

KINDERGARTEN REGISTRATION

MARCH 12 & 13, 2025

4:00 pm. – 6:30 pm.

By Appointment Only – Elementary Main Office

Please call the Elementary Office at 315-839-6339 to schedule an appointment. Appointments will be in 20 minute increments.

To enter Kindergarten your child must be five years old on or before December 1, 2025.

Please note: Your child does not need to be present for registration. Thank You.

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Please Bring the following with you to Kindergarten Registration:

- A completed registration packet
- Birth Certificate
- Immunization record
- Custody Paperwork
- **Two** proofs of residence **must** be handed in when registering.
One must be either a **National Grid or School/ Property Tax bill**. If you do not own your home and are renting please provide a signed lease agreement.

An address with a P.O. Box is not an acceptable form of proof.

If your child attends the Sauquoit Universal Pre-K Program you do not need to schedule a time slot. Please send your completed packet in with your child and if we have any questions or need additional paperwork we will contact you.

You will only have to supply the list below at the time of registration:

1. A completed registration packet

PLEASE NOTE: If you have moved since you registered for UPK you will need to provide new proof of residency, see above

2. Any new physicals/immunizations*

Any questions call the Office at 315-839-6339

Committee on Special Education/CSE Referral Process

The Board of Education of every school district in the State of New York must appoint a Committee on Special Education (CSE). Each school district must locate and identify all children from birth to age 21 who reside in the district. The purpose of the CSE is to determine whether a child has a disability that impairs or affects his/her learning. The CSE determines the particular needs of the child with a disability and recommends the appropriate educational program and/or services to meet his/her individual needs. The CSE is an interdisciplinary team composed of district staff and other required members.

If you wish to refer your child please initially notify his/her teacher and/or principal. The Teacher Support Team (TST) is typically the first step in this process.

A referral is a written statement asking that the school district evaluate your child to determine if he or she needs special education services. This written statement should be addressed to the chairperson of your school district's Committee or your school principal. The referral may result in a request to have your child tested to see if he or she needs special education services. In some cases, you may want to meet with the Teacher Support Team before agreeing to test your child in order to discuss other ways to assist your child. As a result, the referral may be withdrawn.

Committee on Special Education Evaluation

An initial evaluation to determine your child's needs must include:

- A physical examination
- A psychological evaluation (if determined appropriate for school-age students, but mandatory for pre-school children)
- A social history
- Observation of your child in his or her current education setting
- Other tests or assessments that are appropriate for your child (such as speech and language assessment or a functional behavioral assessment)
- Vocational assessments (required at age 12)

Referrals may be addressed to:

Noelle Arcuri
Director of Special Education
narcuri@svcsd.org
2601 Oneida Street
Sauquoit, NY 13456

315-839-6353

Mark Putnam/Peter Madden/Michael Flagg
Principals ES/MS/HS
mputnam@svcsd.org
pmadden@svcsd.org
mflagg@svcsd.org

2601 Oneida Street
Sauquoit, NY 13456

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: _____

Name of 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.

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 —
RED HAWKS™

Date: / /
 MM DD YYYY

Student Registration Form

Student Information:

Last Name:	First Name:	Middle Name:
Date of Birth: / / MM DD YYYY		
Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non Binary	Is this student a foster child? <input type="radio"/> Yes <input type="radio"/> No	Current Grade:

Student's Address:

Physical Street Address:	Apt. #:	Mailing Address (if different than physical address):	
City/Town:	State: NY	Zip Code:	Home Phone #: () —
Is this address a temporary living arrangement? <input type="radio"/> Yes <input type="radio"/> No			

Education Information:

Student is currently enrolled in (*please check all that apply*):

☐ Reading ☐ Math ☐ Special Education ☐ Speech ☐ English as a New Language (ENL) ☐ None ☐ Other

Does the student have an Individualized Education Program (IEP)? ☐ Yes ☐ No

Does the student have a 504 Plan? ☐ Yes ☐ No

Has the student ever attended public school in New York State? ☐ Yes ☐ No

If yes, please specify most recent: District: _____ School: _____

Grade(s): _____ Year(s): _____

Name, Address and Phone # of Most Recent School Attended:

Name of School:	Grade(s):	Dates Enrolled:
Street Address:	Phone #: ()	From: / / MM DD YYYY
City/Town: State: Zip:	Fax #: ()	To: / / MM DD YYYY

Ethnicity:

Hispanic/Latino: ☐ Yes ☐ No

Race (*Choose all that apply regardless of Ethnicity*):

- | | |
|--|---|
| <input type="checkbox"/> American Indian or Native American | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Asian <input type="checkbox"/> White |

PLEASE FILL OUT STUDENT NAME FIELDS IN THE EVENT THAT THE PAGES OF THIS FORM BECOME DETACHED
STUDENT LAST NAME: **STUDENT FIRST NAME:**

Parent/Guardian Information:

Parent/Guardian #1:

Relation to Student: ☐ Mother ☐ Father ☐ Step-parent ☐ Foster Parent ☐ Guardian ☐ Other _____

Last Name:		First Name:		M.I.:
Physical Street Address:				Apt. #:
Mailing Address:				
City/Town:			State:	Zip Code:
Home Phone #: () -	Cell Phone #: () -		Work Phone #: () -	

Email:

Parent/Guardian #2:

Relation to Student: ☐ Mother ☐ Father ☐ Step-parent ☐ Foster Parent ☐ Guardian ☐ Other _____

Last Name:		First Name:		M.I.:
Physical Street Address:				Apt. #:
Mailing Address:				
City/Town:			State:	Zip Code:
Home Phone #: () -	Cell Phone #: () -		Work Phone #: () -	

Email:

Primary Emergency Contact Information (other than parent/guardian):

Last Name:	First Name:	Relationship to Student:
Home Phone #: () -	Cell Phone #: () -	Work Phone #: () -
Last Name:	First Name:	Relationship to Student:
Home Phone #:	Cell Phone #:	Work Phone #:

Emergency Contact Information (other than parent/guardian):

Last Name:	First Name:	Relationship to Student:
Home Phone #:	Cell Phone #:	Work Phone #:
Last Name:	First Name:	Relationship to Student:
Home Phone #:	Cell Phone #:	Work Phone #:

PLEASE FILL OUT STUDENT NAME FIELDS IN THE EVENT THAT THE PAGES OF THIS FORM BECOME DETACHED

STUDENT LAST NAME:

STUDENT FIRST NAME:

Children in Household *(Please list other children in your household birth through grade 12):*

	Last Name	First Name	MI	Date of Birth	Gender
1					Male Female Non Binary
2					Male Female Non Binary
3					Male Female Non Binary
4					Male Female Non Binary
5					Male Female Non Binary
6					Male Female Non Binary
7					Male Female Non Binary
8					Male Female Non Binary

PLEASE FILL OUT STUDENT NAME FIELDS IN THE EVENT THAT THE PAGES OF THIS FORM BECOME DETACHED.

STUDENT LAST NAME:

STUDENT FIRST NAME:

Certification:

To the Parent/Guardian: The information asked on the previous pages is needed as a permanent school record of your child and will be used by school personnel. This is to certify the information provided is correct. In the event a parent/guardian cannot be reached, I give my permission for emergency medical treatment to be administered to my child, and for officials of the school to contact the physician named on this form. I will not hold the school district financially responsible for the emergency care and/or transportation of my child.

Parent/Guardian Name (*please print*):

Date: *mm/dd/yyyy*

Parent/Guardian Signature

Section 4402 of the Education Law of the State of New York requires the District to notify the parents/guardians of all incoming students of their rights regarding referral and evaluation for possible special education services. The state has made available "A Parent's Guide to Special Education" at: <http://www.p12.nysed.gov/specialed/publications/policy/parentsguide.pdf>

The guide provides a summary of the special education process and your child's rights under state and federal law. If you have any questions or would like a paper copy of the above guide, please contact the Office of Special Programs at (315) 266-3309.



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.

Please write clearly when completing this section.		
STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
Month	Day	Year
		<input type="checkbox"/> Male <input type="checkbox"/> Female
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

Language Background (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 _____ specify
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ specify
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother _____ specify	<input type="checkbox"/> Father _____ specify
	<input type="checkbox"/> Guardian(s) _____ specify	
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ specify
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ specify
		<input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ specify
		<input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other _____ specify
		<input type="checkbox"/> Does not write

THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:

SCHOOL DISTRICT INFORMATION:

STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:

District Name (Number) & School

Address

Home Language Questionnaire (HLQ)—Page Two

Educational History

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.

Yes* No Not sure

☐ ☐ ☐ *If yes, please explain: _____

How severe do you think these difficulties are? ☐ Minor ☐ Somewhat severe ☐ Very severe

10a. Has your child ever been referred for a special education evaluation in the past? ☐ No ☐ Yes* *Please complete 10b below

10b. *If referred for an evaluation, has your child ever received any special education services in the past?

☐ No ☐ Yes – Type of services received: _____

Age at which services received (Please check all that apply):

☐ Birth to 3 years (Early Intervention) ☐ 3 to 5 years (Special Education) ☐ 6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)? ☐ No ☐ Yes

11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.)

12. In what language(s) would you like to receive information from the school? _____

Signature of Parent or of Person in Parental Relation

Month: Day: Year:

Date

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: ☐ No ☐ Yes

**DATE OF INDIVIDUAL
INTERVIEW:

Mo. DAY YR.

OUTCOME OF
INDIVIDUAL
INTERVIEW:

- ☐ ADMINISTER NYSITELL
☐ ENGLISH PROFICIENT
☐ REFER TO LANGUAGE PROFICIENCY TEAM

NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL

NAME: _____ POSITION: _____

DATE OF NYSITELL
ADMINISTRATION:

Mo. DAY YR.

PROFICIENCY LEVEL
ACHIEVED ON
NYSITELL:

- ☐ ENTERING ☐ EMERGING ☐ TRANSITIONING ☐ EXPANDING ☐ COMMANDING

FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:

SAUQUOIT 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, AUNTS, UNCLES, 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:



Parent Questionnaire

Carol Mardell, PhD
Dorothea S. Goldenberg, EdD

Child's name _____

Address _____

City _____ State _____ Zip _____

Sex: ☐ Male ☐ Female

Child's age in years and months (do not round)			
	Year	Month	Day
Date Form Filled Out			
Birth Date			
Age			

This form was filled out by:

☐ Mother ☐ Father ☐ Other (please specify relationship) _____

Name of person filling out form _____ Home phone # _____

E-mail address of person filling out form _____

To the Parent:

This form has three parts that ask for information about your child.

Part 1. Self-Help Development asks about everyday skills that children are expected to learn (for example, dressing and feeding themselves).

Part 2. Social-Emotional Development asks about how your child gets along with other children and how he or she feels about himself or herself.

Part 3. Overall Development asks about any concerns or worries you might have about your child.

Please note that some items may ask about skills that your child is just not ready for yet. Please do not be concerned. We use the same form for children ages 2 years 6 months through 5 years 11 months, and we ask about some skills that are difficult even for the oldest children.

Thank you for your help.

PEARSON

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 PsychCorp

Part 2. Social-Emotional Development

Directions: Place an **X** in the appropriate box to indicate how often your child shows each feeling or behavior. Think of your child's usual behavior at home or with friends. If you have not observed your child performing the behavior, place an **X** in the "Rarely or never" box. Please provide **ONLY** one rating for each item.

Feeling or Behavior	Always or almost always	Sometimes	Rarely or never
1. Smiles or laughs when something is funny	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Argues when denied own way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Breaks toys or other objects on purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Plays well with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Has tantrums (stamps feet, screams, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Solves problems by talking rather than by hitting, pushing, or biting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Acts without thinking (runs into street without looking both ways, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Admits when he or she makes a mistake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Stays calm when things do not go as planned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Blames others when bad things happen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Knows when people are happy or sad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Interrupts (talks when others are speaking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Goes to bed easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Asks before using other people's things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Works well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Shows pride in doing something well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Bangs head on the floor, wall, or bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Clings or hangs on to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Whines or pouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Seems afraid of many things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Shows concern for someone who is crying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Hurts others (hits, bites, kicks, punches, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Gives up easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Makes transitions easily (moves easily from one activity to the next, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Falls and hurts self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Is restless and can't sit still	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Wanders away from you in public places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Acts very sad or withdrawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Social-Emotional Development Raw Score
(max = 56)

Part 3. Overall Development

Directions: Place an **X** in the box that best describes your level of worry about each of the areas below. We understand that you are naturally concerned about all of these areas. We would like to know about any areas that you think may be problem areas for your child. This information will be used to help us understand your child's growth and needs.

Area	I'm not worried	I'm a little worried	I'm worried	I'm very worried
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor skills (walking, throwing, balancing, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive skills (learning, thinking, problem solving, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language skills (talking and understanding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-care skills (dressing and feeding self, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social-emotional skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision (seeing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PEARSON

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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: _____

SAUQUOIT VALLEY CENTRAL SCHOOL
HEALTH SCREENING PROGRAM

Child's Name _____ Birthdate _____

Address _____ City/Zip _____

Mother's name _____ Father's Name _____

Did child attend either Sauquoit Head Start or Universal Pre-K? (Please circle one)

If other type of pre-school please list below:

Name of Pre-School: _____ Language spoken in home _____

Is your child presently taking any medication? ___ Yes ___ No If yes, please list: _____

1. Have you ever suspected that your child may have defective eyesight? ___ Yes ___ No
If yes, has she/he ever been seen by an optometrist or eye specialist? ___ Yes ___ No
If yes, what was the result of the examination and recommendation, if any? _____

2. Has your child had a history of middle ear infections? ___ Yes ___ No
If yes, was involvement in: _____ right ear _____ left ear _____ both ears

3. Has your child had any other screening or evaluations? ___ Yes ___ No
If yes, what were the results? _____

4. Has your child been hospitalized at all since birth? ___ Yes ___ No
If yes, what was the reason? _____

Any other serious illnesses or injuries? (please list dates)

5. Does your child have any M.D. diagnosed allergies? ___ Yes ___ No
Please list: _____

Is medication required? ___ Yes ___ No Name of medication: _____

6. Is your child: right handed ? _____ left handed ? _____

7. Does your child have any problems regarding toilet training? ___ Yes ___ No
If yes, please explain: _____

8. Additional comments: _____

9. Give the approximate date if your child has currently or experienced any of the following.
Diabetes _____ Kidney Condition _____ Serious Injuries _____
Eczema/or Skin Condition _____ Surgical Procedure _____
Additional information: _____

10. I understand that all reports will be treated confidentially. (*This information will be shared, when necessary, for the health and safety of your child with appropriate school personnel.*)