



Excellence • Connection • Experience

Pine Plains Central School District
Committee on Preschool Special Education (CPSE)
Central Registration
2829 Church Street
Pine Plains, NY 12567
(518) 398-7181 ext. 1340
FAX: (518) 398-9049

Pine Plains Central School District

Pupil Personnel Services

2829 Church Street

Pine Plains, NY 12567-5504

Tel: 518.398.7181

Fax: 518.398.9191

PROCESS FOR COMMITTEE ON PRESCHOOL SPECIAL EDUCATION (CPSE)

When a parent requests that their preschool child (soon to be turning age 3 through age 5) be evaluated for speech, occupational therapy, physical therapy, and/or educational services:

1. Parent must forward a signed letter of request to the Pupil Personnel Services (PPS) office at the Pine Plains Central School District including the child's name, date of birth, address, phone number and the reason for the request.
2. If the child is not already registered in the district, the parent will be contacted and must register his/her child through Central Registration. Please contact Maddy Hardy at 518-398-7181 extension 1340. You may also access the registration packet online at www.ppcsd.org.
3. Once the child is registered, a packet including a letter of consent to evaluate will be sent to the parent. Included in the packet will be a list of evaluating agencies contracted through local county agencies (Dutchess and Columbia counties). The parent must choose an agency and note the name of the agency on the consent form. Signed consent must be received prior to the child being evaluated.
4. Once the signed consent is received by the PPS office, a letter will be sent to the evaluating agency of the parent's choosing stating which evaluations need to be performed. The evaluating agency will then contact the parent to schedule an appointment for the testing.

Once the evaluations are completed, copies will be sent to both the PPS office and the parent. The PPS Office will then schedule a CPSE meeting and invite the parent, the evaluating agency, and the county of residence agency. Based on the evaluations, the committee will determine at the CPSE meeting whether the child is eligible to receive services. Completed evaluations and a Committee on Preschool Special Education meeting will be held within 60 calendar days from the date that the PPS office receives the parental signed consent.

If the child is eligible for special education services, the PPS office will contact providers (contracted through local county agencies – Dutchess and Columbia counties) for availability to perform the recommended services as stated in the student's Individualized Education Program (IEP). Once the providers have been secured, the draft IEP will be completed and forwarded to the Board of Education for approval. After the Board of Education approval, the parent will receive a copy of the final IEP and services will begin after the Board of Education approval date.

If the child is found ineligible for special education services, a Determination of Ineligibility Document will be forwarded to the Board of Education for approval. Once approved, the parent will be forwarded a copy of this document.

Thank you for your cooperation. Please refer any questions to Janine Babcock, Director of Pupil Personnel Services j.babcock@ppcsd.org or Elizabeth Murray, CPSE Chairperson e.murray@ppcsd.org at the Pine Plains Central School District.

Janine Babcock, Director of Pupil Personnel Services

Roseann Kemp, Secretary Ext. 1310

Peg Bonneville, Secretary Ext. 1311

PINE PLAINS CENTRAL SCHOOL DISTRICT
Central Registration
2829 CHURCH STREET • PINE PLAINS, NEW YORK 12567-5504

TEL: (518) 398-7181 ext. 1340 FAX: (518) 398-9049

WWW.PPCSD.ORG

Dear Parents/Guardians,

Welcome to Pine Plains Central School District!

In order to ensure that the District has the most accurate and up-to-date information about your child, we have included the following information regarding the registration process.

1. Parent/Guardian must print and complete one (1) registration packet per student that is being registered. Packets can be obtained from the school website at www.ppcsd.org or by calling Central Registration at **(518) 398-7181 ext. 1340**.
2. Parent/Guardian must bring completed registration packet(s) AND the following documentation to the Central Registration office at Stissing Mountain Junior/Senior High School.

- ☐ Student's Birth Certificate (original/certified – a copy will be made)
- ☐ Parent/Guardian Photo I.D.
- ☐ Current physical (no later than twelve (12) months old) signed by licensed physician
- ☐ Immunization Records
- ☐ Custody paperwork, or proof of Guardianship (if applicable)
- ☐ One (1) Proof of Residency (parent/guardian's name must appear on these documents)

Homeowners: Original tax bill, title, mortgage statement, or piece of mail

OR

Renters: Original lease, utility bill, or piece of mail

OR

If you are living with a homeowner or renter of the District, the resident of the District must provide a notarized letter stating that you and your child(ren) reside at such address, along with an additional proof of residency listed above.

Please note: For additional information on ways to show residency, refer to *A Guide to Understanding the New Rules for School Registration* located on the Student Registration page of the District website, www.ppcsd.org.

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Central Registration
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STUDENT INFORMATION

Last Name	First Name	Middle Name
Date of Birth (MM/DD/YYYY)	Does your child have an IEP or 504 plan?	Gender
	IEP / 504 / NO	
Is your child re-entering the Pine Plains Central School District?		Grade Level
Yes / No		

STUDENT RACIAL AND ETHNIC IDENTIFICATION

Parent/Guardian: The Pine Plains Central School District, in compliance with federal regulations, requires the collection and recording of the ethnic identity of students in the Pine Plains Central School District in accordance with the federal categories and definitions. This information is used to report the information to State and Federal Education Departments.

Please answer the following. Please read carefully before you respond.

Check (✓) the box that best describes your child. PLEASE CHECK ONLY ONE BOX.

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

- ☐ Yes, Hispanic
- ☐ No, not Hispanic

Select one or more races from the following five racial groups. Check at least one (1) box, but choose all groups that apply to your child.

- ☐ **AMERICAN INDIAN OR ALASKAN 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. For example: Cherokee, Mohawk, Inuit
- ☐ **ASIAN:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. 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

Signature of Parent/Guardian

Date

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STUDENT RESIDENCY QUESTIONNAIRE

Name of School: _____

Name of Student: _____

Student's Present Address: _____

Date of Birth: _____ Age: _____

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency questionnaire help determine the services the student may be eligible to receive.

1. Is your current address a temporary living arrangement (i.e., irregular, inadequate, not fixed?)
_____ YES _____ NO
2. Is this temporary living arrangement due to loss of housing or economic hardship?
_____ YES _____ NO

Where is the student presently living? (Check only one (1) box)

- ☐ With another family or other person because of loss of housing or as a result of economic hardship
- ☐ In a hotel / motel / shelter (circle one)
- ☐ In a car, park, bus, train or campsite
- ☐ Other temporary living situation (Please describe): _____
- ☐ In permanent housing

Name of Parent(s)/Legal Guardian(s): _____

Prior Address (if applicable): _____

City, State, Zip: _____

Presenting a false record or falsifying records is an offense under Section 37_10, Penal code, and enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d)

Signature of Parent/Legal Guardian

Date

FOR OFFICE USE ONLY

I certify the above-named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

Date: _____ McKinney-Vento Liaison Signature: _____



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

Elisa Alvarez, Associate 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 Person in Parental Relation:
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.

STUDENT NAME:		
First	Middle	Last
DATE OF BIRTH:		GENDER:
		☐ Male
Month	Day	Year
☐ Female		
PARENT/PERSON IN PARENTAL RELATION INFO:		
Last Name	First Name	Relation to

HOME LANGUAGE CODE

Language Background (Please check all that apply.)

1. What language(s) is(are) spoken in the student's home or residence?	☐ English	☐ Other	_____
			specify
2. What was the first language your child learned?	☐ English	☐ Other	_____
			specify
3. What is the Home Language of each parent/guardian?	☐ Parent 1	☐ Parent 2	_____
	☐ Guardian(s)		_____
			specify
4. What language(s) does your child understand?	☐ English	☐ Other	_____
			specify
5. What language(s) does your child speak?	☐ English	☐ Other	☐ Does not speak
			specify
6. What language(s) does your child read?	☐ English	☐ Other	☐ Does not read
			specify
7. What language(s) does your child write?	☐ English	☐ Other	☐ Does not write
			specify

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? _____

Month: Day: Year:

Signature of Parent or of Person in Parental Relation

Date

Relationship to student: ☐ Parent ☐ 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:

AUTHORIZATION TO REQUEST RECORDS

Please complete, sign and return this request form to the Pine Plains Central School District with your registration packet.

I, the parent/guardian of the child named below, hereby give my consent to the release of academic, psychological, special education, and medical records regarding my child. Please include any current grades and/or testing available for previous quarters or semesters.

Student Name: _____

Date of Birth: _____

Name of Previous School Attended: _____

Street Address: _____

City: _____ Zip Code: _____

Telephone # of Previous School: _____

Fax # _____

Parent/Guardian Signature

Date

Please fax records to:

**Pupil Personnel Services
Committee on Preschool Special Education
2829 Church Street
Pine Plains, NY 12567
ATTN: Roseann Kemp
518-398-7181 Ext. 1310
518-398-9191 Fax**

Pine Plains Central School District Health History

Student ID# _____

Student name: _____ Sex: _____ Date of birth: _____

(Last, First, MI)

Parent/Guardian: _____ Relationship to child: _____

Parent/Guardian: _____ Relationship to child: _____

Siblings: _____ Date of Birth: _____ Date of Birth: _____

_____ Date of Birth: _____ Date of Birth: _____

Check YES or NO to all items. Provide details on right for any items marked YES.

YES	NO	ALLERGIES	Details / Dates <u>*List specific allergy and type of reaction</u>
		Food allergy	
		Peanut allergy	
		Tree nut allergy	
		Medication allergy	
		Seasonal or environmental allergies	
		Allergy to bees, other stinging insects	
		History of sting allergy in family (specify)	
		Has child ever been stung?	
		Does child have an Epi-Pen?	
		Other allergies:	
YES	NO	Health Conditions	Details / Dates
		Asthma / Reactive airway	
		Does child use an inhaler and/or nebulizer?	
		Pneumonia or lung disorder	
		Heart murmur	
		Heart condition / high blood pressure	
		Bleeding disorder / Anemia	
		Diabetes Date diagnosed: Insulin dependent: Yes / No	
		Diabetes in immediate family?	
		Seizure disorder Type: Medication:	
		Serious concussion or head injury	
		Recurrent headaches / migraines	
		Serious accident / injury	
		Surgery / Hospitalizations:	
		Fractures : specify	
		Joint or muscle disease / orthopedic problems / Mobility concerns / AFOs / Special Equipment (please list)	
		Scoliosis or abnormal spinal curve	
		Kidney or urinary problems	
		Special Diet / Bowel or digestive problem	
		Lactose intolerance	
		Gluten intolerance (celiac disease)	
		Skin condition	
		Lyme disease	
		Rheumatic fever	

YES	NO	Health Conditions	Details / Dates
		Mononucleosis (Mono)	
		Chicken pox (varicella)	
		Attention Deficit Disorder (ADD or ADHD) Date diagnosed: Current medication: Previous medication:	
		Autism / Asperger's	
		Neurological disorder	
		Behavioral or psychological disorder	
		Other:	
YES	NO	Specialists / Services	Details / Dates
		Speech/Language	
		Occupational Therapy	
		Physical Therapy	
		Neurologist	
		Psychology services (e.g. Counseling)	
		Allergist	
		Ear, Nose and Throat Specialist / Audiologist	
		Ophthalmologist / Optometrist	
YES	NO	Hearing and Vision	Details / Dates
		Frequent ear infections / fluid in ear / tubes	
		Hearing loss: (Left / Right) Due to: Last evaluation:	
		Hearing aid / Baha / Cochlear Implant / FM trainer	
		Vision problems/ eye defect / Legally Blind: Date of last vision exam:	
		Wears glasses / contacts / both At all times: Distance: Reading:	
		Color deficiency	
		Other:	

List all medications your child takes on a daily or frequent basis: _____

*Are there any medications to be taken while school is in session? _____

**School medication policy, including physicians order, must be followed.*

List any health concerns not previously addressed: _____

Health History Informed Consent

The disclosure of student health information within the school is limited to the information necessary to serve the student's health or educational interest. Your signature gives permission for the nurse to inform school staff of precautions and procedures to protect your child in the classroom and to foster academic success.

Your signature is an informed consent to share this health history information with school staff on a need-to-know basis for academic success and emergency plans, as determined by the nurse.

Parent/Guardian Signature _____ Date: _____

Phone Number: _____

Pine Plains Central School District

Pupil Personnel Services

2829 Church Street

Tel: 518.398.7181

Pine Plains, NY 12567-5504

Fax: 518.398.9191

Dear Parent/Guardian:

As per New York State Statute: Chapter 434 of the Laws of 2014:

Upon their child's enrollment or attendance in a public school, such school shall notify every parent or person in parental relation of their rights regarding referral and evaluation of their child for the purposes of special education services or programs pursuant to applicable federal and state laws. Such notification may be provided by directing parents or persons in parental relation to obtain information located on the department's website relating to a parent's guide to special education in New York state for children ages three through twenty-one provided the notification shall also contain the name and contact information for the chairperson of the school district's committee on special education or other individual who is charged with processing referrals to the committee in the district.

Use the following link to the New York State Education Department's website for A Parent's Guide to Special Education in New York State for Children Ages 3-21.

<http://www.p12.nysed.gov/specialed/publications/policy/parentsguide.pdf>

If you have any questions or if you require additional information, please contact this office.

Sincerely,

Janine Babcock
Director of Pupil Personnel Services
Chairperson, Committee on Special Education

/rmk

Janine Babcock, Director of Pupil Personnel Services

Roseann Kemp, Secretary Ext. 1310

Peg Bonneville, Secretary Ext. 1311

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Querido Padre/Tutor

De acuerdo con el Estatuto del Estado de Nueva York: Capítulo 434 de las Leyes de 2014:

Después de la inscripción o la asistencia de su hijo en una escuela pública, como la escuela notificará a todos los padres o de la persona en relación con los padres de sus derechos en cuanto a la remisión y la evaluación de su hijo a los efectos de los servicios o programas de conformidad con las leyes federales y estatales aplicables de educación especial. Dicha notificación puede ser proporcionada por la dirección de los padres o de las personas en relación con los padres para obtener la información se encuentra en el sitio web del departamento en relación con la guía de los padres a la educación especial en el estado de Nueva York para niños de tres a veintiún años proporcionó la notificación contendrá también el nombre y la información de contacto para el presidente del comité del distrito escolar de educación especial o de otro individuo que está acusado de referencias de procesamiento al comité en el distrito.

Utilice el siguiente enlace de la página web del Departamento de Educación del Estado de Nueva York para [A Parent's Guide to Special Education in New York State for Children Ages 3-21](http://www.p12.nysed.gov/specialed/publications/policy/spanishparentguide.htm).

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

Si usted tiene alguna pregunta o si necesita información adicional, favor de llamar a esta oficina.

Sinceramente,

Janine Babcock
Director of Pupil Personnel Services
Chairperson, Committee on Special Education

/rmk

Janine Babcock, Director of Pupil Personnel Services

Roseann Kemp, Secretary Ext. 1310

Peg Bonneville, Secretary Ext. 1311