Access

A Student User's access to technology resources shall be considered a privilege with no entitlement or guarantee. Access may be revoked at any time at the discretion of the Superintendent or his/her designee. The District reserves the right to access all information generated by any Student User and review such content at any time it chooses and for any lawful purpose. There is no expectation of privacy with regard to the District's network or any data stored therein or which may be transmitted through the same. All Student Users, by their use of the District's technology, hereby consent to such access and review by the District. The District complies with all state and federal privacy laws.

Student User Obligations

All Student Users who access or use District technology resources are required to protect and care for any systems they are accessing or using, accept full responsibility for all actions performed under their user login, and know and obey District regulations and federal, state, and local laws and ordinances governing the use of technology. All violations will be addressed under the Student Code of Conduct. Student Users are expected to exercise good judgment and discretion in using technology resources and limit use to educational purposes.

Each Student User has the responsibility to use the District's technology resources appropriately by:

- Employing good digital citizenship;
- Using resources only for educational purposes during class time and/or to perform school-related work;
- Respecting all applicable law, including copyright laws and academic integrity;
- Not removing, modifying or destroying technology resources;
- Maintaining personal security by protecting passwords;
- Not attempting to gain unauthorized access to systems or trespassing in other Users' data files or directories;
- Complying with all the terms and conditions of the District's Acceptable Use Policy and Student Code of Conduct; and
- Reporting any violations or misuses of the Internet to an administrator.

The following behaviors are examples of prohibited behavior:

- Use of technology resources to send, receive, or display text, messages or images that could violate the District's non-discrimination and bullying (including cyber bullying) policies which could be considered threatening (i.e., placing a person in fear of imminent harm). Use that is obscene, pornographic, otherwise disruptive of or detracting from the educational mission of the school or that is potentially dangerous to District resources;
- Using another User's password, sharing a User's password with another person, modifying another User's account or invading, trespassing, hacking or otherwise gaining access to accounts, servers, filters, folders, files or other resources to which the User has not been granted specific rights;
- Harassing, insulting, threatening, bullying, stalking, intimidating, disrupting access, remotely controlling or shutting down systems, or other abusive or disruptive behavior;
- User disclosure of personal information about the User or others, including addresses, telephone numbers, credit card information, social security numbers, passwords or other confidential information via e-mail or the Internet;
- Installing, deleting, relocating, renaming, hiding, or modifying any hardware, software, games, applications ("Apps"), files, or network connections, entering system folders or the control panel or engaging in any activities intended to circumvent, avoid, or hide from District security measures or damage District technology;
- Use of technology resources for commercial or for-profit purposes, fundraising, distributing or forwarding chain letters, junk e-mail or advertising; and
- Unauthorized use of electronic devices unless approved by the classroom teacher, school administrator or designee.

District Obligations Regarding Student Use

In compliance with the Children's Internet Protection Act (CIPA), the District has installed filtering software to block or restrict access to Internet sites containing material that is (1) obscene; (2) child pornography; or (3) harmful to minors. The software evaluates websites based on criteria determined by the District. No software can keep up with the constant changes on the Internet. A Student User who accidentally connects to an inappropriate site must immediately disconnect from the site and notify an administrator, teacher or supervisor. Upon request, authorized staff may re-evaluate and unblock blocked sites to allow access.

Internet Acceptable Use Policy

The Internet is an important resource for students and will be used as an integrated part of the school curriculum. Parent/guardian permission must be granted to allow Students to use the internet in a supervised setting. If parents choose to opt out of allowing their child(ren) to use the internet in a supervised setting, they are hereby advised that their child(ren) will NOT be allowed to participate in school activities involving their direct use of the Internet via District technology resources, including, but not limited to, the following:

- Online activities research projects (math, science and language arts activities, etc.);
- Access to online District Media Center resources;
- Classroom activities in classrooms equipped with Smartboards when Internet-based resources are used;
- Web 2.0 activities; and
- Audio/Video conferencing activities.

To ensure that there is no confusion as to opt out status, technology and internet services may continue to be provided as described and governed herein unless a written opt out is received **annually** by the student's building principal.

Parents who choose to opt out of this Technology Use Policy will be required to attend a meeting with their child(ren)'s principal and/or other relevant school personnel to determine a course of action for times when their child(ren) will not be able to participate due to the parent's choice.

Students will be using a variety of online Web 2.0 websites, programs, and Apps as a resource to enhance their learning experience beyond the classroom. These tools will allow Students to better collaborate, create, research, store and work through our current curriculum. Although these tools are widely used by the educational community which supports their use in K-12 institutions, their Terms of Service state that due to Federal Law any users under the age of 13 must obtain parental permission to use their sites. Parental permission will be requested in such cases, either by District personnel or by the Terms of Service (or similar document) published by the website, program or App in question. Parents will be presumed by the District to have followed any and all required protocols for any internet services, including Web 2.0 services, if their child(ren) participate in said services. Parents who opt their child(ren) out of using any Apps or Web 2.0 websites or programs must observe the same opt out provisions set forth above for opting out of District Internet use.

All websites and tools have been and will continue to be thoroughly examined by experienced educators and are used commonly in education today, but new tools arise every day. The Children's Online Privacy Protection Act (COPPA) requires that websites obtain parental consent before collecting, using or storing "personally identifiable information" (PII) about children under 13 years of age. PII includes data such as first and last name, street address, telephone number or e-mail address. The District does not collect this type of information via the Internet. However, under COPPA, "collecting" includes not only a direct request, such as a registration form, but also enabling children to make PII available online. Examples of how a child could make PII available online include Web 2.0 websites, apps and e-mail. Internet safety lessons in our schools remind students that they should never reveal personal information online. Nonetheless, COPPA requires that web sites and services directed to children disclose their information collection, use and storage practices.

In order to honor our commitment to providing the best education possible, the District will provide Internet access to high-quality learning sites. We increasingly rely on educational resources on the Internet to provide a wide variety of activities that are rich in academic value that cannot be easily replaced. In an effort to increase our students' ability to work collaboratively on writing and research projects, we will be using a variety of free and approved Web 2.0 applications. Providing a 21st Century education that will prepare Students to be college and career ready is our highest priority, and the experience using the appropriate software for learning is an important part of that education.

A list of all Troy School District approved Web 2.0 tools, sites and Apps is on the District webpage under Technology. Here are several steps we take to protect Students:

- Students are appropriately supervised when using technology services at school.
- Students will continue to abide by the Acceptable Use Policy and the Student Code of Conduct.
- Students under the age of 13 cannot receive email communications from any non-approved addresses outside our district into our student email system. Our students use their school-provided email account to communicate with their teachers/peers and to safely sign up for logins on the approved Web 2.0 websites. For a list of the approved educational websites and Apps, please go to the website referenced above.
- Students are directed to age and subject appropriate sites without deceptive or excessive advertisements.
- Students will be assigned or instructed to login to certain websites allowed through the District Internet filter and approved by the District. These sites and/or Apps must abide by CIPA/COPPA policies.

Disciplinary Action – Students

Use of the Internet and District hardware and software is subject to all rules and regulations set forth in the Student Code of Conduct. Enforcement is the responsibility of the staff. Administration will review all cases referred for disciplinary action. In addition to disciplinary actions listed in the Student Code of Conduct, the administrator may exclude the student from access to the Internet or from using any and all computer equipment throughout the District.

| Level I Violations | Level II Violations | Level III Violations |
|---|--|--|
| Unauthorized use of electronic communication devices during school day | Harassment/Cyber bullying | Harassment/Cyber bullying (aggravated) |
| Unauthorized use of personal electronic communication devices during school day | Inappropriate Use of Technology Resources | Inappropriate Use of Technology Resources (aggravated) |
| | Stealing, Possession or Transfer of Property of Others (Value Under \$100) | Stealing, Possession or Transfer of Property of Others (Value \$100 or more) |
| | Vandalism (Value Under \$100) | Vandalism (Value Over \$100) |
| | Academic Misconduct | |

Questions regarding this AUP should be addressed to your student's building Principal.

The Student and his/her Parent(s) or Guardian(s) understand and agree to all of the Obligations outlined in this Technology Acceptable Use Policy and further agree to indemnify and hold harmless Troy School District, its Board members, officers, and employees, and all organizations affiliated with Troy School District's Internet connection, for any and all claims of any nature arising from the Student's use of the Troy School District's computer hardware, software and/or Internet connection.

Student Signature

Date

Parent Signature

Date

Email Address

Revised Dec 2016 (MD/lsd)

Troy School District

Pesticide/Herbicide Pre-Application Notification Form

Dear Parent/Guardian:

The Troy School District has adopted an Integrated Pest Management Plan. If a pesticide/herbicide is applied during the year, including the summer months when school is not in session a public notice will be posted at the common entrances of the school buildings at least 48 hours prior to the application.

You have the right to be informed by U.S. mail postmarked at least three days prior to any pesticide application that might be needed in your school. If you would like to receive notification by U.S. mail, please notify the TSD Operations Office (pesticide notification) at 1140 Rankin Dr. Troy, MI in writing. In an emergency, pesticides may be applied without prior notice, but you will be provided notice following any such application. To receive notification, please complete the following information. **If the form is not returned, we will assume you do not want to be notified.** Should you have questions or concerns about pest management within your school/work place, please contact the Principal or the Superintendent's office.

(Please complete the following and return it to the school/work place – Please Print)

PRIOR NOTIFICATION REQUEST FOR PESTICIDE/HERBICIDE USAGE

School: _____

Parent/Guardian Name: _____

Student Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Please select one appropriate response:

- NO, I do not want to be notified
- YES, I want to be notified when there is a scheduled pesticide/herbicide application
- Notifications will be sent out via the U.S. Mail

Parent/Guardian Signature

Date