



SUPPLY LIST FOR MIDDLE SCHOOL

6th, 7th & 8th 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. 7th & 8th 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 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 web site 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 books forms

Entering 2nd Grade:

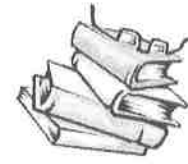
Required to read one chapter book or two easier books (one fiction, one non-fiction)

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.

Seventh and Eighth Summer Reading List

20,000 Leagues Under the Sea by Jules Verne
A Corner of the Universe by Anne M. Martin
A Day No Pigs Would Die by Robert Newton Peck
A Lantern in Her Hand by Bess Streeter Aldrich
A Tale of Two Cities by Charles Dickens
Across Five Aprils by Irene Hunt
Adventures of Sherlock Holmes by Arthur Conan Doyle
Among the Betrayed by Margaret Peterson Haddix
Among the Hidden by Margaret Peterson Haddix
Anne Frank Remembered by Miep Gies
Anne of Green Gables by Lucy Maud Montgomery
Artemis Fowl (and others of the
* Artemis Fowl Series) by Eoin Colfer
Back to the North Wind by George Macdonald
Big Red by Jim Kjeigaarad
Captain Courageous by Rudyard Kipling
Cheaper by the Dozen by Frank B. and
Ernestein Gilbreth
* Circle of Gold by Candy Dawson Boyd
David Copperfield by Charles Dickens
Diary of a Young Girl by Anne Frank
Doctor Dolittle by Hugh Lofting
Fever, 1793 by Laurie Halse Anderson
Hans Brinker by Mary Mapes Dodge
* Hatchet by Gary Paulsen
Jacob I Have Loved by Katherine Paterson
Jane Erye by Charlotte Bronte
Journey to the Center of the Earth by Jules Verne
Julie of the Wolves by Jean Craighead
Just Ella by Margaret Peterson Haddix
Kidnapped by Robeert Louis Stevenson
Kon-Tiki by Thor Heyerdahl
Little Men by Louisa May Alcott
* Little Women by Louisa May Alcott
Lost in Cyberspace by Richard Peck
Men of Iron by Howard Pyle
Mr. Revere and I by Robert Lawson
Mutiny on the Bound by C.Nordhoff and J.N.Hall
My Brother Sam is Dead by James Lincoln Collier
My Friend Flicka by Mary O'Hara
National Velvet by Enid Bagnold
North to Freedom by Ann Holm
Numbering All The Bones by Ann Rinaldi
Oliver Twist by Charles Dickens

Redwall (and Redwall Series) by Brian Jacques
Rip Van Winkle by Washington Irving
Robinson Crusoe by Daniel Defoe
Sarah Bishop by Scott O'Dell
Souder by William Howard Armstrong
The Adventures of Huckleberry Finn by Mark Twain
The Black Pearl by Scott O'Dell
The Call of The Wind by Jack London
The Count of Monte Cristo by Alexander Dumas
The Face on the Milk Carton ny Caroline B. Cooney
* The Giver by Lois Lowry
The Golden Compass (and His
Dark Materials Series) by Philip Pullman
The Hobbit by J.R. Tolkein
The Last of the Mohicans by James Fenimore Cooper
The Old Man and the Sea by Ernst Hemingway
The Prince and the Pauper by Mark Twain
The Red Badge of Courage by Steven Crane
The Red Pony by John Steinbeck
The Story of My Life by Helen Keller
The Swiss Family Robinson by Johann David Wyss
The Three Musketeers by Alexandre Dumas
The Yearling by Marjorie Kinnan Rawlings
To Kill a Mockingbird by Harper Lee
Treasure Island by Robert Louis Stevenson
Up From Slavery by Booker T. Washington
Up the Road Slowly ny Irene Hunt
Watership Down by Richard Adams
When Zachary Beaver Came to Town by
Kimberly Willis Holt
White Fang by Jack London

*** 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:

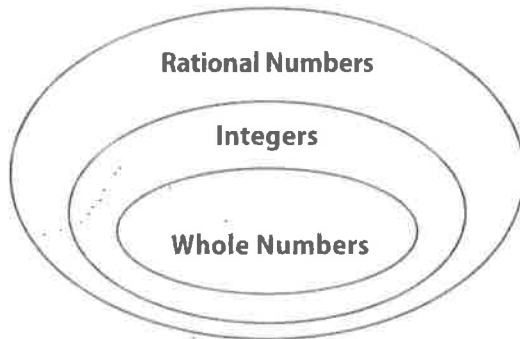
- To entertain
- To persuade
- To inform

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

How did the story end?

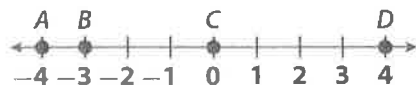
How would you change the ending? Write a new ending for the story in a paragraph of five sentences or more. (Remember to start with a topic sentence and add supporting details.)

1. To which set or sets below does the number $-\frac{7}{8}$ belong?



- A whole numbers only
- B rational numbers only
- C integers and rational numbers only
- D whole numbers, integers, and rational numbers

2. Which of the following points is graphed at the opposite of -4 on the number line below?



- A A C C
- B B D D

3. Jamal plotted points on a number line at the four values below.

$$0.27, -\frac{1}{4}, 1.1, \frac{5}{3}$$

Which of these values is farthest from zero?

- A 0.27 C 1.1
- B $-\frac{1}{4}$ D $\frac{5}{3}$

4. Harriet recorded outdoor temperatures as -7°C , -2°C , and 1°C . Which of the following correctly compares the three temperatures?

- A $-7 < 1 < -2$ C $-2 < 1 < -7$
- B $1 < -2 < -7$ D $-7 < -2 < 1$

5. Which of the following is equivalent to the expression below?

$$\frac{2}{9} \times \frac{3}{4}$$

- A $\frac{2}{9} \div \frac{3}{4}$ C $\frac{2}{9} \div \frac{4}{3}$
- B $\frac{3}{4} \div \frac{2}{9}$ D $\frac{9}{2} \div \frac{4}{3}$

6. What is the greatest common factor of 12 and 48?

- A 12 C 36
- B 24 D 48

7. What is the least common multiple of 5 and 12?

- A 24 C 36
- B 30 D 60

8. Abby is making frozen popsicles using $5\frac{3}{4}$ cups of fruit juice and $1\frac{3}{4}$ cups of

water. Abby mixes the fruit juice and water together. She will then pour the mixture into popsicle molds. Each mold will hold $\frac{1}{2}$ cup. How many popsicles can

Abby make?

- A 7 C 20
- B 15 D 24

9. Zoe is making a quilt using 15 red squares and 30 green squares. Which combination shows the same ratio of red squares to green squares?

- A 3 red squares to 6 green squares
- B 6 red squares to 3 green squares
- C 5 red squares to 12 green squares
- D 12 red squares to 5 green squares

10. Last year, a local amusement park received 286,758 visitors. It was open every day of the year except 7 holidays. What was the average number of visitors to the park per day?

- A 786 visitors C 957 visitors
 B 801 visitors D 1,204 visitors

11. Dennis ran a mile in 593.7 seconds. Martina ran a mile in 573.36 seconds. What was the difference in their running times?

- A 5.14 s C 20.34 s
 B 6.01 s D 26.01 s

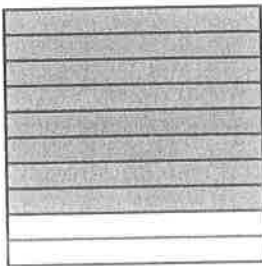
12. In Ellen's math class, there are 2 boys for every 3 girls. Which of the following could be the ratio of boys to girls in the class?

- A $\frac{17}{21}$ C $\frac{7}{14}$
 B $\frac{14}{21}$ D $\frac{11}{17}$

13. Seth bought a 12-ounce jar of peanut butter for \$3.60. What is the unit price?

- A \$0.03/oz C \$3.00/oz
 B \$0.30/oz D \$3.03/oz

14. What percent of the rectangle below is shaded?

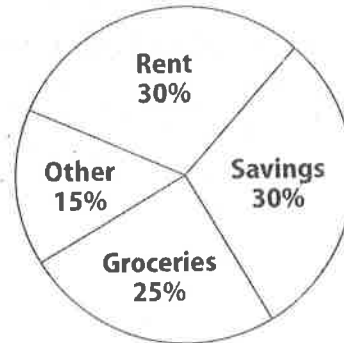


- A 20% C 40%
 B 30% D 80%

15. Yvette measured the length of her driveway to be 5 meters long. Which of these is an equivalent measurement?

- A 0.07 mi C 16.4 ft
 B 15.5 yd D 585 in.

16. Jason's budget is shown in the circle graph below. His total monthly budget is \$3,000. How much does Jason spend on groceries?



- A \$25 C \$450
 B \$150 D \$750

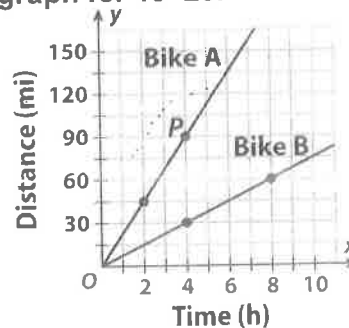
17. Mary bought 10 quarts of juice at the grocery. How many gallons of juice did she buy?

- A 1.4 gal C 3.5 gal
 B 2.5 gal D 4.5 gal

18. On a certain map, 3 inches represents 15 miles. Briarwood and Middletown are 5 inches apart on the map. What is the actual distance between Briarwood and Middletown?

- A 25 mi C 50 mi
 B 30 mi D 75 mi

Use the graph for 19–20.



19. What are the coordinates of point P?

- A (4, 3) C (4, 90)
 B (4, 30) D (40, 90)

20. What is the independent variable?
 A Bike A C time
 B Bike B D distance

Use the table for 21–22.


Machine Rental Charges

Hours, x	3	5	7
Charge, y (\$)	51	85	119

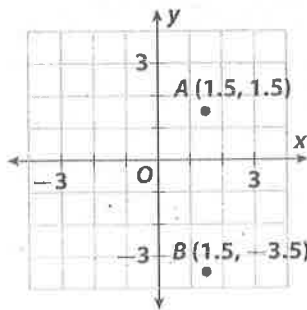
21. Which equation expresses y in terms of x ?
 A $y = 17x$ C $x = 51y$
 B $y = 25x$ D $x = 85y$
22. What is the charge for renting a machine for 3.5 hours?
 A \$51.50 C \$65.50
 B \$59.50 D \$86.50
23. What are all the factors of 15?
 A 1, 3, 5
 B 1, 3, 5, 10
 C 1, 2, 3, 5, 10
 D 1, 3, 5, 15
24. What is the value of the expression below?
 $675 - (15 - 12)^3 \div 3$
 A 216 C 666
 B 224 D 678
25. On a farm, there are c cows and 15 sheep. There are 4 more sheep than cows. Which equation represents the situation?
 A $c = 15 + 4$
 B $c = 15 - 4$
 C $c = 4 - 15$
 D $c = 4 \times 15$
26. Write an algebraic expression for the phrase below.
 8 more than three times a number n
 A $3 + 8n$ C $3n - 8$
 B $8n - 3$ D $3n + 8$

27. Which of the following expressions is equivalent to the expression below?

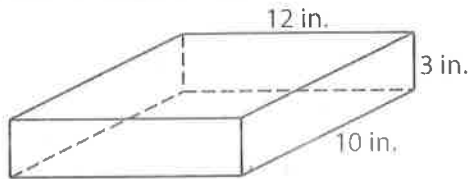
$$4(2x + 11 - x)$$

- A $8x + 11$ C $2x - 11$
 B $x + 22$ D $4x + 44$
28. A triangle has an area of 369.25 square inches. The height of the triangle is 42.2 inches. What is the length of the base of the triangle?
 A 17.5 in. C 42.7 in.
 B 35 in. D 56 in.
29. A parallelogram has a base of 9 centimeters and a height of 21 centimeters. What is the area of the parallelogram?
 A 30 cm^2 C 189 cm^2
 B 94.5 cm^2 D 567 cm^2
30. A rectangular prism has a volume of 285.6 cubic feet. The prism is 12 feet long and 3.4 feet wide. What is the height of the prism?
 A 7 ft C 19 ft
 B 15 ft D 22 ft
31. Which inequality is shown on the number line below?

 A $p < -3$ C $p > -3$
 B $p \leq -3$ D $p \geq -3$
32. Mariah bought a shirt for \$28.50 and a belt. The total cost was \$45.50. Which of the following equations can be used to find the cost of the belt?
 A $28.50 + b = 45.50$
 B $45.50 + b = 28.50$
 C $b = 28.50 - 45.50$
 D $b = 28.50 \times 45.50$

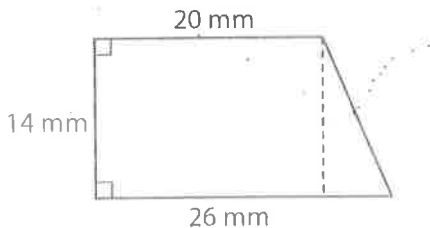
33. What is the distance between points A and B on the grid?



- A 3 units C 5 units
 B 4.5 units D 5.5 units
34. Charlene is wrapping the box below. How much wrapping paper will she need?

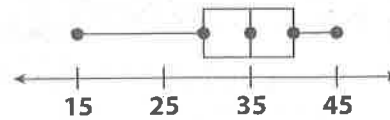


- A 186 in^2 C 480 in^2
 B 372 in^2 D 558 in^2
35. A shipping container in the shape of a rectangular prism is 60 feet long, $45\frac{1}{2}$ feet wide, and 14 feet tall. What is the volume of the shipping container?
- A $2,400 \text{ ft}^3$ C $38,220 \text{ ft}^3$
 B $2,730 \text{ ft}^3$ D $76,440 \text{ ft}^3$
36. What is the area of the polygon shown below?

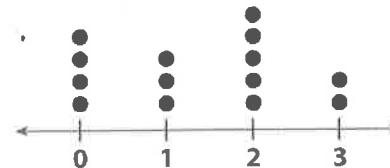


- A 322 mm^2 C 520 mm^2
 B 364 mm^2 D 584 mm^2

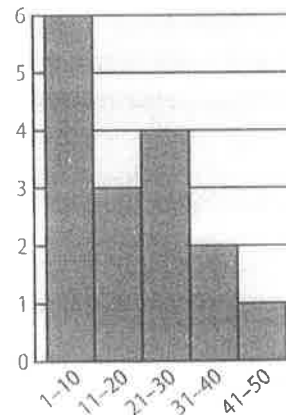
37. What is the median of the data represented in the box plot below?



- A 15 C 35
 B 25 D 45
38. What is the mode of the data represented in the dot plot below?



- A 0 C 2
 B 1 D 3
39. Lisa read 46 pages on Sunday, 15 pages on Monday, and 19 pages on Tuesday. Which of the following is closest to the mean number of pages she read over the three-day period?
- A 19 pages C 27 pages
 B 21 pages D 35 pages
40. The histogram below shows the number of hours per year students in Mr. Hopper's class do volunteer work. How many students do volunteer work between 21 and 30 hours per year?



- A 2 students C 4 students
 B 3 students D 6 students



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 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. 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

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.

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

Birth history (age 0-6 yrs) <input type="checkbox"/> Uncomplicated <input type="checkbox"/> Premature: _____ weeks gestation <input type="checkbox"/> Complicated by _____		Does the child/adolescent have a past or present medical history of the following? <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 Asthma Control Status <input type="checkbox"/> Well-controlled <input type="checkbox"/> Poorly Controlled or Not Controlled						
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) _____		<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"/> 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.		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: ____/____/____		General Appearance: <input type="checkbox"/> Physical Exam WNL <table border="0"> <tr> <td><i>Ni Abnl</i></td> <td><i>Ni Abnl</i></td> <td><i>Ni Abnl</i></td> <td><i>Ni Abnl</i></td> <td><i>Ni Abnl</i></td> <td><i>Ni Abnl</i></td> <td><i>Ni Abnl</i></td> </tr> <tr> <td><input type="checkbox"/> Psychosocial Development</td> <td><input type="checkbox"/> HEENT</td> <td><input type="checkbox"/> Lymph nodes</td> <td><input type="checkbox"/> Abdomen</td> <td><input type="checkbox"/> Skin</td> <td><input type="checkbox"/> Neurological</td> <td><input type="checkbox"/> Back/spine</td> </tr> <tr> <td><input type="checkbox"/> Language</td> <td><input type="checkbox"/> Dental</td> <td><input type="checkbox"/> Lungs</td> <td><input type="checkbox"/> Genitourinary</td> <td><input type="checkbox"/> Back/spine</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Behavioral</td> <td><input type="checkbox"/> Neck</td> <td><input type="checkbox"/> Cardiovascular</td> <td><input type="checkbox"/> Extremities</td> <td></td> <td></td> <td></td> </tr> </table>						<i>Ni Abnl</i>	<i>Ni Abnl</i>	<i>Ni Abnl</i>	<i>Ni Abnl</i>	<i>Ni Abnl</i>	<i>Ni Abnl</i>	<i>Ni Abnl</i>	<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"/> Neurological	<input type="checkbox"/> Back/spine	<input type="checkbox"/> Language	<input type="checkbox"/> Dental	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Back/spine			<input type="checkbox"/> Behavioral	<input type="checkbox"/> Neck	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Extremities			
<i>Ni Abnl</i>	<i>Ni Abnl</i>	<i>Ni Abnl</i>	<i>Ni Abnl</i>	<i>Ni Abnl</i>	<i>Ni Abnl</i>	<i>Ni Abnl</i>																													
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Height _____ cm (____ %ile) Weight _____ kg (____ %ile) BMI _____ kg/m ² (____ %ile) Head Circumference (age <2 yrs) _____ cm (____ %ile)		Describe abnormalities:																																	
Blood Pressure (age ≥3 yrs) _____ / _____																																			

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: _____		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	
Describe Suspected Delay or Concern:		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		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 <input type="checkbox"/> Yes <input type="checkbox"/> No 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		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				<table border="1"> <tr> <th>IgG Titers</th> <th>Date</th> </tr> <tr> <td>Hepatitis B</td> <td>____/____/____</td> </tr> <tr> <td>Measles</td> <td>____/____/____</td> </tr> <tr> <td>Mumps</td> <td>____/____/____</td> </tr> <tr> <td>Rubella</td> <td>____/____/____</td> </tr> <tr> <td>Varicella</td> <td>____/____/____</td> </tr> <tr> <td>Polio 1</td> <td>____/____/____</td> </tr> <tr> <td>Polio 2</td> <td>____/____/____</td> </tr> <tr> <td>Polio 3</td> <td>____/____/____</td> </tr> </table>		IgG Titers	Date	Hepatitis B	____/____/____	Measles	____/____/____	Mumps	____/____/____	Rubella	____/____/____	Varicella	____/____/____	Polio 1	____/____/____	Polio 2	____/____/____	Polio 3	____/____/____
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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 (Z00.129) <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 _____
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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#