#### **Carrie Swain**



From:

JOSEPH GORMAN

Sent:

Monday, November 10, 2014 12:46 PM

To:

Ann M. Cullinan

Cc:

Carrie Swain; Darren Schwartz; PAMELA BAIM; '27donato@gmail.com'

Subject:

FW: Pediatric eye screening initiative

Attachments:

BeginnerScreeningModel-10-5-2014.pdf

#### Anne Marie:

The CT Lion's Club is looking for BOE permission to begin this pediatric eye screening program at no cost to the district. The plan is to start with 5 schools — Walsh, Kingsbury, Reed, Sprague, and Driggs in January/February 2015, and then expand to the other K-5 and PK-8 schools over the remainder of SY 2014-2015. Representatives of the CT Lions Club have offered to attend a Board workshop in person to address any questions/concerns the commissioners may have about the project. May I have your permission to submit to Carrie for placement on the 11/25/14 Workshop agenda at Wallace Middle School?

Please advise.

Thanks,

#### Joe

Joseph R. Gorman Supervisor of Health and Physical Education Chase Building - Second Floor, Suite 263 236 Grand Street, Waterbury, CT 06702 (203) 574-8051 Fax (203) 597-3432

From: Donato Divirigilio [mailto:27donato@gmail.com]

Sent: Saturday, November 08, 2014 10:11 AM

To: JOSEPH GORMAN

Subject: Fwd: Various Pediatric screening documents.

#### Good Morning Joe,

I am sending you all the information on how we do our Pediatric Eye Screenings. The email is from our CT State Lions, Lion Eye Health Program Chair person Dan Uitti. Some of the information is directed to our Lions so they can understand how and what we can accomplish. There is also some links that will take you to our LCI website on KidsSight USA program which is partly based on our plan. This is another link that will show you all the documnets that may reguire signatures and a calendar for our District 23B CT which is Litefiled and Hartford Counties. Waterbury is in District A and there are many clubs and Lions that will be available for your school system too. We also help each other Lions between Districts.

If you have any questions please call me. Let me know if you would like us to attend the meeting on the 21st of November or the 11th od December.

Thanks for all your support

Lion Dan DiVirgilio Council Chair MD23CT 203-509-3994 "We Serve"

# Lions KidSight USA

# A Children's Vision Screening Model for Beginners



The beginner model is designed to help new clubs and districts get started with children's vision screening. The following suggestions can help you establish an effective screening program that builds on your strong foundation of service to your community.

#### Get the Support of Your Lions and Community

A Lions club, district or multiple district should gain the support of its members and the community it serves. Make sure Lions completely understand what is being undertaken. An implementation plan including costs, manpower and time commitments should be developed.

#### **Choosing the Right Vision Screening Equipment**

Lions KidSight USA has established suggested features that effective vision screening equipment should have. They are as follows:

- 1. Easy to operate
- 2. Validated results
- 3. Simultaneous binocular assessment
- 4. Measure refractive error and its major components
- 5. Detect anisometropia (large difference in glasses prescription from eye to eye)
- 6. Detect strabismus (eyes don't point together)
- 7. Detect anisocoria (difference in pupil size)
- 8. Detect light transmission differential (may detect cataracts or other eye opacities)
- 9. Immediate indication of need for referral without the necessity of an eye care professional

You'll need to research equipment options to ensure you find the right screening device. Lions KidSight USA has partnered with <u>Plusoptix</u> and <u>Welch Allyn Spot</u>, who are supporting the program through professional expertise and funding.

Both make excellent instruments that meet modern standards and the Lions KidSight USA guidelines. Costs range from \$6,000 - \$7,500 depending on instrument and options. Please visit the manufacturer's websites or call them with questions about equipment and pricing information.

#### **Funding Your Vision Screening Equipment**

Lions Clubs International Foundation (LCIF) offers matching grants, utilizing the <u>LCIF standard grant</u> criteria, for Lions KidSight USA projects. Please contact LCIF directly for information on grant applications, criteria and deadlines.

#### Find a Community Partner for Your Vision Screening

Lions should reach out to community agencies that work with children to help organize a vision screening:

- Local Head Start programs
- Kindergartens
- Nursery schools
- Sunday schools
- Hebrew schools
- Day care centers
- Other organized children's programs with a chief administrator

Speak with the administrator about the needs and benefits of doing children's vision screenings – especially for ages 6 months to 6 years. Offer Lions services in conducting these screenings, explaining that the methods used are scientifically validated by professional third parties. Once the agency agrees, schedule a time to do the screening.

#### Make Sure You Have a Parental Consent Form

The agency you are doing the screening for should obtain parental/guardian permission using an "official" form. A sample form is available on the Lions KidSight USA website. Please modify it for your specific needs. If you develop your own form, please ensure it has a disclaimer that the procedure to be performed is a "screening." It will not be a substitute for, or have the same accuracy as, a comprehensive eye examination. If there are significant issues suspected, the child MUST have a comprehensive eye examination by a licensed eye care professional. It should be pointed out that "screenings" will not detect all children who need referral and may refer some children who do not need treatment.

#### Find the Right Screening Location

The vision screening should be done in a room or location with controllable light (to adjust the brightness) and without direct light shining into the screening device. DO NOT screen children in a small dark room. It is always best to have one of the agency's staff present during the entire screening process. One Lion should be assigned to operate the screener and, if necessary, the printer (for screening results). At the minimum, there should be one Lion assigned to organize the waiting line and collect the demographic information on the child screened. Another Lion should help children get into the proper place in front of the camera when it's their turn to be screened.

#### **Managing Your Screening Results**

The results of the individual screenings will be reported to the agency's administrator. Any referrals should be highlighted so the administrator can call the parent/guardian to inform them that a comprehensive eye examination needs to be scheduled. The agency is responsible for the proper maintenance of the screening results for the time frame required by individual state law.

#### **Assisting Children with Referrals**

If your club is prepared to assist with financing comprehensive examinations and/or glasses, arrangements should be made with the vision care providers and the agency should be informed of this possibility. It is strongly suggested that a one-to-one relationship with a particular provider be avoid. A list of local providers is preferable. If a club is planning to offer financial assistance, predetermined criteria for this assistance should be clearly written and followed.

#### What to Do after You've Completed Your Vision Screening

The Lions club should report the global data (number screened and number referred) to the Lions KidSight USA database (coming soon). About a month after the screening, the Lions club should contact the agency administrator to determine how many of the children referred actually received professional care.

Consider developing a community press release about your Lions KidSight USA screening projects to share your screening project with the community. You can include the number of children screened and referral rates, but you cannot mention children's names or any personal information collected at the screening due to privacy issues.

It may be useful to appoint a district childhood vision screening chair or KidSight chair to collect all the data and track the referrals and screening units. The Lions KidSight USA Team could then utilize this Lion as a contact person.

# MEMORANDUM OF UNDERSTANDING:

Between the (Lions Club)	operating under
The Connecticut Lions Eye Research	Foundation, Lions Eye Health Program, and the
(Child Care Facility)	
to perform an Eye Screening for child	lren registered at the facility on or about
(Date)	
The Lions Club will perform the screen	ening using the PediaVision Spot VS100 Vision Screener
and will provide printed documentation	on of the results of each individual screening to the
facility. The Lions Club will also prov	vide blank consent forms and referral letters.
The Child Care Facility will distribute	e consent forms to all parents and insure that signed forms
are on hand prior to the screening. Th	e Child Care Facility will distribute all individual
screening results and referral informa	tion to the parents and will be responsible for all follow-
up of referrals.	
The Child Care Facility also will insu	re that a member of their staff will be present in the
screening room whenever children are	e being screened.
Signed:	
(For the Lions Club)	(For the facility)
(Date)	Mate



# VISION SCREENING CONSENT FORM

On_		77 7 17		the	local Lie	ns Club	in your c	ommunity	will co	nduct a fre	ee vision	
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								his progra		, 1	to	
			obtained plete exa						only, ar	nd does no	ot	
			ge to par		_	·						
(	The results of my child's individual screening will be provided to me by the pre-school/day care facility (mentioned above). Results will also be kept on file by the Lions Eye Health Program including your child's name and date of birth.											
			ning indi re is my			ality, a c	complete	eye exan	nination	and		
(		ye exam						release th he Lions				
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Par	rent or G	uardian's	Name _					Phone #				
Δd	.dress											
Ad			(Street)					(City)		(Zip (	Code)	



#### VISION SCREENING RESULTS

Name of child		 ***************************************
Location of screening		
Date of Screening	AND STREET, AND ADDRESS OF THE STREET, AND ADDRE	 THE STATE OF THE S

Dear Parent or Guardian,

Thank you for allowing your child to take part in the Lions Eye Health Program Pre-School Eye Screening.

The attached result form indicates that your child has passed the screening criteria.

Please understand that this is a screening, not a complete eye exam. The Lions Eye Health Program recommends that all children have a complete eye exam performed by an Optometrist or Ophthalmologist at least once between the ages of 3 and 5.



Eye Screening.

# CONNECTICUT LIONS EYE RESEARCH FOUNDATION LIONS EYE HEALTH PROGRAM

#### VISION SCREENING RESULTS

Name of child
Location of screening
Date of Screening
Dear Parent or Guardian,
Thank you for allowing your child to take part in the Lions Eye Health Program Pre-School

The attached result forms indicate that your child did not pass the screening criteria.

Although this is only a screening, not a full eye exam, it is recommended that you have your child's eyes examined by an eye care professional as soon as possible, and that you take the attached forms with you to the exam.

If you do not have a family eye care professional, a list of local Optometrists and Ophthalmologists in your area is attached.



Home **Lions Eye Health Program Vision Screenings** 2014-2015 Calendar see Adult Vision Screenings Contact Us Pediatric Vision Screening Schedule 2014-2015 Newsletters Sept - Oct - Nov - Dec - Jan - Feb - Mar - Apr - May - June Conventions Hartford Camp Courant - July 16 & 18 - download story District Spirit September 2014- back to 2014-15 District 23-B Cabinet September 2 - 5 - East Windsor September 22 - 26 - Torrington - Winsted -Club Links September 29 to October 3 - Litchfield - New Milford - (2nd Screener -Terryville/Plymouth) LEHP Screening October 2014 - back to 2014-15 Members October 4-5 - Berlin Fair October 4 - Hartford Simpson-Waverly School (2nd Screener) at Adult Username screening venue October 6- 10 - Marlborough - Bristol (2nd Screener) Password October 13 Columbus Day - none scheduled Forgot My October 14 - East Windsor (one day - 2nd Screener) Login **Password** October 14- 17 - Simsbury (4 day) October 15- 17 - Winsted (3-day - 2nd Screener) October 20- 24 - Simsbury - Avon (2nd Screener) October 27-31 - Bristol - Avon (2nd Screener) November 2014 - back to 2014-15 November 3 - November 7 - Burlington/Harwinton November 3 - Bristol (2nd Screener) November 4 - November 6 - New Britain (2nd Screener) November 10 - November 14 - Bloomfield - East Hartford November 17 - November 21 - Berlin/Kensington November 18 - November 21 - South Windsor November 24 - November 26 - South Windsor November 24 - November 26 - (2nd Screener) Thanksgiving - November 27 December 2014 - back to 2014-15 December 1 - December 5 - Granby December 8 - December 12 - Woodbury December 8 - December 11 - New Britain (4 days only) December 15 - December 19 -December 15 - New Britain (1 day only) December 22 December 26 - Christmas December 29 January 2 - New Year

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January 5 - 9 - Thomaston
January 7 - 9 - New Britain (3 days only)
January 12 - 16 - Hartford
January 12 - 13 - New Britain (2 days only)
January 19 - 23 - (MLK holiday)
January 26 - 30 - Hartford
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#### February 2015 - back to 2014-15

February 2 - 6 - **New Britain**February 9 - 13 - Hartford
February 9 - **New Britain** (1 day only)
February 16 - 20 February 23 - 27 - Hartford

#### March 2015 - back to 2014-15

March 2 - 6 March 7 - Saturday, Connecticut Council of PTA's
March 9 - 13 - Hartford
March 16 - 20 March 23 - 27 - Hartford
March 30 - April 3 -

#### April 2015 - back to 2014-15

April 6 - 10 - Winsted April 13 - 17 - Hartford April 20 - 24 - Simsbury April 27 - May 1 - Hartford

#### May 2015 - back to 2014-15

May 4 - 8 -May 11 - 15 - Hartford May 18 - 22 -May 25 - 29 - Hartford

#### June 2015 - back to 2014-15

June 1 - 5 -(School ends at some point in early June) June 8 - 12 -June 15 - 19 -June 22 - 26 -June 29 - July 3 -

# **Adult Vision Screening Schedule 2014-2015**

August 9 - Hartford West Indian Lions - Crosswords, East Hartford August 28 - New Britain

September 12 - Friday - Veterans Stand Down - Rocky Hill

September 23 - Tuesday - Simsbury Health Fair - 9:00 AM to 11:30AM at Eno Hall

October 4 - Hartford Multinational - Simpson-Waverly School

November 18 - Tuesday - Travelers Vision Screening

December - 9 - South Windsor

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# CONNECTICUT LIONS EYE RESEARCH FOUNDATION

# LIONS EYE HEALTH PROGRAM PEDIATRIC EYE SCREENING PROGRAM



# PROTOCOL MANUAL

BASED ON PEDIAVISION ASSESSMENT SOLUTION SPOT VS100 VISION SCREENER

# Summary

This is only a summary of the full protocol manual. There have been some developments and lessons learned since the manual was created. The screening can be done in less than 2 minutes when more efficiency is attained. Here are a few tips.

- 1. The manual calls for 3 volunteers. I recommend that you have the screener-computer operator, printer handler, and liaison to the facility, who also operates lights and hands out the reward sticker. A 4th person on the team can make the screening more efficient.
- 2. Use a fully darkened room for the eye screening. Successful screenings occur much faster in darkened rooms. We added small utility lights for the printer operator and computer operator, so they can see what they need to see and be efficient. These lights should illuminate the keyboard and paper to remain effective. The 3rd person can also operate the overhead lights at the instructions of the screener.
- 3. Two to four children can be brought to an outer room to wait their turn. If the waiting area is inside the "screening room", just an open door can bring in enough light to make transitions into the screening area. The screening area should place the child that is being screened so they are not facing the door or other light source, and that the Vision Screener is not pointed toward the door.
- 4. We added the use of the "I am a Lion SightSaver" sticker to the program, so these children are rewarded for their participation. A roll of stickers has been added to the Pediatric Eye Screening kit for this purpose. It is recommended that you speak with the daycare provider to have the more confident children do the screening first.
- 5. When a Lions Club decides to run a screening in their town, they should not seek just one facility for this important work. The goal should be to screen "every child" between the age of 6 months and 5 years of age. That means seeking additional facilities in town, so every child can be screened. Of course, children that already have eyeglasses, or are already receiving treatment do not need to be screened. While some clubs would like to run this screening on an annual basis, they are competing for the single Pediatric Eye Screening kit; which is used throughout the district. Plan to make your screening as complete as possible.
- 6. Setup at a facility can be done in just 10 minutes when the site has been checked out ahead of time. If a facility has only 20 children, it can be performed with 10 minutes of setup time, 40 minutes to screen all children and 10 minutes to pack up and leave the facility. It is conceivable to visit 3 different facilities on the same day. Because some elementary schools have a morning and afternoon session, you can plan to visit a secondary facility between these two sessions.
- 7. Make plans at least 6 weeks in advance, but do not be surprised that your date is not available. September and October are very popular months to hold this screening; when it can be run at any time throughout the school year.

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"Pass" Letter

List of Local Eye Care Specialists Accounting Sheet

Setting Up a Screening Area

Hooking Up and Turning On Equipment

Screening Procedures

### **PREFACE**

The Connecticut Lions Eye Research Foundation through its Lions Eye Health Program (LEHP) is expanding its program of eye screening to include children in the 6 months to 5 year age group.

Through this program LEHP intends to take eye screenings to pre-school children throughout Connecticut. The initial program is aimed at children enrolled in Head Start programs, private nursery schools and other public, pre-school programs that do not have access to pediatric eye screening programs.

The program is based on the use of the PediaVision SPOT VS100 Screening Equipment. Initially, LEHP initially purchased an older model of these machines to establish a pilot-screening program that can then be expanded to cover the entire State. LEHP trained small groups of Lions from a few clubs in the State and conducted pilot screenings in those areas. This pilot program and the small group of initial trainees will serve as the nucleus for expand the program statewide.

The PediaVision equipment will allow screening for such eye abnormalities as:

Astigmatism: irregularly shaped corneas or lenses

Myopia: nearsightedness Hyperopia: farsightedness

Strabismus: Misalignment of the eyes Anisometropia: unequal refractive power

Anisocoria: pupil size anomalies

The program was conceived in the Summer of 2009. Funding was put in place by CLERF in February of 2010. The first group of screeners was trained in March 2010 and the first actual screening took place in April 2010 in Thompson, Connecticut. A second pilot screening took place in Naugatuck. In 2011-12, over 1200 children were screened in Windsor Locks, Avon, Terryville, Wolcott, Watertown, East Hampton, East Haddam, Salem, and New Fairfield.

### SELECTION CRITERIA FOR SCREENER TRAINEES

The LEHP Pediatric Eye Screening Program will require a number of trained Lion screeners who can take this program to the pre-school public. Individual Clubs will be asked to provide LEHP with the names of members willing to receive the required training and serve as screeners for their geographic area.

The program is based on the use of the PediaVision SPOT VS100 Screener. While the training for, and operation of this equipment is quite simple, there are some factors in the selection of screener trainees that clubs should be aware of:

- 1. The PediaVision equipment operates like a camera, with a built-in keypad and display for entering the child's information. It comes with a wireless printer for printing results. Proposed trainees should be competent with using a cell phone other device with light typing capability and have a steady hand, with the ability to take clear photographs.
- 2. The program is aimed at Head Start programs and other nursery and pre-school programs that operate during weekday business hours. There will be virtually no screenings done in the initial development of this program on weekends or evenings. Therefore, clubs should select screener trainees that have daytime, weekday hours available. It is conceivable that screening of an average Head Start group could take one or two mornings, based on 20 children per hour.
- 3. Although the PediaVision screening process is done entirely from a distance of about 3 feet from the patient, it is important to remember that screeners will be in communication with pre-school children throughout the course of a screening. Screener trainees must have the patience, attitude, personality and experience that will enable them to work well with little children for many hours at a time.
- 4. Since we will be working with children in a public setting it will be necessary for all screeners to be subjected to a background check, the results of which will be kept on file by LEHP. Screener trainees will be required to bring a copy of their driver's license to the training and will be asked to fill out a simple background check form.

Clubs should carefully consider these criteria before naming screener trainees. The success and expansion of this program will depend to a great extent on how efficiently and professionally we can administer these screenings.



### PEDIATRIC EYE SCREENING PROGRAM VOLUNTEER APPLICATION

A COPY OF A VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE <u>ATTACHED</u> TO COMPLETE THIS APPLICATION.

Name		Date				
Address			· · · · · · · · · · · · · · · · · · ·			
City	State	Zip_				
Home Phone	Business Phone					
Cell Phone	E-Mail					
Date of Birth	Occupation					
Social Security # (Optional, mar	ndatory if requested					
Employer						
Address						
Lions Club affiliation		District				
Special certification (CPR, Med	lical, Etc.)					
Have you ever been convicted o	r plead guilty to any crime(s)? Yes	No				

If yes, describe each in full	
Have you ever been refused participation in	any other youth related program? YesNo
Please list 3 references, at least one of whic	h is not a member of your Lions Club:
Name	Phone
Name	Phone
Name	Phone
for LEHP to conduct a background check of registries, child abuse and criminal history in program is conditional upon LEHP receiving	P Pediatric Eye Screening Program, I give permission in me, which may include a review of sex offender records. I understand that my participation in this ag no inappropriate information on my background. I lity CLERF, LEHP, its officers, volunteers, employees, y provide such information.
Applicant Signature	Date

# INSTRUCTIONS FOR CONTACTING LOCAL HEAD START OR NURSERY SCHOOL PROGRAMS

Under the LEHP Pediatric Eye Screening Program, it is the responsibility of each local Lions Club to seek out and contact Head Start programs, public or private nursery schools and day care centers to determine if they are willing to host a pediatric eye screening for children under their care.

A sample letter is included in this manual. This letter should be copied onto club stationary and sent to the childcare facility by the club. Whenever possible, personal contact by telephone should be made by a club member, an appointment made, and the letter hand delivered. Head Start programs are mandated to screen all first year children within 45 days after the opening day of the program (usually in late August). Clubs should plan the screening at least six weeks in advance, since the facilities need to distribute the Parental Consent forms.

If there is interest on the part of the childcare facility to host a screening, the club should establish a tentative date, contact the District LEHP Chairman and secure the equipment and consent forms. A memorandum of understanding should then be executed with the facility. The consent forms can then be given to the child care facility for distribution to each child's parent or guardian. Signed consent forms must be returned to the child care facility prior to the date of the screening. NO CHILD CAN BE SCREENED UNLESS A SIGNED CONSENT FORM FOR THAT CHILD IS ON HAND PRIOR TO THE SCREENING. In some cases, the child care facility may have its own consent form it wishes to use. In that case, both the facility's form and the Lion's form must be signed.

Remember that this program is currently aimed at children between the ages of 2 and 5 who are enrolled in childcare facilities. The program is not yet prepared to do public or mass screenings and is not yet prepared to be taken into the public schools for children in kindergarten or above.

#### A note about "Prevent Blindness":

Prevent Blindness Tri-State (formerly Prevent Blindness Connecticut) has been and currently is performing pediatric eye screenings for some Head Start facilities in Connecticut. It is not our intent to replace them at these facilities. If you contact a Head Start facility and they tell you they are already having this screening done by Prevent Blindness, urge them to continue with that provider and let the facility know that you may be able to assist in the future if any problem develops.

# SAMPLE LETTER OF INTRODUCTION TO LOCAL HEAD START OR NURSERY SCHOOL DIRECTOR

Dear Head Start/Nursery School Director,
The Lions Club wishes to inform you that it now has the capability of performing pediatric eye screenings of pre-school children, ages six-months old through 5 years.
Members of our Lions Club have been trained in the use of the PediaVision Spot Vision Screener and are available to perform screenings at your location at any time. We can screen toddlers and infants from 6months.
The vision screener we use is capable of screening for Astigmatism, Myopia, Hyperopia, Anisometropia, Strabismus, Amblyopia, and Anisocoria. The individual screening takes just a few seconds and is performed from a distance of about three feet. There is no physical contact with the child and no eye drops are administered. Our equipment provides a print-out of the results for each individual which is given to you for forwarding to the parent. We provide parent consent forms and cover letters for you to send to the parents prior to the screening date.
It is important to understand that this is only a screening and does not constitute an examination or diagnosis of vision problems.
This service is offered free of charge by the local Lions Club under the Lions Eye Health Program administered by the Connecticut Lions Eye Research Foundation. If the children at your facility do not currently receive regular eye screenings, please contact me to discuss how and when we can provide this vital service.
I can be reached at
Sincerely yours,

# MEMORANDUM OF UNDERSTANDING:

Between the (Lions Club)	operating under
The Connecticut Lions Eye Resear	rch Foundation, Lions Eye Health Program, and the
(Child Care Facility)	
to perform an Eye Screening for ch	hildren registered at the facility on or about
(Date)	
The Lions Club will perform the se	creening using the PediaVision S08 Vision Screener and will
provide printed documentation of	the results of each individual screening to the facility. The
Lions Club will also provide blank	consent forms and referral letters.
The Child Care Facility will distrib	bute consent forms to all parents and insure that signed forms
are on hand prior to the screening.	The Child Care Facility will distribute all individual
screening results and referral infor	rmation to the parents and will be responsible for all follow-
up of referrals.	
The Child Care Facility also will in	nsure that a member of their staff will be present in the
screening room whenever children	are being screened.
Signed:	
(For the Lions Club)	(For the facility)
(Date)	(Date)

#### MANAGING SCREENING PAPERWORK

When conducting a screening, you will be handling six items of paperwork. They are listed below, along with the proper disposition of each:

#### 1. Consent forms

Enough blank consent forms will be provided to you by LEHP for your screening. These should be given to the childcare facility director prior to the date of the screening so that he or she can send them out to each parent and get them returned prior to the screening. After the screening, these signed forms should remain with the facility director.

#### 2. Individual screening printouts

These are produced by the printer that is part of the screening equipment. They should be given, along with the appropriate "Pass" or "Refer" letter, to the facility director to be sent home to the child's parent or guardian. Note: Copies of individual screening printouts should not be taken from the facility by the Lions. The laptop computer that runs the screening equipment stores the individual results for access at a later time by authorized personnel.

#### 3. "Refer" letter

An adequate number of these will be provided to you by LEHP. If an individual printout reveals that a child should be "referred", a copy of this letter should be stapled to the printout before it is given to the facility director. Provide a list of local Eye Care Providers with the Referral letter with each referral. If your screening can estimate the number of children to be screened, consider making 2 copies for every 10 children.

#### 4. "Pass" letter

An adequate number of these will be provided to you by LEHP. If an individual printout reveals that a child has "passed", a copy of this letter should be stapled to the printout before it is given to the facility director.

#### 5. List of pediatric eye care specialists

An adequate number of these will be provided to you by LEHP. If an individual printout reveals that a child should be "referred", a copy of this list should be stapled to the printout and the "refer" letter before they are given to the facility director.

#### 6. Accounting sheet

This sheet will be provided to you by LEHP. It should be filled out at the end of the screening and returned to the LEHP administrator.



# VISION SCREENING CONSENT FORM

visid equi sigh is de	on screen pment be tedness, one by a	ing for a eing usea astigmat photogra	ll childred may dete ism, anisc phic proc eye drops	n in your rmine th metropi ess from	child's pe presen a, strabis a distan	ore-schoo ce of eye smus and ace of thre	l/day co disorde anisoco	ire facilit rs includi oria. The s	y. The scr ing far an screening	d near	ee	
I, the	e undersi icipate in	gned, he the scre	reby give ening. I u	permiss nderstan	ion for m	ny child, lowing re	garding	this prog	ram:	, i	to	
	The information obtained from this vision screening is preliminary only, and does not constitute a complete exam or diagnosis of vision problems.											
2.	There is	no char	ge to part	icipate i	n the vi	sion scre	ening p	rocess.				
			y child's i Results v							pre-scho rogram.	ol/	
			ning indi re is my 1			nality, a c	omplet	e eye exa	mination	ı and		
•		ye exam	horize my to the pr									
]	Foundat	ion, The	e Lions C Lions Ey any error	e Healt	h Progra	am or the	pre-sc	hool/day	care faci	ility		
			S	Signature	of paren	nt or guar	dian		Date			
				Pl	LEASE	PRINT						
Ch	ild's Last	Name_					Firs	st Name_				_
					Age		Male	Femal	e			
				Please	e Circle	'Date of	Birth'					
Year	2012	2011	2010	2009	2008	2007						
Month	01 Janı	ıary	02 Febi	ruary	03 Ma	rch	04 A <sub>1</sub>	pril	05 Ma	ıy	06 Jur	ıe
	07 July		08 Aug	ust	09 Ser	otember	10 O	ctober	11 No	vember	12 De	cember
Day:	01	02	03	04	05	06	07	08	09	10		
	11 21	12 22	13 23	14 24	15 25	16 26	17 27	18 28	19 29	20 30	31	
Par	rent or G	nardian's	Name					_ Phone i	#		massa sarah i	ı
		uaruian s						I MORIC				
Ad	dress		(Street)	·				(City)		(Zip (	Code)	



# LEONES DE CONNECTICUT FUNDACIÓN DE INVESTIGACION DE OJOS PORGRAMA DE LOS LEONES DE SALUD DE LOS OJOS

#### FORMA de CONSENTIMIENTO de INVESTIGACION de VISION

	Enel Club de Leones local en su comunidad llevará a cabo un examen de gra de la vista para todos los niños en las pre-escolar/ instalación de guardería. El equipo de detección que siendo utilizado puede determinar la presencia de desórdenes de ojo inclusive distante y cerca de visión de futuro, el astigmatismo, anisotropía, el estrabismo y anisocoria. El equipo de detección es hecho por un proceso fotográ										pue siendo luturo, el		
	fico	a una di	stancia d	le tres pie	es. No ha	y contact	o físico co	on el nii	ño y no se	adminis	tran gotas	para lo	s ojos.
											a de este		ara tomar ıma:
1.		La información obtenida en este examen de la vista es preliminar, y no constituyen un examen completo o el diagnóstico de problemas de visión.											
2.	No hay ningún cargo para participar en el proceso de examen de la vista.												
3.	Los resultados de la evaluación individual de mi niño será siempre para mí por el centro de atención pre-pre-escolar/ instalación. Los resultados también se mantendrá en archivo por el Programa de los Leones de Salud de los ojos.												
4.					ia anorr sabilida		, un exai	nen co	mpleto	de los o	jos y la a	tenciór	ı de
5.	res	ultados	de exa	men de		de mi h	ijo a la j				n para lil n de guai		
6.	Fu de	ndaciói atenció	n De Inv in las pr	vestigac e-escola	ión De (	)jos, el l lación d	Progran le guard	ıa de le	os Leone	s de Sa	nes de Co lud de lo os errore	s ojos d	el centro
				-	Firma	del pac	lre o tuto	r		Fe	cha		
		*****************				POR I	FAVOR	IMPR	IMA				
	Ap	ellido d	el niño_						Nombre	e			
						Edad Mascul			culino	Feme	enino		
				Por fa	avor, Cí	culo la '	Fecha de	nacim	niento'				
Αñ	0	2012	2011	2010	2009	2008	2007						
Me	s	01 enei	ro	02 feb	rero	03 mai	ZO	04 ab	ril	05 ma	iyo	06 ju	nio
		07 julio	)	08 ago	sto	09 sep	tiembre	10 oc	tubre	11 no	viembre	12 die	ciembre
Día	ı	01	02	03	04	05	06	07	08	09	10		]
		11 21	12 22	13 23	14 24	15 25	16 26	17 27	18 28	19 29	20 30	31	
			l Padre o	Tutor _				1	Número d	e Teléfoi	no:		<u></u>
	Dir	ección		(Calle)		<del></del>	·		(Ciu	dad)	(Ce	ódigo Po	ostal)



#### VISION SCREENING RESULTS

Name of child	 	***************************************	
Location of screening			
Date of Screening			

Dear Parent or Guardian,

Thank you for allowing your child to take part in the Lions Eye Health Program Pre-School Eye Screening.

The attached result form indicates that your child has passed the screening criteria.

Please understand that this is a screening, not a complete eye exam. The Lions Eye Health Program recommends that all children have a complete eye exam performed by an Optometrist or Ophthalmologist at least once between the ages of 3 and 5.



#### VISION SCREENING RESULTS

Name of child	
Location of screening	 
Date of Screening	
Gennessee State St	
Dear Parent or Guardian,	

Thank you for allowing your child to take part in the Lions Eye Health Program Pre-School Eye Screening.

The attached result forms indicate that your child did not pass the screening criteria.

Although this is only a screening, not a full eye exam, it is recommended that you have your child's eyes examined by an eye care professional as soon as possible, and that you take the attached forms with you to the exam.

If you do not have a family eye care professional, a list of local Optometrists and Ophthalmologists in your area is attached.



### PEDIATRIC EYE SCREENING PROGRAM

# **ACCOUNTING SHEET**

Name of facility
Address of facility
Date of screening
Club conducting screening
Number of children screened
Number "passed"
Number referred
Number "aborted"
Lion Screener contact name
Phone #

### SETTING UP A SCREENING AREA

#### General Space Requirements:

Screenings should be conducted on an individual basis in a room as free from distractions as possible and in which lighting can be controlled. There should be enough space for two 6' tables, a screening team of three people, the patient, and at least one adult school staff person. The patient should be positioned in such a way that he/she cannot see the laptop screen.

#### Screening Distance:

The distance from the front of the camera to the patient's eyes is one meter, or 3.3 feet. A measuring tape (or stick) is provided with the equipment to help set up the initial space allocations.

#### Light in the Room:

It is important that the screening area does not have direct sunlight or lighting from halogen or other heat producing bulbs. Avoid lighting, mirrors or other reflective surfaces in front or behind the patient. The screening device or child should not be looking into a light source or reflection. Draw blinds or shades and keep the light level in the room as low as practical. The lower the light level, the better the screening device will work.

A volunteer may be used to turn off the overhead lights when the screening begins, and turn them back on when the screening is complete.

Fluorescent lighting is OK, but try to reduce the number of lights or bulbs lit if possible. If the laptop tells you "pupils too small" or "pupils not found", try dimming the lights to help dilate the pupils to an adequate size.

### HOOKING UP AND TURNING ON EQUIPMENT

The screening equipment comes in three cases. The larger case (carry bag) contains the paper, pass and refer forms and other supplies. The medium case contains the wireless printer. The smaller case holds the delicate hand held screening device and recharging cable.

Remove and identify all items. When the hand held screening device is charged, only the printer needs to be plugged in. See the following pages for identifying the items and for graphic descriptions of the connections.

#### VERY IMPORTANT-READ CAREFULLY

Press the buttons lightly on the printer and hand held screening device.

When the touch screen gets dirty, use only a pre-moistened cleaning cloth (such as eyeglass cleaning pads) to clean it. Use the soft cloth to clean the lens if it gets dirty. Never use a cleaning solution or water alone to clean any of the electronics.

The electronic equipment should never be stored in a cold or hot place. A garage or automobile is not a good environment for temporary storage.

#### **SCREENING PROCEEDURES**

Screening can be done most efficiently using a three person screening team. One person should handle the screening camera and all data entry. The second person should handle the printouts and collate them with the appropriate pass or refer forms (See "Managing Screening Paperwork"). The third person should be assigned to control the lights and give out the Reward Stickers. This person might also help by passing along Parental Consent forms, and coordinating with the staff. Management of the children should be left as much as possible to the nursery school staff.

At least 15 minutes should be allowed for setting up the equipment. Get the equipment turned on as soon as possible so that the camera has a couple of minutes to adjust to lighting conditions in the room. On average, allow about 3 to 5 minutes to screen each child. As you become more proficient with the equipment, this time will shorten, but there will always be the occasional uncooperative child or false reading that will require more than the minimum average time. Just before the screening begins, you might ask the school coordinator to send in the more confident children first. When they return to class with their "Reward Sticker", this helps the more timid children to gain confidence.

Children wearing eyeglasses need not be screened. This child is already under the care of a professional and the results of our screening add little to what is already known about that child. If you do screen a child who wears glasses, the screening should be done with the glasses on.

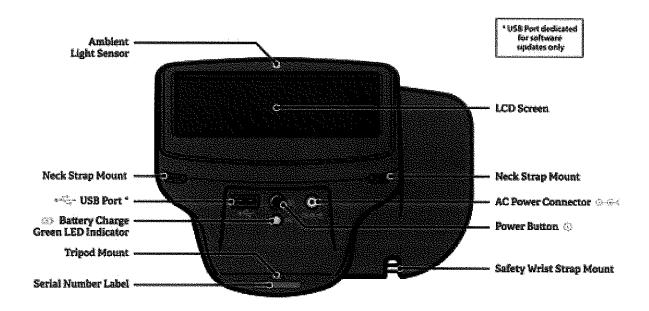
The best position for the screener is seated, with the camera held tightly at stomach level, with the screening device held at chest level with both hands, seems to work best. There should be room to push the screening device forward, so the distance of one meter is established. The child should be seated in a chair or, in the case of a very young child, seated in the lap of a parent or nursery school staffer. Pre-position the chairs using the one-meter (from face of camera to eye of child) measuring tape (stick) provided prior to bringing in the first child. Holding that position as closely as possible will make the screenings go faster. Keep the screening device as level as possible with the child's eyes. You can mark the floor with removable painter's tape at the positions where the screener and child's chair is to be located.

When a child's eyelashes interfere with their pupil, ask the child to "Open Wide" or "Hold your chin up slightly". When lighting is not ideal, consider holding the screening device at knee level, so the child looks downward slightly.

# **Basic Operation**

This section explains preparatory steps before you start screening with Spot and basic operation.

# **Terminology**



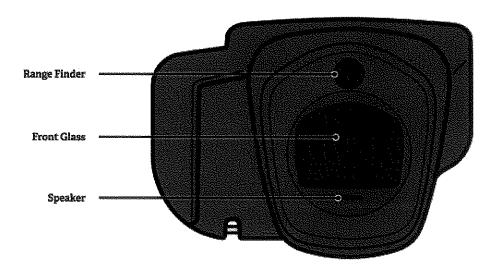


Figure 2

NOTE: The USB port shall only be used for software installations and import/export of data via a USB flash drive. It shall not be cable connected to any other device.

#### **Basic Camera Care**

- 1. Spot is a precision instrument. DO NOT drop it or subject it to physical shock.
- 2. Spot is NOT waterproof. If you accidentally drop it into liquid or liquid is spilled on it, please promptly contact PediaVision Customer Service. If minor water droplets are found on Spot, please wipe them off with a soft dry cloth.
- 3. DO NOT leave Spot in excessive heat such as in a car or in direct sunlight. High temperatures can cause Spot to malfunction.
- 4. Spot contains precision electronic circuitry. Never attempt to disassemble Spot yourself. This will void any warranty.
- 5. DO NOT use cleaners that contain organic solvents to clean Spot's body or front glass. For stubborn dirt, use the provided cleaning cloth with a small amount of water or a non-abrasive cleaner. If you have any questions about proper cleaning procedures, please contact PediaVision Customer Service.
- 6. When plugging the AC power connector into Spot, be sure NOT to force the power connector into the Spot device as this may cause damage not covered under warranty.
- 7. The safety wrist strap on Spot is intended to assist in the event the device slips or is dropped. It is not to be used to carry or support the weight of Spot.

### **Display Care**

Spot has an all-in-one 5" LCD Display and touchscreen. To ensure long lasting functionality and performance, please be aware of the following:

- 1. DO NOT push or scratch display surface with anything stiff or rigid.
- 2. DO NOT spill liquids on the display. Please wipe off drops of liquid like saliva and water on LCD panel surface immediately.

#### Front Glass Care

Spot uses a piece of optical glass with a special coating. If dirt or fingerprints are visible, use a soft cloth to wipe clean. For stubborn dirt, try using the provided cleaning cloth with a small amount of water or a non-abrasive cleaner.

P/N 20079 Rev A

# Warnings

- 1. Changes or modifications not expressly approved by PediaVision could void the user's authority to operate the equipment.
- 2. The supplied cord set is to be used. Replacement or substitution may only be done with a CSA or UL approved hospital grade power supply/charger cord set.
- 3. The supplied power supply/charger may not be substituted and shall only be replaced by an approved unit supplied by PediaVision.
- Interconnection of this medical device with other medical devices, medical used systems or non-medical devices shall be evaluated to the requirements of CSA/IEC 60601-1-1 in the end use application.
- 5. This equipment is ESD sensitive; do not touch connector pins during use.
- If the power cord or external power supply becomes damaged or its integrity is suspect, or the building power receptacle outlet is ungrounded, then the Spot shall only be used with the internal battery power until replacement parts become available.
- 7. The operator shall not touch accessible conductive parts (ac/dc adaptor output connector, camera power input connector and USB port) and the subject simultaneously.

### **Screening Environment**

For the best screening results, be sure to screen in a proper, subdued lighting environment. **Take care to eliminate sunlight and/or incandescent light.** Florescent light is acceptable but note that the subject's pupil size will be affected by light in the room and will decrease your chances of a successful screening. Subject's pupils should be greater than 5mm for best results.

NOTE: A minimum pupil size of 4mm is required for screening to occur and may be difficult to achieve in a room with any light source. Subject's pupils should be greater than 5mm in size for best results.

Best screening environment (minimal fluorescent light):



Figure 3

# **Getting Started**

# **Charging Spot**

Spot contains a rechargeable battery for mobile use. To charge the battery, first connect the provided AC power cord to the provided power supply/charger. Tilt Spot forward and find the power connector port (a), then gently insert the AC power connector as seen below. DO NOT force the AC power connector into the AC power port on Spot. It should easily insert. Forceful insertion can cause damage to Spot and potentially void the limited warranty. Finally, plug the power cable into an available AC outlet. When the battery charge indicator (green LED) is steady, no further charging is required (Figure 4). Spot will also run directly off the AC power source.

# **Powering Spot On and Off**

To power on Spot, press and release the power button. The system will take approximately 30 seconds to complete its start-up process. When complete you will be on the Main Menu with the blue Spot logo.

To power off Spot, hold the power button for about 2 seconds. A confirmation screen will appear to confirm shutdown of the device.



Figure 4

# **Wrist Strap**

Use the included wrist strap as extra precaution to help prevent damage to Spot if it slips from your hands. Attach the wrist strap to the pin located under the handle.

<u>DO NOT carry Spot by the wrist strap</u>. The wrist strap is an extra precaution but does not guarantee damage will be prevented if dropped.

### **Optional Neck Strap**

PediaVision offers an optional neck strap to assist during extended usage. The neck strap connects to the two tabs located below the display on Spot. Please contact PediaVision Customer Service to order a neck strap.

# **Helpful Hints**

- When there is no activity on Spot, the device will automatically dim the screen and then turn the screen black. Simply touch the screen to bring the application back.
- To delete <u>ALL</u> records from Spot, go to the Records screen and touch the trash can icon. This will bring up the Delete All Records screen.
- Be sure you have correctly exported any desired data to a USB drive, then select Delete All Records.
- You can also turn the capture sound on and off by pressing the icon in the bottom left corner of the capture scree.
- Spot has several keyboard layouts to provide all characters you may need while screening. Simply select the shift key or the special character keys to switch back and forth.
- The best way to know if your Spot is connected to a wireless network, is to go to the Main Menu and see if you see your network name and IP address are in the lower left corner.
- Spot requires a minimum pupil size of 4mm for screening to occur and this may be difficult to achieve in a room with any light source. Subject's pupils should be greater than 5mm in size for best results.
- To power off Spot, press the power button for about 2 seconds. A confirmation screen will appear to confirm shutdown of the device.
- Do not power off Spot during a screening. Instead, exit the screening by selecting the  $^{oldsymbol{\otimes}}$ , then power down the device normally.
- Holding down the button on any input screen will delete all data from the field.



Figure 5

# **User Operation**

#### Main Menu

When Spot is powered on, the main menu screen (*Figure 5*) will appear with the following information and features. If Spot is connected to a network, the network name and IP address will be visible in the lower left corner as seen in *Figure 5* above.

#### Start:

To begin the screening process, select the Start function (the blue Spot logo). This will allow you to enter subject information, find queued subjects, begin the capture process, and review and print screening results.

#### Records:

The records section will allow you to view already screened subjects (complete records) and select individual records to review results, select queued subjects from a list to begin the screening capture process and delete all records from Spot.

#### Tools:

The tools section allows you to customize Spot to meet your specific needs. From Tools, you will be able to set things such as the date & time, set up a printer & print a test page, connect to a wireless network, enable a security pin, review screening criteria, set the measurement formats, recalibrate your touchscreen, import/export data and view the software version currently running on your Spot device.

# **Subject Data Entry**

To begin screening, select the Start function (blue Spot logo) from the main menu. Using the onscreen keyboard (Figure 6), enter subject information as outlined below:



Figure 6

- 1. Subject ID (Optional) If you use an ID number for the subject you are screening, enter it here. If not, you may leave this field blank and proceed to the next entry by selecting "ok" or the continue icon . You may also use the ID field to search for records you previously imported onto Spot. Simply type the queued subjects ID number (case sensitive) and touch the continue icon. You will skip the rest of the input screens and go straight to the Subject Confirmation screen. If you don't see the character you need, select the icon for additional keyboards.
- 2. **First Name** (*Optional*) The next screen will ask you for the subject's First Name. After entry, select "ok" or the continue icon .
- 3. <u>Last Name (Optional)</u> The next screen will ask you for the subject's Last Name. After entry, select "ok" or the continue icon.
- 4. <u>Gender (Optional)</u> The next screen will ask you to select the subject's Gender (Figure 7). After you make your selection, you will be moved to the DOB screen or select the continue icon.

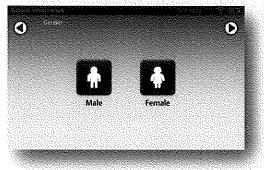


Figure 7

5. <u>Date of Birth/Age (Required)</u> – On the final entry screen, you will be asked to enter the subject's date of birth (DOB) or age in months and/or years (Figure 8). For the DOB, use the format MM/DD/YY. If entering an age, simply enter the number of months, years, or a combination of both. Example, 3 Years and 4 months would be 3y4m. After entry, select "ok" or the continue icon.

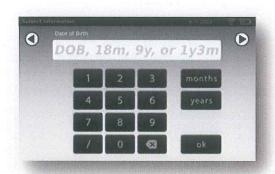


Figure 8

6. <u>Subject Screen</u> – On the subject screen (*Figure 9*), confirm all data is correct. To change or add information, simply select the desired field. If the DOB/age is missing or incomplete, the date of birth box will be highlighted red. Simply touch the red box to add/edit the age data. You can also select whether or not the subject has a vision prescription for glasses or contacts. After all information is confirmed, select the **continue icon** to begin the capture process.



7. <u>Eyewear Confirmation Screen</u> – If you selected that a subject has a vision prescription on the subject screen, you will be asked if the subject is currently wearing their prescription. Simply select Yes or No. The screening will then begin.

#### Screening a Subject

When all information is entered position yourself about 1 meter from the subject, as shown below (Figure 10).



Figure 10

Check the lighting in your environment per the instructions on page 6 and then position yourself appropriately. Have the subject sit, cradle Spot in your left hand and hold the right handle. Prior to screening, hold the nose of Spot pointing down. Begin the screening by slowly rotating Spot upward to meet both of the subject's eyes. Adjust your distance to the subject until both eyes are clear on the screen. A blue screen indicates you are too close or too far from the subject.

NOTE: Keeping Spot even (on axis) with the subject's eyes will promote quicker results and help ensure you are not capturing other objects.

Position yourself with one foot in front of the other and slowly lean forward and back until the spinning icon appears, indicating you are in range (Figure 11). Hold the device steady until the screening process is complete.



Figure 11

You can also turn the capture sound on and off by pressing the 🟓 icon in the bottom left corner of the capture screen.

NOTE: Do not power off Spot during a screening. Instead, exit the screening by selecting the  $^{\odot}$ , then power down the device normally.

If you are unable to capture the subject or select the exit icon from the screening process, you will be presented with a Screening Options menu (Figure 12). From here you can try to Re-Screen subject again, switch to Monocular screening mode, Flag the subject as unscreened, or return to the Main Menu. Selecting the exit icon will return you to the subject information screen.



Figure 12

#### **Monocular Screening**

In monocular mode, you will be given the option (*Figure 13*) to choose which eye to screen. Simply touch the side of the screen that corresponds with the eye you would like to screen. When complete, you can repeat the process with the other eye by choosing Monocular from the Results Menu.

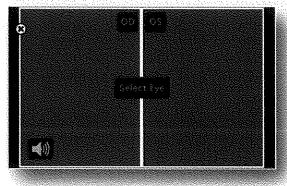


Figure 13

#### Viewing the Results

The results screen will appear at the end of the screening process (Figure 14).

Results that are out-of-range are indicated in red. The screener/user will make the final recommendation regarding a follow up exam with an eye care professional.

On the Results screen, you can toggle the results data between raw and formatted results by touching the values in the box under the eyes. You can also toggle between positive and negative cylinder conventions by selecting the CYL label found between the boxes. At any time you can select to close this screen and return to the main menu or select the continue icon for additional options.

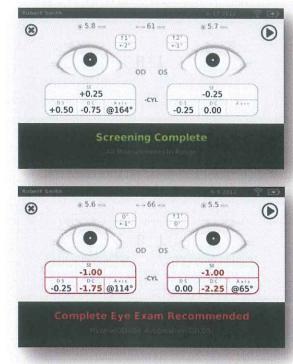


Figure 14

From the Results Menu screen (*Figure 15*), you can print the screening results certificate, re-screen the current subject, switch to monocular mode or return to the Main Menu.



Figure 15

**REQUEST FOR FIELD TRIP** 

Revised 07/17

# ALL FIELD TRIP FORMS MUST BE FAXED (203-574-8010) OR EMAILED TO THE SCHOOL'S INSTRUCTIONAL LEADERSHIP DIRECTOR. ALL FIELD TRIPS REQUEST MUST INCLUDE THE APPROPRIATE COVER SHEET

Date Submitted:	10/31/14	Name of Travel Agency (i	f applicable):
1) Requested by: A	unita Watkins		
	Name of Staff Membe	er School	Grade level/Subject
2) How many stud	ents? 23	:	
	į		
3) Name of destina	ation: Miami Fashior	n Mart	
4) City/State of des	stination: Miami, Florida	<u>a</u>	
5) Departure:		04/06/15	8:00am
	Day	Date	Time
6) Return:	Thursday	04/09/15	11:00pm
	Day	Date	Time
7) Is school in sess	sion during this field trip?	The trip will take place during	ng Spring Break.
8) What unit in the	e curriculum does this field	d trip support?	
			nd unit also incorporate the guiding
brineibies roar	id iii wiioy riigii bolloof a	5 Collaborative, Cooperative 1	reison rubite.
8) What unit in the	e curriculum does this field supports the Careers unit	d trip support?	nd unit also incorporate the g

CCM-02-Make sense of quantities and their relationships in problem situations. CCM-07-Examine mathematical problems to discern a pattern or structure

10) What are the guiding	questions from the curriculum	this field trip will answer?	
What contextual factor	ors should be considered when	designing apparel?	
11) What expected perfo	rmances will be taught by this	field trip?	
Fashion Design studentisual presentation. (and textiles design sk	ents will become exposed to ca 3) Students will analyze the ever ills	nreers in fashion; will demons olution of fashion. (4) Studen	strate design ideas through its will demonstrate apparel
12) How will you assess	the learning that results from the	his field trip?	
Upon return, design s	students will create an apparel p	piece based on inspiration fro	m Miami Beach, Florida.
4.			
13) Explain what educati	onal value this field trip offers	the students:	
	various career paths in fashion		
:			
14) Transportation: Typ	pe/name of Approved PUC Car	rier	
Durham school bus to Airplane to Miami (ro	Bradley airport (roundtrip) undtrip)		
	number(s) of person(s) responsi	ible for organizing this trip:	
Name	Phone Number	Name	Phone Number
1. Anita Watkins	(w) 203-574-8100 (c) (860) 485-3110	4	
2.		5.	
3		6	
16) Name(s) of person(s)	supervising students. NOTE:	One (1) chaperone for ever	y ten (10) students.
Teacher(s) as chaperon	nes: Anita Watkins,		
Aides(s) as chaperones	s: Ina Martinez		
Parent(s) as chaperone	s: Rose Linares		

17) How is this trip financed title and number of the grant,		es, list the fund raising active	vities. If it's a grant, give
Scheduled school fund raising bags.	g activities: school calendar, wil	dcat ears, Fashion Show, holi	day item sale, Wilby grocery
18) What is the approximate of	cost per pupil for this trip?		
\$400.00 total cost for stude	ent. (\$100.00-\$150.00/studer	nt supplemented through fu	ndraising)
19) Is any student excluded fr	om attending this trip? You	es No X If yes	s, explain why:
20) What is the approximate of	cost all chaperones?		
\$500.00 per chaperone			
21) How many substitutes are	e necessary? 0 (If no	one specify)	
Teacher	Subject/Grade	Teacher	Subject/Grade
1.A. Watkins	Family and Consumer Sciences	4.	
2. S. Davis	Attendance Counselor	5.	
3.		6.	
22) The medication(s) and/or participating in the field to Yes No	2	OURN_	will be provided while  10-31-14  Date
23) This field trip request me	ets the needs of the BOE poli	cy? Yes No	
Is this field trip recomme	ended? Yes No	]	
Arrangements for studen	ts(s) medial needs have been  MMuedl  Signature of School I		) /-5-/4 Date
	CENTRAL OFFIC	E RESPONSE	
24) This field trip request has	been reviewed and approved	l at the Superintendent's lev	vel 📗
This field trip request has	been reviewed and is not appropriate of Superinteners	<u> </u>	11-12 -1 U

25) This field trip request required Board of Education action approved/denied by the Board of Education during its meeting of	for out of state	or overnight f	îeld trip —	was
Signature of BOE/Designee		Da	te	

A copy of this request, when approved, will be returned to the School Principal.

## **Tentative Itinerary**

## April 6<sup>th</sup> 2014

- Depart Bradley Airport
- Hotel check-in
- Wynwood Arts District / Art Galleries in Miami

## April 7<sup>th</sup>

- Visit Swimwear showrooms
- Visit Swimwear factories

## April 8<sup>th</sup>

- Visit Ocean Drive Magazine
- Tour South Beach Art Deco section

## April 9<sup>th</sup>

- Hotel check-out
- Depart back to Bradley Airport

Revised 07/17/13

REQUEST FOR FIELD TRIP

ALL FIELD TRIP FORMS MUST BE FAXED (203-574-8010) OR EMAILED TO THE SCHOOL'S INSTRUCTIONAL LEADERSHIP DIRECTOR.
ALL FIELD TRIPS REQUEST MUST INCLUDE THE APPROPRIATE COVER SHEET

X OUT OF STATE - MUST BE RECEIVED FIVE (5) WEEKS PRIOR TO TRIP						
IN STATE – MUST BE RECEIVED THREE (3) WEEKS PRIOR TO TRIP						
This request must be approved prior to collecting or committing any funds such as down payments or making definite arrangements.						
Date Submitted: November 7, 2014 Name of Travel Agency (if applicable):						
1) Requested by: Robert Haxhi	Wilby Hig	h School	World History AP 10			
Name of Staff Member	Scl.	1001	Grade level/Subject			
2) How many students? 40						
3) Name of destination: Metropolitan M	Auseum of Art					
4) City/State of destination: New York, NY						
5) Departure: Wednesday, December Day	r 17, 2014 Date	6:30 AM	Time			
6) Return: Wednesday, December	er 17, 2014	6:00 PM				
Day	Date		Time			
7) Is school in session during this field trip?	YES		27 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1			
8) What unit in the curriculum does this field	d trip support?	M2-second HI				
This trip supports the entire AP curricul	um for World His	tory AP and U	JS History AP-			
9) What are the Common Core State Standa	rds this field trip s	supports?				
From Common Core State Standards: Social Studies teachers engage students in learning experiences that are integrated by establishing linkages, both within the themes and disciplines of history/social studies and across other academic disciplines.						
10) What are the guiding questions from the Students must understand cultural, intell among and within societies. (From AP)	ectual, artistic, an	ield trip will : d religious de	answer? velopments, including interactions			

11) What expected performances will be taught by this	s held	trip?	
---	--------	-------	--

Students will be expected to demonstrate specifics from learning derived from trip in essays, multiple choice exams and the AP exam itself. EX. – students will be able to differentiate important cultural and religious values between societies based upon an examination of cultural artifacts.

12) How will you assess the learning that results from this field trip?

Students will be tested and will be required to write in depth essays pertaining to the AP curriculum.

13) Explain what educational value this field trip offers the students:

By seeing the artifacts of the worlds great civilizations first hand, students understanding of the AP texts will be enhanced dramatically.

14) Transportation: Type/name of Approved PUC Carrier

Deluxe Motorcaoch - Peter Pan

15) Name(s) and phone number(s) of person(s) responsible for organizing this trip:

Name	Phone Number	Name	Phone Number
1. Robert Haxhi	203-574-8100	4	Acri
2. Matt Magda	203-574-8100	5.	
3 Ron Napoli	203-574-8100	6	

16) Name(s) of person(s) supervising students. NOTE: One (1) chaperone for every ten (10) students.

Teacher(s) as chaperones:

Robert Haxhi, Matt Magda, Ron Napoli, Marci Hinton

Aides(s) as chaperones:

Parent(s) as chaperones:

Ms. Heidi Aviles

17) How is this trip financed: (If it's fund raising activities, list the fund raising activities. If it's a grant, give title and number of the grant, student contributions, etc.)

Student Contributions

18) What is the approximate cost per pupil for this trip?

\$55.00			
19) Is any student exclude	d from attending this trip?	Yes No X If y	es, explain why:
		All and a second a	
20) What is the approximation	ate cost all changrones?		
\$55.00	no ous an orașe one		
21) How many substitutes	are necessary?	f none specify)	
Teacher	Subject/Grade	Teacher	Subject/Grade
i. Robert Haxhi	Social Studies	4.	
2, Matt Magda	Social Studies	5.	
3.Ron Napoli	Social Studies	6.	
Is this field trip recon	nmended? Yes No  Idents(s) medial needs have be  Mullur  Signature of Scho	een made Yes No	
ALL MANAGEMENT OF STREET	CENTRAL OF	FICE RESPONSE	144-000000
24) This field trip reques	t has been reviewed and appro	oved at the Superintendent's	level [
This field trip reques	t has been reviewed and is go	tapproved	11-12-14 Date
	organite of orbein	Hourish Doughed 1915	
25) This field trip requapproved/denied by the	nest required Board of Educa Board of Education during its	ation action for out of state	e or overnight field trip was
	Signature of BO	E/Designee	Date

WILBY HIGH SCHOOL

PAGE 04/07

11/07/2014 10:29 2035746896

A copy of this request, when approved, will be returned to the School Principal.

## REQUEST FOR FIELD TRIP

Revised 07/

ALL FIELD TRIP FORMS MUST BE FAXED (203-574-8010) OR EMAILED TO THE SCHOOL'S INSTRUCTIONAL LEADERSHIP DIRECTOR. ALL FIELD TRIPS REQUEST MUST INCLUDE THE APPROPRIATE COVER SHEET

X OUT OF STATE - MUST BE RECEIVED  IN STATE - MUST BE RECEIVED  This request must be depresed as	D THREE (3) WEEKS PRIOR T	TO TRIP
This request must be approved p as down payments	rior to collecting or com or making definite arran	mitting any funds such igements,
Date Submitted: 10/31/14	Name of Travel Agency (if appl	icable);
1) Requested by: Luanne Capolupo and Ariant	ne Salcito Kennedy High School	9 and 12
Name of Staff Member	School	Grade level/Subject
2) How many students? 50		
3) Name of destination: Museum of Natur	ral History	
4) City/State of destination: New York	k, New York	
5) Departure: Friday 12/12/14  Day		m Time
6) Return: <u>Friday 12/12/14</u> Day		omTime
7) Is school in session during this field trip?y	1 M OL W 100 OL	
8) What unit in the curriculum does this field tri	p support?	
This Museum supports the World History cu		1111
9) What are the Common Core State Standards t	his field trip supports?	
1.3-Demonstrate and understanding of signific	cant events and themes in World H	
10) What are the guiding questions from the curr	iculum this field trip will answer?	NECEIVEN
Where did we come from as a civilization and I		

ĺ,	What expected performances will be taught by this field trip?	٠,
	trib;	?

Students will actively engage in a discussion reviewing what the long term effects of the development of a civilization.

12) How will you assess the learning that results from this field trip?

Students will have a monitored discussion reviewing the affects of the development of a civilization.

13) Explain what educational value this field trip offers the students:

Students will be able to walk through the exhibits and be able to visualize the start of civilization.

14) Transportation: Type/name of Approved PUC Carrier

LandJet (Waterbury CT)

15) Name(s) and phone number(s) of person(s) responsible for organizing this trip:

Name	Phone Number	Name	Phone Number
1. Luanne Capolupo	203-558-2430	4	- 11 L
2. Arianne Salcito	203-232-5662	5.	Th Ha be
3		6	THE STATE OF THE S
	The state of the s		

16) Name(s) of person(s) supervising students. NOTE: One (1) chaperone for every ten (10) students.

Teacher(s) as chaperones: LRosin-Capolupo, A Salcito

Aides(s) as chaperones: Iris Cosme

Parent(s) as chaperones: Kellie Hougasian, Carley Phillips

17) How is this trip financed: (If it's fund raising activities, list the fund raising activities. If it's a grant, give title and number of the grant, student contributions, etc.)

Students will pay for bus and admission

18) What is the approximate cost per pupil for this trip?

\$45

19) Is any student excluded fi	om attending this trip?	Yess Nd	x If yes, exp	lain why:
20) What is the approximate of	cost all chaperones?			SUPPLIES IN THE
21) How many substitutes are	necessary? 2 (1	f none specify)		Management 1440
Teacher	Subject/Grade	Teacher	r 8	ubject/Grade
1.Luanne Rosin-Capolupo	WHITE STATE OF THE	4.		amlest catatit.
2. Arianne Salcito	- Andrews - Andr	5.	T I NOW	N
3.	11-002-	6.		Fay L
23) This field trip request meets  Is this field trip recommend  Arrangements for students(	s) medial needs have been Signature of School	n made Yes	No       / / /	Date Date
24) This 6-144:				
<ul><li>24) This field trip request has be This field trip request has be</li><li>25) This field trip request requapproved/denied by the Board of</li></ul>	en reviewed and is not ap  Signature of Superinten	proved		Date t field trip was
	Signature of BOE/De	signee	T.	Date

A copy of this request, when approved, will be returned to the School Principal.



#### COMMITTEE ON SCHOOL FACILITIES & GROUNDS

WORKSHOP:

Wed.,

November 25, 2014 (Wallace)

**BOARD MEETING:** 

Thurs., December 4, 2014

TO THE BOARD OF EDUCATION WATERBURY, CONNECTICUT

#### LADIES AND GENTLEMEN:

With the approval of the Committee on School Facilities and Grounds, the Superintendent of Schools recommend approval of the use of school facilities, at no charge, by the following school organizations and/or City departments:

GROUP	FACILITIES AND DATES/TIMES
R. Augelli	Washington café: Tues., Dec. 16th 5:30-7:00 pm
	(Family Night)
J. Burrus	WAMS atrium: Tues., Dec. 2nd & 16th 5:45-8:15 pm (12/2 - prior to Bd. Mtg.)
N	(Grandville Academy meetings)
R. O'Neill	Carrington café: Tues., Dec. 9th 5:45-8:15pm (Book Club mtg.)
	Carrington café: Wed., Jan. 14th 5:45-8:15; pm (Book Club mtg. (snowdate: 1/21/15)
	Carrington gym: Tues.,Jan. 27th 3:30-9:00pm (Family Night)
Residence of the second	Carrington café: Thurs., Mar. 19th. 5:45-8:30pm (Family Night) (snowdate: 3/26/15)
T. St.Pierre	Duggan café/gym: Tues.,Dec. 16th 3:30-6:30pm (Parent Involvement Night)
	Duggan café/gym: Thurs., Dec. 4th 4:30-6:30pm (ESL Parent Night) (prior to Bd. Mtg.)
M. Vagnini	WAMS atrium: Mon., Dec. 22nd 4:00-8:00pm (H.S. Chorus Concert)
J. Matthews	Chase café: Sat., Dec. 13th 7:00am-12:30pm (snowdate: 12/20/15)
	(Breakfast with Santa)
A.Solla	Career Academy: Tuesdays Dec.16, 2014 thru June 2, 2015 5:30-6:30 pm
	(monthly PTSO meetings)
MaryAnn Marold	WAMS café: Tues., Jan. 20th 3:30-6:00pm (snowdate: 1/21/15)
V.	(School Governance Council training)

Approved:	
Felix M. Rodriguez	 Kathleen M. Ouellette, Ed. D. Superintendent of Schools

No. of the second secon

NOV 20 2014

## SCHOOL-PERSONNEL USE ONLY

	DATE: November 19, 2014
TO: +	SCHOOL BUSINESS OFFICE
	Roxanne Augelli - Washington School
school hours) a	d bereby makes application for use of school facilities (after regular s follows:  WASHINGTON
Auditoriur	n Gymnasium Swimming Pool Café/Rooms
DATES REQU	ESTED: Tuesday, December 16, 2014 (Snow Date: 12/17/14
4.	FROM: 5:30 p.m. am/pm TO: 7:00 p.m. am/pm
- Alton	LOWING PURPOSES;
Family Nig!	it: "Dashing Through The Curriculum"
ye a second order to the s	
i i a menine	Royanne augelle
No. of Committee of the	

Please note the following gravisions:

When the public is invited to an activity, police and fire departments must be notified.

These arrangements must be made in person at the police and fire headquarters.

P.002

RETURN TO MS. SKRAPITS

NOV 20 2014

## SCHOOL PERSONNEL USE ONLY

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					11/20/14		,
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,	TO:		SINESS OFFICE				
	FROM:		3402RUS		•		•
,	school hours	med hereby mak o follows:	3 U.R.R.V.S. es application for ESTED: W	use of school faci	lities (after regular		,
	Auditor	ium C	łymnasium [	Swimming Poo	) Café/Roo	ms /V	TRIUM
	DATES REC	TIESTED:	12/12/14			100 T 1	
		FROM	5:45	am/pm TO:	8:15 am	урш	
	FOR THE F	OLLOWING PU	RPOSES:				
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			ALL DE LOS CONTRACTOR		,		
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ilia Gyzkosta				And the second s	APPLICANT		in og i del Vocalityria Haralitari ska
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*,	555.T3 .d1	he following problems	an activaty, nobic	e and fire departm	ents must be notifie	d.	
i Tangana	These arrang	rements <i>must</i> be t	made in person at	the police and fir	e headquarters.		

RETURN TO MS. SKRAPITS

## SCHOOL PERSONNEL USE ONLY

			TINOTI.	1 T A H - "					
•				DAJ	TE:	120/14		-	
TO:	SCHO	OL BUSINE	SS OFFIC	₹ .	,	•			•
FROM: `	Jo/1	N Bus	102N5			-		•	
The a syndore	iomed here	by makes ar	plication fo	r use of sch	ool faciliti	eș (after reg	ular .		,
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NAME OF	SCHOOI	REQUEST	ED:						
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		FROM:	7.7	٠					
FOR THE	FOLLOW	<u>ING PURP</u>	OSES:					,	
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Please note the following provisions:

When the public is invited to an activity, police and fire departments must be notified. These arrangements must be made in person at the police and fire headquarters.



## SCHOOL PERSONNEL USE ONLY

NOV 1.9 2014

TO;	SCHOOL BUSINESS OFFICE DATE: Nov. 12, 2014	
FROM:	Robyn O'Neill Parent Liaison @Carrington School	
The undersi	gned hereby makes application for use of school facilities (after regular) as follows:	
NAME OF S	SCHOOL REQUESTED: Carrington School	
Auditor Auditor	ium Gymnasium Swimming Pool X Café/Rooms	
DATES REQ	UESTED: December 9, 2014	
	FROM: <u>5:45</u> am/pm TO: <u>8:15 am/pm</u>	
FOR THE FO	LLOWING PURPOSES:	
Book Ch	b Meeting	
	APPLICANT	1
	化低压电离 牙线 被命令 医动物 化氯 化氯 化氯 化氯 化氯 化二甲基苯甲甲基苯甲甲基苯甲甲甲基苯甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲甲	9 8
Please note the	following provisions:	

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When the public is invited to an activity, police and fire departments must be notified. These arrangements must be made in person at the police and fire headquarters.

No

SCHOOL PERSONNEL USE ONLY

NOV 19 2014

	kla		9	21	
DATE:	INA	W I	<u> </u>		"

	DATE: NOV 12, 2014
TO:	SCHOOL BUSINESS OFFICE
FROM:	Robyn O'Neill Parent Liaison @Carrington School
The undersign school hours)	ed hereby makes application for use of school facilities (after regular as follows:
NAME OF SC	HOOL REQUESTED: Carrington School
Auditoriu	m Gymnasium Swimming Pool Café/Rooms
DATES REQU	FROM: 5 45 am/pm TO: 8 15 am/pm
FOR THE FOI	LOWING PURPOSES:

ROUGH APPLICANT

Please note the following provisions:

When the public is invited to an activity, police and fire departments must be notified. These arrangements *must* be made in person at the police and fire headquarters.

NOV 1 9 2019



## SCHOOL PERSONNEL USE ONLY

DATE: NOV. 12, 2014

	TO;	SCHOOL BUSINESS OFFICE
	FROM:	Robyn O'Neill Parent Liaison @Carrington School
	The undersign school hours)	ned hereby makes application for use of school facilities (afternoon)
	NAME OF SO	CHOOL REQUESTED: Carrington School
	Auditoriu	ım Gymnasium DSwimming Pool DCafé/Rooms
	DATES REQU	JESTED: MNUARY 27, 2015
		FROM: 3:30 am/pm TO: 9:00 am/pm
	FOR THE FOI	LLOWING PURPOSES:
	_fam	my Night" Circus Night"
ad r		
	UT 35	round Kolliel
0	ERICL'S	APPLICANT
1		

Please note the following provisions:

When the public is invited to an activity, police and fire departments must be notified. These arrangements must be made in person at the police and fire headquarters,

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## SCHOOL PERSONNEL USE ONLY

DATE: NOV 12, 2014

NOV 1 9 3014

TO:	SCHOOL BUSINESS OFFICE
FROM:	Robyn O'Neill Parent Liaison @Carrington School
The undersign school hours)	ned hereby makes application for use of school facilities (after regular as follows:
NAME OF SO	CHOOL REQUESTED: Carrington School
Auditorii	ım Gymnasium Swimming Pool Café/Rooms
DATES REQU	JESTED: March 26 Daje
	FROM: 5 5 am/pm TO: 8.30 am/pm
FOR THE FO	LLOWING PURPOSES:
47	Mily Reading Night
	APPLICANT APPLICANT
3 报记录 8 2 2 2 2 2 2 2 2 2 2 2	

Please note the following provisions:

When the public is invited to an activity, police and fire departments must be notified. These arrangements *must* be made in person at the police and fire headquarters.

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## SCHOOL PERSONNEL USE ONLY

NOV 1 > 2014

TO: SCHOOL BUSINESS OFFICE
FROM: Duggan Schoo

The undersigned hereby makes application for use of school facilities (after regular school hours) as follows:

NAME OF SCHOOL REQUESTED: <u>Duggan</u> Johan
D'Auditorium D'Gynnesium WSwimming Pool - Café/Rooms
DATES REQUESTED: Dec 16
FROM: 3:30 am/pm TO: 10:30 am/pm
FOR THE FOLLOWING PURPOSES:
Parent Involvement Nights, places
more night
Theodor Solve
APPLICANT

Please note the following provisions:

When the public is invited to an activity, police and fire departments must be notified. These arrangements must be made in person at the police and fire headquarters.

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Cancel T.P.

A A A

MOV 17 2014

## SCHOOL PERSONNEL USE ONLY

TQ: SCHOOL BUSINESS OFFICE FROM: The undersigned hereby makes application for use of school facilities (after regular school hours) as follows: NAME OF SCHOOL REQUESTED: Manditorium \_\_\_Swimming Pool FOR THE FOLLOWING PURPOSES:

Please note the following provisions:

When the public is invited to an activity, police and fire departments must be notified. These arrangements must be made in person at the police and fire headquarters.

# 8032

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Course T.P.

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P.002

RETURN TO MS. SKRAPITS

				DATE:	11/12/14	2 175		
	TO:	SCHOOL BU	SINESS OFFIC	Ē,				
	FROM:	M Vago	<u>uni</u>				•	
,	school hours	mcd hereby mak ) as follows: GCHOOL REQU		or use of school fa	cilities (after re	zular .		
· 	Auditor	ium D	- Tymnasium	Swimming P	ool . LCaf	KRooms 1	ATRIUM	· 🔼
) 	DATES REC		Monda	y Dec 2	2	1	· · · · · · · · · · · · · · · · · · ·	
•		FROM		an (m) To	): <u>8</u>	_ am(pn)		•
	FOR THE F	OLLOWING PL		o Conco	(- )	ę		
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	See		ing and and and and the		APPLICAL  APPLICAL  BERRHHAMBBERB	VT NT		, , , , , , , , , , , , , , , , , , ,
	WDENIAGE							

Please note the following provisions:

When the public is invited to an activity, police and fire departments must be notified. These arrangements must be made in person at the police and fire headquarters.

APPLICANT

SCHOOL PERSONNEL USE ONLY

			DA	te:	2/14	
TO:	SCHOOL BUSI	NESS OFF	ICE	ı	·	
FROM:	Chase S	chool -	Julia	Matti	hews	
,					•	
The undersign school hours)	ied hereby makes as follows:	application	for use of soi	ool facilitie	s (after regula	ť
•	HOOL REQUES	TED:	Henry.	S. Chase		
					,	
Auditoriu	in Gyr	nnasium	<b>L</b> Iswimm	ing Pool	回Café/Ro	žins
DATES REQU	JESTED:	Saturd	'ay - De	camber	- /3-	-
·	FROM;	Saturdo 1:00	F - Deces (am/pm	nlote - 20 TO:/	2:30 at	Cate nam
FOR THE <b>FO</b> T	LOWING PURP	ነጠኖውሮ፥				
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		**************************************	we with the control beautiful to the control b	T V		***************************************
			West man Mildern	10.	11. 11.	,
				7.1/2	1 A Michely	171.0

Please note the following provisions:
When the public is invited to an activity, police and fire departments must be notified.
These arrangements must be made in person at the police and fire headquarters.

			DATE: NO	1. 14, 2014
·TO:	SCHOOL BUSIN	NESS OFFICE		-
FROM:	WCA	<b>3</b>	.*	
The undersign school hours)	ned hereby makes a as follows:	pplication for use	e of school faciliti	es (after regular
NAME OF SO	CHOOL REQUEST	ED: UCA		
Auditoriu	in Gym	ıasıum 🔲 S-	wimming Pool	Café/Rooms
DATES REQU				1/15, 8/17/14
	FROM:	5:30 an(p)	ممي	6:30 and/pm
FOR THE FOL	LOWING PURPOS	<sub>ses:</sub> 4/21/1	5, 5/19/18	7, 6/2/15
Prso.	meeting			
		,	By (	
			ans	Solle
			An C	PLICANT VI POdlea

Please note the following provisions:

When the public is invited to an activity, police and fire departments must be notified.

These arrangements must be made in person at the police and fire headquarters.



## SCHOOL PERSONNEL USE ONLY

NOV 2 1 2014

	<2
DATE: November 20, 2019	
TO: SCHOOL BUSINESS OFFICE	
FROM: Mary Ann Morold Education Ligison to Government ) Business and Community	
The undersigned hereby makes application for use of school facilities (after regular school hours) as follows:	
NAME OF SCHOOL REQUESTED: Waterbury Arts Magnet School	
DATES REQUESTED: January 20, 2015 (January 21, 2015)	°₽ =
FROM: 3:30 an(pm) TO: 6:00 am(pm)	
FOR THE FOLLOWING PURPOSES:	
School Governonce Council Module #1 Training, To	
Support teachers, parents, community members and	
aministration in our 19 School Governance Councils.	
Mary Gar Har Old JAPPLICANT	
以出出部员员 医双心回 计区 自由 化 自 化 计 法 说 的 作用 的 化 计 自 化 化 化 化 化 化 化 化 化 化 化 化 化 化 化 化 化	
lease note the following provisions.	

When the public is invited to an activity, police and fire departments must be notified. These arrangements must be made in person at the police and fire headquarters.



## COMMITTEE ON SCHOOL FACILITIES & GROUNDS

WORKSHOP:

Wed., November 25, 2014 (Wallace)

**BOARD MEETING:** 

Thurs., December 4, 2014

TO THE BOARD OF EDUCATION WATERBURY, CONNECTICUT

#### LADIES AND GENTLEMEN:

With the approval of the Committee on School Facilities and Grounds, the Superintendent of Schools recommends approval of the use of school facilities by groups and organizations, subject to fees and insurance as required.

GROUP

FACILITIES AND DATES/TIMES

#### REQUESTING WAIVERS:

P.A.L.

Reed gym: Sundays, Dec. 14th thru April 5th 9:00am-1:00pm

Ofc.F. Santopietro (PAL travel team basketball practice/games) (\$3360.)

GROUPS NOT SUBJECT TO FEES OR WAIVER DUE TO TIME OF USE OR PREVIOUS WAIVER:

MONIES COLLECTED TO DATE:	\$ 24,113.00
Approved:	
Felix M. Rodriguez	Kathleen M. Ouellette, Ed. D. Superintendent of Schools

These activities are completed and have been billed:

Nationals, Inc. Chordsmen

DEPARTMENT OF EDUCATION - WATERBURY, CONNECTICUT SCHOOL BUSINESS OFFICE 236 GRAND ST., WATERBURY, CT 06702 CONTRACT OF USE OF BUILDING PERMIT TYPE OR USE PEN AND PRESS FIRMLY  APPLICANT Of L- Frank Santopicto NAME OF ORGANIZATION Pal. of Why
ADDRESS 64 Division St Waterbury CT 06704 TELEPHONE # 203-346-3921  (street) (clip) (state) (zip code)  SCHOOL REQUESTED Reed) DATES 12/14 - 4/5/15. ROOM(S) Gym.
OPENING TIME GAM CLOSING TIME DIRPOSE
ADMISSION (if any) CHARGE TO BE DEVOTED TO
APPROXIMATE NUMBER OF PEOPLE TO BE PRESENT: ADULTS
SIGNATURE OF APPLICANT TICHEN January DATE 11-17-14
PERSON(S) NAME, ADDRESS & PHONE NUMBER RESPONSIBLE FOR SUPERVISION:
(SAME AS ABOVE)
In the event that the Board of Education should need to resort to legal proceedings to collect any outstanding balances, the lessee is responsible for any and all attorney's fees, sheriff's fees and court costs associated with said proceedings. (PLEASE INITIAL)
SCHEDULE OF RATES: CUSTODIAL FEES: \$42/HR plus 1 HR SERVICE (#3360,
RENTAL FEES:
MISCELLANEOUS FEES:
SECURITY DÉPOSIT \$ INSURANCE COVERAGE YES NO
SECURITY DÉPOSIT \$ INSURANCE COVERAGE YES NO
PLEASE READ THE FOLEOWING CAREFULLY
PLEASE READ THE FOLLOWING CAREFULLY  APPLICATION MUST BE RECEIVED AT LEAST THREE (3) WEEKS PRIOR TO THE ACTIVITY.
PLEASE READ THE FOLLOWING CAREFULLY  APPLICATION MUST BE RECEIVED AT LEAST THREE (3) WEEKS PRIOR TO THE ACTIVITY.  A COPY OF YOUR INSURANCE MUST ACCOMPANY YOUR APPLICATION (IF APPLICABLE)
PLEASE READ THE FOLLOWING CAREFULLY  APPLICATION MUST BE RECEIVED AT LEAST THREE (3) WEEKS PRIGR TO THE ACTIVITY.  A COPY OF YOUR INSURANCE MUST ACCOMPANY YOUR APPLICATION (IF APPLICABLE)  IF SCHOOL IS CANCELLED FOR SNOW OR ANY OTHER REASON - ALL ACTIVITIES ARE CANCELLED ALSO.
PLEASE READ THE FOLLOWING CAREFULLY  APPLICATION MUST BE RECEIVED AT LEAST THREE (3) WEEKS PRIOR TO THE ACTIVITY.  A COPY OF YOUR INSURANCE MUST ACCOMPANY YOUR APPLICATION ( IF APPLICABLE)  IF SCHOOL IS CANCELLED FOR SNOW OR ANY OTHER REASON - ALL ACTIVITIES ARE CANCELLED ALSO.  THERE WILL BE NO ACTIVITIES DURING SCHOOL OPEN HOUSE.
PLEASE READ THE FOLLOWING CAREFULLY  APPLICATION MUST BE RECEIVED AT LEAST THREE (3) WEEKS PRIGR TO THE ACTIVITY.  A COPY OF YOUR INSURANCE MUST ACCOMPANY YOUR APPLICATION (IF APPLICABLE)  IF SCHOOL IS CANCELLED FOR SNOW OR ANY OTHER REASON - ALL ACTIVITIES ARE CANCELLED ALSO.  THERE WILL BE NO ACTIVITIES DURING SCHOOL OPEN HOUSE.  CANCELLATIONS MUST BE MADE AT LEAST 48 HOURS IN ADVANCE OR YOU WILL BE CHARGED.  POLICE AND FIRE PROTECTION MUST BE ARRANGED AND/OR CANCELLED BY THE RENTER. PLEASE CALL EACH
PLEASE READ THE FOTEOWING CAREFULLY  APPLICATION MUST BE RECEIVED AT LEAST THREE (3) WEEKS PRIOR TO THE ACTIVITY.  A COPY OF YOUR INSURANCE MUST ACCOMPANY YOUR APPLICATION (IF APPLICABLE)  IF SCHOOL IS CANCELLED FOR SNOW OR ANY OTHER REASON - ALL ACTIVITIES ARE CANCELLED ALSO.  THERE WILL BE NO ACTIVITIES DURING SCHOOL OPEN HOUSE.  CANCELLATIONS MUST BE MADE AT LEAST 48 HOURS IN ADVANCE OR YOU WILL BE CHARGED,  POLICE AND FIRE PROTECTION MUST BE ARRANGED AND/OR CANCELLED BY THE RENTER. PLEASE CALL EACH DEPARTMENT FOR INFORMATION. POLICE DEPT. 574-6983 FIRE DEPT. 697-3452  CALL THE SCHOOL CUSTODIAN AT LEAST ONE WEEK PRIOR TO YOUR ACTIVITY FOR ANY ARRANGEMENTS RE:
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PLEASE READ THE FOLLOWING CAREFULLY  APPLICATION MUST BE RECEIVED AT LEAST THREE (3) WEEKS PRIOR TO THE ACTIVITY.  A COPY OF YOUR INSURANCE MUST ACCOMPANY YOUR APPLICATION (IF APPLICABLE)  IF SCHOOL IS CANCELLED FOR SNOW OR ANY OTHER REASON - ALL ACTIVITIES ARE CANCELLED ALSO.  THERE WILL BE NO ACTIVITIES DURING SCHOOL OPEN HOUSE.  CANCELLATIONS MUST BE MADE AT LEAST 48 HOURS IN ADVANCE OR YOU WILL BE CHARGED.  POUICE AND FIRE PROTECTION MUST BE ARRANGED AND/OR CANCELLED BY THE RENTER. PLEASE CALL EACH DEPARTMENT FOR INFORMATION. POLICE DEPT. 574-6983 FIRE DEPT. 997-3452  CALL THE SCHOOL CUSTODIAN AT LEAST ONE WEEK PRIOR TO YOUR ACTIVITY FOR ANY ARRANGEMENTS RE: PA SYSTEM, LIGHTING, ETC. (FOR WHICH THERE WILL BE AN EXTRA CHARGE).  KITCHEN FACILITIES CAN NOT BE USED BY GROUPS WITHOUT SUPERVISION - PLEASE CALL THE FOOD SERVICE DEPT. AT 574-8210 TO ARRANGE FOR A FOOD SERVICE PERSON (FOR WHICH THERE WILL BE AN EXTRA CHARGE)
PLEASE READ THE FORTOWING CAREFULLY  APPLICATION MUST BE RECEIVED AT LEAST THREE (3) WEEKS PRIOR TO THE ACTIVITY,  A COPY OF YOUR INSURANCE MUST ACCOMPANY YOUR APPLICATION ( IF APPLICABLE)  IF SCHOOL IS CANCELLED FOR SNOW OR ANY OTHER REASON - ALL ACTIVITIES ARE CANCELLED. ALSO.  THERE WILL BE NO ACTIVITIES DURING SCHOOL OPEN HOUSE.  CANCELLATIONS MUST BE MADE AT LEAST 48 HOURS IN ADVANCE OR YOU WILL BE CHARGED,  POLICE AND FIRE PROTECTION MUST BE ARRANGED AND/OR CANCELLED BY THE RENTER. PLEASE CALL EACH DEPARTMENT FOR INFORMATION. POLICE DEPT. 574-8983 FIRE DEPT. 597-3452  CALL THE SCHOOL CUSTODIAN AT LEAST ONE WEEK PRIOR TO YOUR ACTIVITY FOR ANY ARRANGEMENTS RE: PA SYSTEM, LIGHTING, ETC. (FOR WHICH THERE WILL BE AN EXTRA CHARGE).  KITCHEN FACILITIES CAN NOT BE USED BY GROUPS WITHOUT SUPERVISION - PLEASE CALL THE FOOD SERVICE DEPT. AT 574-8210 TO ARRANGE FOR A FOOD SERVICE PERSON (FOR WHICH THERE WILL BE AN EXTRA CHARGE)  **PLEASE SEE REVERSE FOR ADDITIONAL RULES AND REGULATIONS,  T IS AGREED THAT REGULATIONS ADOPTED BY THE BOARD OF EDUCATION FOR USE OF SCHOOL BUILDINGS  **PLEASE READ THE PROTECT.**  PPROVAL DATE  **PROVAL DATE**
PLEASE READ THE FOREOWING CAREFULLY  APPLICATION MUST BE RECEIVED AT LEAST THREE (3) WEEKS PRIOR TO THE ACTIVITY,  A COPY OF YOUR INSURANCE MUST ACCOMPANY YOUR APPLICATION ( IF APPLICABLE)  IF SCHOOL IS CANCELLED FOR SNOW OR ANY OTHER REASON - ALL ACTIVITIES ARE CANCELLED ALSO.  THERE WILL BE NO ACTIVITIES DURING SCHOOL OPEN HOUSE.  CANCELLATIONS MUST BE MADE AT LEAST 48 HOURS IN ADVANCE OR YOU WILL BE CHARGED.  POLICE AND FIRE PROTECTION MUST BE ARRANGED AND/OR CANCELLED BY THE RENTER. PLEASE CALL EACH DEPARTMENT FOR INFORMATION. POLICE DEPT. 514-5983 FIRE DEPT. 597-3452  CALL THE SCHOOL CUSTODIAN AT LEAST ONE WEEK PRIOR TO YOUR ACTIVITY FOR ANY ARRANGEMENTS RE: PA SYSTEM, LIGHTING, ETC. (FOR WHICH THERE WILL BE AN EXTRA CHARGE).  KITCHEN FACILITIES CAN NOT BE USED BY GROUPS WITHOUT SUPERVISION - PLEASE CALL THE FOOD SERVICE DEPT. AT 574-8210 TO ARRANGE FOR A FOOD SERVICE PERSON (FOR WHICH THERE WILL BE AN EXTRA CHARGE)  **LEASE SEE REVERSE FOR ADDITIONAL RULES AND REGULATIONS.  T IS AGREED THAT REGULATIONS ADOPTED BY THE BOARD OF EDUCATION FOR USE OF SCHOOL BUILDINGS VILL BE RIGIDLY ENFORCED.

# USE OF SCHOOL ACILITIES WAIVE GUEST

(to be submitted with the or Building Permit)

APPLICANT/ORGANIZATION: Please check below specific item(s): Custodial Fees [[] Building Usage Fees [ SCHOOL/ROOMS REQUESTED: DATE(S): \_\_\_\_ TIMES: DATE(S): TIMES: DATE(S):\_\_\_ TIMES: DATE(S):\_\_\_\_ TIMES: DATE(S):\_\_\_\_\_ TIMES: OFFICE USE ONLY List total cost of fees being requested to be waived: 53360, - Building Usage Fees Custodial Fees Security Deposit BOARD USE ONLY The Board of Education approved/denied the above referenced waiver request(s) at their regular meeting of \_\_\_\_\_ ATTEST: Clerk, Board of Education

THEI 15.94 AR #106

### Education

Frenis

#### Waterbury Public Schools

## Recruitment and Student Placement Coordinator Early Childhood Education Program

General Statement of Duties: Coordinates all Waterbury Public School Pre-K registrations, including Maloney and Rotella Magnet schools.

Specific Examples of Duties: Responsible for Pre-K registrations city-wide, including both Maloney and Rotella Magnet school applications. Collaborates with outside agencies for registration. Assigns students to classrooms. Prepares class lists for the teachers and office files. Collects data on students for school computer system. Responsible for notices and advertising distribution for registration. Assists the transportation coordinator in setting up bus routes. Responsible for all student transfers and forwarding student records to appropriate departments. Provides testing of new students for screening and placement. Performs other related duties as required by the Supervisor of the Early Childhood Education Program.

Qualifications: High School diploma is required with at least 5 years working with the public. Must be familiar with testing methods and recruitment procedures. Knowledge of various computer applications including Excel. Should possess excellent communications and interpersonal skills. Must be proficient in the maintenance of vital clerical records; and have the ability to work effectively with staff, parents and the community.

Work Year/Hours of Work: 12 month position, 35 hours per week Salary: \$13.74 - \$15.94 depending on experience Benefits: Governed by the UPSEU-Clerical and Technical Union agreement. This is a grant funded, non-union position that exists as long as grant funds are available.

Please submit letter of intent, resume, City of Waterbury Application for Employment and 3 letters of reference to:

James A. Murray, PHR
Personnel-Education and Grants
236 Grand Street
Waterbury, CT 06702

Closing Date:

October 24, 2014

Revised 7/1/14

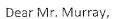
October 24, 2014

James A. Murray, PHR

Personnel-Education and Grants

236 Grand Street

Waterbury, CT 06702



My name is Kristen Frenis. I am writing to apply for the position of Recruitment and Student Coordinator.

With two years of experience working for the Early Childhood Education Department, I believe I would be a perfect fit for the position. I graduated with a Bachelors in Anthropology from Central Connecticut State University in May 2013. I have experience working with people of different cultures and religious beliefs. Since starting my current position with ECEP, I have become knowledgeable of the Pre-Kindergarten standards set by the City of Waterbury. I have knowledge of testing and the recruitment process for Early Childhood. I believe my experience in a co-taught pre-kindergarten classroom has given me the knowledge to assess each child's individual needs and skills to best place them in the right environment. I have excellent written and communication skills that would benefit working with teachers, parents, and community alike. I am able to multitask and manage conflicting demands that occur daily. I am more than capable in Microsoft Word and Excel. While I love my job as a Pre-k assistant and greatly value the skills I have acquired, I believe it is time to embark on a new adventure in order to further my career.

If you would like to further discussmy qualifications, feel free to call me at (203)9106845 or email me at <u>Kristen.frenis@gmail.com</u>.

Sincerely,

Kristen Frenis



### Kristen Frenis

73 Forest Ridge Rd Waterbury, CT 06708 Phone: 203-910-6845 E-Mail: Kristen.frenis@gmail.com

#### Education

Central Connecticut State University School of Arts and Sciences

New Britain, CT

Bachelor in Anthropology

01/09-05/13

Minor: Sociology

Anthropology Club, Field School in Accra, Ghana 2010, Field School in Kerala, India 2012

The Università Cattolica del Sacro Cuore

Milan, Italy

Study abroad: Italian media and EU politics

01/12-05/12

#### Work Experience

#### City Of Waterbury

Pre-K Teachers Assistant Wilson School

02-2013-present

- Supervise children in a Co-taught classroom and maintain an open line of communication with parents
- Support the transportation of students on buses
- Implement small group instruction
- Give support to students with varying needs while implementing behavior plans
- Engage students in an intentional manner with a goal based on the City of Waterbury Pre-Kindergarten standards

#### Live Nation

Promotions manager: Xfinity Theatre, Hartford CT

04/2013-10/2013

- Manage team of brand ambassadors
- Promote client initiatives to potential new customers through direct marketing at live events
- Setting and meeting quotas and goals to reach optimal brand awareness
- Directly engaging with potential new customers and representing client brands

#### Skills

- Microsoft Word and Microsoft Excel capable
- Strong written and verbal communication skills
- Respect and understand different religious beliefs and cultural needs
- Able to work as part of a team or individually without supervision
- Ability to multitask and manage conflicting demands

### WATERBURY PUBLIC SCHOOL DISTRICT 236 GRAND STREET, WATERBURY, CT 06702

## APPLICATION FORM FOR NON-CERTIFIED POSITIONS

001 2 4 2014

Position Applied For: ECEP RECORDANCE and Student Condinator
Applicant is requested to answer each question completely and accurately. Application may be rejected or receive a lower evaluation because items are incomplete or omitted.
PLEASE TYPE OR PRINT LEGIBLY IN INK
Name French M. I.
Address 7.3 FOREST Ridge Rd Wthy Of Owt Othome Phone @391000845
City, State, Zip Work Phone ()
Mailing Address
(If different from above
THE FOLLOWING QUESTIONS MUST BE ANSWERED "YES" OR "NO"
GIVE DETAILS IN SPACE BELOW
GIVE DETAILS IN SPACE BELOW
Are you eligible to work in the United States?  Have you ever been dismissed from employment for cause?  If so, explain and state which jobs below.  Have you ever been convicted of an offense against the law (including military offenses), are you now under charges of any offense against the law?
Are you eligible to work in the United States?  Have you ever been dismissed from employment for cause?  If so, explain and state which jobs below.  Have you ever been convicted of an offense against the law (including military offenses), are you now under charges of Yes   No  No  No  No  No  No  No  No  No  N
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Are you eligible to work in the United States?  Have you ever been dismissed from employment for cause?  If so, explain and state which jobs below.  Have you ever been convicted of an offense against the law (including military offenses), are you now under charges of Yes \( \text{No} \) \( \text{No} \) \( \text{No} \) \( \text{any offense against the law} \) If your answer is "Yes," give details below, Show: date, charge, place, court and disposition.  NOTE: a conviction per se is not a disqualifying factor. What you were convicted of, and how long ago are important. Give all the facts so that a decision can be made.
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The Waterbury Public Schools have a vital interest in providing its employees with a safe, healthful and efficient work environment. It is the City's policy to maintain a work place free from drug and/or alcohol misuse and abuse.

Employment will be subject to a satisfactory background check, a post-offer medical examination (if required for the position that is offered) and a drug screening in accordance with state and federal law. Your signature on this form is your consent to the drug test.

#### EMPLOYMENT HISTORY

Describe your employment history in detail under the headings below, starting with your present or last employer and list in reverse order. Indicate the nature of the work personally performed by you. If two or more positions were held during the same period of time, show the proportion of time spent at each. If your title and duties changed materially in the course of your service in any one organization indicate such changes clearly and as separate employments.

PRESENT OR LAST EMPLOYER			
City of 1	NOterbury Forty Children 203 574-8025		
Name of Employer  Address	MOSTON ANC WHO Phone TO 00704 City State Zip		
Dates of Employment: From (Mo/Yr)	Programme and Title of Supervisor  Programme Assistant 03/13 - Prosent		
To (Mo/Yr)	Description of Duties, Responsibilities, and Significant Accomplishments SUDRIVISE CIVILDING IN COTAUGINE (1955)		
Salary: Starting	Н,		
Ending	17.083		
No. of Hours Worked Weekly:	36 Reason for Leaving		
	Reason to Leaving		
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Name of Employer	PRIOR EMPLOYER  OCT  Phone  (T		
COMCOST TO	Phone  City State Zip		
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Address  Dates of Employment:	Phone  City State Zip  Title of Position Name and Title of Supervisor  POMOTION OOP  Description of Duties, Responsibilities, and Signifidant Accomplishments		
Address  Dates of Employment: From (Mo/Yr)  To (Mo/Yr)  Salary:	Phone  City State Zip  Title of Position Name and Title of Supervisor  POMOTION ACCOMPLISHMENTS  Description of Duties, Responsibilities, and Signifidant Accomplishments  MONOGE HOM ST- Now AMY SSOCKS		
Address  Dates of Employment: From (Mo/Yr)  To (Mo/Yr)  Salary: Starting	Phone  City State Zip  Title of Position Name and Title of Supervisor  POMOTION ACCOMPLISHMENTS  Description of Duties, Responsibilities, and Signifidant Accomplishments  MONOGE HOM ST- WAY AMY SSOCKS  4.00		
Address  Dates of Employment: From (Mo/Yr)  To (Mo/Yr)  Salary:	Phone  City State Zip  Title of Position Name and Title of Supervisor  POMMON MARCOMPLIST Description of Duties, Responsibilities, and Signifidant Accomplishments  Manager Ham Gf- Now Amas Society  4.06		
Address  Dates of Employment: From (Mo/Yr)  To (Mo/Yr)  Salary: Starting	Phone  City State Zip  Title of Position Name and Title of Supervisor  POMOTION ACCOMPLISHMENTS  Description of Duties, Responsibilities, and Signifidant Accomplishments  MONOGE HOM ST- WAY AMY SSOCKS  4.00		

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		EDUCA	TION			
Indicate Last Grade	Name and Address of High 5	School Last Attended		Date of Gradua		
Completed	Holy Cross H5	587 Oranok (	2d	G.E.D. Awarde	° 008	
Name of College	Address	A PROPERTY OF THE PROPERTY OF	Dates of	Number of	Type of	List Major
Business or Technical Schools Attended			Attendance	Credits Completed	Degree	Subjects
CCSU 16	116 Stanley St	- New Britain (T	0109	1/20	Anthopie,	Rouchalog science
Wagner Wiley S	JOHRO Islam	e vil	3/cs	110	ال ' <i>ا</i>	
If you have any additional enthours involved.	ducation or experience, or have	taken SPECIAL COUR	SES, list these	below. Please in	clude: Where acq	uired and the total number of
	nployment opportunity for which	ch you are applying? irrent Employer A Job F	Posting D	Professional J	oumal 🗓	Other
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Female White	Black 11 As	ian (Pacific Islander)×	Hispanic	e C Na	tive American 🖖	
Male : Other	(specify)			***************************************		
make any misstatements or o Regulations. I voluntarily give the Civil S	ies, agree to cooperate in such	to disqualification or dist	missal and to so s duly authorize	uch other penaltic	es prescribed by la the right to make	aw or Civil Service Rules and a thorough investigation of my
Date 10/241	7014 si	gnature ///	NUN 3	Mami	<u> </u>	

#### EDUCATION

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#### WATERBURY PUBLIC SCHOOLS KINGSBURY ELEMENTARY SCHOOL PARENT LIAISON

General Statement of Duties: Supplies services that will benefit Title I students and their families, works under the supervision of the Title I Teacher, the Principal of the school and Parent Coordinator and Title I Administrators.

Specific Examples of Duties: (Not limited to duties listed below)
Recruits parents and other volunteers to support the educational programs of the school and participate in school activities and conferences as it applies to Title I. Encourage partnership between parents, school and community.

Collect and disseminate information to parents and community agencies about events at the school. Provide a consistent community presence in the school. Maintain logs and data related to parental involvement. Make phone calls and home visits to parents who may need help. Coordinate assignments of tasks and training of volunteers. Must attend District Parent Advisory Council (DPAC) meetings on state, regional and national levels if funds are available. Should implement at least 5 parent information sessions. Performs related tasks as assigned by the Principal and/or the Parent Coordinator. Must be available during school hours and some evenings.

Qualifications: A high school diploma is required. Ability to work cooperatively with, and under the supervision of the Title I Teacher and the school Principal. Experience in Child Development with the ability to communicate verbally and in writing. Ability to maintain accurate records and prioritize multiple tasks. Must have the ability to work well with students and their families. Must also have residence in the school attendance area or be very familiar with attendance concerns in the school area.

Work Year/Hours of Work: School Calendar (180 days), 30 hours per week. Some evening and weekend hours required.

Salary/Benefits: \$15.12 per hour. Benefits are currently governed by the Service Employees International Union collective bargaining agreement.

This is a non-union, grant funded position that exists as long as funds are available.

Closing Date: October 24, 2014

If interested please submit cover letter, resume, City of Waterbury application, and 3 letters of reference to:

James A. Murray, PHR Human Resources Administrator 236 Grand Street Waterbury, CT 06702

#### MARIA FUTAN

11 Simsbury St. Waterbury, CT 06704 203-725-1875

September 15, 2014

Waterbury Public School District Attn: James Murray 236 Grand St. Waterbury, CT 06702

Dear Mr. James Murray,

I am writing in reference to your company's employment opportunity as a Parent Liaison.

As you can see from my resume attached I was a Parent Engagement Specialist for the Gear Up Program. I also held the position of Paraprofessional in the Waterbury Public School System for six years. In my positions held I have given forth all efforts to complete my tasks with remarkable satisfaction from my employer.

I have worked with children of all ages, as well as parents at times in my past and current positions. I have worked with children who have challenges in life and encourage them to achieve greatness. I have great communication skills, a multitasked, and a motivator.

I'm excited about your position, and I look forward to continuing contributing to the students and family's future.

Sincerely, Warre Helpe

# WATERBURY PUBLIC SCHOOL DISTRICT 236 GRAND STREET, WATERBURY, CT 06702

# APPLICATION FORM FOR NON-CERTIFIED POSITIONS

SEP 1 5 2014

Position Applied For:
Tarent Liaison (Kingsbury, School
Applicant is requested to answer each question completely and accurately. Application may be rejected or receive a lower evaluation because items are incomplete or omitted.
PLEASE TYPE OR PRINT LEGIBLY IN INK
Name Hast First M. I.
Address No. Street ST Home Phone (203) 7.35-1875
City, State, Zip Work Phone ( )
Mailing Address
(If different from above
THE FOLLOWING QUESTIONS MUST BE ANSWERED "YES" OR "NO"
GIVE DETAILS IN SPACE BELOW
Are you eligible to work in the United States?  Yes  No  No
Have you ever been dismissed from employment for cause? Yes \(\sigma\) No \(\mathbb{D}\) If so, explain and state which jobs below.
Have you ever been convicted of an offense against the law (including military offenses), are you now under charges of Yes \(\sigma\) No \(\sigma\)
any offense against the law?
If your answer is "Yes," give details below, Show: date, charge, place, court and disposition. NOTE: a conviction per se is not a disqualifying factor. What you were convicted of, and how long ago are important. Give all the facts so that a decision can be made.
EXPLANATIONS TO QUESTIONS ABOVE (Use additional paper if necessary)

The Waterbury Public Schools have a vital interest in providing its employees with a safe, healthful and efficient work environment. It is the City's policy to maintain a work place free from drug and/or alcohol misuse and abuse.

Employment will be subject to a satisfactory background check, a post-offer medical examination (if required for the position that is offered) and a drug screening in accordance with state and federal law. Your signature on this form is your consent to the drug test.

#### EMPLOYMENT HISTORY

Describe your employment history in detail under the headings below, starting with your present or last employer and list in reverse order. Indicate the nature of the work personally performed by you. If two or more positions were held during the same period of time, show the proportion of time spent at each. If your title and duties changed materially in the course of your service in any one organization indicate such changes clearly and as separate employments.

PRESENT OR LAST EMPLOYE	R
NVCC GEARUP  Name of Employer  Phone	574-8007
Address City  Dates of Employment: Title of Position Name and Ti	State Zip
From (Mo/Yr)  To (Mo/Yr)	de of Supervisor Celetto Director
Salary: Salary: Danning events for fam.	hes Coordinating
Ending 23.14 Thin community fine	
No. of Hours Worked Weekly:  Reason for Leaving	
PRIOR EMPLOYER	sed mace hours
The City of Law to by Edvantin (203). Name of Employer	574-8140
Address East Main ST 12 Par la ry	State Zip 705
From (Mo/Yr)  To (Mo/Yr)  Description of Duties, Responsibilities, and Significant Accomplishments	Roppuno Pincipa
Salary: Salary:	with behaviorally
Ending 16.03 Cherical work	Studenty
No. of Hours Worked Weekly: 55	
Reason for Leaving	

	PRIOR EMPLOYER
A	Phone  JOHN ST WHO J CT 06704  Title of Position Name and Title of Supervisor  Selvice Wolker Joyce Brown  Description of Duties, Responsibilities, and Significant Accomplishments
Salary: Starting 12.5 Ending 14.0	8 Foundy intakes, Itomevicits o Case management
No. of Hours Worked Weekly:	Reason for Leaving Advancent
	EDUCATION
Indicate Last Grade Completed	Name and Address of High School Last Attended  Date of Graduation or G.E.D. Awarded  CALING COLOR OF G.E.D. Awarded
Name of College Business or Technical Schools Attended	Address  Dates of Attendance Credits Completed  Dates of Credits Completed  Degree Subjects
Brighwood NVCC	3279 Mount vernon Rd 9697 60 AS Apolitical Central Stadie
Brid G	nal education or experience, or have taken SPECIAL COURSES, list these below. Please include: Where acquired and the total number of early leadership Tristyte. Circles Programmed to the total number of the content of
	e employment opportunity for which you are applying? adio 🛭 Job Service 🛘 Current Employer 🖫 Tob Posting 🗆 Professional Journal 🗎 Other
For equal opportunity pu Employment reporting r	imposes, we are requesting the following information. This information is optional and will only be used to comply with Federal Equal equirements and for test validation purposes. Please check the appropriate groups below:
Female W	hite 🛘 Black 🗈 Asian (Pacific Islander) 🗀 Hispanic B Native American 🗇
Male 0 O	ther (specify)
Regulations.  I voluntarily give the Civ	or omissions of fact, I am subject to disqualification or dismissal and to such other penalties prescribed by law or Civil Service Rules and il Service Commission of the City of Waterbury, CT, or its duly authorized representative the right to make a thorough investigation of my ivities, agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies, or corporations on.
Date 9	15/14 Signature Morror Hills

11 Simsbury St. Waterbury, CT 06704 203-725-1875 guzmanmcg@yahoo.com

Objective

To secure a challenging and responsible position that will allow me to utilize my skills to benefit my employer.

Experience

GEAR UP Parent Engagement Specialist

2/2014/present NVCC Waterbury, New Haven

Planning Events for families, Coordinating Parent Advisory Committee, networking with in community, finding resources

for families. Clerical work

ASPIRE System data entry

Paraprofessional 08/2008-2/2014 City of Waterbury, Waterbury, New Haven Work one on one with behaviorally challenged junior high students Clerical work Assist classroom teacher as needed

Camp Counselor 06/2009-8/2009 New Opportunities, Waterbury, New Haven Planning and implementation of activities Handled all medical related tasks, administered meds, necessary medical forms, routine First Aid Prepared and served meals to campers

Family Service Worker 10/2006-8/2008 New Opportunities, Waterbury, New Haven Family Intakes Home visits Case Management

Early Childhood Teacher 2/2001-10/2006 New Opportunities, Waterbury, New Haven Planned and implemented lesson plans Developmental testing Case Management

Education

Briarwood, Southington, CT

8/1995-6/197

Associates in Applied Science

Interests

Enjoy working with challenging kids, translating for Spanish speaking individuals,

assisting in any area needed, learning new tasks and skills

References

References are available on request.

Anna Hulse 807 Washington Ave. Ext. Waterbury, CT 06708 July 24, 2014

To Whom It May Concern:

It is with great pleasure that I recommend Maria Guzman-Hulse. I have known her for nine years.

Maria has always displayed a high degree of integrity, responsibility, and ambition. She is definitely a leader rather than a follower. She is also a most dependable team player. Her good judgment and mature outlook ensure a logical and practical approach to her endeavors.

Maria adjusts well with all types of personalities, ages and cultures. Maria remains calm and professional in tough situations. She is able to think outside of the box and bring fresh ideas to the table. She is one of the most open minded people I have known.

Maria would be an asset to any organization, and I am happy to give her my wholehearted endorsement.

Sincerely,

Anna Hulse

Donald Rapuano
Wallace Middle School
3465 East Main Street
Waterbury, CT 06705

November 21, 2013

To Whom It May Concern:

I am writing this letter of recommendation on behalf of Maria Hulse. Currently, Maria holds the position of Paraprofessional at Wallace Middle School in Waterbury, Connecticut. After working with Maria, I can attest to her exemplary work performance and ethic. She has an excellent rapport with parents, students, and staff. Her positive communication style allows her to work with the most challenging situations and diffuse them with ease. Additionally, she has proven to be an asset to the teaching, student, and parent populations of Wallace Middle School. Maria's in-depth knowledge of the students' strengths, weaknesses, and learning styles has allowed teams to program for the most challenging of students.

If you have any other questions, please feel free to contact me at 203 574-8142.

Sincerely,

Donald Rapuano

**Building Principal** 



#### Michael F. Wallace School

3465 East Main Street, Waterbury, CT 06705 Phone: (203) 574-8140 Fax: (203) 574-8141

November 20, 2013

To Whom It May Concern,

I am writing this letter of recommendation on behalf of Maria Hulse. I have had the pleasure of working of Maria for the past three years. She has been an integral part of my lesson implementation and classroom procedure throughout this time.

Maria comes to class in a positive manner and her main focus is student success. She takes on the responsibility of tutoring and helping the students better understand the work. She has a good rapport with the children and it shows in their success in our co-teaching environment.

Maria has innovative strategies that she puts forth and is very aware of the many different styles of learning of her students. She would be a great asset to any workplace.

I would recommend Maria without reservation

Sincerely,

Stephen T. Forgione

7th Grade Social Studies Teacher

Wallace Middle School





September 18, 2014

To Whom It May Concern:

I have had the pleasure of supervising Maria Hulse as the GEAR UP Parent Engagement Specialist throughout the 2013-2014 school year. Maria is an extremely motivated woman with the drive to create a collaborative, progressive community in the city of Waterbury.

As the Parent Engagement Specialist for the GEAR UP Waterbury Alliance at Naugatuck Valley Community College, Maria was responsible for a myriad of tasks. Her primary role was to organize and engage parents in activities that relate to their child's educational success. Maria worked tirelessly to recruit families to become involved with GEAR UP and was instrumental in establishing the inaugural GEAR UP Waterbury Parent Advisory Board. She organized the group of motivated families during monthly meetings and focused them on developing family engagement activities. In addition, Maria proved her dedication to the city of Waterbury by designing a resource guide for families. The guide provided information to families on resources from health care to recreational activities in the city. Throughout her work, Maria never lost sight of her goal to engage families and constantly worked to assure all families were well informed.

Maria Hulse is a very hard working and motivated employee. Maria puts forth great effort in assuring families have the support and information necessary to foster academic achievement and success in their students. Please feel free to contact me regarding Maria Hulse.

Sincerely,

David Celotto GEAR UP Waterbury Alliance Program Director Naugatuck Valley Community College (203)575-8007 All grants

#### WATERBURY PUBLIC SCHOOLS

English Language Arts (ELA) Instructional Tutor.

General Statement of Duties: Under the direction of the K-5 ELA Supervisor and the supervision of the School Principal and Vice Principal, tutors provide educational support/intervention to students who are academically at-risk in ELA

#### Specific Example of Duties:

- Works with the teachers and reading specialists/facilitators to establish remedial groups and focus areas for instruction.
- Performs Tier II and/or Tier III interventions for at risk students in ELA.
- Maintains a daily intervention log of students receiving services which would include focus for instruction, materials used, attendance, progress, concerns, and other observations as appropriate.
- Conducts biweekly (Tier II) and/or weekly (Tier III) progress monitoring and adjusts interventions as appropriate.
- Collaborates with the classroom teacher and reading specialists/facilitators in creating and monitoring appropriate academic interventions and assessment based on data and best practice.
- Communicates/discusses student progress and concerns with the classroom teacher, parents, administrators, and reading specialists/facilitator.
- Participates in data team meetings as appropriate.
- Participates in PD opportunities provided by the ELA department.

Qualifications: Valid state of CT elementary teaching certificate preferred. Must also possess the ability to maintain and foster a creative educational environment conducive to learning and participation. Applicant should be able to demonstrate sensitivity and respect for the needs and feelings of all children. Applicant should utilize patience, empathy and positive expectations while employing scientifically research-based reading interventions for at-risk students.

Work Year/Hours of Work: Part time. Maximum of 28 weeks at 15.75 hours per week (during school hours) with schedule based on the needs of the students and professional development opportunities.

Salary:

\$25.00 per hour

No Benefits

Note: This is a Part-Time, non-certified Grant Funded position; it exists as long as funds are available

Please submit letter of intent, non cert application, resume, and three references letters to:

James A. Murray, PHR Human Resources Administrator-Education 236 Grand Street Waterbury, Ct. 06702

Closing Date: Until position is filled

#### Lisa R. Swanson 572 Beecher Road Wolcott, CT 06716 (203) 879-4511 swanson-lisa@sbcglobal.net

November 6, 2014

James A. Murray Human Resources Assistant-Education 236 Grand Street Waterbury, CT. 06702

Dear Mr. Murray,

I would like to be considered for a tutoring position in the Waterbury Public Schools. Please find my resume, certification and application.

For the past four years, I taught at Sanchez School in Hartford. During my first two years at Sanchez, I was an LLI tutor. My last two years at Sanchez, I taught Computers.

In 2010, I enjoyed my position as math tutor at Walsh School. The teachers and staff provided a cooperative environment that appealed to me immensely. I found it extremely rewarding to help students reinforce their math skills and loved watching them grow academically.

I had such a positive experience that I also offered to work during summer school. I was fortunate to have been assigned a fourth grade position at Bucks Hill. Although, the challenges were present, I found it immensely rewarding being able to provide instruction to at-risk students. I especially enjoyed teaching the students skills and empowering them to take responsibility for their own learning. Therefore, I would like to continue teaching in the Waterbury School System.

I am available for interviewing at any time that is convenient for you. I look forward to hearing from you soon.

Sincerely,

Lisa R. Swanson

#### Lisa R. Swanson 572 Beecher Road Wolcott, CT 06716 (203) 879-4511 swanson-lisa@sbcglobal.net

Objective:

To find a tutoring position utilizing my Education and Business skills.

Certification: CT Certification (013) in grades K-6 issued July, 25, 2003

CT Certification (010) in Business issued June 10, 2004

#### Experience:

#### Hartford Public Schools, Hartford, CT

Computer Teacher, Sanchez School (08/2012-06/2014)

- Instruct K-5 students in responsible use of Computers in Education using Internet applications and Microsoft Word
- Collaborate with classroom teachers to incorporate Common Core objectives into Computer
- Assist staff, parents and students with the administration of online based surveys and computer based testing

#### Part Time Teacher, Sanchez School (11/2010-06/2012)

- Conduct small group instruction based on student's DRA level using the LLI system
- Data Collection including DRA 2 and Universal Testing
- Provide classroom support as needed

#### Second Grade Teacher, Early Start Program, Sanchez School (07/2011, 07/2012, 07/2013)

- Instruct students in mathematic strategies and relationships using provided curriculum
- Create math centers to maintain and reinforce skills
- Differentiate instruction according to student's needs
- Create small groups for instruction in Reading
- Teach students fluency, comprehension, writing and phonics using the LLI system
- Coordinate positive reinforcement system

#### Waterbury Public Schools, Waterbury, CT

Classroom Teacher-Bucks Hill School (July, 2010)

- Teach students reading, writing and math according to curriculum
- Plan and prepare center work
- Arrange and conduct small group instruction according to DRA level
- Coordinate positive reinforcement system

#### Math Tutor, Walsh School (03/2010-06/2010)

• Collaborate with classroom teacher and identify students in need of skill reinforcement

- <sup>6</sup> Teach students math skills, strategies and relationships
- Instruct using various methods of technology and manipulatives
- Provided positive reinforcement with a designated reward system.
- Communicate areas of improvement and skills mastered
- Plan lessons according to diagnosis indicating areas in need of improvement

#### Homebound Tutor (09/2006-06/2007)

Provided Accounting instruction to students with special needs according to teaching plans.

#### Permanent Substitute-Henry S. Chase School(09/2004-06/2006)

- Substitute Teacher in all grade levels including Bilingual, Special Education and Reading
- Conducted Running Records and scored with rubrics while administering DRA's
- Created and used Center material to differentiate instruction
- Wrote plans using the CPR method
- Acted as co-teacher in all six approaches for Reading and Math
- Acted as aide to students with special needs
- Provided administrative support to office staff

#### One On One Learning, Miami, FL

*Tutor* (02/2010-06/2011)

- Teach students math and reading skills, strategies and relationships using provided curriculum
- Instruct using various methods of technology and manipulatives
- Provided positive reinforcement with a designated reward system
- Communicate areas of improvement and skills mastered with parents, school district and classroom teacher
- e Plan lessons according to diagnosis indicating areas in need of improvement

#### Sylvan Learning Center, Waterbury, CT

*Math Instructor* (02/2004-08/2004)

- Teach students math skills, strategies and relationships using provided curriculum
- Instruct using various methods of technology and manipulatives
- Provided positive reinforcement with a designated reward system
- Communicate areas of improvement and skills mastered
- Plan lessons according to diagnosis indicating areas in need of improvement

#### Bristol Public Schools, Bristol, CT (01/2002-01/2003)

Intern-Districtwide

- Substitute teacher at ten elementary schools within the City of Bristol
- Substituted in all disciplines including Special Education, Physical Education, Art and Music
- Acted as an aide to students with special needs
- Provided administrative support to office staff (Ivy Drive)

#### Adult Education Teacher (09/2004-03/2005)

• Taught Computer Literacy to students enrolled in Bristol Adult High School Credit Diploma Program

Used a variety of materials including the Internet

• Differentiated instruction to various skill levels

Education: Master of Science-Education, University of Bridgeport, graduated December, 2002,

G.P.A. 3.6°

Bachelor of Science-Accounting, Teikyo Post University, graduated August, 1993,

G.P.A. 3.3

Commissioner of Education

State Board of Education

Nancy L. Pugliese, Ghref Bureau of Educator Standards and Certification

LISA R. SWANSON

Educator ID Number:

INITIAL EDUCATOR

Certificate Number:

July 25, 2012 TO July 24, 2015

Endorsement Code Endorsement Description

Elementary - Kindergarten through Grade 6

Business, Grades 7 through 12

(End of List)

Endorsement Date.

7/25/2012

(See Important Information On Back)

# Communications



Packet week ending: ///25/14



236 Grand Street Waterbury, CT 06702

(203) 574-6761

#### The City of Waterbury

#### Connecticut

Department of Human Resources
Office of the Civil Service Commission

November 17, 2014

Janice Valuskas 1159 Highland Ave., 2B Waterbury, CT 06708

Dear Ms. Valuskas:

Welcome to employment with the City of Waterbury. Your name is being certified to the Education Department – WAMS for the position of Administrative Support Specialist I, Req. #15-03at \$13.78 per hour. Please contact Lauren Elias, Principal @ WAMS at (203) 573-6300 with any questions you may have in regards to this position.

We have scheduled your orientation for Wednesday, November 26, 2014 at 9:30 a.m. at the Department of Human Resources located at 236 Grand Street in Waterbury. You must attend this orientation session in order to work for the City. Your first day reporting to your new department/supervisor will be December 1, 2014 at your regular scheduled time.

At the orientation, we will provide you with a brief overview of the City, review its employment practices and complete all required paperwork. You will also be required to provide documentation, mandated by the federal government, to establish your right to work in this country. We have included a sheet that outlines the documents that are acceptable to meet this requirement. You cannot start work without providing us these documents. In addition, if you are an employee eligible for benefits, it is useful to bring the social security numbers and birth dates of your spouse and children in order to complete the insurance enrollment forms.

Please call us prior to the orientation session if you should have any questions regarding the process.

Your new probationary period in accordance with your applicable contract will be 6 months in duration. The department head will be responsible for executing your probationary evaluation no later than 6 months from your first day in your new position.

Again, welcome to the City of Waterbury.

Sincerety,

Scott Morgan

Provisional SR Human Resources Generalist

SM/sd

cc Board of Education Lauren Elias, Principal @ WAMS Dr. Ouellette, Supt. of Schools