

Dear Parent/Guardian,

Enclosed are the documents that are necessary to complete in order to refer your child to the Committee on Preschool Special Education. Your preschool child must be registered with the Wappingers Central School District before your request for an evaluation can be processed.

Enclosed please find a registration packet, including:

- Registration forms and a letter detailing the documents you will need to provide at the time of your registration appointment.
- Consent forms for you to complete and sign, along with the list of approved preschool evaluation agencies that contract with Dutchess County.
- Prior Written Notice reviewing the evaluation request, and Part B Procedural Safeguard Notice, both of which are for your files.

Once you have gathered your appropriate documents, **please call central registration at 845-298-5000 x40132 to schedule an appointment.** Your request for referral to the CPSE will be processed once your registration is complete.

**Forms to bring with you to the registration appointment:**

- Complete registration packet, including all necessary registration forms
  - Proof of residency, your child's original birth certificate, recent physical examination record, immunizations, and guardianship or custody papers (if applicable)
- Sign and complete "Request for consent to Evaluate" form
  - Be sure to indicate your choice for evaluating agency on this form
- Complete "Referral to Committee on Preschool Special Education" form
- Any additional medical and/or preschool documents that may be helpful in identifying your child's abilities and areas of concern

**Forms to keep for your records:**

- Prior Written Notice reviewing the evaluation request
- Part B Procedural Safeguard Notice (See link in Prior Written Notice Letter)

Please contact the preschool special education office with any questions.

Regards,

*Committee on Preschool Special Education Chairperson*

(845) 298-5000 x14027



### Committee on Preschool Special Education

25 Corporate Park Drive • P.O. Box 396 • Hopewell Junction, NY 12533 • (845) 298-5000 x14027 • Fax (845) 463-7326

#### Prior Written Notice Proposed Referral and Request for Consent for Evaluation

Dear Parent/Guardian:

The purpose of this notice is to inform you, in writing, of the school district's recommendation(s) regarding the identification, evaluation, educational placement and/or provision of special education services to your child.

SUBJECT OF THIS NOTICE:

Your child has been referred to the Committee on Preschool Special Education.

DESCRIPTION OF ACTION PROPOSED OR REFUSED:

The Committee on Preschool Special Education is requesting consent to conduct an evaluation to determine initial eligibility for preschool special education services.

EXPLANATION OF WHY THE ACTION IS PROPOSED OR REFUSED:

This referral was initiated in response to concerns about your child's progress.

DESCRIPTION OF EACH EVALUATION PROCEDURE, ASSESSMENT, RECORD, OR REPORT USED IN THE DECISION TO PROPOSE OR REFUSE THE ACTION:

A social history, observation and psychological evaluation. If needed, a speech and language evaluation, an educational assessment, and/or motor abilities assessment. If applicable, review of current provider reports and/or medical records.

DESCRIPTION OF THE PROPOSED INITIAL OR REEVALUATION AND THE USES TO BE MADE OF THE INFORMATION:

**Psychological Evaluation**

Assesses such areas as development, organization, memory, learning and other personality characteristics.

**Social History**

A report of information about the child, the child's family and environment that may be influencing performance in age appropriate activities.

**\*If needed, evaluations can include:**

**Speech/Language Evaluation**

**Educational Evaluation**

**Occupational Therapy Evaluation**

**Physical Therapy Evaluation**

DESCRIPTION OF ANY OTHER OPTIONS CONSIDERED AND THE REASONS WHY THOSE OPTIONS WERE REJECTED:

There were no other options considered at this time.

DESCRIPTION OF OTHER FACTORS THAT ARE RELEVANT TO THE PROPOSED OR REFUSED ACTION:

There were no other factors relevant at this time.

YOU HAVE PROTECTION UNDER THE PROCEDURAL SAFEGUARDS OF THE REGULATIONS OF THE COMMISSIONER OF EDUCATION. (CLICK BELOW)

[Procedural Safeguards Notice](#)

SOURCES YOU MAY CONTACT TO OBTAIN ASSISTANCE IN UNDERSTANDING THE SPECIAL EDUCATION PROCESS:

For more information on Special Education rules and processes please contact your Area Special Education Office. They can answer any questions you have. You can also contact the following agencies.

The Hudson Valley Region NYSED Special Education Parent Center Contact information is:  
The Westchester Institute for Human Development, Cedarwood Hall, Room 326, Valhalla, NY 10595.  
Phone 914-493-7665, Fax 914-493-7899. Website: [www.hvsepc.org](http://www.hvsepc.org)  
The center provides information, resources and strategies to assist parents of children with disabilities.

The District Special Education Office is located at: 25 Corporate Park Drive, Hopewell Junction, NY 12533.  
Phone 845-298-5000 ext. 40103

A Parent Guide to Special Education is available on NYSED web site:  
<http://www.p12.nysed.gov/specialed/publications/policy/parentsguide.pdf>

ADDITIONAL INFORMATION RELATED TO THE SUBJECT OF THE NOTICE:

Your written consent to the proposed initial evaluation is requested and a consent form is enclosed. You have the right to consent or to withhold consent to the initial evaluation of your child. If you consent, please sign and return the enclosed form as soon as possible so that we can address your child's learning needs in a timely manner.

You must select an approved evaluation site to conduct an initial evaluation of your child. Enclosed is a list of approved evaluation sites and the procedures you must follow to select a program that is available to conduct the evaluation of your child within the time period required by State regulations.

You may also submit evaluation information which will be considered by the Committee as part of the initial evaluation.

When the evaluation is completed, you will have the opportunity to discuss the test results and meet with the Committee on Preschool Special Education. You will receive a written notice of the date, time and location of the Committee meeting, and we encourage your attendance.

You have the right to address the Committee, either in person or in writing, on the appropriateness of the Committee's recommendations. If you have any questions or would like to request a meeting to further discuss information contained in this notice, please contact Lauren Broadbelt or Dr. Leah Raftis at 845-298-5260 ext. 14027.

Sincerely,

*Committee for Preschool Special Education Chairperson*

Encl.: 1. Consent for Initial Evaluation  
2. List of Approved Evaluators



**REFERRAL TO COMMITTEE ON PRESCHOOL SPECIAL EDUCATION (CPSE)**

**CHILD'S NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**Dear CPSE Chairperson,**

**I am writing to refer my child to the Committee on Preschool Special Education. I am requesting that you conduct an initial evaluation to determine whether my child has a disability that is affecting his/her ability to participate appropriately in activities. I am concerned about my child's development in the following areas:**

- \_\_\_\_\_ **Cognitive/Learning**
- \_\_\_\_\_ **Speech and Language**
- \_\_\_\_\_ **Fine Motor**
- \_\_\_\_\_ **Gross Motor**
- \_\_\_\_\_ **Attention**
- \_\_\_\_\_ **Social Emotional Development/ Play**
- \_\_\_\_\_ **Adaptive/Self Help**
- \_\_\_\_\_ **Other** \_\_\_\_\_

**List pertinent medical diagnoses, as well as previous programs and/or services (Early Intervention, private services, etc.):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sincerely,**

\_\_\_\_\_  
**(Parent/ Guardian Signature)**

**Please Print:**

**Name of Parent/Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_



## REQUEST FOR CONSENT TO EVALUATE

CHILD'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

Please check your choice below and fill in the information requested.

I consent for my child to be evaluated by the Committee on Preschool Special Education (CPSE).  
The evaluations will include: Social History, Psychological Evaluation, Observation and any supplemental evaluations deemed necessary based on concerns and needs.

Evaluating Agency Choice: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

*OR*

I DO NOT CONSENT for my child to be evaluated.

*OR*

I request a conference to discuss the proposed evaluation of my child. I understand that no evaluation will take place until this conference is held. Please contact me to schedule a date for a conference.

Signature of Parent: \_\_\_\_\_

**Office Use Only**

Initials: \_\_\_\_\_

Date: \_\_\_\_\_



**AUTHORIZATION TO REQUEST AND/OR RELEASE CONFIDENTIAL INFORMATION**

Student's Name: \_\_\_\_\_ Sex (M) \_\_\_ (F) \_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

I, the undersigned parent/guardian or eligible student, hereby give my written consent to the Wappingers Central School District

<i>CHECK</i>	<i>SERVICES</i>	<i>PROVIDER</i>
( )	Counseling	Certified School Counselor
( )	Psychological	Certified School Psychologist
( )	Social Worker	Certified School Social Worker

to request, receive and/or release medical, psychological, psychiatric, academic, and any other records deemed necessary concerning my child:

To the following Person and/or Agency:

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

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

For the purpose of (e.g., providing a recommendation, providing information about, etc.):

\_\_\_\_\_

My consent is subject to revocation at any time and, unless an earlier date is specified, my consent expires after one (1) year from the date of my signature.

DATE OF REVOCATION, IF OTHER THAN ONE (1) YEAR: \_\_\_\_\_

- If there are any additional parties (e.g., agency, hospital, or professional personnel that have serviced the client) to whom the receiving person or agency may disclose the information contained in the student records, please list the names, addresses and nature of each party's interest below.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

***THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY FEDERAL LAW. FEDERAL REGULATIONS PROHIBIT YOU FROM MAKING ANY FURTHER DISCLOSURE OF IT WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS.***

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

**Dutchess County Preschool Special Education  
2022-2023 SY List of NYS SED Approved Preschool Providers**

**- Dutchess County Evaluation Agencies -**

<b>Provider Name</b>	<b>Contact Name</b>	<b>Phone #</b>	<b>Mailing Address</b>
<b>Abilities First Preschool</b>	Jessica Greher	(845) 298-2090	167 Myers Corners Road, Suite 104 Wappingers Falls, NY 12590
<b>Achieve Beyond Child &amp; Parent Services (Bilinguals Inc.)</b>	Tara Ramondelli	(914) 328-2868 *English & Multi lang. available	1311 Mamaroneck Avenue, Suite 150, White Plains, NY 10605
<b>Astor Services For Children &amp; Families</b>	Lauren Sweeney	(845) 452-4167 *Spanish Available	50 Delafield St., Poughkeepsie, NY 12601
<b>HTA Of New York</b>	Leslie Lupetin	(845) 528-2011 *Spanish available	11 Peekskill Hollow Road, Putnam Valley, NY 10579
<b>Mid Hudson Valley Early Education Center</b>	Deb Donovan Marisa Wolpert	(845) 431-8815 *Spanish available (845) 431-8292	115 Delafield Street, Poughkeepsie, NY 12603
<b>Milestones for Munchkins (with Kinderwise)</b>	Katharine Bolender	(914) 774-3608	534 Route 6, Mahopac, NY 10541
<b>Kathleen C. Phillips (Carriage House)</b>	Kathleen Phillips	(845) 462-6701	50 Springside Ave, Poughkeepsie, NY 12603

**- Neighboring Counties Evaluation Agencies -**

<b>Provider Name</b>	<b>Contact Name</b>	<b>Phone #</b>	<b>Mailing Address</b>
<b>Center for Spectrum Services</b>	Leah Siuta	(845) 336-2616	70 Kukuk Lane, Kingston, NY 12401
<b>Learning Together, Inc. (formerly EEC)</b>	Kathy Masloski	(845) 883-5151	40 Park Lane, Highland, NY 12528
<b>Liberty POST Hudson Valley</b>	April Angiolillo	(845) 458-8661	301 Main Street, Suite B, Goshen, NY 10924
<b>The Arc of Greater Hudson Valley Educational Learning Experience</b>	Beth Laub	(845) 344-2292 x-4149	1145 Little Britain Road, New Windsor, NY 12553
<b>Partnership for Education</b>	Claudia Stedje	(845) 247-8777	268 W Saugerties Rd, Saugerties, NY 12477
<b>Putnam &amp; Southern Dutchess UCP (Hudson Valley Early Childhood Center)</b>	Rhona Hanshaft Aimee Martine (x5555)	(845) 878-9078	40 Jon Barrett Road Patterson, NY 12563(mailing) 15 Mount Ebo Road South, Brewster, NY 10509 (school)

- Preschool Augmentative Communication Evaluation Agencies (PACE) -

Provider Name	Contact Name	Phone #	Location – Site Based Service
Mid Hudson Valley Early Education Center	Margaret Slomin	(845) 483-5682	Poughkeepsie, Beacon

- Itinerant Related Services: OCCUPATIONAL THERAPY -

Provider Name	Contact Name	Contact Phone #	Mailing Address
A Bit of Communicating Speech and OT Services (ABC)	Jenny Cohowicz Aimee Riley	(845) 592-0681	2537 Route 52, Hopewell Jct., NY 12533
Abilities First, Inc.	Jessica Greher	(845) 298-2090	167 Myers Corners Road, Suite 104. Wappingers, NY 12590
Achieve Beyond Child & Parent Services (Bilinguals Inc.)	Tara Ramondelli	(914) 328-2868 *Multilingual	1311 Mamaroneck Avenue, Suite 150, White Plains, NY 10605
All About Kids	Maureen Finnerty	(845) 495-0517, ext. 701	87 E. Main St., Suite 1, Washingtonville, NY 10992
All About Rehab Management	Karen Finnerty	(845) 453-2385	706 Old Route 22, Dover Plains, NY 12522
All Kids Excel OT Services, PLLC	Danielle Wertman	(914) 441-8465	750 Milltown Road, Brewster, NY 10509
Leslie Boice, OT	Leslie Boice		756 Wiltsie Bridge Rd, Ancram, NY 12502
Complete OT, PT, SLP Services	Kristen Prayto	(518)755-1562	442 County Road 8, PO Box 746, Greenville, NY 12083
Exceptional Horizons PT and OT	Jennifer Rotando	(914) 707-8543	3102 Route 9, Cold Spring, NY, 10516
HTA of New York	Leslie Lupetin	(845) 528-2011	11 Peekskill Hollow Road, Putnam Valley, NY 10579
Jessica Flanagan, OT	Jessica Flannigan		57 Brookland Farms Road, Poughkeepsie, NY 12601
Liberty POST Hudson Valley	April Angiolillo	(845) 458-8661	301 Main Street, Suite B, Goshen, NY 10924
Listening Partners, Inc.	Nicki Turano	(914) 305-5345	2975 Westchester Ave., Suite 202 Purchase, NY 10577
Milestones for Munchkins	Carolyn Catalano	(914) 419-5267	534 Route 6, Mahopac, NY 10541
OTerrific Kids	Brooke Gabriels	(607) 972-3000	3 Karin Court, New Paltz, NY 12561
Partnership for Education	Claudia Stedje	(845) 247-8777	268 W Saugerties Rd, Saugerties, NY 12477
Pediatric OT Solutions	Laura Stubbecki	(845) 827-5360	P.O. Box 293 Sugarloaf, NY 10981
SJ and Associates	Angela Mertens	(845) 827-6227	101 Stage Road, Monroe, NY 10950
Taonic OT	Linda Lavin	(845) 758-3613	40 Olsen Road, Rhinebeck, NY 12572
Thrive by 5	Delilah Morales	845-360-9700 ext. 300	P.O. Box 424, Salisbury Mills, NY 12577-9998
Westchester-Putnam TheraTeam	Kristen Bellom	(845) 519-2295	572 Route 6, Mahopac, New York 10541



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**- Itinerant Related Services: SEIS – Special Education Itinerant Services**

<b>Provider Name</b>	<b>Contact Name</b>	<b>Phone #</b>	<b>Mailing Address</b>
<b>Abilities First, Inc.</b>	Jessica Greher	(845) 298-2090	167 Myers Corners Road, Suite 104 Wappingers Falls, NY 12590
<b>All About Kids (formerly Interactive Therapy Group)</b>	Maureen Finnerty	(845) 495-0517, ext. 701	87 E. Main St., Suite 1, Washingtonville, NY 10992
<b>Center for Spectrum Services</b>	Leah Siuta	(845) 336-2616	70 Kukuk Lane, Kingston, NY 12401
<b>HTA of New York</b>	Leslie Lupetin	(845) 528-2011	11 Peekskill Hollow Road, Putnam Valley, NY 10579
<b>Kinderwise Learning Associates</b>	Katharine Bolender	(914) 774-3608 Spanish available	PO Box 421, North Salem, New York 10560
<b>Liberty POST Hudson Valley</b>	April Angiolillo	(845) 458-8661	301 Main Street, Suite B, Goshen, NY 10924
<b>Mid Hudson Valley Early Education Center</b>	Margaret Slomin Deb Donovan	(845) 483-5682	115 Delafield Street, Poughkeepsie, NY 12603
<b>Partnership for Education</b>	Claudia Stedje	(845) 247-8777	268 W Saugerties Rd, Saugerties, NY 12477

**-Itinerant Related Services: Teacher of the Deaf and Hearing Impaired (TOD) -**

<b>Provider Name</b>	<b>Contact Name</b>	<b>Phone #</b>	<b>Mailing Address</b>
<b>Astor Services for Children &amp; Families</b>	Lauren Sweeney	(845) 452-4167	50 Delafield St., Poughkeepsie, NY 12601
<b>Listening Partners, Inc.</b>	Nicki Turano	(914) 305-5345	2975 Westchester Ave., Suite 202 Purchase, NY 10577

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**- Itinerant Related Services: PHYSICAL THERAPY –**

<b>Provider Name</b>	<b>Contact Name</b>	<b>Phone #</b>	<b>Mailing Address</b>
<b>A Bit of Communicating Speech and OT Services (ABC) Abilities First, Inc.</b>	Jenny Cohowicz Aimee Riley Jessica Greher	(845) 592-0681 (845) 298-2090	2537 Route 52, Hopewell Jct., NY 12533 167 Myers Corners Road, Suite 104, Wappinger Falls, NY 12590
<b>Achieve Beyond Child &amp; Parent Services (Bilinguals Inc.)</b>	Tara Ramondelli	(914) 328-2868 Multi languages & English available	1311 Mamaroneck Avenue, Suite 150, White Plains, NY 10605
<b>All About Rehab Management</b>	Karen Finnerty	(845) 453-2385	706 Old State Route 22, Dover Plains, NY 12522
<b>Center for Physical Therapy</b>	Lynn Campilli	(845) 297-4789	2 Delavernge Avenue, Wappinger Falls, NY 12590 *SITE BASED
<b>Complete OT, PT, SLP Services</b>	Kristen Prayto	(518) 755-1562	442 County Rte. 38, PO Box 746 Greenville, NY 12083
<b>Exceptional Horizons PT and OT</b>	Jennifer Rotando	(914) 707-8543	3102 Route 9, Cold Spring, NY, 10516
<b>HTA of New York</b>	Leslie Lupetin	(845) 528-2011	11 Peekskill Hollow Road, Putnam Valley, NY 10579
<b>Liberty POST Hudson Valley</b>	April Angiolillo	(845) 458-8661	301 Main Street, Suite B, Goshen, NY 10924
<b>Milestones for Munchkins</b>	Carolyn Catalano	(914) 419-5267	534 Route 6, Mahopac, NY 10541
<b>Miss Erin PT, PLLC</b>	Erin Kaylor		6 Scenic Drive, Poughkeepsie, NY 12603
<b>Partnership for Education</b>	Claudia Stedje	(845) 247-8777	268 W Saugerties Rd, Saugerties, NY 12477
<b>Pediatric OT Solutions</b>	Laura Stubecki	(845) 827-5360	P.O. Box 293 Sugarloaf, NY 10981
<b>SJ and Associates</b>	Angela Mertens	(845) 827-6227	101 Stage Road, Monroe, NY 10950
<b>Sensorimotor Connections</b>	Suzanne Ward	(845) 724-4172	109 Brush Hill Road, Millbrook, NY 12545
<b>Thrive by 5</b>	Delilah Morales	845-360-9700 ext. 300	P.O. Box 424, Salisbury Mills, NY 12577-9998
<b>Westchester-Putnam TheraTeam</b>	Kristen Bellom	(845) 519-2295	572 Route 6, Mahopac, New York 10541

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**- Itinerant Related Services: COUNSELING –**

<b>Provider Name</b>	<b>Contact Name</b>	<b>Contact #</b>	<b>Mailing Address</b>
<b>All About Rehab Management</b>	Karen Finnerty	(845) 453-2385	706 Old Route 22, Dover Plains, NY 12522
<b>Center for Spectrum Services</b>	Leah Siuta	(845) 336-2616	70 Kukuk Lane, Kingston, NY 12401
<b>HTA of New York</b>	Leslie Lupetin	(845) 528-2011	11 Peekskill Hollow Road , Putnam Valley, NY 10579
<b>Liberty POST Hudson Valley</b>	April Angiolillo	(845) 458-8661	301 Main Street, Suite B, Goshen, NY 10924
<b>Milestones for Munchkins</b>	Carolyn Catalano	(914) 419-5267	534 Route 6, Mahopac, NY 10541
<b>Partnership for Education</b>	Claudia Stedje	(845) 247-8777	268 W Saugerties Rd, Saugerties, NY 12477
<b>SJ and Associates</b>	Angela Mertens	(845) 827-6227	101 Stage Road, Monroe, NY 10950
<b>Westchester-Putnam TheraTeam</b>	Kristen Bellom	(845) 519-2295	572 Route 6, Mahopac, New York 10541

**- Itinerant Related Services: PARENT TRAINING –**

<b>Provider Name</b>	<b>Contact Name</b>	<b>Contact #</b>	<b>Mailing Address</b>
<b>Achieve Beyond Child &amp; Parent Services (Bilinguals Inc.)</b>	Tara Ramondelli	(914) 328-2868 *Multi languages/English available	1311 Mamaronck Avenue, Suite 150, White Plains, NY 10605
<b>Center for Spectrum Services</b>	Leah Siuta	(845) 336-2616	70 Kukuk Lane, Kingston, NY 12401
<b>HTA of New York</b>	Leslie Lupetin	(845) 528-2011	11 Peekskill Hollow Road, Putnam Valley, NY 10579
<b>Kathleen C. Phillips (Carriage House)</b>	Kathleen Phillips	(845) 462-6701	50 Springside Avenue, Poughkeepsie, NY 12603
<b>Kinderwise Learning Associates</b>	Katharine Bolender	(914) 774-3608 *Spanish available	PO Box 421, North Salem, New York 10560
<b>Milestones for Munchkins</b>	Carolyn Catalano	(914) 419-5267	534 Route 6, Mahopac, NY 10541
<b>Westchester-Putnam TheraTeam</b>	Kristen Bellom	(845) 519-2295	572 Route 6, Mahopac, New York 10541

**- Itinerant Related Service: VISION THERAPY –**

<b>Provider Name</b>	<b>Contact Name</b>	<b>Contact #</b>	<b>Mailing Address</b>
<b>John J. Kelly Vision Consulting</b>	John Kelly	(845) 478-5512	4410 Whispering Hills Drive, Chester, NY 10918-1584

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**- Itinerant Related Service: SPEECH THERAPY –**

<b>Provider Name</b>	<b>Contact Name</b>	<b>Contact #</b>	<b>Mailing Address</b>
<b>A Balanced Child Speech &amp; Language Therapy, LLC (at daycare/preschool only)</b>	Sarah Zacek	(845) 640-1437	2522 South Road, #1013, Poughkeepsie, New York 12601
<b>A Bit of Communicating Speech and OT Services (ABC)</b>	Jenny Cohowicz Aimee Riley	(845) 592-0681	2537 Route 52, Hopewell Jct., NY 12533
<b>Abilities First, Inc.</b>	Jessica Greher	(845) 298-2090	167 Myers Corners Road, Suite 104 Wappinger Falls, NY
<b>Achieve Beyond Child &amp; Parent Services</b>	Tara Ramondelli	(914) 328-2868 Multi lang. & English	1311 Mamaronck Avenue, Suite 150, White Plains, NY 10605
<b>All About Kids</b>	Maureen Finnerty	(845) 495-0517, x 701	87 E. Main St., Suite 1, Washingtonville, NY 10992
<b>All About Rehab Management</b>	Karen Finnerty	(845) 453-2385	706 Old State Route 22, Dover Plains, NY 12522
<b>Bonnie Greenspan, SLP</b>	Bonnie Greenspan	845-464-7611	274 Lake Shore Drive, Pleasant Valley, NY 12569
<b>Capri Speech and Language Therapy</b>	Susan Caprioli	(914) 456-6638	2806 Fox Lane, Poughkeepsie NY 12603
<b>Center for Spectrum Services</b>	Leah Siuta	(845) 336-2616	70 Kukuk Lane, Kingston, NY 12401
<b>Complete OT, PT, SLP Services, PLLC</b>	Kristen Prayto	(518) 755-1562	442 County Rte. 38, PO Box 746 Greenville, NY
<b>Communication Station</b>	Jeannett Rudnick	845-294-4787 *bilingual	1997 Route 17M, #9 Goshen, NY 10924
<b>Lisa Escaravage, MS, CCC/SLP</b>	Lisa Escaravage	(845) 475-5016	12 Cromwell Drive, Poughkeepsie, NY 12603
<b>Alsandra (Allie) Flonc, SLP</b>	Allie Flonc	(845) 527-4218	113 Sleight Plass Rd, Poughkeepsie, NY 12603
<b>Pamela Garitta, SLP</b>	Pam Garitta	(845) 594-9632	73 Reservoir Rd, Marlboro, NY 12542
<b>Pamela Giraud, MSED, SLP</b>	Pamela Giraud	(845) 781-0951	307 Veteran's Circle, Wallkill, NY 12589
<b>Hudson Valley Speech &amp; Swallowing Therapy</b>	Jennifer Brady	(845) 527-2089	815 Blooming Grove Turnpike, Ste 601, New Windsor
<b>HTA of New York</b>	Leslie Lupetin	(845) 528-2011	11 Peekskill Hollow Rd, Putnam Valley, NY 10579
<b>Liberty POST Hudson Valley</b>	April Angiolillo	(845) 458-8661 *bilingual	301 Main Street, Suite B, Goshen, NY 10924
<b>Listening Partners, Inc.</b>	Nicki Turano	(914) 305-5345	2975 Westchester Ave., Suite 202, Purchase NY
<b>Mid-Hudson Regional Hospital – Center for Communication Disorders</b>	Margaret Slomin Diane Phelan	(845) 431-8800 Spanish available	115 Delafield Street, Poughkeepsie, NY 12601
<b>Mid-Hudson Speech &amp; Language Pathology</b>	Nicole Verrecchia	(845) 440-3018	111 Wesley Avenue, Beacon, NY 12508
<b>Milestones for Munchkins</b>	Carolyn Catalano	(914) 419-5267	534 Route 6, Mahopac, NY 10541

<b>Bernadette McCrudden, MS, CCC/SLP</b>	Bernadette McCrudden	(518) 929-2662 *bilingual	158 Nevis Road, Tivoli, NY 12583
<b>Venus Murphy, SLP</b>	Venus Murphy	(845) 857-6263	8 Rutland Lane, Newburgh, NY 12550
<b>Orange County Therapy Group</b>	Frank Nutt	845-769-8179 Fax: 845-913-9410	280 Route 211 E, Suite 104-300, Middletown, NY 10940
<b>SPEECH THERAPY (continued)</b>			
<b>Provider Name</b>	<b>Contact Name</b>	<b>Contact #</b>	<b>Mailing Address</b>
<b>Partnership for Education</b>	Claudia Stedje	(845) 247-8777	268 W Saugerties Rd, Saugerties, NY 12477
<b>Kathleen C. Phillips (Carriage House)</b>	Kathleen Phillips	(845) 462-6701	50 Springside Avenue, Poughkeepsie, NY 12603
<b>SJ and Associates</b>	Angela Mertens	(845) 827-6227	101 Stage Road, Monroe, NY 10950
<b>Shandra Milroy, MS, CCC/SLP</b>	Shandra Milroy	(845) 505-8164	116 Fenton Way, Hopewell Jct, NY 12533
<b>SLP Communications Foundations</b>	Nicole Healy	Cell 845-625-8476 Work: 845-897-3330	1032 Main Street, Fishkill, NY 12424
<b>Thrive by 5</b>	Delilah Morales	845-360-9700 ext. 300	P.O. Box 424, Salisbury Mills, NY 12577-9998
<b>Ulster Dutchess Speech and Language Therapy</b>	Angela McGee	845-661-8959	64 Abruyn Street, Kingston, NY 12401
<b>Dr. Frank Volz &amp; Associates</b>	Cheryl Kranik	(845) 247-0668 Spanish available	PO Box 1824 Pleasant Valley, NY 12569
<b>Westchester-Putnam TheraTeam</b>	Kristen Bellom	(845) 519-2295	572 Route 6, Mahopac, New York 10541

- Itinerant Related Services: NURSING SERVICES -

**\*\*Must be arranged through Dutchess County Director of Preschool Special Education (845) 486-2759**

<b>Provider Name</b>	<b>Contact Name</b>	<b>Contact #</b>	<b>Business Office Location</b>
<b>A &amp; T Healthcare</b>	Kellyann Jennings	(845) 561-7900	20 NY-17K, Newburgh, NY 12550
<b>Accucare Nursing &amp; Home Care</b>	Adrienne Lepre	(845) 239-0249	20 Old Turnpike Road, Nanuet, NY 10954
<b>J &amp; D Ultracare</b>	Gerry Hayes Diane Marra	(845) 357-4500	15 Suffern Pl Suite A, Suffern, NY 10901
<b>Maxim of NY, LLC</b>	Steve		7227 Lee DeForest Drive, Columbia, MD 21046

**Dutchess County Preschool Special Education  
2022-2023 SY List of NYS SED Approved Preschool Providers**

**- Center Based Preschool Programs (Half Day, Full Day – Special Class, SCIS) –**

<b>Provider Name</b>	<b>Contact Name</b>	<b>Phone #</b>	<b>Center Based Locations</b>
<b>Abilities First Preschool</b>	Jessica Greher	(845) 298-2090	Wappingers, Hyde Park, Cornwall
<b>Anderson Early Learning Academy</b>	Tom Hamill	(845) 889-9127	Stanfordville (Cold Spring Elem.)
<b>Astor Services for Children &amp; Families</b>	Lauren Sweeney	(845) 452-4167	Poughkeepsie, Wingdale, Wappingers Falls, Beacon
<b>Center for Spectrum Services</b>	Leah Siuta	(845) 336-2616	Kingston, Ellenville
<b>Easter Seals of NY, Inc.</b>	Diane De Venuto	(914) 719-9051	Carmel
<b>Educational Learning Experience (Arc of Greater Hudson Valley)</b>	Cheryl Lachant Beth Laub	(845) 564-1855	New Windsor
<b>Hudson Valley Early Childhood Center (UCP Putnam &amp; Southern Dutchess)</b>	Rhona Hanshaft Aimee Martine	(845) 878-9078 x-5555	Brewster
<b>Learning Together, Inc.</b>	Kathy Masloski	(845) 883-5151	Highland, Montgomery
<b>Mt. Pleasant Blythedale SD (Preschool)</b>	Emily Hersh, Ed.D	(914) 347-4228	Valhalla
<b>Mid Hudson Valley Early Education Center (MVEEC)</b>	Margaret Slomin Deb Donovan	(845) 483-5682 (845) 431-8815	Poughkeepsie, Hyde Park, Beacon
<b>Columbia County NYSARC The Starting Place</b>	Christine E. Bower-Kirch	(518) 828-3890 x 2503	Hudson
<b>Wraparound Services of the Hudson Valley (WSHV)</b>	Ashlee Quesnell	(845) 336-7235	Kingston
<b>Affiliate of CP of Ulster County Westchester Community Opportunity Program, Inc. (WestCOP)</b>	Francine Santos	(914) 243-0501	Granite Springs

**Revised 9/9/2022**

## GUIDELINES FOR REGISTERING YOUR CHILD

### Proof of Residency

All new students seeking enrollment in the Wappingers Central School District must provide proper documentation and/or information to establish residency.

Within three (3) business days of your child's initial enrollment, your documentation and/or information will be reviewed to make a final residency decision. If a determination of non-residency is made, you will be notified in writing.

The following is documentation that may be used to establish residency (**Note: This is not intended to be an exhaustive list, and the District may consider other documentation and/or information, as appropriate**):

- A copy of a residential lease or proof of ownership of a home, such as a deed or a mortgage statement.
- A notarized or signed statement by a third-party landlord, owner or tenant from whom the parent(s), guardian(s) or person(s) in parental relation leases or with whom they share property within the District.
- Other forms of documentation include:
  - Pay Stubs
  - Federal or NYS Income Tax, W-2 or Earnings Statement
  - Utility Bill
  - Voter Registration Notification Card
  - Official driver's license, learner's permit or non-driver identification
  - Documents issued by federal, state or local agencies (such as social services agency)
  - Government-issued identification
  - Membership document based on residency

If you are not the natural parent but have legal guardianship of the student(s), please provide us with any available relevant documents or complete custody affidavit (Click here for [Parent Affidavit/Custodial Affidavit](#) Forms or visit <https://goo.gl/H4NCmC>.)

### Proof of Age

In accordance with the NYS Education Law, the District requires documentation verifying your child's age. Acceptable documentation may include a birth certificate or record of baptism, including a certified transcript of a foreign birth certificate or record of baptism. When this information is unavailable, the District may accept a passport, including a foreign passport, to determine the child's age. If the previously listed documentation is not available, the District may consider the following documents or recorded evidence if in existence two (2) or more years, except an affidavit of age, to determine a child's age:

- State or other government-issued identification
- School photo identification with date of birth
- Consulate identification card
- Hospital or health records
- Official driver's license
- Military dependent identification card
- Documents issued by federal, state or local agencies
- Court orders or other court-issued documents
- Native American tribal document

**Documentation Relating to Legal Custody and Special Circumstances**

If there are any other special circumstances such as custody agreements or orders of protection, please submit those documents to us. They will be copied and filed in the student’s records. The schools cannot refuse to release a child to a parent/legal guardian unless there are court documents on file with the District to the contrary.

**Proof of Health Examination & Immunizations**

In accordance with the Commissioner’s Regulations, students entering public school at any grade are required to have a satisfactory health examination conducted no more than 12 months before the first day of the school year in question. If an acceptable health certificate is not provided within 30 days, the District’s physician will conduct the examination. The District does not require a health certificate if they or their parents object claiming a conflict with their genuine and sincere religious beliefs. This exemption request must be in writing and supporting documentation provided.

Immunization records or documentation of exemption are also required for every student entering or attending public schools in accordance with New York State Public Health Law. The Public Health Law allows for a limited period of attendance for 14 days without proof of immunization, upon a showing that the student is making a good faith effort to obtain the necessary immunizations and/or documentation verifying the immunizations. “(Note: when the child is transferring from another state or country, the 14-day period may be extended to not more than 30 days). Please refer to the next page for the schedule of immunizations required of students.

**Warning:** Any person or persons, who willfully provide false information regarding residence, may be subject to criminal penalties. A false statement regarding residence or entitlement to a tuition-free education from the Wappingers Central School District may be punishable as a Class A misdemeanor. In addition, if it is determined that a registrant’s child resides outside of the Wappingers Central School District, the District may take legal action to collect tuition charges. The tuition of \$9,495.00 (Regular Ed. K-6); \$10,324.00 (Regular Ed. 7-12); \$35,090.00 (Special Ed. K-6); \$35,919.00 (Special Ed. 7-12) per child per year if the student is not legally entitled to receive a tuition-free education from the District. The District reserves the right to investigate any student’s residency by any legal means available including, but not limited to public records, site visits, and other lawful methods of investigation.

\_\_\_\_\_  
Parent/Guardian Signature & Date

\_\_\_\_\_  
Signature of Witness (WCSD)

Signature of parent/guardian will confirm that they have read and understand the residency policy of the Wappingers Central School District and the consequences they might incur if false information is wrongfully provided.







IDENTIFICATION & RECRUITMENT PARENT SURVEY

The Migrant Education Program (MEP) is authorized by Title I, Part C of the Elementary and Secondary Education Act (ESEA). The MEP provides a variety of educational services to families who work in agriculture, **regardless of their nationality or legal status**. This program is **free of charge** to all eligible families and may include tutoring, free school lunch eligibility, educational field trips, summer programs, parent involvement activities, emergency needs and referrals to other services as needed.

*Please take few minutes to complete this questionnaire.*

**Has anyone in your family worked or looked for work at the following occupations during the past 3 years?**

- Any agricultural, farm, or fishing work (such as hay, dairy, fruit or vegetable crops, poultry, fishing, nursery/greenhouse, etc.)
- Work related to logging, harvesting, or initial processing of trees.
- Work at a food processing plant, (such as meat or poultry processing plants, packing fruits or vegetables, etc.)



*If you answered YES, please provide your contact information below:*

Parent/Guardian Name: \_\_\_\_\_

Home address: \_\_\_\_\_

Telephone number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Best time to be reached: \_\_\_\_\_ AM/PM

Previous Address: \_\_\_\_\_

Student name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Student name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

**To submit this referral please fax to 607-436-3606, or by mail to NYS Migrant Education Program- Identification and Recruitment Office: 100 Saratoga Village Blvd, Suite 41, Ballston Spa, NY 12020.**

## IMMUNIZATIONS

New York State Law Section 2164 requires these immunizations for admission to school K-12  
(Born on or after 1/1/2005)

New York State Law requires immunizations for all students against Diphtheria, Pertussis, Tetanus, Poliomyelitis, Measles, Mumps, Rubella, Hepatitis B, and Varicella. Meningococcal meningitis for grades 7 and 12. **Have your family physician complete the information on page 7 in this packet. Please bring the completed page 7 with you at the time of registration.**

Exemption to the immunization law is allowed for medical reasons. Medical exemption must be certified in writing by your physician. You will be notified in writing of the outcome of this request.

The mandate requires you to comply with the law since schools are bound to refuse admission to your child if the records of immunization are not available.

Immunization	Number of Doses
<b>Polio</b>	3-4 doses and the last dose must be given after age 4 years prior to Kindergarten
<b>Hepatitis B</b>	3 doses at specific intervals*
<b>Diphtheria/Pertussis/Tetanus</b>	4-5 doses and the last dose must be given after age 4 years prior to Kindergarten
<b>Measles/Mumps/Rubella</b>	2 doses received prior Kindergarten
<b>Tdap</b>	Students 11 years or older entering Grades 6 through 12 are required to have one dose of Tdap. Students who are 10 years old in Grade 6 and who have not received a Tdap vaccine may enter but must receive the vaccine when they turn 11 years old.
<b>Varicella</b>	2 doses for incoming Kindergarteners, and Grades 7, 8, 9 and 10.
<b>Meningococcal</b>	1st dose required prior to admission into Grades 7 and 8 and 2nd dose required prior to entrance to Grade 12. 2nd dose not required if 1st dose was given at age 16 or older.

\*Hepatitis B doses must be given with 4 weeks between 1<sup>st</sup> and 2<sup>nd</sup> doses, 8 weeks in between 2<sup>nd</sup> and 3<sup>rd</sup> doses, 16 weeks between 1<sup>st</sup> and 3<sup>rd</sup> dose.

### PROOF OF IMMUNIZATION SHOULD BE PRESENTED AT REGISTRATION.

Proof of immunization must be any of 1 of the 3 items listed below:

- An immunization certificate signed by your health care provider
- Immunization Registry report (NYSIIS or CIR from NYC) from your health care provider or your county health department
- A blood test (titer) lab report that proves your child is immune to the diseases
- For varicella (chickenpox), a note from your health care provider which says your child had the disease is also acceptable.

**SCHOOL HEALTH SERVICES**  
**WAPPINGERS CENTRAL SCHOOL DISTRICT**  
**SCHOOL**

**REQUEST FOR MEDICAL EXEMPTION TO IMMUNIZATION FORM**

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ ID#: \_\_\_\_\_

**To Be Completed By Health Care Provider Every School Year**

Immunization/s which cannot be administered:

- |  |                                    |   |
|--|------------------------------------|---|
| <input type="checkbox"/> DPT/DTaP/Tdap | <input type="checkbox"/> Polio     | <input type="checkbox"/> MMR                      |
| <input type="checkbox"/> Hepatitis B   | <input type="checkbox"/> Varicella | <input type="checkbox"/> Meningococcal Meningitis |

Reason for exemption: \_\_\_\_\_  
\_\_\_\_\_

Name of licensed provider (Please print or use stamp) \_\_\_\_\_

Provider signature \_\_\_\_\_ Date \_\_\_\_\_

Provider phone \_\_\_\_\_

NYSDOH Public Health Law requires adequate dose or doses of immunizing agents against diphtheria, pertussis, tetanus, poliomyelitis, mumps, measles, rubella, hepatitis B, meningococcal meningitis and varicella for school entry.

New York State Law Section 66-1.3 (7) (c)-Requirement for School Admission permits medical exemption to required immunizations if the parent/guardian provides a certificate from a physician, licensed to practice medicine in New York State, that one or more of the required immunizations may be detrimental to the child's health.

The Centers for Disease Control's (CDC) resources on contraindications to vaccination can be found at:  
<http://www.immunize.org/catg.d/p3072a.pdf> .

Your certificate should include:

- The specific immunization that is medically contraindicated
- The reason for the medical contraindication

**Please return this form to the school Health Office. It will then be sent to the WCSD Medical Director for approval.**

**This document will be filed with the student's cumulative health record.**



**STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234**  
Office of P-12

Lissette Colón-Collins, Assistant Commissioner  
Office of Bilingual Education and World Languages

55 Hanson Place, Room 504  
Brooklyn, New York 11217  
Tel: (718) 722-2445 / Fax: (718) 722-2450

89 Washington Avenue, Room 528EB  
Albany, New York 12234  
(518) 474-8775 / Fax: (518) 474-7948

### Home Language Questionnaire (HLQ)

*Dear Parent or Guardian:  
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.*

Please write clearly when completing this section.		
<b>STUDENT NAME:</b>		
First	Middle	Last
<b>DATE OF BIRTH:</b>		<b>GENDER:</b>
Month	Day	Year
		<input type="checkbox"/> Male
		<input type="checkbox"/> Female
<b>PARENT/PERSON IN PARENTAL RELATION INFO:</b>		
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

Language Background (Please check all that apply.)			
1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother	_____ specify	<input type="checkbox"/> Father _____ specify
	<input type="checkbox"/> Guardian(s)	_____ specify	
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not write

**THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:**

<b>SCHOOL DISTRICT INFORMATION:</b>	<b>STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:</b>
_____	_____
<small>District Name (Number) &amp; School</small>	<small>Address</small>

*For Office Use Only: Please Return Form to Stephanie Melvin, Assistant for English as a New Language (ENL)*

## Home Language Questionnaire (HLQ)—Page Two

### Educational History

8. Indicate the total number of years that your child has been enrolled in school \_\_\_\_\_

9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them.  
 Yes\*  No  Not sure  \*If yes, please explain: \_\_\_\_\_

How severe do you think these difficulties are?  Minor  Somewhat severe  Very severe

10a. Has your child ever been referred for a special education evaluation in the past?  No  Yes\* \*Please complete 10b below

10b. \*If referred for an evaluation, has your child ever received any special education services in the past?  
 No  Yes – Type of services received: \_\_\_\_\_

Age at which services received (Please check all that apply):  
 Birth to 3 years (Early Intervention)  3 to 5 years (Special Education)  6 years or older (Special Education)

10c. Does your child have an Individualized Education Program (IEP)?  No  Yes

11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_

12. In what language(s) would you like to receive information from the school? \_\_\_\_\_

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent or of Person in Parental Relation* *Date*

Relationship to student:  Mother  Father  Other: \_\_\_\_\_

OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ	
NAME: _____	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:	
NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW	
NAME: _____	POSITION: _____
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ <small>MO. DAY YR.</small>	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: _____ <small>MO. DAY YR.</small>	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION:	

**RELEASE OF STUDENT INFORMATION**

Date: \_\_\_\_\_

Dear Educator,

The following student has enrolled in the Wappingers Central School District. **Please forward copies of records, including report cards, health, and any other pertinent information to the address indicated below.**

Thank you for your attention to this request.

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

WCSD School: \_\_\_\_\_ Grade: \_\_\_\_\_

I hereby authorize the release of the above mentioned records and any other pertinent information concerning my child.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

**Wappingers Central School District**

**Please fax records to 845-896-1459**

If you need to call the Central Registrar, please dial **845-298-5000 x 40132.**

**Previous school information:**

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

- Birth Certificate
- Immunizations
- IEP/504\*
- ENL Record\*
- Transcript
- Discipline Record\*

*\*If applicable*

**Please Return Requested Records to:**

Susan Aboshanab, Central Records Associate: [susan.aboshanab@wcsdny.org](mailto:susan.aboshanab@wcsdny.org)

OR

Martha Bulding-Puig

Bilingual Services Associate/Asociada de Servicios Bilingue: [martha.puig@wcsdny.org](mailto:martha.puig@wcsdny.org)

Wappingers CSD Central Registration

PO Box 396 Hopewell Junction, NY 12533





**School Health Services**

\_\_\_\_\_ SCHOOL

**HEALTH DATA SHEET**

For Office Use Only: Please Return Form to Health Office

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
 Parent 1 Name \_\_\_\_\_ Parent 2 Name \_\_\_\_\_  
 Parent 1 Phone # Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Parent 2 Phone # Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Parent 1 Address \_\_\_\_\_  
 Parent 2 Address \_\_\_\_\_

With whom does this child live?

Both Parents  Parent \_\_\_\_\_  Guardian \_\_\_\_\_ Other \_\_\_\_\_  
*Print Name Print Name Print Name*

Student's Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact if parent/guardian cannot be reached:

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
 Phone # \_\_\_\_\_

**PRENATAL AND DEVELOPMENTAL HISTORY**

Did the mother have any unusual problems/illness during the pregnancy or the birth such as breech, forceps or Cesarean delivery?  Yes  No If yes, please explain briefly:

\_\_\_\_\_  
 \_\_\_\_\_

Was this infant born:  Full term  Premature  Post mature

What was this infant's birth weight? \_\_\_\_\_ lb. \_\_\_\_\_ oz.

Did this infant have any sickness or problems while in the hospital, such as jaundice, apnea spells or convulsions?  Yes  No If yes, please explain briefly: \_\_\_\_\_

Please give an approximate age at which this child: sat up alone \_\_\_\_\_ walked \_\_\_\_\_  
 said single words \_\_\_\_\_ said sentences \_\_\_\_\_ was toilet trained \_\_\_\_\_

Please briefly describe this child's overall development in relation to his/her other siblings: \_\_\_\_\_

\_\_\_\_\_



### School Health Services: HEALTH CONDITIONS

Please check any that are a chronic problem.

- Diabetes       Seizures       Epilepsy       Heart Problems

*If your child has any of the above, please contact the school nurse.*

- High Fevers     Eye Problems     Poor Vision     Poor Hearing     Crossed Eyes
- Tubes in Ears     Bed wetting     Bowel Problems     Toothaches     Dental Infections
- Frequent Ear Infections     Frequent Headaches     Frequent Nosebleeds
- Frequent Sore Throats     Other \_\_\_\_\_

### MEDICAL INFORMATION

Does this child have any allergies?  Yes  No

If yes, to what? \_\_\_\_\_

What are the child's triggers to this/these allergies? \_\_\_\_\_

What are the child's reactions to this/these allergies? \_\_\_\_\_

What treatment or medication does this child require for this/these allergies?  
\_\_\_\_\_

Does this child have asthma that has been diagnosed by a physician?  Yes  No

If yes, what treatment and/or medication has been prescribed? \_\_\_\_\_  
\_\_\_\_\_

Does this child have any medical condition other than listed above?  Yes  No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

### INJURIES, ILLNESSES, AND SURGERIES

Please list any severe injuries, illnesses and/or surgeries: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Office Use Only: Please Return Form to Health Office



**ADDITIONAL INFORMATION**

For Office Use Only: Please Return Form to Health Office

Is this child on daily medication?  Yes  No

If yes, please list. \_\_\_\_\_  
\_\_\_\_\_

Is this child on medication on a regular basis, but not daily?  Yes  No

If yes, please list. \_\_\_\_\_  
\_\_\_\_\_

Do any family members have any long-term illness, such as diabetes, cancer, high blood pressure, etc.?  Yes  No If yes, please list the illness and the relationship of the person to this child. \_\_\_\_\_  
\_\_\_\_\_

Do you have any other comments or concerns about this child's health, development, behavior, family or home life that you would like the school to be aware of?  Yes  No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Would you like a conference with the school nurse?  Yes  No



## School Health Services

New York State Law, as well as local regulations, strictly outlines the rules that schools must follow concerning medication administered in school.

The overall guideline is that such dispensing of medication must be kept to a minimum; therefore, it is administered only with specific written physician's order and only when deemed necessary to be given during school hours.

Nurses are required to follow these regulations:

1. The nurse should administer medication only as necessary.
2. Instructions for administering medication must be in writing from the physician and include:
  - a. The name of the student
  - b. Medical condition of the student
  - c. The name of the medication
  - d. The medication dosage and time the medication is to be given
  - e. A list of possible side effects
3. A Parent Permission form must be filled out by the parent/guardian.
4. Medication **MUST** be brought to the school by the parent/guardian. It may **NOT** be sent to the school with the student. All medication **MUST** be in a properly labeled original container.
5. New prescriptions and physician's orders are required at the beginning of each school year.
6. All unused medication must be picked up by the parent/guardian within 7 days after it is no longer needed or it will be disposed of.
7. All prescribed medications will be kept in a locked cabinet and dispensed only by authorized personnel.
8. If, at any time, the physician wishes to change the dosage, he/she must submit this request in writing.
  - a. A verbal or telephone request/order from the physician or parent is not acceptable.
9. Special guidelines apply to field trips. Contact the school nurse for specific information.
10. The term "medications" is a broad one referring to both prescription and non-prescription (over-the-counter) drugs and treatments.

**Student Records/Directory Information (FERPA Rights)  
Annual Notification**

The Board of Education recognizes the legal requirement to maintain the confidentiality of student records. The procedures for ensuring the confidentiality of student records shall be consistent with state and federal law, including the Family Educational Rights and Privacy Act of 1974 (FERPA) and its implementing regulations.

The Board also recognizes its responsibility to ensure the orderly retention and disposition of the district's student records in accordance with Schedule ED-1 as adopted by the Board in policy 1120.

The Superintendent of Schools shall be responsible for ensuring that all requirements under federal statutes and Commissioner's Regulations be carried out by the district.

**Annual Notification**

At the beginning of each school year, the district will publish a notification that informs parents, guardians and eligible students currently in attendance of their rights under FERPA and the procedures for exercising those rights. This notice may be published in a newspaper, handbook or other school bulletin or publication. This notice will also be provided to parents, guardians, and eligible students who enroll during the school year.

The notice will include a statement that the parent or eligible student has a right to:

1. inspect and review the student's education records;
2. request that records be amended to ensure that they are not inaccurate, misleading, or otherwise in violation of the students privacy or other rights;
3. consent to disclosure of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent; and
4. file a complaint with the U.S. Department of Education alleging failure of the district to comply with FERPA and its regulations; and

In addition, the annual notice will inform parents/guardians and eligible students:

1. that it is the district's policy to disclose personally identifiable information from student records, without consent, to other school officials within the district whom the district has determined to have legitimate educational interests. For purposes of this policy, a school official is a person employed by the district as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law

enforcement unit personnel; a member of the Board of Education; a person or company with whom the district has contracted to perform a special task such as an attorney, auditor, medical consultant, or therapist; or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official performing his or her tasks). A school official has a legitimate educational interest if the official needs to review a student record in order to fulfill his/her professional responsibilities.

2. that, upon request, the district will disclose education records without consent to officials of another school district in which a student seeks or intends to enroll.
3. of the procedure for exercising the right to inspect, review and request amendment of student records.

The district shall arrange to provide translations of this notice to non-English speaking parent(s) or guardian(s) or eligible student(s) in their native language or dominant mode of communication.

## BLACKBOARD MASS NOTIFICATION SYSTEM DIRECTIONS

Dear Parents and Guardians,

Welcome to Wappingers Central School District! Our District is committed to providing timely communication to all of our families and staff. Blackboard Connect allows our District to share information with parents and staff members on matters such as attendance, general interest activities, as well as building and District emergencies. In addition to allowing the District to communicate with traditional email, telephone and text messages, Blackboard Connect has a mobile app customized for our District.

New families will receive an email once they have registered their child with the District. You will receive an email from Blackboard with the Parent ID and a temporary password to log into the account. Simply follow the steps below to login to your account through the secure Blackboard Connect web site or by downloading the mobile app.

We invite all families to download the FREE District Blackboard app through the [iTunes store](#) or [Google Play](#). Blackboard Connect allows you to control how the District contacts you.

### Steps for updating your account from a computer:

Enter the following URL into your web browser: <https://wappingersschools.parentlink.net/main/login>

1. Enter the Parent ID and temporary password provided by the District in a separate email. The system does provide the possibility of logging into your account with your Facebook or Google account, if you choose. The first time you login, the system will prompt you to change your password. Passwords must be a minimum of six characters. Once you type in your new password, retype it to confirm, click on save.

[**Note:** Blackboard Connect has a strict privacy policy and does not sell or distribute your contact information to any 3<sup>rd</sup> party.]

2. Once you've logged into your account, you're ready to customize your contact preferences. Locate the **Account** tab located on the right-hand side of the screen (in the black bar and click to open. The first tab (**Account Info**) allows you to update your first and last name, gender and select the language you would prefer to receive your emails. Under "Delivery addresses" you can add, remove or update email addresses or phone numbers by selecting Add. A dropdown box appears to select if you want to add a phone number, Text/SMS, email address, and mailing address. Make sure that you click **SAVE** when you are done making changes to customize how the District communicates to you, click on the **Delivery Preferences**. **Once opened you will see**

**Emergency, Attendance, Balance, Survey and Other.** For each type of contact you have entered (phone number, Text/SMS, email address, and mailing address) you can uncheck a box by clicking on the green icons to the right. If you place your mouse over each icon, the type of notification will appear. The contact choices in the order they appear are **push notification** (this would be to a mobile device), **text/SMS, phone** and **email address**). Once you select a notification type, any contact information you have added will appear. If you do not want a number called or email address used, simply uncheck the box. You must have at least one contact selected for each category.

**Download the FREE mobile app in three easy steps.**

1. On your smartphone go to the
  - a. iTunes App Store (Click or go to: <http://bit.ly/WCSDApp> or
  - b. Google Play (Click or go to: <http://bit.ly/WCSDGoogleApp>).
2. Search for Wappingers CSD
3. Then select our Wappingers app for free download
4. Once download, login using the parent ID and temporary password (unless you have already updated your password) sent via email from the District.
5. From an iPhone device, go to Settings and choose Follow Schools to customize which the notifications you want to receive. You can have notifications sent to your mobile device from the specific schools you choose and the District.
6. From an Android device, go to Settings and choose

School news in the palm of your hand, your new WCSD mobile app is just a few taps away. Download it today!

Thank you for staying connected to our District. We hope you enjoy Blackboard Connect!