REQUIRED REGISTRATION FORMS FOR NEW STUDENTS

_____ _____

Student's Name **Grade**

The following forms are to be read and/or completed by a parent/guardian and/or and licensed physician/pediatrician. Please check off items on this list as they are read/completed, then send this document back to the main office along with all required materials listed below.

To Be Printed and Completed by the Appropriate Designated Person (i.e. physician, teacher, etc.)

- ☐ **PA STATE REQUIRED PHYSICAL EXAM REPORT (WITHIN THE PAST YEAR)**
- ☐ **DENTAL EXAMINATION REPORT**
- ☐ **EYE EXAM REPORT**
- ☐ **TEACHER/SERVICE PROVIDER QUESTIONNAIRE**

To Be Completed Within This Document

- ☐ **STUDENT REGISTRATION FORM**
- ☐ **EMERGENCY CONTACT FORM**
- ☐ **AUTHORIZED FOR STUDENT PICKUP FORM**
- ☐ **HOME LANGUAGE SURVEY**
- ☐ **IPAD POLICY FORM**
- ☐ **PHOTO AND VIDEO RELEASE FORM**
- ☐ **READING THERAPY DOG PERMISSION FORM**

To Be Completed Online

- ☐ **NEW STUDENT REGISTRATION QUESTIONNAIRE**
- ☐ **PRESIDENT'S SCHOLARSHIP APPLICATION** **(Guidelines at the end of document)**
- ☐ **MEDICAL & DEVELOPMENTAL HISTORY/SOCIOLINGUISTIC FORM**
- ☐ **STUDENT VERBAL/NONVERBAL SKILLS SURVEY**
- ☐ **STUDENT/PARENT SURVEY**
- ☐ **DAYCARE FORM**

THE FOLLOWING ITEMS ARE REQUIRED IN ORDER FOR YOUR APPLICATION TO BE REVIEWED:

☐ **Proof of Birth** (birth certificate; valid passport; green card; hospital birth record; adoption documentation; Notarized affidavit of parent/guardian).

☐ **Proof of Residency** (current utility bill or service agreement for gas/oil, electricity, telephone, cable, driver's license, vehicle registration, deed, or signed property lease; Notarized statement from parent/guardian indicating address of residence). Residency is subject to investigation and verification by the school.

☐ **Proof of Immunization with Dates**

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

CAI LEARNING ACADEMY

STUDENT REGISTRATION FORM

FOR OFFICE USE ONLY	Student ID#:	HR:	Registration Date:
Proof of Address:		Current Grade:	
Proof of Birth:	Certificate No:	State/Country:	
Entered in Database By:	Date Entered:	Date copy given to Nurse:	

STUDENT REGISTRATION INFORMATION (Información del estudiante)

LAST NAME (Apellido)	FIRST NAME (Primer Nombre)	MIDDLE NAME (Segundo Nombre)

DATE OF BIRTH: (Fecha de nacimiento): MONTH (mes) DAY (día) YEAR (año)	SEX (sexo)	☐ Male ☐ Female

ETHNICITY (origen étnico) - CHOOSE ONE (eliga uno) (✓)

☐ Not Hispanic or Latino (No hispano o latino)

☐ Hispanic or Latino (Hispano o Latino- de origen Cubano, Mexicano, América Central, América del Sur o otra cultura hispana)

RACE - CHOOSE ALL THAT APPLY (Raza; Eliga todas las que apliquen) (✓)

☐ American Indian or Alaskan (Indio/Amer/Nativo de Alaska)

☐ Asian (Asiatico)

☐ Native Hawaiian/Pacific Islander (Hawaiano/Isleño del Pacífico.)

☐ Caucasian (Caucásico)

☐ Black or African American (Negro o Africano Americano)

RESIDENCE INFORMATION (Información de residencia)

STREET ADDRESS (Dirección)	APT #	ZIP CODE (zona postal)

PRIMARY PHONE (Teléfono Primario)	OTHER PHONE (Otro Número)	EMAIL ADDRESS: (correo electrónico)

PLACE OF BIRTH (Lugar de Nacimiento)

CITY (ciudad)	STATE (Estado)	COUNTRY (PAIS)

Date first enrolled in school in Pennsylvania. (Fecha que se inscribió por primera vez en la escuela, en Pennsylvania)

If not born in the United States, date of entry into the United States:
(Si no nacío en los EEUU, fecha de entrada a los EEUU):

COMPLETE ALL PAGES OF THIS FORM

CAI LEARNING ACADEMY

STUDENT REGISTRATION FORM

LANGUAGE SURVEY (Cuestionario de idioma)

1. What is the student's first language? _____
   (¿Cuál es el primer idioma del estudiante?)

2. What is the student's primary language? _____
   (¿Cuál es el idioma primario del estudiante?)

3. What language(s) is/are spoken at home? _____
   (¿Qué idioma se habla en su hogar?)

4. Does the parent require a translator? ☐ NO ☐ YES (Sí) What language?
   (¿El padre/tutor necesita un traductor?) ¿Cuál lenguaje?

5. Does the parent require paperwork in another language? ☐ NO ☐ YES (Sí) What language?
   (¿Necesita el padre/tutor documentos en otro lenguaje?) ¿Cuál lenguaje?

STUDENT EDUCATION - (Educación del estudiante)- complete esta sección si el niño ha asistió a la escuela

1. Did your child ever participate in a Head Start program? ☐ NO ☐ YES (Sí)
   (¿Alguna vez su hijo participó en un programa de Head Start?)

   If yes, name of last school/program attended? _____
   (¿Nombre del programa/ escuela que asistió?)

2. Last school attended was in (Escuela asistido la más reciente): ☐ Allentown School District ☐ Other School district

3. Last school attended was (Tipo de escuela asistido la más reciente):
   ☐ Public School ☐ Non-Public School ☐ Homeschool ☐ Charter/Cyber School

NAME OF SCHOOL LAST ATTENDED (Nombre de la escuela)	DATE (última fecha de asistencia)	GRADE (último grado completado)

ADDRESS OF SCHOOL LAST ATTENDED (Dirección de la escuela)

1. Is your child receiving Special Education Services? ☐ NO ☐ YES (Sí)
   (¿Asistió el estudiante en un programa de educación especial?)

2. Is your child receiving gifted services? ☐ NO ☐ YES (Sí)
   (¿Está su hijo recibiendo servicios educativos de dotados?)

3. Does your child have a current Section 504 plan (protected handicapped service agreement)? ☐ NO ☐ YES (Sí)
   ¿Tiene su hijo(a) un acuerdo de servicio para minusválidos protegido actual?

4. Did your child ever attend (Ha asistido en): ☐ Early Intervention Program ☐ Pre-Kindergarten ☐ Kindergarten

CAI LEARNING ACADEMY

STUDENT REGISTRATION FORM

ADULT(S) WITH WHOM CHILD RESIDES (Adultos con quién vive el estudiante)

FULL NAME (Nombre completo)	RELATIONSHIP Relación con el estudiante	RESIDE TOGETHER ¿Viven Juntos? ☐ NO ☐ YES (Sí)	SHARES INFORMATION Comparte la información con ☐ NO ☐ YES (Sí)

If foster parent, name of agency placing the child:
Si usted es padre de crianza, nombre de agencia de colocación:

Is your child part of a custody agreement? ☐ NO ☐ YES (Sí) If YES, please provide a copy of the agreement.
¿Es su hijo parte de un acuerdo de custodia? En caso AFIRMATIVO, por favor proporcione una copia del acuerdo?

MARITAL STATUS (Estado civil): ☐ Single (soltero) ☐ Married (casado) ☐ Divorced (divorciado) ☐ Widowed (viudo)

EDUCATION LEVEL:	☐ Some High School	☐ Graduated High School	☐ GED	☐ Some College	☐ College Degree
NIVEL EDUCATIVO:	Asistió a secundaria	Graduado de secundaria	GED	Asistió la universidad	Grad. de universidad

EMPLOYER NAME (nombre del empleado):

EMPLOYER ADDRESS (Dirección de empleado):	EMPLOYER PHONE (número de teléfono de empleado)

FULL NAME (Nombre completo)	RELATIONSHIP Relación con el estudiante	RESIDE TOGETHER ¿Viven Juntos? ☐ NO ☐ YES (Sí)	SHARES INFORMATION Comparte la información con ☐ NO ☐ YES (Sí)

If foster parent, name of agency placing the child:
Si usted es padre de crianza, nombre de agencia de colocación:

Is your child part of a custody agreement? ☐ NO ☐ YES (Sí) If YES, please provide a copy of the agreement.
¿Es su hijo parte de un acuerdo de custodia? En caso AFIRMATIVO, por favor proporcione una copia del acuerdo?

MARITAL STATUS (Estado civil): ☐ Single (soltero) ☐ Married (casado) ☐ Divorced (divorciado) ☐ Widowed (viudo)

EDUCATION LEVEL:	☐ Some High School	☐ Graduated High School	☐ GED	☐ Some College	☐ College Degree
NIVEL EDUCATIVO:	Asistió a secundaria	Graduado de secundaria	GED	Asistió la universidad	Grad. de universidad

EMPLOYER NAME (nombre del empleado):

EMPLOYER ADDRESS (Dirección de empleado):	EMPLOYER PHONE (número de teléfono de empleado)

CAI LEARNING ACADEMY

STUDENT REGISTRATION FORM

EMERGENCY CONTACT INFORMATION (INFORMACIÓN SOBRE EL CONTACTO DE EMERGENCIA)

In case of emergency, I give permission to have the following person(s) contacted in the following order and have my child released to their care. Identification will be required prior to my child's release.

En caso de emergencia, doy permiso para que la persona (s) sea (n) contactada(s) en la siguiente orden y entregar a mi hijo a su cuidado. Una forma de identificación será requerida antes de entregar a mi hijo(a).

NAME (Nombre)	PRIMARY NUMBER Número de Teléfono	OTHER NUMBER Otro Número	RELATIONSHIP TO CHILD Relación con el Niño
1)			
2)			
3)			
4)			
5)			
6)			

Parent/Guardian Signature (Firma del Padre/Tutor)

OTHERS IN THE HOUSEHOLD - CHILDREN AND ADULTS (OTROS EN EL HOGAR - NIÑOS Y ADULTOS)

Last Name, First Name, Middle Name Apellido, Primer Nombre, Segundo Nombre	Date of Birth Fecha de Nacimiento	Sex Género	School Escuela	Grade Grado

EMERGENCY CONTACT PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182, 3280.124(a)(b), 3280.181 & 182, 3290.124(a)(b), 3290.181 & 182

CHILD'S NAME	BIRTH DATE
ADDRESS	
MOTHER'S NAME/LEGAL GUARDIAN	HOME TELEPHONE NUMBER
E-MAIL ADDRESS	MOBILE TELEPHONE NUMBER
ADDRESS	
BUSINESS NAME	BUSINESS TELEPHONE NUMBER
ADDRESS	
FATHER'S NAME/LEGAL GUARDIAN	HOME TELEPHONE NUMBER
E-MAIL ADDRESS	MOBILE TELEPHONE NUMBER
ADDRESS	
BUSINESS NAME	BUSINESS TELEPHONE NUMBER
ADDRESS	

EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE

PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS	TELEPHONE NUMBER WHEN CHILD IS IN CARE

NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER	TELEPHONE NUMBER
ADDRESS	
SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICATION REACTIONS)
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICATION, SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD	
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS	POLICY NUMBER (REQUIRED)

PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT

OBTAINING EMERGENCY MEDICAL CARE	**ADMIN. OF MINOR FIRST - AID PROCEDURES**
WALKS AND TRIPS	SWIMMING
TRANSPORTATION BY THE FACILITY	WADING

PERIODIC REVIEW

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

CAI LEARNING ACADEMY

Authorization for Pickup Form

CAI Learning Academy will not release your child to anyone who you have not included on this Authorization for pick-up form. During the beginning weeks of school, please inform your child's teacher who the regular pick-up person will be for your child.

If the regular pick-up person changes: We ask that if your regular pickup person changes and someone on your authorized list will be picking up, please send in a note or call the school to make us aware of the change so we will know who to expect. However, if you have not notified us of the change and someone from your authorized list comes to pick up, we will release your child to this person after verifying their picture I.D. without calling you first.

If the pickup person is not on your authorized list: We will require that a written note or email be sent in before the end of the school day with your signature authorizing the non-listed person to pick up your child. We cannot accept phone call pickup changes if it will be someone not on your authorized list, unless they provide a valid form of identification. You will be notified immediately if someone not on your list comes to pick up your child and we have not received a written note with your authorization.

Picture I.D. Required: Please notify the person on your list that a picture I.D. will be asked for by the teacher prior to releasing your child, so they must be sure to bring it in with them. This also applies to anyone authorized in a written note to pick up.

Please Note: Your child will only be released to the persons named on your list with picture I.D. Also, if your spouse is authorized to pick up your child please note him/her on the list below. Individuals picking up your child must be at least 16 years of age and provide either a valid driver's license or school ID.

We know that emergencies and unusual situations happen, however, we ask that you please try to limit the people who pick up to the ones on the Authorization for Pick up Form. All these precautions for releasing students are to ensure your child's safety and are not meant to cause intentional inconvenience for parents. We very much appreciate your understanding and cooperation with our policies on picking up students.

If changes need to be made to this list during the course of the school year, please come by the office to complete a new form.

_____ _____

Student's Name **Parent/Guardian's Name (Print)**

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

By signing below, I verify that I have read and agree to the student pickup policies described above, and authorize CAI Learning Academy to release my child to the above listed persons.

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

CAI LEARNING ACADEMY

Formulario de Autorización de Recogida

CAI Learning Academy no le entregará a su hijo a cualquier persona que no esté incluida en este formulario de Autorización para la recogida. En las semanas iniciales de la escuela, por favor informe al maestro de su niño quien será la persona de recogida regular para su hijo.

Si la Persona Regular para Recoger Cambia: Pedimos que si cambia la persona regular para recoger y alguien en su lista autorizada estarán recogiendo , por favor enviar una nota o llamar a la escuela para hacernos conscientes del cambio de modo sabremos qué esperar. Sin embargo, si usted no nos ha notificado del cambio y alguien de su lista autorizada viene a recogerlo, su hijo se lo entregará a esta persona después de verificar su identificación con foto sin llamar primero.

Si La Persona Que Recoja a su Hijo(a) No Está en su Lista Autorizada: Vamos a exigir una nota por escrito que sea enviará antes del final del día escolar con su firma autorizando a la persona que va a recoger a su hijo. No podemos aceptar cambios de entrega por llamadas telefónicas si va a ser alguien no autorizado en su lista a menos que proporcionen una forma válida de identificación. Se le notificará inmediatamente si alguien que no está en su lista viene a recoger a su hijo y si no hemos recibido una nota escrita con su autorización.

Identificación Requerida: Por favor notifique a la persona en su lista que se le pedirá una identificación con foto para el maestro antes de la liberación de su hijo, así que asegúrese de llevarla con ellos. Esto también se aplica a cualquier persona autorizada en una nota escrita.

Tenga en cuenta: Su hijo sólo se dará entrega a las personas mencionadas en la lista con una identificación de imagen. También, si su cónyuge está autorizado para recoger a su hijo por favor, anote su nombre en la siguiente lista. Las personas que recogen a su hijo deben tener por lo menos 16 años de edad y proporcionar una licencia de conducir válida o identificación de la escuela.

Sabemos que las situaciones de emergencia y situaciones inusuales ocurren, sin embargo, le pedimos que trate de limitar las personas que recogen a las que están en el Formulario de autorización para recolección. Todas estas precauciones para liberar a los estudiantes son para asegurar la seguridad de su hijo y no tienen la intención de causar inconvenientes intencionales a los padres. Apreciamos mucho su comprensión y cooperación con nuestras políticas de recoger a los estudiantes.

Si es necesario hacer cambios a esta lista durante el transcurso del año escolar, por favor venga por la oficina para completar un nuevo formulario.

_____ _____

Nombre del Estudiante **Nombre del Padre /Tutor**

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

Con mi firma a continuación, confirmo que he leído y acepto las políticas de entrega de estudiantes descritos anteriormente, y autorizo a CAI Learning Academy para entregar a mi hijo(a) a las personas mencionadas anteriormente.

Firma del Padre / Tutor: _____ **Fecha:** _____

02/2020

CAI LEARNING ACADEMY

HOME LANGUAGE SURVEY

The Office of Civil Rights (OCR) requires that all Local Education Agencies (LEA's) identify limited English proficient (LEP) students in order to provide appropriate language instructional programs. Pennsylvania has selected the Home Language Survey as the initial step in the identification process.

School District:_____ Date:_____

School:_____

Student's Name:_____ Grade:_____

1. **What is/was the student's first language?** _____
2. **Does the student speak a language(s) other than English?** ☐ Yes ☐ No
   (Do not include languages learned in school.)
   If yes, specify the language(s):_____
3. **What language(s) is/are spoken in your home?**_____
4. **Has the student attended any United States school in any 3 years during his/her lifetime?**

   ☐ Yes ☐ No

   If yes, complete the following:

Name of School	State	Dates Attended

Person completing this form:_____
(if other than parent/guardian)

Parent/Guardian signature:_____

The local education agency (LEA) has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the LEA has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the LEA may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the LEA in the future.

ENCUESTA DE IDIOMAS EN EL HOGAR

La Oficina de Derechos Civiles (OCR) requiere que todas las Agencias de Educación Local (LEA) identifiquen a los estudiantes con dominio limitado del inglés (LEP) para proporcionar los programas de instrucción de lenguaje apropiados. Pensilvania ha seleccionado la Encuesta de idiomas en el hogar como el paso inicial en el proceso de identificación.

Distrito escolar: _____ Fecha: _____

Escuela:_____

Nombre del estudiante: _____ Grado: _____

1. **¿Cuál es / fue el primer idioma del estudiante?**
   _____

2. **¿Habla el alumno un idioma (s) además del inglés?** ☐ Sí ☐ No
(No incluye los idiomas aprendidos en la escuela).
En caso afirmativo, especifique el idioma (s): _____

3. **¿Qué idioma (s) se hablan en su hogar?** _____

4. **¿Ha asistido el estudiante a cualquier escuela de los Estados Unidos en 3 años durante su vida?**

☐ Sí ☐ No

Si es así, complete lo siguiente:

Nombre de la escuela	**estado**	**Las fechas asistidas**
_____	_____	_____
_____	_____	_____
_____	_____	_____

Persona que completa este formulario:

_____
(si no es el padre / tutor)

Firma del Padre / Tutor:_____

La agencia de educación local (LEA) tiene la responsabilidad bajo la ley federal de atender a estudiantes con dominio limitado del inglés y que necesitan servicios de instrucción de inglés. Dada esta responsabilidad, la LEA tiene derecho a solicitar la información que necesita para identificar a los estudiantes del idioma inglés (ELL). Como parte de la responsabilidad de localizar e identificar a los ELL, el LEA puede realizar evaluaciones o solicitar información relacionada sobre los estudiantes que ya están inscritos en la escuela, así como entre los estudiantes que se inscriben en la LEA en el futuro.

CAI LEARNING ACADEMY

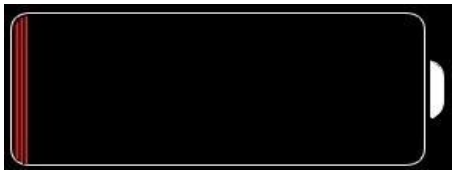
iPad Acceptable Use Policy

- [ ] **I will always wash my hands before using the iPad.**
  Siempre me lavaré las manos antes de usar el iPad.

- [ ] **I will always use two hands when carrying the iPad.**
  Siempre usaré dos manos al llevar el iPad.

- [ ] **I will make sure I always know where the iPad is.**
  Me aseguraré de que siempre sepa dónde está el iPad.

- [ ] **I will make sure to have an adult plug the iPad in when I see this:**
  Me aseguraré de tener que un adulto enchufe el iPad en cuando veo esto:



- [ ] **I will only use apps and programs my teacher has instructed me to use.**
  Solo usaré aplicaciones y programas que mi maestro me haya indicado usar.

- [ ] **No liquids around the iPad. Ever.**
  No habrá líquidos alrededor del iPad. Nunca.

- [ ] **I will be responsible and make smart learning choices while using the iPad.**
  Seré responsable y haré opciones inteligentes de aprendizaje mientras uso el iPad.

- [ ] **I will treat the iPad with respect.**
  Voy a tratar el iPad con respeto.

- [ ] **I will always keep the iPad in school.**
  Siempre voy a mantener el iPad en la escuela.

Student Signature: _____
Firma del Estudiante:

Parent Signature: _____ Date: _____
Firma del Padre: *Fecha:*

Rev. 09/2020

CAI LEARNING ACADEMY

PHOTO AND VIDEO RELEASE FORM

Student Name:_____ Grade:_____

Parent Name:_____

PHOTO/VIDEO PERMISSION

For the 2020-2021 school year, your child may be photographed and/or videotaped for use in promoting CAI Learning Academy educational programs via publications, advertisements, newspaper articles, television commercials, and public service announcements. In addition, photos may be used for the Computer Aid, Inc. President's Scholarship Award and publications for the Computer Aid, Inc. quarterly newsletter.

For the 2020-2021 school year, please check if we have permission to use your child's photo/video for these purposes.

☐ I give permission ☐ I deny permission

WEBSITE PERMISSION

We may occasionally use photos of school activities on our website as well. These photos will NOT personally identify your child. These photos may also be shared with the Corporate offices of CAI to promote CAILA's programs through their websites.

For the 2020-2021 school year, please check if we have permission to use your child's photo/video for these purposes.

☐ I give permission ☐ I deny permission

SOCIAL MEDIA PERMISSION

We may occasionally use photos or videos of activities on our Facebook page as well as other social media in the future. These photos/videos will NOT personally identify the student. These photos may also be shared with the Corporate offices of CAI to promote CAILA's programs through their website and social media outlets.

For the 2020-2021 school year, please check if we have permission to use your child's photo/video for these purposes.

☐ I give permission ☐ I deny permission

Parent Signature:_____ Date:_____

CAI LEARNING ACADEMY

FORMULARIO DE PUBLICACIÓN DE FOTOGRAFÍA Y VIDEO

Nombre del estudiante: _____ Grado: _____

Nombre del padre/madre:_____

PERMISO DE FOTO / VIDEO

Para el nuevo año escolar, su hijo puede ser fotografiado y / o grabado para su uso en la promoción de los programas educativos de CAI Learning Academy a través de publicaciones, publicidades, artículos de periódicos, comerciales de televisión y anuncios de servicio público. Además, se pueden usar fotos para el Premio de Becas del Presidente de Computer Aid, Inc. y publicaciones para el boletín trimestral de Computer Aid, Inc..

Para el nuevo año escolar, verifique si tenemos permiso para usar la foto / video de su hijo para estos fines.

☐ Doy permiso ☐ Niego permiso

PERMISO PARA LA PÁGINA WEB

Ocasionalmente, también podemos usar fotos de actividades escolares en nuestro sitio web. Estas fotos NO identifican personalmente a su hijo. Estas fotos también se pueden compartir con las oficinas corporativas de CAI para promover los programas de CAILA a través de sus sitios web.

Para el nuevo año escolar, verifique si tenemos permiso para usar la foto / video de su hijo para estos fines.

☐ Doy permiso ☐ Niego permiso

PERMISO PARA MEDIOS SOCIALES

De vez en cuando, podemos utilizar fotos o videos de actividades en nuestra página de Facebook y en otras redes sociales en el futuro. Estas fotos / videos NO identifican personalmente al estudiante. Estas fotos también se pueden compartir con las oficinas corporativas de CAI para promover los programas de CAILA a través de su sitio web y medios de comunicación social.

Para el nuevo año escolar, verifique si tenemos permiso para usar la foto / video de su hijo para estos fines.

☐ Doy permiso ☐ Niego permiso

Firma del padre / madre: _____ Fecha: _____

CAI LEARNING ACADEMY

Dear Parents/Guardians:

Furry Tails Reading Partners is participating in the **Reading Education Assistance Dogs** (R.E.A.D.®) Program. This program is dedicated to improving the reading skills of children using registered therapy dog teams as literacy mentors.

Handlers and their dogs will work with individual children on a one-on-one basis for 10 - 15 minutes per session. Sessions will be held during school hours. There is no charge for this program.

The dogs and handlers have been insured for liability and have undergone reading education training in addition to their extensive training and registration to do animal-assisted therapy. All handlers have passed criminal and child abuse background checks with the state.

Participation of this program will not begin until the school receives your written permission. You also have the right to refuse to participate in this program.

I do give permission for my child _____ to participate in the **Reading Education Assistance Dogs** (R.E.A.D.®) Program at CAI Learning Academy.

_____ _____

Signature of Parent or Guardian Date

I do **not** give permission for my child _____ to participate in the **Reading Education Assistance Dogs** (R.E.A.D.®) Program at CAI Learning Academy.

_____ _____

Signature of Parent or Guardian Date

03/2020

CAI LEARNING ACADEMY

Estimados Padres / Guardianes:

Lectura de Socios Furry Tails está participando en el programa **Perros de Ayuda de la Educación de la Lectura (R.E.A.D.®).** Este programa se dedica a mejorar las habilidades de lectura de los niños que utilizan equipos de perros de terapia registrados como mentores de alfabetización.

Los manejadores y sus perros trabajarán individualmente con niños de 10 a 15 minutos por sesión. Las sesiones se llevarán a cabo durante las horas escolares. No hay ningún cargo por este programa.

Los perros y los manejadores han sido asegurados para la responsabilidad y se han sometido a la educación de lectura de formación en el complemento de su amplia formación e inscripción para hacer la terapia asistida por animales. Todos los manejadores han pasado chequeos de antecedentes penales y de abuso infantil con el estado.

Participación de este programa no comenzará hasta que la escuela reciba su permiso por escrito. Usted también tiene el derecho de negarse a participar en este programa.

Por favor complete, firme y entregue la sección apropiada abajo.

Yo doy permiso para que mi hijo (a) _____ participe en el **Programa de Perros de Educación para la Lectura** (R.E.A.D.®) en CAI Learning Academy.

_____ _____

Firma del padre o tutor Fecha

No doy permiso para que mi hijo (a) _____ participe en el **Programa de Perros de Educación para la Lectura** (R.E.A.D.®) en CAI Learning Academy.

_____ _____

Firma del padre o tutor Fecha

03/2020

CAI LEARNING ACADEMY

President's Scholarship Guidelines

SCHOLARSHIP PURPOSE

The CAI Learning Academy Board of Trustees has established a scholarship fund to be awarded to a student currently enrolled at CAI Learning Academy who: (1) regularly displays the characteristics of a leader, i.e., respectful to others, responsible for his/her actions, and is a teamplayer; (2) arrives on time to school and is ready to learn; (3) regularly attends school (see student handbook for attendance policy); and (4) works diligently and strives to be the best student possible.

REQUIREMENTS

In order to be considered for a President's Scholarship, a student must meet the following criteria:

- Applicant must be a CAI Learning Academy student in good standing with all tuition and late fees from the previous school year paid in full by the time the application is submitted.

- *If the applicant receives a President's Scholarship, the parent(s) must sign a contract agreeing to regular attendance by their child, which includes no more than 3 unexcused absences and 5 late arrivals during the previous school year. (Students who violate this contract will be at risk of losing the scholarship.)*

All applicants must submit a completed application and parent essay (typed or handwritten). Each question must have a response of **no less than 150 words** addressing the following topics: (1) Why CAI Learning Academy stood out to you and how you feel we can provide your child with an above average educational experience. (2) What aspirations do you have for your child's future?

SUBMISSION

*Deadline for submitting the application and essay is **March 12, 2021**. Applications should be submitted to the School at CAI Learning Academy, 1035 W. Washington St., Allentown, PA 18102. The form can be found here.*

SELECTION PROCESS

All applications are reviewed by the Scholarship Committee which consists of the Director of Education and the Dean of Students. Scholarship award recommendations will be made to the Board and subject to the Board's official approval.

Scholarship finalists may be required to meet with the Scholarship Committee for a personal interview. This interview would be conducted in the month of October before final selections are made by the committee.

NOTIFICATION

The students awarded the scholarship will be notified in writing. All scholarship money will be applied directly to the student's tuition.

DISCLAIMER

The receipt of scholarships from other organizations shall not render a student ineligible for the President's Scholarship, except in the event that a full scholarship is awarded.

CAI LEARNING ACADEMY

Pautas de la Beca del Presidente

OBJETIVO DE BECAS

El Consejo de Administración de CAI Learning Academy ha establecido un fondo de becas para ser otorgado a un estudiante actualmente inscrito en CAI Learning Academy que: (1) muestra regularmente las características de un líder, es decir, respetuoso con los demás, responsable de sus acciones, y es un jugador de equipo; (2) llega a tiempo a la escuela y está listo para aprender; (3) asiste regularmente a la escuela (consulte el manual del estudiante para conocer la política de asistencia); y (4) trabaja diligentemente y se esfuerza por ser el mejor estudiante posible.

REQUISITOS

Para ser considerado para una Beca del Presidente, un estudiante debe cumplir con los siguientes criterios:

El solicitante debe ser un estudiante de la Academia de Aprendizaje CAI con buena reputación, con todas las matrículas y cuotas atrasadas del año escolar previo que se pagará en su totalidad al momento de presentar la solicitud.

Si el solicitante recibe una beca del presidente, el padre (s) debe firmar un contrato que acuerde la asistencia regular de su hijo, que incluye no más de 3 ausencias injustificadas y 5 llegadas tardías durante el año escolar previo. (Los estudiantes que violen este contrato correrán el riesgo de perder la beca).

Todos los solicitantes deben presentar una solicitud completa y un ensayo para padres (escrito a mano o con letra). Cada pregunta debe tener una respuesta de **no menos de 150 palabras** que aborden los siguientes temas: (1) ¿Por qué se destacó CAI Learning Academy y cómo cree que podemos brindarle a su hijo una experiencia educativa superior al promedio? (2) ¿Qué aspiraciones tiene para el futuro de su hijo?

SUMISIÓN

La fecha límite para enviar la solicitud y el ensayo es el 13 de marzo del 2020. Las solicitudes deben enviarse a la escuela en la Academia de aprendizaje CAI, 1033 W. Washington St., Allentown, PA 18102. El formulario se puede encontrar aquí.

PROCESO DE SELECCIÓN

Todas las solicitudes son revisadas por un Comité de Becas que consta del Director de Educación y el Decano de Estudiantes. Las recomendaciones para la concesión de becas se harán a la Junta y estarán sujetas a la aprobación oficial de la Junta.

Los finalistas de las becas pueden ser requeridos para reunirse con el Comité de Becas para una entrevista personal. Esta entrevista se llevara acabo en el mes de octubre antes de que el comité realice las selecciones finales.

NOTIFICACIÓN

El estudiante que recibió la beca será notificado por escrito. Todo el dinero de la beca se aplicará directamente a la matrícula del estudiante.

RENUNCIA

La recepción de becas de otras organizaciones no hará que un estudiante no sea elegible para la Beca del Presidente, excepto en el caso de que se otorgue una beca completa.

pennsylvania
DEPARTMENT OF HEALTH

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: *Has the student…*	YES	NO
1. Any ongoing medical conditions? If so, please identify: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ 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: *Has the student…*	**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: *Has the student...*	**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: ☐ Heart murmur or heart infection ☐ High blood pressure ☐ Kawasaki disease ☐ High cholesterol ☐ 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: *Has the student...*	**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: *Has the student…*	**YES**	**NO**
27. Had any rashes, pressure sores, or other skin problems?		
28. Ever had herpes or a MRSA skin infection?		

GENITOURINARY: *Has the student…*	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? ☐ Yes ☐ 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: ☐ less than 1 year ☐ 1-2 years ☐ greater than 2 years		
SOCIAL/LEARNING: *Has the student…*	**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: ☐ Anemia/blood disorders ☐ Inherited disease/syndrome ☐ Asthma/lung problems ☐ Kidney problems ☐ Behavioral health issue ☐ Seizure disorder ☐ Diabetes ☐ 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: ☐ Brugada syndrome ☐ QT syndrome ☐ Cardiomyopathy ☐ Marfan syndrome ☐ High blood pressure ☐ Ventricular tachycardia ☐ High cholesterol ☐ 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_____

Adapted in part from the ***Pre-participation Physical Evaluation History Form***; ©2010 American Academy of Family Physicians, American Academy of Pediatrics, American College of Sports Medicine, American Medical Society for Sports Medicine, American Orthopaedic Society for Sports Medicine, and American Osteopathic Academy of Sports Medicine.

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

Physical exam for grade: K/1 ☐ 6 ☐ 11 ☐ Other ☐	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 ☐				
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 ☐	Date:_____				
Varicella: Vaccine ☐ Disease ☐	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)					

 ADDITIONAL COMMENTS (PARENT / GUARDIAN / STUDENT / HEALTH CARE PROVIDER)

H514.027

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		☐ M ☐ 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

CAI LEARNING ACADEMY

EYE EXAM REPORT

STUDENT'S NAME: _____ DATE _____

VISUAL ACUITY	FAR		NEAR	
	RIGHT	LEFT	RIGHT	LEFT
WITHOUT CORRECTION				
WITH CORRECTION				

DIAGNOSIS OR EXPLANATION OF EYE CONDITION:

_____

_____

_____

PLAN OF TREATMENT:

GLASSES PRESCRIBED _____ **YES** _____ **NO**

PRESCRIPTION CHANGED _____ **YES** _____ **NO**

CONSTANT WEAR _____ **YES** _____ **NO**

NEAR WORK ONLY _____ **YES** _____ **NO**

DISTANCE WORK ONLY _____ **YES** _____ **NO**

CONTACT(S) PRESCRIBED _____ **YES** _____ **NO**

RECOMMENDATION FOR SCHOOL:

_____

_____

_____

RETURN VISIT: _____

Print Name of Eye Specialist: _____

Signature of Eye Care Specialist: _____ **Telephone#:** _____

CAI LEARNING ACADEMY

Teacher/Service Provider Questionnaire

Parent/Guardian,

If your child is attending daycare or pre-k / school, this form is to be given to your child's teacher.

Teacher/Service Provider,

To assist with our assessment, we would greatly appreciate you completing this questionnaire. Please answer these questions with as much detail as possible as your observations and comments are a critical component of the assessment process.

Name of Child : _____

School/Center : _____

Name of person completing this questionnaire : _____

Role (e.g. Teacher, Director, Speech Therapist, etc) : _____

Contact number : _____ **Email Address:** _____

Date Questionnaire was completed : _____

Communication

1. Which of the following best describes this child's current speech/language abilities (Please "x" the box)

- ❏ Non verbal or uses single words only
- ❏ Uses short phrases, e.g. "I want drink", "Daddy go car", "Mommy come here"
- ❏ Uses fluent speech, e.g. "I went to the shop and bought a lollipop", "Last week I got an award for spelling".

2. Does this child regularly engage in reciprocal conversation with peers? _____

_____

3. Does this child regularly repeat words, phrases or sentences exactly as he/she has heard in the past? _____

_____

4. Does this child play imaginatively with other children? _____

_____

Teacher/Service Provider Questionnaire

Social Skills

1. Does this child show interest in classmates? _____

   _____

2. Does this child have any particular friends or a best friend? _____

   _____

3. Does this child regularly show and share his/her interests and achievements with others?

   _____

4. Does this child spontaneously offer comfort to others if he/she is hurt, ill, or distressed?

   _____

5. Does this child have any difficulties with group work or cooperative play? _____

   _____

6. Does this child consistently respond to the approaches of others? _____

   _____

7. Does this child make appropriate eye contact? _____

   _____

8. Does this child use gestures to communicate, e.g. pointing, beckoning someone to come, using their hands to indicate size or direction? _____

   _____

CAI LEARNING ACADEMY

Teacher/Service Provider Questionnaire

Interests, Behavior & Skills

1. Does this child display any strong or unusual interests? _____

   _____

2. Does this child have difficulty with changes in routine or at times of transition? _____

   _____

3. Does this child regularly display any unusual physical mannerisms or repetitive body movements, e.g. hand flapping or flicking, spinning? _____

   _____

4. Does this child regularly display any unusual sensory interests or sensitivities, e.g. sniffing books, over-sensitive to particular noises? _____

   _____

Academics

1. How is this child or young person doing academically in comparison to peers (e.g. Previous numeracy/literacy results)?

❏ Requires significant curriculum adaptation
❏ Below average
❏ Average
❏ Above Average

2. What are the child's academic challenges? _____

_____

3. Does this child require additional support within the classroom or playground?

❏ No
❏ Yes (Please provide details)

_____

CAI LEARNING ACADEMY

Teacher/Service Provider Questionnaire

Strengths

1. What do you think is most likeable about this child? _____

_____

_____

2. What are the child's favorite hobbies or activities? _____

_____

_____

3. What do you think are the child's strengths? _____

_____

_____

4. What aspects of school help to bring out the best in this child? _____

_____

_____

_____ _____

Teacher/Provider Signature Date

CAI LEARNING ACADEMY

Teacher/Service Provider Questionnaire

Cuestionario de Maestro / Proveedor de Servicios

Por favor complete solo para Kindergarten y / o nuevo estudiante.
Para ayudar con nuestra evaluación, le agradeceríamos mucho que completara este cuestionario. Responda estas preguntas con la mayor cantidad de detalles posible, ya que sus observaciones y comentarios son un componente crítico del proceso de evaluación.

Nombre del niño(a) :
_____

Escuela / Centro: _____

Nombre de la persona que completa este cuestionario: _____

Rol (por ejemplo, profesor, director, terapeuta del habla, etc.):
_____

Número de contacto: _____

Dirección de correo electrónico: _____

Fecha en que se completó el cuestionario: _____

Comunicación

1. ¿Cuál de las siguientes opciones describe mejor las capacidades actuales de habla / lenguaje de este niño(a)? ("X" en la casilla)

❑ No verbal o solo usa palabras sueltas

❑ Utiliza frases cortas, p. Ej. "Quiero beber", "Papá, vete en carro", "Mami ven aquí"

❑ Utiliza un habla fluida, p. "Fui a la tienda y compré una piruleta", "La semana pasada recibí un premio por deletreo".

2. ¿Este niño(a) participa regularmente en conversaciones recíprocas con sus compañeros?

_____

3. ¿Este niño(a) regularmente repite palabras, frases u oraciones exactamente como él o ella ha escuchado en el pasado? _____

Teacher/Service Provider Questionnaire

4. ¿Juega este niño(a) imaginativamente con otros niño(a)s? _____

_____

5. Habilidades sociales ¿Este niño(a)(a) muestra interés en sus compañeros de clase?

_____

6. ¿Este niño(a) tiene algún amigo en particular o un mejor amigo? _____

_____

7. ¿Este niño(a) regularmente muestra y comparte sus intereses y logros con otros?

_____

Habilidades Sociales

1. ¿Ofrece espontáneamente este niño(a) consuelo a los demás si está herido, enfermo o angustiado?
2. ¿Tiene este niño(a) dificultades con el trabajo grupal o el juego cooperativo? _____

   _____
3. ¿Este niño(a) responde constantemente a los enfoques de los demás? _____

   _____
4. ¿Este niño(a) hace un contacto visual apropiado? _____

   _____
5. ¿Este niño(a) usa gestos para comunicarse, p. señalando, haciendo señas a alguien para que venga, usando sus manos para indicar el tamaño o la dirección? _____

   _____

Teacher/Service Provider Questionnaire

Intereses, Comportamiento y Habilidades

¿Este niño(a) muestra intereses fuertes o inusuales? _____

_____

¿Este niño(a) tiene dificultad con los cambios en la rutina o en los momentos de transición?

_____

¿Este niño(a) muestra con regularidad gestos físicos inusuales o movimientos corporales repetitivos, p. mano aleteando o dando chasquidos, dando vueltas?
_____

_____

¿Este niño(a) muestra regularmente cualquier interés o sensibilidad sensorial inusual, p. ¿oliendo libros, demasiado sensibles a ruidos particulares?
_____

_____

Académica

¿Cómo está haciendo este niño(a) o joven académicamente en comparación con sus pares (por ejemplo, resultados de aritmética básica / alfabetización)?

Requiere una adaptación significativa del plan de estudios
Por debajo del promedio
Promedio
Por encima del promedio

2. ¿Cuáles son los desafíos académicos del niño(a)? _____

_____

3. ¿Requiere este niño(a) apoyos adicionales dentro del salón de clases o el patio de recreo?

Sí / No (indique los detalles) _____

_____

Teacher/Service Provider Questionnaire

Fortalezas

¿Qué crees que es más agradable sobre este niño(a)? _____

_____

_____ _____

Firma de Maestra/Proveedor Date