



POTTSTOWN SCHOOL DISTRICT

ADMINISTRATION BUILDING • 230 Beech Street • Pottstown PA 19464 • (610)323-8200 • FAX (610)326-6540

Building a Better Tomorrow

www.pottstownschoools.com

Dear Parent/Guardian:

Initial entrance into a school in Pennsylvania (4/5 kindergarten registration or out-of-state transfer) necessitates compliance with the current immunization state mandate requiring all initial school entrants be fully* immunized, i.e., Tetanus, Diphtheria (4 or more doses - the last one to be given on or after the fourth birthday); Polio (3 doses); Measles (2 doses); German Measles and Mumps (2 doses); and Hepatitis B (3 doses). A documented proof of Varicella "chickenpox" (2 doses) immunity (vaccine or disease) must be provided upon registration, effective 2002-03 school year. Exceptions to the requirements are objections on religious grounds or a doctor's statement that a child is unable to receive the vaccine for medical reasons. ***A student may be provisionally enrolled for a period of 240 days if he/she has one dose of each required immunization.**

Another state requirement is that all children entering school for the first time must have a doctor's physical and dental examination. It would be in the child's best interest to have the examination administered by your family doctor and dentist since they are familiar with your child and are, therefore, in a better position to give the best evaluation of his/her health status. The examination done by your family doctor and dentist at anytime during the registration year will be accepted as the required exam for the year. Completed forms should be returned to the nurse. If they are not returned, the student will be scheduled for the examinations by the school doctor/dentist.

In addition to the aforementioned state mandates, the health service department of the Pottstown School District engages in various other aspects of screening and health assessment:

- (1) Visual Screening
- (2) Hearing Screening
- (3) Height & Weight

In addition to the above health appraisals, we would appreciate knowing your child's special health concerns, such as asthma, allergies, diabetes, blood condition, convulsions, etc. This data helps the nurses maintain a knowledgeable atmosphere where your child can achieve the maximum benefit from his/her educational opportunities in a happy, healthy, and safe environment.

The **Annual Student Information Update form is of the utmost importance.** The front of the form authorizes the school district to administer emergency medical treatment during school hours; the back of the form acts as a yearly health history, which becomes a part of your child's health record. Therefore, we ask your assistance in providing us with accurate information. This information should be updated if your family situation changes, i.e., place of employment, phone number, etc. A new form will be given to your child each September. Be sure to complete it fully on both sides, sign it, and return it to your child's teacher within the first week of school. **No child will be permitted to participate in school activities, trips, etc., unless proof of health insurance is included on the Annual Student Information Update form.**

The permission form to administer medications DOES NOT need to be completed unless your child needs to take medicine during school hours.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH

**PRIVATE DENTIST REPORT
OF DENTAL EXAMINATION OF A PUPIL OF SCHOOL AGE**

NAME OF SCHOOL _____ DATE _____ 20 ____

NAME OF CHILD	AGE	SEX	GRADE	SECTION/ROOM
Last First Middle		<input type="checkbox"/> M <input type="checkbox"/> F		

ADDRESS

_____ No. and Street City or Post Office Borough or Township County State Zip

REPORT OF EXAMINATION

	TOOTH CHART																
	RIGHT								LEFT								
UPPER	1	2	3	4 A	5 B	6 C	7 D	8 E	9 F	10 G	11 H	12 I	13 J	14	15	16	Upper
LOWER	32	31	30	29 T	28 S	27 R	26 Q	25 P	24 O	23 N	22 M	21 L	20 K	19	18	17	Lower
UPPER																	Upper
LOWER																	Lower

Is The Child Under Treatment Yes No

Treatment Completed Yes No

_____ Date of Dental Examination

_____ Signature of Dental Examiner

_____ Print Name of Dental Examiner

_____ Address



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Dear Parents/Guardians:

The Pottstown School District is utilizing the eSchoolbook program for tracking student attendance and grades. This electronic gradebook is open for you, as parents and guardians, to have continuous access to the student's performance and attendance data.

The system is password protected. If you and/or your student have not been able to access this information and would like your login and password sent to you, please complete the following and return it to school.

Student Name _____

Student ID # _____

Grade Level _____ **Building** _____

Email address for eSchoolbook contact _____

If you have multiple students in the Pottstown School District, a parent login may be created for you that will link all of your children together under one sign on. If this is your preference, please complete the following:

Student 1 _____ **Building:** _____

Student 2 _____ **Building:** _____

Student 3 _____ **Building:** _____

Student 4 _____ **Building:** _____

Student 5 _____ **Building:** _____

Parent/Guardian Name _____

Parent/Guardian email address _____

If you have any questions, please send them to schoolbook@pottstownsd.org

Thank you.



Bureau of Community Health Systems
Division of School Health

Private or School PHYSICAL EXAMINATION OF SCHOOL AGE STUDENT

PARENT / GUARDIAN / STUDENT:
Complete page one of this form **before**
student's exam. Take completed form to
appointment.

Student's name _____ Today's date _____

Date of birth _____ Age at time of exam _____ Gender: Male Female

Medicines and Allergies: Please list all prescription and over-the-counter medicines and supplements (herbal/nutritional) the student is currently taking:

Does the student have any allergies? No Yes (If yes, list specific allergy and reaction.)

Medicines Pollens Food Stinging Insects

Complete the following section with a check mark in the YES or NO column; circle questions you do not know the answer to.

GENERAL HEALTH: <i>Has the student...</i>	YES	NO
1. Any ongoing medical conditions? If so, please identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infection Other _____		
2. Ever stayed more than one night in the hospital?		
3. Ever had surgery?		
4. Ever had a seizure?		
5. Had a history of being born without or is missing a kidney, an eye, a testicle (males), spleen, or any other organ?		
6. Ever become ill while exercising in the heat?		
7. Had frequent muscle cramps when exercising?		
HEAD/NECK/SPINE: <i>Has the student...</i>	YES	NO
8. Had headaches with exercise?		
9. Ever had a head injury or concussion?		
10. Ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
11. Ever had numbness, tingling, or weakness in his/her arms or legs after being hit or falling?		
12. Ever been unable to move arms or legs after being hit or falling?		
13. Noticed or been told he/she has a curved spine or scoliosis?		
14. Had any problem with his/her eyes (vision) or had a history of an eye injury?		
15. Been prescribed glasses or contact lenses?		
HEART/LUNGS: <i>Has the student...</i>	YES	NO
16. Ever used an inhaler or taken asthma medicine?		
17. Ever had the doctor say he/she has a heart problem? If so, check all that apply: <input type="checkbox"/> Heart murmur or heart infection <input type="checkbox"/> High blood pressure <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> High cholesterol <input type="checkbox"/> Other: _____		
18. Been told by the doctor to have a heart test? (For example, ECG/EKG, echocardiogram)?		
19. Had a cough, wheeze, difficulty breathing, shortness of breath or felt lightheaded DURING or AFTER exercise?		
20. Had discomfort, pain, tightness or chest pressure during exercise?		
21. Felt his/her heart race or skip beats during exercise?		
BONE/JOINT: <i>Has the student...</i>	YES	NO
22. Had a broken or fractured bone, stress fracture, or dislocated joint?		
23. Had an injury to a muscle, ligament, or tendon?		
24. Had an injury that required a brace, cast, crutches, or orthotics?		
25. Needed an x-ray, MRI, CT scan, injection, or physical therapy following an injury?		
26. Had joints that become painful, swollen, feel warm, or look red?		
SKIN: <i>Has the student...</i>	YES	NO
27. Had any rashes, pressure sores, or other skin problems?		
28. Ever had herpes or a MRSA skin infection?		

GENITOURINARY: <i>Has the student...</i>	YES	NO
29. Had groin pain or a painful bulge or hernia in the groin area?		
30. Had a history of urinary tract infections or bedwetting?		
31. FEMALES ONLY: Had a menstrual period? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: At what age was her first menstrual period? _____ How many periods has she had in the last 12 months? _____ Date of last period: _____		
DENTAL:	YES	NO
32. Has the student had any pain or problems with his/her gums or teeth?		
33. Name of student's dentist: _____ Last dental visit: <input type="checkbox"/> less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> greater than 2 years		
SOCIAL/LEARNING: <i>Has the student...</i>	YES	NO
34. Been told he/she has a learning disability, intellectual or developmental disability, cognitive delay, ADD/ADHD, etc.?		
35. Been bullied or experienced bullying behavior?		
36. Experienced major grief, trauma, or other significant life event?		
37. Exhibited significant changes in behavior, social relationships, grades, eating or sleeping habits; withdrawn from family or friends?		
38. Been worried, sad, upset, or angry much of the time?		
39. Shown a general loss of energy, motivation, interest or enthusiasm?		
40. Had concerns about weight; been trying to gain or lose weight or received a recommendation to gain or lose weight?		
41. Used (or currently uses) tobacco, alcohol, or drugs?		
FAMILY HEALTH:	YES	NO
42. Is there a family history of the following? If so, check all that apply: <input type="checkbox"/> Anemia/blood disorders <input type="checkbox"/> Inherited disease/syndrome <input type="checkbox"/> Asthma/lung problems <input type="checkbox"/> Kidney problems <input type="checkbox"/> Behavioral health issue <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> Sickle cell trait or disease Other: _____		
43. Is there a family history of any of the following heart-related problems? If so, check all that apply: <input type="checkbox"/> Brugada syndrome <input type="checkbox"/> QT syndrome <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Marfan syndrome <input type="checkbox"/> High blood pressure <input type="checkbox"/> Ventricular tachycardia <input type="checkbox"/> High cholesterol <input type="checkbox"/> Other: _____		
44. Has any family member had unexplained fainting, unexplained seizures, or experienced a near drowning?		
45. Has any family member / relative died of heart problems before age 50 or had an unexpected / unexplained sudden death before age 50 (includes drowning, unexplained car accidents, sudden infant death syndrome)?		
QUESTIONS OR CONCERNS	YES	NO
46. Are there any questions or concerns that the student, parent or guardian would like to discuss with the health care provider? (If yes, write them on page 4 of this form.)		

I hereby certify that to the best of my knowledge all of the information is true and complete. I give my consent for an exchange of health information between the school nurse and health care providers.

Signature of parent / guardian / emancipated student _____ Date _____

STUDENT'S HEALTH HISTORY (page 1 of this form) REVIEWED PRIOR TO PERFORMING EXAMINATION: Yes No

Physical exam for grade: K/1 <input type="checkbox"/> 6 <input type="checkbox"/> 11 <input type="checkbox"/> Other <input type="checkbox"/>	CHECK ONE			*ABNORMAL FINDINGS / RECOMMENDATIONS / REFERRALS
	NORMAL	*ABNORMAL	DEFER	
Height: () inches				
Weight: () pounds				
BMI: ()				
BMI-for-Age Percentile: () %				
Pulse: ()				
Blood Pressure: (/)				
Hair/Scalp				
Skin				
Eyes/Vision Corrected <input type="checkbox"/>				
Ears/Hearing				
Nose and Throat				
Teeth and Gingiva				
Lymph Glands				
Heart				
Lungs				
Abdomen				
Genitourinary				
Neuromuscular System				
Extremities				
Spine (Scoliosis)				
Other				

TUBERCULIN TEST	DATE APPLIED	DATE READ	RESULT/FOLLOW-UP

MEDICAL CONDITIONS OR CHRONIC DISEASES WHICH REQUIRE MEDICATION, RESTRICTION OF ACTIVITY, OR WHICH MAY AFFECT EDUCATION

(Additional space on page 4)

Parent/guardian present during exam: Yes No

Physical exam performed at: Personal Health Care Provider's Office School Date of exam _____ 20____

Print name of examiner _____

Print examiner's office address _____ Phone _____

Signature of examiner _____ MD DO PAC CRNP

HEALTH CARE PROVIDERS: Please photocopy immunization history from student's record – OR – insert information below.

IMMUNIZATION EXEMPTION(S):

Medical Date Issued: _____ Reason: _____ Date Rescinded: _____
 Medical Date Issued: _____ Reason: _____ Date Rescinded: _____
 Medical Date Issued: _____ Reason: _____ Date Rescinded: _____

NOTE: The parent/guardian must provide a written request to the school for a religious or philosophical exemption.

VACCINE	DOCUMENT: (1) Type of vaccine; (2) Date (month/day/year) for each immunization				
Diphtheria/Tetanus/Pertussis (child) Type: DTaP, DTP or DT	1	2	3	4	5
Diphtheria/Tetanus/Pertussis (adolescent/adult) Type: Tdap or Td	1	2	3	4	5
Polio Type: OPV or IPV	1	2	3	4	5
Hepatitis B (HepB)	1	2	3	4	5
Measles/Mumps/Rubella (MMR)	1	2	3	4	5
Mumps disease diagnosed by physician <input type="checkbox"/>	Date: _____				
Varicella: Vaccine <input type="checkbox"/> Disease <input type="checkbox"/>	1	2	3	4	5
Serology: (Identify Antigen/Date/POS or NEG) i.e. Hep B, Measles, Rubella, Varicella	1	2	3	4	5
Meningococcal Conjugate Vaccine (MCV4)	1	2	3	4	5
Human Papilloma Virus (HPV) Type: HPV2 or HPV4	1	2	3	4	5
Influenza Type: TIV (injected) LAIV (nasal)	1	2	3	4	5
	6	7	8	9	10
	11	12	13	14	15
Haemophilus Influenzae Type b (Hib)	1	2	3	4	5
Pneumococcal Conjugate Vaccine (PCV) Type: 7 or 13	1	2	3	4	5
Hepatitis A (HepA)	1	2	3	4	5
Rotavirus	1	2	3	4	5
Other Vaccines: (Type and Date)					

Too Sick For School?

Seasons change and winter colds are replaced by allergies, asthma, and other illnesses. You don't want your child to miss school; but neither do you want to send a sick child to school and endanger him or her and other children as well. When *should* your child stay home from school? Here are a few guidelines you might wish to follow:

- **A runny nose**, or "leaky faucet," is the way many children respond to pollen, dust, chalk, or simply a change of season. If it isn't a common cold, then it's an allergy and allergies aren't contagious. Don't keep the child home.
- **A bad cough or cold symptoms** can indicate a severe cold, bronchitis, flu, or even pneumonia. Some children suffer one cold after another all winter long and a run-of-the mill cold should not be a reason to miss school. But if your child is not acting "right," has difficulty breathing, or is becoming dehydrated, it could be serious. Check with your doctor right away.
- **Diarrhea and vomiting** make children very uncomfortable, and being near a bathroom becomes a top priority. If your child has repeated episodes of diarrhea and vomiting, accompanied by fever, a rash, or general weakness, consult a doctor and keep your child out of school until the illness passes. No child with diarrhea or vomiting should be in school.

- **Fever** is an important symptom; when it occurs *along with* a sore throat, an earache, nausea, listlessness, or a rash, your child may be contagious. Most doctors advise parents to keep children home during the course of a fever and for an *additional* 24 hours after the fever has passed.

- **Strep throat and scarlet fever** are two highly contagious conditions caused by a streptococcal (bacterial) infection. They usually arrive with a sore throat and high fever. Some 12 to 48 hours after the onset of scarlet fever, a rash will also appear. A child with either strep throat or scarlet fever should be kept home and treated with antibiotics, as prescribed by a doctor. After 24 hours on an antibiotic, a child is usually no longer contagious. A doctor's note is necessary to return to school.

- **Chicken pox**, a viral disease, is very uncomfortable and extremely contagious. If your child has a fever, is itching, and begins to sprout pink or red spots (with "watery" centers) on the back, chest, and/or face, the chances are good it's chicken pox. Please tell us if it is; it's important that schools know this information. Keep your child home for at least a week from the time you first notice the symptoms and at least two days after the last spot has appeared and all lesions are dried. A doctor's note is necessary to return to school.

(over)

- **Measles (or Rubeola)** is a viral infection that attacks a child's respiratory system, causing a dry, hacking cough, general weariness, inflamed eyes, and fever. If these symptoms appear, keep your child at home and consult your doctor right away to avert more serious complications. If it is confirmed as measles, please let us know so we may be alert to symptoms appearing among other children at school. The measles rash of tiny hard red bumps will next appear on the child's face, behind the ears, and down the body. Your doctor may advise you to keep your child home for several days *after* the rash has disappeared. A doctor's note is necessary to return to school.
- **Fifth Disease** is a mildly contagious viral infection. The onset of the disease consists of one to two days of low grade fever and malaise. The most striking feature is a rash, starting on the cheeks and spreading to the arms and thighs. After the rash has faded it may reappear in response to sunlight, heat, cold, and exercise. Isolation is not necessary. If there are no symptoms other than the rash, the child need not be excluded from school. However, if a child is excluded from school with an undetermined rash, a doctor's note is necessary to return to school.
- **Conjunctivitis or pink eye** is highly contagious and uncomfortable, so take heed when your child complains of an eye or eyes burning, itching, and producing a whitish discharge. Minor cases (caused by a virus) and severe cases (caused by bacteria) require treatment with prescription eye drops. A doctor's note is necessary to return to school.
- **Ear infections**, unless properly treated, can cause permanent hearing damage. Here again you should follow the 24-hour rule for fever and antibiotic therapy.
- **Lice**, once brought into a home or school, can quickly produce wholesale itching and scratching. Lice are tiny parasites (like ticks) that thrive on the warm, damp scalps of children. Caution your child against sharing anybody else's combs and brushes, especially hats. If your child becomes a "host" to lice, check with your doctor for the most effective way to treat your child - *and all* the child's clothing and bedding. Also notify the school so that classmates may be checked. A pediculicide shampoo box, bottle, or doctor's note is necessary to return to school.
- **Impetigo** is a skin condition caused by either a staphylococcal or streptococcus. It starts as an isolated pustule which ruptures and becomes crusted. Antibiotic treatment is necessary. After 24 hours of treatment the child may return to school with a doctor's note.

PRE-SCHOOL VISION SCREENING

Dear Parents:

This paper has been included in your packet as a means of preparing your child for the visual portion of the pre-school screenings. Please review with him/her each day prior to returning to school for the testing procedure.

Have your child sit beside you. Explain that you are going to play a game. Point to the "Tables" in the box marked 1 and tell him/her they are tables and that all the legs of the table are pointing down toward the RABBIT. Point to Box 3 and tell him/her that all the legs of the tables now point to a BIRD. Follow a similar procedure with Boxes 2 and 4. As soon as he/she is familiar with the game, point to one box at a time and ask your child to identify the object that all the table legs are pointing to. Repeat over and over until he/she is able to respond quickly and accurately without help. Continue the practice periods in two to five minute segments each day up to the day he/she reports for his/her testing.

1

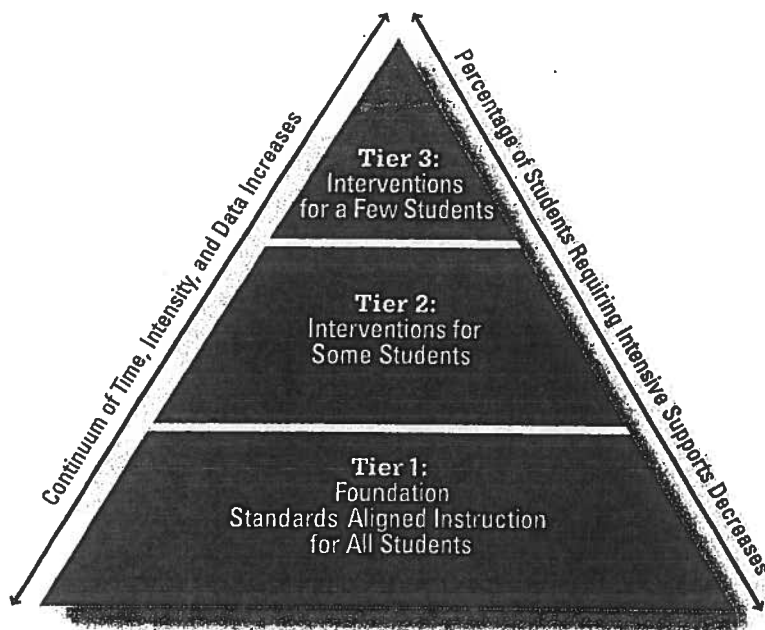
2

3

4

RtI is (1) a general education effort for ALL students to identify and help those students who need academic or behavioral help long before they fail, and (2) one way to identify students with learning disabilities. RtI includes these features:

- **Standards Aligned Instruction:** High quality instruction for ALL students based on research (what we know to work) and aligned to PA standards (matched to what students must know and be able to do)
- **Universal Screening:** A quick check of students' current level of performance in a content or skill area
- **Tiered:** Instruction allows some students to receive increasing levels of instructional help based on their specific needs in the general education curriculum (See PA's Three-Tier Model below for details)



Tier 3: Intensive Intervention

- For students significantly below grade level
- Weekly Progress Monitoring

Tier 2: Targeted Group Intervention

- For students at academic or behavioral risk
- Bi-monthly Progress Monitoring

Tier 1: Core Instruction

- For all students
- Universal Screening and Benchmark Assessments (3 to 5 times per year)

- **Parental Engagement:** Parents are provided information regarding their child's needs, interventions, goals and expected progress, time spent in each tier, with regular reports of progress or lack of progress and the right to request a special education evaluation at any time.
- **Shared Ownership (responsibility):** All staff assume an active role in instruction and assessment for all students.
- **Data-Based Decision Making:** The use of student data to guide the design, implementation, and adjustment of instruction. Student performance data is gathered through:
 - ♦ **Progress Monitoring:** Continuous measuring and comparing of student learning to determine progress toward targeted skills with the purpose of appropriately adjusting instruction.
 - ♦ **Grade Level Benchmarks and Outcome Assessment:** The periodic assessment (a minimum of 3 times per year) of all students compared to age or grade level standards; and, the measurement of how students have performed at the end of planned instruction or at the end of the year.

**Annual Public Notice of Special Education Services and Programs, Services for Gifted Students, and Services
for Protected Handicapped Students
(Revised May 20, 2009)**

Notice to Parents

According to state and federal special education regulations, annual public notice to parents of children who reside within a school district is required regarding child find responsibilities. School districts (SDs), intermediate units (IUs) and charter schools (CSs) are required to conduct child find activities for children who may be eligible for services via Section 504 of the Rehabilitation Act of 1973. For additional information related to Section 504/Chapter 15 services, the parent may refer to Section 504, Chapter 15, and the Basic Education Circular entitled Implementation of Chapter 15. Also, school districts are required to conduct child find activities for children who may be eligible for gifted services via 22 Pa Code Chapter 16. For additional information regarding gifted services, the parent may refer to 22 PA Code Chapter 16. If a student is both gifted and eligible for Special Education, the procedures in IDEA and Chapter 14 shall take precedence.

This notice shall inform parents throughout the school district, intermediate unit, and charter school of the child identification activities and of the procedures followed to ensure confidentiality of information pertaining to students with disabilities or eligible young children. In addition to this public notice, each school district, intermediate unit, and charter school shall publish written information in the handbook and on the web site. Children ages three through twenty one can be eligible for special education programs and services. If parents believe that the child may be eligible for special education, the parent should contact the appropriate staff member identified at the end of this public notice.

Children age three through the age of admission to first grade are also eligible if they have developmental delays and, as a result, need Special Education and related services. Developmental delay is defined as a child who is less than the age of beginners and at least 3 years of age and is considered to have a developmental delay when one of the following exists: (i) The child's score, on a developmental assessment device, on an assessment instrument which yields a score in months, indicates that the child is delayed by 25% of the child's chronological age in one or more developmental areas. (ii) The child is delayed in one or more of the developmental areas, as documented by test performance of 1.5 standard deviations below the mean on standardized tests. Developmental areas include cognitive, communicative, physical, social/emotional and self-help. For additional information you may contact Montgomery County Intermediate Unit, Early Intervention Services, 1605 West Main Street, Norristown, PA 19403. The telephone number for the Early Intervention Program is (610) 755-9409.

Evaluation Process

Each school district, intermediate unit, and charter school has a procedure in place by which parents can request an evaluation. For information about procedures applicable to your child, contact the school, which your child attends. Telephone numbers and addresses can be found at the end of this notice. Parents of preschool age children, age three through five, may request an evaluation in writing by addressing a letter to the intermediate unit staff at Montgomery County Intermediate Unit, Early Intervention Services, 1605 West Main Street, Norristown, PA 19403. The telephone number for the Early Intervention Program is (610) 755-9409.

Consent

School entities cannot proceed with an evaluation, or with the initial provision of special education and related services, without the written consent of the parents. For additional information related to consent, please refer the Procedural Safeguards Notice which can be found at the PaTTAN website, www.Pattan.net.

Once written parental consent is obtained, the district will proceed with the evaluation process. If the parent disagrees with the evaluation, the parent can request an independent education evaluation at public expense.

Program Development

Once the evaluation process is completed, a team of qualified professional and parents determine whether the child is eligible. If the child is eligible, the individualized education program team meets, develops the program, and determines the educational placement. Once the IEP team develops the program and determines the educational placement, school district staff, intermediate unit staff, or charter school staff will issue a notice of recommended educational placement/prior written notice. Your written consent is required before initial services can be provided. The parent has the right to revoke consent after initial placement.

Confidentiality of Information:

The SDs, IUs and CSs maintain records concerning all children enrolled in the school, including students with disabilities. All records are maintained in the strictest confidentiality. Your consent, or consent of an eligible child who has reached the age of majority under State law, must be obtained before personally identifiable information is released, except as permitted under the Family Education Rights and Privacy Act (FERPA). The age of majority in Pennsylvania is 21. Each participating agency must protect the confidentiality of personally identifiable information at collection, storage, disclosure, and destruction stages. One official at each participating agency must assume responsibility for ensuring the confidentiality of any personally identifiable information. Each participating agency must maintain, for public inspection, a current listing of the names and positions of those employees within the agency who have access to personally identifiable information.

For additional information related to student records, the parent can refer to the Family Education Rights and Privacy Act (FERPA).

This notice is only a summary of the Special Education services, evaluation and screening activities, and rights and protections pertaining to children with disabilities, children thought to be disabled, and their parents. For more information or to request evaluation or screening of a public or private school child contact the responsible school entity listed below. For preschool age children, information, screenings and evaluations requested, may be obtained by contacting the Intermediate Unit. The addresses of these schools are as follows:

INTERMEDIATE UNIT

Montgomery County Intermediate Unit
Early Intervention Services
1605 West Main Street
Norristown, PA 19403
(610) 755-9409

CHARTER SCHOOLS

Achievement House Charter School
1021 W. Lancaster Avenue, Suite 207
Bryn Mawr, PA 19010
(610) 527-0143

Agora Cyber Charter School
Ms. Sharon Williams, Head of School
60 Chestnut Avenue
Devon, PA 19333
(866) 548-9452

Pennsylvania Virtual Charter School
Catherine Greenstein, Director of Special Education
One West Main Street, Ste. 400
Norristown, PA 19401
(610) 275-8500

Souderton Charter School Collaborative
Ms. Jennifer Arevalo, Director of Special Education
110 East Broad Street
Souderton, PA 18964-1209
(215) 721-4560



DON'T WAIT! VACCINATE NOW!

FOR ATTENDANCE IN ALL GRADES in 2013/2014 children need the following:



- 4 doses of tetanus*
(1 dose on or after the 4th birthday)
- 4 doses of diphtheria*
(1 dose on or after the 4th birthday)
- 3 doses of polio
- 2 doses of measles**
- 2 doses of mumps**
- 1 dose of rubella (German measles)**
- 3 doses of hepatitis B
- 2 doses of varicella (chickenpox) vaccine or history of disease

*Usually given as DTP or DTaP or DT or Td

**Usually given as MMR

Children ATTENDING 7th grade in 2013/2014 need the following:

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap)
[if 5 years has elapsed since last tetanus immunization]
- 1 dose of meningococcal conjugate vaccine (MCV)

These requirements allow for medical reasons and religious beliefs.

If your child is exempt from immunizations, he/she may be removed from school during an outbreak.

Pennsylvania's school immunization requirements can be found in 28 PA.CODE CH.23 (School Immunization)

**Contact your health care provider or 1-877 PA HEALTH
for more information**

