



therapy&learningcenter

Brooklyn's Early Childhood Program for All Learners

1723 Eight Avenue Brooklyn, NY 11215 • Phone (718) 290-2700 • Fax (718) 290-2800

www.tlckids.org



June 2020



We are pleased and excited to welcome our new & continuing children to Therapy and Learning Center (TLC) for the 2020 – 2021 School Year. Thank you for choosing to enroll your child at TLC, we are so happy to welcome you. Please note a CPSE District Administrator must be involved in the enrollment process in order for your child to attend TLC.

This Packet contains:

- Welcome Cover Letter / Important Dates
- School Supply List
- TLC Staff Contact Information Sheet
- TLC 2020 – 2021 Enrollment Packet (Return to School)
- TLC Resources Packet
- The School Year Calendar will be published at a later date

**Your child's medical is crucial for the first day of school. A medical form is good for one year from when the doctor dated the form, e.g. your child went 9/4/2019 for a medical, that medical is valid until 9/4/2020. All medicals are due by the first day school reopens.*

IMPORTANT DATES:

July 6, 2020	First Day of Remote Learning Summer School
August 14, 2020	Last Day of Remote Learning Summer School for all students.
September 2020	First Day of School to be Announced at a later date

Welcome to the TLC School Community!

2020-2021 ENROLLMENT PACKET**!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!ATTENTION PARENTS!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!****Please return all documents in the enrollment packet before your child (ren) begins.****Documents check list:**

- ✓ Updated Medical with Immunizations – Required when School Reopens
- ✓ Cumulative Health Record Form - Required when School Reopens
- ✓ Over the Counter Medication (OTC) Form - Required when School Reopens
- ✓ You Can submit now, if All the Above Documents are current.

❖ **YOU MUST RETURN THESE 2 FORMS (Listed inside this text box) TO ENSURE RELATED SERVICES ARE PROVIDED and for BUSSING TO TAKE EFFECT IMMEDIATELY.)**

- ❖ Medical Prescription Form (Signed & Stamped By Physician)
- ❖ Transportation Form - Transportation will resume when school reopens.

- ✓ HIPPA Form
- ✓ Parent Reply Forms
- ✓ School Messenger Form
- ✓ CACFP Form
- ✓ COPY OF BIRTH CERTIFICATE
- ✓ COPY OF GOVERNMENT ISSUE ID OF THE PARENT / & RECENT PHOTO OF CHILD(REN)
- ✓ TLC Forms:
 - TLC Emergency Home Contact Form
 - TLC Emergency Medical Permission Form
 - TLC Photograph & Video Consent Form
 - TLC School Trip Consent Form
 - TLC Confidentiality & Parental Access to Records Form (1 Copy)

ALL Documents MUST be completed & returned by:**Summer Admission – Due by June 30, 2020****Fall Admission – Due by August 28, 2020****Please only inform school administration, if you plan to relocate to a new borough or change your address within your borough.****Please IMMEDIATELY notify school the administration if you are NOT accepting placement at Therapy and Learning Center**

**Parents, please note that changing a students' class placement when deemed beneficial to the child can occur within the school year. Changes are discussed as a team (parents included). You will receive prior notification if such situation may arise.*



therapy&learningcenter

Brooklyn's Early Childhood Program for All Learners

1723 Eight Avenue Brooklyn, NY 11215 • Phone (718) 290-2700 • Fax (718) 290-2800

www.tlckids.org



Dear TLC Family,

At TLC we value the importance of social emotional development through play, teacher, therapist and student interactions and peer to peer interactions.

Enclosed is a copy of the TLC Behavior Management Policy and a copy of the Second Step Early Learning Program used for Positive Behavior Intervention Support. If you have any questions please feel free to contact: **Donna Savino, Education Director, Kathy Christian, Clinical and IEP Coordinator, Rachel Liebeskind, Social Worker or Justina Garcia, School Psychologist.**

School Supply List

It is important that you label everything you send for your child to TLC with their first name and last initial,

i.e. "School S.".

- Backpack
- Communication Notebook – Composition notebooks work well!
- 2 Ziploc XL Big Bags. Boxes usually come with a supply of 4. (You may purchase at Amazon, Target, Dollar Tree, Walmart)
- Blankets (Mats are 25" X 52")
- Fitted Twin size Sheet
- Pillow – a small one for rest mat.
- Diapers/Pull-ups – You can send a supply for the week or month.
- Diaper Wipes
- Complete change of clothes including underwear and socks

Certain classrooms may ask for other things, please review your Classroom Teacher's letter!



Thank You! ☺

TLC STAFF CONTACT INFORMATION

Staff Name	Contact Information	Telephone Number	Email
Timothy Behr	Executive Director	718-290-2750	Timothy.behr@tlckids.org
Donna Savino	Ed. Director	718-290-2717	Donna.savino@tlckids.org
Kathy Christian	Clinical & IEP Coordinator	718-290-2719	Kathy.christian@tlckids.org
Philomena Schiano	Program Manager	718-290-2740	Philomena.schiano@tlckids.org
Rachel Liebeskind	Social Worker	718-290-2727	Rachel.liebeskind@tlckids.org
Justina Garica	Psychologist	718-290-2722	Justina.garcia@tlckids.org
TBA	Nurse	718-290-2715	Nurse@tlckids.org
Shatorie Williams	Ed. Director Administrative Assistant/Enrollment Coordinator	718-290-2718	Shatorie.williams@tlckids.org
Venus Rodriguez	Administrative Assistant	718-290-2725	Venus.rodriguez@tlckids.org
Miriam King	Transportation / Food service Coordinator	718-290-2744	Miriam.king@tlckids.org

***School Messenger- During July and August 2020 updates will be sent on a weekly basis. Please ensure your telephone number and email information are correct**

TLC

Therapy and Learning Center

1723 8th Avenue, Brooklyn, N.Y. 11215

Phone: (718) 290-2700 Fax: (718) 290-2800

Dear Parents/Guardians,

Therapy and Learning Center is participating in a very important district initiative, Positive Behavioral Intervention and Supports or "PBIS". We are using this program to help our students have a safe, positive learning environment and to provide consistency in all areas of our school.

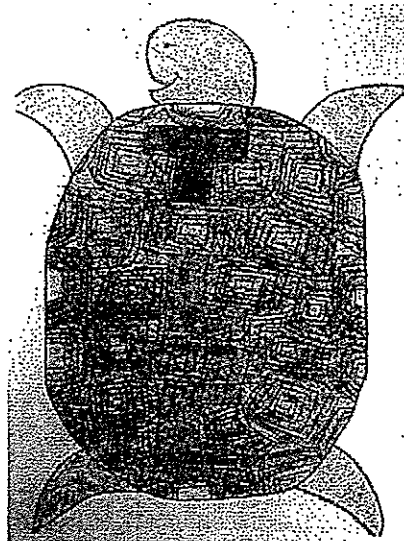
What does PBIS look like at TLC?

As part of this program, our school will have a new mascot, *Tommy the Turtle*. You will see pictures of Tommy all over our school. Displayed on Tommy's shell, there are three consistent school-wide expectations:

Try our best

Listen to each other

Care for everyone



You will see these expectations posted throughout the building. Teachers and therapists will explicitly teach these three rules to our students for all areas of the school (playground, classroom, therapy offices, etc.). To reinforce these rules, we will be developing individual rewards as well as whole class rewards. Please keep your eye out for updates about our rewards programs.

How can you be a partner in this effort?

We want you to be a partner in helping us make our school a more positive place for our children to learn. We are including the behavioral expectation matrix attached to this letter. We ask that you review the matrix and discuss Tommy the Turtle with your child/children. In addition, we invite you to attend the upcoming parent training workshops related to PBIS strategies for supporting positive behavior at home. Please see the school calendar for details.

Thank you!
The TLC Team

PBIS Expectations Matrix

	<i>Try our best</i>	<i>Listen to each other</i>	<i>Care for everyone</i>
Hallway/ Elevator	<ul style="list-style-type: none"> - I sing a group song - I stay in line - I use walking feet - I know how to get there 	<ul style="list-style-type: none"> - I listen to instructions - I use a quiet voice - Wait for elevator with back against wall 	<ul style="list-style-type: none"> - I keep space between myself and others and elevator door - I use gentle hands - I walk calmly - I wait for my friends
Classroom	<ul style="list-style-type: none"> - I sing and move to songs - I can ask for help - I make choices - I raise a quiet hand - I find another place when a center is full 	<ul style="list-style-type: none"> - I take turns - I listen to what others say - I know how to use toys (in centers) appropriately - I cooperate with my friends 	<ul style="list-style-type: none"> - I keep space between myself and others - I use helping hands - I clean up - I share with others - I invite a friend to play
Bathroom	<ul style="list-style-type: none"> - I walk to the bathroom/toilet - I wait in line - I help myself first and then ask for help 	<ul style="list-style-type: none"> - I share the space - I wait for my turn 	<ul style="list-style-type: none"> - I flush the toilet - I wash my hands using soap - I count to 20 or sing the ABCs - I dry my hands and put the paper towel in the garbage
Playground	<ul style="list-style-type: none"> - I play with my friends - I am strong and healthy 	<ul style="list-style-type: none"> - I wait for my turn - I know how to line up when roof time is over 	<ul style="list-style-type: none"> - I watch for others - I use gentle hands
Therapy	<ul style="list-style-type: none"> - I keep trying - I can ask for help - I can work as a team 	<ul style="list-style-type: none"> - When it's time to go back to class, I listen to instructions - I wait for my turn - I listen to my partner 	<ul style="list-style-type: none"> - I say hello and goodbye - I use kind words - I say something nice to the therapist - I am safe with my body - I give the other person space

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
BEHAVIOR MANAGEMENT POLICY STATEMENT FOR CHILD DAYCARE

Provider/Program: THERAPY AND LEARNING CENTER Inc.
Date: 12/1/2016 Revised: 9/25/2017
Address: 1723 8th Avenue Brooklyn NY 11215

- ❖ Child Care providers/program, must establish behavior management guidelines.
- ❖ All substitutes, employees, volunteers and parents of children in care must be informed of the content of these guidelines.
- ❖ Behavior Management will be directed, administered and supervised only by child program staff.
- ❖ The Second Step Curriculum for Social Emotional Learning will be used as a support for Behavior Management
- ❖ CPI Trained Staff
- ❖ Emergency Response Team Personnel – Trained in Emergency Interventions
- ❖ Therapists and Clinicians/Social Worker will be instrumental in supporting behavior management plans

1.	How is your program helping children develop self-control and learn acceptable forms of social behavior? Behavior Management is helping a child develop self-control and sense of limits, how to experience the consequences of behaviors, and learning from mistakes. Our program does not adhere to punishment or conflict between parent and child, teacher and child or child to child. All children are provided with security of knowing the rules and boundaries of their behavior through the guidance of teachers. Self-control and social behavior is taught to all children through role play and modeling.
2.	What are your program's expectations for the behavior of children? Children are expected to adhere to classroom and program rules. If a child is having difficulty doing so, a parent meeting is held to discuss and determine best course of action. If need be, a behavior intervention plan is implemented under the supervision of the Educational Director, teacher, parent and any other clinical disciplines.
3.	How do you and your staff share these expectations with the children? In the beginning of the school year, classroom and outdoor rules are introduced to the children as a cooperative effort (the children are involved in the rule making). On a daily basis as well as during difficult transition periods they are verbally reminded of the rules. Educational supportive materials (books) are often implemented to build a connection to real life experiences.
4.	How do you and your staff help children resolve conflicts? In each classroom, there is a designated peace table where the teacher is the moderator. Children experiencing conflicts are encouraged to sit at the table and discuss their conflicts. This is recorded using a tape recorder or written down (in an effort to develop recognition of words in print) and replayed and or discussed during large group times as a model for other children. In the event that a child needs time to manage him/herself due to inability to transition and needs time away to re-group, he/she is given the ability to sit in a cozy corner with a staff person in an effort to calm down.
5.	How do you and your staff find acceptable ways to problem solve? Children are asked open ended questions such as "What do you think you should do if she takes that toy from you?" Children are also given simple conflict related scenarios to work through.
6.	How do you and your staff ensure that solutions are carried out? As a moderator of conflict resolution within the classroom, we want to ensure that the children reiterate the solutions to the moderator to establish that the transmittal of information was effective. In the event that the child may have processing difficulties- Picture Exchange System is implemented for those children in the form of an "If-Then" sequencing of events.
7.	How do you and your staff set up the environment to foster positive interactions and reduce conflict? Classrooms are set up as small centers- quiet centers are placed together and noisy centers together. The daily schedule in each classroom reflects "Q" and "A"- Quiet and Active requirements. After each noisy/active activity, there is a quiet activity so that the children get an opportunity to calm down in order to reduce conflicts.

The following practices violate regulatory standards for appropriate Behavior Management and are therefore prohibited:

- ❖ The use of corporal punishment is prohibited. Corporal punishment means punishment inflicted directly on the body including, but not limited to:
 - Shaking, slapping, twisting, or squeezing;
 - Demanding excessive physical exercise, excessive rest or strenuous or bizarre postures; and
 - Compelling a child to eat or have in his/her mouth soap, food, spices, or foreign substances.
- ❖ The use of room isolation is prohibited. No child can be isolated in an adjacent room, hallway, closet, darkened area, play area or any other area where a child cannot be seen or supervised.
- ❖ Food cannot be used or withheld as a punishment or reward.
- ❖ Toilet training methods that punish, demean or humiliate a child are prohibited.
- ❖ Any abuse or maltreatment of a child, either as an incident of discipline or otherwise, is absolutely prohibited. Any child care program must not tolerate, or in any manner condone an act of abuse or neglect of a child by an employee, volunteer, any person under the provider's control or an individual residing in the home.



Executive function skills are the foundation for self-regulation and social-emotional competence. Brain Builder games taught throughout the program focus on developing these skills by teaching children to pay attention, use memory, and control behavior.

Skills Taught in Unit

Weekly Themes

UNIT 1

Skills for Learning

Listening
Focusing attention
Using self-talk
Being assertive

Week 1: Welcoming
Week 2: Listening
Week 3: Focusing Attention
Week 4: Self-Talk
Week 5: Following Directions
Week 6: Asking for What you Need or Want

UNIT 2

Empathy

Identifying one's own and others' feelings
Taking others' perspectives
Showing care and concern for others

Week 7: Identifying Feelings (Happy, Sad)
Week 8: More Feelings (Surprised, Scared)
Week 9: Identifying Anger
Week 10: Same or Different Feelings
Week 11: Accidents
Week 12: Caring and Helping

UNIT 3

Emotion Management

Understanding strong feelings
Identifying one's own strong feelings
Calming down strong feelings

Week 13: We Feel Feelings in Our Bodies (Worried)
Week 14: Strong Feelings (Frustrated)
Week 15: Naming Feelings
Week 16: Managing Disappointment
Week 17: Managing Anger
Week 18: Managing Waiting

UNIT 4

Friendship Skills and Problem Solving

Making and keeping friends
Calming down and using problem-solving steps

Week 19: Fair Ways to Play
Week 20: Having Fun with Friends
Week 21: Inviting to Play
Week 22: Joining In with Play
Week 23: Saying the Problem
Week 24: Thinking of Solutions
Week 25: Speaking Assertively

UNIT 5

Transitioning to Kindergarten

Reviewing program skills and concepts
Thinking about how program skills will help in kindergarten

Week 26: Learning in Kindergarten
Week 27: Riding the Kindergarten Bus
Week 28: Making New Friends in Kindergarten

Scope and Sequence: Early Learning

	Weekly Concepts	Objectives—Children Will Be Able To
	UNIT 1: SKILLS FOR LEARNING	
WEEK 1 Welcoming	There are many ways to welcome someone new to class. Welcoming someone is a way to show you care. Welcoming helps other children feel they belong to the class.	Make a friendly greeting Say their names Demonstrate showing someone new around the classroom
WEEK 2 Listening	Following Listening Rules helps everyone learn.	Demonstrate new Listening Rules in a group
WEEK 3 Focusing Attention	Focusing attention uses your eyes, ears, and brain. Practice helps you get better at focusing your attention.	Demonstrate focusing attention during a game
WEEK 4 Self-Talk	Self-talk is talking to yourself in a quiet voice or inside your head. Self-talk helps you focus and pay attention.	Demonstrate self-talk strategies while playing a game
WEEK 5 Following Directions	Listening and following directions help you learn. Repeating directions helps you remember them.	Demonstrate listening and following directions while doing activities
WEEK 6 Asking for What you Need or Want	To ask for what you need or want, face the person you are asking and use a respectful voice.	Demonstrate asking for what they need or want during skill-practice activities
	UNIT 2: EMPATHY	
WEEK 7 Identifying Feelings	You can look at people's faces and bodies for clues to help you tell how they feel.	Identify the feelings <i>happy</i> and <i>sad</i> when presented with physical (face or body) clues Tell about a time when they felt happy or sad
WEEK 8 More Feelings	Focusing attention on what is happening, or the situation, can help you tell how someone is feeling.	Name the feelings <i>surprised</i> and <i>scared</i> when presented with physical and situational clues Identify how others feel in response to scenarios
WEEK 9 Identifying Anger	Everyone feels angry sometimes. It is not okay to be mean or hurt others when you feel angry.	Identify the feeling <i>mad/angry</i> when presented with physical clues Tell others about a time when they felt angry
WEEK 10 Same or Different Feelings	People can have different feelings about the same thing. It is okay for people to have different feelings about the same thing.	Compare what is the same and what is different about two objects Identify whether they feel the same as or different from others in response to scenarios

Scope and Sequence: Early Learning

Weekly Concepts

Objectives—Children Will Be Able To

WEEK 11 Accidents	<p>An accident is when you do something you didn't mean to do.</p> <p>When you do something by accident, it's important to say it was an accident so others don't think you did it on purpose.</p>	<p>Identify when something happens by accident</p> <p>Demonstrate saying, "I didn't mean to. It was an accident. Are you okay?" in response to scenarios</p>
WEEK 12 Caring and Helping	<p>When you feel empathy for someone, you can show them you care.</p> <p>You can show you care by saying something kind or doing something helpful.</p>	<p>Demonstrate saying something kind in response to scenarios</p> <p>Demonstrate helping behaviors during an activity</p>
UNIT 3: EMOTION MANAGEMENT		
WEEK 13 We Feel Feelings in Our Bodies	<p>Clues in your body help you identify your feelings.</p> <p>Some feelings are comfortable; others are uncomfortable.</p> <p>It is important to talk to a grown-up when you feel worried.</p>	<p>Identify worry as an uncomfortable feeling</p> <p>Identify a grown-up to talk to when they feel worried</p>
WEEK 14 Strong Feelings	<p>Sometimes your feelings can be strong. Strong feelings need to be managed.</p> <p>Putting your hands on your tummy and saying "Stop" are ways to begin to calm down.</p>	<p>Recognize and name when they or others are feeling frustrated</p> <p>Demonstrate putting their hands on their tummies and saying "Stop"</p>
WEEK 15 Naming Feelings	<p>Naming your feeling can help you calm down.</p> <p>It helps to talk to a grown-up when you feel scared or sad.</p>	<p>Name their feelings in response to scenarios</p> <p>Demonstrate how to calm down in response to scenarios</p>
WEEK 16 Managing Disappointment	<p>When you don't get what you want, you can feel disappointed.</p> <p>Belly breathing calms down strong feelings.</p> <p>Belly breathing pushes the belly out when you breathe in.</p>	<p>Demonstrate belly breathing</p> <p>Demonstrate the Calming-Down Steps in response to scenarios</p>
WEEK 17 Managing Anger	<p>Feeling angry is natural, but hurtful, mean behaviors are not okay.</p> <p>Your body lets you know when you're angry.</p> <p>Learning to relax calms you down.</p>	<p>Demonstrate relaxing their bodies</p> <p>Tell the difference between ways to behave when angry that are okay and those that are not okay</p>
WEEK 18 Managing Waiting	<p>Calming down can help you manage feeling excited while you're waiting.</p> <p>Counting also helps you wait.</p>	<p>Demonstrate waiting in a game</p> <p>Demonstrate counting to help with waiting</p>

Scope and Sequence: Early Learning

	Weekly Concepts	Objectives—Children Will Be Able To
UNIT 4: FRIENDSHIP SKILLS AND PROBLEM SOLVING		
WEEK 19 Fair Ways to Play	Playing together, trading, and taking turns are fair and fun ways to play.	Demonstrate asking to play together, trade, or take turns when playing with another child Demonstrate using Fair Ways to Play in everyday situations
WEEK 20 Having Fun with Friends	When you play in fair ways, everyone has fun. Other children sometimes have different wants or likes than you do. Choosing to have fun with others rather than to get your own way helps you be friends.	Identify how they feel when other children do or do not play in fair ways Name ways they have fun with their friends
WEEK 21 Inviting to Play	Inviting others to play is a way to make friends. Inviting others to play helps everyone feel part of the classroom.	Demonstrate how to use inviting language Demonstrate inviting others to play during a game
WEEK 22 Joining In with Play	Noticing what other children are playing and offering ideas for play helps you join in.	Come up with lots of ideas for play Identify positive ways to join in
WEEK 23 Saying the Problem	You need to calm down before you solve a problem. The first Problem-Solving Step is to use words to say the problem.	Demonstrate calming down and saying the problem Use words to describe problems presented in scenarios
WEEK 24 Thinking of Solutions	The second Problem-Solving Step is to think of lots of solutions.	Think of lots of solutions to a problem
WEEK 25 Speaking Assertively	If someone treats you in unsafe or mean ways, speaking up assertively is a respectful way to deal with it.	Demonstrate speaking up assertively in response to scenarios

Scope and Sequence: Early Learning

Weekly Concepts

Objectives—Children Will Be Able To

UNIT 5: TRANSITIONING TO KINDERGARTEN

WEEK 26
Learning in
Kindergarten

The Listening Rules and Skills for Learning will help you be a better learner in kindergarten.

- Demonstrate the Listening Rules
- Demonstrate focusing attention, listening, and using self-talk during an activity

WEEK 27
Riding the
Kindergarten
Bus

Looking at people's faces and bodies and noticing what is happening help you tell how people are feeling. People can have different feelings about the same thing.

- Identify the feelings learned in the *Second Step* program when presented with facial clues
- Demonstrate the Calming-Down Steps in response to scenarios

Using the Calming-Down Steps helps you calm down strong feelings.

WEEK 28
Making New
Friends in
Kindergarten

Playing together, trading, and taking turns are fair and fun ways to play.

Inviting others to play and asking to join in are ways to make friends in kindergarten.

- Demonstrate the Fair Ways to Play
- Demonstrate inviting others to play and asking to join in play

"We Are TLC"

Lyrics and Composition By

Brianna Straut-Collard, Music Therapist

I wake up every morning to go to this special place,

A place where I laugh, a place where I play,

A place where I learn and sing.

I've met some wonderful friends there and adults
that will help me grow.

They help me discover new things I can do. It's the
best place I know.

We are TLC, we are TLC,

We love, and laugh, and dance, and sing.

We are TLC.

We are TLC, we are TLC,

We love, and laugh, and dance, and sing.

We are TLC.



therapy&learningcenter

Brooklyn's Early Childhood Program for All Learners

1723 Eight Avenue Brooklyn, NY 11215 • Phone (718) 290-2700 • Fax (718) 290-2800

www.tlckids.org



2020-2021

RETURN ENROLLMENT PACKET

PLEASE COMPLETE & RETURN
ALL DOCUMENTS INCLUDED IN THIS PACKET

CHILD'S NAME:

D.OB.: _____

PARENT(S) NAME:

CONTACT #: _____

EMAIL ADDRESS: _____



therapy&learningcenter

Brooklyn's Early Childhood Program for All Learners

1723 Eight Avenue Brooklyn, NY 11215 • Phone (718) 290-2700 • Fax (718) 290-2800

www.tlckids.org



Family Documents Checklist

Child Name:_____ **Parent Name:**_____

Please place a check (✓) next to all documents included in the Return Packet. In addition, your Checklist should be the first page of your returned documents.

- ☐ Birth Certificate
- ☐ Parent Reply Forms
- ☐ Updated Medical with Immunizations (**Up to Date**)- Required when School Reopens
- ☐ Cumulative Health Record Form - Required when School Reopens

❖ (The 2 forms listed inside this text box must be included in your return packet.)

- ☐ Medical Prescription Form (Include NPI #, Signed & Stamped By Physician)
- ☐ Transportation Form
- ☐ Over the Counter Medication (OTC) Form
- ☐ HIPPA Form
- ☐ School Messenger Form
- ☐ CACFP Form
- ☐ TLC Forms
 - ☐ TLC Emergency Home Contact Form
 - ☐ TLC Emergency Medical Permission Form
 - ☐ TLC Photograph & Video Consent Form
 - ☐ TLC School Trip Consent Form
 - ☐ TLC Confidentiality & Parental Access to Records Form (RETURN 1 Copy)
 - ☐ Government Issued Photo ID of the Parent/Guardian
 - ☐ Recent Photo of student

DEAR PARENTS,

***PLEASE ENCLOSE A COPY OF PARENT(S):**

**STATE I.D. / DRIVER'S
LICENSE or GOVERNMENT
I.D. with PARENT(S)
PHOTO.**

**PLEASE ENCLOSE A RECENT PHOTO OF
YOUR CHILD.**

**PLEASE BE ADVISED ANYONE LISTED ON
THE PICK UP LIST MUST PRESENT I.D. TO
THE SCHOOL BEFORE A CHILD IS
RELEASED.**

THANK YOU.

**Early Drop Off and Late Pick UP
Beginning, To Be Announced**

TLC has an Early Drop Off (EDO 8:00-8:30 am) & Late Pick-Up (LPU 2:30-4:00 pm) program. All families are welcome to use this program however, please note:

- There is a fee of \$24.00 per hour for the program.
- This is a free flowing program with less structure than the classroom day.
- Three seasoned Teacher Assistants guide the EDO & LPU program.
- This is not a program that would benefit a child who needs a highly structured program and direct one to one attention.
- Depending upon weather the rooftop playground, indoor gross motor room, or a classroom will be utilized for EDO or LPU.
- A sign will be posted by the front desk or you can ask the receptionist where EDO or LPU is taking place.
- **No longer will requests be honored for LPU on the same day.** This is to ensure that there are safe numbers in the group.
- Due to the increase in specific food allergies/sensitivities no longer will school snack be provided. If you wish for your child to have a snack please send items in their lunch box/bag that is clearly labeled for EDO or LPU. Children will be able to have water as needed.

CPSE parents who wish for their children to participate in this program, must bring and pick up their child. **There is no bussing service** available with this program.

For planning purposes, please complete and return this form ASAP.

_____ Yes, I am interested in using TLC Early Drop Off (8:00 AM – 8:30 AM) everyday, Monday through Friday.

_____ Yes, I am interested in using TLC Early Drop Off on the following days:

Circle: Monday, Tuesday, Wednesday, Thursday, Friday

_____ Yes, I am interested in using Late Pick-Up (2:30– 4:00 PM) everyday, Monday through Friday.

_____ Yes, I am interested in using Late Pick-Up on the following days:

Circle: Monday, Tuesday, Wednesday, Thursday, Friday

Space is limited; please send in your reply ASAP!

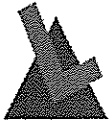


therapy&learningcenter

Brooklyn's Early Childhood Program for All Learners

1723 Eight Avenue Brooklyn, NY 11215 • Phone (718) 290-2700 • Fax (718) 290-2800

www.tlckids.org



Child and Adult Care Food Program

Dear TLC Families,

Please note that your indication of your income on the form is only utilized by the program to verify the “Dollar Rate” at which the program will be reimbursed for the meals for your child.

The program is reimbursed based on the following rate categories:

Free, Reduced or Paid. Please fill in all information on the sheet as it is only used by the school.

Therapy and Learning Center

CHILD and ADULT CARE FOOD PROGRAM

TLC is happy to be participating in the Child & Adult Care Food Program. CACFP allows TLC to choose a food vendor to supply free nutritious and safely prepared meals for children in our program. You will read more about CACFP on the following pages.

TLC is a nut free program; as such, we are working with vendors who can provide a nut free environment for the preparation of our lunch meals and snacks. The vendors we are considering can also provide gluten free options and do not use ham/pork in the preparation of their meals. However, we understand that some families may not wish to participate in TLC's meal program due to their child's particular food sensitivities. To ensure that we have appropriate numbers for meals for the first week of school, we ask that all families complete the below form to indicate their preference. **All families should complete this form. Any family who is choosing to participate in the meal program, regardless of income, should complete the attached forms.**

CACFP RESPONSE FORM

Child's Name: _____

Class # _____

Parent/Guardian Name: _____

Please check one:

☐ I would like my child to participate in the CACFP Meal Program at TLC. I understand that my child will be provided a nutritious lunch and afternoon snack.

▪ Dietary Restrictions:

☐ My child will not be participating in the CACFP Meal Program at TLC.

Reason: _____

Parent Signature: _____

Date: _____



Dear Parent, Guardian or CACFP Participant,

This center participates in the Child and Adult Care Food Program (CACFP) and provides healthy meals at no cost to all children and adults enrolled in the daycare center. By completing and returning the attached Income Eligibility Form, you will help your center receive money from CACFP for the meals that are served. If your household's income is equal to or less than the amounts indicated for your household size on the chart below, the center will receive a higher rate of funding for the meals served. The Income Eligibility Form needs to be completed every year. Your center and CACFP will keep all information private.

INCOME ELIGIBILITY GUIDELINES
(Effective July 1, 2020 until June 30, 2021)

HOUSEHOLD SIZE	REDUCED-PRICE MEALS		
	YEAR	MONTH	WEEK
1	23,606	1,968	454
2	31,894	2,658	614
3	40,182	3,349	773
4	48,470	4,040	933
5	56,758	4,730	1,092
6	65,046	5,421	1,251
7	73,334	6,112	1,411
8	81,622	6,802	1,570
FOR EACH ADDITIONAL FAMILY MEMBER	+8,288	+691	+160

Therapy & Learning Center, Inc
1723 8th Avenue
Brooklyn, Ny 11215

SPONSOR/CENTER OFFICIAL

SPONSORING ORGANIZATION

DATE

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this form. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the form. The Social Security Number is not required when you: apply on behalf of a foster child; provide a SNAP, TANF or FDPIR number; or when you indicate that the adult household member signing the form does not have a Social Security Number. We will use your information to determine if the center is eligible for free or reduced-price meal reimbursement and for administration and enforcement of the Program.

INSTRUCTIONS FOR COMPLETING DOH-3688

Definition of Income

Income means income before deductions for income taxes, social security taxes, insurance premiums, charitable contributions, and bonds, etc. It includes the following: (1) monetary compensation for services, including wages, salary, commissions or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) Social Security payments; (5) dividends or interest on savings or bonds, income from estates or trusts or net rental income; (6) unemployment compensation; (7) government civilian employee or military retirement, or pensions or veteran's payments; (8) private pensions or annuities; (9) alimony or child support payments; (10) regular contributions from persons not living in the household; (11) net royalties; (12) military benefits received in cash, such as housing allowance except if you are in the Military Housing Privatization Initiative; and (13) any other cash income.

Definition of Household

Household means *family* as defined in Section 226.2. *Family* means a group of related or non-related individuals who are not residents of an institution or boarding house, but who are living as one economic unit.

INSTRUCTIONS FOR PARENTS OR GUARDIANS

Write in the name of the child care center in the space provided.

Print the name of each child in your household who attends this child care center.

Section A: If anyone in your household participates in the Supplemental Nutrition Assistance Program (SNAP), receives Temporary Assistance for Needy Families (TANF) or participates in the Food Distribution Program on Indian Reservations (FDPIR), complete Section A only. Write down the SNAP, TANF or FDPIR number (do not use your ACS or DSS child care subsidy number). Then sign and date the form and return it to the day care center.

Foster children: If your household includes a foster child who is in child care, write in the names of the foster children.

Section B: Complete this section if you did not complete Section A. Write in your name and the names of all other adults and children living in the household, including unrelated people, even if they do not have any income. Do not include the children in child care who are listed at the top of the form.

Enter the amount of income each person received **last month**, before taxes or anything else was taken out. Refer to the Definition of Income and the Definition of Household, above. If any amount last month was more or less than the usual, write in that person's usual income.

The last four digits of the Social Security Number of the adult signing the certification is required. If you do not have a Social Security Number, write *none*. The form must be signed by an adult member of the household.

INSTRUCTIONS FOR CENTERS AND SPONSORS

The *For Sponsor Use Only* section is to be completed, signed and dated by center or sponsor staff. The sponsor/center representative must review the income eligibility form and ensure that it is completed as indicated in the instructions above. Then indicate the following:

The CACFP Agreement Number.

Total Number of Household Members – This item does not have to be completed if the parent completed Section A. Add those indicated in Section B (if completed) to the children enrolled in child care and the number of foster children, if applicable.

Total Household Income – This item does not need to be completed if the parent completed Section A. Indicate the total monthly income as calculated from Section B. If the parent chooses not to disclose income, the form must be categorized as *paid*.

Number of Free, Reduced or Paid – Compare the total household income and the total number of household members with the current year's Income Eligibility Guidelines (CACFP-3687) to determine if the household should be categorized as **Free**, **Reduced** or **Paid**. Use the appropriate column on the CACFP-3687 to categorize their income. For example, if the parent indicated biweekly income, multiply this amount by 26 to determine yearly income.

Incomplete forms (missing signatures, income information, last four digits of Social Security Number or SNAP, TANF or FDPIR numbers) are categorized in the paid category.

The income eligibility form is valid until the last day of the month one calendar year from the date it is signed by the household member. For example, a form signed on May 12, 2014 is valid until May 31, 2015.

1723 8th Avenue

Brooklyn, Ny 11215

See INSTRUCTIONS on reverse.

CHILD CARE CENTER NAME _____

Print the name of the child(ren) enrolled in this child care center

1. _____ 2. _____ 3. _____

DIRECTIONS

Complete SECTION A if anyone in your household

1. Participates in the Supplemental Nutrition Assistance Program (SNAP)
2. Receives Temporary Assistance to Needy Families (TANF)
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR) OR
4. Is a foster child

SECTION A

SNAP Case # _____

TANF # _____

FDPIR # _____

Names of
Foster Children _____

An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.

I certify that the above information is true. I understand that the center will get Federal funds based on the information I give.

Signature _____

Date _____

FOR SPONSOR USE ONLY

CACFP Agreement # _____

Total Number of Household Members _____
(INCLUDING FOSTER CHILDREN, IF APPLICABLE)

Total Household Income \$ _____

Free _____ Reduced _____ Paid _____

Date of Determination _____

Signature of
Center Staff _____

Complete SECTION B if no one in your household participates in SNAP, receives TANF, participates in FDPIR or if none of the children enrolled in the child care center is a foster child.

SECTION B

List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received **last month** in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, child support, foster child's personal income and any other sources of income.

HOUSEHOLD MEMBER NAME	MONTHLY GROSS SALARY
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____

An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.

I certify that the above information is true and that all income is reported. I understand that the center will get Federal funds based on the information I give.

Signature _____

Print Name _____

LAST FOUR (4) DIGITS OF
SOCIAL SECURITY NUMBER

--	--	--	--

DATE _____

USDA is an equal opportunity provider and employer.

Transportation Form**Reminders:**

- TLC's bussing company is L & M Bus Company (718-257-2082).
- OPT requires that all programming for CPSE children who require bussing takes place through a child's school program.

TLC must apprise OPT of any changes to **address, pick up, or drop off changes, and/or who is eligible for bussing services.**

- **TLC requires 10 business days or more to make any new changes** with OPT.
- **No longer will BUS COMPANIES be able to accommodate same day changes for pick up or drop off for your child.** You will be required to pick up your child from school or the address that is on file at OPT.

❖ **Miriam King, is TLC's CPSE Transportation Coordinator, 718-290-2744.**

❖ **Email: Miriam.king@tlckids.org**

Below, fill in your *Child's Name & Class*. Place a check (J) next to the option of your choice, *sign & date the form* and provide your child's *Pick-Up & Drop-Off*, information for Bussing Service.

Child's Name: _____ **Class:** _____

☐

Yes, I will utilize the bussing service provided by NYC DOE's Office of Pupil Transportation (OPT).

☐

No, I will **NOT** utilize the bussing service provided by NYC DOE's Office of Pupil Transportation (OPT).

Parent Signature: _____ **Date:** _____

Pick-Up & Drop-Off Information

Pick-Up Address: _____ **Tel. #:** _____

Drop-Off Address: _____ **Tel. #:** _____

***Name of Person taking child off bus:** _____

***TEL. #:** _____

SchoolMessenger

TLC contracts with “*SchoolMessenger*” a leading provider of on demand notification solutions for the education market. TLC uses *SchoolMessenger* to notify families of school closures due to inclement weather closings or school emergencies. Please provide primary and secondary telephone numbers and emails for those family members who should be contacted if school will be closed or there is an emergency while school is in session. *SchoolMessgener* generates automated telephone messages and emails.

Child’s Name: _____ Class# _____

Primary Parent/Guardian:

Name: _____

Telephone#: _____

Email Address: _____

Secondary Parent/Guardian:

Name: _____

Telephone #: _____

Email Address: _____

Please indicate language preference for notification:

- ☐ Arabic
- ☐ English
- ☐ Spanish

TLC EMERGENCY HOME CONTACT

Student's Name _____ **Date of Birth** _____ **Class** _____
Sex _____ **Male** _____ **Female** _____
Name of Mother/Guardian _____
Home Address _____
Home Phone # _____ **Cell #** _____ **E-mail** _____
Work Phone # _____ **Cell #** _____ **Parent Home Language** _____
Name of Father/Guardian _____ **Written** _____
Home Address _____ **Oral** _____
Home Phone # _____ **Cell #** _____ **E-mail** _____
Work Phone # _____ **Cell #** _____

NOTE: Please list below any and all persons to call if your child is sick or needs to be picked up for any other reason. If none of the contacts can be reached by phone, what do you wish the school to do in case the child is sick in school?

MEDICAL ALERT: My child has the following medical condition: _____
 And I will obtain the correct authorization forms from the school office for treatment.

CUSTODIAL ALERT: I request that my child may not be released to _____ and I will provide the proper legal documentation to the school office to substantiate this request.

It is understood that in the final disposition of any emergency case, the judgment of the school authorities will prevail. The recommendation of the parent or guardian will be respected as far as possible. If at any time the above information must be changed, I will notify the Executive Director in writing.

Parent/Guardian's Signature: _____ **Date** _____

OTHER CONTACTS

<u>NAME & RELATION</u>	<u>PHONE NUMBER</u>	<u>EMAIL CONTACT</u>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		



therapy&learningcenter

Brooklyn's Early Childhood Program for All Learners

1723 Eight Avenue Brooklyn, NY 11215 • Phone (718) 290-2700 • Fax (718) 290-2800

www.tlckids.org



SCHOOL TRIP CONSENT FORM

DATE: ____/____/____

Student's Name: _____

Student's D.O.B.: ____/____/____

I, _____, ☐ do / ☐ do not give permission to TLC for my child _____ to go on various short walks and trips in the neighborhood, *including; class walks, visits to the park, playgrounds, stores, and other points of interest*, as part of my child's educational and clinical program, with his/her Teacher/Therapist. I also understand that a separate permission slip will be sent home for all trips that require a bus or other transportation. I will then give or not give my permission for my child to attend that trip. The need for my attendance on such a trip will be determined on a specific basis.

Parent / Guardian Signature

Date



therapy&learningcenter

Brooklyn's Early Childhood Program for All Learners

1723 Eight Avenue Brooklyn, NY 11215 • Phone (718) 290-2700 • Fax (718) 290-2800

www.tlckids.org



PHOTOGRAPH & VIDEO CONSENT FORM

DATE: ____/____/____

Student's Name: _____

Student's D.O.B.: ____/____/____

I, _____, hereby grant permission to TLC for photographs and videos of my child _____ to be taken in school and displayed in the school / classroom for educational purposes. I understand that photographs and videos will not be used outside of the school or for any other purpose without my consent.

Parent / Guardian Signature

Date



**Department
of Health**

**Office of Children
and Family Services**

**State Education
Department**

June 14, 2019

**Statement on Legislation Removing Non-Medical Exemption
from School Vaccination Requirements**

On June 13, 2019, Governor Andrew M. Cuomo signed legislation removing non-medical exemptions from school vaccination requirements for children. The United States is currently experiencing the worst outbreak of measles in more than 25 years, with outbreaks in pockets of New York primarily driving the crisis. As a result of non-medical vaccination exemptions, many communities across New York have unacceptably low rates of vaccination, and those unvaccinated children can often attend school where they may spread the disease to other unvaccinated students, some of whom cannot receive vaccines due to medical conditions. This new law will help protect the public amid this ongoing outbreak.

What did the new law do?

As of June 13, 2019, there is no longer a religious exemption to the requirement that children be vaccinated against measles and other diseases to attend either:

- public, private or parochial school (for students in pre-kindergarten through 12th grade), or
- child day care settings.

For those children who had a religious exemption to vaccination, what are the deadlines for being vaccinated?

Children who are attending child day care or public, private or parochial school, and who had a religious exemption to required immunizations, must now receive the first age appropriate dose in each immunization series by June 28, 2019 to attend or remain in school or child day care. Also, by July 14, 2019 parents and guardians of such children must show that they have made appointments for all required follow-up doses. The deadlines for follow-up doses depend on the vaccine. The New York State Department of Health follows the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices catch-up immunization schedule and expects children to receive required doses consistent with Table 2 at the following link in order to continue to attend school or child day care: <https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>

What is the deadline for first dose vaccinations if my child is not attending school until September?

Parents and guardians of all children who do not have their required immunizations are encouraged to have them receive the first dose as soon as possible. The deadline for obtaining first dose vaccinations for children attending school in the fall is 14 days from the first day of school. Within 30 days of the first day of school, parents and guardians of such children must show that they have made appointments for all required follow-up doses.

Additional information will be forthcoming.



July 2019

Dear Parent/Guardian,

As of June 13, 2019, public, private and parochial schools and childcare programs in New York can no longer accept requests for religious exemptions from school immunization requirements. This law applies to students in pre-kindergarten through 12th grade and to all childcare settings. Schools and childcare programs will continue to accept medical exemptions.

Children attending summer or year-round programming

Children who had a religious exemption and who will be attending childcare or public, private or parochial school in the summer must now receive the first age-appropriate dose in each immunization series by June 28, 2019 to attend or remain in school or childcare. Additionally, by July 14, 2019, parents and guardians of such children must show that they have scheduled appointments for all required follow-up doses.

Children attending until the end of the school year and returning in the 2019-20 school year
Students must meet immunization requirements in order to attend school. Children who have not received all required immunizations must receive the first dose in each immunization series within 14 calendar days after the first day of school or enrollment in childcare. Within 30 calendar days of the first day of school, parents or guardians of such children will also need to show that they have scheduled appointments for all follow-up doses.

A list of the new school immunization requirements for the 2019-20 school year is summarized below.

All students in childcare through grade 12 must meet the requirements for the following vaccines:

- DTaP (diphtheria, tetanus and acellular pertussis or whooping cough)
- Poliovirus
- MMR (measles, mumps and rubella)
- Varicella (chickenpox)
- Hepatitis B

Children under age 5 who are enrolled in child care and pre-kindergarten must also meet the requirements for these vaccines:

- Hib (*Haemophilus influenza* type b)
- PCV (pneumococcal disease)
- Influenza (flu): Children must receive the flu vaccine by December 31, 2019

Children in grades 6 through 12 must also meet the requirements for these vaccines:

- Tdap booster (tetanus, diphtheria and pertussis)
- MenACWY (meningococcal disease)

Please review your child's immunization history with their health care provider. Their provider can tell you whether additional doses of one or more vaccines are required for your child to attend or remain in childcare or school. Visit schools.nyc.gov and search for "immunizations" for a full list of required vaccines. If it is not possible for your child to receive their vaccines from their health care provider, the Department of Health has one walk-in immunization clinic (www1.nyc.gov/site/doh/services/immunization-clinics.page).

If you have questions about these requirements, please contact Arielle Gannon RN at 718-290-2715.

Instructions for Completion of New York State School Health Examination Form

This form is to be completed in its entirety, except fields designated as optional, by the private provider or school medical director. NYSED requires a physical exam for new entrants and students in grades pre-K or K, 1, 3, 5, 7, 9, and 11; annually for inter-scholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-school special education (CPSE). The date of examination must be not more than 12 months prior to the start of the school year and noted on form.

Health History

Chronic medical conditions should be listed in patient's problem list.

- ICD-10 codes should accompany diagnoses ONLY for patients who have Medicaid and have an Individualized Education Plan (IEP) for special education in school and receive related services (i.e. nursing, social worker/psychologist, PT/OT/ST, or special transportation).
- Asthma, Seizure disorders, life threatening allergies and Diabetes must be included if diagnosed, and each require a separately attached care plan:
 - Diabetes- requires a Diabetes Medical Management Plan (DMMP) specifying the type of diabetes and most recent hemoglobin A1c (include date), See [NYSDOH Diabetes Medical Management Plan](#);
 - Seizure disorders care plans should include date of last known seizure; See [NYSCSH Seizure ECP with Medication Information](#) ;
 - Asthma - Asthma Action Plans should include medication orders along with directives. See [NYSDOH Asthma Action Plan](#); and
 - Allergies - life threatening allergy care plans should specify what the patient is allergic to. See [AAAI Sample Anaphylaxis Emergency Action Plan](#) .
- Consider screening for T2DM if BMI% >85% and child has 2 or more risk factors: Family history of T2DM, Ethnicity, Symptoms of insulin resistance, History of gestational diabetes in the mother, and or pre-diabetes.
- Include hyperlipidemia and hypertension if diagnosed.
- Include mention of unpaired eye, kidney or testicle if relevant.
- Include mental health diagnoses where permitted by patient/family.
- Under allergies, List all allergies including medication, food, insects, latex, and other environmental allergens.
- Attach medication administration forms for medication which will be administered in school
- Past medical history must include any concussions with the dates of when they occurred.
- Height, weight, and BMI must be provided including percentile for each, as well as marking appropriate BMI category.
- Pulse and respiratory rate are to be documented for students with diagnosed respiratory or cardiac conditions.

Laboratory and Diagnostic Testing

- Tuberculosis screening, if indicated and performed, should specify type of testing (PPD or Interferon-gamma release assay), result, and test date.
Screening for vision and hearing in grades PreK or K, 1, 3, 5, 7, and 11, and for scoliosis in grades 5 and 7 for girls, grade 9 for boys that is not done or reported on the school form will be performed by the school.
- Vision screening should include the results of distance acuity testing in each eye (pass is 20/30 or better), an assessment of near vision acuity (pass is 20/40 or better). Color vision (pass/fail) is required if student is attending a new school. See [NYSED Vision Screening Guidelines for Schools](#)
- Hearing screening should be performed at 20 db and pass or fail noted for each frequency (500Hz, 1000Hz, 2000Hz, 4000Hz); children ≥11 years of age should be screened for high frequency hearing loss by testing at 6000Hz and 8000Hz. See [NYSED Hearing Screening Guidelines for Schools](#)
- Lead screening- indicate if screening done for students in PreK or K.

Physical Examination

- A complete physical exam must include the following systems: HEENT, Dental, Neck, Lymph nodes, Lungs, Abdomen, Back/Spine including screening for scoliosis (see above grade levels), Genitourinary, Extremities, Skin, Neurological, Speech/Language, Social-Emotional, and Musculoskeletal.
- Abnormal findings on review of systems and physical exam should be noted
- Tanner Staging (1-5) must be supplied ONLY for any student in Grades 7 or 8 to play sports at a high school level or Grades 9-12 to play middle school level sports.

Assessment and Recommendations

- State has no restrictions if applicable
- Please note any restrictions on physical activity including participation in physical education, sports, playground and work. Include applicable limitations on contact sports - baseball, basketball, competitive cheerleading, field hockey, football, ice hockey, lacrosse, soccer, softball, volleyball, and wrestling, non-contact sports- archery, badminton, bowling, cross country, fencing, golf, gymnastics, riflery, skiing, swimming and diving, and track & field, or other specific restrictions.

- List any accommodations required for participation including but not limited to: Brace/Orthotic, Insulin pump/sensor, Protective equipment, Colostomy appliance, Medical/Prosthetic device, Sport safety goggles, Hearing aids, Pacemaker/Defibrillator, etc. Specific approval and associated documentation may be required if use of device will occur during athletic competitions, please check with athletic governing body for more information.
- Chronic medications should be listed- medication strength/concentration, formulation, dose, frequency, and timing should be noted for those medications to be administered during the school day.
- Providers may attach an immunization form or refer to NYSIIS registry if record available and complete.
- Referrals, such as those for abnormalities on vision or hearing screening should be noted.
- Please include any additional information that may be useful to the school that is not otherwise solicited.

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
TO BE COMPLETED BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR
IF AN AREA IS NOT ASSESSED INDICATE NOT DONE

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special education (CPSE).

STUDENT INFORMATION

Name	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:
School:	Grade:	Exam Date:

HEALTH HISTORY

Allergies <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Anaphylaxis Care Plan Attached
Asthma <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	<input type="checkbox"/> Intermittent <input type="checkbox"/> Persistent <input type="checkbox"/> Other : <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Asthma Care Plan Attached
Seizures <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: Date of last seizure: <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Seizure Care Plan Attached
Diabetes <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate type	Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Medication/Treatment Order Attached <input type="checkbox"/> Diabetes Medical Mgmt. Plan Attached

Risk Factors for Diabetes or Pre-Diabetes: Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors: Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes.

BMI _____ kg/m²

Percentile (Weight Status Category): ☐ <5th ☐ 5th-49th ☐ 50th-84th ☐ 85th-94th ☐ 95th-98th ☐ 99th and >

Hyperlipidemia: ☐ No ☐ Yes ☐ Not Done **Hypertension:** ☐ No ☐ Yes ☐ Not Done

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:
Laboratory Testing	Positive	Negative	Date	List Other Pertinent Medical Concerns (e.g. concussion, mental health, one functioning organ)
TB- PRN	<input type="checkbox"/>	<input type="checkbox"/>		
Sickle Cell Screen-PRN	<input type="checkbox"/>	<input type="checkbox"/>		
Lead Level Required Grades Pre- K & K <input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated ≥ 5 µg/dL			Date	
<input type="checkbox"/> System Review and Abnormal Findings Listed Below				
<input type="checkbox"/> HEENT <input type="checkbox"/> Dental <input type="checkbox"/> Neck	<input type="checkbox"/> Lymph nodes <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Lungs	<input type="checkbox"/> Abdomen <input type="checkbox"/> Back/Spine <input type="checkbox"/> Genitourinary	<input type="checkbox"/> Extremities <input type="checkbox"/> Skin <input type="checkbox"/> Neurological	<input type="checkbox"/> Speech <input type="checkbox"/> Social Emotional <input type="checkbox"/> Musculoskeletal
<input type="checkbox"/> Assessment/Abnormalities Noted/Recommendations:			Diagnoses/Problems (list) ICD-10 Code*	
<input type="checkbox"/> Additional Information Attached			*Required only for students with an IEP receiving Medicaid	

Name:				DOB:	
SCREENINGS					
Vision (w/correction if prescribed)	Right	Left	Referral	Not Done	
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	
Near Vision Acuity	20/	20/		<input type="checkbox"/>	
Color Perception Screening <input type="checkbox"/> Pass <input type="checkbox"/> Fail				<input type="checkbox"/>	
Notes					
Hearing Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.					Not Done
Pure Tone Screening	Right <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Left <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Referral <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	
Notes					
Scoliosis Screen Boys in grade 9, and Girls in grades 5 & 7		Negative <input type="checkbox"/>	Positive <input type="checkbox"/>	Referral <input type="checkbox"/> Yes <input type="checkbox"/> No	Not Done <input type="checkbox"/>
RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK					
<input type="checkbox"/> Student may participate in all activities without restrictions. <input type="checkbox"/> Student is restricted from participation in: <div style="margin-left: 20px;"> <input type="checkbox"/> Contact Sports: Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling. <input type="checkbox"/> Limited Contact Sports: Baseball, Fencing, Softball, and Volleyball. <input type="checkbox"/> Non-Contact Sports: Archery, Badminton, Bowling, Cross-Country, Golf, Riflery, Swimming, Tennis, and Track & Field. <input type="checkbox"/> Other Restrictions: </div>					
Developmental Stage for Athletic Placement Process <u>ONLY</u> required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level OR Grades 9-12 who wish to play at the modified interscholastic sports level. Tanner Stage: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V Age of First Menses (if applicable) : _____					
<input type="checkbox"/> Other Accommodations*: (e.g. Brace, orthotics, insulin pump, prosthetic, sports goggle, etc.) Use additional space below to explain. *Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.					
MEDICATIONS					
<input type="checkbox"/> Order Form for Medication(s) Needed at School Attached					
IMMUNIZATIONS					
<input type="checkbox"/> Record Attached <input type="checkbox"/> Reported in NYSIIS					
HEALTH CARE PROVIDER					
Medical Provider Signature:					
Provider Name: <i>(please print)</i>					
Provider Address:					
Phone:			Fax:		
Please Return This Form To Your Child's School When Completed.					



New York State Center for School Health
Supporting Student Success Through Health and Education



NYS and NYC Screening & Health Exam Requirements

	New Entrant	Pre K or K*	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
HEARING SCREENING:														
Pure Tone	X	X	X		X		X		X				X	
SCOLIOSIS SCREENING														
Boys											X			
Girls							X		X					
VISION SCREENING														
Color Perception	X													
	X													
Fusion		X	X											
Near Vision	X	X	X		X		X		X				X	
	X	X	X		X		X							
Distance Acuity	X	X	X		X		X		X				X	
	X	X	X		X		X							
Hyperopia	X													

*Determine if your Kindergarten or Pre K students are your district's new entrants.

Health Examination Overview

	New Entrant	Pre K or K	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
Health Examination**	X	X	X		X		X		X		X		X	
	X													
Dental Certificate	X	X	X		X		X		X		X		X	

**Health Examinations may be either a Health Appraisal (health exam performed by the School Medical Director) or Health Certificate (health exam performed by the student's primary medical provider). They must be dated no more than 12 months prior to the start of the school year in which they are required, or the date of entrance to the school for new entrants.

This sample resource was created by the New York State Center for School Health and is located at www.schoolhealthny.com in the Laws|Guidelines|Memos - Effective July 2018

REMINDER!!!

**IF YOUR CHILD IS
REQUIRED TO
RECEIVE
PRESCRIPTION
MEDICATIONS,
PLEASE HAVE THE:**

- **PARENT PLEASE ENSURE THAT ALL
MEDICAL DOCUMENTS ARE
COMPLETED ENTIRELY BY YOUR
CHILD'S DOCTOR.**
- **PLEASE ADVISE YOUR CHILD'S
DOCTOR TO SIGN, DATE, & STAMP ALL
MEDICAL FORMS**

THANK YOU.

Therapy & Learning Center
EMERGENCY MEDICAL PERMISSION FORM

1723 8th Avenue, Brooklyn, NY 11215

Tel: (718) 290-2700 Fax: (718) 290-2800

DATE: ____/____/____

Student's Name: _____

DOB: ____/____/____

Special Alerts/Allergies:

Medications:

Parent/Guardian's Name: _____

Work Telephone #: _____

Home Telephone #: _____

In case of an emergency please contact:	Telephone # :	Relationship
1.		
2.		
3.		

Please fill out if applicable:	
Foster care agency:	
Contact person :	
Telephone # :	
Supervisor at agency:	

I have received and reviewed TLC's policy on child sickness and accidents. I understand that I will be required to pick-up my child if an illness/accident requires me to do so.

I hereby give TLC permission to have emergency medical treatment administered, if necessary by the school nurse.

~~I hereby also grant the TLC permission to obtain necessary emergency medical treatment, including an ambulance, and emergency room treatment, if necessary.~~

I understand that I, or if I cannot be reached, a person listed above, will be contacted in case of a serious illness and/or emergency.

Parent/Guardian Signature _____

Date _____

TLC

Therapy and Learning Center, Inc.

1723 8th Avenue, Brooklyn, N.Y. 11215
Phone: (718) 290-2700 Fax: (718) 290-2800
www.tlckids.org

Dear Parents,

Attached please find a DOH/DOE **Order for School Health Related Support Services** Form for Speech, OT, PT, and/or Feeding Services. If your child's current evaluations and IEP, indicate that he/she needs therapy services, please bring the form to your child's doctor as soon as possible.

***THE ENCLOSED FORM NEEDS TO BE FILLED OUT,
STAMPED, NPI# INCLUDED, AND SIGNED BY THE
DOCTOR IN ORDER FOR YOUR CHILD TO RECEIVE
THERAPY.**

It is now required that the attached form be completed by the doctor before your child can start receiving the indicated services. Your child will not be able to receive services until we receive the appropriate prescription.

Thank you for your cooperation and assistance.

If you should have any questions please feel free to contact the Nurse at (718) 290-2715.

Sincerely,
Registered Nurse
TEL. (718) 290-2715

Mandatory

Doctor, Nurse Practitioner or Physician Assistant
Order for School Health Related Support Services

Student Name: _____

First _____

Last _____

Birth Date: _____ / _____ / _____

Month

Day

Year

NYC Student ID: _____

OSIS # _____

I have reviewed the recommendations on the student's IEP with respect to the therapies below and in my opinion, the following services are deemed medically necessary:

for each therapy on the student's IEP, mark one column and include ICD Code(s)

please blacken a circle only for services on the IEP

Service IS Medically
Necessary

Service, as written,
IS NOT Medically
Necessary

ICD Code(s) associated
with each service

Occupational Therapy

☐☐

Physical Therapy

☐☐

Speech Therapy

☐☐

Ordering Doctor, PA or NP's Signature (an original signature is required)

Date

Ordering Doctor, PA or NP's Name

Ordering Doctor, PA or NP's License Number

Address (Street)

Ordering Doctor, PA or NP's NPI Number

Address (City, State, ZIP)

Ordering Doctor, PA or NP's Medical Provider ID Number

Telephone Number

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
WRITTEN MEDICATION CONSENT FORM



- This form must be completed in a language in which the child care provider is literate.
- One form must be completed for each medication. Multiple medications cannot be listed on one consent form.

LICENSED AUTHORIZED PRESCRIBER MUST COMPLETE THIS SECTION (#1 - #18)

(Parents may complete #1- #17 (omit #18) for over-the-counter topical ointments, sunscreen and topically applied insect repellent)

1. Child's first and last name:	2. Date of birth:	3. Child's known allergies:
4. Name of medication (including strength):	5. Amount/dosage to be given:	6. Route of administration:
7A. Frequency to be administered: _____		
OR		
7B. Identify the symptoms that will necessitate administration of medication: (signs and symptoms must be observable and, when possible, measurable parameters) _____		
8A. Possible side effects: <input type="checkbox"/> See package insert for complete list of possible side effects (parent must supply)		
AND/OR		
8B. Additional side effects: _____		
9. What action should the child care provider take if side effects are noted:		
<input type="checkbox"/> Contact parent <input type="checkbox"/> Contact prescriber at phone number provided below <input type="checkbox"/> Other (describe): _____		
10A. Special instructions: <input type="checkbox"/> See package insert for complete list of special instructions (parent must supply)		
AND/OR		
10B. Additional special instructions: (Include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it relates to the child's age, allergies or any pre-existing conditions. Also describe situations when medication should not be administered.) _____		
11. Reason the child is taking the medication (unless confidential by law): _____		
12. Does the above named child have a chronic physical, developmental, behavioral or emotional condition expected to last 12 months or more and require health and related services of a type or amount beyond that required by children generally?		
<input type="checkbox"/> No <input type="checkbox"/> Yes If you checked yes, complete #33-#34 on the back of this form.		
13. Are the instructions on this consent form a change in a previous medication order as it relates to the dose, time or frequency the medication is to be administered?		
<input type="checkbox"/> No <input type="checkbox"/> Yes If you checked yes, complete #35-#36 on the back of this form.		
14. Date prescriber authorized:	15. Date to be discontinued or length of time in days to be given (<i>this date cannot exceed 6 months from the date authorized or this order will not be valid</i>):	
16. Prescriber's name (please print):	17. Prescriber's telephone number:	
18. Licensed authorized prescriber's signature: X		

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
WRITTEN MEDICATION CONSENT FORM

PARENT/GUARDIAN MUST COMPLETE THIS SECTION (#19 - #23)

19. If Section #7A is completed, do the instructions indicate a specific time to administer the medication? (For example, did the prescriber write 12pm?) ☐ Yes ☐ N/A ☐ No

Write the specific time(s) the day care program is to administer the medication (i.e.: 12pm): _____

20. I, parent/legal guardian, authorize the day care program to administer the medication as specified in the "Licensed Authorized Prescriber Section" to _____

(child's name)

21. Parent or legal guardian's name (please print): _____

22. Date authorized: _____

23. Parent or legal guardian's signature:

X

DAY CARE PROGRAM TO COMPLETE THIS SECTION (#24 - #30)

24. Provider/Facility name: _____

25. Facility ID number: _____

26. Facility telephone number: _____

27. I have verified that #1-#23 and if applicable, #33-#36 are complete. My signature indicates that all information needed to give this medication has been given to the day care program.

28. Authorized child care provider's name (please print): _____

29. Date received from parent: _____

30. Authorized child care provider's signature:

X

ONLY COMPLETE THIS SECTION (#31-#32) IF THE PARENT REQUESTS TO DISCONTINUE THE MEDICATION PRIOR TO THE DATE INDICATED IN #15

31. I, parent/legal guardian, request that the medication indicated on this consent form be discontinued on _____

(date)

Once the medication has been discontinued, I understand that if my child requires this medication in the future, a new written medication consent form must be completed.

32. Parent or Legal Guardian's Signature:

X

LICENSED AUTHORIZED PRESCRIBER TO COMPLETE, AS NEEDED (#33 - #36)

33. Describe any additional training, procedures or competencies the day care program staff will need to care for this child.

34. Licensed Authorized Prescriber's Signature:

X

35. Since there may be instances where the pharmacy will not fill a new prescription for changes in a prescription related to dose, time or frequency until the medication from the previous prescription is completely used, please indicate the date by which you expect the pharmacy to fill the updated order.

DATE: _____

By completing this section the day care program will follow the written instruction on this form and *not* follow the pharmacy label until the new prescription has been filled.

36. Licensed Authorized Prescriber's Signature:

X

**PARENT PERMISSION TO GIVE "OCCASSIONAL"
OVER- THE -COUNTER MEDICATION**

Student Name _____ D.O.B: _____ Class: _____

Teacher: _____

Over-the-counter (OTC) medications are drugs that do not require a prescription and are purchased "over-the-counter." This form is required before over-the-counter medications can be administered at school.

Exceptions to this are homeopathic/herbal medications and aspirin, which require completing the form "Permission to Give Prescription/Homeopathic Medication at School."

PLEASE INITIAL EACH MEDICATION FOR WHICH YOU ARE GIVING PERMISSION

_____ I approve all medications listed below

_____ I do not want any OTC meds given to my student

TOPICAL:

☐ Antibiotic Cream (i.e Bacitracin Cream)

☐ Hydrocortisone cream (Cortaid)

☐ Benadryl Cream

☐ Sunscreen spray

☐ Sunscreen lotion

Please check with the school nurse to see which medications are available for students in the school clinic and which medications you will need to supply. OTC medications will be given at the manufacturer's recommended dosage.

**THE MEDICATION ABOVE MAY BE
ADMINISTERED TO MY CHILD**

(Signature of Parent or Guardian)

(Date)

When sending OTC medications to school, they must be in the original manufacturer's container with the label intact or the medication will not be accepted. For safety reasons, parents are requested to bring the medication directly to the nurse. The medication should be sealed in an envelope in the original manufacturer's container. In the event that an adult is unable to bring the medicine to school, arrangements may be made by calling the nurse.

The school is not able to supply medication for frequent or daily use. For OTC medications not listed on this form, or if the medication must be given daily, please contact the School Nurse.

MEDICATION HISTORY:

Is your child allergic to any medications? _____

If yes, please list medicine(s) and type of reaction: _____

Does your child take any medication (either over-the-counter or prescription) on a regular basis?

☐ Yes ☐ No

If yes, please list: _____

Instructions for the Use
of the HIPAA-compliant Authorization Form to
Release Health Information Needed for Litigation

This form is the product of a collaborative process between the New York State Office of Court Administration, representatives of the medical provider community in New York, and the bench and bar, designed to produce a standard official form that complies with the privacy requirements of the federal Health Insurance Portability and Accountability Act ("HIPAA") and its implementing regulations, to be used to authorize the release of health information needed for litigation in New York State courts. It can, however, be used more broadly than this and be used before litigation has been commenced, or whenever counsel would find it useful.

The goal was to produce a standard HIPAA-compliant official form to obviate the current disputes which often take place as to whether health information requests made in the course of litigation meet the requirements of the HIPAA Privacy Rule. It should be noted, though, that the form is optional. This form may be filled out on line and downloaded to be signed by hand, or downloaded and filled out entirely on paper.

When filing out Item 11, which requests the date or event when the authorization will expire, the person filling out the form may designate an event such as "at the conclusion of my court case" or provide a specific date amount of time, such as "3 years from this date".

If a patient seeks to authorize the release of his or her entire medical record, but only from a certain date, the first two boxes in section 9(a) should both be checked, and the relevant date inserted on the first line containing the first box.

**AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA**

[This form has been approved by the New York State Department of Health]

Patient Name	Date of Birth	Social Security Number
Patient Address		

I, or my authorized representative, request that health information regarding my care and treatment be released as set forth on this form:

In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV* RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial the line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information:

8. Name and address of person(s) or category of person to whom this information will be sent:

9(a). Specific information to be released:

- ☐ Medical Record from (insert date) _____ to (insert date) _____
- ☐ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.
- ☐ Other: _____

Include: (Indicate by Initialing)

_____ Alcohol/Drug Treatment

_____ Mental Health Information

_____ HIV-Related Information

Authorization to Discuss Health Information

(b) ☐ By initialing here _____ I authorize _____
Initials Name of individual health care provider
to discuss my health information with my attorney, or a governmental agency, listed here:

(Attorney/Firm Name or Governmental Agency Name)

10. Reason for release of information:

- ☐ At request of individual
- ☐ Other: _____

11. Date or event on which this authorization will expire:

12. If not the patient, name of person signing form:

13. Authority to sign on behalf of patient:

All items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

Signature of patient or representative authorized by law.

Date: _____

* Human Immunodeficiency Virus that causes AIDS. The New York State Public Health Law protects information which reasonably could identify someone as having HIV symptoms or infection and information regarding a person's contacts.

TLC

Therapy and Learning Center, Inc.

1723 8th Avenue, Brooklyn, N.Y. 11215
Phone: (718) 290-2700 Fax: (718) 290-2800
www.tlckids.org

Dear TLC Families,

Enclosed, please find 2 copies of TLC's Confidentiality and Parental Access to Records policy, one inside of your Return Packet (For our records) and one inside of you Resources Packet (For your records at home). We are required by law to inform you of your rights to see your child's file at TLC and what the procedure is to view a file. For students returning to TLC, we are required to provide you with this policy and update our records annually.

Please read the policy and put the date, your child's name, your name, and your signature at the bottom of one (1) of the forms. Please keep the second copy for your records. Please return it along with all other documents. Thank You.

Sincerely,

Therapy and Learning Center, Inc.

TLC

Therapy and Learning Center, Inc.

1723 8th Avenue, Brooklyn, N.Y. 11215
Phone: (718) 290-2700 Fax: (718) 290-2800
www.tlckids.org

"PLEASE RETURN COMPLETED FORM"

CONFIDENTIALITY & PARENTAL ACCESS TO RECORDS

TLC keeps an individual file for each child containing evaluations, service plans (IEP), related service(s) records, progress reports, notices, attendance and health records.

This file is kept in a records room in the school, which is locked at all times. Each child's file is confidential and may only be viewed by authorized TLC Personnel who collect or use information for the express purposes of facilitating the child/family's participation in the child's program. These providers may include teachers, social worker, nurses, psychologists, speech, occupational and physical therapists as well as designated administrative personnel.

Parents/Legal guardians have a legal right to review and inspect their child's educational records at any time, unless the parent is otherwise prohibited such access under State or Federal Law. For children in the care and custody or custody and guardianship of the local social services district, the local Commissioner of Social Service or Designee shall be accorded access to the child's records. Where any part of the record contains information on more than one child, the parent shall only have the opportunity to review and inspect the portion of the record, which pertains to their child.

Parents/Legal guardians can inspect and review their child's educational file at any time at the school and may obtain a copy of the record within ten working days of the receipt of their request, and/or within five working days if their request is made as part of mediation or impartial hearing. Copies of their child's records will be provided at no charge for the first copy and at 25 cents per page for any additional copies of the record. Understandable explanations about and/or interpretations of the record upon the parent's request will be provided.

Parents/Legal guardians are requested to adhere to the following procedure, when accessing their child's records:

- 1. Parents/Legal guardians must contact their Education Director at TLC to set up an appointment to review records.**
- 2. The Education Director or his/her designee, signs out the student file and logs in the date, name of student, and reason for file review in the sign-out book, located in the locked records room.**
- 3. The Education Director or his/her designee, brings the student file to a private room for the parent and/or legal guardian to review, and remains in the room to answer any questions.**
- 4. The Education Director or his/her designee provides the parent and/or legal guardian with copies if requested.**
- 5. The Education Director or his/her designee returns the student file to the records room.**

Date: ____/____/____

Student's Name: _____

Parent/Guardian's Print Name: _____

Parent/Guardian Signature: _____

TLC

Therapy and Learning Center, Inc.

1723 8th Avenue, Brooklyn, N.Y. 11215
Phone: (718) 290-2700 Fax: (718) 290-2800
www.tlckids.org

"PLEASE KEEP AT HOME FOR YOUR RECORDS"

CONFIDENTIALITY & PARENTAL ACCESS TO RECORDS

TLC keeps an individual file for each child containing evaluations, service plans (IEP), related service(s) records, progress reports, notices, attendance and health records.

This file is kept in a records room in the school, which is locked at all times. Each child's file is confidential and may only be viewed by authorized TLC Personnel who collect or use information for the express purposes of facilitating the child/family's participation in the child's program. These providers may include teachers, social worker, nurses, psychologists, speech, occupational and physical therapists as well as designated administrative personnel.

Parents/Legal guardians have a legal right to review and inspect their child's educational records at any time, unless the parent is otherwise prohibited such access under State or Federal Law. For children in the care and custody or custody and guardianship of the local social services district, the local Commissioner of Social Service or Designee shall be accorded access to the child's records. Where any part of the record contains information on more than one child, the parent shall only have the opportunity to review and inspect the portion of the record, which pertains to their child.

Parents/Legal guardians can inspect and review their child's educational file at any time at the school and may obtain a copy of the record within ten working days of the receipt of their request, and/or within five working days if their request is made as part of mediation or impartial hearing. Copies of their child's records will be provided at no charge for the first copy and at 25 cents per page for any additional copies of the record. Understandable explanations about and/or interpretations of the record upon the parent's request will be provided.

Parents/Legal guardians are requested to adhere to the following procedure, when accessing their child's records:

- 1. Parents/Legal guardians must contact their Education Director at TLC to set up an appointment to review records.**
- 2. The Education Director or his/her designee, signs out the student file and logs in the date, name of student, and reason for file review in the sign-out book, located in the locked records room.**
- 3. The Education Director or his/her designee, brings the student file to a private room for the parent and/or legal guardian to review, and remains in the room to answer any questions.**
- 4. The Education Director or his/her designee provides the parent and/or legal guardian with copies if requested.**
- 5. The Education Director or his/her designee returns the student file to the records room.**

Date: ____/____/____

Student's Name: _____

Parent/Guardian's Print Name: _____

Parent/Guardian Signature: _____



REQUEST FOR CONSENT
FOR MEDICAID REIMBURSEMENT

Dear Parent or Guardian,

I'm writing to ask for your assistance as we work to provide services for your child. Our schools can receive additional funding for some of the services that are provided to students, like your child, who have individualized education plans (IEPs). In order for our schools to receive this funding, we need your consent to (1) access and provide to the state and federal Medicaid programs personally identifiable information from your child's special education records about the special education evaluations, programs and services that are provided to your child and (2) access your child's Medicaid benefits to pay for these services. If your child is enrolled in Medicaid, we also need their Medicaid Client Identification Number (CIN). Thank you for your assistance in ensuring that our public schools receive as much funding as possible for the critical supports that are provided to our students.

Sincerely,

Richard A. Carranza
Chancellor

Why am I being asked to sign this consent form?

The New York City Department of Education (NYC DOE) uses Medicaid funding to help meet some of the costs of providing special education services to students. With your consent, the NYC DOE can submit claims for evaluations and services that are provided to your child. You are not required to sign up for Medicaid in order for your child to receive the services on his/her IEP.

What information about my child will be provided to state and federal Medicaid programs?

The NYC DOE will provide personally identifiable information about the special education evaluations and services provided to your child. This information may include the IEP, progress notes, attendance records, evaluations and other records and information about evaluations and services provided to your child.

Is there any cost to me or to my family?

There is no cost to you or your family. You will not be required to incur any expenses, premiums, costs or copayments for the provision of these services. The services that are provided to your child in and outside of school will not be affected in any way. If your family receives Medicaid benefits, your coverage will not be canceled, the lifetime coverage in place will not decrease and services that your family receives will not be affected in any way by the accessing of Medicaid benefits. You will not be required to sign up for or enroll in Medicaid for your child to receive the services on his/her IEP. You will not risk the loss of eligibility for home and community based waivers, if any, that are based on your total health-related expenditures.

Can I change my mind about allowing the NYC DOE to access my child's information and submit claims to the Medicaid program? What if I do not provide my consent?

You may change your mind about this consent at any time. To change your decision, complete a new form and send it to your child's school. The NYC DOE must still provide special education and services to your child at no cost to you even if you do not consent or you withdraw your consent at a later date.



CONSENT TO RELEASE INFORMATION
FOR MEDICAID REIMBURSEMENT

Student's last name

Student's first name

Date of birth

NYC Student ID

Please select one choice below, sign and date the document, and return this form to your child's school.

- ☐ Yes, I understand and agree that the NYC DOE may access my child's special education records, which may include the Individualized Education Program (IEP), progress notes, attendance records, evaluations and other records and information about services and evaluations that may be provided to my child and release this personally identifiable information to State and Federal Medicaid agencies as necessary to claim Medicaid reimbursement. I agree that the NYC DOE may access my child's Medicaid benefits to pay for special education and services provided as per my child's IEP.

SIGNATURE OF PARENT OR GUARDIAN

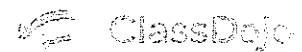
DATE

-
- ☐ No, I do not give permission for the NYC DOE to access my child's special education records to claim Medicaid reimbursement for special education services provided to my child.

SIGNATURE OF PARENT OR GUARDIAN

DATE

Our class is using ClassDojo!



Hi parents,

This year I'm using ClassDojo to encourage important skills like working hard and participating. I'll also use it to communicate with you: we can instantly share messages, updates and photos from class. It's the easiest way for you to see how your child is doing at school every day and to get in touch with me.

I'd like all families to join me and sign up for ClassDojo! You can use it on any device: it is a **simple, free mobile app** for iOS and Android, and can also be used from a computer at: www.classdojo.com

I will need your cell number or email to invite you to ClassDojo. Our class goal is for every family to **fill out and return the slip below by tomorrow!** Feel free to ask me any questions.

Thank you so much!

Please send me my invitation to ClassDojo

Student's name:

Parent's name:

Your cell number

OR email:

Want to find out more? Visit www.classdojo.com/LearnMore

Parent Accounts

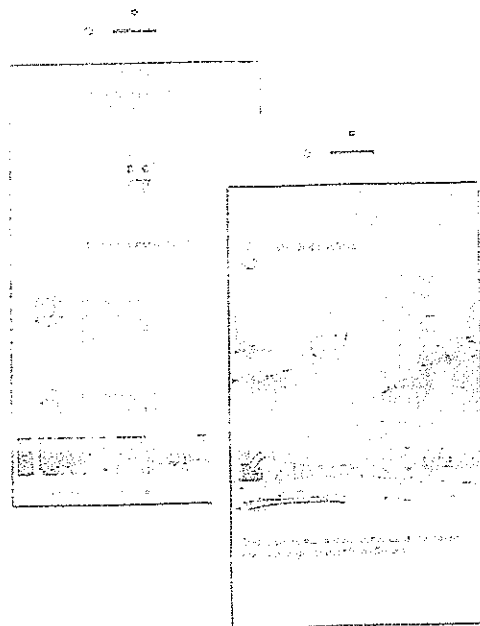
Keep parents in the loop

Easily keep all your students' parents engaged with ClassDojo.

Parents can see their child's feedback instantly using any device. They will also see Class Story (all of your classroom photos and announcements), plus their child's individual Student Story (a digital portfolio).

Any device, any language

Parents can use any iOS device, Android device, Kindle Fire, or computer to connect! They can also read all Class Story posts in their preferred language instantly.



How to connect parents

You can connect parents by email, text, or by sending home unique parent codes! Here's how to use any of these options:

1. Select the class
2. Click the "Settings" wheel and choose "Connect parents"
3. To download all unique parent codes, click the blue "Download and print all invites" button.

or

add parent emails or cell numbers to next to each student to invite them instantly!

Parent Accounts

What if a parent was connected last year to their child?

Students can add all of their student codes to the same account and track their progress across multiple classes. It's simple!

How far back in time can parents see feedback points?

Parents can see the last two weeks of their child's feedback points. Teachers can always download a full history of feedback points, though.

How do parents connect with multiple classes?

Parents can enter multiple parent codes to their account, letting them connect with all of their children's classes.

When do parents get notified by ClassDojo?

ClassDojo notifies parents whenever they receive a new private message, a new Class Story post is added, their child has posted to their Student Story, and on Friday to review their child's feedback from class.

Helpful resources

ClassDojo Privacy Center

Visit classdojo.com/PrivacyCenter to see how ClassDojo protects its entire community of teachers, parents, and students.

ClassDojo Helpdesk

Visit our helpdesk at classdojo.zendesk.com to find answers to all of your ClassDojo questions! Still need help? Email us at hello@classdojo.com :)



therapy&learningcenter

Brooklyn's Early Childhood Program for All Learners

1723 Eight Avenue Brooklyn, NY 11215 • Phone (718) 290-2700 • Fax (718) 290-2800

www.tlckids.org



REMOTE LEARNING INSTRUCTION & TELETHERAPY
CONSENT FORM

Date: ____/____/____

I, _____, give permission for my
child _____ to participate
in Remote Learning Instruction & Teletherapy at TLC via school's platform.

Parent / Guardian Signature

Date