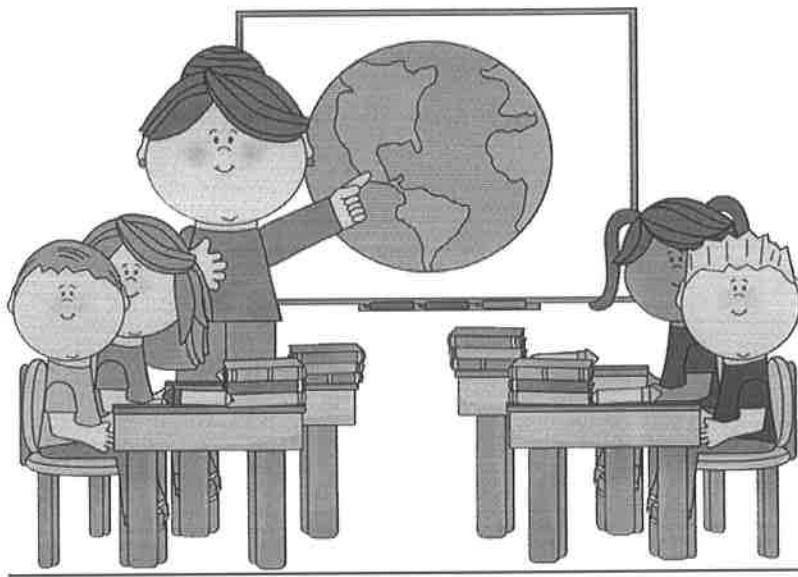


LET'S GET READY FOR 4th Grade



Activity Packet
Evangel Christian School
Summer 2018



FOURTH GRADE

Supplies and Material Needed for September

The following supplies will be needed for the start of the school year.
This list was prepared to enable you to plan ahead and take advantage of summer sales.

1. Sixty (60) #2 pencils
2. Seven (7) hard covered notebooks (stitched down the center) 100 or 200 pages
3. Student planner or homework pad at least 5x7 in size **or** One (1) Steno pad for homework
4. Two (2) small boxes of colored pencils (dark, not pastels)
5. Eight (8) folders with pockets (vinyl lasts longer)
6. Two (2) scissors
7. One (1) small bottle of Elmer's glue and three (3) glue sticks
8. 1-Red, 1-Orange, 1-Yellow, 1-Green, 1-Blue, 1-Purple, 2 of your choice
9. Two (2) rulers with metrics/inches (one 6 inch and one 12 inch)
10. Three (3) erasers
11. One (1) Scotch tape
12. Large pencil case with zipper (soft, to fit in storage bin)
13. Two (2) small pencil sharpeners that **catches sharpening**
14. Book covers (Heavy paper, wallpaper, stretch cloth book covers)
15. Two (2) package of 100 sheet wide-ruled loose-leaf paper
16. Two (2) boxes of pens (Blue only)
17. Five (5) rolls of paper towels
18. Six (6) boxes of tissues
19. Two (2) packs of 3x5 index cards (100 ruled)
20. Two (2) 12-packs of markers (preferably Crayola)
21. Five (5) yellow highlighters
22. Four (4) containers of Wet ones antibacterial wipes
23. Four (4) Erasable pens – one black and one red
24. One (1) package of post-its (8 in a pack)
25. One (1) pack of 8x11 Construction paper (assorted colors) (100 sheets)
26. **Bible (NIV Version) for home use (will be needed for homework)**



PLEASE BRING ALL OF THE ABOVE LISTED ITEMS TO SCHOOL ON THE FIRST DAY

ALL SUPPLIES, MATERIALS AND CLOTHING SHOULD BE LABELED WITH CHILD'S NAME.

Periodically, throughout the year, your child may need to update his/her supplies. The teacher will let you know.

***** PARENTS: PLEASE NOTE *****

Evangel Christian School is committed to Christian principles and values. This task is made more difficult by the media. Most of the TV, advertising, videos, movies and music have a negative impact on our children. To maintain a positive standard, we must ask that all parents cooperate with us by NOT SENDING TO SCHOOL -- supplies (such as book bags, lunch boxes, knapsacks, folders, pencils, erasers, etc.) which have pictures or designs depicting violent characters, scenes or symbols of movie, video or cartoon characters that emphasize anti-social behavior and non-Christian principles; for example, Power Rangers, X-Men, Batman, Goosebumps, Harry Potter, WWF, Zodiac symbols, Pokémon and similar characters, and secular entertainers.





Summer Reading Tips for Parents



- Read to your child. Try to establish a daily routine that includes a time to read together. Bedtime is a traditional favorite, but any time will work that is convenient for you and your family.
- Be a good role model. Let your child see you reading for pleasure as well as for information. Let her/him know that you value reading.
- Give your child the opportunity to read aloud to you, a friend, another family member or another child. Make the experience a chance for your child to share his new reading skills. Have him/her read the book silently before asking him/her to read it aloud. Correct mistakes only when the mistake changes the meaning of the sentence and then supply the word without making him feel bad for having made a mistake.
- Include your child in your day-to-day reading experiences. Share recipes, the newspaper, magazines, the TV Guide, cereal boxes, menus, road signs, etc. Our world is full of things to read if we are aware of our surroundings.
- Talk to your child about the books she is reading. Tell her about books you enjoyed when you were a child and ones that you are reading now.
- Help him/her to select books on topics he/she is interested in and on his/her reading level. A simple rule of thumb for helping your child select books at his/her reading level is to have them choose a page in the book (not the first one) and read it. If he doesn't know five or more of the words, then the book is too hard for pleasure reading.
- If you are planning a vacation this summer, write to the visitors' bureau of places you will be visiting and ask for information on the area and any special attractions, check out books from the library to get background information, or get brochures from your travel agent, share this information with your child; ask for his/her input on what activities he/she would enjoy. Hang a map of the places you will be visiting and/or traveling through on the wall and chart your travel route. These techniques will work after travel too.
- Carry a bag with books and activities to keep your child occupied whenever you have to wait.
- Get your child his/her own library card. Take or allow him/her to go to the library often browse for books and enjoy special activities.
- Help him/her new words. Make a goal of one new word a day. Discuss words they come across and don't know. This will help him/her to explain their vocabulary.



REQUIRED SUMMER READING PROGRAM

FOR STUDENTS ENTERING GRADES 1-8

From the Principal's Desk

In today's world many children are not read to and do not read regularly. Leisure time is spent watching TV and/or playing video games when time could be spent with the written language. This results in a lack of knowledge in areas of vocabulary, reading comprehension, critical thinking skills as well as putting language ideas on paper. New state guidelines tested by the new English Language Arts tests require that students read more books and respond in writing to what they read.

Reading and writing skills continue to be emphasized at Evangel because these skills are necessary for children to be successful students. However, support is needed from you as parents. Research has shown that reading outside of school can maintain, and in most cases, increase levels of reading growth reached in the classroom. Summer fall-off in students' skills can be stopped if a child continues to read on a daily basis.

Therefore, we are requiring reading during the summer from students entering Grades 1 through 8. Minimum requirements for grade levels are listed below. Required book reports should be turned in the 1st or 2nd day of school. However, students are encouraged to read more than the requirement.

Required reading must be selected from ECS Book Lists. Book Lists for all grades are included with this letter to assist parents in finding books their child can read independently. Summer Reading information and book list can also be found on our school website www.evangelchristianschool.org. You may select books from the grade level above or below your child's grade if desire. Take your child to the library in your area and assist in the selection of books. You will find it time well spent. **Students are also allowed to read books which are for their age purchased from Christian bookstores or from Christian book catalogs. You can tell the level from information usually given in the catalog or on the back of the book. Scholastic book wizard app can be downloaded to iphone or android phone or tablet. Book wizard app can assist to identify reading level.**

Book reports should include the following:

A cover sheet with:

- i. Name of student and class
- ii. Title of book and author
- iii. Fill out the appropriate worksheet (attached) and do the suggested activities.

We are also recommending that parents read regularly to their children entering Pre-K, Kindergarten and First Grade. Picture books can be read or parents can select books from the 2nd and 3rd grade list.

Summer Reading Requirements

Entering 1st Grade:

Required to read and to be read to, with parent support complete 4 book forms

Entering 2nd Grade:

Required to read one chapter book or two easier books (one fiction, one non-fiction)

Entering 3rd through 8th Grades:

Required to read at least two chapter books (one fiction, one non-fiction)

Recommended Reading for Fountas and Pinnell Guided Reading
Compiled by RCS Media Specialists

FOURTH GRADE

LEVEL P

TITLE	AUTHOR
97 Ways to Train a Dragon (and others of the Dragon Slayers' Academy series) *	Kate McMullan
100 Days and 99 Nights : A Novel	Alan Madison
The Battle for the Castle	Elizabeth Winthrop
The Best school Year Ever	Barbara Robinson
Calvin Coconut: Trouble Magnet	Graham Salisbury
Confetti Girl	Diane Lopez
The Diamond Champs	Matt Christopher
Encyclopedia Brown Boy Detective (and others of the Encyclopedia Brown series)	Donald J. Sobel
The Hundred Dresses	Eleanor Estes
Justin and the Best Biscuits in the World	Mildred Pitts Walter
Sam Samurai (and others of the Time Warp Trio series)	Jon Scieszka
The School Mouse	Dick King Smith
Snot Fox	John Reynolds Gardiner
Thank You, Jackie Robinson	Barbara Cohen
Who Stole the Wizard of Oz?	Avi

* Highly Recommended

Level Q

TITLE	Author
Anastasia at Your Service (and others of the Anastasia Krupnik series)	Lois Lowry
Bunnica: A Rabbit - Tale of Mystery (and others of the Bunnica series) *	Deborah and James Howe
The Clue at the Bottom of the Lake (and others of the Cabin Creek Myseries Series)	Kristiana Gregory
The Cybil War	Betsy Byars
Dear Mr. Henshaw *	Beverly Clearly
Fourth Grade Celebrity	Patricia Reilly Giff
The Great Quarterback Switch	Matt Christioper
Hannah of Fairfield (and others of the pioneer Daughters series)	Jean Van Leeuwen
Happy Birthday, Samantha! A Springtime Story (and others of The American Girls Collection series)	Valerie Tripp
Help! I'm a Prisoner in the Library *	Eth Clifford
James and the Giant Peach: A Children's Story *	Roald Dahl
Mr. Popper's Penguins	Richard Atwater

* Highly Recommended

Recommended Reading for Fountas and Pinnell Guided Reading
Compiled by RCS Media Specialists

The Mystery of Merlin and the Gruseome Ghost (and others of the Humpty Dumpty Jr. Hardboiled Detective series)	Nate Evans
Nothing Ever Happens on 90th Street *	Roni Schotter
Oggie Cooder	Sarah Weeks
Pony on the Porch (and others of the Animal Ark series) *	Ben M. Baglio
Tales of a Fourth Grade Nothing *	Judy Blume
The True Story of the 3 Little Pigs *	Jon Scieszka
You Be the Jury	Marvin Miller

Level R

TITLE	<u>Author</u>
The 18th Emergency *	Betsy Cromer Byars
Attack of the Tagger *	Wendelin Van Draanen
Because of Winn Dixie *	Kate DiCamillo
Black Gold	Marguerite Henry
Caddie Woodlawn	Carol Ryrie Brink
The Castle in the Attic *	Elizabeth Winthrop
The Celery Stalks at Midnight *	James Howe
The Chameleon Wore Chartreuse: From the Tattered Casebook of Chet Gecko, Private EYE (AND OTHERS OF THE Chet Gecko Mysery series)	Bruce Hale
Charlie and the Chocolate Factory *	Roald Dahl
Charlie and the Great Glass Elevator *	Roald Dahl
Charlotte's Web *	E.B. White
Danger on Panther Peak	Bill Wallace
Day of the Iguana (and others of the Hank Zizer, the World's Greatest Underachiever series) *	Henry Winkler
Frindle *	Andrew Clements
Hatchet *	Gary Paulsen
The Homework Machine *	Dan Gutman
How to Eat Fried Worms *	Thomas Rockwell
The Indian in the Cupboard *	Lynne Reid Banks
The Monster's Ring *	Bruce Coville
Rules *	Cynthia Lord
Sarah, Plain and Tall *	Patricia MacLachlan
Shiloh *	Phyllis Reynolds Naylor
Snow Treasure *	Marie McSwigan
Snowboard showdown	Paul Mantell
Strider *	Beverly Cleary
Sun & Spoon	Kevin Henkes

* Highly Recommended

Recommended Reading for Fountas and Pinnell Guided Reading
Compiled by RCS Media Specialists

Level S

TITLE	Author	
A Dog's Life: The Autobiography of a Stray *	Ann M. Martin	
From the Mixed Up Files Mrs. Basil E. Frankweiler *	E.L. Konigsburg	
The Good Dog	Avi	
Granny Torrelli Makes Soup *	Sharon Creech	* Highly Recommended
In the Year of the Boar and Jackie Robinson	Bette Lord	
Lily's Crossing	Patricia Reilly Giff	
The Million Dollar Shot	Dan Guttman	
My Life in Dog Years	Gary Paulsen	
On My Honor	Marion Dane Bauer	
Sahar Special	Esme Raji Codell	
Taking Sides *	Gary Soto	
Time For Andrew: A Ghost Story	Mary Downing Hahn	
The Van Gogh Café	Cynthia Rylant	

Level T

TITLE	Author	
Agnes Parker Girl in Progress	Kathleen O'Dell	
Behind Rebel Lines: The Incredible Story of Emma Edmonds, Civil War	Seymour Reit	
Bud, Not Buddy *	Christopher Paul Curtis	
Chasing Vermeer *	Blue Balliett	
Joey Pigza Swallowed the Key (and others of the Joey Pigza series) *	Jack Gantos	* Highly Recommended
Love That Dog *	Sharon Creech	
Nory Ryan's Song	Patricia Reilly Giff	
Notes from a Liar and Her Dog	Gennifer Choldenko	
Sammy Keyes and the Hotel Thief (and others of the Sammy Keyes series) *	Wendelin Van Draanen	
Shoeless Joe and Me: A Baseball Card Adventure	Dan Gutman	
Surviving the Applewhites	Stephanie S. Tolan	
The Lion, the Witch and the Wardrobe (and others of the Narnia series)	C.S. Lewis	
The Tiger's Apprentice	Lauren Yep	

Name: _____ Date: _____ #: _____

Non-fiction Book Report

Title: _____

Author: _____

Topic:

Who or what the book is about.

Write 4-5 facts you already know about the topic.

1. _____

2. _____

3. _____

4. _____

5. _____

Write 6 new words that you learned from this book.

1. _____

4. _____

2. _____

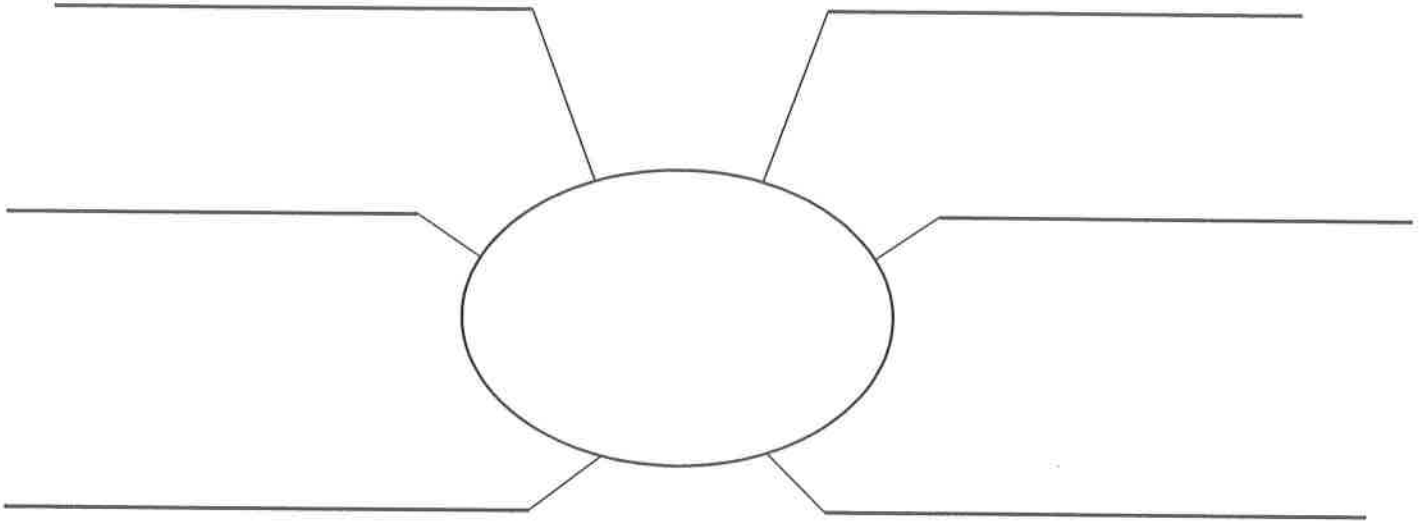
5. _____

3. _____

6. _____

What did you learn?

Use the web to write facts you learned about your topic. In the circle, write your topic. On the lines, write in complete sentences what you learned!

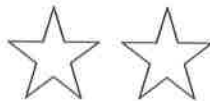


What was the **most interesting** thing you learned about the topic?

Did you think the book did a good job of teaching you about the topic? Fill in the stars:



The book did a good job.



The book did an okay job.



The book did a bad job.

NAME _____

DATE _____

STORY TREES

Checklist



A Story Tree cannot be planted; it needs to be built. You can build a Story Tree by following the directions on this page.

After you complete a step in the directions, place a check mark in the box beside it. Do your writing on the allotted lines in the Story Trees: Writing Frame, page 20.

- 1. Write the **name** of the main character in the story.
- 2. Write two **words** that describe the main character.
- 3. Write a three-word **phrase or sentence** that describes where the story takes place (setting).
- 4. Write a four-word **phrase or sentence** telling what the main character wanted in the story.
- 5. Write a five-word **sentence** telling what happened that almost stopped the main character from getting what she or he wanted in the story.
- 6. Write a six-word **sentence** telling how the main character got what she or he wanted in the story.
- 7. Write a seven-word **sentence** that describes the best part of the story.
- 8. Write an eight-word **sentence** telling why you would or would not tell a friend to read this story.

STORY TREES
Writing Frame

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

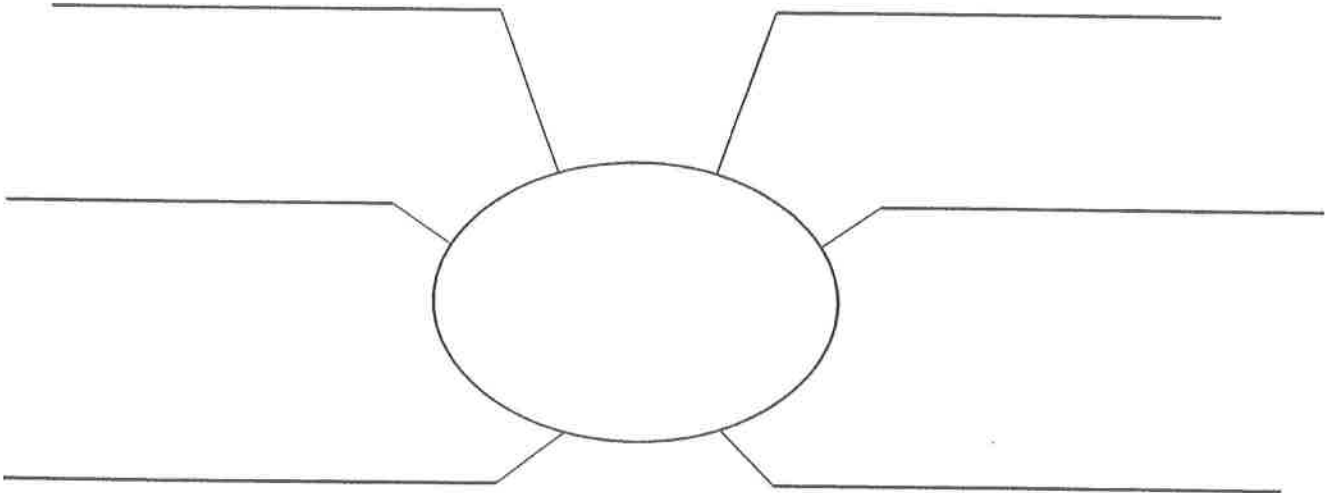
7. _____

8. _____

Book title _____ Author _____

What did you learn?

Use the web to write facts you learned about your topic. In the circle, write your topic. On the lines, write in complete sentences what you learned!

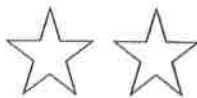


What was the most interesting thing you learned about the topic?

Did you think the book did a good job of teaching you about the topic? Fill in the stars:



The book did a good job.



The book did an okay job.



The book did a bad job.

NAME _____

DATE _____

STORY TREES

Checklist



A Story Tree cannot be planted; it needs to be built. You can build a Story Tree by following the directions on this page.

After you complete a step in the directions, place a check mark in the box beside it. Do your writing on the allotted lines in the Story Trees: Writing Frame, page 20.

- 1. Write the **name** of the main character in the story.
- 2. Write two **words** that describe the main character.
- 3. Write a three-word **phrase or sentence** that describes where the story takes place (setting).
- 4. Write a four-word **phrase or sentence** telling what the main character wanted in the story.
- 5. Write a five-word **sentence** telling what happened that almost stopped the main character from getting what she or he wanted in the story.
- 6. Write a six-word **sentence** telling how the main character got what she or he wanted in the story.
- 7. Write a seven-word **sentence** that describes the best part of the story.
- 8. Write an eight-word **sentence** telling why you would or would not tell a friend to read this story.

STORY TREES
Writing Frame

Back Story _____

Author _____

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

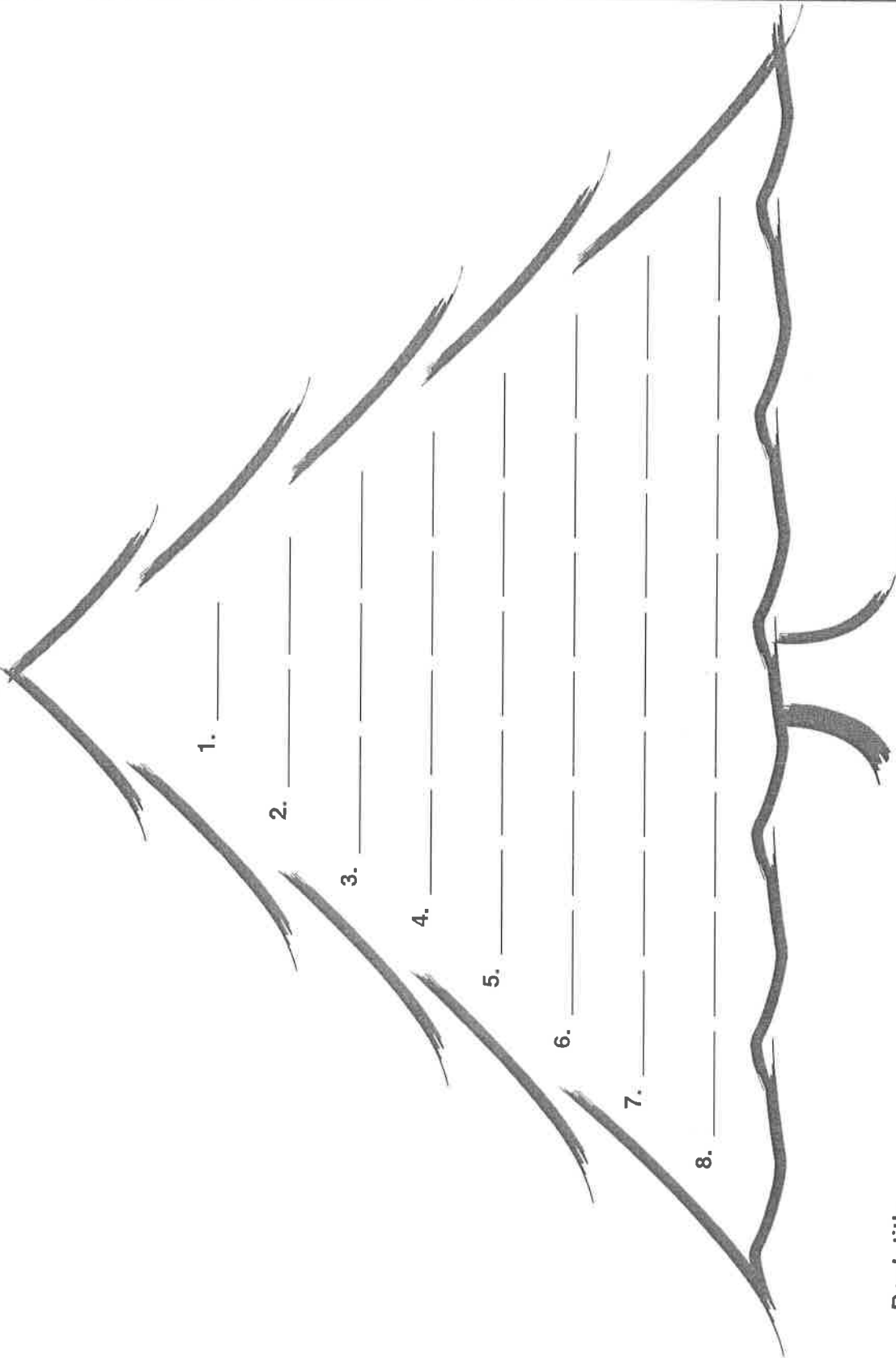
8. _____

NAME _____

DATE _____

STORY TREES

Writing Frame



Author _____

Book title _____

NAME _____

DATE _____

**Baseline Assessment** page 1 of 6

1 Solve as many of these multiplication problems as you can in one minute.

$$\begin{array}{r} 8 \\ \times 3 \\ \hline \end{array}$$

$$\begin{array}{r} 7 \\ \times 2 \\ \hline \end{array}$$

$$\begin{array}{r} 4 \\ \times 4 \\ \hline \end{array}$$

$$\begin{array}{r} 6 \\ \times 6 \\ \hline \end{array}$$

$$\begin{array}{r} 5 \\ \times 5 \\ \hline \end{array}$$

$$\begin{array}{r} 4 \\ \times 7 \\ \hline \end{array}$$

$$\begin{array}{r} 8 \\ \times 1 \\ \hline \end{array}$$

$$\begin{array}{r} 0 \\ \times 4 \\ \hline \end{array}$$

$$\begin{array}{r} 9 \\ \times 7 \\ \hline \end{array}$$

$$\begin{array}{r} 5 \\ \times 7 \\ \hline \end{array}$$

$$\begin{array}{r} 6 \\ \times 5 \\ \hline \end{array}$$

$$\begin{array}{r} 3 \\ \times 4 \\ \hline \end{array}$$

$$\begin{array}{r} 6 \\ \times 8 \\ \hline \end{array}$$

$$\begin{array}{r} 6 \\ \times 7 \\ \hline \end{array}$$

$$\begin{array}{r} 10 \\ \times 6 \\ \hline \end{array}$$

$$\begin{array}{r} 9 \\ \times 6 \\ \hline \end{array}$$

$$\begin{array}{r} 4 \\ \times 6 \\ \hline \end{array}$$

$$\begin{array}{r} 7 \\ \times 7 \\ \hline \end{array}$$

$$\begin{array}{r} 7 \\ \times 8 \\ \hline \end{array}$$

$$\begin{array}{r} 9 \\ \times 9 \\ \hline \end{array}$$

2 Write a story problem for the following equation: $6 \times 7 = 42$

3 Write a story problem for the following equation: $40 \div 5 = 8$

(continued on next page)

NAME _____

DATE _____

Baseline Assessment page 2 of 6

- 4** Add these two numbers. Use numbers, pictures, or words to help solve the equation and show your thinking.

$$367 + 434 = \underline{\hspace{2cm}}$$

- 5** Subtract these two numbers. Use numbers, pictures, or words to help solve the equation and show your thinking.

$$904 - 768 = \underline{\hspace{2cm}}$$

- 6** Kiara and her dad made 72 cookies for the bake sale. They divided all of the cookies evenly onto 9 plates. How many cookies were there on each plate? Show your thinking using numbers, words, or sketches.

(continued on next page)

NAME _____

| DATE _____

Baseline Assessment page 3 of 6

- 7** The kids in the After-School Club are going to the Children's Museum. There are 45 kids, and each car holds 5 kids. How many cars will they need to take all 45 kids to the museum? Show your thinking using numbers, words, or sketches.
- 8** Mei has to multiply $4 \times 9 \times 5$. She says she will multiply 4×5 first to get 20, and then multiply 20 by 9 because it's an easy way to solve the problem. Jessica says Mei has to multiply 4×9 first because that is the order of the numbers in the problem. Who do you agree with, Mei or Jessica? Why?
- 9** Carlos had \$482. He got \$108 for taking care of the neighbor's house while they were on vacation. He is trying to save up \$750.
- a** How much more money does Carlos need to have \$750? Show your thinking using numbers, words, or labeled sketches.
- b** Is your answer reasonable? Use estimation or rounding to explain why.

(continued on next page)

NAME _____

DATE _____

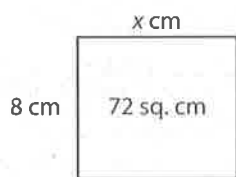
Baseline Assessment page 4 of 6**10** Fill in the missing number in each equation.

a $\underline{\quad} \times 6 = 36$

b $\underline{\quad} = 7 \times 7$

c $54 \div \underline{\quad} = 9$

d $\underline{\quad} \div 4 = 10$

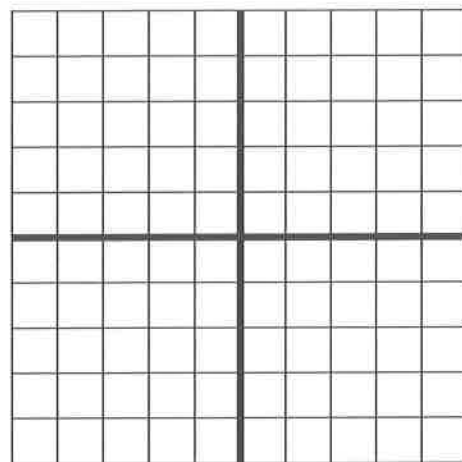
11 Put the following fractions in the right places on the number line: $\frac{7}{4}$ $1\frac{7}{8}$ $\frac{5}{6}$ $\frac{2}{4}$ $\frac{6}{6}$ $1\frac{1}{4}$ $\frac{4}{3}$ $\frac{1}{8}$ **12** Sketch a number line, and use it to show why $\frac{1}{3}$ is less than $\frac{1}{2}$.**13** The rectangle below has an area of 72 square centimeters. What is the length of the side marked with an x ? Show your work.*(continued on next page)*

NAME _____

DATE _____

Baseline Assessment page 5 of 6**14** Color in this grid to show 6×8 . Then answer the questions.

- a** Write and solve an equation to show the area of the grid you just colored in.

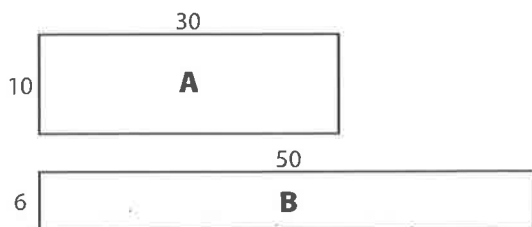


- b** Mark *all* the statements that are true about the grid.

- You colored in exactly half the entire grid.
- The area of the entire grid is 10×10 .
- $6 \times 8 = (6 \times 5) + (6 \times 3)$
- The part you colored in is less than half the area of the whole grid.

15 Which has a bigger area, Rectangle A or Rectangle B? How do you know?

- Use numbers, labeled sketches, or words to explain.
- Find the area of each rectangle, and include that information in your explanation.



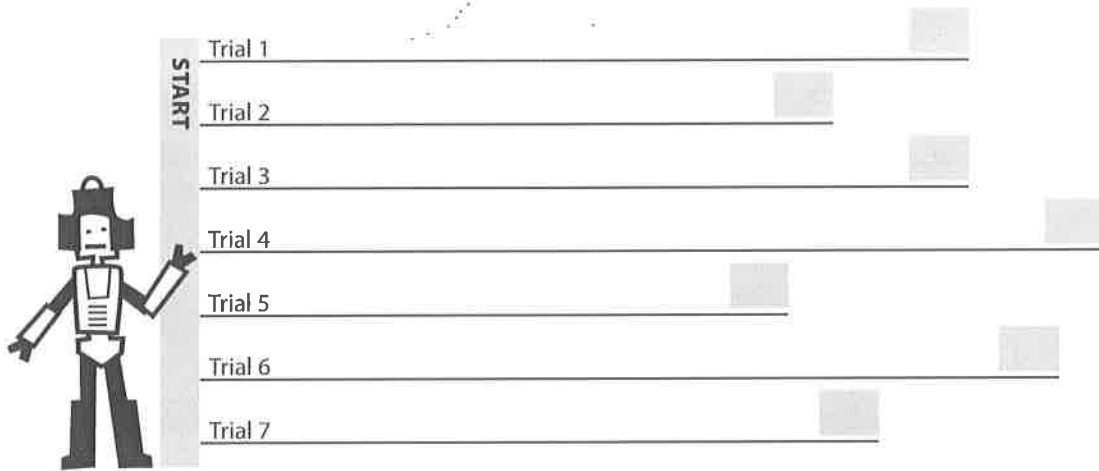
NAME _____

DATE _____

Baseline Assessment page 6 of 6

16 Daniel has a tiny wind-up robot. One day, he decided to try an experiment with his toy. He wound up the little robot, put it on the floor, and measured to see how far it could walk before it fell over. He did this 7 times.

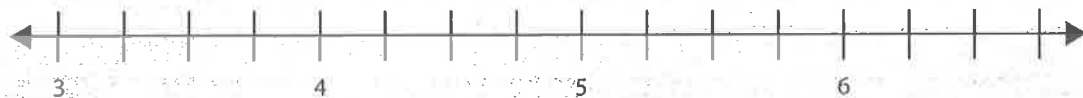
- a** The lines below show how far Daniel’s wind-up toy walked each time before it fell over. Measure each line to the nearest $\frac{1}{4}$ of an inch, and write the distance in the box at the end of the line.



- b** Complete the line plot below to show Daniel’s data. Remember to:

- Label all of the marks along the line.
- Write a label below the line to tell what the numbers mean.
- Enter the data.
- Give your line plot a title to tell what it’s about.

Title





Evangel Christian School

39-21 Crescent Street, Long Island City, New York 11101

From the Dean's Desk

Welcome back to all students and congratulations to new students and their families for choosing Evangel Christian School. I pray you had a wonderful summer break and enjoyed special time with friends and family.

We are excited to start a new academic year full of possibilities. In order to begin a productive year we ask students to be in proper school uniform. School uniforms help students worry less about what they look like and focus more on academics. In order to make this process an easy one, Evangel is continuing to partner with Land's End to provide students with quality uniforms. Students must purchase their uniforms exclusively from Land's End. This includes polos, skirts, pants, hoodies, and gym uniforms.

As part of our uniform policy, and for security reasons, students must display their ID's on a lanyard provided by the school. They must wear **solid** black shoes or sneakers. This means no white soles, checks or stripes. On gym days they may wear any color sneaker they like. Students who choose to violate the uniform policy will receive an automatic detention to be served the same day.

Please purchase uniforms as early as you can to ensure your child will be ready for school this coming year. Please keep in mind that some orders make take several weeks for delivery. Pre-K3 through kindergarten are not required to wear uniform, however, you should purchase a gym uniform for class trips.

To purchase your uniforms please go to www.landsend.com. Click on "school" then click on "find my school" and insert the **appropriate** school number from below.

- ❖ Preferred school number for elementary: **900140757**
- ❖ Preferred school number for middle school: **900168865**
- ❖ Preferred school number for high school: **900168873**

We look forward to having a great year! Thank you in advance for supporting our school uniform policies. If you have any questions, please feel free to call us at (718) 937-9600 extension 1301 or 1302.

Janet Cardi
Dean of Students

Mich Matos
Associate Dean

Preparing Our Students To Impact Their World For Christ

Phone (718) 937-9600 Fax (718) 937-1613 Web www.evangelchristianschool.org

CHILD & ADOLESCENT HEALTH EXAMINATION FORM

NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE — DEPARTMENT OF EDUCATION

Please Print Clearly

NYC ID (OSIS)

TO BE COMPLETED BY THE PARENT OR GUARDIAN

Child's Last Name		First Name		Middle Name		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (Month/Day/Year) ____/____/____	
Child's Address				Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Race (Check ALL that apply) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other			
City/Borough		State	Zip Code	School/Center/Camp Name			District Number	Phone Numbers Home _____ Cell _____ Work _____
Health insurance (including Medicaid)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Parent/Guardian Last Name <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Foster Parent		First Name		Email		

TO BE COMPLETED BY THE HEALTH CARE PRACTITIONER

Birth history (age 0-6 yrs) <input type="checkbox"/> Uncomplicated <input type="checkbox"/> Premature: _____ weeks gestation <input type="checkbox"/> Complicated by _____ Allergies <input type="checkbox"/> None <input type="checkbox"/> Epi pen prescribed <input type="checkbox"/> Drugs (list) _____ <input type="checkbox"/> Foods (list) _____ <input type="checkbox"/> Other (list) _____		Does the child/adolescent have a past or present medical history of the following? <input type="checkbox"/> Asthma (check severity and attach MAF): If persistent, check all current medication(s): Asthma Control Status <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Behavioral/mental health disorder <input type="checkbox"/> Congenital or acquired heart disorder <input type="checkbox"/> Developmental/learning problem <input type="checkbox"/> Diabetes (attach MAF) <input type="checkbox"/> Orthopedic injury/disability Explain all checked items above.		<input type="checkbox"/> Intermittent <input type="checkbox"/> Quick Relief Medication <input type="checkbox"/> Well-controlled <input type="checkbox"/> Mild Persistent <input type="checkbox"/> Inhaled Corticosteroid <input type="checkbox"/> Poorly Controlled or Not Controlled <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Speech, hearing, or visual impairment <input type="checkbox"/> Tuberculosis (latent infection or disease) <input type="checkbox"/> Hospitalization <input type="checkbox"/> Surgery <input type="checkbox"/> Other (specify) _____ Addendum attached.		<input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Severe Persistent <input type="checkbox"/> Oral Steroid <input type="checkbox"/> Other Controller <input type="checkbox"/> None Medications (attach MAF if in-school medication needed) <input type="checkbox"/> None <input type="checkbox"/> Yes (list below)	
Attach MAF if in-school medications needed							

PHYSICAL EXAM Date of Exam: ____/____/____ Height _____ cm (____ %ile) Weight _____ kg (____ %ile) BMI _____ kg/m ² (____ %ile) Head Circumference (age <2 yrs) _____ cm (____ %ile) Blood Pressure (age ≥3 yrs) ____/____		General Appearance: <input type="checkbox"/> Physical Exam WNL NI Abnl <input type="checkbox"/> Psychosocial Development <input type="checkbox"/> HEENT <input type="checkbox"/> Lymph nodes <input type="checkbox"/> Abdomen <input type="checkbox"/> Skin <input type="checkbox"/> Language <input type="checkbox"/> Dental <input type="checkbox"/> Lungs <input type="checkbox"/> Genitourinary <input type="checkbox"/> Neurological <input type="checkbox"/> Behavioral <input type="checkbox"/> Neck <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Extremities <input type="checkbox"/> Back/spine		Describe abnormalities:	
---	--	---	--	--------------------------------	--

DEVELOPMENTAL (age 0-6 yrs) Validated Screening Tool Used? _____ Date Screened ____/____/____ <input type="checkbox"/> Yes <input type="checkbox"/> No Screening Results: <input type="checkbox"/> WNL <input type="checkbox"/> Delay or Concern Suspected/Confirmed (specify area(s) below): <input type="checkbox"/> Cognitive/Problem Solving <input type="checkbox"/> Adaptive/Self-Help <input type="checkbox"/> Communication/Language <input type="checkbox"/> Gross Motor/Fine Motor <input type="checkbox"/> Social-Emotional or Personal-Social <input type="checkbox"/> Other Area of Concern: _____ Describe Suspected Delay or Concern: _____ Child Receives EI/CPSE/CSE services <input type="checkbox"/> Yes <input type="checkbox"/> No		Nutrition < 1 year <input type="checkbox"/> Breastfed <input type="checkbox"/> Formula <input type="checkbox"/> Both ≥ 1 year <input type="checkbox"/> Well-balanced <input type="checkbox"/> Needs guidance <input type="checkbox"/> Counseled <input type="checkbox"/> Referred Dietary Restrictions <input type="checkbox"/> None <input type="checkbox"/> Yes (list below)		Hearing Date Done ____/____/____ Results < 4 years: gross hearing ____/____/____ <input type="checkbox"/> NI <input type="checkbox"/> Abnl <input type="checkbox"/> Referred OAE ____/____/____ <input type="checkbox"/> NI <input type="checkbox"/> Abnl <input type="checkbox"/> Referred ≥ 4 yrs: pure tone audiometry ____/____/____ <input type="checkbox"/> NI <input type="checkbox"/> Abnl <input type="checkbox"/> Referred	
		SCREENING TESTS Date Done ____/____/____ Results Blood Lead Level (BLL) (required at age 1 yr and 2 yrs and for those at risk) ____/____/____ μg/dL Lead Risk Assessment (annually, age 6 mo-6 yrs) ____/____/____ <input type="checkbox"/> At risk (do BLL) <input type="checkbox"/> Not at risk Child Care Only		Vision Date Done ____/____/____ Results <3 years: Vision appears: ____/____/____ <input type="checkbox"/> NI <input type="checkbox"/> Abnl Acuity (required for new entrants and children age 3-7 years) Right ____/____/____ Left ____/____/____ <input type="checkbox"/> Unable to test Screened with Glasses? <input type="checkbox"/> Yes <input type="checkbox"/> No Strabismus? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Hemoglobin or Hematocrit ____/____/____ g/dL ____%		Dental Visible Tooth Decay <input type="checkbox"/> Yes <input type="checkbox"/> No Urgent need for dental referral (pain, swelling, infection) <input type="checkbox"/> Yes <input type="checkbox"/> No Dental Visit within the past 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No	

CIR Number		Physician Confirmed History of Varicella Infection <input type="checkbox"/>		Report only positive immunity:	
IMMUNIZATIONS - DATES				IgG Titers Date	
DTP/DtaP/DT	_____	Tdap	_____	Hepatitis B	____/____/____
Td	_____	MMR	_____	Measles	____/____/____
Polio	_____	Varicella	_____	Mumps	____/____/____
Hep B	_____	Mening ACWY	_____	Rubella	____/____/____
Hib	_____	Hep A	_____	Varicella	____/____/____
PCV	_____	Rotavirus	_____	Polio 1	____/____/____
Influenza	_____	Mening B	_____	Polio 2	____/____/____
HPV	_____	Other	_____	Polio 3	____/____/____

ASSESSMENT <input type="checkbox"/> Well Child (200.129) <input type="checkbox"/> Diagnoses/Problems (list) _____ ICD-10 Code _____		RECOMMENDATIONS <input type="checkbox"/> Full physical activity <input type="checkbox"/> Restrictions (specify) _____ Follow-up Needed <input type="checkbox"/> No <input type="checkbox"/> Yes, for _____ Appt. date: ____/____/____ Referral(s): <input type="checkbox"/> None <input type="checkbox"/> Early Intervention <input type="checkbox"/> IEP <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Other _____	
--	--	---	--

Health Care Practitioner Signature		Date Form Completed ____/____/____		DOHMH ONLY PRACTITIONER I.D. _____	
Health Care Practitioner Name and Degree (print)		Practitioner License No. and State		TYPE OF EXAM: <input type="checkbox"/> NAE Current <input type="checkbox"/> NAE Prior Year(s)	
Facility Name		National Provider Identifier (NPI)		Comments:	
Address		City State Zip		Date Reviewed: ____/____/____ I.D. NUMBER _____	
Telephone		Fax		REVIEWER: _____	
		Email		FORM ID# _____	