

PHYSICAL ADDRESS \_\_\_\_\_  
 HOUSE # STREET BOX # TOWN ZIP CODE

PHONE \_\_\_\_\_  
HOME \_\_\_\_\_ FATHER CELL \_\_\_\_\_ MOTHER CELL \_\_\_\_\_

[illegible]



## WELCOME TO SAUQUOIT VALLEY ELEMENTARY SCHOOL

Please fill out all forms legibly and return to the ES office as soon as possible.

Proof of residency: provide one (1)

- Homeowner
  - Mortgage or closing statement or a deed
  - Tax bill
- Renter
  - Lease agreement
  - notarized Affidavit of Landlord. (Affidavit will be provided upon request)
- Living with Others
  - Affidavit Regarding Residency needs to be signed and notarized by the person that owns the home. (Affidavit will be provided upon request)

In addition, two (2) other forms of residency with your name and mailing address on it must be provided.

- Utility or other bill
- Telephone bill
- Current NYS driver's license
- Oil/propane delivery bill
- Bank Statement
- Insurance bill
- Paystub

Health Records including immunizations.

Please contact the Elementary School Office at 315-839-6339 to schedule an appointment

Mrs. Alison Pirger, Secretary  
Sauquoit Valley Elementary School  
Office: 315-839-6339 Fax: 315-839-6366

[apirger@svcsd.org](mailto:apirger@svcsd.org)

**NOTE TO SCHOOLS/LEAS:** Please assist students and families filling out this form. The form should be included at the top page of registration materials that the district shares with families. Do not simply include this form in the registration packet, because if the student qualifies as residing in temporary housing, the student is not required to submit proof of residency and other required documents that may be part of the registration packet.

## HOUSING QUESTIONNAIRE

Name of LEA: Sauquoit Valley Central School District

Name of School: Elementary School

Name of Student: \_\_\_\_\_  
Last First Middle

Gender: ☐ Male Date of Birth:   /  /   Grade:        ID#:                       
☐ Female Month Day Year (preschool-12) (optional)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

The answer you give below will help the district determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificate. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

Where is the student currently living? (Please check one box.)

- ☐ In a shelter
- ☐ With another family or other person because of loss of housing or as a result of economic hardship (sometimes referred to as "doubled-up")
- ☐ In a hotel/motel
- ☐ In a car, park, bus, train, or campsite
- ☐ Other temporary living situation (Please describe): \_\_\_\_\_
- ☐ In permanent housing

\_\_\_\_\_  
Print name of Parent, Guardian, or  
Student (for unaccompanied homeless youth)

\_\_\_\_\_  
Signature of Parent, Guardian, or  
Student (for unaccompanied homeless youth)

\_\_\_\_\_  
Date

If **ANY box other than "In Permanent Housing" is checked**, then the student/family should be immediately referred to the MV Liaison. In such cases, **proof of residency** and other documents normally needed for enrollment **are not required** and the **student is to be immediately enrolled**. After the student has been enrolled, the district/school must contact the previous district/school attended to request the student's educational records, including immunization records, and the enrolling district's LEA liaison must help the student get any other necessary documents or immunizations.

**NOTE TO SCHOOLS/LEAS:** If the student is **NOT** living in permanent housing, please ensure that a Designation Form is completed.

## INSTRUCTIONS FOR COMPLETING THE HOUSING QUESTIONNAIRE

### Purpose of the Housing Questionnaire

All Local Education Agencies (LEAs) are required to identify students experiencing homelessness. LEAs include school districts, charter schools and BOCES. Additionally, all LEAs that receive Title I funds must ask enrolling students about their housing status. The New York State Education Department (NYSED) encourages all LEAs regardless of whether they receive Title I funds to do the same. To collect this information, LEAs may:

1. Use the Housing Questionnaire attached here,
2. Update/modify the Model Enrollment Form – Housing Questionnaire to address the needs of the LEA, or
3. Incorporate the housing status question from the Model Enrollment Form - Residency Questionnaire into the LEA's Enrollment Form or other documents already used by the LEA during the enrollment process.

If an LEA elects the third option and incorporates the housing status question into the LEA's Enrollment Form, the LEA should take steps to ensure that a student's housing status does not become a part of the student's permanent record, because of the sensitive nature of this information. Please see the section titled "Confidentiality" (below) for information about how and when housing information may be shared within the LEA.

### Who should fill out the Housing Questionnaire?

A Housing Questionnaire should be filled out for all students enrolling in school and for all students who have a change of address in grades preschool-12. "Preschool" includes any LEA administered or funded preschool program, such as a pre-k or Head Start program administered by an LEA. The Housing Questionnaire should be completed by the student's parent, person in parental relation, or in the case of an unaccompanied youth, by the student directly.

### Confidentiality

**Student housing information should be kept confidential to the maximum extent possible. This information should only be shared with LEA/school staff members who need information about housing status to ensure that the student's educational needs are met.** To this end, LEAs may share a student's Housing Questionnaire with LEA personnel such as:

1. the LEA liaison,
2. the registrar,
3. the student's teachers, and/or guidance counselor, and
4. the LEA staff member responsible for reporting data to SED

**However, this information should only be shared with the above staff members to the extent that it will enable them to better meet the educational needs of the student in question and to fulfill reporting requirements mandated by SED.**

Other than the above uses, housing information **should be kept confidential** and **should not be shared** with other LEA/school personnel due to its sensitive nature and the stigma attached to being labeled homeless. LEAs are also encouraged to seek out ways of preventing Housing Questionnaires and housing information from becoming a part of a student's permanent record.

### Discussing the Housing Questionnaire with Students and Families

In reviewing the Housing Questionnaire with parents, persons in parental relation, and unaccompanied youth, LEAs should emphasize that the purpose of gathering the information is to ensure that students in temporary housing arrangements are provided with the rights and services to which they are entitled under the McKinney-Vento Act. These rights and services include:

1. The right to stay in the same school the student had been attending before losing his/her housing or the last school attended (both known as the school of origin),
2. The right to immediate enrollment for students who decide to transfer schools, even if the student does not have all of the documents normally for enrollment,
3. Transportation services if the student continues to attend the school of origin,
4. Categorical eligibility for Title I services if offered in the LEA,
5. Categorical eligibility for free meals if offered in the LEA, and
6. Access to services provided with McKinney-Vento funds if available in the LEA.

The LEA should also ensure that the parent, person in parental relation, unaccompanied youth is aware that the student's housing status will be kept confidential and will only be shared with those LEA staff who are responsible for providing services to the student and those responsible for keeping track of how many students are identified as living in temporary housing in the LEA.

LEAs are advised to explain to parents that if a parent claims that her/his child is living in temporary housing, and the LEA wishes to conduct an investigation to verify this information, the LEA may conduct a home visit. However LEAs **cannot contact a landlord or building superintendent** to verify a student's housing status without prior parental consent. Contacting a landlord or building superintendent without the parent's express prior written permission is a violation of FERPA, a federal law.

**If the Parent, Person in Parental Relation, or Unaccompanied Youth Declines to Fill Out the Housing Questionnaire** If the parent, person in parental relation, or unaccompanied youth declines to complete the Housing Questionnaire, the LEA should note on the form that the parent, person in parental relation, or unaccompanied youth declined to provide the information requested.

### **Completing the Form**

If a parent, person in parental relation, or unaccompanied youth enrolling in school indicates that a student is living in one of the five temporary housing arrangements, the school may not require proof to verify where the student is living before enrolling the student. The five temporary housing arrangements are listed below:

1. In a shelter,
2. With another family or other person (sometimes referred to as "doubled-up"),
3. In a hotel/motel,
4. In a car, park, bus, train, or campsite, or
5. Other temporary living situation.

After the student is enrolled and attending classes, the school or LEA is permitted to verify the student's housing arrangements. However, the student must first be enrolled in school. Again, LEAs **cannot not contact a landlord or building superintendent** to verify a student's housing status. (See above for more information.)

### **Definitions of Temporary Housing Arrangements**

*"With another family or other person" (also referred to as "doubled-up")*

LEAs should be aware that students who are sharing the housing of others are eligible for services under the McKinney-Vento Act and State law, if sharing housing is due to loss of housing, economic hardship, or a similar reason.

*"Other temporary living situation"*

In addition to the four examples of temporary housing, students who lack a "fixed, adequate, and regular" nighttime residence are also covered as homeless under the McKinney-Vento Act and State law. This may include unaccompanied youth who have fled their homes or were forced to leave their homes and who do not otherwise meet the definition of "doubled-up."

*"In permanent housing"*

Permanent housing means that the student's living arrangements are "fixed, regular, and adequate."

### **Next Steps for LEAs with Students Living in Temporary Housing Arrangements**

**If the parent, person in parental relation, or unaccompanied youth indicates that a student is living in temporary housing, the LEA must complete a Designation Form.** If the LEA believes additional information is needed before reaching a final decision on the student's eligibility under McKinney-Vento, enrollment should not be delayed and a Designation Form should still be filled out. For more information about determining eligibility see the National Center on Homeless Education's Determining Eligibility Brief, available at: [http://nche.ed.gov/downloads/briefs/det\\_elig.pdf](http://nche.ed.gov/downloads/briefs/det_elig.pdf).

If a student who is identified as homeless was last permanently housed in a different school district, the district of attendance/local district will be eligible for tuition reimbursement from SED for the cost of educating the student. School districts should complete a STAC-202 form if eligible for tuition reimbursement. For more information about STAC-202 forms contact the STAC Office at 518-474-7116 or NYS-TEACHS at 800-388-2014.





# SAUQUOIT VALLEY

## Central School District

2601 Oneida Street | Sauquoit, New York 13456 | [svcsd.org](http://svcsd.org)

**David Stayton**  
Superintendent  
Phone: 315.839.6311  
[dstayton@svcsd.org](mailto:dstayton@svcsd.org)

**Charles Cowen**  
Business Administrator  
Phone: 315.839.6313  
[ccowen@svcsd.org](mailto:ccowen@svcsd.org)

**Mark R. Putnam**  
Elementary School Principal  
Phone: 315.839.6339  
[mputnam@svcsd.org](mailto:mputnam@svcsd.org)

**Peter R. Madden**  
Middle School Principal  
Phone: 315.839.6371  
[pmadden@svcsd.org](mailto:pmadden@svcsd.org)

**Brian D. Read**  
High School Principal  
Phone: 315.839.6316  
[bread@svcsd.org](mailto:bread@svcsd.org)

**Tracy Facchini**  
Dir. of Pupil Personnel Services  
Phone: 315.839.6353  
[tfacchini@svcsd.org](mailto:tfacchini@svcsd.org)

### Student Enrollment Letter

**Dear Parent/Person in parental relations:**

Thank you for your interest in the Sauquoit Valley Central School District (the "District"). Please provide the following information along with the attached registration paperwork so that we may enroll your child in the District's schools.

#### PROOF OF RESIDENCY:

Please submit evidence of you and your child's physical presence in the school district. This evidence may include:

- 1) A copy of a residential lease or proof of ownership of a house or condominium, such as a deed or mortgage statement;
- 2) A statement by a third-party landlord, owner or tenant from whom the parent(s) or person(s) in parental relation leases or with whom they share property within the District, which may be either sworn or unsworn; or
- 3) Such other statement by a third party establishing the parent(s)' or person(s) in parental relation's physical presence in the district.

If the documentation listed above is not available, the District will consider other forms of documentation, which may include, but will not be limited to:

- pay stub;
- income tax form;
- utility or other bills;
- membership documents (e.g., library cards) based upon residency;
- voter registration document(s);
- official driver's license, learner's permit or non-driver identification;
- State or other government issued identification;
- documents issued by federal, state or local agencies (e.g., local social service agency, Federal Office of Refugee Resettlement); or
- evidence of custody of the child, including but not limited to judicial custody orders or guardianship papers.

The District may also require the parent(s) to provide an affidavit either:

- 1) indicating that they are the parent(s) with whom the child lawfully resides; or
- 2) indicating that they are the person(s) in parental relation to the child, over whom they have total and permanent custody and control, and describing how they obtained total and permanent custody and control, whether through guardianship or otherwise.

*Our mission is to ensure that each student will become a life-long learner and a responsible citizen in an ever-changing world.*

The District will also accept other proof, such as documentation indicating that the child resides with a sponsor with whom the child has been placed by a federal agency.

### **PROOF OF AGE:**

The District will require documentation and/or information establishing your child's age. Please supply a certified transcript of a birth certificate or record of baptism (including a certified transcript of a foreign birth certificate or record of baptism) giving the date of birth. Where this documentation is not available, a passport (including a foreign passport) may be used.

Where birth certificate or passport is not available, the District may consider certain other evidence, which has been in existence two years or more. Other evidence may include, but will not be limited to the following:

- official driver's license;
- state or other government issued identification;
- school photo identification with date of birth;
- consulate identification card;
- hospital or health records;
- military dependent identification card;
- documents issued by federal, state or local agencies (e.g., local social service agency, federal Office of Refugee Resettlement);
- court orders or other court-issued documents;
- native American tribal document; or
- records from non-profit international aid agencies and voluntary agencies.

### **EVIDENCE OF IMMUNIZATIONS & PHYSICAL:**

In accordance with New York State's Public Health Law, the District must also receive evidence that your child has been immunized in accordance with the New York State Department of Health Immunization Bureau's Immunization Requirements for School Entrance/Attendance. These records will be necessary to ensure your child's continued attendance. Additionally, please provide us with records of any recent physical examination your student has received. New York State mandates that each new student entering a public school is required to have a physical examination upon entering the District. A physical completed no more than twelve months before the first day of the school year in question will meet this requirement.

### **NOTICE OF RIGHTS REGARDING REFERRAL FOR EVALUATION FOR SPECIAL EDUCATION:**

If you suspect that your child is in need of special education services or programs, you may refer your child to the District's Committee on Special Education (CSE) for evaluation. The referral should be made to Tracy Facchini, the District's CSE Chairperson, at the following address: 2610 Oneida Street; Sauquoit, NY 13456. The New York State Education Department website has information, regarding this process and your rights. A copy of the Parent Guide to Special Education may be obtained from the following website or upon your written request to Tracy Facchini.

<http://www.p12.nysed.gov/specialed/publications/policv/parentguide.htm>

<http://www.p12.nysed.gov/specialed/publications/policv/spanishparentguide.htm>

If you have any questions with respect to the foregoing, please contact the appropriate building principal at the corresponding number noted at the top of this letter. Thank you.

Very Truly yours,

David Stayton, Superintendent of Schools

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# SAUQUOIT VALLEY

## Central School District

2601 Oneida Street | Sauquoit, New York 13456 | [svcsd.org](http://svcsd.org)

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[bread@svcsd.org](mailto:bread@svcsd.org)

**Tracy Facchini**

Dir. of Pupil Personnel Services

Phone: 315.839.6353

[tfacchini@svcsd.org](mailto:tfacchini@svcsd.org)

### REQUEST FOR TRANSCRIPT OF PUPIL RECORDS

School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please send a transcript of the records for the following student who has enrolled in Sauquoit Valley Elementary School:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Current Grade \_\_\_\_\_

Please send/fax/email to:

Sauquoit Valley Elementary School

2640 Sulphur Springs Rd.

Sauquoit, NY 13456

**Fax: 315-839-6366**

**Email: [apirger@svcsd.org](mailto:apirger@svcsd.org)**

Please include all pertinent information; test scores, grades, health records, psychological results, 504's, IEP's, etc. Thank you.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you,

Mrs. Alison Pirger, ES Secretary

315-839-6339

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Sauquoit Valley Elementary School  
Bus Routing 2024 - 2025

Grade \_\_\_\_\_

Teacher (Office Use) \_\_\_\_\_

Dear Parents:

The routing of students is done long before students enter school in September. Due to the number of students and routing difficulties involved, we can allow only **one babysitting site** other than home. Students may not take buses other than their home bus route, or pre-assigned babysitter's route. Changing bus routes for parties, going to a friend's house after school, or more than one babysitter will not be allowed. In case of emergency, we will do our best to accommodate a request. We can honor requests to go home on the same bus routes if a note is provided by the parent. This does not replace a bus note.

Students Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Street Address: \_\_\_\_\_ (No PO Boxes)  
City/Town: \_\_\_\_\_

Busing needed at the above address: (check boxes that apply) ☐ AM ☐ PM RT# \_\_\_\_\_ (office use)

Parent Transport: AM \_\_\_\_\_ M T W TH F (circle days transporting)  
PM \_\_\_\_\_ M T W TH F (circle days transporting)

Parents /Guardian Name:

Father: \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Mother: \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

**CHILD CARE INFORMATION**

M T W TH F (circle days needed)

AM: Sitter's Name: \_\_\_\_\_ RT# \_\_\_\_\_ (office use)  
Sitter's Street Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ PHONE # \_\_\_\_\_

M T W TH F (circle days needed)

PM: Sitter's Name: \_\_\_\_\_ RT# \_\_\_\_\_ (office use)  
Sitter's Street Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ PHONE # \_\_\_\_\_

In the event of an emergency (not scheduled) early dismissal from school, my child/children will be bused to \_\_\_\_\_ Home (please check) OR to the address below, (within the district) in case of early releases:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE # \_\_\_\_\_

**SAUQUOIT VALLEY SCHOOL - STUDENT INFORMATION FORM 2024-2025**

Grade Level \_\_\_\_\_

Student: \_\_\_\_\_  
(Last Name) (First Name) (MI)

Physical Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_

Mailing Address (if different than above): PO Box: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_ Non-Binary \_\_\_\_\_

Student resides with: (please check) Mom \_\_\_\_\_ Dad \_\_\_\_\_ Guardian \_\_\_\_\_

**Please circle:**

Father/Guardian: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Father's Email: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

Do you have a strong/reliable internet connection? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a Chromebook? Yes \_\_\_\_\_ No \_\_\_\_\_

Language spoken in the home (if other than English): \_\_\_\_\_

If other than English, does student receive ESL services? Yes \_\_\_\_\_ No \_\_\_\_\_

Is either parent deceased? Mother \_\_\_\_\_ Father \_\_\_\_\_ Is either parent a step-parent? Mother \_\_\_\_\_ Father \_\_\_\_\_

Are parents living together? Yes \_\_\_\_\_ No \_\_\_\_\_

Was student born in another country? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Country of Origin \_\_\_\_\_

Year of Entry to the United States \_\_\_\_\_

Has student previously attended Sauquoit Valley Central School? If yes: Year \_\_\_\_\_ Grade \_\_\_\_\_ No \_\_\_\_\_

Last school attended: \_\_\_\_\_ Date: \_\_\_\_\_

Does your child have an IEP? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please provide a copy.

Please check here if this child is considered to be homeless: ☐ (See definition on the back of this form)

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_ Other, please specify: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Relationship to Child

## Questions and Answers

### I. Definition of a homeless student

**1. Question:** What is the expanded definition of a homeless student?

**Answer:** The McKinney-Vento Act defines “homeless children and youths” (hereinafter referred to as “homeless students” or “students”) as:

- Students who lack a fixed, regular, and adequate nighttime residence, and includes students who are:
  - sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason (sometimes referred to as doubled up);
  - living in motels, hotels, trailer parks, or camping grounds due to lack of alternative, adequate accommodations;
  - living in emergency or transitional shelters;
  - abandoned in hospitals; or
  - awaiting foster care placement
- Students who have a primary nighttime residence that is a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
- Students who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.
- Migratory children who qualify as homeless because they are living in circumstances described above.

### II. Definition of Racial Groups

- **American Indian or Alaska Native:** A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition. e.g. Cherokee, Mohawk, Inuit.
- **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **Black:** A person having origins in any of the black racial groups of Africa.
- **White:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.



## SAUQUOIT VALLEY CENTRAL SCHOOL DISTRICT STUDENT RACIAL AND ETHNIC IDENTIFICATION

All students between 5 and 21 years of age have the right to a free public education. Children may not be refused admission because of race, color, creed or national origin, sex, citizenship, handicapping condition, or immigration status.

Name of School:

**Sauquoit Valley Central School**

School District Student Identification Number: *(Office Use Only)*

Date of Birth (Month/Day/Year):

/ /

Student Name: Last, First, Middle:

Grade Level:

### DIRECTIONS TO PARENT/GUARDIAN

PLEASE ANSWER QUESTIONS (1) and (2). PLEASE READ THEM BEFORE YOU RESPOND. [For question (1) Check ( ☒ ) the box that best describes your child.] Check ( ☒ ) only ONE box.

**Is the student Hispanic, Latino, or of Spanish origin?** Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

- ☐ YES, Hispanic
- ☐ NO, not Hispanic

**2. Select one or more races from the following five racial groups** [For question (2) Check ( ☒ ) all groups that apply to your child; check ( ☒ ) at least ONE box.]:

- ☐ **AMERICAN INDIAN OR ALASKA NATIVE:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- ☐ **ASIAN:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **BLACK OR AFRICAN AMERICAN:** A person having origins in any of the Black racial groups of Africa.
- ☐ **WHITE:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Signature of Parent/Guardian/Other

Date

Relationship to Student (please check one box below):

- ☐ Mother ☐ Father ☐ Guardian ☐ Other (Specify): \_\_\_\_\_

**See reverse for important message  
to Parents/Guardians and Confidentiality  
Procedures and Regulations.**





## SAUQUOIT VALLEY CENTRAL SCHOOL DISTRICT STUDENT RACIAL AND ETHNIC IDENTIFICATION

To the Parent/Guardian: The Sauquoit Valley School District has adopted a policy which requires the collection and recording of the ethnic identity of students in the Sauquoit School District in accordance with the federal categories and definitions. The information will be used to:

- Report information to the State and federal Education Departments.
- Plan educational programs and make sure that they are readily available to all students.
- Analyze differences in academic performance, attendance and completion of school.

We need your help in order to accomplish this task. Please review the Racial/Ethnic definitions on the back of this page. Put a check ( ☐ ) in the box for the category or categories which best describe your child. The Sauquoit School District understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all State and federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a student records officer from the school or district will be required to identify the group to which the student appears to belong, identifies with, or is regarded in the community as belonging. Thank you for your cooperation.

### CONFIDENTIALITY PROCEDURES AND REGULATIONS

To School Staff: This form will be filed in the student's permanent record as confidential information

To the Parent/Guardian: The information which you have provided on this form is confidential. It is protected by the Confidentiality Regulations cited below.

The Family Educational Rights and Privacy Act (1974) prohibits unauthorized access to student records and unauthorized release of any student record information identifiable by either student name or student identification number

**Please complete the form on the reverse side of this page**



**STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234**  
Office of P-12

Lissette Colón-Collins, Assistant Commissioner  
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594  
Brooklyn, New York 11217  
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB  
Albany, New York 12234  
(518) 474-8775 / Fax: (518) 474-7948

## Home Language Questionnaire (HLQ)

*Dear Parent or Guardian:*  
*In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.*

<b>STUDENT NAME:</b>		
First	Middle	Last
<b>DATE OF BIRTH:</b>		<b>GENDER:</b>
Month	Day	Year
		<input type="checkbox"/> Male
		<input type="checkbox"/> Female
<b>PARENT/PERSON IN PARENTAL RELATION INFO:</b>		
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

<b>Language Background</b> (Please check all that apply.)		
1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother _____ <i>specify</i>	<input type="checkbox"/> Father _____ <i>specify</i>
	<input type="checkbox"/> Guardian(s) _____ <i>specify</i>	
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
		<input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
		<input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ <i>specify</i>
		<input type="checkbox"/> Does not write

<b>SCHOOL DISTRICT INFORMATION:</b>		<b>STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:</b>
District Name (Number) & School	Address	

## Home Language Questionnaire (HLQ)—Page Two

<i>Educational History</i>	
8. Indicate the total number of years that your child has been enrolled in school _____	
9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="margin-right: 20px;"> <b>Yes*</b> <input type="checkbox"/>    <b>No</b> <input type="checkbox"/>    <b>Not sure</b> <input type="checkbox"/> </div> <div> <b>*If yes, please explain:</b> _____ </div> </div>	
How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe	
10a. Has your child ever been <u>referred</u> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* <i>*Please complete 10b below</i>	
10b. <i>*If referred for an evaluation</i> , has your child ever <u>received</u> any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____	
Age at which services received <i>(Please check all that apply)</i> : <input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)	
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes	
11. Is there anything else you think is important for the school to know about your child? <i>(e.g., special talents, health concerns, etc.)</i> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div>	
12. In what language(s) would you like to receive information from the school? _____	

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent or of Person in Parental Relation*

Relationship to student: ☐ Mother    ☐ Father    ☐ Other: \_\_\_\_\_

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ	
NAME: _____	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:	
NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW	
NAME: _____	POSITION: _____
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> YES	
<b>**DATE OF INDIVIDUAL INTERVIEW:</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>MO. _____</span> <span>DAY _____</span> <span>YR. _____</span> </div>	<b>OUTCOME OF INDIVIDUAL INTERVIEW:</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> ADMINISTER NYSITELL  <input type="checkbox"/> ENGLISH PROFICIENT  <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM </div> </div>
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
<b>DATE OF NYSITELL ADMINISTRATION:</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>MO. _____</span> <span>DAY _____</span> <span>YR. _____</span> </div>	<b>PROFICIENCY LEVEL ACHIEVED ON NYSITELL:</b> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <input type="checkbox"/> ENTERING    <input type="checkbox"/> EMERGING    <input type="checkbox"/> TRANSITIONING    <input type="checkbox"/> EXPANDING    <input type="checkbox"/> COMMANDING </div> </div>
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: <div style="border-bottom: 1px solid black; height: 40px; margin-top: 10px;"></div>	



# SAUQUOIT VALLEY

## Central School District

2601 Oneida Street | Sauquoit, New York 13456 | svcsd.org

**David Stayton**

*Superintendent*

Phone: 315.839.6311

dstayton@svcsd.org

**Charles Cowen**

*Business Administrator*

Phone: 315.839.6313

ccowen@svcsd.org

**Mark R. Putnam**

*Elementary School Principal*

Phone: 315.839.6339

mputnam@svcsd.org

**Peter R. Madden**

*Middle School Principal*

Phone: 315.839.6371

pmadden@svcsd.org

**Brian D. Read**

*High School Principal*

Phone: 315.839.6316

bread@svcsd.org

**Tracy Facchini**

*Dir. of Pupil Personnel Services*

Phone: 315.839.6353

tfacchini@svcsd.org

Sauquoit Valley Central School District requests permission to evaluate your child through general education measures (reading, math screenings) as a newly enrolled student in this district. This will help the school staff in determining appropriate academic placement.

\_\_\_\_\_ I give permission for my child to be evaluated by Sauquoit Valley School personnel.

\_\_\_\_\_ I do not give permission for my child to be evaluated by Sauquoit Valley School personnel.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date



## Digital Equity Survey

*Dear Parents and Guardians,*

*The New York State Education Department is asking parents/ guardians to complete a Digital Equity survey (for each student in the family) in grades Pre-Kindergarten – Grade12. This survey will provide information on student access to devices and internet access in their places of residence. Collecting accurate data regarding digital resource access for our students will greatly help educators to better serve their students and families. In order to accomplish this, the district is asking parents/guardians to fill out this nine-question survey.*

*Thank you for your time and cooperation.*

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Did the school district issue your child a dedicated school or district-owned device for their use during the school year? \*

☐ YES

☐ NO

What is the device your child uses most often to complete learning activities away from school? (This can be a school-provided device or another device, whichever the student is most often using to complete their schoolwork.) \*

☐ Desktop

☐ Laptop

☐ Tablet

☐ Chromebook

☐ Smartphone

☐ No Device

Who is the provider of the primary learning device identified in question 2? (This can be a school-provided device or another device, whichever the student is most often using to complete their schoolwork.) \*

☐ Personal

☐ School

☐ No Device

Is the primary learning device (identified in question 2) shared with anyone else in the household? \*

☐ Shared

☐ Not Shared

☐ No Device

Is the primary learning device (identified in question 2) sufficient for your child to fully participate in all learning activities away from school? \*

☐ Yes

☐ No

Is your child able to access the internet in their primary place of residence? \*

☐ YES

☐ NO

What is the primary type of internet service used in your child's primary place of residence? \*

☐ Residential Broadband

☐ Cellular

☐ Mobile Hotspot

☐ Community WiFi

☐ Satellite

☐ Dial Up

☐ DSL

☐ Other

☐ None

In their primary residence, can your child complete the full range of learning activities, including video streaming and assignment upload, without interruptions caused by slow or poor internet performance? \*

☐ YES

☐ NO

What, if any, is the primary barrier to having sufficient and reliable internet access in your child's primary place of residence? \*

☐ Availability

☐ Cost

☐ None

☐ Other

Overall:

*"Device" is defined as a computing device, such as a laptop, desktop, Chromebook, iPad, or full-size tablet. "Device" for the purposes of this survey, is NOT a phone or mini tablet, nor is it a mobile internet access point, such as a MIFI.*

*"Dedicated" devices are devices that are not shared, where the student is allowed to take the device when they leave the school building to participate in learning outside of school. They are for single student use and are not shared with other students or household members.*

*"Sufficient" access means that the student does not regularly experience issues (slowdowns, buffering, disconnections, unreliable connection, etc.) while participating in required or assigned instruction and learning activities, as measured during peak household usage.*

*"Reliable" access should be judged against the goal of "All the Time" access, as indicated in the National Educational Technology Plan. The Plan states the expectation that technology-enabled learning should be available for all students, everywhere, all the time (NETP 2017).*

*Question 1: Did the school district issue your child a dedicated school or district owned device for their use during the school year?*

*"Yes" means the school district issued the student a dedicated device to use at home.*

*"No" means that the school district has not issued a dedicated device to the student to use at home.*

*Question 2: What is the device your child uses most often to complete learning activities away from school? (This can be a school-provided device or another device, whichever the student is most often using to complete their schoolwork.)*

*Choice can be a school-provided device or another device, whichever the student is most often using to complete their schoolwork.*

DESKTOP LAPTOP TABLET CHROMEBOOK SMARTPHONE NO DEVICE

*Please select a response other than "No Device" if you previously responded "Yes" to Question 1.*

*Question 3: Who is the provider of the primary learning device identified in question 2? (This can be a school-provided device or another device, whichever the student is most often using to complete their schoolwork.)*

*"School" means that the school district provided the device for the student to use.*

*"Personal" means that the student uses a device not provided by the school district.*

*"No Device" means the student does not have a device to use.*

*You should answer "No Device" if you previously responded "No Device" to Question 2.*

*Question 4: Is the primary learning device (identified in question 2) shared with anyone else in the household?*

*"Shared" means multiple students/people share the device for school or work. This can be a school provided device or another device, whichever the student is most often using to complete their schoolwork.*

*"Not Shared" means dedicated to one student. This can be a school provided device or another device, whichever the student is most often using to complete their schoolwork.*

*"No Device" means the student does not have a device to use.*

*You should answer "No Device" if you previously responded "No Device" to Questions 2 and 3 respectively.*

*Question 5: Is the primary learning device (identified in question 2) sufficient for your child to fully participate in all learning activities away from school?*

*"Yes" means the student has a sufficient device (a computer or computing device such as a laptop, desktop, Chromebook, or full-sized iPad or other tablet), that is able to connect to the internet (even if an internet connection is not always available); has a screen size of at least 9.7"; has a keyboard (on-screen or external) and a mouse, touchscreen, or touchpad; and can run all applications, allowing for full participation in learning without or with very limited issues.*

*"No" means that the student does not have a device that meets the criteria above.*

*You should answer "No" if you previously responded "No Device" to Questions 2, 3, and 4 respectively.*

*Question 6: Is your child able to access the internet in their primary place of residence?*

*"Yes" means the student has internet access in their primary residence where the student typically resides.*

*"No" means the student does not have internet access in their primary residence.*

*Note: If student has multiple residences that share equal time, answer this question according to the residence that has the more limited access*

*Question 7: What is the primary type of internet service used in your child's primary place of residence?*

*"Residential Broadband" means a high-bandwidth connection to the Internet at your home by using a cable (fiber or coaxial) connected to an Internet service provider such as Spectrum, AT+T, Frontier, etc.*

*"Cellular" means wireless Internet access delivered through cellular towers to computers and other devices. Uses your cell phone provider for internet access.*

*"Mobile Hotspot" means a wireless access point created by a dedicated hardware device or a smartphone feature that shares the phone's cellular data. For example, a cellphone or a device like a Kajeet, Verizon Jetpack, Netgear Nighthawk or MiFi.*

*"Community WiFi" means allowing Internet connection to visitors and guests using an existing Wi-Fi infrastructure in the community such as a library, café, hotel, etc.*

*"Satellite" means a wireless connection through the use of a satellite dish located on your property.*

*"Dial up" means a service that allows connectivity to the Internet by using a modem and a standard telephone line.*

*"DSL" Digital Subscriber Line means a high-speed bandwidth connection from a phone wall jack on an existing telephone network that works within the frequencies so you can use the Internet while making phone calls.*



*"Other" means none of the other choices apply.*

*"None" means that you do not have Internet access in your home.*

*You should answer "None" if you previously responded "No" to Question 6.*

*Question 8: In their primary residence, can your child complete the full range of learning activities, including video streaming and assignment upload, without interruptions caused by slow or poor internet performance?*

*"Yes" means the student experiences very few or no interruptions in learning activities caused by poor internet performance in their primary place of residence.*

*"No" means the student regularly experiences interruptions and is unable to complete all learning activities due to poor internet performance in their primary place of residence or lack of internet access.*

*You should answer "No" if you previously responded "No" and "None" to Questions 6 and 7 respectively.*

*Question 9: What, if any, is the primary barrier to having sufficient and reliable internet access in your child's primary place of residence?*

*"Availability" means you cannot actually get fiber (or satellite or cell service) at your home.*

*"Cost" means the service available to your neighborhood is cost prohibitive.*

*"None" means that your child has sufficient and reliable access to the internet.*

*"Other" means none of the other choices apply.*

*You should answer "None" if you previously responded "Yes" to Question 8.*

**I declare that the information I have provided is true.**

**Parent/ Guardian Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Date:** \_\_\_\_\_

SARASOTA VALLEY CENTRAL SCHOOL DISTRICT  
SOCIAL HISTORY INFORMATION

STUDENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

GRADE/TEACHER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

LEGAL GUARDIAN STATUS (CHECK AT LEAST ONE)

☐ BIOLOGICAL PARENTS : BIOLOGICAL MOTHER \_\_\_\_\_ BIOLOGICAL FATHER \_\_\_\_\_

☐ ADOPTIVE PARENTS \_\_\_\_\_

☐ FAMILY/CHILDREN SERVICES \_\_\_\_\_

MARITAL STATUS OF PARENTS

(CHECK ONE) ☐ MARRIED ☐ SINGLE ☐ MARRIED, LIVING APART ☐ DIVORCED

(CHECK CUSTODY STATUS) ☐ JOINT CUSTODY ☐ SOLE CUSTODY (MOTHER OR FATHER - CIRCLE ONE)

DOES CHILD HAVE VISITATION WITH NON-CUSTODIAL PARENT? ☐ YES ☐ NO

LIST THE NAMES AND AGES OF ALL PEOPLE CURRENTLY LIVING AT YOUR CHILD'S RESIDENCE:

<u>NAME</u>	<u>RELATIONSHIP TO CHILD AGE AND PRIMARY EDUCATION LEVEL</u>
-------------	--

_____	_____
_____	_____
_____	_____
_____	_____

WHAT IS YOUR CHILD'S PRIMARY LANGUAGE? \_\_\_\_\_

ARE THERE OTHER LANGUAGES SPOKEN IN THE HOME? ☐ YES ☐ NO

IF SO, WHAT LANGUAGE(S)? \_\_\_\_\_

DEVELOPMENTAL/HEALTH HISTORY:

PREGNANCY: PLEASE DESCRIBE ANY COMPLICATIONS, MEDICATIONS TAKEN, OR OTHER CONCERNS EXPERIENCED DURING PREGNANCY (E.G., HIGH BLOOD PRESSURE, TOXEMIA, GESTATIONAL DIABETES, ETC.)

BIRTH/DELIVERY: WAS THE CHILD FULL TERM? ☐ YES ☐ NO DURATION OF PREGNANCY: \_\_\_\_\_

CESAREAN SECTION? ☐ YES ☐ NO BIRTH WEIGHT: \_\_\_\_\_

PLEASE DESCRIBE ANY COMPLICATIONS WITH THE BIRTH/DELIVERY OR AFTER DELIVERY:

\_\_\_\_\_  
\_\_\_\_\_

CURRENT MEDICAL STATUS:

HAS THE CHILD HAD ANY SERIOUS INJURIES, ILLNESSES, HOSPITALIZATIONS, SURGERIES, OR TRAUMATIC EVENTS?  
EVENT:

CHILD'S AGE AT THE TIME?

CURRENT MEDICAL DIAGNOSIS (IF ANY):

PHYSICIAN'S NAME

CURRENT MEDICATIONS MEDICATION DOSAGE PRESCRIBING PHYSICIAN/DATE PRESCRIBED

VISION AND HEARING: DATE OF LAST VISION EXAM:

RESULTS:

VISION PROBLEMS: ☐ YES ☐ NO GLASSES? ☐ YES ☐ NO CONTACTS? ☐ YES ☐ NO

DATE OF LAST HEARING EXAM:

RESULTS:

HEARING PROBLEMS? ☐ YES ☐ NO AGE DETECTED: HEARING AIDS? ☐ YES ☐ NO

COCHLEAR IMPLANT? ☐ YES ☐ NO DATE: TUBES IN EARS? ☐ YES ☐ NO DATE:

MENTAL HEALTH: HAS THE CHILD EVER BEEN TO A COUNSELOR, THERAPIST, PSYCHOLOGIST OR PSYCHIATRIST?

☐ YES ☐ NO IF YES, PLEASE EXPLAIN:

OUTSIDE EVALUATIONS: HAS YOUR CHILD BEEN EVALUATED OUTSIDE OF THE PUBLIC-SCHOOL ENVIRONMENT?

☐ YES ☐ NO IF YES, BY WHOM?

\*\*\*PLEASE ATTACH A COPY OF THE EVALUATION REPORT.

FAMILY HISTORY:

DO YOU HAVE A FAMILY HISTORY (BIOLOGICAL PARENTS, SIBLINGS, GRANDPARENTS, AUNT'S, UNCLIES, COUSINS) OF ANY OF THE FOLLOWING?

CHECK ALL THAT APPLY:

☐ LEARNING DIFFICULTIES (READING, SPELLING, WRITING, MATH, ORGANIZATION)

☐ SPEECH OR LANGUAGE DIFFICULTIES (ARTICULATION, STUTTERING, TROUBLE RECALLING WORDS, ETC.)

☐ EMOTIONAL DIFFICULTIES (DEPRESSION, ANXIETY, MOOD SWINGS, PSYCHOSIS, ETC.)

☐ COGNITIVE DIFFICULTIES (INTELLECTUAL DISABILITY)

☐ GENETIC MEDICAL CONDITIONS

☐ ABUSE OR DOMESTIC VIOLENCE (THIS INCLUDES ANY ABUSE OR VIOLENCE THE CHILD HAS EXPERIENCED AS WELL AS ANY THE CHILD HAS WITNESSED OR IS AWARE OF WITHIN THE HOME/FAMILY)

☐ SUBSTANCE ABUSE (DRUG OR ALCOHOL) PLEASE DESCRIBE:

DEVELOPMENTAL INFORMATION:

AT WHAT AGE DID YOUR CHILD:

SAT ALONE: \_\_\_\_\_ SPOKE 1ST WORD: \_\_\_\_\_ TOILET TRAINED: \_\_\_\_\_

CRAWLED: \_\_\_\_\_ PUT SEVERAL WORDS TOGETHER: \_\_\_\_\_ DRY AT NIGHT: \_\_\_\_\_

WALKED ALONE: \_\_\_\_\_ SPOKE IN COMPLETE SENTENCES: \_\_\_\_\_

WHAT CONCERNS (IF ANY) DO YOU HAVE REGARDING YOUR CHILD'S DEVELOPMENT OR BEHAVIOR?

\_\_\_\_\_

ARE THERE CONDITIONS AT HOME THAT MAY BE INFLUENCING YOUR CHILD'S DEVELOPMENT AND/OR BEHAVIOR (E.G. FAMILY ILLNESS, MARITAL ISSUES, ETC.)? ☐ YES ☐ NO If YES, PLEASE EXPLAIN:

\_\_\_\_\_

SOCIAL SKILL INFORMATION

HOW DOES YOUR CHILD GET ALONG WITH ADULTS AT HOME:

\_\_\_\_\_

HOW DOES YOUR CHILD GET ALONG WITH BROTHERS AND SISTERS OR OTHER CHILDREN IN THE HOME?

\_\_\_\_\_

HOW DOES YOUR CHILD GET ALONG WITH PEERS?

\_\_\_\_\_

WHAT ARE YOUR CHILD'S FAVORITE ACTIVITIES?

\_\_\_\_\_

WHAT ARE YOUR CHILD'S BEHAVIORAL AND SOCIAL STRENGTHS?

\_\_\_\_\_

WHAT ARE YOUR CHILD'S BEHAVIORAL AND SOCIAL WEAKNESSES?

\_\_\_\_\_

SCHOOL INFORMATION

LIST IN ORDER OF ATTENDANCE THE SCHOOLS YOUR CHILD HAS ATTENDED (FOR CHILDREN 7 AND YOUNGER, INCLUDE PRESCHOOLS AND/OR DAYCARE CENTER ATTENDANCE) SCHOOL /PRESCHOOL/ DAYCARE DATES OF ATTENDANCE

\_\_\_\_\_

HAS YOUR CHILD EVER REPEATED A GRADE? ☐ YES ☐ NO If YES, WHAT GRADE?

DESCRIBE YOUR CHILD'S STRENGTHS AT SCHOOL:

\_\_\_\_\_



WHAT ARE YOUR CHILD'S WEAKNESSES AT SCHOOL?

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HAS YOUR CHILD BEEN INVOLVED IN ANY OF THE FOLLOWING? PLEASE CHECK ALL THAT APPLY

☐ EARLY INTERVENTION PROGRAM

☐ PRESCHOOL PROGRAM

☐ THERAPY SERVICES

IF OTHER, PLEASE LIST:

---

OTHER INFORMATION YOU BELIEVE MAY BE RELEVANT IN THE EVALUATION OF YOUR CHILD:

---

---

NAME OF PERSON COMPLETING THIS FORM:

DATE:    /    /



## Sauquoit Valley Central School

Once your child has been enrolled into school, download the **Parent Square** App. This is the School's main form of communication. We utilize Parent Square to keep parents informed **instantly** of happenings or notifications from the school and the District office.



Please follow the **steps below**:

- **Go to ParentSquare.com**
- **Create an account.** (you will be able to do this 24 hrs. after your child has been enrolled.)
- **Create a password.**

**This app is used for:**

**Office** – Main form of outgoing communication from the school office.

**Attendance** – Notification of student absence.

**Communicate** – Message with staff or teachers.

**School Alerts** – School closings and/or delays.

**View Posts** – News and happenings in the class, grade, or school.

**Events** – Look at the school calendar and save events on your phone.

Note: You may also receive **texts messages** with Parent Square when you sign up for the app.