SENECA EAST ELEMENTARY SCHOOL

2024-2025 KINDERGARTEN PACKET

PARENTS: Our informational Parent Meeting for the incoming kindergarten students will be held on April 11, 2024, at 5:00 pm in our auditeria. We will conduct our Kindergarten Screenings on Thursday and Friday, May 16 and 17, 2024. Appointments on Thursday will start at 8:00 am, with the last appointments scheduled for 2:30 pm. On Friday, appointments will begin at 8:00 am, with the last scheduled appointments at 12:00 pm. Prior to scheduling a screening time for your child, all paperwork must be completed and turned into the office, as well as copies of the required documentation, as indicated below. We would appreciate all paperwork turned in by April 10, 2024, if possible.

- **Seneca East Local School Enrollment 2024-2025 Form:** This form needs to be completed by a parent/guardian and returned.
- **Letter from School Nurse to Parents/Guardians**
- **Ohio Dept. of Health Physical Examination Form:** This form ***MUST BE*** completed by a physician at a child's appointment and returned.
- **Ohio Dept. of Health - Health History:** This 2-sided form is to be completed by parent/guardian and returned.
- **Ohio Dept. of Health Oral Assessment:** This form is OPTIONAL, but if the child has a dental appointment, it can be completed by the dentist and returned.
- **Seneca East Student Transportation Request:** This form to be completed by a parent/guardian and returned.
- **Informational Sheet from the Kindergarten Staff** - this is two-sided.
- **Informational Letter from the Speech-Language Pathologist**

REQUIRED DOCUMENTATION: In addition to the above, the school will also need copies of the child's official Birth Certificate, an up to date Immunization Record and Proof of Residency*. (*This can be a copy of any of the following: rental agreement, tax statement, utility bill, voter registration card, deed, or building permit showing the physical address within the Seneca East School District.) A copy of any Custody Paperwork will also need to be provided, if this is applicable to your child.

Our school utilizes Final Forms, an online student information system. Final Forms is completed by parents and the school will have laptops available for parents to use during your child's screening time, if they are not completed earlier. Assistance will be available from staff members while parents are completing forms.

Please contact Jan Allgyre (Elementary Secretary) or Brad Powers (Elementary Principal) if you have any questions or concerns regarding the submission of the above. Their contact information is listed below:

Mrs. Allgyre: 419/426-3344 or jallgyre@se-tigers.com

Mr. Powers: 419/426-1854 or bpowers@se-tigers.com.

SENECA EAST ELEMENTARY SCHOOL

13343 E.U.S. Highway 224, Attica, OH 44807

Dear Parents/Guardians:

Soon your child will be beginning a new and exciting phase of life; entering kindergarten. To make this transition easier for both of you, there are certain details that must be completed before your child enters school. The following information is needed by the state of Ohio for all children to have on file at the school they will be attending:

1. The Ohio School Health History form
2. A copy of an ***up to date*** Immunization Record
3. The Ohio Department of Health Physical Examination form - signed by a physician
4. The Ohio Department of Health Oral Assessment form

All of the information cited above should be returned with your child's Kindergarten packet, prior to scheduling their screening appointment. The Ohio School History Form should be filled out completely by you. The required immunizations in the state of Ohio for entrance into kindergarten are as follows:

- 5 doses of Diphtheria, Tetanus and Pertussis Vaccine
- 4 doses of Polio Vaccine
- 3 doses of Hepatitis B Vaccine ** Please note: <u>All (3) doses must have a date given, including the dose given in the hospital after birth.</u>
- 2 doses of Measles, Mumps and Rubella Vaccine
- 2 doses of Varicella Vaccine (chickenpox vaccine) ** Please note: If the child has had chickenpox, documentation from a healthcare provider or the health department is required.

Please make an appointment now with either your private physician or local health department to ensure all immunizations are completed in a timely manner. The Seneca County Health Department phone number is 419/447-3691, ext. 352 or 800/698-3691. (If you have Medicaid, you must bring your current medical card.)

YOUR CHILD WILL BE EXCLUDED FROM SCHOOL IF REQUIRED IMMUNIZATIONS ARE NOT UP TO DATE.

I look forward to meeting each of you on the day of your child's kindergarten screening to review all paperwork. Thank you!

Amy Ferres, RN
Seneca East Local School District Nurse
Phone: 419/426-3344, Ext. 6
aferres@se-tigers.com

Ohio Department of Health • School and Adolescent Health

Physical Examination

Student's name	Sex ☐ Male ☐ Female	Date of birth / /
Height	Weight	BMI percentile	BP

Screening Tests

Vision

Date performed / /

Distance Acuity	☐ R	☐ L
Muscle Balance	☐ Pass	☐ Fail
Stereopsis	☐ Pass	☐ Fail
Color	☐ Pass	☐ Fail
Child wears glasses?	☐ Yes	☐ No
Tested with glasses?	☐ Yes	☐ No
Referral made?	☐ Yes	☐ No

Hearing

Date performed / /

Pure Tone		
Right ear	☐ Pass	☐ Fail
Left ear	☐ Pass	☐ Fail
Child wears hearing aid?	☐ Yes	☐ No
Child under the care of a hearing specialist	☐ Yes	☐ No
Referral made?	☐ Yes	☐ No

Postural

Date performed / /

☐ No abnormality noted
☐ Screening not done
☐ Referral made
Comments

Speech/Language

Speech assessment completed	☐ Yes	☐ No
Child has no discernible speech problem	☐ Yes	☐ No
Speech evaluation recommended	☐ Yes	☐ No
Child has possible problem with _____		

Lead Poisoning

☐ Date _____ Type ☐ C ☐ V Results _____ µg/dL
☐ Date _____ Type ☐ C ☐ V Results _____ µg/dL

Tuberculin Test

Date _____ Type _____ Results _____

Health History (Serious or chronic illnesses/injuries/surgeries)

Physical Examination Date of most recent examination / /

☐ Essentially normal ☐ Abnormalities as follows

Is this child able to participate fully in:

Classroom and academic activities	☐ Yes	☐ No	Physical education classes	☐ Yes	☐ No
Competition athletics	☐ Yes	☐ No	Contact and collision sports	☐ Yes	☐ No

If limitations are advised, please specify

Does this child have any physical, developmental or behavioral issues that may affect his/her educational process?

HealthCare Provider's signature	Print name	Phone ( )
Address		Date / /
City	State	ZIP

Ohio Department of Health • School and Adolescent Health

Health History

Student's name	Sex	Date of birth
	☐ Male ☐ Female	/ /

Family Health History Please list allergies, heart problems, diabetes, cancer or other serious health conditions.

Father	
Mother	
Brothers and Sisters	

Birth and Developmental History ☐ No unusual birth or developmental history

Did the mother have any unusual physical or emotional illness during this pregnancy? ☐ Yes ☐ No

Was infant born full term? ☐ Yes ☐ No Did the infant have any sickness or problems? ☐ Yes ☐ No

Briefly explain illness or problems.

How does the child's development compare to other children, such as his or her brothers/sisters or playmates?

☐ About the same ☐ Delayed ☐ Advanced

Student Health Conditions

☐ **YES,** my child receives regular medical/health care for the following conditions: ☐ **NO** medical conditions

- ☐ Allergies
- ☐ Asthma
- ☐ ADD/ADHD
- ☐ Autism
- ☐ Behavior concerns
- ☐ Birth/congenital malformations
- ☐ Bone/muscle/joint problems
- ☐ Blood problems
- ☐ Bowel/bladder problems
- ☐ Cancer
- ☐ Cystic fibrosis
- ☐ Diabetes
- ☐ Depression
- ☐ Ear problem/hearing difficulty
- ☐ Emotional concerns
- ☐ Headaches
- ☐ Heart problems
- ☐ Hemophilia
- ☐ Juvenile arthritis
- ☐ Lead poisoning
- ☐ Migraines
- ☐ Neuromuscular disorder
- ☐ Seizure disorder
- ☐ Sickle cell anemia
- ☐ Skin conditions
- ☐ Speech problems
- ☐ Traumatic brain injury
- ☐ Vision problems (glasses, contacts)
- ☐ Other_____
- ☐ Other_____
- ☐ Other_____
- ☐ Other_____
- ☐ Other_____

Please explain any conditions above or any reasons for hospitalizations.

Please indicate any allergies your child may have.

Allergy type	Reaction	School restrictions or recommended actions
☐ Bee/Insect		
☐ Food		
☐ Medication		
☐ Other		

Health History continued

Please list any prescription and over the counter medication that your child takes on a regular basis.

Medication and dose	Time	Reason

Do any health and/or medical conditions require school restrictions, modifications, and/or intervention?

☐ Yes ☐ No If YES, please explain.

Does the student require any special procedures and/or treatments for their health condition(s)?

☐ Yes ☐ No If YES, please explain.

Please indicate any other information about your child's health or development that you think would be helpful for the school to know.

Form completed by	Relationship to student	Date / /

Ohio Department of Health • School and Adolescent Health

Oral Assessment

Student's name	Date of birth / /

The following services have been performed (please check all that apply)

☐ Examination ☐ Fluoride application ☐ Oral prophylaxis (cleaning) ☐ Prescription for fluoride supplement
☐ Orthodontic assessment ☐ Radiographs ☐ Dental sealant ☐ Treatment (restoration, pulp therapy)
☐ Other_____

The following oral hygiene instruction was provided (please check all that apply)

☐ Toothbrushing ☐ Flossing ☐ Dietary counseling ☐ Use of fluoride mouthrinse
☐ Other_____

The following statements are applicable (please check all that apply)

☐ All necessary preventive services have been performed. (Fluoride treatment, prophylaxis)
☐ No restorative services are required at this time.
☐ Further treatment is indicated.(See comments)
☐ Further appointments have been arranged. (Orthodontic, restorative)
☐ Routine recall visits recommended.

Comments

Dentist's signature	Print name	Phone ( )
Address		Date / /
City	State	ZIP

SENECA EAST STUDENT TRANSPORTATION REQUEST

For all students eligible for school transportation. ** Note: *Open enrollment students* will only be eligible **IF** there is space available on the bus at their designated bus stop. **Only (1) address other than home will be allowed, unless it is a court-ordered shared parenting agreement. In that case, (2) stops are allowed with (1) other (alternate) address.**

STUDENT NAME: _____

ADDRESS: _____

PARENT/GUARDIAN NAME: _____

PHONE NUMBER: _____

COMPLETE BOTH SECTIONS BELOW

SECTION 1 (TO SCHOOL)

For transportation to school, my child(ren) will be picked up from the closest bus stop to:

CHECK ONE:
Home Address _____
Other Address _____
I will ***NOT*** be utilizing bus transportation _____

**** If other address, please specify below (must be on a regular route)**

Name: _____
(Childcare Provider, Relative, Other Parent)

Address: _____

SECTION 2 (FROM SCHOOL)

After school, my child(ren) will be dropped off at the closest bus stop to:

CHECK ONE:
Home address _____
Other address _____
I will ***NOT*** be utilizing bus transportation _____

**** If other address, please specify below (must be on a regular route)**

Name: _____
(Childcare Provider, Relative, Other Parent)

Address: _____

Seneca East Kindergarten Registration
School Year 2024-2025

*****The following forms & copies MUST be turned in to the school BEFORE Screening times will be scheduled:**

- Seneca East 2024-2025 Enrollment Form
- Health History
- Physical Examination
- Oral Assessment (Optional)
- Transportation Form
- Copy of Immunization Record (list of needed immunizations on letter from nurse)
- Copy of Birth Certificate
- Proof of Residency
- Custody Papers (if applicable)

Academic Skills to Begin Working on Before Entering Kindergarten

• Please know we will continue to master these skills during Kindergarten. Preparing/practicing early will help your child to be familiar with these skills as they are introduced during Kindergarten!

- Write First Name & Identify Letters in First Name
- Practice Coloring, Cutting, & Gluing Skills
- Count to at Least 10
- Recognize Basic Colors
- Recognize Basic Shapes
- Begin Recognizing Letters in the Alphabet (Seneca East uses D'Nealian Handwriting- copy on back)
- Begin Recognizing Numbers to 10

Self Care Skills to Have Mastered By the Start of Kindergarten

- Use the Restroom Independently (buttoning/unbuttoning pants, belts, wiping, etc.)
- Tie Own Shoes
- Blow Own Nose
- Take Off/Put On Own Coat, Hat, Gloves, etc.
- Practice Backpack Skills (packing/unpacking, zipping, & putting on)

Ways You Can Help Your Child to Have a Successful Year in Kindergarten

- Show your child learning is fun!
- Promote a love of reading by reading to your child EVERYDAY!
- Teach your child how to listen and follow oral directions.
- Teach your child the importance of getting along with others.

Important Dates

Our Kindergarten Registration Meeting will on **Thursday, April 11, 2024** at 5:00 p.m. This meeting will be held in the cafeteria to answer any questions you may have, turn in paperwork that still needs to be turned in, and schedule a screening time.

Kindergarten Screening will be held on Thursday, May 16th & Friday, May 17th by appointment only and is REQUIRED to attend Kindergarten. Be sure to schedule a time for your child to be screened for Kindergarten!

D'Nealian Handwriting

Aa Bb Cc Dd Ee Ff Gg Hh

Ii Jj Kk Ll Mm Nn Oo

Pp Qq Rr Ss Tt Uu Vv

Ww Xx Yy Zz

1 2 3 4 5 6 7 8 9 10

Dear Parents,

All children enrolling in kindergarten for the 2024-2025 school year receive a speech and language screening. These screenings will take place during the first few weeks of school. The purpose of the screenings are to identify children with errors in their speech production. It also identifies potential deficits in their language abilities such as inability to relate to experiences, compare objects, sequencing, describing, basic concepts, etc.

Children in kindergarten should have mastered the following sounds: P, B, M, N, NG ("ing"), T, D, W, F, V, K, G, H, Y, and vowels. These sounds should be produced correctly at this age (approximately 5 years old). If an error is found to exist in **several** of these sounds, the child may be recommended for speech interventions and/or evaluation during the kindergarten year. Sounds such as: R, S, Z, TH, L, CH, SH, S and L blends are more advanced in normal speech development, and often develop naturally without speech therapy by the age of 7+. These sounds depend on maturity and proper dentition which may take until second grade to fully develop. It is true that some children do talk fluently as young as 3 or 4 years of age without noticeable errors. Parents should also be aware that speech errors may appear later on due to dentition.

Parents are always informed of any and all information pertaining to their child in regard to speech/language interventions, steps to an evaluation, and therapy. I hope that this information will give you as parents an insight to the case selection of students for speech therapy during the kindergarten year.

If you have any questions or request additional information, please feel free to contact me by phone or via email. Thank you!

Katlyn Dutko, M.A. CCC-SLP
Speech Language Pathologist
Seneca East Local Schools
kdutko@se-tigers.com
(419) 426-3344 ex. 5067