WAREHAM PUBLIC SCHOOLS
48 Marion Road, Wareham, MA 02571 – 508-291-3500 x3541

Kindergarten

Student Registration Packet

School Year: 2018/2019

This packet is also available in other languages. Please call 508-291-3500 x 3544 for details.
Welcome to the Wareham Public Schools. In order to help your child enroll in kindergarten as quickly as possible, we have created the following list of information you will need to provide before your child is officially enrolled. Please note that early registration is critical for all children. If you are missing information, you may provide it later.

Please note: your child must be five years old on or before October 1, 2018 to enroll in kindergarten for the 2018-19 school year.

Documents Required When You Register

☐ Student’s legal birth certificate (original or certified copy)
☐ Proof of residence (see Wareham Public Schools Residency Regulations for required documentation)
☐ Proof of Identity (see Wareham Public Schools Residency Regulations for required documentation)
☐ Massachusetts School Health Record Private Physician’s Examination: form to be filled out by a physician & should include immunizations & lead screening results. If your child’s immunizations are not up to date, please contact your child’s doctor immediately for an appointment. Children will be excluded from attending kindergarten in the fall if they do not have all the required immunizations.

Optional Documents (required only if applicable to your student’s situation)

☐ Divorced or separated parents must present a copy of an Order of the Probate Court designating physical custody of the student.
☐ Legal guardianship requires a copy of an Order of the Probate Court

Required Forms to Complete and Sign

☐ Wareham Public Schools Kindergarten Registration Form
☐ Wareham Public Schools Supplemental Registration & Health Form

Optional Forms (use only if applicable to your student’s situation)

☐ Informed Written Consent for Release of Information
☐ Residency Affidavit Form (for use when there is no deed or lease)
☐ Verification of Student Residency (for use when living in a shelter or with friends/family with no lease)
RESIDENCY

Purpose

The purpose of this policy is to provide guidance to school administrators, parents and/or legal guardians regarding the admission of students to the Wareham Public Schools. The right to attend the schools is regulated by statute and is generally limited to students who reside in Wareham and to certain nonresident students who are eligible to attend the schools under specific programs or conditions approved by the Wareham School Committee.

Eligibility

In accordance with the laws governing the provision of special education services, Wareham provides services to students ages 3 through 21. Wareham School Committee Policy entitled “Entrance Age” establishes Wareham’s age requirements for enrolling in kindergarten and 1st grades. Wareham establishes a maximum permissible age for school attendance at 21 years for individuals who do not have a high school diploma or its equivalent.

Every student seeking admission to school for the first time must present proof of vaccination and immunizations as required by the state.

Verification of Residency

Before a student is enrolled in the Wareham Public Schools, Wareham must receive appropriate evidence of the student’s residency in Wareham. This evidence may include the following:

1. Copy of an executed lease or rental agreement stating the beginning date of residency and duration of the lease/rental agreement;
2. Copy of an executed Purchase and Sale Agreement stating the closing date;
3. Copy of deed or most recent property tax bill and record of most recent mortgage statement (financial information may be omitted);
4. Copy of a utility bill;
5. Copy of a Section 8 agreement;
6. A valid MA driver’s license, Photo ID Card, Passport, or other Government-issued Photo ID; or
7. A voter’s registration card

The school district reserves the right to require additional documentation where, in the judgment of the Superintendent, a student’s actual residence has not been established.

Relationship to Federal and Massachusetts Laws and Regulations

It is the intent of the foregoing policy that the Wareham Public Schools shall also be in compliance with all Federal and State laws and regulations bearing upon enrollment issues, including but not limited to:

- 42 USC 11431 et seq.: McKinney-Vento Homeless Assistance Act
- 105 CMR 220: Immunization of Students Before Admission to School
- 603 CMR 8.02: Kindergarten: Minimum School Age
- 603 CMR 28.00: Massachusetts Special Education Regulations

Legal References:

M.G.L. Chapter 76, Sections 5 and 6 and the above-referenced laws and regulations

ADOPTED: NOVEMBER 18, 2009
AMENDED: DECEMBER 8, 2010
AMENDED: MAY 23, 2012
AMENDED: OCTOBER 17, 2012
Reviewed by SCPRSC: November 17, 2016
Reviewed by SCPRSC: April 6, 2017
AMENDED: APRIL 26, 2017
WAREHAM PUBLIC SCHOOLS, Wareham, Massachusetts
Registration Form
Wareham Public Schools

Full Name

Last Name
First Name
Full Middle Name

Date of Birth: / / City/Town of Birth
Gender:

Home Address

City
Zip

Mailing Address

City
Zip

Home Phone

Unlisted: Yes No E-mail Address:

Child resides with: Both Parents Mother Father Foster Parents Legal Guardian (circle 1)

NAME
Father

Mother

Guardian

Work Number

Call Phone Number

Are there any legal restrictions against either parent or others? Yes No Person's Name

If the child does not reside with both natural parents, is there a custody order which addresses any aspect of the child’s school attendance or educational program? Yes No (A copy of custody papers must be supplied to the school.)

Name and Address of parent living at a different address:

Name:
Address:

Emergency Contacts: (When parent or guardian cannot be reached can student be released to Emergency contact?)

1. Name __________________ Relationship __________________ Phone __________________ Yes | No
2. Name __________________ Relationship __________________ Phone __________________ Yes | No
3. Name __________________ Relationship __________________ Phone __________________ Yes | No

Primary Language spoken at home: ______________ Race:

__________________ Native American
__________________ Asian or Island Pacific
__________________ Black
__________________ White
__________________ Hispanic

Has this student ever attended Wareham Schools before? Yes No

List schools previously attended and location (please provide information for the last 3 years if applicable)

Name of School __________________ Location __________________ Grade __________________

Name of School __________________ Location __________________ Grade __________________

Are you aware of any special school/classroom accommodations needed for your child? Yes No

If yes, please note:

Is your child currently receiving or has he/she received any of the following specialized services? Please provide current document.

[ ] Special needs Program/IEP [ ] 504 Plan Services

[ ] Foster Student

[ ] Free/Reduced Lunch

[ ] Medical Plan

[ ] Medicaid

[ ] Blue Cross

[ ] Other

[ ] Mass Health

[ ] Other

Parent/Guardian Signature: ____________________________ Date: ____________________________

FOR SCHOOL USE ONLY

Entry Code: __________ Entry Date: __________ Health Rec'd: __________ Residency Verified: __________

Curr Code: 1 2 3 SPED Trans. Code: __________ Building: __________ Residency Code: 1 2 2 3 3 5 5 7 7 8 8 9 9

PowerSchool: __________ Entry Log: __________ CUM __________ Bus __________ Req. Records? __________ Lunch if Applicable: __________

The Wareham Public Schools reaffirms that it does not discriminate on the basis of race, color, religion, sex, national origin, age, handicap or sexual orientation in admission to, access to, or treatment in its programs or activities.

Rev. 9/2017 vbg
Student Name: ________________________________

Home Language Survey

In order to assure that students of Wareham Public Schools have equal access to education, we need to know the language that your child speaks with you, friends, neighbors, and relatives. Based on your answers, we will place your child in the appropriate class in compliance with the Federal laws and regulations.

1. What language did your child first learn to speak? ________________________________

2. What language do you use most often when speaking to your child at home? ________________________________

3. What language does your child use most often when speaking to you at home? ________________________________

4. What language does your child use most often when speaking to brothers, sisters, friends, and other adults? ________________________________

Parent/Guardian Signature: ________________________________ Date: __________________

Race/Ethnicity Data Collection

Every school district in Massachusetts is required to report to the Massachusetts Department of Education each year student data by race and ethnicity categories that are set by the federal government. The Department of Education does not report individual student data to the federal government, but does report the total number of students in various categories in each school. These reports help us keep track of changes in student enrollments and ensure that all students receive the educational programs and services to which they are entitled.

The federal government recently changed the reporting categories for student data. With the new reporting categories, you may now identify your child by ethnic group (either Hispanic/Latino or not Hispanic/Latino) and by one or more racial groups (American Indian/Alaska Native, Asian, Black/African-American, Native Hawaiian/Other Pacific Islander, White). Starting with the 2005-06 school year, all schools in Massachusetts will report student data to the Department of Education using the new categories. Please note that we have the right to ask for this information; we do not have the right to question your answers. For more information about the student data reporting categories, please see: http://www.dcr.mass.edu/infoserv/ces/data/guides/race_faq.html.

You must check one item from the first column and one or more items from the second column.

Ethnicity (please check one):

☐ Hispanic, Latino, or Spanish Origin. A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race.

☐ Not Hispanic or Latino

Race (please check one or more as appropriate):

☐ American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

☐ Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodian, Chinese, India, Japan, Korea, Malay, Pakistan, the Philippines Islands, 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: __________________
Massachusetts Parental Notice for One Time Consent to Allow the School District
To Access MassHealth (Medicaid) Benefits

School District Name and Code: Wareham Public Schools  3100000

School/District Contact: Melissa Fay, Director of Student Services, 48 Marion Road, Wareham, MA 02571

Dear Parent/Guardian:

The purpose of this letter is to ask for your permission (also known as consent) to share information about your child with MassHealth. Local communities in Massachusetts have been approved to receive partial reimbursement from MassHealth for the costs of certain health-related services provided by the district to your child (or children). In order for your community to get back some of the money spent on services, the school district needs to share with MassHealth the following types of information about your child: name; date of birth; gender; type of services provided, when, and by whom; and MassHealth ID.

With your permission, the school district will be able to seek partial reimbursement for services provided by MassHealth, including, among others, a hearing test or eye exam; a school physical; occupational or speech or physical therapy; some school nurse visits; and counseling services with the school social worker or psychologist. Each year, the district will provide you with notification regarding your permission; you do not need to sign a form every year.

The school district cannot share with MassHealth information about your child without your permission. As you consider giving permission, please be advised of the following:

1. The school district cannot require you to sign up for MassHealth in order for your child to receive the health-related and/or special education services to which your child is entitled.

2. The school district cannot require you to pay anything towards the cost of your child’s health-related and/or special education services. This means that the school district cannot require you to pay a co-pay or deductible so that it can charge MassHealth for services provided. The school district can agree to pay the co-pay or deductible if any such cost is expected.

3. If you give the school district permission to share information with and request reimbursement from MassHealth:
   a. This will not affect your child’s available lifetime coverage or other MassHealth benefit; nor will it in any way limit your own family’s use of MassHealth benefits outside of school.
   b. Your permission will not affect your child’s special education services or IEP rights in any way, if your child is eligible to receive them.
   c. Your permission will not lead to any changes in your child’s MassHealth rights; and
   d. Your permission will not lead to any risk of losing eligibility for other Medicaid or MassHealth funded programs.

4. If you give permission, you have the right to change your mind and withdraw your permission at any time.

5. If you withdraw your permission or refuse to allow the school district to share your child’s records and information with MassHealth for the purpose of seeking reimbursement for the cost of services, the school district will continue to be responsible for providing your child with the services, at no cost to you.

I have read the notice and understand it. Any questions I had were answered. I give permission to the school district to share with MassHealth records and information concerning my child(ren) and their health-related services, as necessary. I understand that this will help our community seek partial reimbursement of MassHealth covered services.

Parent/Guardian Signature: ___________________________ Date: ____________

<table>
<thead>
<tr>
<th>Child's Name:</th>
<th>Date of Birth:</th>
<th>SASID # (for district to add):</th>
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<tbody>
<tr>
<td>Child's Name:</td>
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<tr>
<td>Child's Name:</td>
<td>Date of Birth:</td>
<td>SASID # (for district to add):</td>
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</table>

Massachusetts DESE Mandated Form 28M/13

Revised June 2018
MILITARY FAMILY STATUS

In May 2012, as part of the VALOR Act, Massachusetts became a member of the Interstate Compact on Educational Opportunity for Military Children. The Compact aims to make the transition to a new school easier for military children in areas such as enrollment, assessment, graduation, etc. The provisions of the Compact also apply to students whose Parent/Guardian is currently deployed, or who was discharged from active duty due to a disability or died while on active duty within the past year.

Please fill in and return this form to your child’s school if any of the following statements are true.

Military Family is defined as students who are children of:

(Please check the box that applies.)

☐ Yes, child of active duty member.
☐ Yes, child of member or veterans who are medically discharged or retired for 1 year.
☐ Yes, child of member who died on active duty.

Student Name: ________________________________ Name of School: ________________________________

Name of Person completing this form: ________________________________ Date: ____________

PLEASE PRINT

For more information, please visit: www.mic3.net

WPS-July 2017
Wareham Public Schools
Kindergarten Transportation Notice for Parents/Guardians

The Wareham Public Schools kindergarten program will be held at John W. Decas School for the school year 2018–2019.

The school department will provide transportation to and from the closest elementary bus stop to your residence. Students living less than one (1) mile from school will not be provided bus transportation. As per the school committee policy, your child should be at the bus stop five minutes before the scheduled pickup time. A parent/guardian must be at the bus stop to receive his/her child five minutes before the drop off time. If no parent or approved adult greets the child at the drop off stop, your child will be returned to his/her respective kindergarten school.

Please note: Bus stop locations and times will be published in the Wareham Courier and the Wareham Public Schools website (http://www.warehamps.org/district/index) before school opens.

Transportation to a day care provider by the school department can be arranged if the following conditions are met:

- Availability on the designated bus.
- The day care provider lives within your kindergarten child's respective elementary school geographical area.
- The school bus route is not altered.
- Written request for a change in transportation must be submitted to the building principal for approval.
WAREHAM PUBLIC SCHOOLS
Transportation Department
Phone: 508-291-3574 FAX: 508-291-3570

Regular Education Transportation Request Form

Date: __________________________

New Student [ ]  Change of Address [ ]  Transferred out of District [ ]

Status: Walker [ ]  Parent Transports [ ]  WPS Transports [ ]

Bus #1 _________  Bus #2 _________  Take off Bus _________

Attending School: __________________________ Grade: ________

STUDENT INFORMATION:

LASID: _______  Last Name: __________________________  First Name: __________________________

Phone #: __________________________  Cell Phone #: __________________________

Parent/Guardian Name(s): __________________________

Home Address: __________________________

Section of Town: __________________________

Mailing Address (if different): __________________________

Emergency Contact: __________________________________  Phone: __________________________

Emergency Contact: __________________________________  Phone: __________________________

STUDENT TRANSPORTATION INFORMATION:

For students in Preschool – Kindergarten: The following people are designated to receive the student off the bus.

Name: __________________________________  Phone: __________________________

Name: __________________________________  Phone: __________________________

This form is not for variance requests.

__________________________

For Administrative Use Only:

Date to begin: __________________________  Approved by: __________________________

Revised August 2017
TRANSPORTATION APPLICATION 2018-2019

Please complete one (1) application per family and include all students that will attend Wareham Schools, even if no payment is due and/or student is not using bus transportation.

Parent/Guardian Name(s): ____________________________________________

Number of children attending Wareham Public Schools: _____________________

Street Address: ______________________________________________________

Home Phone: _________________________________________________________

Complete Mailing Address if different: __________________________________

Cell/Work Phone: ____________________________________________________

Please list names of all students in family, even if no payment is due.

<table>
<thead>
<tr>
<th>Student(s) Name(s)</th>
<th>School in 2018-2019</th>
<th>Grade in 2018-2019</th>
<th>Will use bus</th>
<th>Will not use bus</th>
</tr>
</thead>
<tbody>
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</table>

School Use Only

<table>
<thead>
<tr>
<th>Eligible</th>
<th>Amount Paid</th>
<th>Scanned to other schools</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Parent/Guardian Signature: _____________________________________________

Date: __________________
Wareham Public Schools
Transportation Department

Transportation Variance Request Form

School: ___________________________ Date: ________________

Student ID: ________ Student Name: __________________________ Grade: ______

Home Address: _______________________________________________

Parent/Guardian Name(s): _______________________________________

Home Phone: ___________________ Day Phone: __________________

Variance Request Information:

Current Bus #: ________________ Requested Variance Bus #: ____________

CHECK ONLY ONE OF THE FOLLOWING REQUESTS:

[ ] Picked up at the variance location (see below) on the way TO school

[ ] Dropped off at the variance location (see below) on the way home FROM school

[ ] Picked up and dropped off at the variance location (see below)

Name of facility/day care provider: ______________________________________

Variance address: _________________________________________________

Facility/Day Care Phone number: ________________________________

For Administrative Use only:

Date request received: ___________________________________________

[ ] Approved effective date: _________________________________

[ ] Not approved __________________________________________

Principal Signature __________________________ Transportation Director Signature

Revised: Aug/2017 tvg
Wareham Public Schools
Kindergarten Supplemental Registration & Health Form

Student Information
Full legal name: ____________________________ Sex: [ ] Male [ ] Female
Street address: ____________________________
Mailing address: ____________________________
Home telephone: ____________________________ Cell phone(s): ____________________________
Birth date: ___________ Place of birth: ___________ Age: ___________ Grade: ___________
Languages spoken in the home: ____________________________

Parent/Guardian Information
Father’s name: ____________________________ Occupation: ____________________________
Place of employment: ____________________________ Work/dial phone: ____________________________
Mother’s name: ____________________________ Occupation: ____________________________
Place of employment: ____________________________ Work/cell phone: ____________________________
Name of parent/guardian with whom student resides: ____________________________
Address: ____________________________
Name of legal guardian other than parent: ____________________________
Is the school allowed to call both parents regarding this child? (Please check the appropriate box.)
[ ] Either/both [ ] Mother only [ ] Father only

Medical Information
Name of doctor: ____________________________ Name of dentist: ____________________________
Person(s) who have agreed to care for your child when parent or guardian cannot be reached:
Name ____________________________ Relationship ____________________________ Phone number ____________________________

If your child is sick or injured and you cannot be reached, what do you wish us to do:
_____________________________________________________________________________________

Are you willing for necessary treatment to be initiated if you cannot be reached? [ ] Yes [ ] No
Name of medical plan: ____________________________ Number (if applicable): ____________________________
Is your child allergic to bee, hornet, or wasp stings; medication; or foods? [ ] No [ ] Yes. If yes, please describe:
_____________________________________________________________________________________

What medications, if any, does your child take?
_____________________________________________________________________________________

Does your child need medication during the school day? [ ] No [ ] Yes
Does your child wear glasses? [ ] No [ ] Yes
Does your child have a hearing problem? [ ] No [ ] Yes

Supplemental Registration and Health Form - 1
Revised January 2013
Registration and Supplementary Health Form, page 2

Name of student: 

**MEDICAL HISTORY:** Check yes or no; if yes, please give dates [where appropriate].

<table>
<thead>
<tr>
<th>Condition</th>
<th>[ ] no</th>
<th>[ ] yes</th>
<th>Condition</th>
<th>[ ] no</th>
<th>[ ] yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy</td>
<td></td>
<td></td>
<td>Operations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td>[ ] no</td>
<td>[ ] yes</td>
<td>Scarlet fever</td>
<td>[ ] no</td>
<td>[ ] yes</td>
</tr>
<tr>
<td>Chicken Pox</td>
<td>[ ] no</td>
<td>[ ] yes</td>
<td>Tuberculosis contact</td>
<td>[ ] no</td>
<td>[ ] yes</td>
</tr>
<tr>
<td>Ear Infections</td>
<td>[ ] no</td>
<td>[ ] yes</td>
<td>Injuries</td>
<td>[ ] no</td>
<td>[ ] yes</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>[ ] no</td>
<td>[ ] yes</td>
<td>Rheumatic fever</td>
<td>[ ] no</td>
<td>[ ] yes</td>
</tr>
<tr>
<td>Hospitalizations</td>
<td>[ ] no</td>
<td>[ ] yes</td>
<td>Urinary tract infections</td>
<td>[ ] no</td>
<td>[ ] yes</td>
</tr>
<tr>
<td>Kidney Infection</td>
<td>[ ] no</td>
<td>[ ] yes</td>
<td></td>
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</tbody>
</table>

Does your child have any physical limitations or handicaps that may require program modification or restriction? If so, please explain:

____________________________________________________________________________________

Has your child ever attended Wareham Schools: [ ] no [ ] yes

Signature of parent or legal guardian: ___________________________________________________

Date: ______________________________________
WAREHAM PUBLIC SCHOOLS
KINDERGARTEN QUESTIONNAIRE

This questionnaire is designed to help us get to know your child as you have seen him/her develop in the early years at home. This information, along with other observations, will help us plan the best start in school for your child.

IDENTIFYING INFORMATION
Child’s Name: ____________________________ Date of Birth: ____________________________
Address: ____________________________________________________________
Parent(s)/Guardian(s) Name(s): __________________________________________
Telephone Number(s): ____________________________________________________
Please list names of all children in household:

<table>
<thead>
<tr>
<th>Name And Age</th>
<th>Relationship To Child</th>
<th>School Attending</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

PREVIOUS SCHOOL OR DAY CARE EXPERIENCE
Did your child attend a pre-school or day care program?  □ Yes □ No  If yes, please describe:

<table>
<thead>
<tr>
<th>Type</th>
<th>Name/Location</th>
<th>Age Started</th>
<th>Hours per Week</th>
<th>Dates Attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private nursery school</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Day care center</td>
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<tr>
<td>Day care in someone’s home</td>
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<tr>
<td>Head Start</td>
<td></td>
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<tr>
<td>Pre-school/early childhood program</td>
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<tr>
<td>Other:</td>
<td></td>
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</tbody>
</table>

HEALTH HISTORY – PREGNANCY AND NEWBORN
The following information is about early medical factors that are important in children’s development. The questions are concerned with both mother’s pregnancy and health of the baby in the first month of life. Please answer every question by checking the appropriate box or by writing answers where necessary.

PREGNANCY
Had to take medication: □ Yes □ No □ Don’t Know
If yes, please specify: ____________________________________________________________

Had toxicmia: □ Yes □ No □ Don’t Know
Had labor more than 12 hours: □ Yes □ No □ Don’t Know
Had problems in labor or delivery: □ Yes □ No □ Don’t Know
If yes, please specify: ____________________________________________________________

Had additional complications or illnesses during pregnancy: □ Yes □ No □ Don’t Know
If yes, please specify: ____________________________________________________________

Length of pregnancy: ________ months ________ weeks
NEWBORN INFANT

Was injured during birth? ☐ Yes ☐ No ☐ Don't Know

Had infections? ☐ Yes ☐ No ☐ Don't Know

If yes, please describe: ________________________________________________________

Had other problems during birth or 1st month? ☐ Yes ☐ No ☐ Don't Know

If yes, please specify: ________________________________________________________

Was born with defects? ☐ Yes ☐ No ☐ Don't Know

If yes, please specify: ________________________________________________________

Birth weight of child: _________________________ pounds _________________________ ounces

PRIOR EVALUATIONS

Has your child ever had any of the following evaluations?

Neurological: ☐ Yes ☐ No ☐ Don't Know

Motor coordination: ☐ Yes ☐ No ☐ Don't Know

Vision: ☐ Yes ☐ No ☐ Don't Know

Orthopedic: ☐ Yes ☐ No ☐ Don’t Know

Hearing: ☐ Yes ☐ No ☐ Don’t Know

Speech/language: ☐ Yes ☐ No ☐ Don’t Know

Psychological: ☐ Yes ☐ No ☐ Don’t Know

If other, "yes", please explain: __________________________________________________

Where: ___________________________ When: ___________________________

By whom: _________________________ Results: _____________________________

Has your child ever received counseling? ☐ Yes ☐ No ☐ Don’t Know

DEVELOPMENTAL HISTORY

This is a list of early accomplishments of children. For each item please indicate the age at which this behavior first occurred. If you cannot remember the age, then rate your child’s development on each item as delayed, average or advanced. Four and five year olds may not be able to do all the things listed. When this is so, please indicate not yet. Please answer every question.

Set up by self: ___________________________ Able to dress self: ___________________________

Crawled: ___________________________ Pedaled tricycle: ___________________________

Walked alone: ___________________________ Spoke clearly: ___________________________

Spoke first words: ___________________________ Fully bowed trained: ___________________________

Spoke 2 – 3 word sentences: ___________________________ Fully bladder trained: ___________________________

Fed self with utensil: ___________________________ Able to leave mother easily: ___________________________

Does your child

Speak as well as other children the same age? ☐ Yes ☐ No

Speak so you can understand him or her? ☐ Yes ☐ No

Speak so other adults can understand him or her? ☐ Yes ☐ No

Speak so other children understand him or her? ☐ Yes ☐ No

Talk a great deal? (excessive) ☐ Yes ☐ No

Do you think your child has difficulty

Making sounds? ☐ Yes ☐ No

With the way his or her voice sounds? ☐ Yes ☐ No

Putting words together? ☐ Yes ☐ No

Speaking fluently (without repeating sounds or words too often)? ☐ Yes ☐ No
Can your child
Walk up and down stairs alone?  Yes ☐ No
Walk upstairs using alternate feet and using a rail or other support?  Yes ☐ No
Walk upstairs using alternate feet – without support?  Yes ☐ No
Walk downstairs one foot per step using rail or other support?  Yes ☐ No
Walk up and down stairs one foot per step with no support?  Yes ☐ No
Throw and catch a ball?  Yes ☐ No

Does your child:
Appear to be frequently clumsy?  Yes ☐ No
Trip or lose his/her balance easily?  Yes ☐ No

Drop things more often than other children his/her age?  Yes ☐ No

Does your child:
Seem to have difficulty hearing?  Yes ☐ No
Turn up the television louder than other family members?  Yes ☐ No
Seem to favor one ear over the other?  Yes ☐ No
Have a history of frequent ear infections?  Yes ☐ No

Seem to hear you if you talk in a whisper?  Yes ☐ No
Make you talk loudly or repeat frequently?  Yes ☐ No

Does your child:
Seem to have difficulty seeing small lines or pictures?  Yes ☐ No
Seem to have a problem seeing things far away?  Yes ☐ No
Squint?  Yes ☐ No
Wear glasses?  Yes ☐ No
Hold pictures very closely while drawing?  Yes ☐ No

Does your child:
Eat with a utensil without excessive spilling?  Yes ☐ No
Dress himself/herself?  Yes ☐ No
Have trouble sleeping?  Yes ☐ No
Play well with other children?  Yes ☐ No
Play without adult supervision?  Yes ☐ No
Play with puzzles, blocks, or other construction toys without help?  Yes ☐ No
Write and draw rather than scribble?  Yes ☐ No
Have temper tantrums often?  Yes ☐ No
Show aggressive behavior towards others?  Yes ☐ No
Usually follow directions?  Yes ☐ No
Appear to pay attention to what you say or do?  Yes ☐ No
Say "I can't" and give up easily on tasks?  Yes ☐ No

Is your child:
Able to separate easily from you?  Yes ☐ No
A generally happy child?  Yes ☐ No
An impulsive child?  Yes ☐ No
Generally a happy child?  Yes ☐ No
A very quiet/shy child?  Yes ☐ No
A highly active child?  Yes ☐ No
Very sensitive/or feries easily?  Yes ☐ No

K Questionnaire - 3
Revised January 2012
Wareham Public Schools

Early Childhood Education Experience Survey for Kindergarten Students

Please check next to the option that best describes your child's preschool experience in the school year prior to entering Kindergarten. Select one option only, and indicate hours where applicable. Thank you!

Child's Name: ______________________ Date of Birth: ____ / ____ / ______

☐ My child did not have any formal early childhood program experience.

☐ My child did not have formal early childhood program experience but participated in Coordinated Family and Community Engagement (CFCE) services.

☐ Coordinated Family and Community Engagement (CFCE) Services: locally based programs serving families with children birth through school age (e.g., parent/child playgroups, parent-child activities).

☐ My child did not have formal early childhood program experience but participated in Parent Child Home Program (PCHP) services.

☐ Parent Child Home Program (PCHP): home visiting model program funded through the Department of Early Education and Care.

☐ My child did not have formal early childhood program experience but participated in BOTH Coordinated Family and Community Engagement (CFCE) AND Parent Child Home Program (PCHP) services.

☐ My child attended a Licensed Family Child Care Provider (indicate hours below).

☐ Licensed Family Childcare: refers to EEC licensed child care in a group setting in a home. It may include care in the home of a family member, if the provider is both a relative and an EEC licensed child care provider providing care to children from multiple families.

☐ for less than 20 hours per week ☐ for 20+ hours per week

☐ My child attended a Center Based Program (indicate hours below).

☐ Center-Based Care: refers to care for children in a group setting, including public and private preschools, Head Start, day care centers, and integrated public preschools.

☐ for less than 20 hours per week ☐ for 20+ hours per week

☐ My child attended BOTH a Licensed Family Child Care Provider AND a Center Based Program (indicate hours below).

☐ for less than 20 hours per week ☐ for 20+ hours per week
The John W. Decas school uses your primary email address to keep you informed! You will receive the Decas monthly newsletter, lunch menu, reminders and various notices directly to your email.

Student’s Name___________________________________________

Parent’s Name ____________________________________________

Primary Email Address _____________________________________