Countdown to Kindergarten!

Kindergarten Registration 2017

What You Need To Do Today

• Complete the paperwork while you are here
• Sign up for 1 hour of time for Kindergarten Screening
• Take a folder home to read more information

What You Need To Do Next

• Bring your child back for the 1 hour Kindergarten Screening at the date and time you signed up for.
• Watch for upcoming events - community fun Activities at the library, YMCA, schools and within the community

At the End of Summer

• Bus lists are printed in the Athol Daily News the week before school starts and are also available on the district website, arrsd.org.
• Kindergarten Orientation will be held on the first 2 days of school. Classes begin on the third full day of the new school year.
While there’s no perfect formula that determines when children are truly ready for kindergarten, you can use this checklist to see how well your child is doing in acquiring the skills found on most kindergarten checklists.

Check the skills your child has mastered. Then recheck every month to see what additional skills your child can accomplish.

Young children change so fast - if they can do something this week, they may be able to do it a few week later.

- Listen to stories without interrupting
- Recognize rhyming sounds
- Pay attention for short periods of time to adult directed tasks
- Understand actions have both causes and effects
- Shows understanding of general times of day
- Cut with scissors
- Begin to share with others
- Start to follow rules
- Be able to recognize authority
- Manage bathroom needs
- Button shirts, pants, coats and zip up zippers
- Separate from parents without being upset
- Speak understandably
- Talk in complete sentences of five to six words
- Look at pictures and tell stories
- Identify rhyming words
- Identify beginning sounds of some words
- Identify the alphabet letters
- Recognize some common sight words like “stop”
- Sort similar objects by color, size and shape
- Recognize groups of one, two, three, four and five objects
- Count to ten
- Bounce a ball
For many parents of young children, the end of summer signals one big word—SEPARATION. Your child may be entering childcare for the first time, or changing from a family day care home to a group day care setting or he/she could even be getting on the school bus and heading off to kindergarten.

Transitions often bring up mixed feelings from both you and your child. While your child may wish to be at home with you, he/she probably will show excitement and enthusiasm at the idea of going to “school”, meeting new friends and having new toys to play with. You, as a parent, maybe experiencing feelings of delight and pride as well as sadness that you’re young one is moving out into the “big world” without you. Remember, all of these feelings are normal and natural it is important that we prepare ourselves and her children for these mixed emotions.

Working with your childcare provider/teacher is a sure way to help ease the transition and make it a good experience for both you and your child. The responsive provider, who is ready with hugs and comfort, makes all the difference in the world. The following guidelines are sure to help:

- Talk about upcoming transitions with your child. Be specific about the program, the children, the activities…
- Accept and talk about feelings. Acknowledge that it is scary starting a new adventure. Remember that parents and providers should recognize and share their feelings with each other too.
- Make sure that your child is familiar with the new environment and adults. Start slowly. Gradually work your way to your regular schedule.
- Have your child bring in something special from home: a family picture, a special blanket.
- Set up rituals for reassurance, with goodbye at the window or make a puzzle together before you leave.
- Always say goodbye. Never just disappear.
- Watch for behavior issues that may indicate your child’s anxiety. Your child may start off fine, but several weeks later maybe clingy, anxious, sad.
- Convey confidence that all of you will work through this experience even if it takes a while. Your comments will help a lot.

Give your child the time and reassurance needed during the period of adjustment. No matter how difficult the situation may feel at this time, the struggles around separating are normal. Having a successful separation experience sets the stage for future successes and the many separations that life sends our way.
MEDICATION

POLICY:

Ideally, all medication should be given at home. If the physician feels it is necessary for the student to receive medication during school hours, school must receive the following:

a) A written, signed, dated order from the physician (for each medication)
b) A written, signed, dated form from the parents/guardians
c) The medication in a container appropriately labeled by a pharmacy or a physician, which needs to be brought to the school nurse by an adult.

IMMUNIZATION LAW:

Under the laws of the Massachusetts Department of Public Health, the minimum acceptable immunizations for school enrollment are:

a) a minimum of 5 doses of each D-P-T (diphtheria, pertussis, tetanus)
b) Polio - 4 doses
c) Measles, Mumps, Rubella (German Measles) - 2 doses
d) Hepatitis B Vaccine, 3 doses
e) Lead test results
f) 2 doses of Varicella or documented proof of having chicken pox.

REQUIRED DOCUMENTATION:

a) Documentation of a physical including Massachusetts Department of Public Health immunization is required prior to entry
b) Documentation of a lead screening test results by a doctor or health care provider is required prior to entry
c) Certified Birth Certificate
Kindergarten screening with the DIAL-4

What is the DIAL-4?

The DIAL-4 is a screening instrument designed to determine whether a child is developing within the average range for their age.

DIAL-4 examines five areas of development. The areas of motor, concepts and language will be measured through fun activities with your child. The areas of self-help and social-emotional development are measured through questionnaires completed by a parent and a preschool teacher/childcare provider.

In the Motor area, we want to see how your child is learning to use their body for throwing an object with accuracy, jumping, hopping, building blocks, cutting, copying and writing.

In the Concepts area, we are looking for your child's understanding of ideas like colors, accounting, and body parts and opposite concepts.

In the Language area, we will be checking to see if your child makes appropriate speech sounds for their age and is able to use words for communicating with others effectively.

In addition to the DIAL-4, school nurses will screen your child's vision and hearing.

Remember your child is not expected to display every skill or perform it perfectly. Tasks are arranged developmentally so that we can determine if your child is performing at an average range according to their age.

Upon completion of the screening, the screener reviews the Parent Information Questionnaire, the Teacher Information Questionnaire and your child's screening performance. This information will be used to determine the need for more formal diagnostic assessments.

Keep in mind that this is only a screening and not a diagnostic assessment. If you have questions for concerns about your child's development, please feel free to discuss them with the screener, your child's classroom teacher and/or Principal.

Parents are always welcome to call the Athol Royalston special education office at 978-249-2403 with any questions, concerns and/or suggestions.

ORIENTATION

In August, you and your child will receive an invitation to attend orientation. This will be held on the first two days of school. The invitation will state which day you and your child will attend, along with the place and time. You will spend your morning in the classroom with the teacher. Transportation will not be provided for your kindergartner on this day. Because this is an important experience for your child, we ask that you bring only the new kindergartner. Please do not bring other children this day.
The McKinney–Vento Act, part of the No Child Left Behind Act of 2001, guarantees homeless children and youth and education equal to what they would receive if not homeless.

WHO IS HOMELESS?
According to the McKinney–Vento Act, homeless children and youth include individuals who lack of a fixed, regular and adequate nighttime residence. This includes the following situations:

- Sharing the housing of others (known as doubling-up) due to the loss of housing or economic hardship
- Living in motels, hotels, trailer parks or camping grounds
- Living in emergency or transitional shelters
- Abandoned in hospitals
- Awaiting foster care placement
- Living in a nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation
- Living in cars, parks, abandoned buildings, substandard housing, bus or train stations, or similar settings

The McKinney–Vento Act also recognizes unaccompanied youth who are homeless. According to the act, and unaccompanied youth is a youth not in the physical custody of the parent or legal guardian.

WHICH SCHOOL CAN A HOMELESS CHILD ATTEND?
There are two choices for a student in a homeless situation– the school of origin and the school of residency. The school of origin is the school the child attended when permanently housed or the school and which the child was last enrolled. When determining the school of best interest, a homeless child or youth should remain in the school of origin (to the extent feasible) unless doing so is contrary to the wishes of the parent or the guardian or to the wishes of the unaccompanied youth.

ENROLLMENT
The McKinney–Vento Act requires that immediate enrollment of homeless children and youth. These children must be allowed to attend school even if they are unable to produce previous academic records, immunization and medical records, proofs of residency, birth certificates, or other documentation that is usually required.

TRANSPORTATION
School districts must provide transportation for homeless children and youth to the school of best interest. District must also provide transportation during the resolution of any pending disputes. Disputes over enrollment, school placement or transportation arrangements are being resolved, students must be transported to the school of choice of the parent or the unaccompanied youth.

THE HOMELESS COORDINATOR
A school district’s homeless coordinator plays a vital role in ensuring that children and youth experiencing homelessness enroll and succeed in school. The McKinney–Vento Act requires that every school district appoint a homeless coordinator who serves as the link between homeless families and school staff, district personnel, shelter workers and social service providers.

Athol-Royalston Regional School District Homeless Coordinator:
Bob Rouleau, Director of Maintenance/Facilities
978-249-2403 • brouleau@arrsd.org
Athol-Royalston Regional School District Office of the Superintendent of Schools
1062 Pleasant Street, Athol, MA 01331
REPORTING KINDERGARTEN PROGRESS
Your child’s progress will be reported to you two times a year. Teachers are eager to meet with the parents of children they teach. They welcome after school conferences aimed at improving educational growth and the development of your child.

Parent/teacher conferences will be held in November.

Kindergarten report cards go home two times a year. Your child will bring a report card home in January and on the last day of school. Additional assessment information may be sent home to you after benchmark assessments or DIBELS (a reading “test” given three times a year).

SCHOOL SESSION
Kindergarten students first full day of school will be the third full day of the new school year. Remember that the first two days of the school year are for orientation ONLY. If you wish to send your child for a half day for a week or two, this is your option, but you will need to provide transportation if he/she leaves early.

Check with your school for the exact time of arrival and dismissal. Children who walk to school should not arrive on school grounds before 8:15 am. There are no staff on duty before this time.

ATTENDANCE
Regularity of attendance and punctuality are both important to the child from the very first day of Kindergarten. The earlier a child learns that school is important, the more satisfactory his/her growth will be.

Please call the office at your child’s school if your child will be absent or tardy on any day. Written explanation of the cause of absence or the nature of the illness is required from parents. These must be recorded and filed. The schools also participate in the “School is Where It’s At” program through the Northwest District Attorney’s Office. If your child has excessive absences, a meeting may be scheduled.
FOR YOUR CHILD’S HEALTH

a) Keep your child away from anyone with a cold
b) Report reasons for absence to school office
c) At school, the teacher and school nurse will watch for symptoms of illness; if a child is sick or injured, parents will be contacted. Make sure an emergency phone number is made available for this purpose.
d) Parents should see to it that their child is in good physical condition before he/she starts school. Every child must have a physical examination, and be immunized for diphtheria, tetanus, whooping cough, polio, Measles, Mumps, Rubella (German measles), Hepatitis B and Varicella (chicken pox).
e) Please encourage your child to wash his/her hands regularly.
f) If your child is displaying symptoms of illness, fever, vomiting, diarrhea; please do NOT send them to school until they have been symptom free for at least 24 hours. The symptoms usually relate to something viral which can be passed around the classroom.
g) Encourage your child to bring a healthy snack to school each day.

SCHOOL CANCELLATION ANNOUNCEMENTS

School may be called off because of bad weather or there may be a delayed start. If this happens parents will be notified through the One Call System unless the parent chooses to opt out of the One Call System. Announcements concerning delays and closings of school are also found through the following sources:

Radio  WJDF - FM 97.3
TV  WBZ - 4 Boston
     WCVB - 5 Boston
     WWLP - 22 Springfield
Web  www.arrsd.org
**MASSACHUSETTS SCHOOL HEALTH RECORD**

**Health Care Provider’s Examination**

**Name** ____________________________  □ Male □ Female  Date of Birth: ____________________

**Medical History**

**Pertinent Family History**

**Current Health Issues**

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<th>Y</th>
<th>N</th>
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<td>Allergies: Please list: Medications ____________________________  Food ____________________________  Other ____________________________</td>
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<tr>
<td>History of Anaphylaxis to ____________________________  Epi-Pen®: □ Yes □ No</td>
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<td>Asthma: Asthma Action Plan Yes □ No (Please attach)</td>
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**Current Medications (if relevant to the student’s health and safety)** Please circle those administered in school; a separate medication order form is needed for each medication administered in school.

**Physical Examination**

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<th>Date of Examination: ____________</th>
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<tr>
<td>Hgt: ________(__<strong>%)  Wgt:</strong>_<strong><strong><strong>(</strong></strong>%)  BMI: _______<strong>(</strong></strong>%)  BP: ________</td>
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<td>General ____________________  Lungs ____________________  Extremities ____________________</td>
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<td>Skin ______________________  Heart ______________________  Neurologic ______________________</td>
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<td>HEENT ______________________  Abdomen ______________________  Other ______________________</td>
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<td>Dental/Oral ______________________  Genitalia ______________________</td>
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**Screening:**

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<th>Vision: Right Eye (Pass) (Fail)  Left Eye (Pass) (Fail)  Stereopsis (Pass) (Fail)</th>
<th>Hearing: Right Ear (Pass) (Fail)  Left Ear (Pass) (Fail)  Postural Screening: (Pass) (Fail) (Scoliosis/Kyphosis/Lordosis)</th>
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**Laboratory Results:** □ Lead _______ Date _______ □ Other _______

**The entire examination was normal**:

□

**Targeted TB Skin Testing:** □ Med-to-High risk (exposure to TB; born, lived, travel to TB endemic countries; medical risk factors):

Date of PPD: ____;  Results: ____mm.

□ Low risk (no PPD done)

**This student has the following problems that may impact his/her educational experience:**

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<th>□ Vision</th>
<th>□ Hearing</th>
<th>□ Speech/Language</th>
<th>□ Fine/Gross Motor Deficit</th>
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<tr>
<td>□ Emotional/Social</td>
<td>□ Behavior</td>
<td>□ Other</td>
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**Comments/Recommendations:**

□ Y □ N This student may participate fully in the school program, including physical education and competitive sports. If no, please list restrictions:

□ Y □ N Immunizations are complete: If no, give reason: Please attach Massachusetts Immunization Information System Certificate or other complete immunization record.

**Signature of Examiner**  

Circle: MD, DO, NP, PA  Date  

Please print name of Examiner.

**Group Practice**

Telephone ____________________________

**Address** ____________________________  City ____________________________  State ____________________________  Zip Code ____________________________

Please attach additional information as needed for the health and safety of the student.  

MDPH  03/19/15
### CERTIFICATE OF IMMUNIZATION

**Name:**

**Date of Birth:**

**Sex:** M F

Please indicate vaccine type (e.g., DTaP-Hib, etc.)

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<tr>
<th>Vaccine</th>
<th>Date</th>
<th>Vaccine Type</th>
<th>Vaccine</th>
<th>Date</th>
<th>Vaccine Type</th>
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<tbody>
<tr>
<td><strong>Hepatitis B (e.g., HepB, HepB-Hib, DTaP-HepB-IPV, HepA-HepB)</strong></td>
<td>1</td>
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<td>Rotavirus (e.g., RV5: 3-dose series, RV1: 2-dose series)</td>
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<td><strong>Diphtheria, Tetanus, Pertussis (e.g., DTP, DTaP, DT, DTaP-Hib, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV, Td, Tdap)</strong></td>
<td>1</td>
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<td>Measles, Mumps, Rubella (e.g., MMR, MMRV)</td>
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<td><strong>Haemophilus influenzae type b (e.g., Hib, HepB-Hib, DTaP-Hib, DTaP-IPV/Hib)</strong></td>
<td>1</td>
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<td>Meningococcal Conjugate (MCV4) or Polysaccharide (MPSV4)</td>
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<td><strong>Polio (e.g., IPV, DTaP-HepB-IPV, DTaP-IPV/Hib, DTaP-IPV)</strong></td>
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<td>H1N1 Influenza Inactivated (Intramuscular) or Live (Intranasal)</td>
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<td><strong>Pneumococcal Conjugate (e.g., PCV7, PCV13)</strong></td>
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<td>Pneumococcal Polysaccharide (PPSV23)</td>
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<td><strong>Human Papillomavirus (e.g., HPV quadrivalent, HPV bivalent,)</strong></td>
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<td>Hepatitis A (e.g., HepA, HepA-HepB)</td>
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**Serologic Proof of Immunity**

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<th>Test (if done)</th>
<th>Date of Test</th>
<th>Positive</th>
<th>Negative</th>
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<tr>
<td>Measles</td>
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<td>Mumps</td>
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<td>Varicella*</td>
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<tr>
<td>Hepatitis B</td>
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* Must also check Chickenpox History box.

**Chickenpox History**

- Check the box if this person has a physician-certified reliable history of chickenpox.

Reliable history may be based on:
- physician interpretation of parent/guardian description of chickenpox
- physical diagnosis of chickenpox, or
- serologic proof of immunity

I certify that this immunization information was transferred from the above-named individual's medical records.

**Doctor or nurse’s name (please print):**

**Date:** / /

**Signature:**

**Facility name:**

Certificate of Immunization  Massachusetts Department of Public Health 4-10
ATHOL-ROYALSTON SCHOOL DISTRICT • KINDERGARTEN REGISTRATION FORM

STUDENT NAME_____________________________________________________________________________________________

Male____ Female____ • Date of Birth: Month________ Day_________ Year__________

Place of Birth_____________________________________________________________ Country of Origin_____________________

Address____________________________________________________________________________________________________

Phone_______________________________Cell Phone____________________________Email______________________________

Any custodial legality (Restraining orders, custody orders, etc) the school should be aware of?
Yes____No____ Please submit copies of legal documents to school.

Any DCF Involvement? Yes____No____ DCF Worker__________________________________Phone:_________________________

With whom does the student live? (circle all that apply)
Both Parents • Mom • Dad • Step Mom • Step Dad • Legal Guardian • Grandparent • Foster Parent • Other_____

Parent/Guardian #1 • Name_____________________________________________________________________________________

Address:___________________________________________________________________Phone:____________________________

Employer:__________________________________________________________________Phone:____________________________

Cell Phone:_________________________________________

Parent/Guardian #2 • Name_____________________________________________________________________________________

Address:___________________________________________________________________Phone:____________________________

Employer:__________________________________________________________________Phone:____________________________

Cell Phone:_________________________________________

1. Does your child's allergies or health condition constitute an emergency that warrants immediate attention? Yes____No____

2. Will your child receive medication during the school day? Yes____No____

If yes to either question one or two, please see the school nurse. Physician name: _________________Phone___________________

3. List health problems and/or allergies_____________________________________________________________________________

____________________________________________________________________________________________________________

4. Does your child wear glasses? Yes____No____

Please check any services your child receives:
IEP________504________Speech_______DCF________English Language Learner Services________

Has your child attended a Preschool or Child Care? Yes____No____

If yes, for how long? 6 months _____ 1 year _____ 2 years _____ more than 2 years _____

Name of your child’s present or most recent school:_______________________________________________________________

List names/schools of brothers and/or sisters:_______________________________________________________________

___________________________________________________________________________________________________________

Parent Signature _________________________________________________________________ Date________________________

320151146
### Home Language Survey

Massachusetts Department of Elementary and Secondary Education regulations require that all schools 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. If a language other than English is spoken in the home, the District is required to do further assessment of your child. Please help us meet this important requirement by answering the following questions. Thank you for your assistance.

#### Student Information

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
<th>Gender</th>
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<tr>
<th>Country of Birth</th>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>Date first enrolled in ANY U.S. school (mm/dd/yyyy)</th>
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#### School Information

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<th>Start Date in New School (mm/dd/yyyy)</th>
<th>Name of Former School and Town</th>
<th>Current Grade</th>
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#### Questions for Parents/Guardians

**What is the native language(s) of each parent/guardian? (circle one)**

- (mother / father / guardian)

**Which language(s) are spoken with your child?**

(include relatives - grandparents, uncles, aunts, etc. - and caregivers)

- (mother / father / guardian)

**What language did your child first understand and speak?**

**Which language do you use most with your child?**

**Which other languages does your child know? (circle all that apply)**

- speak / read / write

- speak / read / write

**Which languages does your child use? (circle one)**

**Will you require written information from school in your native language?**

- Y  [ ]

- N  [ ]

**Will you require an interpreter/translator at Parent-Teacher meetings?**

- Y  [ ]

- N  [ ]

**Parent/Guardian Signature:**

- X  [ ]

**Today’s Date:** (mm/dd/yyyy)

- / 20
**Encuesta del idioma hablado en el hogar**

Los reglamentos del Departamento de Educación Primaria y Secundaria de Massachusetts exigen que todas las escuelas determinen los idiomas que se hablan en los hogares de los estudiantes para así identificar sus necesidades específicas relacionadas con el idioma. Esta información es esencial para que las escuelas puedan proveer instrucción que todos los estudiantes puedan aprovechar. Si en su hogar se habla otro idioma que no sea inglés, se requiere que el Distrito evalúe a su hijo más a fondo. Ayúdenos a cumplir con este importante requisito respondiendo a las siguientes preguntas. Gracias por su ayuda.

### Información del estudiante

<table>
<thead>
<tr>
<th>Nombre</th>
<th>Segundo nombre</th>
<th>Apellido</th>
<th>F ☐ M ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>País de nacimiento</th>
<th>Fecha de nacimiento (mm/dd/aaaa)</th>
<th>Fecha de matriculación inicial en CUALQUIER escuela de EE.UU. (mm/dd/aaaa)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Información de la escuela

<table>
<thead>
<tr>
<th>Fecha de comienzo en la escuela nueva (mm/dd/aaaa)</th>
<th>Nombre de la escuela y ciudad anterior</th>
<th>Grado actual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### Preguntas para los padres/encargados

- **¿Cuál es el idioma natal del padre/la madre/los encargados?** (encierre en un círculo)
  - (madre / padre / encargado)
  - (madre / padre / encargado)

- **¿Qué idioma(n) se habla(n) con su hijo?**
  - (incluye parientes - abuelos, tíos, tías, etc. - y encargados del cuidado)

- **¿Qué idioma usa usted principalmente con su hijo?**

- **¿Cuál fue el primer idioma que entendió y habló su hijo?**

- **¿Qué idiomas sabe su hijo?** (encierre en un círculo todo lo que corresponda)
  - habla / lee / escribe
  - habla / lee / escribe

- **¿Qué idiomas usa su hijo?** (encierre uno en un círculo)

- **¿Requerirá usted la información impresa de la escuela en su idioma natal?**
  - Sí ☐ No ☐

- **¿Requerirá usted un intérprete/traductor en reuniones de padres y maestros?**
  - Sí ☐ No ☐

### Firma del padre/la madre/encargado:

X

Fecha de hoy: (mm/dd/aaaa)
### Mathematics Grade Kindergarten

<table>
<thead>
<tr>
<th>Number Sense and Operations</th>
<th>Jan</th>
<th>Jun</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counts by 1's to at least 20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counts by 10's to 100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Matches quantities up to at least 20 with numerals and words</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Writes numbers 0-20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uses the base 10 system to compose/decompose numbers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uses objects and drawings to model and solve related addition and subtraction problems to ten</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Patterns and Relationships

| Sorts and classifies objects by color, shape, size, number and other properties |     |

### Geometry

| Names, describes, sorts and draws simple 2-dimensional shapes: circle, square, rectangle, triangle |     |

### Measurement

| Uses nonstandard units to measure length, area, weight and capacity |     |

### Science Grade Kindergarten

| Understands Key Concepts in Science | Jan | Jun |

### Social Studies Grade Kindergarten

| Understands Key Concepts in Social Studies | Jan | Jun |

### English Language Arts Grade Kindergarten

<table>
<thead>
<tr>
<th>Language</th>
<th>Jan</th>
<th>Jun</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follows agreed upon rules for discussion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understands/uses who, what, when, where, why and how</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reading/Literature</th>
<th>Jan</th>
<th>Jun</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifies upper case and lower case letters</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identifies letter sounds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Identifies initial, medial and final sounds of a word</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Makes predictions using prior knowledge, pictures and text</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retells important facts from a text heard</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Composition</th>
<th>Jan</th>
<th>Jun</th>
</tr>
</thead>
<tbody>
<tr>
<td>Draws pictures and/or uses letters or phonetically spelled words to tell a story</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prints upper and lower case letters of the alphabet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arranges events in order when writing from dictation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Music K-4
- Girouard, E.
- Singing
- Reading and Writing Music
- Playing Instruments
- Improvisation and Composition
- Thinking and Behaving like a musician

### PE K-4
- Hause, B.
- Applies movement concepts to perform physical performance
- Uses variety of manipulative, locomotor/non-locomotor skills
- Sustains interest and effort
- Demonstrates appro. personal and social behavior

### Art K-4
- Magee, R.
- Use variety of media/material to produce visual effects.
- Create artworks in a variety of 2-dimensional/3-dim. media
- Learn and use appropriate vocabulary related to these media, materials, and techniques
- Learn to take care of and use materials and tools

#### January

#### June

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### Athol-Royalston Regional Schools
**GRADE KF - Report Card**

**Student Name:**

**Year:**

**School:**

**ATTENDANCE**
- Absent
- Tardy
- Dismissed

**EVALUATION KEY**
- I: Improvement Shown Since Last Report
- M: Most of the time
- P: Part of the time
- N: Needs Improvement

**Social/Emotional Development**
- Participates in group activities
- Willing to take risks with new ideas and experiences
- Communicates thoughts and needs appropriately
- Displays self control both physically and verbally
- Seeks help when necessary
- Considers/respects rights, feelings, points of view of others
- Works cooperatively with others
- Responsible for personal belongings
- Follows classroom routines and safety rules
- Accepts responsibility for own actions
- Expresses positive feelings about self
- Demonstrates self control in unstructured situations

**Work and Play Habits**
- Listens attentively
- Follows directions
- Works well Independently
- Is able to make independent choices
- Demonstrates appropriate effort
- Is responsible for care, clean-up and organization of classroom
- Uses materials appropriately
ATHOL-ROYALSTON REGIONAL SCHOOL DISTRICT

Student’s Name: __________________________ Grade: __________________________

Please answer both question 1 and 2.

1) Is this student Hispanic or Latino (choose only one answer)
   □ Not, not Hispanic or Latino
   □ Yes, Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish ethnicity, regardless of race)

2) What is the student’s race?
   □ American Indian or Alaskan Native (A person having origins in any of the original peoples of North or South America –including Central America- and who maintain a tribal affiliation of community attachment)
   □ Asian (A person having origins in any of the original peoples of the far east, southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippines, Thailand, and Vietnam)
   □ Black or African American (A person having origins in any of the black racial groups of Africa)
   □ Native Hawaiian or other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
   □ White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa)

Parent/Guardian Signature: __________________________ Date: ________________