

Columbus City Schools Special Needs Preschool Parent Manual



Table of Contents

Information Sheet	3
Telephone Numbers	4
Special Needs Preschool Program	5
Program Philosophy	
Program Description	
Curriculum	6
Related Services	6
Parent Mentor Program	6
Services for Preschool Children	7
Evaluation	
Individualized Education Program	
Related Services	
Re-Evaluation for School-Age Programming	8
Attendance & Absences	9
Behavior Management	10
Individual Behavior Plans	10
Change of Address	11
Child Abuse Clause	11
Communicable Diseases	11
Early Leave/School Cancellation	12
Enrollment Checklist	12
Extra Clothing	13
Hygiene	13
Medical Evaluation	14
Medication	14
Phone Calls	15
Pictures	15
Toilet Training	15
Transportation	16
Visitors	17
Communicable Diseases	18
Prescribed Medication Authorization	22
Medical Evaluation Form	23
Dental Examination Form	25



School Year Planning Information Sheet

My child's name: _____

My child's school: _____

The school's telephone number: _____

The school's address is: _____

The principal's name is: _____

My child's teacher's name: _____

My child's instructional assistant's name: _____

My child's bus route is _____ to school and route _____ from school

The telephone number to the Transportation Department is
614-365-5074.

The number to the Special Needs Preschool Department is
614-365-5205.

My child's school hours are _____ to _____.





Columbus City Schools Phone Numbers

Educational Services and Resources	365-5206
Special Needs Preschool	365-5205
Special Needs Preschool Itinerants	365-8435
Special Needs Intake Personnel	365-5205
Special Needs Preschool Social Worker	365-5205
Parent Mentor Program	365-5219
Preschool to School Age Transition	365-5207
Occupational/Physical Therapy Services	365-8134
Speech Language Services	365-8435
Special Needs Preschool Nurse	365-5205
Columbus City Schools Transportation	365-5074
Franklin County Children's Services	464-4000

Special Needs Preschool Program

Philosophy

The philosophy of the Special Needs Preschool Program is expressed in three parts:

First, all children are unique, and they learn in many different ways.

Second, early intervention in a preschool program will maximize the potential learning of each child and will better prepare him or her for success in school age programs.

Third, integrating special needs preschoolers with their typically developing peers in a public school will benefit all the children involved.

Program Description

The Special Needs Preschool Program provides early intervention opportunities for preschool children age three through five who have special needs.

Selection of students for the Special Needs Preschool Program is based on the state and federal guidelines for the education of preschool children with special needs. Services are included in an Individual Education Program (IEP) designed to meet the needs of each child. At the IEP conference a variety of service delivery options will be discussed and the team will determine services and placement.

Services are available in settings that are specially equipped for children with orthopedic impairments, hearing impairments and visual impairments. Children who have delays in language, cognition, motor skills or adaptive skills will be served in a setting based on the child's IEP.

A certified teacher and a preschool instructional assistant serve the needs of six to eight children who have been placed in a special needs preschool classroom. This option includes both half-day and full-day classrooms.

Services are also available in Head Start, private day care or in the child's home. Itinerant services provide a minimum of four hours of direct/consultative support services each month based on the IEP.

Preschool Curriculum

The Special Needs Preschool curriculum addresses development in the following areas:

Fine and Gross Motor Skills
Adaptive Behavior
Language and Communication Skills
Social Skills Development
Academic Readiness Skills

The Special Needs Preschool curriculum is guided by the Early Learning Content Standards set by the Ohio Department of Education.

Related Services

Each child who is referred for preschool services receives a thorough evaluation prior to placement. This assessment is used to determine which, if any, services are needed. These related services may include:

Occupational Therapy
Physical Therapy
Speech and Language Therapy
School Psychological Services
School Nurse Services
Orientation and Mobility Training
Transportation

Parent Mentor Program

The Special Education Department of Columbus City Schools has parents of children with special needs on staff to answer questions. If you would like to talk to a parent mentor they can be reached at 614-365-5219.

Special Education Services for Preschool Children

The Special Needs Preschool Program of the Columbus City Schools provides many services for preschool children with special needs, and their families. A detailed description of these services can be found in the pamphlet "Whose IDEA Is This" which is given to parents during the referral, evaluation, and placement process. A brief description of these services is provided below.

Evaluation: Children who are referred to the Special Needs Preschool program may receive a multi-factored evaluation at no cost to the family. This evaluation may include evaluations by school social workers, teachers, school nurses, school psychologists, speech and language therapists, occupational therapists, and/or physical therapists. The evaluation consists of interviews, observations, standardized assessments, and criterion referenced assessments. Once the evaluation is complete, the parents are invited to meet with the evaluation team to determine the child's eligibility for special education services.

Individualized Education Program (IEP): If the child is determined to be eligible for special education services according to the Ohio Rules for the Education of Preschool Children with Disabilities, the parents will be invited to participate in a conference to write an Individualized Education Program (IEP). This program is to be developed jointly by the parents, the teacher, and related service personnel. The IEP will include the goals and objectives to be addressed for the child during the school year and must document the location where those services can best be delivered. An IEP must be written before service delivery can begin, must be reviewed at least four times during the school year, and must be revised at least once a year. Parents may request an IEP review at any time.

Related Services: Following the evaluation, the IEP team may also determine that the preschool child is eligible for related services. These services may include occupational therapy, physical therapy, speech and language therapy, orientation and mobility, and/or transportation. The amount of each service must be documented on the IEP. These services will be reviewed whenever the IEP is reviewed.

Statement of Re-Evaluation for School-Age Programming

You will be notified when your child is ready for school-age programming. This re-evaluation process is generally referred to as transitioning. You will be contacted and your permission will be required to complete the process. If your child is currently enrolled in a Columbus City School, the evaluation will take place at that school.

The re-evaluation team may include the parents, Special Education Coordinator, School Psychologist, Special Needs Preschool Teacher, Occupational Therapist, Physical Therapist, and Speech and Language Pathologist. The team will conduct a series of tests and observations to determine your child's needs for the following school year. The results of these evaluations will determine if your child will be eligible for special education services under the school age guidelines. Once eligibility is determined then placement options will be discussed with you.

Your child's placement in a Special Needs Preschool Classroom does not automatically guarantee your child's acceptance into that building for school age services. If you are interested in a school other than your home school for kindergarten, then you need to complete a school lottery/school choice form.

Attendance and Absences

Board of Education Policy #5121.3: "A student's parents, custodial parents, guardians, or legal guardians shall report the student's absence to school officials before 10:00 a.m. each day the student is absent. In the event that such a report is not made, school officials shall attempt to notify the person responsible for the student of the absence."

If a phone is not available for notifying the school that your child attends, please send a note with your child the day he/she returns explaining the reason for his/her absence. Daily attendance is important for your child's success. If your child misses a significant number of days, transportation may be canceled and other placement options may be recommended.

Please look at the Communicable Disease chart at the back of the book for recommendations regarding illnesses.

The general recommendations that are made for a child who may be ill are:

- ** Your child should not have vomited within 24 hours prior to returning to school.**
- ** Your child must be fever free (without medication) for 24 hours prior to returning to school.**
- ** If your child has a rash, he/she must be seen by a physician before returning to school.**

Behavior Management

Preschool is a time for children to learn how to behave in school. A great deal of the preschool day is used to teach the children how to behave and play appropriately with their classmates. Efforts to encourage appropriate behavior will include:

- A structured classroom environment.
- Awareness by the children and the parents of the classroom expectations.
- Awareness by the teaching staff of the children's individual needs.
- Praise and positive consequences to the children for a job well done.
- Allowing the children to make choices in a prepared environment.
- Redirection with instruction towards appropriate choices of behavior.
- Supervised time away from the group or classroom.

Individual Behavior Plan

A Behavior Plan will be developed for any child who has special needs for learning appropriate behavior. The interventions described in the behavior plan may include aversive techniques such as supervised time away from the group or classroom and/or physical controls. Aversive techniques will only be used as a last resort when a child is in danger of hurting himself or others in the environment. Columbus City School Policy requires all Special Needs Preschool staff to be trained in Non-Violent Crisis Prevention (CPI). Such training provides safe and appropriate techniques for physical controls. If a behavior plan is necessary for your child you will be contacted by your child's teacher and invited to meet as a team to develop an appropriate intervention plan.

Change of Address

If the family plans to move to another home in the Columbus City Schools district, the parent should call the Special Needs Preschool (SNP) office at least one week prior to the planned moving date. The SNP office will make every effort to continue the child's placement in the same classroom unit, or a similar SNP unit in a school closest to the child's new home. Because such a move can be very upsetting to a preschool child, parents are strongly encouraged to call the office as soon as possible with the new address information to work with the SNP staff to make the transition as smooth as possible and to allow time for changes in transportation which can take up to a week or more.

If the planned move is into another school district, other than Columbus, parents should call the Special Education Director or the Superintendent of the new school district and explain that the family is planning to move into that district (be prepared to state the new address), and that the family includes a preschool child who has special needs. Inform the Director of the new district that the child has an IEP (be prepared to provide a copy of the IEP for the new district). Parents should also be prepared to give the names of the child's current preschool teacher, the school, the school's address and telephone number. This information can be found on the School Year Information form in the front of this manual. This will enable the new district to request records from the Columbus City Schools District.

Child Abuse Clause

The law in the State of Ohio requires that school personnel report any suspicion of abuse or neglect of a child to the Franklin County Children Services (FCCS) office for investigation. School staff has been trained to recognize signs of abuse and/or neglect. Procedures for reporting will be strictly followed. For this reason, if your child has any unusual bumps, bruises, or any other unusual marks, you should write a note or call your child's teacher to explain the cause of the injury.

Communicable Diseases

Please refer to the Communicable Disease guidelines at the back of the book. These guidelines are descriptions of Communicable Diseases and the general recommendations made for keeping your child healthy.

Early Leave / School Cancellation

There may be times when school is closed other than those that are identified on the school calendar. Weather conditions of ice, flooding, and snow have caused the closing of schools in the past. If the schools are closed due to weather conditions, an announcement can be heard on most of the local radio and television stations. If the school needs to close when school is in session, you are requested to have a plan in your child's file that will provide instructions for your child in this event.

Enrollment Checklist

The Special Needs Preschool teacher will be contacting you before your child's first day of school to go over enrollment.

What will you need to bring when enrolling your child:

- A. A copy of your child's birth certificate.
- B. A copy of your child's shot and immunization record.
- C. A copy of your child's Social Security Card
- D. Proof of address (It is suggested that you bring in a gas or electric bill, or lease agreement).
- E. Two emergency telephone numbers of individuals who can be contacted and your child may be released to in case of an emergency.
- F. Custody papers if applicable.
- G. Name, number and address of your child's doctor and dentist.
- H. Medicaid number of applicable.

If your child will need to take medication while at school, please contact the teacher, principal, and/or school nurse to receive a permission form for both you and your physician to fill out before the medication can be dispensed. *(See forms at the back of the book)*

If you change your address before school begins, please contact the Special Needs Preschool with your new address as soon as possible.

Extra Clothing

It is important that your child have a change of clothing to be kept at school. While at school, there may be bathroom accidents, water play, painting, and outside activities which may cause clothing to become soiled or wet. This is uncomfortable for the child.

Please send in a pair of pants, a shirt, a pair of socks, and a pair of underwear on the first day of school. If the clothes are sent home, please replace them the next day. It is also recommended that you label the clothing on the inside with the child's name and send your clothing in a plastic bag with your child's name on it.

If your child is not yet toilet trained, plan to keep a set of diapers, or pull-ups as well as wipes to be kept at school throughout the year. The school does not provide diapers and wipes.

Hygiene

For the safety and well being of all children, please consider your child's hygiene when sending him/her to school. Your child is expected to come to school with good personal hygiene, which will help reduce the spread of communicable diseases. This includes:

- Coming to school properly bathed with hair washed and clean.
- Coming to school wearing clean clothing, this includes the appropriate underwear and socks.
- Your child's nails should be kept clean and trimmed.
- If your child is still in diapers, he/she should come to school wearing a clean diaper that was changed before he/she was transported to school.

Medical Evaluation

All students enrolled in the Special Needs Preschool program are required to have a complete medical evaluation prior to entry into the preschool classroom. The medical evaluation must have occurred within six months prior to school placement. If your child has not yet had a medical evaluation as stated, a medical evaluation must be completed within thirty days of classroom placement in the Special Needs Preschool program. The medical evaluation form must be completed and signed by the physician and returned to your child's teacher. *(See forms at the back of the book)*

After the initial medical evaluation is completed, your child will need a yearly medical evaluation while he/she remains a student in the Special Needs Preschool program. Once again, the medical evaluation form must be completed by the physician and returned to your child's teacher. *(See forms at the back of the book)*

If you do not have a medical provider, health insurance, or need other assistance in completing this requirement, please contact the Special Needs Preschool Nurse at 614-365-8435.

Medication

We prefer that any medication your child is taking be given before he arrives at school. If this is impossible due to the specific type of medication and the time that the child needs to have it administered, please discuss this with the principal and teacher before you send it in.

Medication cannot be administered at school without proper written medication authorization from your child's physician as well as written permission from the parent. Your child's teacher can provide you with the correct forms.

All medication must be brought to school by the parent/guardian in the original prescription bottle. The official pharmacy label must clearly be marked with:

- A: Child's name and address
- B: Name of the medication, dosage, and time to be given
- C: Any special instructions for administration, including sterile conditions and storage.

Over the counter medication may be given with the required Medical Administration Card filled out by you and your doctor. Please contact your child's teacher for further questions and to receive the necessary forms for you and the doctor to fill out. *(See forms at the back of the book)*

Phone Calls

The teachers can be reached by calling the school office. If a call is received during class time a message will be taken by the secretary so the call can be returned at the earliest possible time. Only emergency calls will be forwarded to the teachers during class time.

Pictures

During the school year many teachers take pictures or videos for various classroom or school projects. Pictures may even be taken to develop professional training materials. A "Permission to Photograph" release form will be given to you during school enrollment.

Toilet Training

We will support toilet training when you are working on this at home. Please discuss this with your child's teacher when you are beginning the toilet training process.

Transportation

Preschoolers are transported from home to school and to home again. The district is not required to transport from a baby-sitter's home or other alternative locations. Some exceptions have been made. These arrangements should be discussed at the IEP conference or with your child's teacher. If you live in an area that would be difficult for a school bus to enter and turn around, you may need to take your child to the nearest corner.

An adult will be expected to stay with the child until the bus arrives and assist with getting your child on the bus. An adult is also expected to meet the bus at the end of your child's school day. If your child is provided with a harness, which serves as the seat belt on the bus, it is required that your child wear it when he/she gets on the bus to go to school and also when your child returns home from school. If your child will be using a car seat, it will stay on the bus.

Parents are expected to call the transportation office and the school when a child will be absent. Transportation's number is 614-365-5074. Initial transportation arrangements and changes are made through the Special Needs Preschool office. Questions about these arrangements can be made by calling 614-365-5205.

Also, if you are planning to pick up your child, please call the school and inform the teacher. If you are not at the school by the time the buses depart, your child will be placed on the bus for home. There is no before/after school child care provided.



Visitors

We welcome your visit to your child's classroom. Having you involved with your child's education greatly enhances your child's success in school. For security reasons and to make the best use of the teacher's and your time, visitors need to adhere to the following:

1. All visits must be arranged with the classroom teacher 24 hours in advance.
2. All visitors must check in at the office upon entering the school and pick-up a visitor's badge.
3. The school secretary must notify the classroom teacher that you have arrived before going to the classroom.

Board of Education Policy #1240:

"Members of the community shall be encouraged to visit the schools and classrooms to observe the instructional programs and to participate in school related activities."

COMMUNICABLE DISEASES

DISEASE	INCUBATION/SYMPTOMS	OUT OF SCHOOL
Chicken Pox (Varicella)	Incubation: 10-21 days. Symptoms: Skin rash which progresses to blisters, then scabs. Eruptions occur in crops. Pimples, blisters and scabs may be present at same time.	Until the sixth day after onset of rash or all scabs are crusted.
Common Cold	Incubation: 12-72 hours. Symptoms: Sore throat, watery discharge from nose and eyes, sneezing, fever, chills, generalized discomfort.	If fever or colored discharge is present.
Conjunctivitis (Pink-eye)	Incubation: Viral, hours to days. Bacterial, 24-72 hours. Symptoms: Redness of eye, discharge (watery with viral; thick or purulent (pus) with bacterial), matted eyelashes, burning, itching.	Viral-until discharge ends. Bacterial - after first 24 hours of antibiotics. <i>*Physician's release required</i>
Croup	Incubation: 2-9 days. Symptoms: Acute respiratory infection which may cause difficulty breathing. Cough has a "barking" or "brassy" quality. May notice high pitch sound on inhalation.	Until severe symptoms are gone.
Diarrheal Diseases	Incubation: Varies depending on cause. Symptoms: Three or more loose stools in a 24 hour period. May also have nausea, vomiting, stomach ache, headache or fever.	Until diarrhea ends or cause is determined by physician.
Fifth Disease (Erythema Infectiosum)	Incubation: 4-14 days. Symptoms: Bright red rash, usually beginning on the face: "slapped cheek" appearance. Spread to trunk and extremities looking "lacey".	Once rash is diagnosed, no exclusion unless fever is present.
Flu (Influenza)	Incubation: 1-3 days. Symptoms: Abrupt onset of fever, chills, headache, sore muscles. Runny nose, sore throat, and cough also common.	Until fever and vomiting are gone for 24 hours.
German Measles (Rubella)	Incubation: 12-33 days. Symptoms: Fever, headache, sore throat, cough. Lymph nodes (glands) at back of head, behind ear, often enlarged. Rash may or may not be present.	For 7 days following onset of symptoms.

DISEASE	INCUBATION/SYMPTOMS	OUT OF SCHOOL
Hand, Foot & Mouth Disease	Incubation: 3-6 days. Symptoms: Raised rash on palms, soles, and mouth. Progresses to blisters, then scabs. Also, can have sores inside mouth.	No exclusion.
Head Lice (Pediculosis)	Incubation: 3 stages to life cycle; cycle average 3 weeks. Symptoms: Itching, irritation of scalp, feeling of movement on scalp. White to yellow-brown nits attached to hair strands close to scalp especially above ears, nape of neck and crown of head.	Until application of pediculicide and nit-free.
Hepatitis A	Incubation: 2-6 weeks. Symptoms: Abrupt onset, loss of appetite, fever, abdominal pain, nausea, jaundice (yellowish discoloration of skin and white of eye). Young children usually have no symptoms.	Until 10 days after initial onset of symptoms. <i>*Physician's release required</i>
Hepatitis B	Incubation: 45-160 days. Symptoms: Loss of appetite, vague abdominal pain, nausea, vomiting, fever, fatigue. Jaundice often occurs. Some persons have no symptoms.	No exclusion.
Herpes	Incubation: 2-14 days. Symptoms: Blister-like sores, fever, irritability and sores on mucus membranes.	Only if unable to control oral secretions. Lesions should be covered if possible.
Impetigo	Incubation: 2-10 days. Symptoms: Blister-like, pus-filled bumps which progress to yellowish crusted, painless sores with irregular outlines. Itching is common. Usually around nose and mouth.	Until 24 hours after treatment has begun and discharge not present.
Measels (Rubeola)	Incubation: 7-18 days. Symptoms: Fever, runny nose, cough and sore, reddened eyes and light sensitivity followed by a red-brown blotchy rash which lasts three or more days.	At least four days after onset of rash.
Meningitis, Bacterial	Incubation: 1-10 days. Symptoms: Sudden onset, fever, intense headache, nausea, vomiting. Behavioral changes, irritability, sluggishness.	Until treatment occurs. <i>*Physician's release required</i>

DISEASE	INCUBATION/SYMPTOMS	OUT OF SCHOOL
Meningitis, Viral	Incubation: 2-21 days. Symptoms: Sudden onset, fever, intense headache, nausea, vomiting, stiff neck. Behavioral changes, irritability, sluggishness.	Until treatment occurs. *Physician's release required
Mononucleosis	Incubation: 30-50 days. Symptoms: Fever, sore throat, swollen lymph nodes. Fatigue, headache, red spider vein rash on roof of mouth, occasional abdominal pain or respiratory distress.	No exclusion.
Mumps	Incubation: 12-25 days. Symptoms: Fever, painful salivary glands, swelling under jaw and in front of ear, headache, chills.	Until nine days after onset of swelling.
Pinworms	Incubation: From ingestion of egg until migration to perianal area 1-2 months or longer. Symptoms: Anal itching with disturbed sleep, irritability, and local irritation due to scratching.	Until treatment occurs. *Physician's release required
Ringworm (Tinea)	Incubation: Unknown. Symptoms: Scalp - scaly patches of temporary baldness, infected hairs brittle and breaks easily. Skin - flat, ring-like rash, inflamed, may itch or burn. Feet - scaling cracking of skin especially between toes, blisters may be present, filled with watery fluid.	Until 24 hours after treatment.
Scabies	Incubation: First infestation, 2-6 weeks, subsequent infestation 1-4 days after exposure. Symptoms: Parasitic disease of the skin caused by a mite. Bumps from burrowing mite often found in space between fingers, inside wrist, elbows, armpits, belt-line, and genital area. A patchy red rash is often present.	Until student and household treated. *Physician's release required
Strep Throat / Scarlet Fever	Incubation: 1-3 days. Symptoms: Strep Throat - fever, red throat with pus spots, tender and swollen lymph nodes. Symptoms vary. Scarlet Fever - Same plus rash on skin and inside of mouth. High fever, nausea and vomiting.	Until 24 hours after antibiotic treatment has begun.

DISEASE	INCUBATION/SYMPTOMS	OUT OF SCHOOL
Thrush	Incubation: Variable, 2 - 5 days in infants. Symptoms: White spots which cannot be scraped off without causing bleeding in mouth, on tongue, or on skin folds in diaper area	No exclusion.
Tuberculosis (T.B.)	Incubation: 2 - 12 weeks for infection to progress to disease. The risk of disease is greatest in the first 2 years following infection. Prompt and vigorous treatment should be started as soon as TB is suspected. Symptoms: TB infection produces no symptoms. The symptoms of pulmonary TB include a productive cough, chest pain, and bloody phlegm. Fever, chills, night sweats, easily fatigued, loss of appetite, and weight loss. Children do not always show the same symptoms as adults. Therefore, x-rays and laboratory testing is needed.	Until Physician authorization and Health Department release.
Whooping Cough (Pertussis)	Incubation: 6 - 20 days. Symptoms: Begins with mild upper respiratory symptoms and can progress to severe cough with characteristic whoop, followed by vomiting. Fever is absent or minimal.	Until 5 days after treatment is begun

This table compiled from Communicable Disease Chart, Ohio Department of Health, 2000.

The general recommendations that are made for a child who may be ill are:

****Your child should not have vomited within 24 hours prior to returning to school.**

****Your child must be fever free (without medication) for 24 hours prior to returning to school.**

****If your child has a rash, he/she must be seen by a physician before returning to school.**

Columbus City Schools
Health, Family, and Community Services

PERSCRIBED MEDICATION AUTHORIZATION

NAME OF STUDENT

Parent to Complete

Purpose: To permit students to possess and use prescribed medications during school hours when regular attendance at school would be impossible without the medication.

ADDRESS

TELEPHONE

DATE OF BIRTH

SCHOOL

ROOM

To the Parent or Guardian:

THE FOLLOWING INFORMATION IS NECESSARY FOR ANY STUDENT WHO POSSESSES OR USES PRESCRIBED MEDICATIONS IN SCHOOL; BOTH THE PARENT AND PHYSICIAN PORTIONS OF THIS FORM MUST BE COMPLETED.

1. I am requesting permission for the student named above to possess and use medication according to the doctor's certification on this card.
2. I will assume responsibility for the safe delivery of the medication to school, either by myself or by the student.
3. I will notify the school immediately if there is nay change in the use of the medication.
4. I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.

SIGNATURE OF PARENT OR GUARDIAN

DATE

HOME TELEPHONE

WORK TELEPHONE

Physician to Complete

To the Physician

The Columbus Board of Education urges you to schedule the taking of medications by students at times outside of school hours. When that is not possible, the possession and use of medications will be permitted, insofar as feasible, during school hours. Medication in pill form is preferable to liquids for use in school.

I verify that this medication must be taken by _____
during school hours: STUDENT'S NAME

(MEDICATION)

(DOSAGE)

Medication is to be taken at the following times _____

Instructions or precautions (including possible side effects) _____

Beginning date: _____

Expiration date: _____

Physician _____

Signature

Date

PRINTED NAME

TELEPHONE NUMBER

PHYSICIAN'S ADDRESS

(cat.# 200058) Rev. 9/00

Columbus City Schools
Medical Evaluation for Enrollment – Special Needs Preschool
(To be completed by physician yearly)

* If you need assistance obtaining a medical exam, call the Preschool Nurse at 365-8435.

Child's Name: _____ Date of Birth: _____ Sex: _____ Race: _____

Address: _____ Home Phone #: _____

Parent(s)/Guardian: _____ Work Phone # _____

Child's Physician: _____
(Name) (Address) (Telephone #)

IMMUNIZATIONS

Ohio law (ORC 3313.671) requires immunizations against diphtheria, whooping cough, tetanus, polio, rubeola, rubella, mumps, and hepatitis B)

Please indicate the day/month/year for each immunization

DtaP, DPT,DT					
Polio					
MMR			XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
Hepatitis B				XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
Varicella			XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXXXXXXXXX
Hib					XXXXXXXXXXXXXX

Tuberculosis Test

Date	Test	Result

Hgb/Hct: _____ Lead Level: _____

PHYSICAL EXAMINATION

Age: _____ Height: _____ Weight: _____ B/P: _____ Resp. Rate: _____ Pulse: _____

Overall Appearance & Nutritional Status: _____

Eyes: R _____ L _____ Ears: R _____ L _____ Tubes: R _____ L _____ Head/Neck: _____

Chest: _____ Heart: _____ Lungs _____

Abdomen: _____ G-Tube _____ Hernia _____ Ostomy Devices _____

Extremities _____ Orthopedic Devices _____

Neurological _____ Seizures (Freq. & Type) _____

Behavior/Emotional Concerns _____

Medical History _____

Surgical History _____

Activity Restrictions _____

Diet Restrictions _____

Allergies

Substance _____ Type of Reaction _____

Recommended Treatment _____

Medications (Name of medication, purpose, administration route, dose, & time)

****If medication is required at school, please include a separate prescription for administration.**

Diagnosis (Including any handicapping conditions) _____

Etiology (If known) _____

Other Recommendations and/or comments _____

Based upon this child's medical history and physical condition at the time of examination, this child is free from apparent communicable disease and is in suitable condition for enrollment in an early intervention program within the Columbus City Schools program.

Date: _____ Physician Signature: _____

Physician Printed Name/Stamp:

Address & Telephone:

Please FAX both sides/pages of completed form to: 614-365-8745

Or mail it to:

Jeannie Bakker, RN or Jeannette Eveland, RN

Special Needs Preschool Program Nurse

2571 Neil Avenue

Columbus OH 43202

Columbus City Schools
Dental History and Examination for Enrollment – Special Needs Preschool
 (To be completed by Dentist yearly)

* If you need assistance obtaining a dental exam, call the Preschool Nurse at 365-8435.

Child's Name: _____ Date of Birth: _____ Sex: _____

Address: _____ Home Phone #: _____

Parent(s)/Guardian: _____ Work Phone # _____

DENTAL HISTORY (To be completed by Parent/Guardian)

1. Is the child receiving any type of fluoride? Yes _____ No _____

If yes, explain _____

2. Does your child have trouble with teeth, gums, or mouth? Yes _____ No _____

If yes, explain _____

3. Has the child ever seen a dentist? Yes _____ No _____

If yes, explain _____

4. Is the child under a physician's care? Yes _____ No _____

If yes, explain _____

5. Is the child receiving regular medication? Yes _____ No _____

If yes, explain _____

6. Does your child have a history of:

	Yes	No		Yes	No
Allergies	_____	_____	Liver Disease	_____	_____
Asthma	_____	_____	Rheumatic Fever	_____	_____
Diabetes	_____	_____	Sickle Cell Disease	_____	_____
Epilepsy	_____	_____	Heart/Vascular Concerns	_____	_____
Other _____					

Dental Examination Record (To be completed by **Dentist**)

Child was examined on _____.
 (date)

The following services have been performed:

- _____ Radiographs
- _____ Oral Prophylaxis
- _____ Fluoride Treatment
- _____ Restorations

- OVER -

The following statements are applicable

_____ All necessary services have been performed.

_____ No restorative services are required at this time.

_____ The child is in treatment and future appointments have been arranged.

Date: _____

Dentist Signature: _____

Dentist Printed Name/Stamp:

Address & Telephone:

Please FAX both sides of completed form to: 614-365-8745

Or mail to:

Jeannie Bakker, RN or Jeannette Eveland, RN

Special Needs Preschool Program Nurse

2571 Neil Avenue

Columbus OH 43202