



# SUPPLY LIST FOR MIDDLE SCHOOL

## 6<sup>th</sup>, 7<sup>th</sup> & 8<sup>th</sup> GRADES

**EVERYTHING MUST BE LABELED WITH STUDENT'S NAME**

1. Two 2-inch binders with 3 section dividers or 6 Spiral Notebooks.  
Each section/notebook should contain at least 25 sheets of paper. Section dividers or Notebooks should be labeled as follows:  
Language Arts, Science, Math, Bible, Social Studies and Spanish
2. 4-5 pocket folders
3. One (1) Spiral notebooks with at least 200 pages of graph paper for math. (Perforated type)
4. One (1) boxes of pencils with twelve #2 pencils in each
5. One (1) marble notebook (for English)
6. One (1) packs of pens – black and blue ballpoint only
7. One (1) pack of colored pens
8. One (1) pack of thin markers
9. One ruler – centimeters, millimeters (metric) and inches
10. One box of tissues (for the class)
11. Pencil case
12. Backpack for books (*can be rolling*)
13. 7<sup>th</sup> & 8<sup>th</sup> grade - protractor and compass kit (durable)
14. Index cards 3x5 - white or colored (no spirals)
15. All books must be covered (**NO contact paper or scotch tape used on school textbooks**)
16. Calculator (regular)
17. Correction Tape/Pen (no liquid white out)
18. Planner
19. Sketchbook (for Art class)
20. **NIV Bible –home use only**

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

**TO BE PREPARED:** Each student should have the following supplies with him/her each day:  
*Large pencil case with 2 pens, 2 pencils, colored pencils, and an eraser and all appropriate notebooks, folders and textbooks*

\*\*\*\*\* 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.





# 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 1<sup>st</sup> or 2<sup>nd</sup> 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 web site [www.evangelchristianschool.org](http://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 2<sup>nd</sup> and 3<sup>rd</sup> grade list.

#### Summer Reading Requirements

##### **Entering 1<sup>st</sup> Grade:**

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

##### **Entering 2<sup>nd</sup> Grade:**

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

##### **Entering Third Grade through Eighth Grades:**

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



## 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.

## SIXTH GRADE

A Corner of the Universe by Ann M. Martin
* Al Capone Does My Shirts by Gennifer Choldenko
Artemis Fowl (and others of the Artemis Fowl series) by Eoin Colfer
Beast by Donna Jo Napoli
Ben and Me by Robert Lawson
Black Beauty by Anna Sewell
* Bone 1, Out from Boneville by Jeff Smith
Bridge to Terabithia by Katherine Paterson
Brightly of Grand Canyon by Marguerite Henry
Caddie Woodlawn by Carol Ryrie Brink
Call it Courage by Armstrong Sperry
Coraline by Craig P. Russell
Cricket in Times Square by George Seldon
* Crispin: The Cross of Lead by Avi
Crossing Jordan by Adrian Fogelin
Dacey's Song (and others of the Tillerman Cycle series) by Cynthia Voigt
Dragonwings (and others of the Golden Mountain Chronicles series) by Laurence Yep
E. Frankweiler by E. L. Korigsburg
Elie Wiesel: A Holocaust Survivor Cries Out for
* Freak the Mighty by W.R. Philbrick
From the Mixed-Up Files of Mrs. Basil
* Gathering Blue by Lois Lowry
Gentle Ben by Walter Morey
Harriet Tubman, Secret Agent: How Daring Slaves and Free Blacks Spied for the Union During
* the Civil War by Thomas B. Allen
Heidi by Johanna Spyri
Home of the Brave by Katherine Applegate
Homer Price by Robert McCloskey
* Inkheart by Cornelia Caroline Funke
Inky: Seeing Eye Dog by Elizabeth P. Heppner
Just Ella by Margaret Peterson Haddix
Let the Hurricane Roar by Ross Wilder
Little Woman by Louisa Alcott
Lost in Cyberspace by Richard Peck
Maniac Magee by Jerry Spinelli
My Brother Sam is Dead by James Lincoln Collier
My Side of the Mountain by Jean Craighead George
Numbering all the Bones by Ann Rinaldi
Old Yeller by Fred Gipson
Park's Quest by Katherine Patterson
Peter and the Starcatchers by Dave Barry
Phantom Tollbooth by Norton Juster
Prince Caspian by C. S. Lewis
Rebecca of Sunnybrook Farm by Kate Douglas Wiggin
* Roll of Thunder, Hear My Cry by Mildred D. Taylor
Seven Strange & Ghostly Tales by Brian Jacques
Stranger at Green Knowe by Lucy Boston
The Black Pearl by Scott O'Dell
The Borrowers by Mary Norton
The Bronze Bow by Elizabeth Speare
The Chronicles of Narnia by C.S Lewis

* The City of Ember by Jeanne DuPrau
* The Dark is Rising (and others of the Dark
The Door in the Wall by Margueite de Angeli
* The Egypt Game by Zilpha Keatley Snyder
The Face on the Milk Carton by Caroline B. Cooney
The Fledgling by Jane Langton
The Giver by Lois Lowry
* The Higher Power of Lucky by Susan Patron
The Incredible Journey by Sheila Burnford
The Magicians Nephew
The Postcard by Tony Abbott
The Secret Garden by Frances Hodgson Burnett
The Silver Chair
The Summer of the Swans by Betsy Byars
The Titan's Curse by Rick Riordan
The Twenty-One Balloons by William Pene DuBois
The Voyage of the Dawn Treader
* The Wednesday Wars by Gary Schmidt
The Wind of the Willows by Kenneth Grahame
The Yearling by Majorie Rawlings
* Travel Team by Mike Lupica
* Walk Two Moons by Sharon Creech
When Zachary Beaver Came to Town
Where the Red Fern Grows: The Story
* of Two Dogs and a Boy by Wilson Rawls
White Fang by Jack London
Within Reach: My Everest by Mark Pftetzer

\* **HIGHLY RECOMMENDED**

Name: \_\_\_\_\_

## Non-Fiction Book Report

Title: \_\_\_\_\_

Author: \_\_\_\_\_

What was the subject of the book? \_\_\_\_\_

Write a short description of the book: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why did you choose to read this book? \_\_\_\_\_

\_\_\_\_\_

Write five important facts you learned from reading the book:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

One book cannot tell everything there is to know about a subject. Write at least two questions about the subject that the book did not answer:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Brainwork! Choose and do one activity about your book:

- Make a book jacket, (front and back) illustrating the subject of your book.
  - a) The front of the jacket is to include an illustration on the topic
  - b) The back is to include a summary and recommendation.
- Make a poster. Your poster is to include an illustration of the topic or a diagram labeling the topic or subject.
- Make a bookmark illustrating the subject

Name: \_\_\_\_\_

## ***Book Review Project Reading Responses***

Title of book: \_\_\_\_\_

Author: \_\_\_\_\_ Genre: \_\_\_\_\_

- ***What to do:***

1. *Recall the main idea and events in the story.*
2. *Think about how the story ended.*
3. *Respond to the questions below:*

*What do you think was the author's purpose? Explain why you think so.*

❖ *Remember it can be one, two or all three that are listed below:*

- *To entertain*
- *To persuade*
- *To inform*

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*What were the major themes in the book? (Example: friendship, family, etc.) Explain why you think so.*

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*How did the story end?*

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*How would you change the ending? Write a new ending for the story in a paragraph of five sentences or more. (Remember to start with a topic sentence and add supporting details.)*

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- What is the value of 7 in 1.207?  
 A  $7 \times 0.1$                       C  $7 \times 0.001$   
 B  $7 \times 0.01$                       D  $7 \times 0.0001$
- Which symbol makes the statement true?

$0.025 \bigcirc 0.052$

- A =                      C >  
 B <                      D  $\approx$
- Which of the following shows 2.1851 rounded to the nearest tenth?  
 A 2.1                      C 2.19  
 B 2.185                      D 2.2
  - William bought 6 CDs for \$8.97 each. About how much did he spend?  
 A \$9                      C \$54  
 B \$48                      D \$60
  - There were 630 concert tickets sold. Each ticket cost \$21. How much money was raised from selling the tickets?  
 A \$1,890                      C \$12,600  
 B \$12,230                      D \$13,230

- What is the value of the expression below?

$2,686 \div 34$

- A 77                      C 88  
 B 79                      D 97
- Candace knows that  $4 \times 36 = 144$ . Given that, what is the value of  $4 \times 0.36$ ?

- A 0.0144                      C 1.44  
 B 0.144                      D 14.4

- What is the value of the expression below?

$12.96 \div 27$

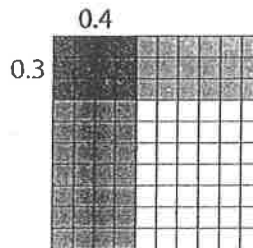
- A 0.48                      C 48  
 B 4.8                      D .480

- What is the value of the expression below?

$\frac{2}{3} + \frac{1}{6}$

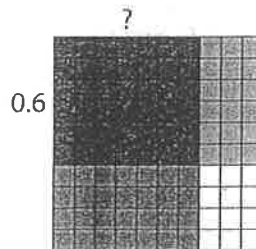
- A  $\frac{1}{2}$                       C  $\frac{3}{12}$   
 B  $\frac{3}{9}$                       D  $\frac{5}{6}$

- The grid below shows the product of 0.3 and 0.4. What is that product?



- A 0.012                      C 1.2  
 B 0.12                      D 12

- The grid below shows the quotient of  $0.42 \div 0.6$ . What is that quotient?



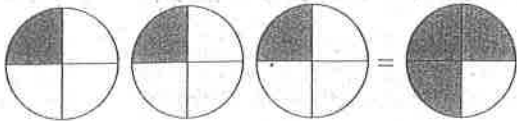
- A 0.06                      C 0.6  
 B 0.07                      D 0.7

- Pat needs boards that are  $\frac{1}{2}$  foot long.

Which equation shows how many  $\frac{1}{2}$ -foot pieces he can get from a 4-foot long board?

- A  $4 + \frac{1}{2} = 4\frac{1}{2}$                       C  $4 \div \frac{1}{2} = 8$   
 B  $4 \times \frac{1}{2} = 2$                       D  $\frac{1}{2} \div 4 = \frac{1}{8}$

13. Jake drew the diagram below. Which number sentence does the picture show?



- A  $\frac{1}{4} \times 3 = \frac{3}{4}$       C  $\frac{1}{3} \times 4 = \frac{3}{4}$   
 B  $\frac{1}{4} \div 3 = \frac{3}{4}$       D  $3 \div \frac{1}{4} = \frac{3}{4}$

14. What is the value of the expression below?

$$5 \times 10^6$$

- A 5,000,000      C 50,000,000  
 B 6,000,000      D 60,000,000
15. Joy put 6 photos on each page of her album. When she was done, she had 2 pictures left over. She put 38 pictures in the album. Which equation can be used to find how many pages Joy filled?
- A  $38 \div x = 6 + 2$       C  $38 = 6x + 2$   
 B  $38 = 2x + 6$       D  $38 = \frac{x}{6} + 2$

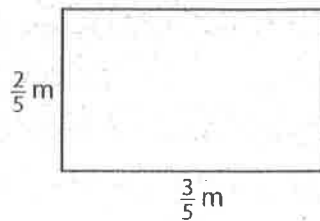
16. Which list shows the pattern you would get if you used the rule  $12n$ ?
- A 12, 14, 16, 18      C 12, 13, 14, 15  
 B 12, 24, 36, 48      D 12, 22, 42, 52

17. Find the value of the expression below.

$$[(10 + 26) \div 6] \div 3$$

- A 2      C 18  
 B 6      D 36
18. Al has a roll of 4 feet of ribbon. How many 8-inch pieces can he cut from the roll?
- A 2 pieces      C 6 pieces  
 B 5 pieces      D 8 pieces

19. Ayisha is painting a picture on the canvas shown below.



What is the area of the canvas?

- A  $\frac{2}{5} \text{ m}^2$       C  $\frac{6}{5} \text{ m}^2$   
 B  $\frac{3}{5} \text{ m}^2$       D  $\frac{6}{25} \text{ m}^2$

20. Vinh solved the equation below.

$$7 \div \frac{1}{6} = 42$$

Which of the following can Vinh use to check his work?

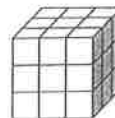
- A  $42 \times \frac{1}{3} = 14$       C  $42 \times \frac{6}{7} = 6$   
 B  $42 \times \frac{1}{6} = 7$       D  $42 \times \frac{6}{7} = 36$

21. Which list of terms describes the figure below in as many ways as possible?



- A square, parallelogram  
 B rectangle, quadrilateral  
 C trapezoid, parallelogram, quadrilateral  
 D parallelogram, quadrilateral

22. Jalyn built a large cube out of smaller cubes. Each small cube is 1 cubic unit. What is the volume of the large cube?



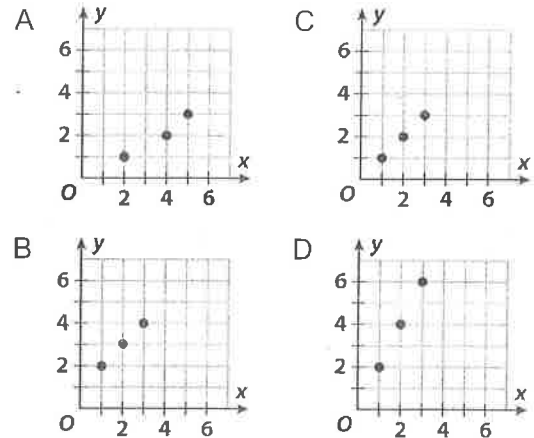
- A 9 cubic units      C 18 cubic units  
 B 12 cubic units      D 27 cubic units



23. Lu is graphing the ordered pair (3, 5). Starting at the origin, what does she need to do?
- A Move 3 units up and 5 units to the right, and draw a dot at that point.  
 B Move 3 units up and 3 units to the right, and draw a dot at that point.  
 C Move 3 units to the right and 5 units up, and draw a dot at that point.  
 D Move 5 units to the right and 3 units up, and draw a dot at that point.
24. Emily built a rectangular prism out of cubes. The first layer has 5 rows of 4 cubes each. There are 3 layers. What is the volume of the prism?
- A 12 cubic units      C 20 cubic units  
 B 15 cubic units      D 60 cubic units
25. Rosemary is wrapping gifts. Each gift is decorated with a bow that is made of 60 centimeters of ribbon. Rosemary has 3 meters of ribbon. How many gifts can she put bows on?
- A 5 gifts      C 50 gifts  
 B 6 gifts      D 60 gifts
26. Which of these is **not** a formula that can be used to find the volume of a cube?
- A  $l \times w \times h$   
 B  $2(\ell + w)$   
 C  $s \times s \times s$   
 D  $Bh$
27. Without calculating the answer, is  $\frac{1}{3} \times \frac{7}{15}$  greater than or less than  $\frac{1}{3}$ ?
- A the same  
 B less than  
 C greater than  
 D impossible to tell

28. The table below shows the number of books read by Beth. Which graph shows this relationship?

Number of Weeks	1	2	3
Number of Books	2	4	6



29. Use the two patterns below.

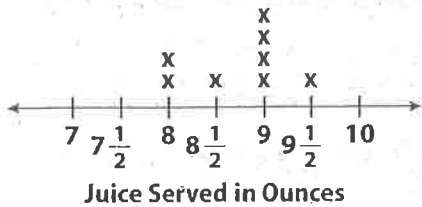
Add 4: 0, 4, 8, ...

Add 2: 0, 2, 4, ...

What are the first four ordered pairs formed from corresponding terms of the two patterns?

- A (0, 1), (2, 2), (4, 3), (6, 4)  
 B (1, 4), (2, 8), (3, 12), (4, 16)  
 C (0, 2), (4, 4), (8, 6), (10, 8)  
 D (0, 0), (4, 2), (8, 4), (12, 6)
30. Without calculating the answer, will  $6\frac{1}{4} \times \frac{3}{4}$  be greater than or less than  $6\frac{1}{4}$ ?
- A the same  
 B less than  
 C greater than  
 D impossible to tell

31. The line plot below shows the number of ounces of juice Daniel poured into glasses.



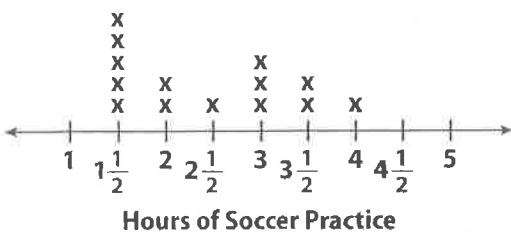
Which shows the number of ounces Daniel would have poured if he had poured the same amount into each glass?

- A 8 ounces                      C 9 ounces  
 B  $8\frac{3}{4}$  ounces                  D  $9\frac{1}{2}$  ounces
32. Use the fraction model below.



Pia sewed 7 skirts. Each skirt used  $\frac{2}{5}$  yard of fabric. How much fabric did Pia use altogether?

- A  $1\frac{1}{5}$  yards                      C  $2\frac{4}{5}$  yards  
 B  $2\frac{1}{5}$  yards                      D  $7\frac{1}{5}$  yards
33. The line plot below shows the hours of soccer practice that Bianca had.

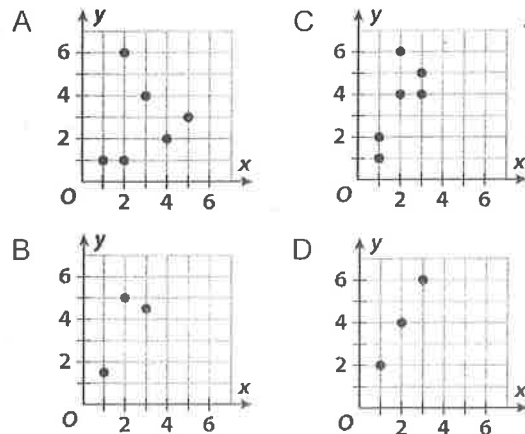


How many hours of soccer practice did Bianca have altogether?

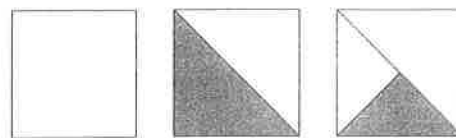
- A 16.5 hours                      C 34 hours  
 B 28 hours                        D 49.5 hours

34. The table below shows data for 6 softball players. It shows the number of hours each player practiced last week. It also shows the number of hits each player got in yesterday's game. Which graph shows this relationship?

Practice Hours	1	2	3	1	2	3
Number of Hits	2	4	5	1	6	4



35. Phil ate  $\frac{2}{5}$  of a pizza. Caroline ate  $\frac{1}{4}$  of a pizza. How much did they eat in all?
- A  $\frac{1}{3}$  pizza                      C  $\frac{13}{20}$  pizza  
 B  $\frac{2}{9}$  pizza                      D  $1\frac{1}{3}$  pizza
36. Look at the pattern below. How should the third shape be labeled?



1                       $1 \div 2$ , or  $\frac{1}{2}$                       ?

- A  $\frac{1}{2} \div \frac{1}{2}$ , or  $\frac{1}{4}$                       C  $\frac{1}{2} \div \frac{1}{2}$ , or 4  
 B  $\frac{1}{2} \div 2$ , or  $\frac{1}{4}$                       D  $\frac{1}{2} \div 2$ , or 4



# Evangel Christian School

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

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## *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 may 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](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**
- ❖ 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

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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)

# E-Textbooks

All M.S. & H.S. Textbooks are Digital

We are recommending as the most reasonably priced and capable option the...

Samsung Galaxy Tab E Lite for \$99.00

*You may purchase other tablets or laptops (no cell phones) they must meet the following specification:*

- Windows 7/8/10 (Any laptop or Netbook available on the market)
- Windows Tablets must run Full windows, E-books will not run on windows RT
- Macbooks
- iPad
- Most Android Tablets (must have Google Play Store)

Tablets / Laptops must be able to access the internet.

Android Tablets / Laptops must be able to support Google Play Store.

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*Please note: Students will not be able to use their cell phones to access e-books*

# 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		First Name		Email		
		Foster Parent						

## TO BE COMPLETED BY THE HEALTH CARE PRACTITIONER

<b>Birth history (age 0-6 yrs)</b> <input type="checkbox"/> Uncomplicated <input type="checkbox"/> Premature: _____ weeks gestation <input type="checkbox"/> Complicated by _____ <b>Allergies</b> <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) _____ <b>Attach MAF if in-school medications needed</b>		<b>Does the child/adolescent have a past or present medical history of the following?</b> <input type="checkbox"/> Asthma (check severity and attach MAF): <input type="checkbox"/> Intermittent <input type="checkbox"/> Mild Persistent <input type="checkbox"/> Moderate Persistent <input type="checkbox"/> Severe Persistent If persistent, check all current medication(s): <input type="checkbox"/> Quick Relief Medication <input type="checkbox"/> Inhaled Corticosteroid <input type="checkbox"/> Oral Steroid <input type="checkbox"/> Other Controller <input type="checkbox"/> None <b>Asthma Control Status</b> <input type="checkbox"/> Well-controlled <input type="checkbox"/> Poorly Controlled or Not Controlled <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Behavioral/mental health disorder <input type="checkbox"/> Speech, hearing, or visual impairment <input type="checkbox"/> Congenital or acquired heart disorder <input type="checkbox"/> Tuberculosis (latent infection or disease) <input type="checkbox"/> Developmental/learning problem <input type="checkbox"/> Hospitalization <input type="checkbox"/> Diabetes (attach MAF) <input type="checkbox"/> Surgery <input type="checkbox"/> Orthopedic injury/disability <input type="checkbox"/> Other (specify) _____ <b>Explain all checked items above.</b> <input type="checkbox"/> Addendum attached.		<b>Medications (attach MAF if in-school medication needed)</b> <input type="checkbox"/> None <input type="checkbox"/> Yes (list below) _____	
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<b>PHYSICAL EXAM</b> 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) _____ / _____		<b>General Appearance:</b> <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	
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<b>DEVELOPMENTAL (age 0-6 yrs)</b> 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: _____		<b>Nutrition</b> < 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) _____		<b>Hearing</b> 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	
Describe Suspected Delay or Concern: _____		<b>SCREENING TESTS</b> Date Done ____/____/____ Results <b>Blood Lead Level (BLL)</b> _____ µg/dL (required at age 1 yr and 2 yrs and for those at risk) _____ µg/dL <b>Lead Risk Assessment</b> (annually, age 6 mo-6 yrs) _____ <input type="checkbox"/> At risk (do BLL) _____ <input type="checkbox"/> Not at risk		<b>Vision</b> Date Done ____/____/____ Results <3 years: Vision appears: _____ <input type="checkbox"/> NI <input type="checkbox"/> Abnl <b>Acuity (required for new entrants and children age 3-7 years)</b> 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	
Child Receives EI/CPSE/CSE services <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Hemoglobin or Hematocrit</b> _____ g/dL _____ %		<b>Dental</b> 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:	
<b>IMMUNIZATIONS - DATES</b>				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	

<b>ASSESSMENT</b> <input type="checkbox"/> Well Child (Z00.129) <input type="checkbox"/> Diagnoses/Problems (list) _____ ICD-10 Code _____		<b>RECOMMENDATIONS</b> <input type="checkbox"/> Full physical activity <input type="checkbox"/> Restrictions (specify) _____ <b>Follow-up Needed</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, for _____ Appt. date: ____/____/____ <b>Referral(s):</b> <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 _____	
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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		Date Reviewed: I.D. NUMBER	
Telephone		Fax		REVIEWER:	
		Email		FORM ID#	