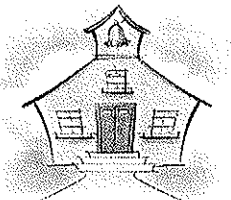


Preparing For Kindergarten



Items that need to be read and returned completed by August 1:

- Priority Kindergarten Registration Materials
 - This is a separate set of forms that need to be turned in as soon as possible!
- Kindergarten Questionnaire (return)
- Home Language Survey (return)
- Immunization information
 - Bring in the shot record card
- TB Testing Requirements (return)
- Dental Information
 - Oral Health Assessment Form (return)
- Report of Health Examination for School Entry (return)

Getting Prepared!

Working with your child this summer can help him or her be better prepared for kindergarten and can help ease those "first-day-of-school" jitters. Work with your child in short chunks of time. No more than 5-10 minutes, and make it a fun time for the two of you to enjoy.

- "Parent's Checklist" of skills to practice this summer
- Alphabet flashcards
- Alphabet chart

Preparing for the First Day of School

Here are some helpful hints for getting your child ready for the first day of kindergarten:

- X Visit the school and become familiar with the kindergarten area.
- X Come to the kindergarten orientation (You will receive a letter with the exact date and time later this summer).
- X Have your child bring a backpack with his/her name on it.
- X Label any coats your child may bring to school with his/her name.

Helpful Information for the Teacher

Enclosed is a Kindergarten Questionnaire. Please do elaborate in any section that you feel will help us get to know your child better

SOCIAL EXPERIENCES

1. Has your child attended Pre-School? _____ Which one? _____
For how long? _____
2. Does your child play quietly or actively? _____
3. With whom does your child play? Alone _____ With older children _____
With younger children _____
4. Does your child play mostly: By him/herself _____ With children same age _____
With boys _____ With girls _____
5. Would you say your child is a leader or a follower? _____
6. What activities does your child enjoy outdoors? _____
7. Does your child enjoy watching television? _____
8. What activities does your child enjoy indoors? _____

9. Does your child enjoy books? _____
10. Do you read to your child? _____ How often? _____

DEVELOPMENT

1. Does your child have any health problems the school should be aware of? _____ (if
so, what?) _____
2. Does your child have any food allergies? _____
3. Is your child right-or-left handed? _____
4. What kind of problems do you have most often with your child? _____

5. How do you discipline your child? _____
6. Describe your child? _____
7. What would you say are your child's strengths? _____

8. Do you have concerns about your child's ability to learn? _____

SCHOOL ADJUSTMENT

1. What else would you like your child's teacher to know about your child? _____

2. Would you be interested in helping in the classroom for one hour per week?
If yes, what day is best for you? _____

3. When is the best time to meet with you? (Please Circle)

Mother	morning	afternoon	evening	anytime
Father	morning	afternoon	evening	anytime

PLEASE REMEMBER: You may visit or call your child's school anytime. You are encouraged to feel free to contact your child's teacher regarding anything you feel might affect your child's education. Check in at the office when you do come to visit or need to pick your child up early.

**FOR STAFF COMPLETION
TO BE COMPLETED FOR ALL NEW STUDENTS**

ESL File Opened <input type="checkbox"/> Yes <input type="checkbox"/> No	ESL Test Date	Today's Date	Test
ESL Evaluator		ESL Level	Placement

PARENT/GUARDIAN HOME LANGUAGE SURVEY

Student's Name	Grade
----------------	-------

Relationship of Person Completing Survey

Mother
 Father
 Guardian
 Other *Specify*

Directions: Check the correct response for each of the following questions and indicate other languages if appropriate

	English	Other	Other Language(s)
1. What language did the child learn when she or he first began to talk?	<input type="checkbox"/>	<input type="checkbox"/>	
2. What language does the family speak at home most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	
3. What language does the parent(s) speak to her/his child most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	
4. What language does the child speak to her/his parent(s) most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	
5. What language does the child hear and understand in the home?	<input type="checkbox"/>	<input type="checkbox"/>	
6. What language does the child speak to her/his brothers/sisters most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	
7. What language does the child speak to her/his friends most of the time?	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
8. Can an adult family member or extended family member speak English?	<input type="checkbox"/>	<input type="checkbox"/>	
Can they read English?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Do the parents/guardians request oral and/or written communication from the school to be in English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Oral <input type="checkbox"/> Written
			If no, in what language?

SIGNATURE

Signature of Person Completing Survey 	Date Signed
-----------------------------------------------	-------------

Adapted from: *Sample Survey, Institute for Cultural Pluralism*, Lau General Assistance Center, San Diego State University, San Diego, CA 921882 [sic], 1976

Children Entering Kindergarten...

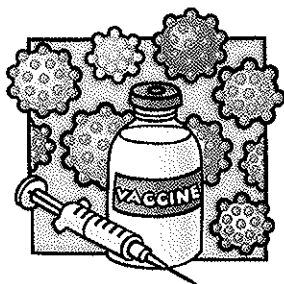
Children entering Kindergarten should have:

- 5 DTap shots (4 doses are ok if at least one was after the 4th birthday)
- 4 Polio (3 doses are ok if at least one was after the 3rd birthday)
- 3 Hepatitis B shots
- 2 MMR shots (must be given after the 1st birthday)
- 1 Varicella shot (must be given after the 1st birthday)
- TB Skin test

Children entering Kindergarten are also required to have a dental health examination on file in the school office.

Parents, please see your child's doctor now to make sure that your child's immunization record has dates for the required shots.

The immunization record will be required to register your child.





HEALTH CLINICS IN YUBA COUNTY

YUBA COUNTY HEALTH & HUMAN SERVICES
5730 Packard Ave., Ste # 100, Marysville, CA (530) 749-6366

PEACH TREE CLINIC
5730 Packard Ave. Ste # 500 Marysville, CA (530) 749-3242

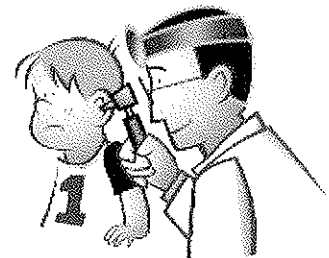
DEL NORTE CHILDREN'S MEDICAL CENTER
31 Market Street, Yuba City, CA (530) 671-8820

LINDHURST FAMILY HEALTH & DENTISTRY
4941 Olivehurst Ave., Olivehurst, CA (530) 743-4611

RICHLAND FAMILY HEALTH CENTER
334 Samuel Drive, Yuba City, CA (530) 674-9200

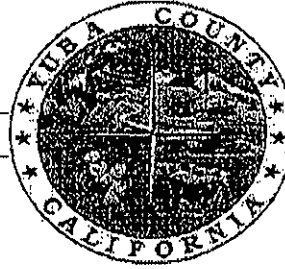
WHEATLAND FAMILY HEALTH CENTER
411 Fourth St., Wheatland, CA (530) 633-9679

Prices based on family income – Medical is accepted
Immunization prices \$5 -\$15 call for days & times



The County of Yuba

HEALTH & HUMAN SERVICES DEPARTMENT



Suzanne Nobles, Director

P. O. Box 2320, 5730 Packard Ave., Marysville, California 95901
Phone: (530)749-6311 FAX: (530)749-6281

Joseph W. Cassady, D.O.,

Health Officer

Phone: (530)741-6366

February 21, 2008

Dear Parent,

SUBJECT: TUBERCULIN SKIN TESTING REQUIREMENTS

As Health Officer for Yuba County, I mandated a change in tuberculin (TB) skin testing requirements for children attending school in Yuba County. This is due to the increase in Multi-Drug Resistant Tuberculosis infections within Yuba County's youth population. This mandate is in effect until further notice.

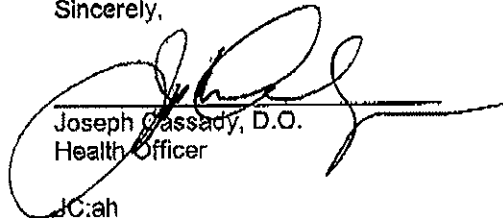
All students entering **kindergarten** or **seventh** grade will be required to provide proof of a valid tuberculin skin test within the last 12 months before attending their first day of school.

This mandate for Yuba County is supported by the California Department of Health Services, Tuberculosis Control Branch. Previous vaccination with BCG is not a contraindication to either tuberculin skin testing or treatment.

Please take this letter and your child, along with their immunization card, to your health care provider or to the Health Department for a tuberculosis test. This test will require two visits. At the first visit, the test will be given. Two days later, the test will be read and the results written on your child's immunization card. Please bring a copy of this record, or the form at the bottom of this page to your child's school office as soon as possible to insure no missed days of school.

Your cooperation will aid in the control of tuberculosis within the community.

Sincerely,


Joseph Cassady, D.O.
Health Officer
JC:ah

Student Name _____ Birthdate _____
PPD given _____ PPD read _____ Results _____ mm _____
Read by: _____

Plumas Lake School District

Dear Parents/Guardians:

To make sure your child is ready for school, California law, *Education Code 49452.8*, now requires that your child have an oral health assessment (dental check-up) in Kindergarten to enter public school. Assessments that have happened within the 12 months before your child enters school also meet this requirement. The law specifies that the assessment must be done by a licensed dentist or other licensed/registered dental health professional.

Take the attached Oral Health Assessment form to the dental office, as it will be needed for your child's check-up. You can get more copies of the necessary form at your child's school. California law also requires schools to maintain the privacy of students' health information. Your child's identity will not be associated with any report produced as a result of this requirement.

The following resources will help you find a dentist and complete the requirement:

1. Medi-Cal/Denti-Cal's toll-free number or website can help you find a dentist who takes Denti-Cal: 1-800-322-6384 or <http://www.denti-cal.gov>. For help enrolling your child in Medi-Cal/Denti-Cal or for additional resources, contact Yuba County Human Services Agency at: 530-749-6366 or 5730 Packard Ave #100/P.O. Box 2320, Marysville, CA 95901.
2. Healthy Families' toll-free number or website can help you to find a dentist who takes Healthy Families insurance or to find out if you child can enroll in the program: 1-800-880-5305 or <http://www.healthyfamilies.gov/hfhome.asp>.

Remember, your child is not healthy and ready for school if he or she has poor dental health! Here is important advice to help your child stay healthy:

- Take your child to your dentist twice a year.
- Choose healthy foods for the entire family. Fresh foods are usually the healthiest foods.
- Brush teeth at least twice a day with toothpaste that contains fluoride.
- Limit candy and sweet drinks, such as soda or punch. Sweet drinks and candy contain a lot of sugar, which causes cavities and replaces important nutrients in your child's diet. Sweet drinks and candy also contribute to weight problems, which may lead to other diseases, such as diabetes. The less candy and sweets, the better!

Baby teeth are very important. They are not just teeth that fall out. Children need their teeth to eat properly, talk, smile, and feel good about themselves. Children with cavities may have difficulty eating, stop smiling, and have problems paying attention and learning at school. Tooth decay is an infection that does not heal and can be painful if left without treatment. If cavities are not treated, children can become sick enough to require emergency room treatment, and their adult teeth may be permanently damaged.

Many things influence a child's progress and success in school, including health. Children must be healthy enough to learn, and children with cavities are not healthy. Cavities are preventable, but they affect more children than any other chronic disease.

Oral Health Assessment Form

California law (*Education Code* Section 49452.8) states your child must have a dental check-up by May 31 of his/her first year in public school. A California licensed dental professional operating within his scope of practice must perform the check-up and fill out Section 2 of this form. If your child had a dental check-up in the 12 months before he/she started school, ask your dentist to fill out Section 2. If you are unable to get a dental check-up for your child, fill out Section 3.

Section 1: Child's Information (Filled out by parent or guardian)

Child's First Name:	Last Name:	Middle Initial:	Child's birth date:
Address:			Apt.:
City:			ZIP code:
School Name:	Teacher:	Grade:	Child's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Child's race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other _____ <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Unknown		

Section 2: Oral Health Data Collection (Filled out by a California licensed dental professional)

IMPORTANT NOTE: Consider each box separately. Mark each box.

Assessment Date:	<u>Caries Experience</u> (Visible decay and/or fillings present) <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Visible Decay Present:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Treatment Urgency:</u> <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended (caries without pain or infection; or child would benefit from sealants or further evaluation) <input type="checkbox"/> Urgent care needed (pain, infection, swelling or soft tissue lesions)
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <i>Licensed Dental Professional Signature</i> <i>CA License Number</i> <i>Date</i> </div>			

Section 3: Waiver of Oral Health Assessment Requirement

To be filled out by parent or guardian asking to be excused from this requirement

Please excuse my child from the dental check-up because: (Check the box that best describes the reason)

- I am unable to find a dental office that will take my child's dental insurance plan.
My child's dental insurance plan is:
 Medi-Cal/Denti-Cal Healthy Families Healthy Kids Other _____ None
- I cannot afford a dental check-up for my child.
- I do not want my child to receive a dental check-up.
- Optional: other reasons my child could not get a dental check-up: _____

If asking to be excused from this requirement: ► _____
Signature of parent or guardian
Date

The law states schools must keep student health information private. Your child's name will not be part of any report as a result of this law. This information may only be used for purposes related to your child's health. If you have questions, please call your school.

Return this form to the school prior to first day of school of your child's first school year.
Original to be kept in child's school record.

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

TO PROTECT THE HEALTH OF CHILDREN, CALIFORNIA LAW REQUIRES A HEALTH EXAMINATION ON SCHOOL ENTRY. PLEASE HAVE THIS REPORT FILLED OUT BY A HEALTH EXAMINER AND RETURN IT TO THE SCHOOL—THE SCHOOL WILL KEEP AND MAINTAIN IT AS CONFIDENTIAL INFORMATION.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last: _____ First: _____ Middle: _____ BIRTH DATE—Month/Day/Year: _____

ADDRESS—Number/Street: _____ City: _____ State: _____ ZIP code: _____ SCHOOL: _____

PART II

HEALTH EXAMINATION Date: _____

Required Tests and Evaluations*	Check When Completed
Health and Developmental History	
Physical Examination	
Nutritional Assessment	
Vision Screening	
Audiometric (hearing) Screening	
Blood Test (for anemia)	
Urine Test	
Tuberculin Test	
Other:	

* All tests and evaluations must be done after the child is 4 1/4 years of age.

IMMUNIZATION RECORD

Vaccine	Date Each Dose Was Given				
	1st	2nd	3rd	4th	5th
Polio (TOPV/IPV) (circle one)	/ /	/ /	/ /	/ /	/ /
DPT/Td/DT (circle one)	/ /	/ /	/ /	/ /	/ /
Hib	/ /	/ /	/ /	/ /	/ /
Hepatitis B**	/ /	/ /	/ /	/ /	/ /
Measles, Mumps, Rubella (MMR)	/ /	/ /	/ /	/ /	/ /

Note to Examiner: Please give the family a completed, or updated, yellow California Immunization Record or other personal immunization record.
Note to School: Please record immunization dates on the blue California School Immunization Record (PM 285).

** Not required for school entry.

PART III—ADDITIONAL INFORMATION FROM HEALTH EXAMINER (Optional)

Fill out if patient or guardian has signed release of health information below.

RESULTS AND RECOMMENDATIONS

- Examination revealed no condition relevant to the school program.
- Conditions found in the examination or after further evaluation which are of importance to schooling or physical activity are: (please explain)

Name, Address, and Telephone Number of Health Examiner: _____

Signature of Health Examiner _____

Date _____

RELEASE OF HEALTH INFORMATION

I give permission to share the additional results of this examination with the school as stated in Part III.

Please check this box if you do not want the health examiner to fill out Part III.

Signature of Parent or Guardian _____

Date _____

If unable to get the examination done, call the Child Health and Disability Prevention Program in your local health department. If you do not want your child to have an examination, you may sign the waiver (PM 171B) form obtained from your child's school.