Bartelso Elementary School District # 57

2025-2026 School Emergency Form

STUDENT INFORMATION

Student Legal Last Name	Student Legal First Name	Student Middle Name	Date of Birth	Gender ☐ Male ☐ Female	Grade Level **Please Choose**

Primary Address	PO Box	City	State	Zip Code

Sister(s) and/or Brother(s) in attendance	Primary Custody

PARENT/GUARDIAN INFORMATION # 1 (Lives with student)

Guardian Last Name	Guardian First Name	Cell Phone	Home Phone
Relationship to student	**Place of Employment**	**Work Phone**	**Extension**

Guardian Email Address (Parent Portal Access)

PARENT/GUARDIAN INFORMATION # 2 (Lives with student)

Guardian Last Name	Guardian First Name	Cell Phone	Home Phone
Relationship to student	**Place of Employment**	**Work Phone**	**Extension**

Guardian Email Address (Parent Portal Access)

ALTERNATE PARENT/GUARDIAN INFORMATION # 2 (Does NOT Live with student) Request Mailings ☐ Yes ☐ No

Guardian Last Name	Guardian First Name	Cell Phone	Home Phone
Relationship to student	**Place of Employment**	**Work Phone**	**Extension**

Mailing Address	City	State	Zip Code

Email Address (Parent Portal Access)

EMERGENCY CONTACTS – OTHER THAN GUARDIANS

Contact Name	Relationship to Student	Cell Phone	Work/Other Phone
Contact Name	**Relationship to Student**	**Cell Phone**	**Work/Other Phone**

MEDICAL INFORMATION

Allergies	Wears Glasses or Contacts ☐ Yes ☐ No

List any medications your child takes on a regular basis

Family Physician	Phone Number	Family Dentist	Phone Number

Hospital or Medical facility choice

In the event of a serious injury or illness, and the school is unable to reach a responsible adult, the paramedics will be contacted. I authorize the school to transport my child to the medical facility of my choice which is listed above. School employees will administer first aid as needed.

Date _____ **Parent Signature** _____

STUDENT HANDBOOK STATEMENT

BARTELSO SCHOOL DIST. #57

Please complete this form and return it to your child's teacher or the office on the first day of school.

Student Name:		Grade Level **Please Choose**
Student Name:		Grade Level **Please Choose**
Student Name:		Grade Level **Please Choose**
Student Name:		Grade Level **Please Choose**
Student Name:		Grade Level **Please Choose**

Please check.

☐ Our family has reviewed the student/parent handbook. We understand that this book outlines the policies and procedures used to govern Bartelso School District 57 and that we are responsible for reading and understanding this material.

Parent / Guardian: **Date:** Click or tap to enter a date.

If you have any questions concerning the policies and procedures outlined in the Student Handbook, please call the school office at 765-2164.

Please provide an email address for the Parent Portal. This will be needed in order to view your child's grades and lunch account online. Important school information such as teacher newsletters and announcements from the office will be emailed to families. Please indicate the email address(es) you would like this information sent to OR put a check in the box indicating you do not have an email address. PLEASE CHECK YOUR EMAIL DAILY.

Email Address #1:	
Email Address #2:	

☐ **I do not have an email address and would like paper copies.**

Bartelso Community School District #57
306 South Washington Street
Bartelso, Illinois 62218
Phone: 618-765-2164
Fax: 618-765-2712
www.bartelsobraves.com

Publicity Release

Throughout the school year, Bartelso School District No. 57 may conduct activities that may be publicized by the school district and/or through local news media. Please indicate by checking below whether you consent or do not consent to the release of publicity information concerning your child/children. This form *must be returned* with your signature in the packet of registration materials. If this form is NOT returned, Bartelso School District No. 57 will assume that you **have NOT given** your consent to the release of publicity information concerning your child/children.

___ ***I grant permission*** for Bartelso School District No. 57 to include my child/children's picture in school sponsored events that may be published in the newspaper and on the district website.

___ ***I grant permission*** for my child/children's picture to be printed **ONLY** in the newspaper for School News **BUT NOT** the school district website.

___ My child/children ***may not*** have their picture published in the newspaper or district website by Bartelso School District No. 57.

_____ _____
Child's Name (please print) Grade

_____ _____
Child's Name (please print) Grade

_____ _____
Child's Name (please print) Grade

_____ _____
Child's Name (please print) Grade

_____ _____
Parent or Guardian's Signature Date

Parent Portal

Student(s) name:_____

Please provide an email address for the Parent Portal. This will be required to view your child's grades and lunch account on TeacherEase. School announcements/information is also through email. This will be the address that will be on the Emergency Contact list and email contact lists as well.

Email #1:_____

Email #2:_____

Parents are also encouraged to join the Bartelso Elementary Facebook page, as the teachers are frequently posting pictures and school activities.

Bartelso Elementary uses the Remind Messaging App to send out text messages to parents regarding various events happening at the school.

Instructions for joining a Remind Group:

Text the following codes to 81010

Last name A-K: @akbartelso

Last name L-Z: @lzbartelso

If you have any questions, please contact the school office.

By mandate of the Illinois State Board of Education, the Board of Education of Bartelso Elementary School District #57 is required to be able to prove that the students attending its schools are truly residents of this School District or are paying tuition. The only exception is for homeless children as defined by law. If parents/guardians wish to challenge the District's determination of non-residency, they may do so in accordance with the policies adopted for such challenges which determination is final. **Therefore, it is required that you provide the following residency verification.**

VERIFICATION OF IN-DISTRICT RESIDENCY

I/We, the undersigned parent/guardian of the student provide the following information to Bartelso Elementary School District #57 (hereinafter the District) to support our representation that the student is a legal resident of the District, and is entitled to attend the school as a resident without charge of tuition, but with a charge for certain fees.

Student's NAME:
Student's ADDRESS:
Home Telephone:
Name of Adult(s) with whom
student resides in District:

Relationship of adult(s) named above to the student (mark one and explain, if necessary)

- ☐ Parent (includes natural and adoptive parents)
- ☐ Legal Guardian with Court Order (attach Court Order)
- ☐ Other (explain in detail why student is living with adult, and attach all relevant documentation)

You MUST submit the following required documentation from Categories I and II BEFORE the first day of school.

Category I (one document establishing property within the District)

a. Most recent property tax bill (homeowners) **b.** Mortgage papers (homeowners) **c.** deed
d. Signed and dated lease and proof of last two months' payments if lease is not at its inception (canceled check or receipts required) (Renters) **e.** Housing letter (military personnel)
f. Letter from manager and proof of last two months' payments (canceled checks or receipts required) (Renters or trailer park residents)
g. An agreement of sale for a residential property located within the District, signed by the seller and parent/custodian as buyer, which recites a closing date prior to the first day of attendance (new residence)
h. Notarized affidavit of residency from the resident owner of property within the District where the parent/custodian of the child is living with the owner at no cost (those living with relatives or others)

Category II (one document establishing an address within the District)

a. Driver's license b. Vehicle registration c. Current Public Aid card
d. Current library card e. Voter registration
f. Most recent gas, electric, water, cable television and/or credit card bill
g. Current homeowners/renters insurance policy and premium payment receipt

If student does NOT live with the parent/guardian, please list parent's/guardian's residence.

If the student's parents/guardians are NOT RESIDING TOGETHER, where does the other parent/guardian reside?

Attach any court order, decree, or other document establishing the custody and/or residency of the student.

If this student's parents/guardians have students enrolled in other districts, please list those districts.

Certificate of Residency

I/We certify that the above information is accurate, and that the student is a resident of the Bartelso Elementary School District #57. I/We understand that the District may request additional information from us. I/We agree to notify the District within 7 days of any changes of residence or change of address. I/We understand that should any information on this form, or any information otherwise provided the District be wrong, or if it is determined that the student is not a resident of the District, the student may be dismissed immediately from the District's school, and the student and responsible adults shall reimburse the District for costs, including tuition for the time during which the student attended the District's schools. I/We recognize that any person who knowingly registers or attempts to register a student known by that person to be a non-resident of the District shall be subject to criminal prosecution.

DATED **Click here to enter a date.**

Signatures of Student's Parents/Guardians

_____

_____

Please submit the two proofs of residency to the school office BEFORE the first day of school.

Bartelso Community School District #57
306 South Washington Street
Bartelso, Illinois 62218
Phone: 618-765-2164
Fax: 618-765-2712
www.bartelsobraves.com

Student's Name:	

INSTRUCTIONS: This form is to be filled out by the student's parents or guardian, and both questions must be answered. Part A asked about the student's ethnicity and Part B asks about the student's race. If you decline to respond to either question, the school district is required to provide the missing information by observer identification.

Part A. Is this student Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) **CHOOSE ONLY ONE.**

☐ **No, not Hispanic/Latino**

☐ **Yes, Hispanic/Latino**

The question above is about ethnicity, not race. No matter which answer you selected, continue and respond to the question below by marking one or more boxes to indicate what you consider this student's race to be.

Part B. What is the student's race? **PLEASE CHECK ALL THAT APPLY.**

☐ **American Indian or Alaska Native** (A person having origins in any of the original peoples of North and South America, including Central America, and who maintain tribal affiliation or community attachment.)

☐ **Asian** (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

☐ **Black or African American** (A person having origins in any of the black racial groups of Africa.)

☐ **Native Hawaiian or Other Pacific Islander** (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

☐ **White** (A person having origins in any of the other peoples of Europe, the Middle East, or North Africa.)

Note: Data collected on this form must be maintained by the school district for three years. However, when there is litigation, a claim, an audit, or another action involving this record, the original responses must be retained until the completion of the action.

Illinois State Board of Education, Division of Data Analysis and Progress Reporting

Home Language Survey

The state requires the district to collect a Home Language Survey for every new student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the need for bilingual and English as a Second Language education services in the schools.

Child's Name:		Grade	Choose a grade.

Please answer the questions below and return this survey to your child's school.

1. Does anyone in your home speak a language other than English?

☐ **Yes** **What language?**

☐ **No**

2. Does your son/daughter speak a language other than English?

☐ **Yes** **What language?**

☐ **No**

If the answer to either question is yes, the school will assess your child's English speaking skills and, for students in grades 2 through 12, reading and writing skills.

Parent or Guardian Signature:	

Date Click or tap to enter a date.

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MILITARY CHILDREN REGISTRATION FORM

Dear Parent or Guardian,

Please take a few moments to answer these voluntary questions.

This information will help identify Illinois military families.

Your participation will help schools get U.S. Department of Defense assistance for children struggling with their parent's or guardian's military deployment.

Name of Child:	
Name of Child:	
Name of Child:	
Name of Child:	
Name of Child:	

Does the child(ren)'s parent or guardian serve in the military, including National Guard or Reserve?

☐ Yes

☐ No

Is the parent or guardian currently serving on active duty or expect to be deployed this year?

☐ Yes

☐ No

Has a parent or guardian returned from deployment in the last 6 months?

☐ Yes

☐ No

Return form to your school.

Thank you!

Bartelso Elementary

306 South Washington St.
PO Box 267
Bartelso, Illinois 62218
Phone (618) 765-2164
Fax (618) 765-2712
www.bartelsobraves.com

STUDENT HOUSING QUESTIONNAIRE

The answers to the following questions can help determine the services this student may be eligible to receive under the McKinney-Vento Act 42 U.S.C. 11435. The McKinney-Vento Act provides services and supports for children and youth experiencing homelessness. Please see the next page for more information. This form is CONFIDENTIAL. If you own/rent your own house, you do not need to complete this form.

1. Is your current address a temporary living arrangement? ☐ Yes ☐ No
2. Is this temporary living arrangement due to loss of housing or economic hardship? ☐ Yes ☐ No

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

If you do not own/rent your own home, please show where you are currently residing. Check all that apply.

☐ In a motel
☐ In a shelter
☐ Moving from place to place/couch surfing
☐ In someone else's house or apartment with another family
☐ In a residence with inadequate facilities (no water, heat, electricity, etc.)
☐ A car, park, campsite, or similar location.
☐ Transitional housing
☐ Other

Name of student: Grade: Birthdate:

Name of parent or legal guardian:
Address: Zip Code: Phone Number:

Since (date) our family has not had a permanent home; however, we have been residing within the school district boundaries and intend to stay here.

Presenting false record or falsifying records is an offense under Section 37.10 Penal code, and enrollment of the child under false documents subjects the person to be liability for tuition or other costs.

For School Personnel Only:
For YES answers, fax the completed form to Deb Gerdes, District McKinney-Vento Liaison at 765-2712. For audit purposes, all school keep original forms on file separately from the student's performance record.

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Medication Policy

Due to state regulation, the district has an established medication policy. Under this policy, parents should not send prescription medication to school unless it is absolutely necessary for the health and well-being of the child. Therefore, for medication to be dispensed, the following must occur:

1. The doctor's prescription is listed on the medication listing the dosage and time or a note listing the dosage and time is sent by the parent.
2. The parent gives written permission for the school to dispense the medication.

All requests to dispense medication should be brought to the school office by the parent or the child. The medication will be stored in a secure place until it is dispensed to the child. It is the child's responsibility to come to the office to take medication home at the end of each day, if needed.

REQUEST FOR MEDICATION/TREATMENT TO BE GIVEN AT SCHOOL INCLUDING PRESCRIPTION AND OVER-THE-COUNTER MEDICATION

Name of Student _____ birthdate _____

School _____

TO BE COMPLETED BY PHYSICIAN

Name/type of medication/treatment _____

Dosage and frequency of administration _____

Illness or condition requiring medication/treatment, at school _____

_____

Anticipated reaction to medication/treatment, side effects, additional instructions

_____

Duration of order (week, month, indefinite) _____

Antibiotics require a six month renewal order. All other medications/treatments will need a new order each school year.

Doctor, do you wish a report from the school? _____

_____

Physician's Signature Date Phone

TO BE COMPLETED BY PARENT/GUARDIAN

I hereby request and give my permission for the above named school to administer the medication/treatment prescribed on this form to my child. I will notify the school in writing if the order is discontinued. Also, I will obtain a written doctor's order if the medication dosage of treatment is changed.

_____

Parent/Guardian Signature Date Phone

Notice

After School Student Pick-up Procedure

From **3:00 to 4:00 P.M.**, students who will be leaving school in an automotive vehicle will be dismissed from the computer lab exit. Vehicles may form two lines and should park facing the North. After all students are in their vehicles, proceed one way from the south side of the school, moving northward behind the church to Highway 161 by the Bowling Alley. (Attached to this notice is a drawing showing where vehicles should park.)

Students who are walking, riding the bus or biking, will be dismissed from the front door exit.

If anyone has questions, please contact the school office at 765-2164.

Tom Siegler,
Superintendent

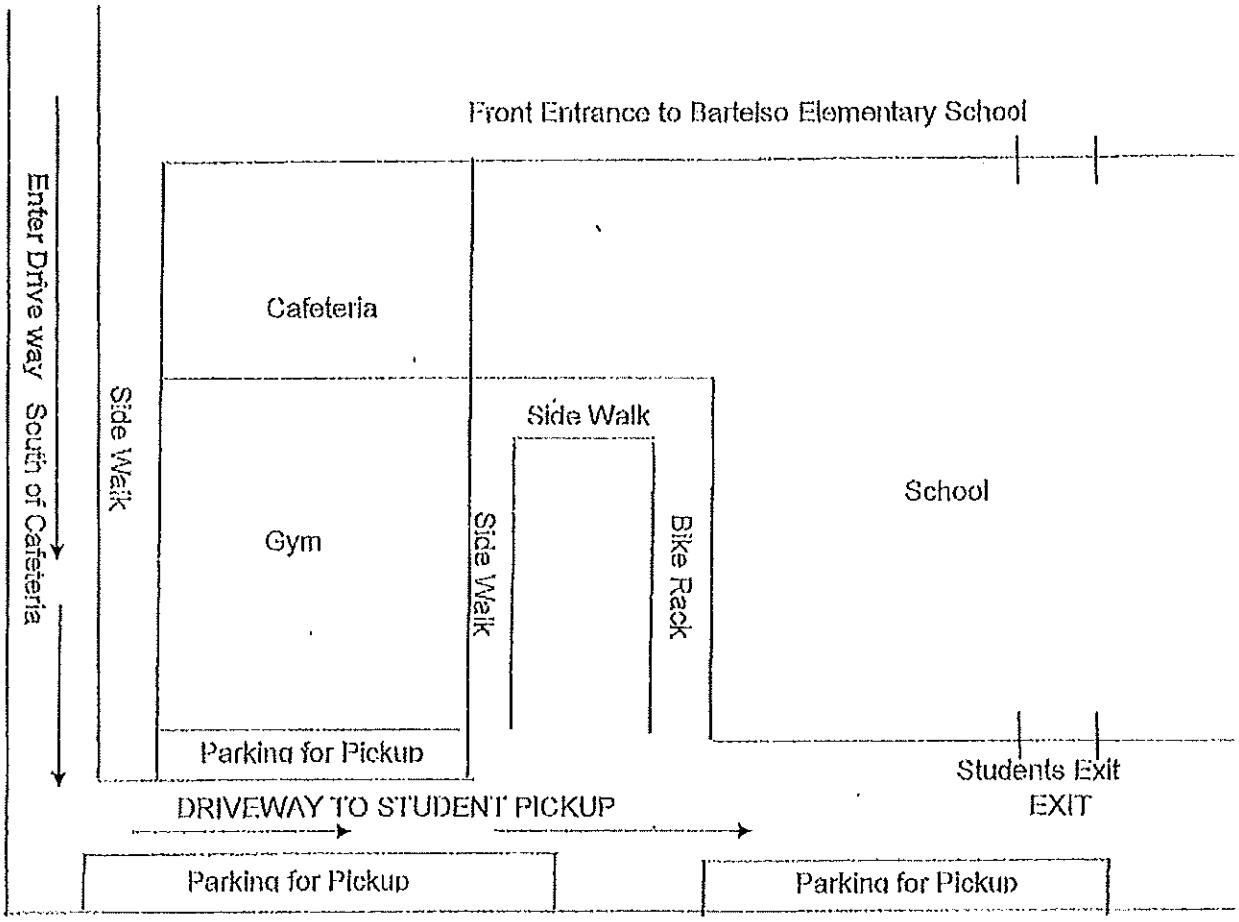
AUTOMOBILE TRAFFIC
After School Pick-Up

For **safety** purposes, parents/guardians need to park behind the school to pick up their children.

Students who ride with a parent/guardian will exit through the double doors by the computer lab.

Parents should:

Enter the driveway by the gym from South Washington Street.
Park in designated areas (see diagram)



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Tom Siegler
Superintendent

HEALTH, DENTAL, AND VISION EXAM REQUIREMENTS

ALL EXAMS ARE DUE ON OR BEFORE THE FIRST DAY OF SCHOOL

KINDERGARTEN EXAM REQUIREMENTS

The following exams are required for students entering Kindergarten:

- Health Physical Exam / Immunization
- Vision Exam
- Dental Exam

2nd GRADE EXAM REQUIREMENTS

The following exam is required for students entering 2nd grade:

- Dental Exam

6th GRADE EXAM REQUIREMENTS

The following exams are required for students entering 6th grade:

- Health Physical Exam / Immunizations
- Dental Exam

Health Physical Exam / Immunizations - The physical exam and immunizations are to be up-to-date and returned to school **before the first day of school.** Parents, please remember to complete the parent questionairre on the back and sign. Thank you.

Vision exam - The vision exam is to be completed within one year before the first day of Kindergarten. (between August 13, 2024 and August 13, 2025). This form must be turned into school **before the first day of school.**

Dental exam - The dental exam is to be turned into the office by May 15, 2026, however the exam is to be **completed anytime between November 15, 2024 and May 15, 2026.**

The exam forms are included within the registration packet, available in the school office, and can also be found on the school website at www.bartelsobraves.com.

State of Illinois
Certificate of Child Health Examination

Student's Name Last First Middle	Birth Date Month/Day/Year	Sex	Race/Ethnicity	School /Grade Level/ID#
Address Street City Zip Code	Parent/Guardian Telephone # Home Work			

IMMUNIZATIONS: To be completed by health care provider. The mo/da/yr for *every* dose administered is required. If a specific vaccine is medically contraindicated, a separate written statement must be attached by the health care provider responsible for completing the health examination explaining the medical reason for the contraindication.

REQUIRED Vaccine / Dose	DOSE 1 MO DA YR	DOSE 2 MO DA YR	DOSE 3 MO DA YR	DOSE 4 MO DA YR	DOSE 5 MO DA YR	DOSE 6 MO DA YR
DTP or DTaP						
Tdap; Td or Pediatric DT (Check specific type)	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT	☐Tdap☐Td☐DT
Polio (Check specific type)	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV	☐ IPV ☐ OPV
Hib Haemophilus influenza type b						
Pneumococcal Conjugate						
Hepatitis B						
MMR Measles Mumps, Rubella				Comments:		
Varicella (Chickenpox)						
Meningococcal conjugate (MCV4)						
RECOMMENDED, BUT NOT REQUIRED Vaccine / Dose						
Hepatitis A						
HPV						
Influenza						
Other: Specify Immunization Administered/Dates						

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here.

Signature Title Date

Signature Title Date

ALTERNATIVE PROOF OF IMMUNITY

1. Clinical diagnosis (measles, mumps, hepatitis B) is allowed when verified by physician and supported with lab confirmation. Attach copy of lab result.
*MEASLES (Rubeola) MO DA YR **MUMPS MO DA YR HEPATITIS B MO DA YR VARICELLA MO DA YR

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.
Person signing below verifies that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.
Date of Disease Signature Title

3. Laboratory Evidence of Immunity (check one) ☐Measles* ☐Mumps** ☐Rubella ☐Varicella Attach copy of lab result.

*All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.
**All mumps cases diagnosed on or after July 1, 2013, must be confirmed by laboratory evidence.

Completion of Alternatives 1 or 3 MUST be accompanied by Labs & Physician Signature: _____
Physician Statements of Immunity MUST be submitted to IDPH for review.

Certificates of Religious Exemption to Immunizations or Physician Medical Statements of Medical Contraindication Are Reviewed and *Maintained* by the School Authority.

Last	First	Middle	Birth Date (Month/Day/Year)	Sex	School	Grade Level/ ID

HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER

ALLERGIES (Food, drug, insect, other)	Yes / No	List:	MEDICATION (Prescribed or taken on a regular basis.)	Yes / No	List:

Diagnosis of asthma?	Yes	No		Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes	No	
Child wakes during night coughing?	Yes	No					
Birth defects?	Yes	No		Hospitalizations? When? What for?	Yes	No	
Developmental delay?	Yes	No					
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes	No		Surgery? (List all.) When? What for?	Yes	No	
Diabetes?	Yes	No		Serious injury or illness?	Yes	No	
Head injury/Concussion/Passed out?	Yes	No		TB skin test positive (past/present)?	Yes*	No	*If yes, refer to local health department.
Seizures? What are they like?	Yes	No		TB disease (past or present)?	Yes*	No	
Heart problem/Shortness of breath?	Yes	No		Tobacco use (type, frequency)?	Yes	No	
Heart murmur/High blood pressure?	Yes	No		Alcohol/Drug use?	Yes	No	
Dizziness or chest pain with exercise?	Yes	No		Family history of sudden death before age 50? (Cause?)	Yes	No	

Eye/Vision problems? _____ Glasses ☐ Contacts ☐ Last exam by eye doctor _____ Dental ☐ Braces ☐ Bridge ☐ Plate Other

Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)

Ear/Hearing problems?	Yes	No	
Bone/Joint problem/injury/scoliosis?	Yes	No	

Information may be shared with appropriate personnel for health and educational purposes.

Parent/Guardian Signature Date

PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA

HEAD CIRCUMFERENCE if < 2-3 years old HEIGHT WEIGHT BMI B/P

DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) BMI>85% age/sex Yes☐ No☐ And any two of the following: Family History Yes ☐ No ☐ Ethnic Minority Yes☐ No ☐ Signs of Insulin Resistance (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes☐ No ☐ At Risk Yes ☐ No ☐

LEAD RISK QUESTIONNAIRE: Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. (Blood test required if resides in Chicago or high risk zip code.)

Questionnaire Administered? Yes ☐ No ☐ Blood Test Indicated? Yes ☐ No ☐ Blood Test Date Result

TB SKIN OR BLOOD TEST Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. http://www.cdc.gov/tb/publications/factsheets/testing/TB_testing.htm.

No test needed ☐ Test performed ☐ Skin Test: Date Read / / Result: Positive ☐ Negative ☐ mm_____

Blood Test: Date Reported / / Result: Positive ☐ Negative ☐ Value

LAB TESTS (Recommended)	Date	Results		Date	Results
Hemoglobin or Hematocrit			Sickle Cell (when indicated)		
Urinalysis			Developmental Screening Tool		

SYSTEM REVIEW	Normal	Comments/Follow-up/Needs		Normal	Comments/Follow-up/Needs
Skin			Endocrine		
Ears		Screening Result:	Gastrointestinal		
Eyes		Screening Result:	Genito-Urinary		LMP
Nose			Neurological		
Throat			Musculoskeletal		
Mouth/Dental			Spinal Exam		
Cardiovascular/HTN			Nutritional status		
Respiratory		☐ Diagnosis of Asthma	Mental Health		
Currently Prescribed Asthma Medication: ☐ Quick-relief medication (e.g. Short Acting Beta Agonist) ☐ Controller medication (e.g. inhaled corticosteroid)			Other		

NEEDS/MODIFICATIONS required in the school setting

DIETARY Needs/Restrictions

SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup

MENTAL HEALTH/OTHER Is there anything else the school should know about this student?

If you would like to discuss this student's health with school or school health personnel, check title: ☐ Nurse ☐ Teacher ☐ Counselor ☐ Principal

EMERGENCY ACTION needed while at school due to child's health condition (e.g., seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?

Yes ☐ No ☐ If yes, please describe.

On the basis of the examination on this day, I approve this child's participation in (If No or Modified please attach explanation.)

PHYSICAL EDUCATION Yes ☐ No ☐ Modified ☐ INTERSCHOLASTIC SPORTS Yes ☐ No ☐ Modified ☐

Print Name (MD,DO, APN, PA) Signature Date

Address Phone

State of Illinois
Illinois Department of Public Health

PROOF OF SCHOOL DENTAL EXAMINATION FORM

To be completed by the parent (please print):

Student's Name: Last	First	Middle	Birth Date: (Month/Day/Year) / /
Address: Street	City	ZIP Code	Telephone:
Name of School:	Grade Level:		Gender: ☐ Male ☐ Female
Parent or Guardian:	Address (of parent/guardian):		

To be completed by dentist:

Oral Health Status (check all that apply)

☐ Yes ☐ No **Dental Sealants Present**

☐ Yes ☐ No **Caries Experience / Restoration History** — A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR missing permanent 1st molars.

☐ Yes ☐ No **Untreated Caries —** At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pit and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present.

☐ Yes ☐ No **Soft Tissue Pathology**

☐ Yes ☐ No **Malocclusion**

Treatment Needs (check all that apply)

☐ **Urgent Treatment** — abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling

☐ **Restorative Care** — amalgams, composites, crowns, etc.

☐ **Preventive Care** — sealants, fluoride treatment, prophylaxis

☐ **Other** — periodontal, orthodontic

Please note _____

Signature of Dentist _____ Date of Exam _____

Address _____ Telephone _____
Street City ZIP Code

Illinois Department of Public Health, Division of Oral Health
217-785-4899 • TTY (hearing impaired use only) 800-547-0466 • www.idph.state.il.us

IOCI 0600-10 Printed by Authority of the State of Illinois

State of Illinois
Eye Examination Report

Illinois law requires that proof of an eye examination by an optometrist or physician who provides complete eye examinations be submitted to the school no later than October 15th of the year the child is first enrolled or as required by the school for other children. The examination must be completed within one year prior to the child beginning school.

Student Name: _____ Birth Date: _____ Sex: _____ Grade: _____
(Last) (First) (Middle Initial) (Mo.) (Day) (Yr.)

Parent or Guardian: _____ Phone: _____
(Last) (First) (Area Code)

Address: _____ County: _____
(Number) (Street) (City) (Zip Code)

To Be Completed By Examining Doctor

Case History Date of Exam: _____

Ocular History: ❑ Normal or Positive for: _____
Medical History: ❑ Normal or Positive for: _____
Drug Allergies: ❑ NKDA or Allergic to: _____
Other Information: _____

Examination

Refraction:	Distance			Near
	Right	Left	Both	Both
Unaided Visual Acuity:	20 /	20 /	20 /	20 /
Best Corrected Visual Acuity:	20 /	20 /	20 /	20 /

Was refraction performed with cycloplegic agents? ❑ Yes ❑ No

	Normal	Abnormal	Not Able to Assess	Comments
External Exam (eye and adnexa)	❑	❑	❑	_____
Internal Exam (media, lens, fundus, etc.)	❑	❑	❑	_____
Neurological Integrity (pupils)	❑	❑	❑	_____
Binocular Function (stereopsis)	❑	❑	❑	_____
Accommodation and Vergence	❑	❑	❑	_____
Color Vision	❑	❑	❑	_____
IOP (glaucoma)	❑	❑	❑	_____
Oculomotor Assessment	❑	❑	❑	_____
Other: _____	❑	❑	❑	_____

Diagnosis

❑ Normal ❑ Myopia ❑ Hyperopia ❑ Astigmatism ❑ Strabismus ❑ Amblyopia

Other: _____

Recommendations

1. Corrective Lenses: ❑ No ❑ Yes, glasses should be worn for: ❑ Constant Wear ❑ Near Vision ❑ Far Vision ❑ May Be Removed for Physical Education
2. Preferential seating recommended: ❑ No ❑ Yes Comments: _____
3. Recommend re-examination: ❑ 3 months ❑ 6 months ❑ 12 months ❑ Other _____
4. _____
5. _____

Print Name: _____
Optometrist or Physician Who Provides Eye Examinations

Address: _____

_____

Signature: _____
Optometrist or Physician Who Provides Eye Examinations

Phone: _____

Consent of Parent or Guardian
I agree to release the above information on my child or ward to appropriate school or health authorities.

_____
(Parent or Guardian's Signature)

Bartelso Elementary School

RTI: Response to Intervention

A Guide for Parents

What is RTI?

RTI is a collaborative, systematic approach for identifying and addressing student academic needs. It maximizes the use of all available resources for this purpose. **RTI is NOT a special education program** but can provide data in cases where a child might require special education services.

Core Features of RTI are:

- Research-based instruction and behavioral support in general education.
- Universal screening of academics and behavior to determine level of interventions (Testing a minimum of 3 times per year).
- Multiple tiers with increasingly intense interventions that match student needs
- Collaborative approach by school staff for development, implementation, and monitoring of the intervention process.
- Continuous monitoring of student progress during the interventions.

How does RTI work?

Step 1: A student displays difficulty in an academic area.

Step 2: Team of school personnel meets to review data.

Step 3: Additional information is collected on the problem and hypotheses are developed as to why problem is occurring.

Step 4: An intervention plan is created and implemented based on the hypothesis.

Step 5: Progress is closely monitored through assessments (given every 4 weeks).

Step 6: After assessment, personnel will determine if the intervention is working or if a new intervention must be established.

Bartelso's Goals

- Teachers will use differentiated teaching methods.
- Students will improve comprehension, short answer and extended response answers, vocabulary, and test scores.
- Parents will encourage students to read more at home as well as attend educational night(s) at school to become more informed.

Bartelso's Objectives

- Teach and consistently use reading key verbage.
- Teachers will build specific strategies.
- Use best practices.
- Use frequent assessments to drive instruction.
- Use research-based best practices.

How can parents be involved?

- Read daily with your child.
- Ask thought-provoking questions
- Check their agenda/backpack daily.
- Check your child's homework daily.

How will parents be notified if their child is in need of receiving interventions?

Parents will receive a letter from the school indicating that interventions are needed for their child's educational success.

Parents will have the opportunity to meet with their child's teacher if their child needs additional assistance at school.

Parents will also have the opportunity to meet with the teacher to discuss how they may help their child at home.

In Essence……

The primary purpose of assessment in an RTI system is to lead to effective interventions in the general education setting.

Ideally, eligibility for special education may be conceptualized as a resistance to repeated attempts at intervention in the general education setting.

Special education placement is often diminished when a student demonstrates that they are responsive to intensive intervention and can be successful in the general education setting.

If the needed level of intervention is so intense that it exceeds the level of resources in general education, then eligibility for special education should be considered.