

# LET'S GET READY FOR PRE-K 4



Activity Packet  
Evangel Christian School  
Summer 2018



## GRADE: PRESCHOOL-4 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. Each child should have a **full size** school bag or backpack with child's name on it (Large enough to hold rest-time sheets, school folder, snack items and show & tell items - so nothing gets lost).
2. Two (2) small or large boxes of tissues
3. Two (2) pack of baby wipes
4. Two (2) pack of Clorox wipes
5. One (1) box of crayons (16 in a box). **No fluorescent crayons**
6. Two (2) folders with pockets, preferably vinyl – it will last all year (please no paper it breaks)
7. One (1) 8oz. plastic bottle of white Elmer's school glue – **NO COLORS**
8. One small sheet (not fitted) and a light receiving blanket
9. One (1) small scissors
10. Two (2) no. 2 Pencils
11. Smock or old t-shirt for painting
12. School gym T-Shirt (can be purchased from Lands End) **MUST HAVE**
13. Two (2) changes of clothing (shirt, pants, socks, underwear, **NO shoes**). Please place all items in a labeled zip lock plastic bag. **PLEASE DO NOT SEND BIG PLASTIC CONTAINERS (storage is limited)**
14. Two (2) glue sticks
15. One (1) Composition Notebook
16. One (1) hand sanitizer



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

**\*ALL SUPPLIES AND MATERIALS SHOULD BE LABELLED WITH CHILD'S NAME AND CLASS. PLEASE HAVE NAMES IN ALL SWEATERS, JACKETS, HATS, BOOTS, GLOVES, ETC. THIS IS VERY IMPORTANT FOR ESTABLISHING GOOD PERSONAL HABITS OF CARING FOR ONE'S PROPERTY. PERIODICALLY, THROUGHOUT THE YEAR, YOUR CHILD MAY NEED TO UPDATE HIS/HER SUPPLIES. THE TEACHER LET YOU KNOW.**



**PLEASE DO NOT SEND: Glass thermos or glass bottles (i.e. juice, soda, punch), baby bottles or pacifiers. Students are not permitted to wear or bring pull-ups to school**

**\*\*\*\*\* 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.****

# Learning Activities for Summer

## Literacy

### Make a Writing Kit for your child to practice writing:

Pens (**PENCILS**)

Plain White Paper

Stapler (for making books)

Magna Doodle

Colored Pencils

Colored copy paper

Tape

Notepads

Thin Markers

Envelopes

Dry Erase Board

Index Cards

### Shaving Cream

Put a small amount of shaving cream on the table or on a tray. Spread it out and draw letters and numbers in the shaving cream with your finger. You may want to use a smock, but if it gets on clothes, it fades away after a few minutes. When it is time to clean up, rub the shaving cream until it disappears, then wash the table or tray.

### Pipe Cleaner Letters

Use pipe cleaners (a.k.a. chenille stems) to form letters by bending them.

### Letter Memory Game

Place 2-4 letter magnets (or cards with the letters written on them) on a tray. Cover them up with a cloth and take one away. Uncover the cloth, and ask your child which one is missing. You can also have your child write the letter on a piece of paper or dry erase board.

### Name

Write your child's name on a piece of construction paper in large letters. Glue on yarn, beans or glitter. (ALWAYS, use an uppercase letter for the first letter of a name, but write the rest in lowercase letters.)

### Letter Sound Basket

Give your child a basket and ask him or her to collect objects from around the house that begin with a particular letter.

### Mystery Sound Bag

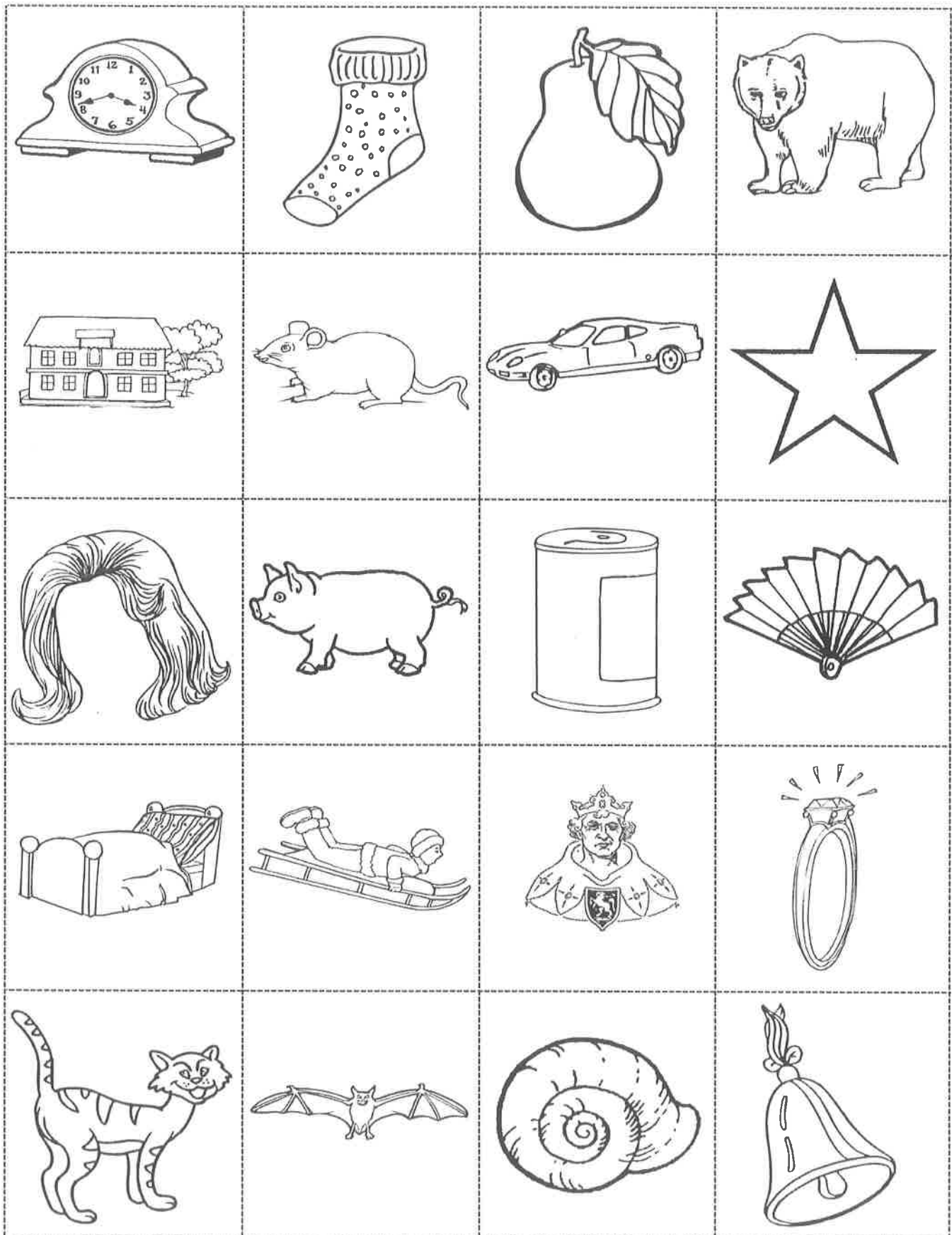
Place 3 or 4 objects that begin with a particular letter in a bag. For example, bowl, ball, block, book for the letter B. Have your child pull the items out one at the time and identify the beginning letter.

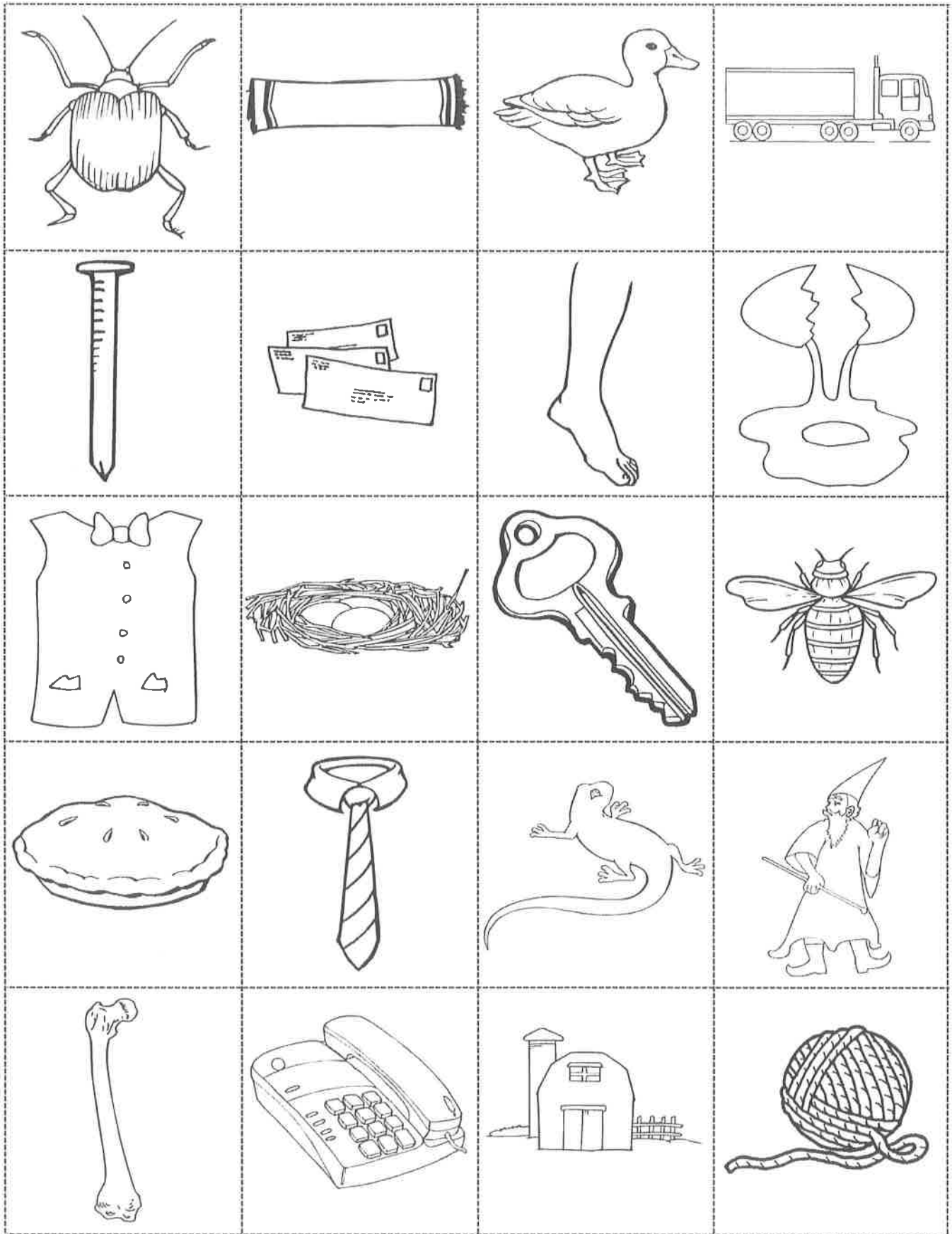
### Erase-the-Rhyme

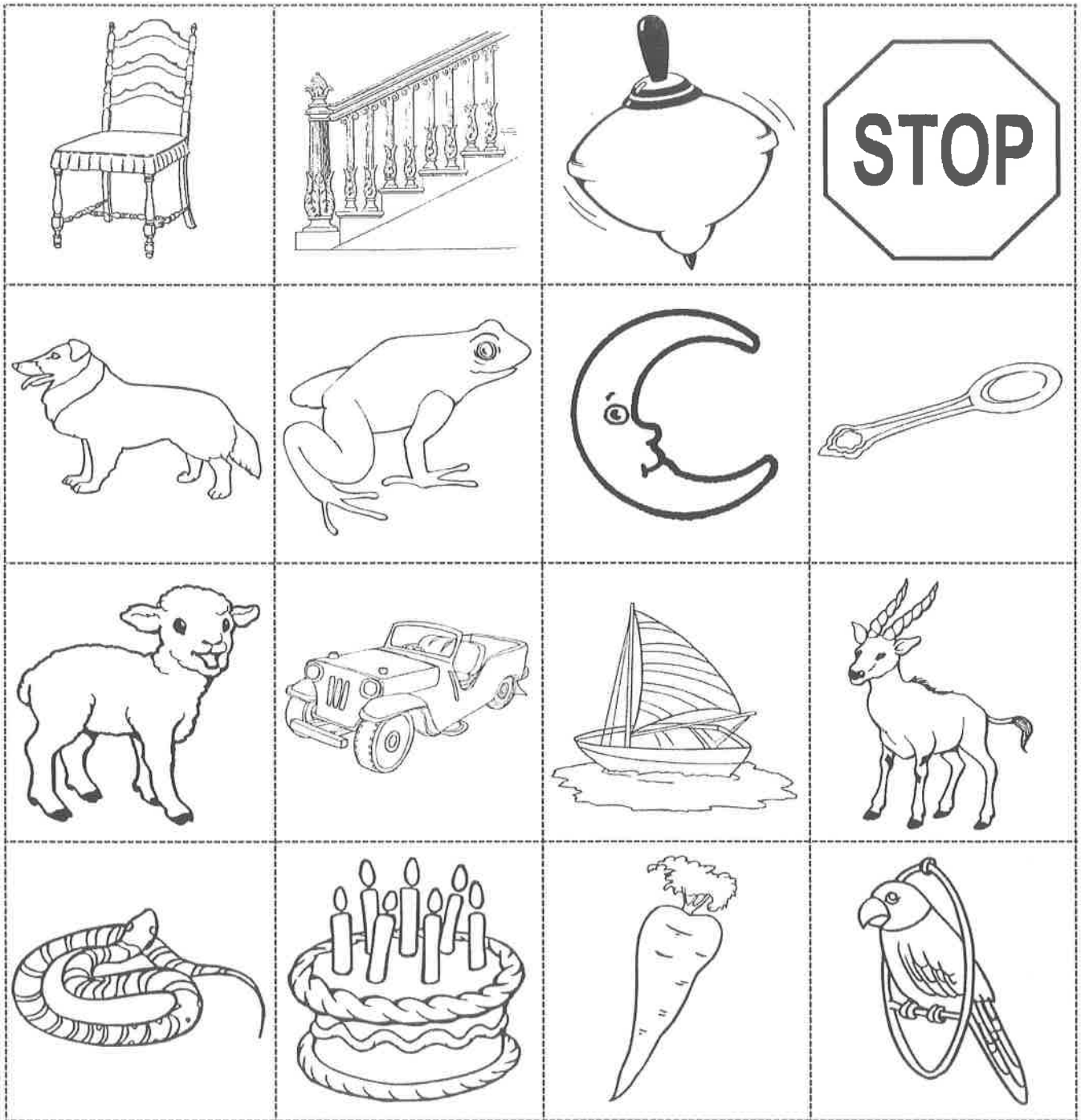
Draw a picture on a dry erase board and ask your child to erase things that rhyme. For example, draw a house, and ask your child to erase what rhymes with hoof (roof), floor (door), ball (wall), bindow (window). Or, draw a cat, and ask your child to erase what rhymes with pail (tail), tie (eye), dose (nose), south (mouth), lead (head), etc.

## Number Writing Rhymes:

Round and round and round we go When we get home We have a zero.	Start at the top And down we run That's the way we make a one.
Around and back On the railroad track Two, two, two!	Around a tree Around a tree That's the way we make a three.
Down and over And down some more That's the way we make a four.	Down and around With a flag on high That's the way we make a five.
Around to a loop Number six rolls a hoop.	Across the sky And down from heaven That's the way we make a seven.
Make an "S" and do not wait When we get home We have an eight.	Make a loop And then a line That's the way we make a nine.













# Ocean Animal Race

Use this math game to practice counting and numeral identification. You can make copies of this game if you like. You will need a dotted game die. To play: Child rolls the die and counts the amount of dots. If they roll a 5, they will circle one 5 on the paper; if they roll a 3, they will circle a 3; etc. The child will continue to roll and circle numbers until one of the rows has all of the numbers circled. That animal is the winner!

	1	1	1	1	1	1	1	1	1	1	★
	2	2	2	2	2	2	2	2	2	2	★
	3	3	3	3	3	3	3	3	3	3	★
	4	4	4	4	4	4	4	4	4	4	★
	5	5	5	5	5	5	5	5	5	5	★
	6	6	6	6	6	6	6	6	6	6	★





## 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.

## Booklist

### Look for these books at the library:

Don't Let the Pigeon Drive the Bus, by Mo Willems  
Don't Let the Pigeon Stay Up Late, by Mo Willems  
The Pigeon Wants a Hot Dog, by Mo Willems  
The Pigeon Wants a Puppy, by Mo Willems  
Knuffle Bunny, by Mo Willems  
Knuffle Bunny, Too, by Mo Willems  
Go Away Big Green Monster, by Ed Emberly  
What Color is Your Underwear, by Sam Lloyd  
Corduroy, by Don Freeman  
Goldilocks and the Three Bears, retold by Jan Brett  
The Very Clumsy Click Beetle, by Eric Carle  
Saturday Night at the Dinosaur Stomp, by Carol Diggory Shields  
Jack and the Beanstalk, retold by Steven Kellogg  
The Three Little Pigs, retold by Margot Zemach  
King Bidgood's in the Bathtub, by Audrey Wood  
Does a Kangaroo Have a Mother, Too?, by Eric Carle  
Hedgie's Surprise, by Jan Brett  
Mrs. Wishy Washy's Farm, by Joy Cowley  
The Hat, by Jan Brett  
The Tale of Peter Rabbit, by Beatrix Potter  
Owl Babies, by Martin Waddell  
A House for Hermit Crab, by Eric Carle  
Mister Seahorse, by Eric Carle  
Big Al, by Andrew Clements  
The Rainbow Fish, by Marcus Pfister  
The Great Gracie Chase, by Cynthia Rylant  
Unlovable, by Dan Yaccarino  
It's the Bear, Jez Alborough  
An Extraordinary Egg, by Leo Lionni  
The Umbrella, by Jan Brett  
Who is the Beast?, by Keith Baker  
Anansi and the Talking Melon by Eric Kimmel  
Anansi and the Moss Covered Rock, by Eric Kimmel  
Duck in the Truck, by Jez Alborough  
Captain Duck, by Jez Alborough  
Cuddly Duddly, by Jez Alborough  
There's an Alligator Under My Bed, by Mercer Mayer  
Caps for Sale, by Esphyr Slobodkina  
David Gets in Trouble, by David Shannon  
Alphabet Adventure, by Audrey Wood  
Bill and Pete, by Tomie de Paola  
Bill and Pete Go Down the Nile, by Tomie de Paola

## Websites

[www.starfall.com](http://www.starfall.com)  
[www.meddybemps.com](http://www.meddybemps.com)  
[www.literacycenter.net](http://www.literacycenter.net)  
[www.hubbardscupboard.org/recipes.html](http://www.hubbardscupboard.org/recipes.html)  
[www.enchantedlearning.com](http://www.enchantedlearning.com)  
[www.janbrett.com](http://www.janbrett.com)

For parents:

<http://www2.ed.gov/pubs/CompactforReading/index.html>

Preschool Science:

[www.scienceforpreschoolers.com/](http://www.scienceforpreschoolers.com/)

Cooking with Kids:

[www.kids-cooking-activities.com/non-reader-recipes.html](http://www.kids-cooking-activities.com/non-reader-recipes.html)

[www.ittybittybistro.com/](http://www.ittybittybistro.com/)

[www.tasteofhome.com/Kids-Coloring-Cookbook](http://www.tasteofhome.com/Kids-Coloring-Cookbook)

## Math

### **Candy Math**

Have your child use colored candy, such as Gummi candy, M & M's, Skittles, Runts, jelly beans, etc. Use them for sorting, counting, patterning activities.

### **Block Game**

Use a numbered game die or spinner and some blocks. Take turns rolling the die, and taking the correct number of blocks from the pile. Build a tower with the blocks. After all the blocks are gone, compare the towers to see whose is the tallest.

### **Number Basketball**

Write numbers on pieces of paper and place them on the floor. Place a trash can nearby. Call out a number for your child to find, crumble up and toss into the trash can.

### **Money Toss**

Toss five pennies onto the table or floor. Count how many heads and tails.

### **Counting Books**

Make counting books with stickers. Choose stickers that will appeal to your child (Barbie, Harry Potter, trains, horses, etc.) Staple pieces of paper together and label each page with a number. Have your child stick the correct amount of stickers on each page of the book. You could make the "Spiderman Counting Book" or "Dora the Explorer Counting Book".

### **Path Games**

Path games are great for counting practice because a child rolls the dice or spins a spinner and counts how many spaces to move. You can buy them or make your own path games with stickers.

### **Card Games**

You can use playing cards in several ways:

Have your child match two of the same numbers,

Have your child put the numbers in sequential order,

Play war (Two players take the top card from their own pile, compare them, and the player with the highest number wins that round and collects both cards.)



# EVANGEL CHRISTIAN SCHOOL

39-21 Crescent Street, Long Island City, NY 11101

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## **Pk-3 through Kindergarten**

are not required to wear uniform, however,  
you should purchase of gym uniform for class trips.

## **LANDS' END INFORMATION**

To purchase gym uniforms please go to [www.landsend.com](http://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

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Preparing Our Students To Impact Their World For Christ

Phone (718) 937-9600 Fax (718) 937-1613 Web [www.evangelchristianschool.org](http://www.evangelchristianschool.org)



# SEPTEMBER 2018

## MEDICAL REQUIREMENTS FOR CHILD CARE AND NEW SCHOOL ENTRANTS

(PUBLIC, PRIVATE, PAROCHIAL, CHILD CARE CENTERS AND SCHOOLS)

### ALL STUDENTS ENTERING A NEW YORK CITY (NYC) SCHOOL OR CHILD CARE FOR THE FIRST TIME MUST HAVE A COMPLETE PHYSICAL EXAMINATION AND ALL REQUIRED IMMUNIZATIONS

The comprehensive medical examination must be documented on a Child Adolescent Health Examination Form (CH205) and include the following:

Weight	Body Mass Index	Medical History
Height	Vision Screening	Developmental Assessment
Blood Pressure	Hearing Screening	Nutritional Evaluation
	Dental Screening	

All students entering NYC public or private schools or child care (including Universal 3-K and Pre-Kindergarten classes) for the first time must submit a report of a physical examination performed within one year of school entry. Because children develop and grow so quickly at these early ages, if this initial examination is performed before the student is age 5 years, a second examination, performed between the child's fifth and sixth birthday, is also required. Fillable CH-205 forms that include the student's pre-populated vaccination histories are available in the NYC Citywide Immunization Registry (CIR). A savable version of the pre-populated CH-205 is also available in CIR and is accessible for use and updates as needed.

## IMMUNIZATION REQUIREMENTS 2018-19

The following immunization requirements are mandated by law for all students between the ages of 2 months and 18 years. Children must be excluded from school if they do not meet these requirements. To be considered fully immunized, a child must have an immunization history that includes all of the following vaccines. The child's immunization record should be evaluated according to the grade they are attending this school year.

Required Screening for Child Care Only	
Screening	Required Information
Anemia Screening	Hematocrit and Hemoglobin
Lead Screening, Assessment and Testing	<ul style="list-style-type: none"> <li>All children under age 6 years must be assessed annually for lead exposure.</li> <li>Blood lead tests are required for children at ages 1 and 2 years AND other children up to age 6 years if they are at risk of exposure OR if no lead test was previously documented.</li> <li>For more information, call the Lead Poisoning Prevention Program at 311, or visit <a href="http://www.nyc.gov/html/doh/downloads/pdf/lead/lead-guidelines-children.pdf">www.nyc.gov/html/doh/downloads/pdf/lead/lead-guidelines-children.pdf</a></li> </ul>

## PROVISIONAL REQUIREMENTS

New students may enter school or child care provisionally with documentation of at least this initial series of immunizations. Once admitted provisionally, subsequent vaccines must be administered in accordance with the Advisory Committee on Immunization Practices (ACIP) "catch up" schedule for the child to be considered "in process" and remain in school (refer to for schedule). Alternative schedules are not acceptable. Students must complete the entire series to comply with the law. Students who have not been immunized within the provisional period must be issued exclusion letters and excluded from school or child care until they comply with the requirements.

CHILD CARE/PRE-KINDERGARTEN	NO. OF DOSES
DTaP (diphtheria-tetanus-acellular pertussis) OR DTP (diphtheria-tetanus-pertussis).....	1
IPV (inactivated poliovirus) or OPV (oral poliovirus).....	1
MMR (measles-mumps-rubella).....	1
On or after the first birthday.	
Hib (Haemophilus Influenzae type b).....	1
Hepatitis B.....	1
Varicella.....	1
On or after the first birthday.	
Pneumococcal conjugate (PCV).....	1

KINDERGARTEN THROUGH GRADE 12	NO. OF DOSES
DTaP, DTP, DT, Td (tetanus-diphtheria) OR Tdap (tetanus-diphtheria-acellular pertussis).....	1
Vaccine type as appropriate for age.	
Tdap (grades six through 12).....	1
IPV or OPV.....	1
MMR On or after the first birthday.....	1
Hepatitis B.....	1
Varicella.....	1
On or after the first birthday.	
Meningococcal (MenACWY) (seventh, eighth, ninth and 12 <sup>th</sup> grades).....	1

## 2018–19: FULL COMPLIANCE

### New York State Immunization Requirements for Child Care and School Entrance/Attendance<sup>1</sup>

Notes: For grades Pre-Kindergarten through 10, intervals between doses of vaccine should be in accordance with the ACIP-recommended immunization schedule for people age 0 through 18 years. Intervals between doses of vaccine DO NOT need to be reviewed for grades 11 and 12 (or grade 5 for polio vaccine). Doses received before the minimum age or intervals are not valid and do not count. You MUST reference the footnotes for dose requirements and specific information about each vaccine. Children enrolling in grade-less classes should meet immunization requirements for their age-equivalent grade. See [www.health.ny.gov/prevention/immunization/schools/updated\\_school\\_imm\\_requirements.htm](http://www.health.ny.gov/prevention/immunization/schools/updated_school_imm_requirements.htm) for Frequently Asked Questions.

VACCINES	PRE-KINDERGARTEN (Child Care, Head Start, Nursery, 3K or Pre- <sup>1</sup> / Kindergarten)	KINDERARTEN through Grade 4	GRADE 5	GRADES 6 through 10	GRADES 11 through 12
Diphtheria and tetanus toxoid-containing vaccine and pertussis vaccine (DTaP/DTP/DTT/dTdap) <sup>2</sup>	4 doses	5 doses <u>or</u> 4 doses if the fourth dose was received at age 4 years or older <u>or</u> 3 doses if the child is age 7 years or older and the series was started at age 1 year or older		3 doses	
Tetanus and diphtheria toxoid-containing vaccine and pertussis vaccine booster (Tdap) <sup>3</sup>	Not Applicable			1 dose (on or after age 11 years)	
Polio vaccine (IPV/OPV) <sup>1,4</sup>	3 doses	4 doses <u>or</u> 3 doses if the third dose was received at age 4 years or older	3 doses	4 doses <u>or</u> 3 doses if the third dose was received at age 4 years or older	3 doses
Measles, mumps and rubella vaccine (MMR) <sup>1,5</sup>	1 dose	2 doses			
Hepatitis B vaccine <sup>1,6</sup>	3 doses	3 doses			
Varicella (chickenpox) vaccine <sup>1,7</sup>	1 dose	2 doses	1 dose	2 doses	1 dose
Haemophilus influenzae type b conjugate vaccine (Hib) <sup>8</sup>	1 to 4 doses	Not Applicable			
Pneumococcal conjugate vaccine (PCV) <sup>9</sup>	1 to 4 doses	Not Applicable			
Meningococcal conjugate vaccine (MenACWY) <sup>10</sup>	Not Applicable			Grades 7, 8 and 9: 1 dose	Grade 12: 2 doses <u>or</u> 1 dose if the first dose was received at age 16 years or older

**For more information contact:**

New York State Department of Health, Bureau of Immunization: 518-473-4437

New York City Department of Health and Mental Hygiene, Bureau of Immunization: 347-396-2433; Office of School Health Citywide (all districts): 347-396-4720

Documented serologic evidence of immunity to measles, mumps, rubella, hepatitis B, varicella or polio (for all three serotypes) meets the immunization requirements for these diseases. Diagnosis by a physician, physician assistant or nurse practitioner that a child has had varicella disease is acceptable proof of immunity to varicella.

1. Diphtheria and tetanus toxoids and acellular pertussis (DTaP) vaccine. (Minimum age: 6 weeks)
  - a. Children starting the series on time should receive a five-dose series of DTaP vaccine at ages 2, 4, 6, 15 through 18 months, and age 4 years or older. The fourth dose may be received as early as age 12 months, provided at least six months have elapsed since the third dose. However, the fourth dose of DTaP need not be repeated if it was administered at least four months after the third dose of DTaP. The final dose in the series must be received on or after the fourth birthday.
  - b. If the fourth dose of DTaP was administered at age 4 years or older, the fifth (booster) dose of DTaP vaccine is not necessary.
  - c. A sixth dose of DTaP, at least six months after the prior dose, may be required if the fifth dose was received prior to the fourth birthday.
  - d. For children born before January 1, 2005, only immunity to diphtheria is required and doses of DT and Td can meet this requirement.
  - e. Children ages 7 years and older who are not fully immunized with the childhood DTaP vaccine series should receive Tdap vaccine as the first dose in the catch-up series; if additional doses are needed, use Td vaccine. If the first dose was received before their first birthday, then four doses are required. If the first dose was received on or after the first birthday, then three doses are required.
2. Tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine. (Minimum age: 7 years)
  - a. Students ages 11 years or older entering grades six through 12 are required to have one dose of Tdap.
  - b. Students without Tdap who are age 10 years in sixth grade are in compliance until they turn age 11 years.
  - c. A dose of Tdap or DTaP administered on or after age 7 years meets this requirement.
3. Inactivated poliovirus vaccine (IPV) or oral polio vaccine (OPV). (Minimum age: 6 weeks)
  - a. Children starting the series on time should receive IPV at ages 2, 4, 6 through 18 months and age 4 years or older. The final dose in the series must be received on or after the fourth birthday and at least six months after the previous dose.
  - b. For students who received their fourth dose before age 4 years and prior to August 7, 2010, four doses separated by at least four weeks is sufficient.
  - c. If the third dose of polio vaccine was received at age 4 years or older and at least six months after the previous dose, a fourth dose of IPV is not necessary.
  - d. A fifth dose of IPV, at least six months after the prior dose, may be required if the fourth dose was received prior to the fourth birthday.
  - e. If both OPV and IPV were administered as part of a series, the total number of doses and intervals between doses is the same as that recommended for the IPV schedule.
  - f. Only OPV administered before April 1, 2016 counts towards the completion of the polio series.
4. Measles, mumps and rubella (MMR) vaccine. (Minimum age: 12 months)
  - a. The first dose of MMR vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (four weeks) after the first dose to be considered valid.
  - b. Students in kindergarten through grade 12 must have received two doses of measles-containing vaccine, two doses of mumps-containing vaccine (except one dose of mumps-containing vaccine for grades 11 and 12), and at least one dose of rubella-containing vaccine.
5. Hepatitis B vaccine
  - a. The first dose may be given at birth or anytime thereafter. The second two must be received at least four weeks (28 days) after the first dose. The third dose must be at least eight weeks after the second dose two AND at least 16 weeks after dose one AND no earlier than 24 weeks of age.
  - b. Two doses of adult hepatitis B vaccine (Recombivax) received at least four months apart at age 11 through 15 years will meet the requirement.
  - d. Administration of a total of four doses Hepatitis B vaccine is permitted when a combination vaccine containing Hep B is administered after the birth dose. This fourth dose is often needed to ensure that the last dose in the series is given on or after age 24 weeks.
6. Varicella (chickenpox) vaccine. (Minimum age: 12 months)
  - a. The first dose of varicella vaccine must have been received on or after the first birthday. The second dose must have been received at least 28 days (four weeks) after the first dose to be considered valid.
  - b. For children younger than age 13 years, the recommended minimum interval between doses is three months (if the second dose was administered at least four weeks after the first dose, it can be accepted as valid); for people age 13 years and older, the minimum interval between doses is four weeks.
7. Haemophilus influenzae type b conjugate vaccine (Hib). (Minimum age: 6 weeks)
  - a. Children starting the series on time should receive Hib vaccine at ages 2 months, 4 months, 6 months and 12 through 15 months.
  - b. If two doses of vaccine were received before age 12 months, only three doses are required, with the third dose at age 12 through 15 months and at least eight weeks after the second dose.
  - c. If the first dose was received at ages 12 through 14 months, only two doses are required, with the second dose at least eight weeks after the first dose.
  - d. If the first dose was received at age 15 months or older, only one dose is required.
  - e. Hib vaccine is not required for children ages 5 years or older.
8. Pneumococcal conjugate vaccine (PCV). (Minimum age: 6 weeks)
  - a. Children starting the series on time should receive PCV vaccine at ages 2 months, 4 months, 6 months and 12 through 15 months.
  - b. Unvaccinated children ages 7 through 11 months are required to receive two doses, at least four weeks apart, followed by a third dose at age 12 through 15 months.
  - c. Unvaccinated children ages 12 through 23 months are required to receive two doses of vaccine at least eight weeks apart.
  - d. If one dose of vaccine was received at age 24 months or older, no further doses are required.
  - e. For more information, refer to the PCV chart available in the School Survey Instruction Booklet at [www.health.ny.gov/prevention/immunization/schools/](http://www.health.ny.gov/prevention/immunization/schools/).
9. Meningococcal Vaccine
  - a. Students entering grades seven, eight and nine are required to have received a single dose of meningococcal conjugate vaccine against serogroups A, C, W-135 and Y (MenACWY vaccine).
  - b. Students entering grade 12 will need to have received two doses of MenACWY vaccine, or only one dose of MenACWY vaccine if the first dose was administered at age 16 years or older.
  - c. If the second dose is received before age 16 years, a third dose on or after age 16 years is required.
  - d. The minimum interval between doses of MenACWY vaccine is eight weeks.

**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  Female  Male Date of Birth (Month/Day/Year) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Child's Address \_\_\_\_\_ Hispanic/Latino?  Yes  No Race (Check ALL that apply)  American Indian  Asian  Black  White  Native Hawaiian/Pacific Islander  Other \_\_\_\_\_

City/Borough \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ School/Center/Camp Name \_\_\_\_\_ District Number \_\_\_\_\_ Phone Numbers Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Health insurance (including Medicaid)?  Yes  No Parent/Guardian Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Email \_\_\_\_\_  Parent/Guardian  Foster Parent

**TO BE COMPLETED BY THE HEALTH CARE PRACTITIONER**

**Birth history (age 0-6 yrs)**  
 Uncomplicated  Premature: \_\_\_\_\_ weeks gestation  
 Complicated by \_\_\_\_\_

**Allergies**  None  Epi pen prescribed  
 Drugs (list) \_\_\_\_\_  
 Foods (list) \_\_\_\_\_  
 Other (list) \_\_\_\_\_

**Attach MAF if in-school medications needed**

**Does the child/adolescent have a past or present medical history of the following?**  
 Asthma (check severity and attach MAF):  Intermittent  Mild Persistent  Moderate Persistent  Severe Persistent  
 If persistent, check all current medication(s):  Quick Relief Medication  Inhaled Corticosteroid  Oral Steroid  Other Controller  None  
 Asthma Control Status  Well-controlled  Poorly Controlled or Not Controlled

Anaphylaxis  Seizure disorder  
 Behavioral/mental health disorder  Speech, hearing, or visual impairment  
 Congenital or acquired heart disorder  Tuberculosis (latent infection or disease)  
 Developmental/learning problem  Hospitalization  
 Diabetes (attach MAF)  Surgery  
 Orthopedic injury/disability  Other (specify) \_\_\_\_\_  
 Explain all checked items above.  Addendum attached.

**Medications (attach MAF if in-school medication needed)**  
 None  Yes (list below)

**PHYSICAL EXAM** Date of Exam: \_\_\_\_/\_\_\_\_/\_\_\_\_

Height \_\_\_\_\_ cm (\_\_\_\_ %ile)  
 Weight \_\_\_\_\_ kg (\_\_\_\_ %ile)  
 BMI \_\_\_\_\_ kg/m<sup>2</sup> (\_\_\_\_ %ile)  
 Head Circumference (age ≤2 yrs) \_\_\_\_\_ cm (\_\_\_\_ %ile)

Blood Pressure (age ≥3 yrs) \_\_\_\_\_ / \_\_\_\_\_

**General Appearance:**  
 Physical Exam WNL

<input type="checkbox"/> NI Abnl	<input type="checkbox"/> NI Abnl	<input type="checkbox"/> NI Abnl	<input type="checkbox"/> NI Abnl	<input type="checkbox"/> 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 \_\_\_\_\_  
 Yes  No  
 Screening Results:  WNL  
 Delay or Concern Suspected/Confirmed (specify area(s) below):  
 Cognitive/Problem Solving  Adaptive/Self-Help  
 Communication/Language  Gross Motor/Fine Motor  
 Social-Emotional or Personal-Social  Other Area of Concern: \_\_\_\_\_

**Nutrition**  
 < 1 year  Breastfed  Formula  Both  
 ≥ 1 year  Well-balanced  Needs guidance  Counseled  Referred  
 Dietary Restrictions  None  Yes (list below)

**Hearing** Date Done \_\_\_\_\_ Results \_\_\_\_\_  
 < 4 years: gross hearing \_\_\_\_\_  NI  Abnl  Referred  
 OAE \_\_\_\_\_  NI  Abnl  Referred  
 ≥ 4 yrs: pure tone audiometry \_\_\_\_\_  NI  Abnl  Referred

**VISION** Date Done \_\_\_\_\_ Results \_\_\_\_\_  
 < 3 years: Vision appears: \_\_\_\_\_  NI  Abnl  
 Acuity (required for new entrants and children age 3-7 years) \_\_\_\_\_ Right \_\_\_\_\_ Left \_\_\_\_\_  
 Unable to test  
 Screened with Glasses?  Yes  No  
 Strabismus?  Yes  No

**Dental**  
 Visible Tooth Decay  Yes  No  
 Urgent need for dental referral (pain, swelling, infection)  Yes  No  
 Dental Visit within the past 12 months  Yes  No

Child Receives EI/CPSE/CSE services  Yes  No

CIR Number \_\_\_\_\_ Physician Confirmed History of Varicella Infection  Report only positive immunity:

**IMMUNIZATIONS - DATES**

Immunization	Date	IgG Titers	Date
DTP/DTaP/DT	____/____/____	Hepatitis B	____/____/____
Td	____/____/____	Measles	____/____/____
Polio	____/____/____	Mumps	____/____/____
Hep B	____/____/____	Rubella	____/____/____
Hib	____/____/____	Varicella	____/____/____
PCV	____/____/____	Polio 1	____/____/____
Influenza	____/____/____	Polio 2	____/____/____
HPV	____/____/____	Polio 3	____/____/____

**ASSESSMENT**  Well Child (Z00.129)  Diagnoses/Problems (list) \_\_\_\_\_ ICD-10 Code \_\_\_\_\_

**RECOMMENDATIONS**  Full physical activity  
 Restrictions (specify) \_\_\_\_\_  
 Follow-up Needed  No  Yes, for \_\_\_\_\_ Appt. date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Referral(s):  None  Early Intervention  IEP  Dental  Vision  
 Other \_\_\_\_\_

Health Care Practitioner Signature \_\_\_\_\_ Date Form Completed \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

Health Care Practitioner Name and Degree (print) \_\_\_\_\_ Practitioner License No. and State \_\_\_\_\_

Facility Name \_\_\_\_\_ National Provider Identifier (NPI) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**DOHMH ONLY** PRACTITIONER I.D. \_\_\_\_\_

TYPE OF EXAM:  NAE Current  NAE Prior Year(s)  
 Comments: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ I.D. NUMBER \_\_\_\_\_

REVIEWER: \_\_\_\_\_

FORM ID# \_\_\_\_\_