

Rensselaer Central Schools Corporation

Rensselaer, Indiana

Confidential Student Medical Questionnaire

2012-2013

Student Legal Name: _____ Male Female Date of Birth: _____

Address: _____ City: _____ Zip: _____ Phone: _____

Social Security Number: _____ Grade: _____

Ethnicity: Is the student Hispanic or Latino? YES NO

(Check all that apply): American Indian or Alaskan Native Black or African American Asian White Native Hawaiian/Other Pac Islander

With Whom Does the Student Live: (Choose One)

Parents Father/Guardian Mother/Guardian Grandparent Other

Father's Name: _____ Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ E-Mail Address: _____

Mother's Name: _____ Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ E-Mail Address: _____

Mother's Place of Employment: _____ Phone: _____

Mother's Work E-Mail Address: _____

Father's Place of Employment: _____ Phone: _____

Mother's Work E-Mail Address: _____

IN CASE OF EMERGENCY, YOU MAY ALSO CONTACT ONE OF THE FOLLOWING INDIVIDUALS:

Name: _____ Relation: _____ Phone: _____ Cell Phone: _____

Name: _____ Relation: _____ Phone: _____ Cell Phone: _____

Student Medical History

Family Physician: _____ Dentist: _____

Has the Student Had Any of the Following: If So, Please Explain:

Any Current Medical Problems: _____

Current Medications: _____

Any Physical Impairments: _____

Any Recent Injury Requiring Attention: _____

Any Severe Neck or Head Injury: _____

Any Major Operations: _____

Any Chronic Illness (Epilepsy, Diabetes, Heart Disease, Etc.): _____

Any Allergies or Adverse Medication Reactions: _____

Date of Last Tetanus Immunization: _____

(PLEASE COMPLETE INFORMATION ON THE BACK)

Information regarding custody/guardianship: (please write in) _____

If your child's last name is different than yours please explain why it is different.

EMERGENCY TREATMENT AUTHORIZATION

In the event of any illness or injury when reasonable attempts to contact me at the above phone numbers are unsuccessful, I hereby give consent for: 1) the administration of any treatment deemed necessary by the attending licensed doctor or dentist; and 2) the transfer of the student to Jasper County Hospital. This authorization does not include major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such immediate surgery, are obtained prior to the performance of the surgery. The school nurse may release the above information to teachers, administrators, doctors and emergency call personnel on a need to know basis.

Date

Signature of Parent or Guardian

STUDENT MEDICAL HISTORY

EARLY DISMISSAL INFORMATION

My Child Rides Bus Number _____ Home from School. Directions to home if in the country: _____

Please Check the appropriate line (Only One)

My child should ride the bus home on Early Dismissal Days.

I will pick my child up at school on Early Dismissal Days.

Special instructions for my child on Early Dismissal Days: _____

On the Early School Dismissal day, your child will be sent home according to the instructions you have given above. These instructions must be very explicit since the phone lines are usually tied up and many of the children have different destinations on different days of the week. If the weather is questionable in the morning, you may want to send specific instructions that would override this sheet. Otherwise, the instructions on this sheet will be followed. Please go over these instructions with your child. Return this form to your child's classroom teacher immediately. Thank You.

FIELD TRIP PERMISSION

During the school year there are several short trips within the area that we like to take with the children. These trips take place during the regular school hours and give the children a chance to see some of the things we talk about, which makes it more meaningful to them.

Rather than send home a note for permission each time, we would like your permission for your child to go on all trips we plan on taking during the school year.

Please sign the bottom of this letter and return it to your child's teacher. You will be notified prior to any trip we make:

_____ has my permission to go on class trips.
(Child's Name)

Date: _____

MONNETT ELEMENTARY SCHOOL

NOTARY PUBLIC

STATE OF INDIANA) ss
 COUNTY OF Jasper

_____ being by me duly sworn, did personally appear and state before me, a Notary Public, in and for said County and State, that his/her "legal residence (address) (and that of his/her child/children) is

 (Street Number and Street) (City) (State) Zip Code)

_____, being by me duly sworn, did personally appear and state before me, a Notary Public, in and for said County and State, that s/he is the owner/lessee of the address sworn to above.

It is understood, that for the purpose of this document the term "legal residence" means that residence where the parent/guardian in question eat their meals and sleep on a regular basis, receive their mail, and if applicable where the parent(s) are registered to vote.

Signed (Affidavit) _____

Phone# _____

Student's Name _____

SWORN TO BEFORE ME AND SIGNED THIS _____ DAY OF _____ 20__

SIGNED _____
 NOTARY PUBLIC
 STATE OF INDIANA

NOTICE: READ CAREFULLY: Knowingly falsifying this document is a violation of the I.C. 35-44-2 which is a Class D felony. Further the affiant will be billed (and prosecuted in court if necessary) to collect all back tuition which may be due.

Inaccurate and/or false information will result in immediate withdrawal of your child(ren) from the Rensselaer Central School Corporation.

HEARING HISTORY

Child's Name _____ School _____
Address _____ Date of Birth _____
Parent's Name _____ Phone Number _____
Date _____ Grade _____

To the best of your knowledge, does your child have hearing loss ? YES NO

Does your child fail to respond to speech or environmental sounds? YES NO

Did your child have a hearing problem:

From birth to 1 year of age?	YES	NO
From 3 years to 5 years of age?	YES	NO
From 5 years to 8 years of age?	YES	NO
From 8 years and older?	YES	NO

is there a hearing loss in the child's family? YES NO

Has your child ever had an injury to the head and/or ear? YES NO

YES NO HOW OFTEN AGE

Has your child had a history of:

Ear infections
Impacted wax
Ear aches
Swimmer's ear
Upper respiratory infections
Frequent colds
Allergies
Hay fever
Discharge/bleeding from ear
Asthma
Dizziness
Imbalance
Ringing in the ears
Being bothered by loud noises

Does your child have tubes? YES NO
Which ear? Right Left Both

Has your child has ear surgery? YES NO

Describe _____

Does your child's speech and language seem delayed for his age? YES NO

Is your child presently under a doctor's care for ear problems? YES NO

Name of doctor(s) _____
Address _____

My child may have his/her speech or hearing tested when there may be a concern or need by our educational team. (teachers, principal, speech pathologist)

parent signature

date



Home Language Survey (HLS)

The Civil Rights Act of 1964, Title VI, Language Minority Compliance Procedures, requires school districts and charter schools to determine the language(s) spoken in each student's home in order to identify their specific language needs. This information is essential in order for schools to provide meaningful instruction for all students as outlined Plyler v. Doe, 457 U.S. 202 (1982).

The purpose of this survey is to determine the primary or home language of the student. The HLS must be given to all students enrolled in the school district / charter school. The HLS is administered one time, upon initial enrollment, and remains in the student's cumulative file.

Please note that the answers to the survey below are student-specific. If a language other than English is recorded for ANY of the survey questions below, the LAS Links placement test will be administered to determine whether or not the student will qualify for additional English language development support.

Please answer the following questions regarding the language spoken by the student:

1. What is the native language of the **student**? _____
2. What language(s) is spoken most often by the **student**? _____
3. What language(s) is spoken by the **student** in the home? _____

Student

Name: _____

Parent/Guardian

Name: _____

Parent/Guardian

Signature: _____ **Date:** _____

By signing here, you certify that responses to the three questions above are specific to your student. You understand that if a language other than English has been identified, your student will be tested to determine if they qualify for English language development services, to help them become fluent in English. If entered into the English language development program, your student will be entitled to services as an English learner and will be tested annually to determine their English language proficiency.

For School Use Only:

School personnel who administered and explained the HLS and the placement of a student into an English language development program if a language other than English was indicated:

Name: _____

Date: _____

BUS STOP SIGN-UP SHEET FOR KINDERGARTEN AND FIRST GRADERS

*Child's Name _____

*Home Address _____

Where child is to be picked up in the morning (AM) (For example location Maple/Milton) - Stop #3

Location	Stop#
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Where child is to be dropped off after school (PM) (For example location Rensselaer Lumber Co.)- Stop #6

Location	Stop#
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*Phone number where parent can be reached _____

Home#	Work#	
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*Parent/Guardian Signature _____

A.M. PLEASE GIVE SPECIFIC DIRECTIONS TO YOUR HOME OR WHERE YOUR CHILD WILL BE PICKED UP IN THE A.M. COUNTRY BUSES WILL ONLY STOP AT BABYSITTERS HOMES IF THE SITTER HAS CHILDREN OF HER OWN GOING TO SCHOOL.

P.M. PARENTS WHO LIVE IN TOWN: GIVE THE LOCATION WHERE YOUR CHILD WILL BE DROPPED OFF AFTER SCHOOL. A LIST OF STOPS IS BELOW. PLEASE MARK THE STOP CLOSEST TO THE DROP-OFF POINT YOU PREFER. BUSES WILL NOT STOP HOUSE TO HOUSE, BUT STOPS ARE PLACED SO THAT NO STUDENT WILL BE WALKING A GREAT DISTANCE.

BUS STOPS FOR 2012-2013 SCHOOL YEAR

Stop#	Location of bus pick-up/drop-off	Stop#	Location of bus pick-up/drop-off
1	Harris Homes	16	Milroy Park
2	VFW Parking Lot	17	Front/Harrison
3	Maple/Milton	18	River Terrace Trailer Park
4	Vine/Abigail	19	Kamp Kanne Park
5	Rensselaer Lumber	20	Scouts Bluff
6	Knights of Columbus	21	Monnett School
7	Columbia Park	22	MeadowWood/Ren Apts
8	Monroe/Clark	23	Charles St
9	Warner/Elza	24	Fleming/Parks Dr
10	Hal Gray Park	25	Home/John
11	St A School	26	Thompson/Van Rensselaer
12	Angelica/Franklin	27	Thompson/Melville
13	Van School	28	Lutheran Church
14	Treasure Keepers	29	Emilie/Melville
15	Harrison/Weston	30	Iroquois Valley Apts

*If moving during the summer or change occurs, notify the Transportation Director at 866-7822.

Parent's Report Form—Self-help and Social-Emotional Scales

Child's Name _____

Child's Date of Birth _____ Today's Date _____

Parent's Name _____ Teacher _____

Purpose and Directions: We recognize that parents can provide valuable information that can be helpful in planning a better program for their child. You can supply this information by responding to the items listed below.

Read each item and circle the response or description ("No," "Sometimes," "Yes," etc.) on the right that you think best applies to or describes your child.

A. Work/Help Skills

1. Does your child try to help put things away such as his/her toys or clothes? No Sometimes Yes
2. Can your child open doors or cabinets by himself/herself if he/she doesn't have to work knobs or handles? No Sometimes Yes
3. Can your child open doors or cabinets by himself/herself including working knobs and handles? No A little Yes
4. How many minutes will your child usually watch TV without losing interest? 1-5 5-10 10-15 15-20 20+
5. How many minutes will your child usually play with toys by himself/herself (without the TV on)? 1-5 5-10 10-15 15-20 20+
6. Does your child help around the house if asked? No Sometimes Yes
7. Does your child work for at least 20 minutes in a small group such as at school doing a craft project or other activity? ... No opportunity No Sometimes Yes

B. Feeding/Eating Skills

8. Does your child use a spoon? No Sometimes Yes
If yes, what happens when he/she tries to get food into his/her mouth? Turns spoon upside down Spills a lot Spills some Spills very little
9. Does your child hold a fork with his or her fingers (not in a fist)? No A little Yes
10. Can your child use the side of a fork to cut soft foods? No A little Yes

C. Undressing/Dressing Skills

11. Can your child take off his/her own shoes if you undo shoelaces, buckles, or fastening tapes? No Sometimes Yes
12. Can your child put his/her shoes on? No Yes, Wrong feet sometimes Correct feet
13. Can your child take off and put on a coat, shirt, dress, or pants if you help with buttons, zippers, and snaps? No Sometimes Yes
14. Can your child take off and put on a coat, shirt, dress, or pants including buttons, zippers, and snaps? No Sometimes Yes
15. Can your child take off and put on socks by himself/herself? No Sometimes Yes
16. Can your child dress completely? No Mostly, but not all fasteners Yes, but can't tie shoes Yes, and ties shoes

D. Toileting Skills

17. Does your child get on the toilet/potty seat by himself/herself? No Sometimes Yes
18. Does your child have bowel movements ("poop") in the toilet/potty most of the time? No Sometimes Yes
19. Does your child urinate ("pee") in the toilet/potty? No Sometimes Most of the time
20. Does your child wipe himself/herself or try to wipe after toileting? No Sometimes Yes, but not very well Yes, very well
21. Does your child go to the bathroom on his/her own without being asked or reminded? No Sometimes Yes
22. Does your child flush the toilet after he/she uses it? No Sometimes Yes
23. Do you have any concerns about how your child is not learning to do some things you think he/she should be doing? No A little Yes
—If yes, please list. _____

E. Play Skills and Behaviors

24. Does your child watch other children play? No Sometimes Yes
—If yes, does he/she like to join in, even if only for a little while? No Sometimes Yes
25. Does your child like to pretend to do grown-up things like washing dishes, taking care of a baby, cleaning, or sweeping? No Sometimes Yes
—If yes, for how many minutes will he/she do this? 1-5 5-10 10-15 15-20 20+
26. Can your child play well with a small group of children? No Sometimes Yes
—If yes, for how many minutes will he/she do this? 1-5 5-10 10-15 15-20 20+
27. Does your child seem to know what is good behavior and what is not? No In others In others and self
28. Does your child have a best friend—another child to whom he/she feels especially close? No A little Yes

F. Gets Along with Others

29. Does your child like to do favors for you or enjoy surprising you by helping out? No A little Yes
30. Does your child try to avoid hurting other children when playing and/or seem concerned when a playmate is hurt? No A little Yes
31. When your child has done something well, does he/she tell you about it and show pride in what he/she has done? No Most times Yes
32. If your child loses a game or can't do something he/she was looking forward to, does he/she behave OK about this? No Sometimes Yes
33. Does your child say, "I'm sorry" or "excuse me" when he/she bumps into someone, accidentally takes something that belongs to someone else, or makes a mistake that upsets someone? No A little Yes

Do you have any concern about

34. how your child gets along with others? Yes A little No
—If yes, please list. _____
35. your child's behavior? Yes A little No
—If yes, please list. _____

Parent's Rating Form—Four-Year-Old Child

Child's Name _____

Child's Age _____

Date _____

Parent's Name _____

Purpose: We recognize that parents can provide valuable information that can be helpful in planning a better program for their child. You can supply this information by responding to the items listed below.

Directions: Read each item and check the column ("No," "Uncertain," or "Yes") on the right that best applies to your child.

Personal/Speech

Can your child tell others his/her

	No	Uncertain	Yes
1. first name?			
2. full name?			
3. age?			
4. address (street or mailing)?			
5. telephone number (if applicable)?			

Beginning Academic Skills

Does your child

	No	Uncertain	Yes
6. identify (point to when requested) five colors?			
7. identify (point to when requested) ten colors?			
8. count by rote to ten?			
9. demonstrate the concepts of five, seven, and nine by giving correct quantity when requested?			
10. recognize numerals to ten?			
11. recognize some lowercase letters?			
12. recognize some uppercase letters?			
13. comprehend pictures depicting action in books?			
14. listen to, remember, and follow two- and three-step directions in the sequence given?			

Visual and Fine-Motor Skills

Does your child

	No	Uncertain	Yes
15. recognize his/her name in print?			
16. copy a circle and a plus sign?			
17. copy an X, a square, and a rectangle?			
18. write his/her first name?			
19. write his/her last name?			
20. draw pictures that are recognizable?			
21. visually discriminate which one of four geometric forms is different?			
22. visually discriminate which one of four uppercase letters is different?			
23. use scissors to cut paper?			

Dominance/Laterality

Does your child consistently

	No	Uncertain	Yes
24. use the same hand as the preferred hand?			
25. discriminate between his/her right hand and left hand?			

Self-help Skills

Does your child

	No	Uncertain	Yes
26. dress himself/herself?			
27. button his/her clothing?			
28. totally care for toileting needs?			
29. tie his/her shoes?			
30. know which shoe goes on which foot?			

Social Skills

Does your child

	No	Uncertain	Yes
31. greet others in an appropriate manner?			
32. usually share and take turns willingly?			
33. usually play well with at least one child?			
34. willingly and cooperatively participate in a small-group activity or game?			
35. show concern for using materials and equipment safely and appropriately?			

Emotional/Self-Reliance

Does your child

	No	Uncertain	Yes
36. willingly engage in a new activity?			
37. usually continue a task until completed or until it is time to stop?			
38. usually accept limits set by an adult?			
39. usually reflect a happy disposition?			

Speech

Does your child

	No	Uncertain	Yes
40. express needs and requests verbally rather than by inappropriate means?			
41. name pictures of objects as listed below? 1ladder 2scissors 3leaf 4nail 5duck 6fish 7tractor 8snake			
42. identify body parts as listed below by naming when pointed to? 1chest 2back 3knees 4chin 5fingernails 6heel 7ankles 8jaw			
43. speak in complete sentences and with speech that is understood?			

Health/Physical

Does your child

	No	Uncertain	Yes
44. walk forward heel-and-toe five steps?			
45. hop on one foot and other foot five times?			
46. stand on one foot and other foot ten seconds?			
*47. appear to have good physical health and stamina?			
*48. appear to be free of physical/mental conditions or problems that might cause a need for special services?			

*Please use the back of this form to list and explain any additional information regarding your child that the teacher or other personnel should be aware of (allergies, medications, significant developmental history, etc.).

REACH Program

Elementary Parent Input Form

Student's Name _____ Date _____

Parent/Guardian name(s) _____

Phone _____ Date of Birth _____

Please explain why your child would benefit from placement in a program for high ability learners. (Attach additional sheets if necessary.)

Please detail experiences and behaviors you have observed in your child which you consider significantly "out of the ordinary" in mathematics, reading, writing, and/or verbal skills. (Attach additional sheets if necessary.)