



Pequannock Township School District

Office of the Superintendent

538 Newark Pompton Turnpike

Pompton Plains, New Jersey 07444

Phone (973) 616-6040 • Fax (973) 616-6043

Twitter: @PantherTownNJ

Dr. Michael Portas, Superintendent of Schools

michael.portas@pequannock.org

Preschool Special Education Registration General Information

www.pequannock.org

- All students must be at least 3 years old, but less than 5 years old, on or before October 1st.
- Classes run Monday to Friday
 - Full day hours 8:15 A.M. - 2:45 P.M.
 - Half day A.M. hours 8:15 A.M. - 11:05 A.M.
 - Half day P.M. hours are 11:55 A.M. - 2:45 P.M.
- Once your child is found eligible for the preschool special education program, online preregistration must be completed. Once online preregistration is complete, an automated email will be sent with instructions on how to upload the required documents. Online preregistration is found on the website under *Menu* then *Registration*. If you need assistance please call 973-616-6040 ext. 1008
- Please contact Student Services, at 973-616-6010 ext. 3007 with any questions regarding the referral process.

PEQUANNOCK TOWNSHIP SCHOOL DISTRICT
REGISTRATION CHECKLIST

- ___ Original birth certificate ***REQUIRED PRIOR TO ATTENDING SCHOOL***

- ___ Most recent physical and immunizations (completed by physician)
REQUIRED PRIOR TO ATTENDING SCHOOL

- ___ Must provide three (3) original proofs of residency within 60 days.
Documents can include driver's license, deed/lease, tax bill, mortgage statement, bank statement, voter registration, utility bill, etc.

- ___ Home Language Survey

- ___ Records Release Form, if applicable

- ___ IEP/504, if applicable

- ___ Most recent report card or transcript, if applicable

- ___ Custody papers, if applicable

- ___ Oral Health Assessment Form, completed by dental professional
(Preschool & Kindergarten only)

- ___ Parent Questionnaire and Preschool Release Form (***Kindergarten only***)

- ___ 1:1 Chromebook Program Signature Page (***Grades 6-12 only***)

- ___ NJSIAA Transfer form for sports athletes (***Grades 9-12 only***)

- ___ NJSIAA Student Athlete Residency Affidavit for sports athletes
(Grades 9-12 only)

Home Language Survey

Purpose

This survey is the first of three steps to identify whether a student is eligible to be identified as an English language learner (ELL).

Directions

Start with 'Question 1' and continue until the HLS is complete. Select the answer for each question and follow the directions. When you arrive at a decision, the HLS is complete. Proceed to *Step 2: Records Review Process* if the Home Language Survey indicates additional information is needed.

Student Information

Student Name:	Date of Birth (MM/DD/YYYY):
<hr/>	
Street Address:	
<hr/>	
City, State, Zip:	
<hr/>	
Phone Number:	
<hr/>	

Step 1: Survey Questions:

Question 1: List all languages used in the student's home and go to #2:

Question 2: Was the first language used by the student a language other than English?

- No (Go to #3)
- Yes (Go to #3)

Question 3: Does the student speak or understand a language other than English?

- No (Go to *Result C*)
- Yes (Go to #4)

Question 4: When interacting with others at home (example: parents, guardians, siblings), does the student understand or use a language other than English most of the time?

- No (Go to #5)
- Yes (Go to #5)

Question 5: When interacting with others outside the home (example: friends, caregivers), does the student understand or use a language other than English most of the time?

No (Go to *Result C*)

Yes (Go to *Result B*)

Results [For Internal Use Only]:

Did they answer “Yes” to either Question #4 or Question #5?

No (Go to *Result C*)

Yes (Go to *Result B*)

Result B:

The student is a *possible* ELL. Reviewers should proceed to Step 2 of Identification Process: Conduct Records Review Process.

Result C:

The student is *not* an ELL.

Step 2: Conduct Records Review Process - This step is to be completed by NJ Certified Staff only – reference ESSA ELL entry and Exit Guidance.

Purpose

This process is the second of three steps to identify whether a student is eligible to be identified as an ELL. This review process is mandatory for all school districts/charters starting in July of 2019 and cannot be altered according to ESSA §3111(b)(2)(A).

Step 3: Testing for Identification - This process ensures multiple steps for identification are used to make the final decision regarding whether a student is an ELL.



Pequannock Township School District

Office of the Superintendent

538 Newark Pompton Turnpike

Pompton Plains, New Jersey 07444

Phone (973) 616-6040 • Fax (973) 616-6043

Twitter: @PantherTownNJ

Dr. Michael Portas, Superintendent of Schools

michael.portas@pequannock.org

Dear Parents and Guardians of Preschool and Kindergarten Students:

It is our intent to promote oral health care which can affect student learning. We are requesting that the oral health assessment form be completed and returned with the medical registration packet. Tooth decay (or cavities) is the number one chronic childhood disease in America. Tooth decay is preventable with good oral hygiene and dental visits. One alarming statistic is that 51 million school hours are lost each year to untreated cavities. Young children who suffer from oral disease can have decreased appetite, inattentiveness, and distractibility caused by pain or infection.

Please have your child visit a dentist to ensure preventable disease. The NJ Dental Association offers an online find-a-dentist resource at www.njda.org.

Thank you for your support in keeping our students healthy to optimize learning.

Sincerely,

Pequannock Township Elementary School Nurses

ORAL HEALTH ASSESSMENT FORM

The New Jersey Children's Oral Health Education Program is administered by the New Jersey Department of Health. Program activities take place throughout the State with emphasis in areas of high need/high risk.

SECTION 1: Child's Information (completed by parent/guardian)

Child's Last Name:	First Name:	Child's Date of Birth:
Address:		
City/Zip Code:		
Child's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Parent/Guardian Name:	

SECTION 2: Oral Health Data Collection (completed by a licensed dental professional)

IMPORTANT NOTE: Consider each box separately. Mark each box:

Dental Examination Date:	Caries Experience - Restorations Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Visible Decay Present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Treatment Urgency: <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
Oral Hygiene: ___ Unsatisfactory ___ Satisfactory ___ Above Average			
_____ <i>Licensed Dental Professional Signature</i> <i>NJ License Number</i> <i>Date</i>			

SECTION 3: Waiver of Oral Health Assessment Requirement

To be filled out by parent/guardian asking to be excused from this requirement

Please excuse my child from the dental check-up because: (Check the box that best describes the reason.)

I am unable to find a dental office that will take my child's dental insurance plan.

My child's dental insurance plan is: _____

I cannot afford a dental check-up for my child.

I do not want my child to receive a dental check-up.

Optional: Other reasons my child could not get a dental check-up: _____

If asking to be excused from this requirement: _____

Signature of Parent/Guardian

Date

Pequannock Township School District Parent/Guardian Questionnaire

Child's Name _____

Please answer the following questions to help us provide your child with a great learning experience.

Did your child attend Preschool? ___ YES ___ NO

Name of Preschool _____

What are your child's strengths? _____

What are your child's weaknesses? _____

Has your child ever received Early Intervention Services? _____

If so, what and for how long? (Occupational Therapy, Speech and Language, Physical Therapy, Educational Services) _____

	YES	NO	SOMETIMES
Does your child have a diagnosed disability?			
Is your child's speech understandable to most people?			
Does your child participate in cooperative play with peers?			
Does your child prefer to play alone?			
Does your child follow single step directions?			
Does your child write his/her name?			
Does your child have an interest in books?			
Can your child sit still and listen for a 3-5 minute period of time?			
Can your child concentrate on a task for at least 10 minutes?			
Does your child show a sense of confidence when away from parent for 2-3 hours?			
Does your child recall past events/rhymes/songs?			
Does your child enjoy being read to?			

Is there anything else you think we should know about your child as we plan for the upcoming school year? _____

PEQUANNOCK TOWNSHIP PUBLIC SCHOOLS

Health Office

PHYSICAL EXAMINATION

Name: _____ Date of Birth: _____ Grade: _____

School: _____

Medical History: _____

Each student must have a physical on file in the health office.

- | | | | | | | | | |
|-----|--------------------|-------|-------|---------|-------|-----|---------------------|-------|
| 1. | Urine | Sugar | _____ | Albumin | _____ | 13. | Skin | _____ |
| 2. | Pulse | _____ | | | | 14. | Head | _____ |
| 3. | Blood Pressure | _____ | | | | | Eyes | _____ |
| 4. | Height | _____ | | | | | Ears | _____ |
| | Weight | _____ | | | | | Nose | _____ |
| 5. | Vision | Right | _____ | Left | _____ | | Mouth | _____ |
| 6. | Hearing | Right | _____ | Left | _____ | | Teeth | _____ |
| 7. | Scoliosis | _____ | | | | | Neck | _____ |
| | Extremities | _____ | | | | | | |
| 8. | Neurological | _____ | | | | 14. | Abdomen | _____ |
| 9. | Heart | _____ | | | | | Hernia | _____ |
| | Murmur | _____ | | | | | Genitalia | _____ |
| | Rhythm | _____ | | | | 15. | Physical Maturation | _____ |
| 10. | Lungs | _____ | | | | | | |
| 11. | Immunization given | _____ | | | | 16. | Hgb/Hct | _____ |
| 12. | TB Test | _____ | | | | | | |

Other _____

Remarks _____

Date of Physical _____ Physician's Signature _____

Date of Signature _____

**Please print/type/stamp
your name, address and
telephone number**