



• Indicates Required Field

School attendance is required by state law.

- State law requires children from age 8 to 17 to attend school.
- Children that are 6 or 7-years-old, who are enrolled in school, must also attend school.
- Youth who are 16 or older may be excused from attending school if they meet certain requirements per RCW 28A.225.010.
<http://app.leg.wa.gov/RCW/default.aspx?cite=28A.225.010>
- If your child is going to be absent, please contact the school office.

School's duties upon a student's absences:

- If your child has two unexcused absences in one month, state law (RCW 28A.225.020) requires we schedule a conference with you and your child.
- In elementary school after five excused absences in any month, or ten or more excused absences in the school year, the school district is required to contact you to schedule a conference. A conference is not required if your child has provided a doctor's note, or pre-arranged the absence in writing, and plans are in place so your child does not fall behind academically.
- If your child has seven unexcused absences in any month or ten unexcused absences within the school year, we are required to file a petition with the juvenile court, alleging a violation of RCW 28A.225.010, the mandatory attendance laws. You and your child may need to appear in juvenile court.

Did you know?

- Attending school on-time, all day, every day will give your child the best chance of graduating from high school.
- Starting in kindergarten, missing on average just 2 days a month, whether excused or unexcused, makes it more likely that your child will not meet academic standards in math and reading by third grade.
- By 6th grade, absenteeism is one of three signs that a student may drop out of high school.
- Absences can be a sign that a student is losing interest in school, struggling with school work, dealing with a bully or facing some other potentially serious difficulty.
- By 9th grade, regular attendance is a better predictor of high school graduation rates than 8th grade test scores.

What you can do:

- Don't let your child stay home unless they are truly sick, such as fever, vomiting, diarrhea, or a contagious rash.
- Avoid appointments and travel when school is in session.
- Keep track of your child's attendance. Missing more than nine days, excused or unexcused, could put your child at risk of falling behind.
- Set a regular bedtime and morning routine as well as finishing homework and packing backpacks the night before.
- Have a back-up plan in place with family members, neighbors, or other parents for getting your child to school in case something comes up.

If you are struggling to get your child to school for any reason, we are here to support you and work with you towards possible solutions. Please do not hesitate to contact the school office to schedule an appointment to discuss your child's attendance.

*I acknowledge that I have read (or I have had someone read this to me) and I understand this letter. I agree

Student Name: [REDACTED] Birthdate: [REDACTED]

* Parent Full Name: [REDACTED] *Date: 09/01/2021

Health History

*Required Field

Student Name: [REDACTED] DOB: [REDACTED] Gender: Female Grade: 04

This information is needed to plan an appropriate program for your student and to prepare for any emergency situation if one should arise.

*Washington state law requires that LIFE-THREATENING CONDITIONS such as ANAPHYLAXIS, DIABETES, SEIZURES or ASTHMA have a health plan completed prior to the first day of school. Please contact the building nurse as soon as possible to ensure all paper work is complete.

*Medical history (check all that apply) or ☐ No health condition at this time (please sign below).

Congenital Conditions/Genetic ConditionsAG ☐ Other:AJ ☐ Fetal Alcohol Spectrum Disorder**Hematology (Blood)**BB ☐ *HemophiliaBC ☐ Sickle Cell AnemiaBD ☐ Other Blood Condition**Cardiovascular/ Heart Conditions**CG ☐ Other**Endocrine, Allergy, Immune System, Metabolic, and Nutritional**EB ☒ Other AllergyED ☐ Allergy-FoodEE ☐ Allergy-InsectEG ☐ *Anaphylactic Condition (EpiPen)EJ ☐ Cystic FibrosisEK/L ☐ *Diabetes Type 1 ☐ *Diabetes Type 2EM ☐ Allergy to Medication(s)EN ☐ Eating DisorderEO ☐ Other Endocrine, Immune or Metabolic DisorderEU ☐ Thyroid Disorder**Gastrointestinal, Dental, and Oral Conditions**GA/J/K ☐ Celiac Disease ☐ Crohn's ☐ Irritable BowelGD ☐ Dental ConditionGG ☐ Food IntoleranceGH/L ☒ Gastroesophageal Reflux ☐ Lactose IntoleranceGI ☐ OtherGM ☐ Liver DiseaseGN ☐ Oral Condition**Nervous System**☐ ADHD-Inattentive ☐ ADHD Hyperactive/ImpulsiveNB ☐ ADHD-Combined. Diagnosed by:NC ☐ Autism Spectrum DisorderNE ☐ Cerebral PalsyND ☐ Central Nervous System Condition OtherNF ☐ Developmental DisabilityNH/HJ ☐ Migraines ☐ Headaches ☐ ShuntNN ☐ ParalysisNP ☐ *Seizure DisorderNQ ☐ Sensory ConditionNS ☐ Spina BifidaNT ☐ Spinal Cord InjuryNU ☐ Traumatic Brain Injury**Behavioral Health Conditions**PA ☐ AnxietyPC ☐ DepressionPH ☐ Sleep DisorderPI ☐ Tourette SyndromePJ ☐ Other**Respiratory**RA ☐ Exercise Induced Bronchospasm ☐ *InhalerRE ☐ Reactive Airway DiseaseRF ☐ OtherRH ☐ Asthma-ever diagnosedRG ☐ *Asthma- current☐ *Inhaler**Neoplasms (Cancer/Tumors)**TI ☐ Other**Renal and Genitourinary**

Wolfe, Heather

From: [REDACTED] >
Sent: Friday, May 03, 2019 10:52 AM
To: Wolfe, Heather
Subject: Emailing New Doc 2019-04-17 21.23.26.pdf
Attachments: New Doc 2019-04-17 21.23.26.pdf

Updating the school regarding [REDACTED] and [REDACTED]. The protection order can be removed. Their father has supervised visitation per our new parenting plan (see attached). He may not take or pick up the girls on his own. Only [REDACTED] (his mom and supervisor) will be the pickup contact. Also note that he does not have decision making, all phone calls from the school should go to me as the sole decision maker.

Let me know if you have questions, or need more information.

Thank you,

[REDACTED]

* No contact/call to
Dad

FILED

CERTIFIED
COPY2019 MAR 19 PM 2:24
SONYA KRASKI
COUNTY CLERK
SNOHOMISH CO. WASHInvalid
5/3/19Superior Court of Washington
For Snohomish County

Petitioner

DOB

vs.

Respondent

DOB

No. [REDACTED]

Temporary Order for Protection and
Notice of Hearing (TMORPRT)
(Clerk's Action Required)Next Hearing: 4-2-19 Time: 1pm or _____
3000 Rockefeller Avenue, Everett, WA 98201
1st Floor – Department B, C or D as assigned
Other: _____
425-388-3638Names of minors: ☐ No minors Involved

First Middle Last Age (Under 18)

[REDACTED]

10

7

Respondent Identifiers

Sex	Race	Hair
M	Caucasian	Blond
Height	Weight	Eyes
5'10"	140 lb	Blue

Respondent's Distinguishing Features:

Caution:

Access to weapons: ☒ yes ☐ no ☐ unknown

The court finds:

The court has jurisdiction over the parties, the minors, and the subject matter. The respondent will be served notice of his or her opportunity to be heard at the scheduled hearing. RCW 26.50.070. For good cause shown, the court finds that an emergency exists and that a Temporary Protection Order should be issued without notice to the respondent to avoid irreparable harm or injury.

The court orders:

- ☒ 1. Respondent is **restrained** from causing petitioner physical harm, bodily injury, assault, including sexual assault, and from molesting, harassing, threatening, or stalking ☒ petitioner ☒ the minors named in the table above ☐ these minors only.
- ☒ 2. Respondent is **restrained** from harassing, following, keeping under physical or electronic surveillance, cyberstalking as defined in RCW 9.61.260, and using telephonic, audiovisual, or other electronic means to monitor the actions, locations, or wire or electronic communication of ☒ petitioner ☒ the minors named in the table above ☐ only the minors listed below ☐ members of the victim's household listed below ☐ the victim's adult children listed below:

Additional no contact provisions are on the next page.
The terms of this order shall be effective until:

the end of the hearing, noted above.

subject to future orders in a
dissolution or paternity action.

ENTRY: 8650

☒ 3. Respondent is **restrained** from coming near and from having any contact whatsoever, in person or through others, by phone, mail, or any means, directly or indirectly, except for mailing or service of process of court documents by a 3rd party or contact by respondent's lawyer(s) with ☒ petitioner ☒ the minors named in the table above ☐ these minors only:

☒ 4. Respondent is **restrained** from going onto the grounds of or entering petitioner's ☒ residence ☒ workplace ☒ school ☒ the day care or school of ☐ the minors named in the table above ☐ these minors only:

☐ other:

☐ Petitioner's address is confidential. ☒ Petitioner waives confidentiality of the address which is: [REDACTED] WA [REDACTED]

☒ 5. Petitioner shall have exclusive right to the residence petitioner and respondent share. The respondent shall immediately **vacate** the residence. The respondent may take respondent's personal clothing and respondent's tools of trade from the residence while a law enforcement officer is present. ☐ This address is confidential. ☒ Petitioner waives confidentiality of this address which is: *See above*

☒ 6. Respondent is **prohibited** from knowingly coming within, or knowingly remaining within 100 YDS (distance) of: petitioner's ☒ residence ☒ workplace ☒ school ☒ the day care or school of ☒ the minors named in the table above ☐ these minors only:

☐ other:

☐ 7. Petitioner shall have possession of essential personal belongings, including the following:

☐ 8. Petitioner is granted use of the following vehicle:
Year, Make & Model _____ License No. _____

☐ 9. Other. *This order is without prejudice to either party in reference to Cause No. [REDACTED]*

Protection for minors:

☒ 10. Petitioner is **granted** the temporary care, custody, and control of ☒ the minors named in the table above ☐ these minors only:

☒ 11. Respondent is **restrained** from interfering with petitioner's physical or legal custody of ☒ the minors named in the table above ☐ these minors only:

☒ 12. Respondent is **restrained** from removing from the state ☒ the minors named in the table above ☐ these minors only:

☐ **Surrender of Weapons Order filed separately**

The respondent must comply with the *Order to Surrender Weapons Issued Without Notice* filed separately, which requires the respondent to surrender any firearms and other dangerous weapons.

The court finds that irreparable injury could result if the order to surrender weapons is not issued.

The respondent is directed to appear and show cause why this temporary order should not be made effective for one year or more and why the court should not order the relief requested by the petitioner or other relief which may include electronic monitoring, payment of costs, and treatment. ***Failure to Appear at the Hearing May Result in the Court Granting Such Relief. The Next Hearing Date is Shown on Page One.***

Warnings to Respondent: A violation of provisions 1 through 6 of this order with actual notice of its terms is a criminal offense under chapter 26.50 RCW and will subject you to arrest. If the violation of the protection order involves travel across a state line or the boundary of a tribal jurisdiction, or involves conduct within the special maritime and territorial jurisdiction of the United States, which includes tribal lands, you may be subject to criminal prosecution in federal court under 18 U.S.C. § 2261, 2261A, or 2262.

A violation of provisions 1 through 6 of this order is a gross misdemeanor unless one of the following conditions apply: Any assault that is a violation of this order and that does not amount to assault in the first degree or second degree under RCW 9A.36.011 or 9A.36.021 is a class C felony. Any conduct in violation of this order that is reckless and creates a substantial risk of death or serious physical injury to another person is a class C felony. Also, a violation of this order is a class C felony if you have at least two previous convictions for violating a protection order issued under Titles 7, 10, 26 or 74 RCW.

If the court issues a final protection order, and your relationship to the petitioner is that of spouse or former spouse, parent of a common child, or former or current cohabitant as intimate partner, including a current or former registered domestic partner, you may not possess a firearm or ammunition for as long as that final protection order is in effect. 18 U.S.C. § 922(g)(8). A violation of this federal firearms law carries a maximum possible penalty of 10 years in prison and a \$250,000 fine. An exception exists for law enforcement officers and military personnel when carrying department/government-issued firearms. 18 U.S.C. § 925(a)(1). If you are convicted of an offense of domestic violence, you will be forbidden for life from possessing a firearm or ammunition.

18 U.S.C. § 922(g)(9); RCW 9.41.040.

You Can Be Arrested Even if the Person or Persons Who Obtained the Order Invite or Allow You to Violate the Order's Prohibitions. You have the sole responsibility to avoid or refrain from violating the order's provisions. Only the court can change the order upon written application.

Pursuant to 18 U.S.C. § 2265, a court in any of the 50 states, the District of Columbia, Puerto Rico, any United States territory, and any tribal land within the United States shall accord full faith and credit to the order.

Warning: A person may be guilty of custodial interference in the second degree if they violate provisions 10, 11, or 12.

Washington Crime Information Center (WACIC) Date Entry

It is further ordered that the clerk of the court shall forward a copy of this order on or before the next judicial day to SCS County Sheriff's Office ☐ Police Department *Where Petitioner Lives* which shall enter it into WACIC.

Service

- ☒ The clerk of the court shall also forward a copy of this order on or before the next judicial day to MILL CREEK ☐ County Sheriff's Office
- ☒ Police Department *Where Respondent Lives* which shall personally serve the respondent with a copy of this order and shall promptly complete and return to this court proof of service.
- ☐ Petitioner has made private arrangements for service of this order.

Law Enforcement Assistance

- ☐ Law enforcement shall assist petitioner in obtaining:
- ☐ Possession of petitioner's ☐ residence ☐ personal belongings located at: ☐ the shared residence ☐ respondent's residence ☐ other: _____
- ☐ Custody of the above-named minors, including taking physical custody for delivery to petitioner (if applicable).
- ☐ Other: _____

Dated: MAR 13 2019 at 1:27 a.m./p.m.

G. Leo / [Signature]
Judge/Commissioner

Presented by:

[Redacted Signature]
Signature of Petitioner/Lawyer

WSBA No. _____

[Redacted Name]
Print Name

The petitioner or petitioner's lawyer must complete a Law Enforcement Information Sheet (LEIS).

subject to future orders in a
dissolution or paternity action.

1
2
3
4
5
6
7 Superior Court of Washington, County SNOHOMISH COUNTY

8 In re:
9 Petitioner:

No [REDACTED]

Parenting Plan
(PPP/PPT/PP)

10
11 And Respondent:

[X] Clerk's action required: 1.

12
13 **Parenting Plan**

- 14
15 1. This parenting plan is a Court Order signed by a judge or commissioner. This is a
16 Final order (PP). This final parenting plan changes the last temporary parenting
17 plan.

- 18 2. Children - This parenting plan is for the following children:

19

Child's name	Age
1. [REDACTED]	11
2. [REDACTED]	7

20

- 21 3. Reasons for putting limitations on a parent (under RCW 26.09.191)

22 a. Abandonment, neglect, child abuse, domestic violence, assault, or sex offense.

23 Does not apply.

24 b. Other problems that may harm the children's best interests:

RCW 26.09.016, .181, .187, .194
Mandatory Form (07/2017)
FL All Family 140

Parenting Plan

p. 1 of 15

COPY

**JELSING TRI WEST
& ANDRUS PLLC**
Attorneys At Law
2926 Colby Avenue
Everett, WA 98201
425-258-2688 Telephone
425-259-9097 Fax

1 decisions for the children when they are with you, including decisions about safety and
2 emergency health care. Major decisions must be made as follows.

3 a. Who can make major decisions about the children?

Type of Major Decision	Joint (parents make these decisions together)	Limited (only the parent named below has authority to make these decisions)
School / Educational		
Health care (not emergency)		
Other: Any Personal Injury law suit involving the children		
Extracurricular activities *		
Education		

11 * \$1,000 CAP at child support percentages
Mother shall notify father of any major decisions impacting the children.

12 b. Reasons for limits on major decision-making, if any:

13 Major decision-making should be limited because:

14 One of the parents does not want to share decisions-making and this is
15 reasonable because of problems as described in 3.b. above.

16 the history of each parent's participation in decision-making.

17 the parents' ability and desire to cooperate with each other in decision-making.

18 6. Dispute Resolution - If you and the other parent disagree:

19 From time to time, the parents may have disagreements about shared decisions or about
20 what parts of this parenting plan mean. To solve disagreements about this parenting
21 plan, the parents will go to a dispute resolution provider or court. The court may only
22 require a dispute resolution provider if there are no limitations in 3a.

23 a. The parents will go to Volunteers of America Dispute Resolution Center.

24 b. If mediation, arbitration, or counseling is required, one parent must notify the other
parent by:

email through Our Family Wizard

From Friday after school. If no school, then at 3:00 p.m. to Sunday at 7:00 p.m.

OTHER:

The father shall take the children to all of their scheduled activities during his residential time, including but not limited to, Girl Scouts.

9. Summer Schedule

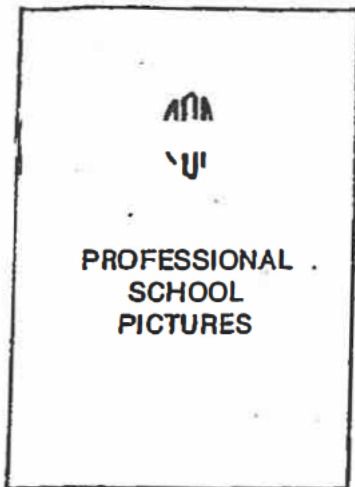
Summer begins and ends according to the school calendar.

The Summer Schedule is the same as the School Schedule except that each parent shall spend 2 weeks (taken in 1 week increments unless otherwise agreed in writing to take 2 consecutive weeks) of uninterrupted vacation time with the children each summer. The parents shall confirm their vacation schedules in writing by the end of May 30th each year. (Skip to 10.)

10. Holiday Schedule (Includes school breaks)

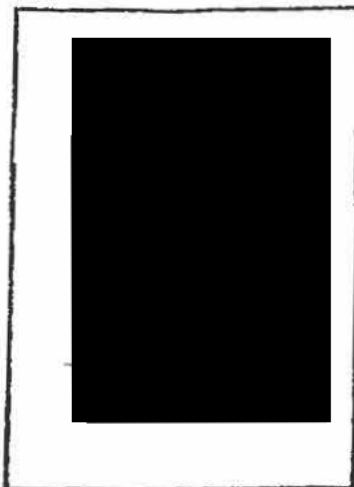
This is the Holiday Schedule for all children:

Holiday	Children with: [REDACTED]	Children with: [REDACTED]
Martin Luther King Jr. Day	Begin day/time: _____	Begin day/time: _____
	End day/time: _____	End day/time: _____
	With the parent who has the children for the attached weekend	
Presidents' Day	Begin day/time: _____	Begin day/time: _____
	End day/time: _____	End day/time: _____
	With the parent who has the children for the attached weekend	
Mid-winter Break	Begin day/time: _____	Odd Years Begin day/time: _____
	End day/time: _____	End day/time: _____
	Other plan: If adjacent to President's Day, then from after school when school gets out to 7 pm the evening before school resumes	



Kd. _____ Yr. _____

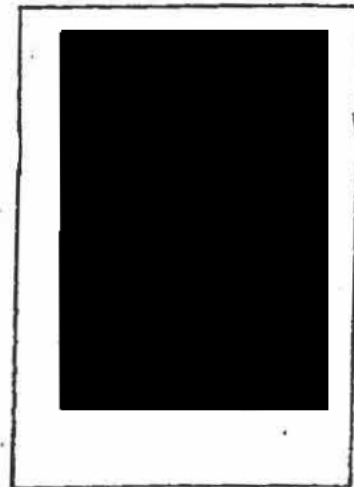
Teacher _____



1st Yr.

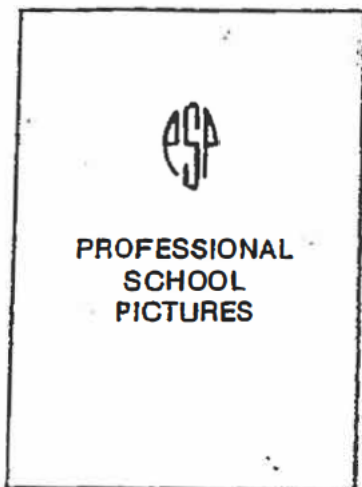
2018/19
Morales

Teacher _____



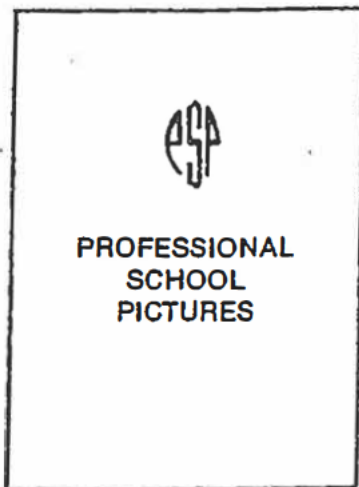
2nd Yr.

Teacher CORTI



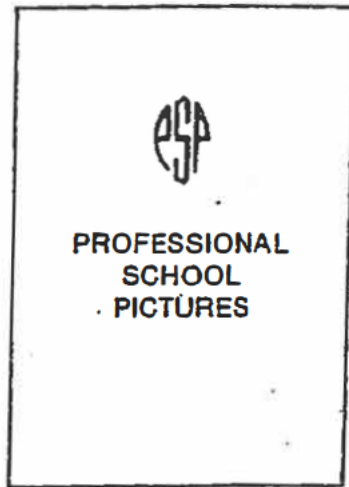
3rd Yr.

Teacher _____



4th Yr.

Teacher _____



5th Yr.

Teacher _____

6th Yr.

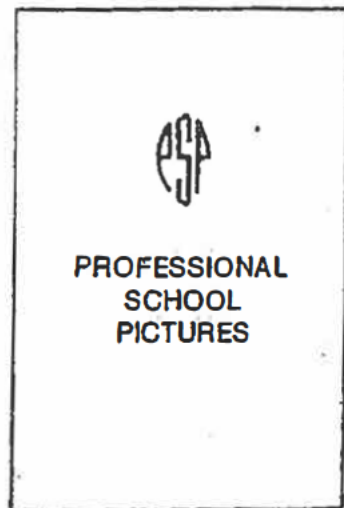
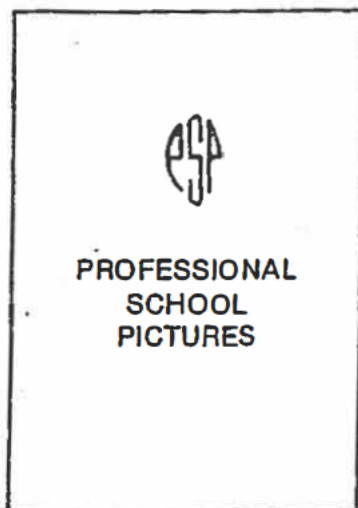
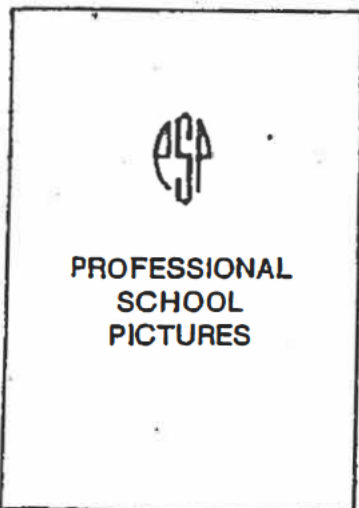
Teacher _____

7th Yr.

Teacher _____

8th Yr.

Teacher _____





**SNOHOMISH
SCHOOL
DISTRICT**

SNOHOMISH SCHOOL DISTRICT 201 NEW STUDENT REGISTRATION FORM

SCHOOL: NORTH HILL ELEMENTARY

DATE: 8/28/18

DO NOT WRITE IN SHADED AREA - FOR OFFICE USE ONLY

STUDENT SCHOOL NUMBER [REDACTED]	SCHOOL ENTRY DATE <u>9-5-18</u>	MEDICAL ALERT	HOMEROOM NUMBER	LOCKER NUMBER	BUS ROUTE AM PM
-------------------------------------	------------------------------------	---------------	-----------------	---------------	--------------------

Has any member of your family ever been enrolled in the Snohomish School District? ☐ Yes ☐ No

STUDENT NAME: Legal Last Name [REDACTED]		Legal First Name [REDACTED]	Legal Middle Name [REDACTED]	Also Known As:
GENDER F <input checked="" type="checkbox"/> M <input type="checkbox"/>	BIRTHPLACE: City <u>KIRKLAND</u> County <u>KING</u> Country <u>WA</u>		Grade Level: <u>1</u>	
DISTRICT RESIDENT? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Military Family Status (circle) <input type="checkbox"/> A - U.S. Armed Forces active duty <input type="checkbox"/> G - National Guard member <input type="checkbox"/> M - More than one member of Armed Forces/National Guard <input checked="" type="checkbox"/> N - No affiliation <input type="checkbox"/> R - U.S. Armed Forces reserves <input type="checkbox"/> Z - Do not wish to state		PRIMARY LANGUAGE SPOKEN AT HOME <input checked="" type="checkbox"/> English <input type="checkbox"/> Other
Resident District:				

PRIMARY HOUSEHOLD (primary parent/guardian where student resides) Legal Last Name (of primary contact) Legal First Name Middle Name [REDACTED] [REDACTED] [REDACTED]			PRIMARY CONTACT # (include area code) <input type="checkbox"/> Home [REDACTED] <input type="checkbox"/> Please check if unlisted		PRIMARY CONTACT PH #2 (area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Please check if unlisted	
RELATIONSHIP TO STUDENT <input type="checkbox"/> Father <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Agency <input type="checkbox"/> Friend <input type="checkbox"/> Self			PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Please check if unlisted		PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Please check if unlisted	
FAMILY EMAIL ADDRESS [REDACTED]			ADDITIONAL EMAIL ADDRESS			
RESIDENT ADDRESS Street [REDACTED]	Apt #	City	State	ZIP	[REDACTED]	
MAILING ADDRESS (if different from above) Street <u>VFD</u>	Apt #	P O Box	City	State	ZIP	

SECOND HOUSEHOLD (Non-custodial parent/guardian not residing with student) Legal Last Name Legal First Name Middle Name [REDACTED] [REDACTED] [REDACTED]			PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input checked="" type="checkbox"/> Cell <input type="checkbox"/> Please check if unlisted		PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Please check if unlisted	
RELATIONSHIP TO STUDENT <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Agency <input type="checkbox"/> Friend <input type="checkbox"/> Self			PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Please check if unlisted		PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Please check if unlisted	
FAMILY EMAIL ADDRESS [REDACTED]			RELATIONSHIP TO STUDENT: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <input type="checkbox"/> Grandfather <input type="checkbox"/> Grandmother <input type="checkbox"/> Uncle <input type="checkbox"/> Aunt <input type="checkbox"/> Agency <input type="checkbox"/> Friend <input type="checkbox"/> Self			
SECOND HOUSEHOLD MAILING ADDRESS (Street/PO Box, City, State, ZIP) [REDACTED]			ADDITIONAL MAILINGS REQUESTED <input type="checkbox"/> Yes <input type="checkbox"/> No			

SCHOOL PREVIOUSLY ATTENDED <u>Maltby Elementary</u>	SCHOOL DISTRICT PREVIOUSLY ATTENDED <u>MONROE</u>	PREVIOUS SCHOOL LOCATION (City and State) <u>SNOHOMISH, WA</u>
HAS STUDENT EVER ATTENDED SNOHOMISH PUBLIC SCHOOLS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		DATE ATTENDED (Month/Year)
IF YES, NAME OF SCHOOL(S) ATTENDED		

IS THERE A JOINT-CUSTODY OR PARENTING PLAN IN EFFECT? ☒ Yes ☐ No (If yes, plan must be on file with the school) ☐ Copy Attached

IS THERE A RESTRAINING ORDER IN EFFECT? ☐ Yes ☒ No (If yes, legal papers must be on file with the school) ☐ Copy Attached

Restraining order is against: ☐ Mother ☐ Father Other

Please complete additional registration information on back...

HAS THE STUDENT EVER BEEN SUSPENDED FOR A WEAPONS VIOLATION? ☐ Yes ☒ No Date: _____

HAS YOUR CHILD EVER QUALIFIED FOR OR BEEN ENROLLED IN A SPECIAL EDUCATION PROGRAM? ☐ Yes ☒ No

HAS YOUR CHILD EVER BEEN ON AN IEP? (Individualized Education Program) ☐ Yes ☒ No

HAS YOUR CHILD EVER QUALIFIED FOR OR HAD A 504 PLAN? ☐ Yes ☒ No

HAS YOUR CHILD EVER PARTICIPATED IN:

- ☐ Title – Title I Services
☐ LAP – Learning Assistance Program
☐ Gifted – Accelerated Learning Program
☐ ELL – English Language Learner

HAS YOUR CHILD EVER BEEN RETAINED?

☐ Yes ☒ No

If yes, at what grade level(s) _____

DOES STUDENT ATTEND CHILD CARE?

☐ Before school ☐ After school ☐ Before and after school

CHILD CARE PROVIDER

Name

Address

Phone Number

ADDITIONAL CHILD CARE ARRANGEMENTS (Please provide information to school in writing)

PLEASE LIST OTHER SIBLINGS ATTENDING SNOHOMISH PUBLIC SCHOOLS

Last Name	First Name	School	Grade
		DUTCH HILL	5

SPECIAL INSTRUCTIONS REGARDING RELIGIOUS BELIEFS (Please provide information to school in writing)

STUDENT RELEASE AUTHORIZATION

When injury, illness or other non-emergency situations occur involving your child, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list persons you trust who are available during the day to provide care for your child.

PRIMARY EMERGENCY CONTACT (after parent/guardian contact)	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input checked="" type="checkbox"/> Cell	PHONE #2 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
[Redacted]	Aunt	[Redacted]	[Redacted]
	City		ZIP
Legal Last Name	Legal First Name	RELATIONSHIP TO CHILD	PHONE #1 (include area code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input checked="" type="checkbox"/> Cell
[Redacted]	[Redacted]	FRIEND + NEIGHBOR	[Redacted]
		City	ZIP

STUDENT RELEASE AUTHORIZATION: In the event that the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed above

Legal Parent/Guardian Signature _____ Date 8/28/18

EMERGENCY MEDICAL AUTHORIZATION: I understand that in the event of accident or illness, every effort will be made to contact parent/guardian immediately. If parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.

Legal Parent/Guardian Signature _____ Date 8/28/18

Continue to next page for Ethnicity & Race Information

2018-2019 Student Transportation Input Form

Will your student ride the school bus during the 2018-2019 school year? Yes ☒ No ☐

Student's name (first and last) _____

Student's ID number (please provide if known) _____

Student address (home address and city) _____

School student will attend during the 2018-2019 school year

Cathcart Elementary _____
Central Primary Center _____
Cascade View Elementary _____
Dutch Hill Elementary ☒ _____
Emerson Elementary _____
Little Cedars Elementary _____
Machias Elementary _____
Riverview Elementary _____
Seattle Hill Elementary _____
Totem Falls Elementary _____

Centennial Middle School _____
Valley View Middle School _____
Glacier Peak High School _____
Snohomish High School _____
Aim High School _____

Grade student will be in during the 2018-2019 school year

Kindergarten _____
1st grade ☒ _____
2nd grade _____
3rd grade _____
4th grade _____
5th grade _____
6th grade _____

7th grade _____
8th grade _____
9th grade _____
10th grade _____
11th grade _____
12th grade _____

*Our long (older) neighborhood
does not have sidewalks.
If the bus does not enter
the neighborhood, it will not
be safe to walk to the end
to meet the bus. Please
let me know if this is
the case.*

A.M. pick-up location Home ☒ Student does not plan to ride the bus _____ Other _____

P.M. drop-off location Home ☒ Student does not plan to ride the bus _____ Other _____

Will student be making a request for a permanent bus pass at the beginning of the year for alternative
pick-up or drop-off location? If so, to where? _____

Parent's name (printed) _____

Parent's signature _____

E-mail address _____

Contact phone number _____

The form will need to be completed for every student in your household who will attend a Snohomish School District School in the 2018-2019 school year. Please return this completed form to your student's school. Please contact the Transportation Dept. at (360) 563-3525 if you have any questions or concerns.

EMERGENCY INFORMATION

Snohomish School District No. 201, Snohomish, WA 98290

Please print student's last name _____
Bus # _____

In order to provide immediate and safe care for your child and carry out your wishes in case of injury or illness at school, we require the following information. Please fill out completely. Please Print.

Student Name _____ Birth date _____ Grad Year 1
Last First Initial

Home Address _____ City _____ Zip _____ Home Phone _____

Mailing Address if different from home address: _____ City _____ Zip _____

Lives with: Parents Mother only Mother/Stepfather Guardian Father only Father/Stepmother
Other _____

Parent/Guardian Name 1. _____ E-mail Address _____

Employer NURSING STUDENT EVCC Work Phone _____ Cell Phone _____

Parent/Guardian Name 2. _____ E-mail Address _____

Employer _____ Work Phone _____ Cell Phone _____

Primary language spoken at home: English Spanish Other _____

Day Care Provider (if applicable) _____ Phone _____

Please complete the following if student has a non-custodial parent who can make emergency decisions for the student and receive copies of records involving this student, including newsletters, grade reports, correspondence, etc.

Home Address _____ City _____ Zip _____ Home Phone _____

Parent/Guardian Name 1. _____ E-mail Address _____

Place of business _____ Work Phone _____ Cell Phone _____

Parent/Guardian Name 2. _____ E-mail Address _____

Place of business _____ Work Phone _____ Cell Phone _____

In addition to the parent/guardian, if you cannot be reached, the school may call and release your child to any of the following:

Name 1. _____ Relationship Aunt / Uncle Phone _____

Work Phone _____ Cell Phone _____

2. _____ Relationship GRANDPARENTS Phone _____

Work Phone _____ Cell Phone _____

* 3. _____ Relationship NEIGHBOR Phone _____

Work Phone _____ Cell Phone _____

Please list all children in Snohomish School District this year. (Please list students in this school first.)

Last Name First Name School Grade
_____ DUTCH HILL 5Signature of Parent or Legal Guardian _____ Date 2/28/18

Please check here if any information on this form is new. ☐

*****THIS FORM MUST BE RETURNED AT REGISTRATION**



**SNOHOMISH
SCHOOL
DISTRICT**

1601 Avenue D, Snohomish, WA 98290-1799
360-563-7300 Fax 360-563-7279

School Attendance

form

School attendance is required by state law.

- State law requires children from age 8 to 17 to attend school.
- Children that are 6- or 7-years-old, who are enrolled in school, must also attend school.
- Youth who are 16 or older may be excused from attending school if they meet certain requirements per state law (RCW 28A.225.010).
- If your child is going to be absent, please contact the school office.

School's duties upon a student's absences:

- If your child has two unexcused absences in one month, state law (RCW 28A.225.020) requires we schedule a conference with you and your child.
- In elementary school after five excused absences in any month, or ten or more excused absences in the school year, the school district is required to contact you to schedule a conference. A conference is not required if your child has provided a doctor's note, or pre-arranged the absence in writing, and plans are in place so your child does not fall behind academically.
- If your child has seven unexcused absences in any month or ten unexcused absences within the school year, we are required to file a petition with the juvenile court, alleging a violation of RCW 28A.225.010, the mandatory attendance laws. You and your child may need to appear in juvenile court.

Did you know?

- Attending school on-time, all day, every day will give your child the best chance of graduating from high school.
- Starting in kindergarten, missing on average just two days a month, whether excused or unexcused, makes it more likely that your child will not meet academic standards in math and reading by third grade.

- By 6th grade, absenteeism is one of three signs that a student may drop out of high school.
- Absences can be a sign that a student is losing interest in school, struggling with school work, dealing with a bully or facing some other potentially serious difficulty.
- By 9th grade, regular attendance is a better predictor of high school graduation rates than 8th grade test scores.

What you can do:

- Don't let your child stay home unless they are truly sick, such as fever, vomiting, diarrhea, or a contagious rash.
- Avoid appointments and travel when school is in session.
- Keep track of your child's attendance. Missing more than nine days, excused or unexcused, could put your child at risk of falling behind.
- Set a regular bedtime and morning routine as well as finishing homework and packing backpacks the night before.
- Have a back-up plan in place with family members, neighbors, or other parents for getting your child to school in case something comes up.

If you are struggling to get your child to school for any reason, we are here to support you and work with you towards possible solutions. Please do not hesitate to contact the school office to schedule an appointment to discuss your child's attendance.



**SNOHOMISH
SCHOOL
DISTRICT**

1601 Avenue D, Snohomish, WA 98290-1799
360-563-7300 Fax 360-563-7279

Student Housing

questionnaire

The answers to the following questions help determine educational services your child(ren) may be eligible to receive through the McKinney-Vento Homeless Assistance Act.

Are you 'doubled up' with another family due to a loss of housing or economic hardship?

☐ Yes ☒ No

Are you living in a motel/hotel due to lack of housing?

☐ Yes ☒ No

Are you living in transitional housing?

☐ Yes ☒ No

Are you living in a shelter?

☐ Yes ☒ No

Are you living in a car, park, campsite or location not usually used for sleeping accommodations?

☐ Yes ☒ No

Are you moving from place to place/couch surfing?

☐ Yes ☒ No

As a student, are you living with someone other than your parent?

☐ Yes ☒ No

Student Name: [Redacted] [Redacted] [Redacted]
First Middle Last

Date of Birth: [Redacted] Age: 6 Grade: 1 Name of School: DUTCH HILL ELEMENTARY

Current address: [Redacted]
Street City Zip

Phone/Contact Number: [Redacted]

Gender: F

☐ Student is unaccompanied (not living with a parent or legal guardian)

☒ Student is living with a parent or legal guardian

Do you have other children that attend a school in the Snohomish School District?

[Redacted] [Redacted] Date of Birth: [Redacted] Age: 10 Grade: 5 School: Dutch Hill

Name: _____ Date of Birth: _____ Age: _____ Grade: _____ School: _____

Name: _____ Date of Birth: _____ Age: _____ Grade: _____ School: _____

I declare under penalty of perjury under the laws of the State of Washington that the information provided here is true and accurate.

Print name of person completing form: [Redacted]

Signature: [Redacted] Date: 8/28/18

Relationship: ☒ Guardian ☐ Self ☐ Other _____

For School Staff Only: If "Yes" is checked for any question above, please give this form to the School Counselor or Administrator



Certificate of Exemption - Medical



From School, Childcare, and Preschool Immunization Requirements Complete the box for the desired exemption type

Child's Last Name: First Name: Middle Initial: Birthdate (mm/dd/yyyy): Gender:

NOTICE: A parent or guardian may exempt their child from some or all vaccinations listed below by submitting this completed form to the child's school and/or child care. A person who has been exempted from a vaccination is considered at risk for the disease or diseases for which the vaccination offers protection. Exempted children/students may be excluded from school or child care settings and activities during an outbreak of the disease that they have not been fully vaccinated against. The diseases that vaccines can protect against still exist, and can spread quickly in school and child care settings. Immunizations are one of the best ways to protect people from getting and spreading diseases that may result in serious illness, disability, or death.

Medical Exemption Licensed Health Care Practitioner (MD, ND, DO, ARNP, PA) completes this section.

A health care practitioner may grant a medical exemption to a vaccine antigen required by rule of the state board of health only if in his or her medical judgment, the vaccine antigen is not advisable for the child. When it is determined that this particular vaccine antigen is no longer contraindicated, the child will be required to have the vaccine (RCW 28A.210.090). Guidance for medical exemptions for vaccination can be obtained from the contraindications, indications, and precautions described in the vaccine manufacturer's package insert and by the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP) available in the Centers for Disease Control and Prevention publication, Guide to Vaccine Contraindications and Precautions. This guide can be found at the following website: <https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/contraindications.html>

Please indicate which vaccine antigen(s) the medical exemption is referring to:

Disease	Permanent	Temporary	Expiration Date for Temporary Medical
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	
Hib	<input type="checkbox"/>	<input type="checkbox"/>	
Measles	<input type="checkbox"/>	<input type="checkbox"/>	
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	
Pertussis	<input type="checkbox"/>	<input type="checkbox"/>	
Pneumococcal	<input type="checkbox"/>	<input type="checkbox"/>	
Polio	<input type="checkbox"/>	<input type="checkbox"/>	
Rubella	<input type="checkbox"/>	<input type="checkbox"/>	
Tetanus	<input type="checkbox"/>	<input type="checkbox"/>	
Varicella	<input type="checkbox"/>	<input type="checkbox"/>	

I declare that vaccination for the disease/s checked above is not advisable for this child. I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child. I am a qualified MD, ND, DO, ARNP or PA licensed under Title 18 RCW, and the information provided on this form is complete and correct.

☐ MD ☐ ND ☐ DO ☐ ARNP ☐ PA

Licensed Health Care Practitioner Name (print)

Licensed Health Care Practitioner Signature

Date

Parent/Guardian Declaration

I have discussed the benefits and risks of immunizations with the health care practitioner granting this medical exemption. I have received notice that if an outbreak of vaccine-preventable disease for which my child is exempted occurs, my child may be excluded from the school or child care center for the duration of the outbreak. The information on this form is complete and correct.

Parent/Guardian Name (print)

Parent/Guardian Signature

Date



SNOHOMISH SCHOOL DISTRICT NO. 201
Snohomish, Washington 98290

CONSENT TO RELEASE EDUCATIONAL RECORDS

Student [REDACTED] Birth date [REDACTED]
Last First Middle

School DUTCH HILL ELEMENTARY

For the purpose of gathering data relevant to educational programming, I authorize the release of information regarding the above-named student between the Snohomish School District and:

Name/Agency N/A NO CONSENT GIVEN Phone _____

Address _____ City/State _____ Zip _____

Name/Agency _____ Phone _____

Address _____ City/State _____ Zip _____

I acknowledge notification of this transfer of records as required by the Family Educational Rights and Privacy Act of 1974 and understand that I have a right to receive a copy at my own expense, if requested, and have an opportunity for a hearing to challenge the content of the records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent, except as allowed by WAC 392-171-631.

Signature _____ Date _____
Parent, guardian or adult student

Address _____ City/State _____ Zip _____

Phone [REDACTED]

Responding agency please address information regarding this student to:

Snohomish School District No. 201

Attention _____

School/Department _____

Phone _____

Email address _____ Fax Number _____

Address _____ City/State _____ Zip _____

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF LIVE BIRTH

CERTIFICATE NUMBER: [REDACTED]

DATE ISSUED: 11/10/2011

GIVEN NAMES: [REDACTED] *****

LAST NAME: [REDACTED] *****

DATE OF BIRTH: [REDACTED] *****

FACILITY: EVERGREEN HOSPITAL MEDICAL CENTER

PLACE OF BIRTH: KIRKLAND, KING COUNTY, WASHINGTON

TIME OF BIRTH: 07:19 A.M.

SEX: FEMALE

MOTHER'S MAIDEN NAME: [REDACTED]

PLACE OF BIRTH: TEXAS

DATE OF BIRTH: [REDACTED]

FATHER'S NAME: [REDACTED]

PLACE OF BIRTH: WASHINGTON

DATE OF BIRTH: [REDACTED]

FILING DATE: 10/19/2011

FEE NUMBER: [REDACTED]





**SNOHOMISH
SCHOOL
DISTRICT**

**Dutch Hill Elementary School
Year-End Elementary Report Card
2019-2020**

***Schools closed from March 13-June 19 due to COVID-19.**

Student Name	Grade Level	Teacher
██████████	2nd Grade	Mrs. Cort

Report Card Explanation

The school closure made it difficult to adequately assess student learning because of extenuating circumstances associated with COVID-19. Therefore, Snohomish School District is using this report card template that does not use numerical rating that reflects students' mastery of academic standards. Instead, it makes space for anecdotal comments that pertain to the class as a whole and your individual child throughout the course of the year. Midyear report cards sent in February will be included in students' academic cumulative file, along with this year-end report card, for documentation purposes and future reference.

Teacher's Message for the Whole Class

This has been an exciting 2019-2020 school year. Here are some of the highlights from the year; polar reports, serpentine parade, egg drop, virtual spring concert, Halloween costume parade, spirit weeks, 100 book challenge, fort building contest and distance learning. We are all very sad about having to do school from home and we miss seeing you in person every day. However, we have adapted well and have continued our learning remotely. You have all done well taking on the challenges of at-home learning and continuing your education through technology.

Teacher's Message for Student

In reading we have learned to summarize, infer, character traits, author's purpose, sequence of events, main idea, compare and contrast, moral/ lesson of the story, text-features, fluency and accuracy. In writing, we have focused on sentence structure, grammar, paragraph writing, organization of thoughts, descriptive writing, and the writing genres; poetry, opinion, research, and narrative. In math we have worked very hard at memorizing our addition and subtraction facts to 18. We have worked with problem solving, place value, time to the nearest 5 min, money adding within a dollar, fractions, geometry, graphing, and the beginning steps of multiplication. These are all skills that you are going to need moving forward. Over the summer, I recommend ██████████ works on reading, writing, spelling and math.

Snohomish School District Progress Report 2020-2021



Student Name [REDACTED]

Teacher	Mrs. Linda Donaldson	Grade	3
School	Dutch Hill Elementary School	Principal	Mr. Jack Tobin
Attendance	present: 39 absent: 2	Support Services	

Key to Academic Progress

E	Established: Student shows consistent performance toward meeting grade level standards
IP	In progress: Student is making progress toward standard and needs practice in specific areas
S	Striving: Student shows emerging progress toward standard. Needs practice in multiple areas.
L	Lack of Evidence: Not enough evidence to determine level of academic progress
*	Not yet assessed

Reading

	S1	S2
Read grade level text with purpose, accuracy, and understanding.		E
Ask and answer questions to demonstrate understanding of a text, referring explicitly to the text as the basis for the answers.		E
Determine the meaning of general academic and domain-specific words and phrases in a text relevant to a grade three topic or subject area.		E
Compare and contrast the most important points and key details presented in two texts on the same topic.		E
Read and comprehend informational and literary texts at grade three text complexity independently and proficiently.		E
Effort C=Consistently U=Usually I=Inconsistently N=Not at All		C

Writing

	S1	S2
Explore writing through discussion and models, gathers ideas, works on drafts, and practices writing skills.		E
Participates in writing opinion pieces.		L
Participates in writing informative/explanatory pieces.		L
Participates in writing narrative pieces.		E
Recall information from experiences or gather information from print and digital sources; take brief notes on sources and sort evidence into provided categories.		E
Effort C=Consistently U=Usually I=Inconsistently N=Not at All		C

2nd Semester Hybrid teacher: Linda Donaldson

easily transitioned to hybrid instruction this semester. She was happy to be with her classmates for both learning and playing. could always be counted on to be doing the right thing "even when no one was watching." She set a great example for her peers to follow. Her materials were always organized and ready to go, she gave her full attention throughout each lesson taught, and independently started on her work at her desk. advocated for herself when needed. She politely raised her hand and asked well thought out questions. She put great effort into doing her best work. Socially, is happy at school. She loves recess time and always returns to class with a smile on her face. Although is a serious student, she can laugh it up and giggle with her friends when the chance arises. lived up to our class mantra... "I can do hard things by myself." You can be so proud of how she handled the challenges of school throughout the pandemic. Way to go !

READING / WRITING

Recent STAR test results show is an exceptional reader. Her performance results are greater than that of a 6th grader. She exceeds the third-grade reading fluency standard of 110-120 words per minute with a "personal best" fluency score of 156cwpm. She demonstrates consistency in pace and has wonderful expression. She enjoys reading and being read to. Audrey's participation in class discussions shows a high level of comprehension. stays on prompt in writing and can construct a well-developed paragraph with proper punctuation and grammar.

MATH

is an excellent math student. Her recent scores on STAR Math show performance equivalent of 4th grade 1st month. She has a solid grasp of third grade concepts, including multiplication, division, and fractions. She can stretch her understanding beyond grade level. She has learned to show and explain mathematical thinking in an organized manner. excels in daily work.

BEHAVIOR

easily made the transition to hybrid instruction. She consistently makes responsible behavior choices in class. She puts forth good effort to produce quality work and stays focused during lessons and work time. participates freely in class discussions and works easily on her own.



Snohomish School District

2019-20

Grade

2

Student: [REDACTED]

Teacher: Dawn Cort

Principal: Jack Tobin

Date Printed: June 1, 2020

	S1	S2		Total
Present	82.5	33	Present	115.5
Absent	1.5	1	Absent	2.5
Tardy	12	3	Tardy	15

Tardies and absences affect performance

Academic Key for Common Core & District Standards		
4 - Consistently working at standards beyond grade level		
3 - Meeting semester grade level standards		
2 - Approaching semester grade level standards		
1 - Significantly below grade level standards		
N/A - Not assessed at this time		
Key for Demonstrates Effort		
4 - Exemplary Effort	2 - Inconsistent Effort	
3 - Consistent Effort	1 - Minimal Effort	
Receiving Support Services		
English Language Learner		
LAP		
Title I		
Highly Capable		
Individualized Education Program		
English Language Arts		
S1 - Comments		
English Language Arts [REDACTED] is currently reading 150 words per minute. She is working on strengthening her comprehension skills. When given a grade level passage she can answer questions correctly 98% of the time. She needs to take her time to make sure she is rereading to increase her accuracy. Going back into the text to find the answers. Her Star Report shows she has grown 6 months of progress. Being that she is reading more difficult passages having her work on vocabulary will help with comprehension.		
S2 - Comments		

English Language Arts - Reading		
	S1	S2
Foundational Skills	3	
<ul style="list-style-type: none"> - Knows and applies phonics and word analysis skills - Reads grade level text fluently and accurately 		
Comprehension	3	
<ul style="list-style-type: none"> - Recounts stories including fables and folktales and determines main ideas of both literary and informational texts - Knows and uses text features to locate key facts or information - Compares two texts on the same topic or two or more versions of the same story - Asks and answers questions to demonstrate understanding of the text 		
Demonstrates Effort in Reading	3	
English Language Arts - Writing		
Text Types and Purposes	3	
<ul style="list-style-type: none"> - Writes to communicate ideas and information effectively including multiple supporting details - Writes narratives, informative texts, and opinion pieces 		
Research to Build and Present Knowledge	3	
<ul style="list-style-type: none"> - Participates in shared research and writing projects 		
Production and Distribution	3	
<ul style="list-style-type: none"> - With guidance and support, plans, revises, edits, and publishes written pieces 		
Language - Grammar and Conventions	3	
<ul style="list-style-type: none"> - Demonstrates command of the grade-level conventions of standard English grammar and usage - Applies capitalization and punctuation 		
Language - Vocabulary and Word Choice	3	
<ul style="list-style-type: none"> - Acquires and uses grade-level vocabulary 		
Spelling	3	
<ul style="list-style-type: none"> - Spells grade-level words correctly 		
Demonstrates Effort in Writing	3	
English Language Arts - Listening / Speaking		
Comprehension and Collaboration	3	
<ul style="list-style-type: none"> - Participates in discussions with partners and in groups - Recounts or describes main ideas and details from texts read aloud 		
Presentation of Knowledge and Ideas	3	
<ul style="list-style-type: none"> - Presents information with appropriate facts and relevant descriptive details - Speaks clearly with appropriate pace, volume, and expression 		
Demonstrates Effort in Listening / Speaking	3	

Music		
S1 Music Comments, if necessary:		
S2 Music Comments, if necessary:		
	S1	S2
Music Performance Skills	N/A	
<ul style="list-style-type: none"> - Demonstrates age-appropriate awareness of pitch and vocal performance - Exhibits age-appropriate awareness of beat and rhythmic performance - Shows an understanding of grade level music concepts, terminology, and proper instrument playing techniques. 		
Demonstrates Effort in Music	3	

Physical Education		
S1 PE Comments, if necessary:		
S2 PE Comments, if necessary:		
	S1	S2
PE Performance Skills	N/A	
<ul style="list-style-type: none"> - Displays age-appropriate movement, motor concepts, and manipulative skills - Exhibits age-appropriate understanding of physical fitness and health concepts - Demonstrates sportsmanship, participates fully, and works cooperatively in a safe manner 		
Demonstrates Effort in PE	3	



Snohomish School District

2018-19

Grade

1

Student: [REDACTED]

Teacher: Meghan Morales

Principal: Jack Tobin

Date Printed: June 18, 2019

	S1	S2		Total
Present	84	82	Present	166
Absent	1	3	Absent	4
Tardy	11	14	Tardy	25

Tardies and absences affect performance

Academic Key for Common Core & District Standards		
4 - Consistently working at standards beyond grade level		
3 - Meeting semester grade level standards		
2 - Approaching semester grade level standards		
1 - Significantly below grade level standards		
N/A - Not assessed at this time		
Key for Demonstrates Effort		
4 - Exemplary Effort	2 - Inconsistent Effort	
3 - Consistent Effort	1 - Minimal Effort	
Receiving Support Services		
English Language Learner		
LAP		
Title I		
Highly Capable		
Individualized Education Program		
English Language Arts		
S1 - Comments		
English Language Arts [REDACTED] has made great progress learning her high frequency words and she knows almost all of the words required in first grade! She is reading at first grade standard at this time. All students need to work on fluency and comprehending the text. She will continue practicing retelling the story, adding many details. When writing, [REDACTED] will keep working on conventions and adding details. [REDACTED] has great ideas and her voice really comes through when writing!		
S2 - Comments		
English Language Arts [REDACTED] continues to read at first grade standard. She shows great comprehension and is able to retell many details from stories she has read and also from text that she listens to. She knows all of her high frequency words and is able to write them accurately as well. [REDACTED] did a wonderful job on her spelling tests this year! She adds details to her writing and is able to form complete sentences using proper conventions.		

English Language Arts - Listening / Speaking		
	S1	S2
Comprehension and Collaboration	3	3
- Participates in discussions with partners and in groups		
- Shows understanding of texts read aloud		
Presentation of Knowledge and Ideas	3	3
- Describes familiar people, places, things, and events with relevant details		
- Describes and expresses ideas and feelings clearly		
Demonstrates Effort in Listening / Speaking	3	3
English Language Arts - Reading		
	S1	S2
Phonics	3	3
- Knows and applies grade-level phonics and word analysis skills in decoding words		
Phonemic Awareness	3	3
- Demonstrates understanding of sounds and syllables		
- Blends words		
- Recognizes and produces rhyming words		
High Frequency Words	3	3
- Reads high-frequency words		
Fluency and Accuracy	3	3
- Reads with accuracy and fluency to support comprehension		
Comprehension	3	3
- Retells stories (literary texts) and identifies main idea (informational texts) including key details		
- Asks and answers questions about key details		
- Knows and uses text features (eg. Table of contents)		
- Uses illustrations to understand information and to describe characters, settings or events		
- Compares and contrasts characters in stories		
Demonstrates Effort in Reading	3	3
English Language Arts - Writing		
	S1	S2
Text Types and Purposes	3	3
- Writes to communicate ideas and information effectively including a beginning, supporting details, and an ending		
- Writes narratives, informative texts, and opinion pieces		
Research to Build and Present Knowledge	N/A	3
- Participates in shared research and writing projects		
Language - Grammar and Conventions	N/A	3
- Demonstrates grade level command of capitalization, punctuation, and grammar		
Language - Vocabulary and Word Choice	3	3
- Acquires and uses grade level vocabulary		
Spelling	3	3
- Spells high frequency words and word families		
Demonstrates Effort in Writing	3	3

Music		
S1 Comments, if necessary:		
S2 Comments, if necessary:		
	S1	S2
Music Performance Skills		3
<ul style="list-style-type: none"> - Demonstrates age-appropriate awareness of pitch and vocal performance - Exhibits age-appropriate awareness of beat and rhythmic performance - Shows an understanding of grade level music concepts, terminology, and proper instrument playing techniques 		
Demonstrates Effort in Music	4	4

Physical Education		
S1 Comments, if necessary:		
S2 Comments, if necessary:		
	S1	S2
PE Performance Skills	3	3
<ul style="list-style-type: none"> - Displays age-appropriate movement, motor concepts, and manipulative skills - Exhibits age-appropriate understanding of physical fitness and health concepts - Demonstrates sportsmanship, participates fully, and works cooperatively in a safe manner 		
Demonstrates Effort in PE		4

Student: XXXXXXXXXX

Attendance Information for the 2021 School Year

Student Name: [REDACTED] [REDACTED]
[REDACTED] [REDACTED] [REDACTED] GRD:03 SCHOOL: 117 CALENDAR: 117 HM PHN: [REDACTED] 0928409
PRC ENRL: 100 HM ROOM: [REDACTED] HMRM TCHR: [REDACTED] ADVISOR: DONALDSON GUARDIAN: [REDACTED] WK PHN: [REDACTED]
DATE 1 2 NTFD TYPE/REASON
04/30/21 X X N Absent Excused; Doctor's Note
04/30/2021 COMMENT: appt this am per mom
05/05/21 X X N Web Absence;
TOTAL [REDACTED] [REDACTED] 1.00 DAYS EXCUSED; 1.00 DAYS UNEXCUSED; .00 DAYS OTHER; .00 PRDS TARDY;

Attendance Information for the 2020 School Year

Student Name: [REDACTED] [REDACTED]
[REDACTED] [REDACTED] [REDACTED] GRD:02 SCHOOL: 117 CALENDAR: 117 HM PHN: [REDACTED] [REDACTED]
PRC ENRL: 100 HM ROOM: 13 HMRM TCHR: Cort ADVISOR: Cort GUARDIAN: [REDACTED] [REDACTED] WK PHN:
DATE 1 2 NTFD TYPE/REASON
09/18/19 X N Tardy Kiosk;
10/01/19 X N Tardy Kiosk;
10/03/19 X N Tardy Kiosk;
10/11/19 X N Tardy Kiosk;
10/22/19 X N Afternoon Relea; Early Checkout
10/22/2019 COMMENT: dismissed at 2:57pm.
11/12/19 X N Tardy Kiosk;
11/19/19 X N Tardy Kiosk;
12/03/19 X N Tardy Kiosk;
12/09/19 X N Tardy Kiosk;
12/11/19 X N Tardy Kiosk;
12/12/19 X N Tardy Kiosk;
12/16/19 X X N Absent Excused; Illness
12/16/2019 COMMENT: ill per call from mom
12/17/19 X N Tardy Kiosk;
12/18/19 X N Tardy Kiosk;
01/10/20 X N Absent Excused; Doctor's Note
01/10/2020 COMMENT: arrived at 11:57am.
01/28/20 X N Tardy Kiosk;
01/29/20 X N Tardy Kiosk;
02/03/20 X N Tardy Kiosk;
03/09/20 X X N Absent Excused; Illness
03/09/2020 COMMENT: ill
TOTAL [REDACTED] [REDACTED] 2.50 DAYS EXCUSED; .00 DAYS UNEXCUSED; .00 DAYS OTHER; 16.00 PRDS TARDY;

Attendance Information for the 2019 School Year

Student Name: [REDACTED]		GRD:01 SCHOOL: 117 CALENDAR: 117		HM PHN: [REDACTED]	[REDACTED]
PRC ENRL: 100 HM ROOM: 8		HMRM TCHR: COUGHLIN	ADVISOR: COUGHLIN	GUARDIAN: [REDACTED]	WK PHN:
DATE	1 2	NTFD TYPE/REASON			
09/11/18	X	N	Tardy;		
09/17/18	X	N	Tardy;		
09/19/18	X	N	Tardy;		
09/19/2018 COMMENT: arrived at 9:20am					
09/20/18	X	N	Tardy;		
11/21/18	X	N	Tardy;		
11/27/18	X	N	Tardy;		
11/27/2018 COMMENT: arrived at 9:33am.					
12/14/18	X	N	Absent Excused; Parent Call		
12/14/2018 COMMENT: nutcracker					
01/02/19	X	N	Web Tardy;		
01/10/19	X	N	Web Tardy;		
01/11/19	X	N	Tardy;		
01/11/2019 COMMENT: arrived at 8:47am					
01/17/19	X	N	Tardy;		
01/18/19	X	N	Tardy;		
01/18/2019 COMMENT: arrived at 8:42am					
01/29/19	X	N	Tardy;		
01/29/2019 COMMENT: arrived at 8:57am					
02/01/19	X	N	Tardy;		
02/01/2019 COMMENT: arrived at 9:03am					
02/25/19	X	N	Tardy;		
02/25/2019 COMMENT: 8:38am					
02/27/19	X	N	Tardy;		
02/28/19	X	N	Web Tardy;		
02/28/2019 COMMENT: 8:35am					
03/08/19	X	N	Tardy;		
03/11/19	X	N	Tardy;		
03/11/2019 COMMENT: 8:41am					
03/12/19	X	N	Tardy;		
03/12/2019 COMMENT: 9:02am					
03/18/19	X	N	Tardy;		
03/18/2019 COMMENT: 8:37am					
03/19/19	X	N	Tardy;		
03/19/2019 COMMENT: 8:35am					
03/20/19	X	N	Tardy;		
03/20/2019 COMMENT: 8:44am					
03/21/19	X X	N	Absent Excused; Illness		
03/22/19	X X	N	Absent Excused; Illness		
03/22/2019 COMMENT: ill per call from mom					
03/27/19	X	N	Absent Excused; Parent Call		
03/27/2019 COMMENT: home per mom					
05/03/19	X	N	Tardy Kiosk;		
05/03/19	X	N	Afternoon Relea; Early Checkout		
05/03/2019 COMMENT: dr. appt. dismissed at 10:45am					
06/06/19	X	N	Tardy Kiosk;		
06/12/19	X	N	Tardy Kiosk;		
06/20/19	X	N	Tardy Kiosk;		
TOTAL	[REDACTED]	[REDACTED]	4.00 DAYS EXCUSED;	.00 DAYS UNEXCUSED;	.00 DAYS OTHER;
			27.00 PRDS TARDY;		

Snohomish School District



DUTCH HILL ELEMENTARY

8231 - 131st Ave. S.E. - Snohomish, WA 98290

Mr. Jack Tobin, Principal

(360) 563-4450 - Fax (360) 563-4455

Dutch Hill Elementary requests the transfer of Cumulative and Health
Records for the student(s) listed below:

Student Name: _____

Birthdate: _____

Student Name: _____

Birthdate: _____

From: Matthy Elementary (Montessori)
(School & District)9700 212th St SE
(Street Address)Snohomish
(City)WA
(State)98290
(Zip Code)425-220-6800
(Phone Number)360 804 3599
(Fax Number)

records
sent
8/30/18

Thank you for your prompt attention to this matter.

Brooke Harnett-Auff

Registrar, Dutch Hill Elementary

I acknowledge notification of this transfer of records as required by the Family Educational Rights and Privacy Act of 1974 and understand that I have a right to receive a copy at my own expense, if requested, and have an opportunity for a hearing to challenge the content of the records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.

(Date)

(Parent/Guardian Signature)

(New Street Address)

(City)

(State)

(Zip Code)

Nam

Birthdate

**CUM
P
R**

1ST GRADE

2ND GRADE

3RD GRADE

4TH GRADE

5TH GRADE

6TH GRADE

7TH GRADE

7TH GRADE

9TH GRADE

10TH GRADE

11TH GRADE

12TH GRADE

Student: [REDACTED]
Phone: [REDACTED]
Address: [REDACTED]
[REDACTED]

Entity: MALBY ELEMENTARY SC
School: MALBY ELEMENTARY
Status: Inactive

Date of Birth: [REDACTED] Age: 6 Gender: F Grad Yr/Grade: 2030/01 GLO: Retained: No
Local Race: White or Caucas Language: English Resident: Yes Spec Ed: No
Fed. Race: White Hispanic/Latino Ethnicity: No
Birth Certificate: No Graduated: No Graduation Date: Transported: Yes
Birth Place: USA
NY Grad Yr: 2030 Grad Req Base Yr: 2030 Library: Other Id: [REDACTED]
Other Name: Driver License: Student Path:
School Email: [REDACTED] Feeder School:
District From: Next Year School:

Guardian Information

<u>Guardian Name</u>	<u>Relationship</u>	<u>Employer</u>
[REDACTED]	Mother	
Phone: [REDACTED]	Type: Cellular	Email: [REDACTED]
Phone: [REDACTED]	Type: [REDACTED]	

Other Children Living at Home

<u>Name</u>	<u>Birthdate</u>	<u>Grad Yr</u>
[REDACTED]	[REDACTED]	2026

lsoatr30.p 19-4
05.18.06.00.00

MALBY ELEMENTARY SCHOOL
Attendance Detail Report 09/10/2015 TO 06/19/2018

08/30/18

Page:1
8:09 AM

*Attendance Information for the 2016 School Year

██████████ ██████████ ██████████ GRD: P3 SCHOOL: 104 CALENDAR: 104 HM PHN: ██████████ ██████████
PRC ENRL: 100 HM ROOM: ██████████ HMRM TCHR: ██████████ ADVISOR: ██████████ GUARDIAN: ██████████ WK PHN: ██████████
TOTAL ██████████ ██████████ ██████████ .00 DAYS EXCUSED; .00 DAYS UNEXCUSED; .00 DAYS OTHER; .00 PRDS TARDY;

1soatr30.p 19-4
05.18.06.00.00

MALBY ELEMENTARY SCHOOL
Attendance Detail Report 09/10/2015 TO 06/19/2018

08/30/18

Page:2
8:09 AM

Attendance Information for the 2016 School Year

REPORT TOTALS FOR 2016	.00 DAYS EXCUSED;	.00 DAYS UNEXCUSED;	.00 DAYS OTHER;	.00 PRDS TARDY;
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*Attendance Information for the 2017 School Year

██████████ ██████████ ██████████ GRD:P SCHOOL: 104 CALENDAR: 104 HM PHN: ██████████ ██████████
PRC ENRL: 100 HM ROOM: ██████████ HMRM TCHR: ██████████ ADVISOR: ██████████ GUARDIAN: ██████████ WK PHN: ██████████
TOTAL ██████████ ██████████ .00 DAYS EXCUSED; .00 DAYS UNEXCUSED; .00 DAYS OTHER; .00 PRDS TARDY;

lsoatr30.p 19-4
05.18.06.00.00

MALBY ELEMENTARY SCHOOL
Attendance Detail Report 09/10/2015 TO 06/19/2018

08/30/18

Page:4
8:09 AM

Attendance Information for the 2017 School Year

REPORT TOTALS FOR 2017

.00 DAYS EXCUSED;

.00 DAYS UNEXCUSED;

.00 DAYS OTHER;

.00 PRDS TARDY;

Attendance Information for the 2018 School Year

GRD:K1 SCHOOL: 104 CALENDAR: 104 HM PHN: [REDACTED] WK PHN: [REDACTED]
PRC ENRL: 100 HM ROOM: [REDACTED] HMRM TCHR: [REDACTED] ADVISOR: [REDACTED] GUARDIAN: [REDACTED]

Date	Attendance	Comments	HM PHN	WK PHN
10/09/17	X	10/09/2017 COMMENT: arrived at 9:07	N TARDY;	LA
10/12/17	X	10/12/2017 COMMENT: arrived late at 8:58	N TARDY;	LA
10/17/17	X		N TARDY;	LA
10/17/17	X		N Released Early;	MD
10/17/17	X		N ABS EX;	MD
10/17/2017		COMMENT: arrived late due to traffic 9:03 and left at 12:30		
10/20/17	X		N Released Early;	MD
10/20/17	X		N ABS EX;	MD
10/20/2017		COMMENT: left with mom for DDS 10:26 and back 1:55		
10/23/17	X		N Released Early;	MD
10/23/17	X		N ABS EX;	MD
10/23/2017		COMMENT: left with mom 12:30		
10/26/17	X		N Released Early;	IL
10/26/17	X X		N ABS EX;	IL
10/26/2017		COMMENT: left sick with mom 10:24		
10/30/17	X		N TARDY;	LA
10/30/2017		COMMENT: arrived late at 9:02		
11/01/17	X X		N ABS EX;	MD
11/01/2017		COMMENT: arrived with mom at 11:29		
11/15/17	X X X X		N ABS EX;	IL
11/15/2017		COMMENT: mom told in person		
11/27/17	X X X X		N ABS EX;	IL
11/27/2017		COMMENT: mom called		
11/30/17	X X X X		N ABS EX;	IL
11/30/2017		COMMENT: GP- sick		
12/08/17	X X X X		X ABS EX;	FB
12/08/2017		COMMENT: FB		
12/12/17	X		N TARDY;	LA
12/12/2017		COMMENT: arrived late with mom at 9:23		
12/13/17	X		N Released Early;	MD
12/13/17	X		N ABS EX;	MD
12/13/2017		COMMENT: left with mom for Doctor Appt 1:08		
12/14/17	X X X X		N ABS EX;	IL
12/14/2017		COMMENT: mom called- sick		
01/05/18	X		N Released Early;	MD
01/05/2018		COMMENT: left at 2:10		
01/30/18	X		N Released Early;	MD
01/30/18	X X		N ABS EX;	MD
01/30/2018		COMMENT: left with mom for appts 11:30		
02/01/18	X X X X		N ABS EX;	IC
02/01/2018		COMMENT: mom called- flu		
02/13/18	X X		N ABS EX;	MD
02/13/2018		COMMENT: arrived late with mom at 11:03		
02/20/18	X		N Released Early;	APPOINTMENT
02/20/18	X		N ABS EX;	APPOINTMENT
02/20/2018		COMMENT: left with mom for appt at 1:30		
02/22/18	X X X X		N ABS EX;	IL
02/22/2018		COMMENT: mom called- sick		
03/09/18	X		N Released Early;	MD
03/09/18	X		N ABS EX;	MD
03/09/2018		COMMENT: left with mom for appt at 1245		

CONTINUED

Attendance Information for the 2018 School Year

GRD:K1 SCHOOL: 104 CALENDAR: 104 HM PHN: WK PHN:

PRC ENRL: 100 HM ROOM: HMRM TCHR: ADVISOR: GUARDIAN: WK PHN:

DATE	1	2	3	4	NTFD	TYPE/REASON	MD
03/13/18	X	X			N	ABS EX;	MD
03/13/2018 COMMENT: in@11:45 appointment							
03/14/18		X			N	Released Early;	APPOINTMENT
03/14/2018 COMMENT: left with mom for doc 3:00							
03/27/18		X			N	Released Early;	APPOINTMENT
03/27/18		X			N	ABS EX;	APPOINTMENT
03/27/2018 COMMENT: left with mom for appt 2:00							
04/27/18	X	X			N	ABS EX;	MD
04/27/2018 COMMENT: arrived late from mom 11:30							
05/09/18	X	X	X	X	N	ABS EX;	IL
05/09/2018 COMMENT: mom called- sick							
05/22/18		X			N	Released Early;	MD
05/22/18		X			N	ABS EX;	MD
05/22/2018 COMMENT: left 1:20 appointment							
06/01/18		X			N	Released Early;	FB
06/01/18		X			N	ABS EX;	FB
06/01/2018 COMMENT: left 12:40 GS camp							
06/14/18	X	X	X	X	N	ABS EX;	IL
06/14/2018 COMMENT: mom called- not feeling well							
TOTAL 17.50 DAYS EXCUSED; .00 DAYS UNEXCUSED; .00 DAYS OTHER; 5.00 PRDS TARDY;							

Attendance Information for the 2018 School Year

REPORT TOTALS FOR 2018 17.50 DAYS EXCUSED; .00 DAYS UNEXCUSED; .00 DAYS OTHER; 5.00 PRDS TARDY;



2017/2018 Kinder Medical Alert Information

Student Name: _____

Last

First

MI

Date

Please complete this form and sign below. Student health information may be shared with school personnel in written, oral and electronic format on a need-to-know basis and as necessary to safeguard your child's health. Please provide the health room with any updates as needed. Student health information is requested at the beginning of every school year.

☐ No physical health concerns Allergies (Physician-confirmed)

- ☒ Environmental Seasonal
- ☒ Food Egg
- ☐ Insect _____
- ☐ Drug _____
- ☒ Other unknown chemical

☐ Epi-Pen prescribed

☒ Oral medication prescribed omeprazole

☐ No medication needed at school

Asthma (Physician-confirmed)

☐ Needs medication at school _____

☒ No medication needed at school

ADD/ADHD

☐ Needs medication at school _____

☐ Takes medication at home only _____

☐ Diagnosed, but not taking medication

Cardiovascular Condition

☐ _____

Congenital Condition

☐ _____

Diabetes

☐ Diagnosed / /

☐ Insulin dependent

☐ Non- insulin dependent

NOTE: If medication is needed, parent and health care provider must complete an Authorization for Administration of Medication at School form before medication can be given at school. Students 12 years and older may carry and self-administer medications according to provisions of BP 5432 Medication at School. Please contact school nurse for additional information.

Student Treatment and Release Authorization: I understand that in the event of an accident or illness, every effort will be made to contact my child's parent/guardian. If the parent/guardian cannot be reached, I authorize and direct school authorities to obtain emergency care for my child. Should the illness or injury not be an emergency and the parent/guardian cannot be reached, I authorize school staff to release my child to the alternate contact person I have designated.

Parent/Guardian Signature _____

Gastro-Intestinal Condition

☒ Stomach acid, takes omeprazole

Migraine Headaches

☐ Needs medication at school _____

☐ Diagnosed, but no need for medication at school

Hearing

☐ Wears hearing aid(s) _____

☐ Diagnosed hearing loss at age _____

Renal (Urinary) Condition

☐

Seizures/Neurological Condition

☐ Needs medication at school _____

☐ Takes medication at home _____

☐ History of seizures, but not presently medicated
(Last seizure / /)

☐ Other neurological condition _____

Vision

☐ Corrected with prescription lenses

☐ Other concern _____

Other

☐ Other health concern that may affect school performance/attendance _____

☐ Medication your child needs at school not already listed _____

☐ Physical restrictions _____

Date 10/5/17



MONROE
SCHOOL DISTRICT

Welcome To Monroe School District!

Help us serve you better by using the Admission Checklist below as you collect the information and documents necessary to enroll your child in Monroe School District.

Admission Checklist

Forms (complete and return)

New Student Registration

Complete all information below and on the following three pages and sign the form.

Certificate of Immunization Status (CIS)

Washington State requires that you use the official CIS form, which must be signed by the parent/guardian.

All immunization dates MUST appear on the CIS form! Sign and date.

Request for Transfer of Records between Schools

Documents/Forms (if applicable)

Birth Certificate for Pre-K, Kindergarten, 1st Grade and new to Washington only (original for school to copy)

Court Documents (if applicable) relating to guardianship or a parenting plan (original for school to copy)

Choice Transfer Request Form - students residing in another school district must have Choice Transfer form approved before registering

New Student Registration

DO NOT WRITE IN SHADED AREA - FOR OFFICE USE ONLY

School Entry Date 10/5/17	Homeroom Number	Food Service Number 10458	Bus Route <input type="checkbox"/> AM <input type="checkbox"/> PM
------------------------------	-----------------	------------------------------	--

Has any member of your family ever been enrolled in or employed by the Monroe School District? ☒ Yes ☐ No

STUDENT: Legal Last Name [Redacted]		Legal First Name [Redacted]	Legal Middle Name	Also Known As:
Day/Year) [Redacted]	Gender <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Birth Place: City Kirkland	State WA	Country USA
				Grade Level K

RESIDENT DISTRICT: Is student attending Monroe School District via a Choice Transfer ☒ Yes ☐ No

If Yes, what is your resident district? Sachomish

HEALTH INFORMATION

Health Care Provider/Clinic Ann Hungen MD The Everett Clinic, Lake Stevens

☐ Yes ☒ No Does your child have a condition which causes the daily possibility of a life-threatening emergency? This includes life-threatening allergies, diabetes, and some seizures.

If Yes, please describe _____

☐ Yes ☒ No During school hours, does your child need help with a medical procedure? (Ex. Blood sugar, tube feeding, catheterization)

⚠ If your child has a life threatening health condition, an emergency care plan and medical treatment order must be in place prior to your child's school attendance. Please contact your child's school or Health Services at 360 804-2600 for assistance.

SPECIAL SERVICES: Has your child ever qualified for or been enrolled in a special education program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has your child ever qualified for or had a 504 plan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Has your child ever participated in: <u>n/a</u> <input type="checkbox"/> Title <input type="checkbox"/> LAP <input type="checkbox"/> Gifted <input type="checkbox"/> Other _____		Has your child ever been retained? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, at what grade level(s) _____
SCHOOL: School Previously Attended <u>Hamelink</u>	School District Previously Attended <u>Lake Stevens</u>	Previous School Location (City and State) <u>Lake Stevens, WA</u>
Has student ever attended Monroe School District? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, name of school attended <u>no</u>		Date Attended (Month/Year) _____

OTHER INFORMATION: Is there a joint-custody or parenting plan in effect? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, plan must be on file with the school <input type="checkbox"/> Original provided to school to copy and return Is there a restraining order in effect? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, legal papers must be on file with the school <input type="checkbox"/> Original provided to school to copy and return Restraining order is against: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	
---	--

DISCIPLINE: Has the student ever been suspended or expelled? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes date: _____

CHILD CARE: Does student attend child care? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, check below and fill in child care information to right → <input type="checkbox"/> Before school <input type="checkbox"/> After school <input type="checkbox"/> Before & after school	Child Care Provider Name: _____ Address _____ Phone Number _____
If you have additional child care arrangements, please provide information to school in writing.	

OTHER SIBLINGS: Please list other siblings attending Monroe School District			
Last Name	First Name	School	Grade
[REDACTED]	[REDACTED]	<u>Mulhally Elementary</u>	<u>4</u>

RELIGIOUS BELIEFS: If you have special instructions regarding religious beliefs, please provide information to school in writing.
--

EMERGENCY CONTACT INFORMATION: When injury, illness or other non-emergency situations occur involving your child, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list persons you trust who are available during the day to provide care for your child.			
Primary Contact (Other Than Parent/Guardian) Last Name First Name [REDACTED]	Relationship To Child <u>Aunt</u>	Phone #1 (Include Area Code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input checked="" type="checkbox"/> Cell [REDACTED] [REDACTED] [REDACTED]	Phone #2 (Include Area Code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Street [REDACTED]			
Seco Last Name First Name [REDACTED]	Relationship To Child <u>Grandfather</u>	Phone #1 (Include Area Code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input checked="" type="checkbox"/> Cell [REDACTED] [REDACTED] <u>4</u>	Phone #2 (Include Area Code) <input type="checkbox"/> Home <input type="checkbox"/> Work <input checked="" type="checkbox"/> Cell
Secondary Contact Address Street City State Zip [REDACTED]			

Attendance

	S1	S2		S1	S2
Absent	10.25	6.25	Tardy	5	0

Support Services (X)

	S1	S2
Enrichment in Reading		
Enrichment in Math		
Enrichment in Writing		
Intervention in Reading		
Intervention in Math		
Intervention in Writing		
Dual Language		

Individualized Education Program

Limited English Proficiency		
Learning Assistance Program		
Title Programs		
Highly Capable		
Section 504		



MONROE SCHOOL DISTRICT Kindergarten

Standards Based Report Card

Achievement Key of Grade Level Standards

- 4) Meets grade level standards with excellence
- 3) Demonstrates proficiency at grade level standards
- 2) Developing proficiency towards grade level standards
- 1) Well below grade level standards
- NA) Not assessed
- SE) Student qualifies for Special Education in this area. See Special Education Progress Report

Effort and Learning Behavior Scale

- O) Demonstrates outstanding effort
- S) Demonstrates satisfactory effort
- N) Needs to improve; Demonstrates minimal effort

Name: [REDACTED]

Grade: K1

Year: 2017-18

School: MALTBY ELEMENTARY SCHOOL

Principal: Bonnie McKerney

Teacher: Jennifer Toutonghi

Successful Learning Behaviors

	S1	S2
Respects others' rights, feelings, and property	S	O
Accepts responsibility for own behavior	S	O
Keeps materials and work organized	S	O
Follows directions	S	O
Perseveres with a task and in problem solving	S	O
Uses time effectively to produce quality work	O	O
Completes homework		
Shares and works well with others	O	O
Attentive to instruction	O	O
Independently completes tasks	O	O
Turns in completed work on time		

Sem. 1 Comments

We have had a wonderful start to the school year. During the first few months of school we were able to tell the Five Great Lessons of Maria Montessori, which opened up the entire curriculum to all the children. Our next semester will allow children to narrow their focus to individual interests. [REDACTED] has worked very hard this semester. She is using the rainbow drawers and leveled blome readers to support her in decoding and learning words that must be memorized for reading fluency. She is using the Draw-Write-Now books to practice her handwriting and punctuation. [REDACTED] started cursive handwriting and is practicing the individual letters. [REDACTED] is practicing her addition and subtraction facts with the strip boards. She is learning about place value to the thousands with the golden beads. Next semester, Audrey will be introduced to addition and subtraction with the golden beads. In reading, [REDACTED] will be using materials to help her practice words that have digraphs. The effort that [REDACTED] puts into her work is evident as she completes her work with quality in mind.

Sem. 2 Comments

[REDACTED] has continued to blossom in all areas of the classroom. She is making great progress with reading and writing. [REDACTED] is currently working with our rainbow towers to learn the patterns of our language. This work will help her with both spelling and reading. [REDACTED] is working with the golden beads and is now adding and subtracting with numbers up to the thousands. [REDACTED] is a wonderful worker and seeks out challenges. She continues to have a strong interest in writing stories and is currently working on a series titled "Positive Pizza". [REDACTED] gets along well with others and makes friends easily. When conflicts arise, she handles them appropriately and diplomatically. [REDACTED] is an enthusiastic and happy child and I am grateful that she is a part of our community. Please continue to read to [REDACTED] over the summer! Reading (and discussing what you read) is the number one way to improve school success! Have a wonderful summer!



Office of Superintendent of Public Instruction (OSPI)
Home Language Survey

The Home Language Survey is given to *all* students enrolling in Washington schools.

Student Name: [REDACTED]		Grade: <u>K</u>	Date: <u>10/5/17</u>
Parent/Guardian Name: [REDACTED]		Parent/Guardian Signature: [REDACTED]	
Right to Translation and Interpretation Services Indicate your language preference so we can provide an interpreter or translated documents, free of charge, when you need them.	All parents have the right to information about their child's education in a language they understand.		
Eligibility for Language Development Support Information about the student's language helps us identify students who qualify for support to develop the language skills necessary for success in school. Testing may be necessary to determine if language supports are needed.	1. In what language(s) would your family prefer to communicate with the school? <u>English</u>		
	2. What language did your child learn first? <u>English</u>		
	3. What language does your child use the most at home? <u>English</u>		
	4. What is the primary language used in the home, regardless of the language spoken by your child? <u>English</u>		
Prior Education Your responses about your child's birth country and previous education: <ul style="list-style-type: none"> • Give us information about the knowledge and skills your child is bringing to school. • May enable the school district to receive additional federal funding to provide support to your child. <p><i>This form is not used to identify students' immigration status.</i></p>	5. Has your child received English language development support in a previous school? Yes ___ No <u>X</u> Don't Know ___		
	6. In what country was your child born? <u>USA</u>		
	7. Has your child ever received formal education outside of the United States? (Kindergarten - 12 th grade) ___ Yes <u>X</u> No If yes: Number of months: _____ Language of instruction: _____		
	8. When did your child first attend a school in the United States? (Kindergarten - 12 th grade) <u>9</u> <u>6</u> <u>2017</u> Month Day Year		

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child's school.

Note to district: This form is available in multiple languages on <http://www.k12.wa.us/MigrantBilingual/HomeLanguage.aspx>. A response that includes a language other than English to question #2 OR question #3 triggers English language proficiency placement testing. Responses to questions #1 or #4 of a language other than English could prompt further conversation with the family to ensure that #2 and #3 were clearly understood. "Formal education" in #7 does not include refugee camps or other unaccredited educational programs for children.



Forms and Translated Material from the Bilingual Education Office of the Office of Superintendent of Public Instruction are licensed under a Creative Commons Attribution 4.0 International License.



MONROE
SCHOOL DISTRICT

Student Residency Questionnaire

Please complete one form per student.

Additional copies of this form are available at your school office.


Student Name: [REDACTED] Male ☐ Female ☒

Date of birth: [REDACTED] Grade: K Age: 6

Name of school: Maltby Elementary

The answers to the following questions can help determine the services this student may be eligible to receive under McKinney Vento Act 42 U.S. C. 11435. Answer **BOTH** questions.

1. Is this student's home address a temporary living arrangement? ☐ Yes ☒ No
2. Is this a temporary living arrangement due to the loss of housing or economic hardship? ☐ Yes ☒ No

If you answered **NO** to the either of the above questions, stop here. 

If you answered **YES** to the above questions, **please complete the remainder of this form.**

Please indicate the child's/student's living situation:	Please check needed services:
<input type="checkbox"/> Temporarily with another family due to economic hardship	<input type="checkbox"/> Transportation
<input type="checkbox"/> With an adult that is not a parent or legal guardian, or alone without an adult	<input type="checkbox"/> Free breakfast/lunch
<input type="checkbox"/> Moving from place to place	<input type="checkbox"/> Special education services (<i>eligibility required</i>)
<input type="checkbox"/> In a hotel/motel	<input type="checkbox"/> Section 504 services (<i>eligibility required</i>)
<input type="checkbox"/> In a place not designated for ordinary sleeping accommodations such as a car, park or campsite	<input type="checkbox"/> ELL program (<i>eligibility required</i>)
<input type="checkbox"/> In an emergency shelter	<input type="checkbox"/> Gifted/Talented program (<i>eligibility required</i>)
	<input type="checkbox"/> Assistance getting missing enrollment records:
	<input type="checkbox"/> Immunizations/medical records
	<input type="checkbox"/> Prior academic records

List any other siblings living in this same situation:

Name	Grade	School

Name of Parent(s)/Legal Guardian(s): [REDACTED]

If not living with a parent(s), name of individual student is living with: _____

Address (even if temporary): _____ City: _____ Zip: _____

Phone Number: _____ Email: _____

The undersigned certifies that the information provided above is accurate.

Print name of parent(s)/legal guardian(s)/unaccompanied youth: _____

Signature of parent/legal guardian/unaccompanied youth _____ Date _____

☐ School counselor has contacted student/parent/guardian
Counselor Name _____ Date _____

SCHOOL USE ONLY: If a homeless situation is possible from the information provided above:
 - Give a copy of this form to the school counselor
 - Send a copy of this form to the district office
 - Provide the parent/guardian/unaccompanied youth with a McKinney Vento/Homeless brochure (downloadable from mps)

Student Records Exchange - Records at Dutch Hill Elementary are being requested

no_reply@k12.wa.us <no_reply@k12.wa.us>

Wed 8/19/2020 11:20 AM

To: Harnett-Acuff, Brooke <Brooke.Harnett-Acuff@sno.wednet.edu>; Tobin, Delaney <delaney.tobin@sno.wednet.edu>
Cc: jennifer_mcphee@lkstevens.wednet.edu <jennifer_mcphee@lkstevens.wednet.edu>

[External Email]

This is an automatic notification that the student listed below has enrolled at Homelink. This notification serves as an official request for records. This is a confirmed transfer provided that the student has become a resident of the district pursuant to WAC 392-137-115 or is attending upon a completed Choice Transfer or Interdistrict Agreement.

District Student ID	SSID	Last Name
[REDACTED]	[REDACTED]	[REDACTED]

Please mail the official records including the following if applicable:

- Assessment scores
- Attendance Record
- High School and Beyond Plan
- Discipline records
- Immunization/screening records
- Special program placement information
- Special Education records
- 504 Plan
- Student Learning Plan/Accelerated Learning Plan
- Washington State Transcript *
- Withdrawal form and current grades
- Home Language Survey Form

* Please let the requester know if you are unable to forward the official transcript due to unpaid fines/fees.

Please send records to:

Homelink - ATTN: REGISTRAR
8220 24th ST SE
Lake Stevens, Washington 98258
jen_mcphee@lkstevens.wednet.edu
Phone: 4253351594

The request was generated by JENNIFER MCPHEE at Homelink, who can be reached at jennifer_mcphee@lkstevens.wednet.edu.

Thank you,

OSPI Customer Support

You are receiving this message because you have the Student Records Exchange role at your organization, or because you have the CEDARS District Administrator role and no one else has the Student Records Exchange role at Dutch Hill

*void 9-3-2020
mcphee
CT-approved
- no enrollment
paperwork as of
9-3-2020 -*

Guardian: [REDACTED]

Other ID: [REDACTED]
Grade: 03
Phone: [REDACTED]
Birthdate: [REDACTED]

Homeroom:
Teacher:
Term: 08
Ethnicity: W

Withdrawal Date: 4-14-2021

Withdrawal Code: TLS

04/01/2021 - 04/30/2021

Period	Course Name	Teacher	Room	*Grade	Books/Fines	Teacher Signature
00	ALE ADVISORY	SMITKIN A	HMLK			
05	ELEM SPANISH	WALLES S	SE115			
09	ELEM DRAMA	WALLES S	SE115			

New School: Dutch Hill Elementary Library: _____ Amount Due: _____

Administrator: _____ Office: _____ Amount Due: _____

Counselor: _____ Book Refund: _____ Amount Due: _____

Night School: _____ Year Book: _____ Amount Due: _____

Registrar: [Signature] Activity Cd: _____ Fee: _____

Locker #: _____ Chk: _____ Cafeteria: _____ Balance: _____

Student Signature: _____

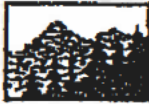
* Parent/Guardian Signature: _____

Receipt #: _____ Amount Paid: _____

Check #: _____

* Not Needed At Year-End Checkout

Snohomish
School District



DUTCH HILL ELEMENTARY

8231 - 131st Ave. S.E. - Snohomish, WA 98290

Mr. Jack Tobin, Principal

(360) 563-4450 - Fax (360) 563-4455

Dutch Hill Elementary requests the transfer of Cumulative and Health Records for the student(s) listed below:

Student Name: _____

Birthdate: _____

Student Name: _____

Birthdate: _____

From: _____

Dutch Hill Elementary / SSD
(School & District)

8231 131st Ave SE
(Street Address)

Snohomish
(City)

WA
(State)

98290
(Zip Code)

360-563-4450
(Phone Number)

(Fax Number)

Thank you for your prompt attention to this matter.

rec'd 4-10-2021
CME

Brooke Hurnelt-Arnold
Registrar, Dutch Hill Elementary

I acknowledge notification of this transfer of records as required by the Family Educational Rights and Privacy Act of 1974 and understand that I have a right to receive a copy at my own expense, if requested, and have an opportunity for a hearing to challenge the content of the records. I understand that the information transferred will be treated in a confidential manner and will not be transmitted to a third party without my consent.

(Date)

(Parent/Guardian Signature)

(New Street Address)

(City)

(State)

(Zip Code)

HOMELINK

Grade 03

Profile Information

Address: [REDACTED] Birthdate: [REDACTED] Entity: 520/HOMELINK
Age: 9 Advisor: AMANDA SMITKIN
School Email: 624675@lkstevens.wednet.edu Gender: Female Counselor:
Home Email: Language: ENGLISH Disc. Officer:
Phone #: [REDACTED] Student ID: [REDACTED]
Second Phone #: [REDACTED] Internal ID: [REDACTED]
Third Phone #: [REDACTED]

Family Members

Family 1 Address: Same as Student Phone #: [REDACTED]
Relationship Name Second Phone # Third Phone #
MOTHER [REDACTED]
Guardian Email: [REDACTED]

Family 2 Address: Phone #:
Relationship Name Second Phone # Third Phone #
FATHER [REDACTED]
Guardian Email: [REDACTED]

Schedule

Term	Prd	Class	Description	Dept	Subj	Days	Room	Teacher	Credit
------	-----	-------	-------------	------	------	------	------	---------	--------

Entry/Withdrawal

Entity	Entry	Code	School	Calendar	Withdrawal	Code	School	Year	Default	Entity	Entry	Comment	Withdrawal	Comment
520	09/02/20	ENT	520	520	04/14/21	TIS	2021		Yes					
ENT DUTCH HILL ELEM - WSLP 7 H TFR BACK TO SSD - DUTCH HILL E														

Academic History

Entity	School	Grade	Year	Level	Class	Description	Dept	Subj	Terms	Grades				
520 HOMELINK	2021	03			ADV100/03	ALE ADVISORY	ALL	ADV	1 - 10	SEP:S S1: JUN:	OCT:S FEB:U S2:	NOV:S MAR:S	DEC:S APR:	JAN:U MAY:
520 HOMELINK	2021	03			DRM104/01	ELEM DRAMA	EL	FA	1 - 10	SEP:4 S1:3 JUN:	OCT:3 FEB:0 S2:	NOV:4 MAR:3	DEC:2 APR:	JAN:1 MAY:
520 HOMELINK	2021	03			WLA001/25	ELEM SPANISH	EL	FOR	1 - 10	SEP:4 S1:2 JUN:	OCT:2 FEB:1 S2:	NOV:3 MAR:2	DEC:2 APR:	JAN:0 MAY:

Current Grades

Course	Section	Teacher	S1	S2
ALE ADVISORY	03	SMITKIN A		
ELEM DRAMA	01	WALLES S	3	
ELEM SPANISH	25	WALLES S	2	

***** End of report *****

Attendance Information for the 2021 School Year

SCHOOL: 520		CALENDAR: 520	HM ROOM:	GRD: 03	HM PHN:	ADVISOR: SMITKIN			
GUARDIAN:		WK PHN:							
CRS/SEC	COURSE DESC.	ABSENCE DATE	PD	TERM	DAYS	TEACHER	REA	EX/UN	NOTE
DRM104/01	ELEM DRAMA	09/14/20 MON	9	YR	M	WALLES S	C-D	Contact w/Instr;	Digi Platform
WLA001/25	ELEM SPANISH	09/21/20 MON	5	YR	M	WALLES S	C-D	Contact w/Instr;	Digi Platform
DRM104/01	ELEM DRAMA	" "	9	YR	M	WALLES S	C-D	Contact w/Instr;	Digi Platform
WLA001/25	ELEM SPANISH	09/28/20 MON	5	YR	M	WALLES S	N-A	No Contact;	Att Tchr Contct
DRM104/01	ELEM DRAMA	" "	9	YR	M	WALLES S	C-D	Contact w/Instr;	Digi Platform
WLA001/25	ELEM SPANISH	10/05/20 MON	5	YR	M	WALLES S	C-D	Contact w/Instr;	Digi Platform
DRM104/01	ELEM DRAMA	" "	9	YR	M	WALLES S	N-A	No Contact;	Att Tchr Contct
WLA001/25	ELEM SPANISH	10/12/20 MON	5	YR	M	WALLES S	N-A	No Contact;	Att Tchr Contct
DRM104/01	ELEM DRAMA	" "	9	YR	M	WALLES S	C-D	Contact w/Instr;	Digi Platform
WLA001/25	ELEM SPANISH	10/19/20 MON	5	YR	M	WALLES S	C-D	Contact w/Instr;	Digi Platform
DRM104/01	ELEM DRAMA	" "	9	YR	M	WALLES S	C-D	Contact w/Instr;	Digi Platform
WLA001/25	ELEM SPANISH	10/26/20 MON	5	YR	M	WALLES S	C-E	Contact w/Instr;	Email
DRM104/01	ELEM DRAMA	" "	9	YR	M	WALLES S	C-D	Contact w/Instr;	Digi Platform
WLA001/25	ELEM SPANISH	11/02/20 MON	5	YR	M	WALLES S	C-D	Contact w/Instr;	Digi Platform
DRM104/01	ELEM DRAMA	" "	9	YR	M	WALLES S	C-D	Contact w/Instr;	Digi Platform
WLA001/25	ELEM SPANISH	11/09/20 MON	5	YR	M	WALLES S	N-A	No Contact;	Att Tchr Contct
DRM104/01	ELEM DRAMA	" "	9	YR	M	WALLES S	C-D	Contact w/Instr;	Digi Platform
WLA001/25	ELEM SPANISH	11/16/20 MON	5	YR	M	WALLES S	C-D	Contact w/Instr;	Digi Platform
DRM104/01	ELEM DRAMA	" "	9	YR	M	WALLES S	C-D	Contact w/Instr;	Digi Platform
WLA001/25	ELEM SPANISH	11/23/20 MON	5	YR	M	WALLES S	C-D	Contact w/Instr;	Digi Platform
DRM104/01	ELEM DRAMA	" "	9	YR	M	WALLES S	C-D	Contact w/Instr;	Digi Platform
WLA001/25	ELEM SPANISH	11/30/20 MON	5	YR	M	WALLES S	N-A	No Contact;	Att Tchr Contct
DRM104/01	ELEM DRAMA	" "	9	YR	M	WALLES S	N-A	No Contact;	Att Tchr Contct
WLA001/25	ELEM SPANISH	12/07/20 MON	5	YR	M	WALLES S	N-A	No Contact;	Att Tchr Contct
DRM104/01	ELEM DRAMA	" "	9	YR	M	WALLES S	C-D	Contact w/Instr;	Digi Platform
WLA001/25	ELEM SPANISH	12/14/20 MON	5	YR	M	WALLES S	N-A	No Contact;	Att Tchr Contct
DRM104/01	ELEM DRAMA	" "	9	YR	M	WALLES S	N-A	No Contact;	Att Tchr Contct
WLA001/25	ELEM SPANISH	01/04/21 MON	5	YR	M	WALLES S	C-D	Contact w/Instr;	Digi Platform
DRM104/01	ELEM DRAMA	" "	9	YR	M	WALLES S	C-D	Contact w/Instr;	Digi Platform
WLA001/25	ELEM SPANISH	01/11/21 MON	5	YR	M	WALLES S	C-D	Contact w/Instr;	Digi Platform
DRM104/01	ELEM DRAMA	" "	9	YR	M	WALLES S	N-A	No Contact;	Att Tchr Contct
WLA001/25	ELEM SPANISH	01/18/21 MON	5	YR	M	WALLES S	C-D	Contact w/Instr;	Digi Platform
DRM104/01	ELEM DRAMA	" "	9	YR	M	WALLES S	C-D	Contact w/Instr;	Digi Platform
WLA001/25	ELEM SPANISH	01/25/21 MON	5	YR	M	WALLES S	N-A	No Contact;	Att Tchr Contct
DRM104/01	ELEM DRAMA	" "	9	YR	M	WALLES S	N-A	No Contact;	Att Tchr Contct
WLA001/25	ELEM SPANISH	02/08/21 MON	5	YR	M	WALLES S	C-D	Contact w/Instr;	Digi Platform
DRM104/01	ELEM DRAMA	" "	9	YR	M	WALLES S	N-A	No Contact;	Att Tchr Contct
WLA001/25	ELEM SPANISH	02/22/21 MON	5	YR	M	WALLES S	C-E	Contact w/Instr;	Email
DRM104/01	ELEM DRAMA	" "	9	YR	M	WALLES S	C-E	Contact w/Instr;	Email
WLA001/25	ELEM SPANISH	03/01/21 MON	5	YR	M	WALLES S	C-D	Contact w/Instr;	Digi Platform
DRM104/01	ELEM DRAMA	" "	9	YR	M	WALLES S	C-D	Contact w/Instr;	Digi Platform
WLA001/25	ELEM SPANISH	03/08/21 MON	5	YR	M	WALLES S	C-D	Contact w/Instr;	Digi Platform
DRM104/01	ELEM DRAMA	" "	9	YR	M	WALLES S	C-D	Contact w/Instr;	Digi Platform
WLA001/25	ELEM SPANISH	03/15/21 MON	5	YR	M	WALLES S	N-A	No Contact;	Att Tchr Contct
DRM104/01	ELEM DRAMA	" "	9	YR	M	WALLES S	C-D	Contact w/Instr;	Digi Platform
WLA001/25	ELEM SPANISH	03/22/21 MON	5	YR	M	WALLES S	C-D	Contact w/Instr;	Digi Platform
DRM104/01	ELEM DRAMA	" "	9	YR	M	WALLES S	C-D	Contact w/Instr;	Digi Platform
WLA001/25	ELEM SPANISH	03/29/21 MON	5	YR	M	WALLES S	C-D	Contact w/Instr;	Digi Platform
DRM104/01	ELEM DRAMA	" "	9	YR	M	WALLES S	C-D	Contact w/Instr;	Digi Platform
WLA001/25	ELEM SPANISH	04/12/21 MON	5	YR	M	WALLES S	C-D	Contact w/Instr;	Digi Platform
DRM104/01	ELEM DRAMA	" "	9	YR	M	WALLES S	N-A	No Contact;	Att Tchr Contct

Parent or Guardian of:

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

First Semester Report Card

Grade: 03

Semester 1 2020-21

Entity: 520

S1

ELEMENTARY SPANISH

2

WALLES S

ELEM DRAMA

3

WALLES S

GPA Method

GPA Type

GPA

Normal

Semester 1 GPA

0.000

Parent or Guardian of:

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
Monthly ALE Progress S1

Grade: 03

Advisor: SMITKIN A

Semester 1 2020-21

Entity: 520	SEP	OCT	NOV	DEC	JAN	S1
ALE ADVISORY SMITKIN A	S	S	S	S	U	
ELEMENTARY SPANISH WALLES S	4	2	3	2	0	2
ELEM DRAMA WALLES S	4	3	4	2	1	3



ALTERNATIVE LEARNING EXPERIENCE WRITTEN STUDENT LEARNING PLAN

School Year: 2020-2021

Student Name: [REDACTED]	Grade Level: 2nd - 5th
HQT Teacher: Sarah Walles	Start Date: 09/02/2020
Certificated Advisor: Amanda Smitkin	End Date: 04/14/2021
Weekly Contact Method: class, email, phone, digital platform, meeting	Est Weekly Hours: 4
Monthly Progress Review Day: last week of the month	ALE Type: site based

Course Title/ Code:	Elementary Spanish (WLA001/25)	
Course Subject:	Foreign Language and Literature	CEDARS Code: 24050N
Course Length:	Year	HS Credit: no
<u>Instructional Materials:</u>	<ul style="list-style-type: none"> • Teach Them Spanish! McGraw-Hill Children's Publishing • Supplemental materials • Online resources 	
Prerequisite:	None	
State/District	World language learning standards: Communication, Connections, Comparisons, Communities, Cultures.	
Course Description:	Elementary Spanish covers basic conversation and vocabulary acquisition, with a focus on exposure to the language and culture through fun, interactive games and activities in class. This class is designed for older Elementary students, so in addition to listening and speaking in Spanish, there will be basic reading and writing as well. A weekly homework packet is given to reinforce learning at home. Topics rotate in a three year cycle, so this class may be taken all three years. Each year, however, common phrases, basic conversation, numbers, colors, weather, and the calendar will be reinforced. No previous Spanish required, students may join at any time.	
Course Objectives & Learning Goals:	<p>Upon successful completion of this course, the student will (in Spanish):</p> <ul style="list-style-type: none"> • Engage in simple conversations that may include introductions and polite questions and answers, ask and answer feelings questions • Identify colors and numbers • Discuss the calendar and weather • Describe themselves, where they are from, their age, appearance • Talk about the family and describe them • Talk about pets and nature • Talk about their house/home • Talk about clothing and shopping • Talk about the beach and outdoor activities 	



ALTERNATIVE LEARNING EXPERIENCE WRITTEN STUDENT LEARNING PLAN

School Year: 2020-2021

Student Name: [REDACTED]	Grade: 2nd - 5th
HQT Teacher: Sarah Walles	Start Date: 09/02/2020
Certificated Advisor: Amanda Smitkin	End Date: 04/14/2021
Weekly Contact Method: class, email, phone, digital platform, meeting	Est Weekly Hours: 3
Monthly Progress Review Day: Last Week of Month	ALE Type: Site Based

Course Title/ Code:	Elementary Drama (DRM104/01)	
Course Subject:	Drama	CEDARS Code: 05079N
Course Length:	year long	HS Credit: No
<u>Instructional Materials:</u>	<u>Drama Lessons 7-11</u> by Judith Ackroyd and Jo Barter-Boulton, Routledge Variety of teacher texts/materials, drama games, and online sources	
Prerequisite:	No prerequisite courses are required.	
State/District	This course meets the following WA State Arts Learning Standards: Creating: <ol style="list-style-type: none"> 1. Generate and conceptualize artistic ideas and work. 2. Organize and develop artistic ideas and work. 3. Refine and complete artistic work. Performing/Presenting/Producing: <ol style="list-style-type: none"> 1. Select, analyze, and interpret artistic work for presentation 2. Develop and refine artistic techniques and work for presentation. 3. Convey meaning through the presentation of artistic work. Responding: <ol style="list-style-type: none"> 1. Perceive and analyze artistic work. 2. Interpret intent and meaning in artistic work. 3. Apply criteria to evaluate artistic work. Connecting: <ol style="list-style-type: none"> 1. Synthesize and relate knowledge and personal experiences to make art. 2. Relate artistic ideas and works with societal, cultural, and historical context to deepen understanding. 	
Course Description:	Elementary drama enables students to express themselves through dramatic play and storytelling. This class introduces children to the fundamentals of theater, drama games, skits, and theater fun. It is designed to build self-confidence, teamwork, communication skills and imagination.	

HOMELINK

Multi-Class Progress Report for APR (04/01/21 - 04/30/21)

Withdrawal date 04/14/2021

Student: [REDACTED]
ID: [REDACTED]

Advisor: **SMITKIN A**

Date: **04/19/21**

Class: **ALE ADVISORY / 03**

Period: **0**

Teacher: **SMITKIN A**

Class: **ELEM SPANISH / 25**

Period: **5**

Teacher: **WALLES S**

Current Class Point Value / Grade: 4.00 / 4

Class: **ELEM DRAMA / 01**

Period: **9**

Teacher: **WALLES S**

HOMELINK

Multi-Class Progress Report for MAR (03/01/21 - 03/31/21)

Student: [REDACTED]
ID: [REDACTED]

Advisor: SMITKIN A

Date: 04/01/21

Class: ALE ADVISORY / 03

Period: 0

Teacher: SMITKIN A

Current Class Grade: 0.00% / S

Teacher's Log for MARCH

Summary	Detail
March Monthly Progress	[REDACTED] is making satisfactory progress in all classes at HomeLink in March. The student received 60% or above in all classes. Progress was shared via Skyward and Family Access by Amanda Smitkin on 3/31/21.

Class: ELEM SPANISH / 25

Period: 5

Teacher: WALLES S

Current Class Point Value / Grade: 1.78 / 2

Teacher's Log for MARCH

Summary	Detail
March Progress Satisfactory	3/29/21 [REDACTED] is making satisfactory progress for the month of March in Elementary Spanish. [REDACTED] has demonstrated understanding of our monthly theme, Food, by attending Google Meetings and scoring 10/10 on homework assignments related to the monthly theme. [REDACTED] currently has a 2 in Elementary Spanish. This information has been shared with the family via Skyward. -Sarah Wallis

Class: ELEM DRAMA / 01

Period: 9

Teacher: WALLES S

Current Class Point Value / Grade: 3.00 / 3

Teacher's Log for MARCH

Summary	Detail
March Progress Satisfactory	3/29/21 [REDACTED] is making satisfactory progress for the month of March in Elementary Drama. [REDACTED] has demonstrated understanding of our monthly theme, Readers Theater Unit - Fractured Fairy Tales, by attending Google Meetings and scoring 10/10 on homework assignments related to the monthly theme. [REDACTED] currently has a 3 in Elementary Drama. This information has been shared with the family via Skyward. -Sarah Wallis

Parent/Guardian Signature: _____

Date: _____

HOMELINK

Multi-Class Progress Report for FEB (02/01/21 - 02/28/21)

Student: [REDACTED]
ID: [REDACTED]

Advisor: SMITKIN A

Date: 03/01/21

Class: ALE ADVISORY / 03

Period: 0

Teacher: SMITKIN A

Current Class Grade: 59.99% / U

Teacher's Log for FEBRUARY

Summary	Detail
February Progress	[REDACTED] is making unsatisfactory progress in all classes at HomeLink in February. The student received less than 60% in Elementary Drama and Elementary Spanish. Progress was shared via Skyward and Family Access by Amanda Smitkin on 2/26/21.

Class: ELEM SPANISH / 25

Period: 5

Teacher: WALLES S

Current Class Point Value / Grade: 1.11 / 1

Teacher's Log for FEBRUARY

Summary	Detail
February Progress NOT Satisfactory	2/22/21 [REDACTED] is not making satisfactory progress for the month of February in Elementary Spanish. [REDACTED] has not demonstrated understanding of our monthly theme, Parts of the Body, as she has not attended any Google Meetings and she has not turned in sufficient homework to demonstrate understanding. [REDACTED] currently has a 1 in Elementary Spanish. This information has been shared with the family via Skyward. -Sarah Wallis

Class: ELEM DRAMA / 01

Period: 9

Teacher: WALLES S

Current Class Point Value / Grade: 0.00 / 0

Teacher's Log for FEBRUARY

Summary	Detail
February Progress NOT Satisfactory	2/23/21 [REDACTED] is not making satisfactory progress for the month of February in Elementary Drama. [REDACTED] has not demonstrated understanding of our monthly theme, Readers Theater Unit - Fractured Fairy Tales, as she has not attended any Google Meetings or turned in any homework assignments related to the monthly theme. Audrey currently has a 0 in Elementary Drama. This information has been shared with the family via Skyward. - Sarah Wallis

Parent/Guardian Signature: _____

Date: _____

HOMELINK

Multi-Class Progress Report for JAN (01/01/21 - 01/31/21)

Student: [REDACTED]
ID: [REDACTED]

Advisor: **SMITKIN A**

Date: **02/02/21**

Class: **ALE ADVISORY / 03**

Period: **0**

Teacher: **SMITKIN A**

Current Class Grade: 0.00% / U

Teacher's Log for JANUARY

Summary	Detail
January Monthly Progress	[REDACTED] is making unsatisfactory progress in her classes at HomeLink in January. The student received less than 60% in Spanish and Drama. An intervention plan will be submitted by the class teacher. Progress was shared via Skyward and Family Access by Amanda Smitkin on 1/29/21.

Class: **ELEM SPANISH / 25**

Period: **5**

Teacher: **WALLES S**

Current Class Point Value / Grade: 0.00 / 0

Teacher's Log for JANUARY

Summary	Detail
January Progress NOT Satisfactory	1/25/21 [REDACTED] is not making satisfactory progress for the month of January in Elementary Spanish. [REDACTED] has not demonstrated understanding of our monthly theme, Winter Clothing, as she has not attended any Google Meetings nor has she turned in any homework assignments related to the monthly theme. [REDACTED] currently has a 0 in Elementary Spanish. This information has been shared with the family via Skyward. -Sarah Wall

Class: **ELEM DRAMA / 01**

Period: **9**

Teacher: **WALLES S**

Current Class Point Value / Grade: 0.89 / 1

Teacher's Log for JANUARY

Summary	Detail
January Progress NOT Satisfactory	1/25/21 [REDACTED] is not making satisfactory progress for the month of January in Elementary Drama. [REDACTED] has not demonstrated understanding of our monthly theme, Puppetry Unit - Fairy Tale Writing, as she only attended one Google Meeting and has not turned in any homework assignments related to the monthly theme. [REDACTED] currently has a 1 in Elementary Drama. This information has been shared with the family via Skyward. -Sarah Wall

Parent/Guardian Signature: _____

Date: _____

HOMELINK

Multi-Class Progress Report for DEC (12/01/20 - 12/31/20)

Student: [REDACTED]
ID: [REDACTED]

Advisor: SMITKIN A

Date: 01/06/21

Class: ALE ADVISORY / 03

Period: 0

Teacher: SMITKIN A

Current Class Grade: 0.00% / S

Teacher's Log for DECEMBER

Summary	Detail
December Monthly Progress	[REDACTED] is making satisfactory progress in all classes at HomeLink in December. The student received 60% or above in all classes. Progress was shared via Skyward and Family Access by Amanda Smitkin on 12/18/20.

Class: ELEM SPANISH / 25

Period: 5

Teacher: WALLES S

Current Class Point Value / Grade: 2.00 / 2

Teacher's Log for DECEMBER

Summary	Detail
December Progress Satisfactory	12/17/20 [REDACTED] is making satisfactory progress for the month of December in Elementary Spanish. [REDACTED] has demonstrated understanding of our monthly theme, The Family, by attending Google Meetings and scoring 10/10 on homework assignments related to the monthly theme. [REDACTED] currently has a 2 in Elementary Spanish. This information has been shared with the family via Skyward. -Sarah Walles

Class: ELEM DRAMA / 01

Period: 9

Teacher: WALLES S

Current Class Point Value / Grade: 2.00 / 2

Teacher's Log for DECEMBER

Summary	Detail
December Progress Satisfactory	12/16/20 [REDACTED] is making satisfactory progress for the month of December in Elementary Drama. [REDACTED] has demonstrated understanding of our monthly theme, Puppetry Unit - Setting, by attending Google Meetings and scoring 10/10 on homework assignments related to the monthly theme. [REDACTED] currently has a 2 in Elementary Drama. This information has been shared with the family via Skyward. -Sarah Walles

Parent/Guardian Signature: _____

Date: _____

HOMELINK

Multi-Class Progress Report for NOV (11/01/20 - 11/30/20)

Student: [REDACTED]
ID: [REDACTED]

Advisor: **SMITKIN A**

Date: **12/01/20**

Class: **ALE ADVISORY / 03**

Period: **0**

Teacher: **SMITKIN A**

Current Class Grade: **0.00% / S**

Teacher's Log for NOVEMBER

Summary	Detail
November Monthly Progress	[REDACTED] is making satisfactory progress in all classes at HomeLink in November. The student received 60% or above in all classes. Progress was shared via Skyward and Family Access by Amanda Smitkin on 11/30/20.

Class: **ELEM SPANISH / 25**

Period: **5**

Teacher: **WALLES S**

Current Class Point Value / Grade: **2.89 / 3**

Teacher's Log for NOVEMBER

Summary	Detail
November Progress Satisfactory	11/23/20 [REDACTED] is making satisfactory progress for the month of November in Elementary Spanish. [REDACTED] has demonstrated understanding of our monthly theme, Describing Yourself and Feelings, by attending Google Meetings and scoring 10/10 on homework assignments related to the monthly theme. [REDACTED] currently has a 3 in Elementary Spanish. This information has been shared with the family via Skyward. -Sarah Wallis

Class: **ELEM DRAMA / 01**

Period: **9**

Teacher: **WALLES S**

Current Class Point Value / Grade: **4.00 / 4**

Teacher's Log for NOVEMBER

Summary	Detail
November Progress Satisfactory	11/23/20 [REDACTED] is making satisfactory progress for the month of November in Elementary Drama. [REDACTED] has demonstrated understanding of our monthly theme, Puppetry Unit - Writing an original script, by attending Google Meetings and scoring 10/10 on homework assignments related to the monthly theme. [REDACTED] currently has a 4 in Elementary Drama. This information has been shared with the family via Skyward. -Sarah Wallis

Parent/Guardian Signature: _____

Date: _____

HOMELINK

Multi-Class Progress Report for OCT (10/01/20 - 10/31/20)

Student: [REDACTED]
ID: [REDACTED]

Advisor: **SMITKIN A**

Date: **11/04/20**

Class: **ALE ADVISORY / 03**

Period: **0**

Teacher: **SMITKIN A**

Current Class Grade: 0.00% / S

Teacher's Log for OCTOBER

Summary	Detail
October Monthly Progress	[REDACTED] is making satisfactory progress in all classes at HomeLink in October. The student received 60% or above in all classes. Progress was shared via Skyward and Family Access by Amanda Smitkin on 10/30/20.

Class: **ELEM SPANISH / 25**

Period: **5**

Teacher: **WALLES S**

Current Class Point Value / Grade: 2.00 / 2

Teacher's Log for OCTOBER

Summary	Detail
October Progress Satisfactory	10/28/20 [REDACTED] is making satisfactory progress for the month of October in Elementary Spanish. [REDACTED] has demonstrated understanding of our monthly theme, Calendar, Numbers 1-30 and Weather, by attending Google Meetings and scoring 10/10 on homework assignments related to the monthly theme. [REDACTED] currently has a 2 in Elementary Spanish. This information has been shared with the family via Skyward. -Sarah Wallis

Class: **ELEM DRAMA / 01**

Period: **9**

Teacher: **WALLES S**

Current Class Point Value / Grade: 2.89 / 3

Teacher's Log for OCTOBER

Summary	Detail
October Progress Satisfactory	10/26/20 [REDACTED] is making satisfactory progress for the month of October in Elementary Drama. [REDACTED] has demonstrated understanding of our monthly theme, Puppetry Unit - Acting Out Familiar Stories, by attending Google Meetings and scoring 10/10 on homework assignments related to the monthly theme. [REDACTED] currently has a 3 in Elementary Drama. This information has been shared with the family via Skyward. -Sarah Wallis

Parent/Guardian Signature: _____

Date: _____

HOMELINK

Multi-Class Progress Report for SEP (09/02/20 - 09/30/20)

Student: [REDACTED]
ID: [REDACTED]

Advisor: **SMITKIN A**

Date: **10/02/20**

Class: **ALE ADVISORY / 03**

Period: **0**

Teacher: **SMITKIN A**

Current Class Grade:60.00% / S

Teacher's Log for SEPTEMBER

Summary	Detail
September Monthly Progress	[REDACTED] is making satisfactory progress in all of her classes at HomeLink. The student received 3 and above in all classes. Progress was shared via Skyward and Family Access by Amanda Smitkin on 9/29/20.

Class: **ELEM SPANISH / 25**

Period: **5**

Teacher: **WALLES S**

Current Class Point Value / Grade:4.00 / 4

Teacher's Log for SEPTEMBER

Summary	Detail
September Progress Satisfactory	9/24/20 [REDACTED] is making satisfactory progress for the month of September in Elementary Spanish. [REDACTED] has demonstrated understanding of our monthly theme, Greetings and Introductions, by attending Google Meetings and scoring 10/10 on homework assignments related to the monthly theme. [REDACTED] currently has a 4 in Elementary Spanish. This information has been shared with the family via Skyward. -Sarah Waller

Class: **ELEM DRAMA / 01**

Period: **9**

Teacher: **WALLES S**

Current Class Point Value / Grade:4.00 / 4

Teacher's Log for SEPTEMBER

Summary	Detail
September Progress Satisfactory	9/25/20 [REDACTED] is making satisfactory progress for the month of September in Elementary Drama. [REDACTED] has demonstrated understanding of our monthly theme, Introduction to Drama and Stick Puppets, by attending Google Meetings and scoring 10/10 on homework assignments related to the monthly theme. [REDACTED] currently has a 4 in Elementary Drama. This information has been shared with the family via Skyward. -Sarah Waller

Parent/Guardian Signature: _____

Date: _____

HOMELINK/OAR INTERVENTION PLAN

As evidenced by the monthly review, evaluation of student progress is unsatisfactory, or the Written Student Learning Plan (WSLP) was not followed. As a result, the following Intervention Plan is being developed as a guide to more appropriately meet the student's needs:

Student Name: [REDACTED]	Grade: 3rd	Certificated Teacher: Sarah Waller
Course for Intervention: Elementary Spanish	Month: January 2021	Date Plan Implemented: 02/03/21

Performance was rated as unsatisfactory based on the following criteria, as outlined on the Written Student Learning Plan(WSLP):

[REDACTED] has not met satisfactory progress in growth towards the WSLP outlined goals. [REDACTED] did not turn in any homework demonstrating her understanding of our monthly goal (winter/clothing) nor did she attend any of the Google Meetings.
--

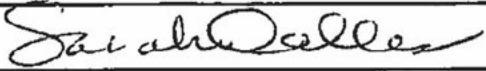
Type of Intervention (check all that apply):

<input checked="" type="checkbox"/>	Increased frequency or duration of personal contact to 1 time per week check in by email or digital platform
<input type="checkbox"/>	Modified manner for direct personal contact by:
<input type="checkbox"/>	Modified learning goals or performance objectives (attach as needed)
<input type="checkbox"/>	Modified number of or scope of courses or the content included in the learning plan
<input type="checkbox"/>	Other:

Detailed description of Intervention(s) and how progress is to be improved, with timelines for demonstrated performance objectives:

<p>In order to make satisfactory progress for the month of February, [REDACTED] needs to attend all Google Meetings. If she is unable to attend, she must contact the teacher via email or digital platform so that she will receive detailed information of what was covered during the live session.</p> <p>[REDACTED] also needs to complete her homework which is given on a bi-weekly basis. [REDACTED] can choose from a variety of options of learning on the bi-weekly homework menu and should submit her work through Google Classroom</p> <p>Weekly check-ins will take place between Mrs Waller and [REDACTED]. This can take place during the live sessions on the weeks when those take place. On asynchronous weeks [REDACTED] and Mrs Waller will check-in via email.</p>

I, the Certificated Teacher signed below, certify that I have met with the student (9-12) and/or parent (K-8) and have evaluated the student's monthly progress toward the learning goals and performance objectives defined in the WSLP, consistent with the policies and procedures of this school district. If this Intervention Plan is not met with successful progress within three (3) months, a new WSLP will be developed, or the student may be moved to another educational program.

Certificated Teacher: Sarah Waller		Date: 02/03/21
Meeting Face to Face: Student and /or Parent signed: OR by: (Initial all that apply) Email <u>SJW</u> Phone _____ Text _____ US Mail <u>[Signature]</u> Interactive Digital Platform via: _____		Date(s): 02/03/21

HOMELINK/OAR INTERVENTION PLAN

As evidenced by the monthly review, evaluation of student progress is unsatisfactory, or the Written Student Learning Plan (WSLP) was not followed. As a result, the following Intervention Plan is being developed as a guide to more appropriately meet the student's needs:

Student Name: [REDACTED]	Grade: 3rd	Certificated Teacher: Sarah Wallis
Course for Intervention: Elementary Drama	Month: January 2021	Date Plan Implemented: 02/03/21

Performance was rated as unsatisfactory based on the following criteria, as outlined on the Written Student Learning Plan(WSLP):

[REDACTED] has not met satisfactory progress in growth towards the WSLP outlined goals. [REDACTED] did not turn in any homework demonstrating her understanding of our monthly goal (winter/clothing) and she only attended one of the Google Meetings.

Type of Intervention (check all that apply):

<input checked="" type="checkbox"/>	Increased frequency or duration of personal contact to 1 time per week check in by email or digital platform
<input type="checkbox"/>	Modified manner for direct personal contact by:
<input type="checkbox"/>	Modified learning goals or performance objectives (attach as needed)
<input type="checkbox"/>	Modified number of or scope of courses or the content included in the learning plan
<input type="checkbox"/>	Other:


Detailed description of Intervention(s) and how progress is to be improved, with timelines for demonstrated performance objectives:

In order to make satisfactory progress for the month of February, [REDACTED] needs to attend all Google Meetings. If she is unable to attend, she must contact the teacher via email or digital platform so that she will receive detailed information of what was covered during the live session.

[REDACTED] also needs to complete her homework which is given on a bi-weekly basis. [REDACTED] can choose from a variety of options of learning on the bi-weekly homework menu and should submit her work through Google Classroom

Weekly check-ins will take place between Mrs Wallis and [REDACTED]. This can take place during the live sessions on the weeks when those take place. On asynchronous weeks, [REDACTED] and Mrs Wallis will check-in via email.

I, the Certificated Teacher signed below, certify that I have met with the student (9-12) and/or parent (K-8) and have evaluated the student's monthly progress toward the learning goals and performance objectives defined in the WSLP, consistent with the policies and procedures of this school district. If this Intervention Plan is not met with successful progress within three (3) months, a new WSLP will be developed, or the student may be moved to another educational program.

Certificated Teacher: Sarah Wallis 	Date: 02/03/21
Meeting Face to Face: Student and /or Parent signed: OR by: (Initial all that apply) Email <u> SJW </u> Phone <u> </u> Text <u> </u> US Mail <u> JW2/8 </u> Interactive Digital Platform via: <u> </u>	Date(s): 02/03/21

HOMELINK/OAR INTERVENTION PLAN

As evidenced by the monthly review, evaluation of student progress is unsatisfactory, or the Written Student Learning Plan (WSLP) was not followed. As a result, the following Intervention Plan is being developed as a guide to more appropriately meet the student's needs:

Student Name: [REDACTED]	Grade: 3rd	Certificated Teacher: Sarah Waller
Course for Intervention: Elementary Drama	Month: February 2021	Date Plan Implemented: 03/02/21

Performance was rated as unsatisfactory based on the following criteria, as outlined on the Written Student Learning Plan(WSLP):

[REDACTED] has not met satisfactory progress in growth towards the WSLP outlined goals. [REDACTED] did not turn in any homework demonstrating her understanding of our monthly goal (winter/clothing) and she only attended one of the Google Meetings.


Type of Intervention (check all that apply):

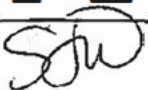
<input checked="" type="checkbox"/>	Increased frequency or duration of personal contact to 1 time per week check in by email or digital platform
<input type="checkbox"/>	Modified manner for direct personal contact by:
<input type="checkbox"/>	Modified learning goals or performance objectives (attach as needed)
<input type="checkbox"/>	Modified number of or scope of courses or the content included in the learning plan
<input type="checkbox"/>	Other:

Detailed description of Intervention(s) and how progress is to be improved, with timelines for demonstrated performance objectives:

<p>In order to make satisfactory progress for the month of March, [REDACTED] needs to attend all Google Meetings. If she is unable to attend, she must contact the teacher via email or digital platform so that she will receive detailed information of what was covered during the live session.</p> <p>[REDACTED] also needs to complete her homework which is given on a bi-weekly basis. [REDACTED] can choose from a variety of options of learning on the bi-weekly homework menu and should submit her work through Google Classroom</p> <p>Weekly check-ins will take place between Mrs Waller and [REDACTED]. This can take place during the live sessions on the weeks when those take place. On asynchronous weeks, [REDACTED] and Mrs Waller will check-in via email.</p>

I, the Certificated Teacher signed below, certify that I have met with the student (9-12) and/or parent (K-8) and have evaluated the student's monthly progress toward the learning goals and performance objectives defined in the WSLP, consistent with the policies and procedures of this school district. If this Intervention Plan is not met with successful progress within three (3) months, a new WSLP will be developed, or the student may be moved to another educational program.

Certificated Teacher: Sarah Waller 	Date: 03/02/21
Meeting Face to Face: Student and /or Parent signed: OR by: (Initial all that apply) Email <u>SJW</u> Phone _____ Text _____ US Mail <u>SW</u> Interactive Digital Platform via: _____	Date(s): 03/02/21



HOMELINK/OAR INTERVENTION PLAN

As evidenced by the monthly review, evaluation of student progress is unsatisfactory, or the Written Student Learning Plan (WSLP) was not followed. As a result, the following Intervention Plan is being developed as a guide to more appropriately meet the student's needs:

Student Name: [REDACTED]	Grade: 3rd	Certificated Teacher: Sarah Waller
Course for Intervention: Elementary Spanish	Month: February 2021	Date Plan Implemented: 03/02/21

Performance was rated as unsatisfactory based on the following criteria, as outlined on the Written Student Learning Plan(WSLP):

[REDACTED] has not met satisfactory progress in growth towards the WSLP outlined goals. [REDACTED] did not turn in any homework demonstrating her understanding of our monthly goal (winter/clothing) nor did she attend any of the Google Meetings.

Type of Intervention (check all that apply):

<input checked="" type="checkbox"/>	Increased frequency or duration of personal contact to 1 time per week check in by email or digital platform
<input type="checkbox"/>	Modified manner for direct personal contact by:
<input type="checkbox"/>	Modified learning goals or performance objectives (attach as needed)
<input type="checkbox"/>	Modified number of or scope of courses or the content included in the learning plan
<input type="checkbox"/>	Other:

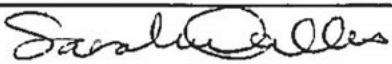

Detailed description of Intervention(s) and how progress is to be improved, with timelines for demonstrated performance objectives:

In order to make satisfactory progress for the month of March, [REDACTED] needs to attend all Google Meetings. If she is unable to attend, she must contact the teacher via email or digital platform so that she will receive detailed information of what was covered during the live session.

[REDACTED] also needs to complete her homework which is given on a bi-weekly basis [REDACTED] can choose from a variety of options of learning on the bi-weekly homework menu and should submit her work through Google Classroom

Weekly check-ins will take place between Mrs Waller and [REDACTED]. This can take place during the live sessions on the weeks when those take place. On asynchronous weeks, [REDACTED] and Mrs Waller will check-in via email.

I, the Certificated Teacher signed below, certify that I have met with the student (9-12) and/or parent (K-8) and have evaluated the student's monthly progress toward the learning goals and performance objectives defined in the WSLP, consistent with the policies and procedures of this school district. If this Intervention Plan is not met with successful progress within three (3) months, a new WSLP will be developed, or the student may be moved to another educational program.

Certificated Teacher: Sarah Waller 	Date: 03/02/21
Meeting Face to Face: Student and /or Parent signed: OR by: (Initial all that apply) Email <u>SJW</u> Phone _____ Text _____ US Mail <u></u> Interactive Digital Platform via: _____	Date(s): 03/02/21

LAKE STEVENS SCHOOL DISTRICT
Student Registration Form

Date: 9-11-2020

OFFICE USE ONLY	Student ID: [REDACTED]	Entry Date: 9-2-2020	Legal name verified? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Birth cert? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Other legal doc? <input type="checkbox"/> Y <input type="checkbox"/> N	Staff Initials: JME
	LSSD District Resident? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Non-Resident Home District: Snohomish	Verified waiver? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N			

STUDENT INFO	Has your child or a sibling ever been registered in the Lake Stevens School District? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, which school?					
	Student Legal LAST Name [REDACTED]		Legal FIRST Name [REDACTED]		Legal MIDDLE Name [REDACTED]	
	Birthdate: (M/D/Y) [REDACTED]	Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Grade 3	Birthplace: (City, State, County, Country) Kirkland, WA Snohomish County, USA		
	Birth Certificate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Migrant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date Entered USA: (M/D/Y)	Military Family Student has a parent/guardian who is a member of the: <input type="checkbox"/> Reserves of the Armed Forces <input type="checkbox"/> Active Duty Armed Forces <input type="checkbox"/> Washington National Guard <input type="checkbox"/> More than one parent/guardian is a member of any of the above		

PRIMARY HOUSEHOLD	PRIMARY PARENT/GUARDIAN INFORMATION (Household where student resides the majority of the time)						
	Legal Parent/Guardian #1 Last Name [REDACTED]			First Name [REDACTED]			
	Primary Phone [REDACTED]			Second Phone [REDACTED]		Third Phone [REDACTED]	
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input checked="" type="checkbox"/> Mobile <small>Please check if confidential (will not be published)</small>			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	
	Email: [REDACTED]						
	Relation to Student: <input type="checkbox"/> Father <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other:						
	Parent/Guardian #2 Last Name [REDACTED]			First Name [REDACTED]			
	Email [REDACTED]			Second Phone [REDACTED]		Third Phone [REDACTED]	
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <small>Please check if confidential (will not be published)</small>			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	
	Relation to Student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other:						
Resident Street Address [REDACTED]			Apt #	City [REDACTED]	State [REDACTED]	Zip [REDACTED]	
Mailing Address (If different From above)			Apt #	PO Box	City	State	Zip

SECOND HOUSEHOLD	SECOND HOUSEHOLD INFORMATION (Student does not primarily reside at this residence)						
	Parent/Guardian #1 Last Name [REDACTED]			First Name [REDACTED]			
	Primary Phone [REDACTED]			Second Phone [REDACTED]		Third Phone [REDACTED]	
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <small>Please check if confidential (will not be published)</small>			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	
	Email [REDACTED]						
	Relation to Student: <input checked="" type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other:						
	Parent/Guardian #2 Last Name [REDACTED]			First Name [REDACTED]			
	Email [REDACTED]			Second Phone [REDACTED]		Third Phone [REDACTED]	
	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <small>Please check if confidential (will not be published)</small>			<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile	
	Relation to Student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Stepmother <input type="checkbox"/> Stepfather <input type="checkbox"/> Other:						
Resident Address Street [REDACTED]			Apt #	City [REDACTED]	State [REDACTED]	Zip [REDACTED]	
Mailing Address (If different From above)			Apt #	PO Box	City	State	Zip

PLEASE LIST OTHER SIBLINGS CURRENTLY ATTENDING LAKE STEVENS SCHOOL DISTRICT			
Last Name	First Name	School	Grade

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF LIVE BIRTH

CERTIFICATE NUMBER: [REDACTED]

DATE ISSUED: 11/10/2011

GIVEN NAMES: [REDACTED]

LAST NAME: [REDACTED]

DATE OF BIRTH: [REDACTED]

FACILITY: EVERGREEN HOSPITAL MEDICAL CENTER

PLACE OF BIRTH: KIRKLAND, KING COUNTY, WASHINGTON

TIME OF BIRTH: 07:19 A.M.

SEX: FEMALE

MOTHER'S MAIDEN NAME: [REDACTED]

PLACE OF BIRTH: TEXAS

DATE OF BIRTH: [REDACTED]

FATHER'S NAME: [REDACTED]

PLACE OF BIRTH: WASHINGTON

DATE OF BIRTH: [REDACTED]

FILING DATE: 10/19/2011

FEE NUMBER: [REDACTED]



The Home Language Survey is given to *all* students enrolling in Washington schools.

Thank you for providing the information needed on the Home Language Survey. Contact your school district if you have further questions about this form or about services available at your child's school.

Note to district: This form is available in multiple languages on <http://www.k12.wa.us/MigrantBilingual/HomeLanguage.aspx>. A response that includes a language other than English to question #2 OR question #3 triggers English language proficiency placement testing. Responses to questions #1 or #4 of a language other than English could prompt further conversation with the family to ensure that #2 and #3 were clearly understood. "Formal education" in #7 does not include refugee camps or other unaccredited educational programs for children.



Request to Restrict Release of Information

If you do not want directory information released about your child, or if you do not want information about your child released to military or college recruiters, complete this form and return it to your child's school. A separate form must be completed for each child. If this form is not returned, your permission to release information is implied. This form supersedes any prior permissions or restrictions. If your preferences change, you are responsible for completing a new form and submitting it to your child's school.

SECTION A: Directory Information and Student Images

Directory information is defined as the student's name, address, telephone number, photograph, date and place of birth, dates of attendance, participation in officially recognized activities and sports, weight and height of members of athletic teams, diplomas and awards received and the most recent previous school attended. This information can only be released to state and federal education agencies; state and local officials; organizations conducting studies for educational agencies for the purpose of improving education; persons and agencies in connection with an emergency to protect the health and safety of the student or other persons.

☒ Do not release any of my student's information to other institutions except where required by law.

By marking the box above, you have restricted the release of all directory information about your child—including his or her name and photo in school and district publications. This includes the yearbook, school newsletters, graduation/honor roll lists, athletic programs or PTA materials. Please note that Lake Stevens School District will still release directory information, upon request, to law enforcement and Child Protective Services.

The district uses student images and school work in a variety of ways, including *Lake Schools*; the district calendar; local newspapers; professional development materials; brochures; flyers; school newsletters; and on its website and social media to promote student achievement and build school spirit. The district and its schools also produce videos highlighting student successes. In addition, media often visit schools to capture events and activities.

Exception: If you would like your child's name and photo to be included in school and district publications and in information shared with the media, mark the box below.

☒ I agree to allow my child's name and photograph to be included in school and district publications and in information shared with the media.

Note: If you mark both boxes, directory information will not be released to other institutions, but your child's name and photo/likeness may be published inside and outside of the district.

SECTION B: Recruitment

The United States military requests and is entitled to the names, telephone numbers and addresses of middle and high school students unless the parent/guardian restricts release of the information. Additionally, secondary schools often host college fairs and campus visits where students' names, telephone numbers and addresses are shared with the higher education institution.

☒ Do not release my student's information to military recruiters.

☒ Do not release my student's information to college recruiters.

Name of student (please print)

9/9/2020

Date

Name of parent or guardian (please print)

Parent/guardian signature

NEW STUDENT EMERGENCY CONTACTS/ALERTS

SCHOOL YEAR: 2020 — 2021

Student Name: [REDACTED] Grade: 3 Birth Date: 10-5-11

Parent/Guardian Name(s) [REDACTED]

SCHOOL CLOSURE EMERGENCY PROCEDURE

In the event of school closure during the school day (power outage, heavy falling snow, etc.), the school will **first** attempt to call the parent(s) at the phone numbers provided on your student's registration form. Please ensure that you have provided numbers where we may reach you during daytime hours. If your child is medically fragile, make arrangements for your child's medical needs at school and have an emergency plan in place. You will need to make additional contact with the school nurse for those arrangements.

AUTHORIZED EMERGENCY & RELEASE CONTACTS (Please List Contacts in Order of Preference)

In the event that a parent/guardian cannot be reached, please provide up to four additional contacts that are authorized to pick up your student from school.

My child can only be released from school with a parent/guardian **OR** the following individuals:

- | | | |
|---------------|-------------------|--------------------------------------|
| 1) [REDACTED] | Phone: [REDACTED] | List relationship: <u>Grandma</u> ✓ |
| 2) [REDACTED] | Phone: [REDACTED] | List relationship: <u>Aunt</u> ✓ |
| 3) [REDACTED] | Phone: [REDACTED] | List relationship: <u>Uncle</u> ✓ |
| 4) [REDACTED] | Phone: [REDACTED] | List relationship: <u>Neighbor</u> ✓ |

CRITICAL ALERTS

Please list any **non medical** critical alerts that the school should be aware of concerning your child. Alert information is shared with school staff on a "need to know basis" only and is considered confidential. It is the parent's responsibility to alert the school with critical information. Please be specific. **Medical alerts need to be recorded on the student health history form, not in this section.**

LEGAL RESTRICTIONS/NO CONTACT/RESTRAINING ORDERS

Are there any legal restrictions in place regarding your student? ☐ Yes ☐ No

Restrictions are against: Name(s)

If YES, the most recent certified legal papers must be on file with the school.

Parent/Guardian Signature: [REDACTED] Date: 8-31-2020

Electronic Information System (Networks)
Individual User Access Informed Consent Form for Parent and Student

In consideration for the privilege of using the network and in consideration for having access to the public networks, I hereby release Lake Stevens School District, Washington School Information Processing Cooperative, and other intermediary providers, if any, and operators, and any institutions with which they are affiliated from including, without limitation, the type of damage identified in the Lake Stevens School District's Acceptable Use Guidelines. Further, my child and I agree to abide by the District's policy and procedures for electronic information systems, which we have reviewed and understand, and we acknowledge that failure to comply with the policy and procedures may result in revocation of network use privileges. My child and I acknowledge and agree that Lake Stevens School District has the right to review, edit, or remove any materials installed, used, stored, or distributed on or through the network or the District's system and we hereby waive any right or privacy which my child or I may otherwise have into such material.

Signature of Student

Signature of Parent/Guardian
(required if user is under age 18)

Printed Name of Student

Printed Name of Parent/Guardian

Date Signed

8-31-2020

Date Signed

Student ID #

Address

Student Birth Date

City, State, Zip

HomeLink

School / Campus

Phone Number

3

Student Grade Level

***Students over eighteen do not need a parent's signature.**

Lake Stevens School District

Declaration of Intent Form to Provide Home-Based Instruction

I do hereby declare that I am the parent, guardian, or legal custodian of the child(ren) listed below and that said child(ren) is (are) between the ages of eight and eighteen and as such are subject to the requirements found in Chapter 28A.225.010 RCW, Compulsory Attendance. I intend to cause said child(ren) to receive home-based instruction as specified in RCW 28A.200.010(4). If a certificated person will be supervising the instruction, I have indicated this by checking the appropriate space.

School Service Area(s):

☐ Glenwood ☐ Highland ☐ Hillcrest ☐ Mt. Pilchuck ☐ Skyline ☐ Stevens Creek ☐ Sunnycrest
☐ Lake Stevens Middle ☐ North Lake Middle ☐ Cavelero Mid High ☐ Lake Stevens High

La	e	Middle	Birth Date	Grade
				3

The home-based instruction will be supervised by a person certificated in Washington State pursuant to Chapter 28A.410 RCW.

☐ Yes ☐ No

Do you wish your child(ren) to receive ancillary services? ☐ Yes ☒ No

(If answer is YES, please fill out Ancillary Service Form)

Have you attended a Homeschool qualifying course? ☐ Yes ☒ No

Qualifying Course N

Signature:

Date

8/31/2020

Address:

Phone

City/State/Zip:

This statement must be filed annually by September 15, or within two weeks of the beginning of the public school quarter, trimester, or semester, with the Superintendent or his/her designee of the public school district within which the parent resides.

Return to: Department of Teaching and Learning
Educational Service Center
12309 22nd ST NE
Lake Stevens, WA 98258





Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade Entry

001 342-013 (4/2015)

SPRING 9/25/20

Reviewed by: _____ Date: _____
Signed Cert. of Immunization on file? ☐ Yes ☒ No

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YYYY):	Sex:
				F
I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.			I certify that the information provided on this form is correct and verifiable.	
Parent/Guardian Signature Required: _____ Date: _____			Parent/Guardian Signature Required: _____ Date: _____	

Assessment of Immunizations: <input checked="" type="checkbox"/> (A) Temporary Certificate - Expires _____ <input checked="" type="checkbox"/> (B) Complete for GRADE 1-8	PASS	Printed or stamped name, address, phone of qualified healthcare provider (MD, DO, PA, APRN or Health Department): Validated by the WA State Immunization Information System Certified by: (Signature/Stamp or WAJIS) _____ Date of Issue: 09/09/2020
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Vaccine	Date MM/DD/YYYY	Date MM/DD/YYYY	Date MM/DD/YYYY	Date MM/DD/YYYY	Date MM/DD/YYYY	Date MM/DD/YYYY	Disease MM/DD/YYYY	Positive Test MM/DD/YYYY	History MM/DD/YYYY
Required Vaccines for School Entry									
DTaP, DT, Diphtheria, Tetanus, Pertussis	12/08/11	02/09/12	04/12/12	01/16/13	03/08/15				
Tdap (Tetanus, Diphtheria, Pertussis)									
Td (Tetanus, Diphtheria)									
Hepatitis B	10/05/11	11/04/11	07/25/12						
<input type="checkbox"/> Check here if 11-15 years, 2-dose schedule used									
MMR (Measles, Mumps, Rubella)	10/24/12	05/26/16							
IPV or OPV (Polio)	12/08/11	02/09/12	04/12/12	03/08/16					
Varicella (Chickenpox)	09/24/12	05/26/16							
Recommended Vaccines									
Hepatitis A	10/24/12	01/08/13							
Hib (Haemophilus influenzae type B)	12/08/11	02/09/12	04/12/12	01/16/13					
HPV (Human Papilloma Virus)									
Influenza	10/05/13	09/10/17							
MCV, MPSV (Meningococcal)									
PCV, PPSV (Pneumococcal)	12/08/11	02/09/12	04/12/12	04/16/13					
Rotavirus	12/08/11	02/09/12	04/12/12						



Certificate of Immunization Status (CIS)

Reviewed by: [Signature] Date: 8/31/2020
Signed COB on File? ☐ Yes ☒ No

Please print. See back for instructions on how to fill out this form or get it printed from the Washington State Immunization Information System.

Child's Last Name: _____ First Name: _____ Middle Initial: _____ Birthdate (MM/DD/YYYY): _____

I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.

Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.

8-31-2020

X

Parent/Guardian Signature

Date

Parent/Guardian Signature Required if Starting in Conditional Status

Date

<input type="checkbox"/> Required for School <input type="checkbox"/> Required Child Care/Preschool	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
Required Vaccines for School or Child Care Entry						
•▲ DTaP (Diphtheria, Tetanus, Pertussis)						
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						
•▲ DT or Td (Tetanus, Diphtheria)						
•▲ Hepatitis B						
• Hib (<i>Haemophilus influenzae type b</i>)						
•▲ IPV (Polio) (any combination of IPV/OPV)						
•▲ OPV (Polio)						
•▲ MMR (Measles, Mumps, Rubella)						
• PCV/PPSV (Pneumococcal)						
•▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS						
Recommended Vaccines (Not Required for School or Child Care Entry)						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease types A, C, W, Y)						
MenB (Meningococcal Disease type B)						
Rotavirus						

Documentation of Disease Immunity (Health care provider use only)

If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.

I certify that the child named on this CIS has:
☐ A verified history of varicella (chickenpox) disease.
☐ Laboratory evidence of immunity (titer) to disease(s) marked below.

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella
<input type="checkbox"/> Polio (all 3 serotypes must show immunity)		

Licensed Health Care Provider Signature Date

Printed Name

I certify that the information provided on this form is correct and verifiable.

Health Care Provider or School Official Name: _____ Signature: _____ Date: _____
If verified by school or child care staff the medical immunization records must be attached to this document.



STUDENT HEALTH HISTORY

School Year 2020-2021

Please check all conditions that apply. If your child has No Chronic Health Conditions, skip to the final box and sign below. All information given on this form will be shared with appropriate school staff on a "need to know" basis in order to provide for the health and safety of your student.

Student Last Name: [REDACTED]

First [REDACTED]

10/05/2011

3

LS HomeLink

DOB

Grade

School

LIFE THREATENING HEALTH CONDITIONS

RG ☐ SEVERE Asthma (see below if not severe)

EG ☐ SEVERE Allergy (requiring Epipen)
Allergy to:

EK ☐ Diabetes Type 1 (insulin dependent)

NP ☐ Seizures

C_ ☐ Heart condition:

BB ☐ Hemophilia

State Law requires that students with life threatening conditions such as anaphylaxis, asthma, seizure, cardiac, hemophilia or diabetes have a parent meeting with the School Nurse & care plan completed prior to the first day of school.

Please contact the building nurse as soon as possible to ensure that paperwork is complete, which allows your student to attend school.

Other Conditions

NB ☐ ADHD/ADD Diagnosed by:

ED ☐ Allergy - Food:

EE ☐ Allergy - Insect:

EM ☐ Allergy - Medication:

EB ☒ Allergy - Seasonal:

E_ ☒ Allergy - Animal:

\ ☐ Anxiety

RG ☐ Asthma currently treated (not severe) using inhaler

RH ☐ Asthma past history no longer using inhaler

NC ☐ Autism Spectrum Disorder

B_ ☐ Blood condition:

GA ☐ Celiac Disease

NE ☐ Cerebral Palsy

YA ☐ Chronic Ear Infections

UB ☐ Chronic Urinary Tract Infections

NU ☐ Concussion history/Traumatic Brain Injury

EJ ☐ Cystic Fibrosis

PC ☐ Depression

NF ☐ Developmental Disability

EL ☐ Diabetes Type 2

EN ☐ Eating Disorder

GH ☒ GERD/Acid Reflux

N_ ☐ Headaches OR ☐ Migraines

GK ☐ Irritable Bowel OR ☐ Crohns

M_ ☐ Musculoskeletal Disorder:

RE ☐ Reactive Airway Disease

EV ☐ Thyroid condition:

Other pertinent medical history (hospitalizations, injuries, other diagnoses/conditions not listed):

List ALL Current Medications (Circle those that will be taken at school):

Please note: State law requires written permission from health care provider and parent before any medications (prescription AND over the counter) can be carried and/or taken at school. Forms available online and in each school office.

My student wears: ☐ Glasses yr ☐ Contact Lenses yr ☐ Hearing Aids yr ☐ Other:

☐ My student has NO CHRONIC HEALTH CONDITIONS at this time.

If parent/guardian or authorized emergency contact cannot be reached at the time of a medical emergency, and if immediate care is urgent in the judgement of school authorities, I authorize and direct school authorities to send the student to the nearest and most appropriate healthcare facility. I understand that I will assume full responsibility for the payment of any services rendered.

Date: Mom

Signature: [REDACTED]

Relationship: Mom

Phone: Mom



Certificate of Immunization Status (CIS)

For Kindergarten-12th Grade / Child Care Entry

Office Use Only:	
Reviewed by: _____	Date: _____
Signed Cert. of Exemption on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please print. See back for instructions on how to fill out this form or get it printed from the Washington Immunization Information System.

Child's Last Name:	First Name:	Middle Initial:	Birthdate (MM/DD/YY):	Sex:
[Redacted]	[Redacted]	[Redacted]	[Redacted]	F

I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record. Parent/Guardian Signature: [Redacted] Date: 8/28/18	I certify that the information provided on this form is correct and verifiable. Parent/Guardian Signature: [Redacted] Date: 8/28/18
--	--

- ◆ Required for School and Child Care/Preschool
- Required Only for Child Care/Preschool

	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
--	------------------	------------------	------------------	------------------	------------------	------------------

Required Vaccines for School or Child Care Entry						
◆ DTaP / DT (Diphtheria, Tetanus, Pertussis)	12/08/11	02/09/12	4/12/12	04/16/13	03/08/16	
◆ Tdap (Tetanus, Diphtheria, Pertussis)						
◆ Td (Tetanus, Diphtheria)						
◆ Hepatitis B □ 2-dose schedule used between ages 11-15	10/05/11	11/04/11	07/25/12			
● Hib (Haemophilus influenzae type b)	12/08/11	2/09/12	4/12/12	04/16/13		
◆ IPV / OPV (Polio)	12/08/11	2/09/12	4/12/12	03/08/16		
◆ MMR (Measles, Mumps, Rubella)	10/24/12	05/26/16				
● PCV / PPSV (Pneumococcal)	12/08/11	02/09/12	04/12/12	04/16/13		
◆ Varicella (Chickenpox) □ History of disease verified by IIS	10/24/12	05/26/16				
Recommended Vaccines (Not Required for School or Child Care Entry)						
Flu (Influenza)						
Hepatitis A	10/24/12	10/08/13				
HPV (Human Papillomavirus)						
MCV / MPSV (Meningococcal)						
MenB (Meningococcal)						
Rotavirus	12/08/11	02/09/12	04/12/12			

Documentation of Disease Immunity

Healthcare provider, use only

If the child named in this CIS has a history of Varicella (Chickenpox) or can show immunity by blood test (titer) it MUST be verified by a healthcare provider

I certify that the child named on this CIS has:

- ☐ a verified history of Varicella (Chickenpox).
- ☐ laboratory evidence of immunity (titer) to disease(s) marked below. Lab report(s) for titers MUST also be attached.

- | | | |
|--------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Mumps | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Polio | |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Rubella | |
| <input type="checkbox"/> Hib | <input type="checkbox"/> Tetanus | |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Varicella | |

Licensed healthcare provider signature _____ Date _____
(MD, DO, ND, PA, ARNP)

Printed Name _____

Immunization Summary

Patient Information

Patient Information

Patient Name	Sex	DOB	SSN
[REDACTED]	Female	[REDACTED]	[REDACTED]

Patient Demographics

Address	Phone
[REDACTED]	[REDACTED] (Mobile) *Preferred*

Immunizations

Current Immunizations

Reviewed on 7/18/2016

Name	Date
ANNUAL FLU VACCINE	10/9/2014, 10/8/2013
DTAP Vaccine	3/8/2016, 1/16/2013
DTAP/HIB/IPV Combined Vaccine	4/12/2012, 2/9/2012, 12/8/2011
HIB Vaccine	1/16/2013
Hepatitis A Vaccine	10/8/2013, 10/24/2012
Hepatitis B Vaccine	7/25/2012, 11/4/2011, 10/5/2011
IPV	3/8/2016
MMR Vaccine	10/24/2012
MMR/Varicella Vaccine Live	5/26/2016
Pneumococcal Vaccine (13)	4/16/2013, 4/12/2012, 2/9/2012, 12/8/2011
Rotavirus Vaccine	4/12/2012, 2/9/2012, 12/8/2011
Varicella Vaccine Live	10/24/2012

Allergies

Allergies as of 9/11/2017

Reviewed On: 4/11/2017 By: Valentine, Kelsey K, RN

No Known Allergies