

Withdrawal Code: \_\_\_\_\_  
 Last Date Attended: \_\_\_\_\_  
 Re-entry Code: \_\_\_\_\_  
 Re-entry Date: \_\_\_\_\_  
 Withdrawal Code: \_\_\_\_\_  
 Last Date Attended: \_\_\_\_\_

# PACE PREPARATORY ACADEMY

## STUDENT ENROLLMENT 2011 / 2012

First Day Attended: \_\_\_\_\_  
 Entry Code: \_\_\_\_\_  
 Date entered into SM: \_\_\_\_\_  
 Staff: \_\_\_\_\_

PLEASE **'PRINT'** ALL INFORMATION  
**STUDENT INFORMATION:**

GRADE \_\_\_\_\_ GENDER: M  F

LEGAL LAST NAME \_\_\_\_\_ LEGAL FIRST NAME \_\_\_\_\_ LEGAL MIDDLE NAME \_\_\_\_\_

DATE OF BIRTH: MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR. \_\_\_\_\_ BIRTH CITY & STATE: \_\_\_\_\_ COUNTRY \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 STREET (APT. #) CITY STATE ZIP CODE

MAILING ADDRESS IF DIFFERENT FROM ABOVE: \_\_\_\_\_  
 P.O. BOX or STREET # CITY STATE ZIP CODE

HOME PHONE: \_\_\_\_\_ STUDENT CELL PHONE: \_\_\_\_\_

PARENT E-MAIL ADDRESS: \_\_\_\_\_ STUDENT E-MAIL ADDRESS: \_\_\_\_\_

**MOTHER OR SURROGATE**

STUDENT LIVES WITH  MOTHER  STEP-MOTHER  GUARDIAN  FOSTER PARENT  OTHER \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_  FULL CUSTODY  JOINT CUSTODY  
 Is there anyone to whom the child should not be legally released? Yes No  
 MUST PROVIDE LEGAL DOCUMENTATION

WORK PHONE \_\_\_\_\_ EMPLOYER \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**FATHER OR SURROGATE**

STUDENT LIVES WITH  FATHER  STEP-FATHER  GUARDIAN  FOSTER PARENT  OTHER \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_  FULL CUSTODY  JOINT CUSTODY  
 Is there anyone to whom the child should not be legally released? Yes No  
 MUST PROVIDE LEGAL DOCUMENTATION

WORK PHONE \_\_\_\_\_ EMPLOYER \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**RACE/ETHNICITY:**  WHITE  HISPANIC  AFRICAN AMERICAN  ASIAN / PACIFIC ISLANDER

ALASKAN/AMERICAN INDIAN...TRIBAL NAME & # \_\_\_\_\_  OTHER \_\_\_\_\_

HAS THIS STUDENT EVER BEEN EXPELLED OR SUSPENDED?  YES  NO SCHOOL: \_\_\_\_\_

PLEASE EXPLAIN: \_\_\_\_\_

PROBATION OFFICER (If Applicable): \_\_\_\_\_ PHONE # \_\_\_\_\_ CELL # \_\_\_\_\_

HAS THIS STUDENT RECEIVED **SPECIAL EDUCATION SERVICES?**  YES  NO Disability Classification: \_\_\_\_\_ Is IEP current? \_\_\_\_\_

LAST SCHOOL ATTENDED: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

**PARENT/GUARDIAN**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SM ID # \_\_\_\_\_ Time Clock ID # \_\_\_\_\_ SAIS ID # \_\_\_\_\_  
 PHOTO Grade  9  10  11  12 Camp Verde  Prescott Valley



State of Arizona  
**Department of Education**  
Office of English Language Acquisition Services

**Primary Home Language Other Than English (PHLOTE)**  
Home Language Survey  
(Effective July 1, 2009)

This question is in compliance with A.R.S. §15-756. **Identification of English Language Learners**

Your response to the following question will be used to determine whether your student will be assessed for English language proficiency:

**“What is the primary language of the student?”**  
(Answer with the language used most often by the student)

**Language:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Parent/  
Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

.....  
(For Office Use Only)

**Student ID:** \_\_\_\_\_

**SAIS ID:** \_\_\_\_\_



# PACE Preparatory Academy



## STUDENT EMERGENCY MEDICAL INFORMATION 2011/ 2012

NAME OF STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_

DATE OF BIRTH: MO. \_\_\_\_\_ DAY \_\_\_\_\_ YR. \_\_\_\_\_ GENDER:  MALE  FEMALE

HOME ADDRESS: \_\_\_\_\_  
STREET (APT. #) CITY STATE ZIP

### MOTHER OR GUARDIAN

NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ WORK PHONE : \_\_\_\_\_

### FATHER OR GUARDIAN

NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

Please list names of relatives or friends, in the local area, who will assume responsibility for your child ***in the event you cannot be reached*** in case of illness or emergency. Please notify the relatives or friends you have listed below of this arrangement. Should any of the information you have provided change, please notify the school, ***in writing, immediately***.

Your child will not be released to any other person without your written permission.

1	NAME:	RELATIONSHIP:
	HOME PHONE:	CELL/WORK PHONE:
2	NAME:	RELATIONSHIP:
	HOME PHONE:	CELL/WORK PHONE:
3	NAME:	RELATIONSHIP:
	HOME PHONE:	CELL/WORK PHONE:
Family Doctor:		Phone:
Family Dentist:		Phone

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	I give permission for PACE Preparatory Academy to secure emergency medical treatment for my child as needed. Every effort will be made to contact the parent or guardian as soon as possible.
<input type="checkbox"/>	<input type="checkbox"/>	I give permission for my child to be transported to the nearest emergency medical facility by whatever means necessary to secure further emergency care as determined by the school district.
<input type="checkbox"/>	<input type="checkbox"/>	I give consent for treatment deemed necessary for my child by my family physician or physician rendering services at a medical facility to which my child has been transported for emergency treatment.
Signature of Parent / Guardian:		Date:

# PACE Preparatory Academy

## STUDENT MEDICAL INFORMATION 2011/2012

**STUDENT**

**NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**\*\*NOTE:** At no time will any medication be dispensed at school or during school activities. Per A.R.S. § 15-344 medication may never be carried by the student with the **only exceptions being asthma inhalers or epi-pens with written instructions from the physician and parent in the student's medical file.**

Please indicate in the space below any allergy or medical problem which may affect the treatment of your child. If a question does not apply, please fill in the blank with N/A (Not Applicable).

Medical Problems:
Allergies to medication:
Other allergies:
*Medication currently being taken at home or at school:
<b>*NOTE: <u>Prescriptions administered at school must be brought to school by the parent/guardian in the original container</u> showing clear, written instructions on the container. A physician's statement for medication administration during school hours form along with written permission by the parent/guardian to administer the medication must be turned into the office before any prescribed medication can be administered.</b>

*Does your child have any of the following? Please check (✓) YES or NO. Please DO NOT leave anything unchecked.*

Vision Problems	Yes____	No____	Wear Glasses or Contacts	Yes____	No____
ADD/ADHD	Yes____	No____	Taking Medication	Yes____	No____
Asthma	Yes____	No____	Carry an Inhaler	Yes____	No____
Diabetic	Yes____	No____	Insulin Dependant	Yes____	No____
Hearing Problems	Yes____	No____	Wear Hearing Aids	Yes____	No____
Has your child had chicken pox?	Yes____	No____	Age____		
Comments:					
Does your child have physical restrictions or physical activity limitations? Yes____ No____					
Please explain:					

**YES**    **NO**   I give consent for the above information to be/not shared with staff/emergency workers should it become medically or academically necessary.

**Signature of Parent / Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PACE PREPARATORY ACADEMY**

**DESIGNATION OF DIRECTORY INFORMATION 2011/2012**

During the school year, school district staff members may compile the non-confidential student directory information specified at the bottom of this document.

According to state and federal law, with the permission of the school district governing board the below-designated directory information may be publicly released to **educational, occupational, or military recruiting representatives *without your permission*** for the purpose of informing students of educational and occupational opportunities available to them. This release of information will be made available to the above types of organizations unless the parent or guardian requests in writing the school district refrain from releasing the student's information without prior written consent.

If you *do not* want any or all of the below-designated information about your son/daughter to be released to any person or organization without your prior written consent, this completed form serves as notification to the school district. If the school district does not receive this notification from you within two weeks after registration, *it will be assumed that your permission is given* to release your son's/daughter's designated directory information.

-----  
To Principal:

\_\_\_\_\_  
Please Print Student's Name

\_\_\_\_\_  
Grade

**DIRECTORY INFORMATION** Any boxes checked by me below, indicates that that information **MAY NOT** be released for above named student to any person or organization without my prior written consent:

- |   |  |
|---|--|
| <input type="checkbox"/> Student's Name   | <input type="checkbox"/> Student's Telephone Number    |
| <input type="checkbox"/> Student's Address  | <input type="checkbox"/> Student's Dates of Attendance |
| <input type="checkbox"/> Student's Date and Place of Birth  | <input type="checkbox"/> Student's Grade Level         |
| <input type="checkbox"/> Most Recently Attended Educational Agency or Institution <input type="checkbox"/> Student's Photograph |  |

\_\_\_\_\_  
**PUBLICATION PERMISSION**

- YES     NO    I/We give permission for this student's name and/or photo to be published in any school publication or local new media (newspaper, television, radio, etc.) for school activities.
- YES     NO    I/We give permission to publish my student's photo only (no name) on school website if my student is involved in a photo of a group activity and student's name only (no photo) in lists such as honor roll or other activity.

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

\_\_\_\_\_  
Date

**PACE PREPARATORY ACADEMY**  
**Camp Verde, AZ • Prescott Valley, AZ**

School Year 2011-2012

Dear Parent/Guardian:

On the following page, you will find a form for reporting eligibility for Free and Reduced Lunch for students enrolled at PACE Preparatory Academy. While we do not offer a food service program, the data is extremely important to our school for a number of reasons. By completing the attached form you become involved in your child's educational benefits through Yavapai Accommodation School District. If your family does not qualify for the program, please print your student's name on the form and return it so we know you have received a form.

Based on the number of students who are eligible for a free or reduced lunch program, the school receives the following benefits:

- **E. Rate Discounts** – Based on the percentage of students who qualify, PACE may receive a discount of up to 90% on all telecommunication equipment and computer networking equipment.
- **Title I Allocations** – Funding for remedial reading and math teachers, teacher aides, instructional materials and counselors is based on the number of students eligible for the Free or Reduced Lunch program.
- **Other Funding Opportunities** – Most federal and state programs are driven by statistics on students from low socio-economic backgrounds. Having accurate data regarding free and reduced lunch eligibility is the foundation for many school funding programs.

Programs are based on number of students only. Personal information on the forms is required by the state and is kept highly confidential within the district office. If you have any questions or concerns regarding this program, please feel free to call the district office at 928-775-0719.

**If your family is not eligible for free or reduced lunch, please print your student's name on the top of the form and check the box indicating that you do not qualify and sign.**

Sincerely,

PACE Preparatory Academy

## SCHOOL LUNCH PROGRAM SURVEY- INCOME ELIGIBILITY GUIDELINES FY2012

The Arizona Department of Education provides the following FY2012 Income Guidelines for determining the eligibility of students who attend public school(s). Eligibility is used to determine if a student qualifies for certain Federal funds. The majority of Federal funds available to schools provide direct supplement services to students who are at risk of not meeting Arizona's content performance standards. The school holds all information given in strictest confidence.

**GUIDELINES TO DETERMINE FUNDING ALLOCATIONS FOR CERTAIN FEDERAL PROGRAMS**  
 Current Income Guidelines (Include all members in household)

Definition of Income: Include virtually all income such as wages and salaries before any deductions, and other income, such as self employment, welfare, social security, retirement benefits, unemployment compensation, workers compensation, aid for dependent children, alimony, child support, pensions, insurance or annuity payments, etc.

**HOW OFTEN INCOME WAS RECEIVED**

FREE LUNCH INCOME GUIDELINES						REDUCED LUNCH INCOME GUIDELINES					
Family Size	Year	Monthly	Twice per Month	Two Weeks	Week	Family Size	Year	Monthly	Twice per Month	Two Weeks	Week
1	\$14,079	\$1,174	\$587	\$542	\$271	1	\$20,036	\$1,670	\$835	\$771	\$386
2	18,941	1,579	790	729	365	2	26,955	2,247	1,124	1,037	519
3	23,803	1,984	992	916	458	3	33,873	2,823	1,412	1,303	652
4	28,665	2,389	1,195	1,103	552	4	40,793	3,400	1,700	1,569	785
5	33,527	2,794	1,397	1,290	645	5	47,712	3,976	1,988	1,836	918
6	38,389	3,200	1,600	1,477	739	6	54,631	4,553	2,277	2,102	1,051
7	43,251	3,605	1,803	1,664	832	7	61,550	5,130	2,565	2,368	1,184
8	48,113	4,010	2,005	1,851	926	8	68,469	5,706	2,853	2,634	1,317
Each Additional Member add:						Each additional member add:					
+ 4,862    +406    +203    +187    +94						+6,919    +577    +289    +267    +134					

STUDENT NAME: \_\_\_\_\_ First Date of Attendance: \_\_\_\_\_

**Please Check One:**     Free                       Reduced                       Do Not Qualify                       Foster Care

Please complete the following information for all of your children:

Child's Name	Name of School	Grade
_____	<u>PACE Preparatory Academy</u>	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby certify that all of the above information is true and correct.

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

# PACE Preparatory Academy

## ELECTRONIC INFORMATION SERVICES USER AGREEMENT 2011/2012

**Terms and Conditions.** Please read this document carefully. When signed, it becomes a binding agreement.

**Acceptable use.** I will comply with the Internet *Acceptable Use* Policies and Procedures in the **PACE Preparatory Academy Student Handbook**. I will use the Electronic Information Service to support personal educational objectives within the educational goals and objectives of PACE Preparatory Academy and District. Inappropriate use may result in cancellation of use of information services and/or appropriate disciplinary action. I will not submit, publish, display, or retrieve materials forbidden by statutes, laws, or District policies and regulations.

**Personal Responsibility.** I will use the Internet service only after receiving express permission from the teaching staff. I will report any misuse of the information service to a parent, teacher, or the system administrator, as appropriate. I understand that many services and products are available for a fee and *acknowledge the responsibility for any expense incurred without District authorization.*

**Network Etiquette.** I am expected to abide by the generally acceptable rules of network etiquette including, but not all inclusive of, the rules listed below:

- I will be polite and use appropriate language. I will not send, or encourage others to send, abusive messages.
- I will respect privacy. I will not reveal any home addresses or personal phone numbers.
- I will avoid disruptions. I will not use the network in any way that would disrupt use of the systems by others.
- I will use short and descriptive titles for my articles.

**Services.** The School District specifically denies any responsibility for the accuracy of information. While the District will make an effort to ensure access to proper materials, the user has the ultimate responsibility for how the Electronic Information Services (EIS) is used and bears the risk of reliance on the information obtained.

I have read and agree to abide by the School District policy and regulations on appropriate use of the Electronic Information Service as incorporated herein by reference.

I understand and will abide by the provisions and conditions indicated. I understand that any violations of the above terms and conditions may result in disciplinary action and the revocation of my use of Electronic Information Services.

**Student Name (print):** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent or Guardian Co-signer.** The signature of a parent or guardian who has read and agreed to uphold this use agreement is required before a student will be allowed to use the Electronic Information Service.

As the parent or guardian of this student, I have read and understand this agreement. I understand that it is impossible for the School District to restrict access to all controversial materials, and I will not hold the District responsible for material acquired by use of the information services. I also agree to report any misuse of the information services to a School District administrator. (Misuse may come in many forms but can be viewed as any messages sent or received that indicate or suggest pornography, unethical or illegal solicitation, racism, sexism, inappropriate language, or other issues that may, or may not be described in this agreement.)

I accept full responsibility for supervision, if, and when, my child's use of the information services is not in a school setting. I hereby give my permission to have my child use Electronic Information Services.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PACE Preparatory Academy adheres to CIPA (Children Internet Protection Act) guidelines.**

# PACE Preparatory Academy

## Enrollment Expectations 2011/2012

Every student who enrolls in PACE Preparatory Academy must be interviewed by a staff member with a parent. **Exception: Student is over 18 years or older or legally emancipated.**

Please see Student/Parent Handbook for detailed explanation of terms.

- 1. Attendance:** Attendance rules are as follows, 3 tardies are considered an absence, students are allowed only 9 absences for an entire school year. After 9 absences the student may be withdrawn from the school for excessive absences. The school has an attendance make up policy which consists of doubling class sessions to **make up all absences**. *Please see Student/Parent Handbook for details.*
- 2. Electronic devices/Cell phone/Laptops, etc.:** **NONE** are allowed. Turn them in to the teacher at the beginning of class EVERY DAY. Failure to turn over the device is viewed as insubordination (possible suspension). Remember to pick up the device at the end of the class day. Cell phones **CAN NOT** be used as music devices. **Independent** music devices (with ear buds) are allowed. Music **CAN NOT** be played through school computers.
- 3. Dress Code:** As part of the dress code there will be no underwear showing. Spaghetti straps, tank tops and low neck lines, short shorts or short skirts are not allowed. Length of allowed shorts/skirts not to be shorter than end of relaxed arm/hand. No beer, cigarette or illegal substances displayed on any item brought or worn to school. No infected piercings. No bandanas, rags, large dusters or coats. Hoods on garments are not to be worn "up" over head. Specifics of the Dress Code can be found in the Student/Parent Handbook.
- 4. No weapons, pocket knives, tasers, lasers, no sharp objects, or anything perceived as a weapon is allowed on school property.**
- 5. Classes/Grades/Credits:** Contact your teacher.
- 6. Homework:** Turn in immediately when requested by teachers.
- 7. Respect:** Teachers for students, students for teachers, students for students.
- 8. Bullying, harassment, intimidation, inappropriate remarks:** All are unacceptable and are grounds for dismissal.
- 9. Drinks and Snacks:** Only water is allowed and must be in original container. No candy, popcorn, sunflower seeds, etc. are allowed.
- 10. Sign in, sign out:** Teachers **must** be notified when you leave for the day.
- 11. Closed Campus:** No one is allowed to leave campus after arriving on campus until session/class is dismissed.
- 12. Classroom supplies:** Each student will supply their own notebook and writing instruments and bring them to class daily.
- 13. Suspicion of illegal substance:** Rules and consequences have been explained to me.

The administration has explained the above expectations and I understand the above expectations. I understand that as a condition of enrollment at PACE Preparatory Academy I must abide by them. I also understand that if I violate any of these rules I may be subject to suspension or dismissal from the school.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Date

**PACE Preparatory Academy**  
**STATEMENT OF UNDERSTANDING AND AGREEMENT 2011/2012**

**Disciplinary action steps for student infractions will be followed as listed below:**

**Step One:** Student will be issued a verbal warning. Infraction will be entered in the behavioral log and notification will be sent to the principal. Approximately every 10 days the school will mail home to parents/guardians copies of their student's behavior logs (if applicable).

**Step Two:** The parent or guardian will be notified by the school administration and the student, parent or guardian and teacher will meet with administration.

**Step Three:** The student is suspended for three (3) school days. The principal will notify the parents or guardian and a scheduled parent/ teacher/ principal conference will be required prior to student's return to school.

**Step Four:** The student is suspended for five (5) school days. The principal will notify the parents or guardian and a scheduled parent/ teacher/ principal conference will be required prior to student's return to school.

**Step Five:** The student is placed on immediate suspension, pending expulsion, with recommendation for expulsion to the Governing Board. Parents will be notified by mail of the infraction and of the scheduled hearing date. Suspension will remain in effect until after the hearing for expulsion.

An expelled student is not eligible for readmission in PACE Preparatory Academy. If a student feels he/she was unjustly expelled from school, a written grievance may be filed with the School Board and a hearing will be granted.

Disciplinary Action Steps are designed to move a student from a lower to a higher step. However, a student does not necessarily start on step one. An infraction that is, or could be deemed "very serious" will place a student on a higher step. The following are examples and are not all inclusive of infractions:

1. Fighting
2. Bullying or harassment in any form
3. Willful vandalism
4. Use or possession of dangerous weapons
5. Use or possession of drugs or drug paraphernalia
6. Possession or under the influence of an illegal drug or controlled substance

---

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**PACE Preparatory Academy**  
**STUDENT CONTRACT 2011/2012**

I, (student's printed name) \_\_\_\_\_ hereby affirm that I understand the basic guidelines and goals of PACE Preparatory Academy.

I desire to earn my diploma from PACE Preparatory Academy; therefore, I will follow the rules.

I understand that my attendance is required each day school is in session. I will be required to make up every absence within the same week or no later than 1 week after the absence.

I understand that I am to arrive in class on time, and if I should be late, I am expected to make up every 3 tardies by scheduling a double session during the same week, as soon as I acquire the 3<sup>rd</sup> tardy. (Tardiness is defined in the Student Handbook).

I understand I am responsible for all of my actions while I am at the school. I further understand the school has a "zero tolerance" for drug abuse, and that fighting and bringing or possessing weapons on campus is not allowed.

**I agree to turn in my cell phone/electronic device to the teacher when I arrive for class** and pick it up at the end of the day. I will not borrow or use anyone else's cell phone or electronic device during class time.

I agree to refrain from using offensive language, including the use of profanity or making abusive remarks. I also understand that the use of any type of tobacco or tobacco products is prohibited whenever I am on, or adjacent to, school property.

I will allow every student the same opportunity to succeed at PACE Preparatory Academy by treating everyone with respect.

Should I disagree with the teacher's actions, I will write a formal complaint stating my disagreement. The complaint will be filed with the Principal. If I am not satisfied with the results of the action taken by the Principal, I may appeal to the PACE Preparatory Academy Governing Board. The Governing Board will review my complaint and determine the appropriate action.

I understand that many of the activities that occur at the school may be video and audio tape recorded, primarily for the protection of computer equipment located at the school, but also to document student behavior and to assist teachers and students in resolving any disputes that may arise.

I will not willfully damage school property, computer equipment or programs. If I should damage any property, equipment or programs, I will be responsible for any and all associated costs for repair or replacement.

I have submitted a completed registration packet prior to the date of signing this contract.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**PACE PREPARATORY ACADEMY**

**STUDENT/PARENT HANDBOOK**

**ACKNOWLEDGMENT AND UNDERSTANDING**

**2011-2012**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Grade

My signature below confirms that I have received a handbook. I agree to review the contents of the handbook with my child.

I understand and acknowledge there may be other policies, procedures, or requirements governing PACE Preparatory Academy and its students which are not a part of the student handbook.

I further acknowledge that I have received upon enrollment, the “Annual Notification to Parents Regarding Confidentiality of Student Education Records and Directory Information” contained within the Student/Parent Handbook.

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

\_\_\_\_\_  
Date

# STUDENT SCREENING REPORT

<b>Name of Student</b>		<b>DOB</b>	<b>Student ID#</b>
<b>Date of Entry</b>	<b>Date of Screening</b>	<b>Teacher</b>	<b>Grade</b>
<p style="text-align: center;"><b>1. VISION</b></p> <p><b>YES NO</b></p> <input type="checkbox"/> <input type="checkbox"/> Holds book too close or too far <input type="checkbox"/> <input type="checkbox"/> Squints or has trouble seeing board <input type="checkbox"/> <input type="checkbox"/> Has trouble with eyes <input type="checkbox"/> <input type="checkbox"/> Has weak note taking skills <input type="checkbox"/> <input type="checkbox"/> Other		<p style="text-align: center;"><b>6. COMMUNICATION</b></p> <p><b>YES NO</b></p> <input type="checkbox"/> <input type="checkbox"/> Has poor speech habits <input type="checkbox"/> <input type="checkbox"/> Articulates poorly <input type="checkbox"/> <input type="checkbox"/> Often stutters <input type="checkbox"/> <input type="checkbox"/> Has difficulty expressing ideas <input type="checkbox"/> <input type="checkbox"/> Other	
<p style="text-align: center;"><b>2. SOCIAL or BEHAVIORAL</b></p> <p><b>YES NO</b></p> <input type="checkbox"/> <input type="checkbox"/> Displays externalizing behaviors (fighting, assaulting, vandalizing) <input type="checkbox"/> <input type="checkbox"/> Displays internalizing behaviors (fears, phobias, depression, withdrawn) <input type="checkbox"/> <input type="checkbox"/> Has difficulty with unstructured environments or transitions between activities <input type="checkbox"/> <input type="checkbox"/> Has difficulty developing or maintaining peer or adult relationships <input type="checkbox"/> <input type="checkbox"/> Inappropriate types of behavior or feelings under normal circumstances <input type="checkbox"/> <input type="checkbox"/> Other		<p style="text-align: center;"><b>7. HEARING</b></p> <p><b>YES NO</b></p> <input type="checkbox"/> <input type="checkbox"/> Does not respond to name, directions, or questions in class <input type="checkbox"/> <input type="checkbox"/> Frequently asks for information to be repeated or asks "What?" <input type="checkbox"/> <input type="checkbox"/> Has significantly delayed language <input type="checkbox"/> <input type="checkbox"/> Has frequent earaches <input type="checkbox"/> <input type="checkbox"/> Seems not to pay attention <input type="checkbox"/> <input type="checkbox"/> Other	
<p style="text-align: center;"><b>3. MOTOR</b></p> <p><b>YES NO</b></p> <input type="checkbox"/> <input type="checkbox"/> Has short attention span <input type="checkbox"/> <input type="checkbox"/> Problems with gross motor development (clumsy or awkward) <input type="checkbox"/> <input type="checkbox"/> Problems with fine motor skills (reaching, grasping, manipulation of objects) <input type="checkbox"/> <input type="checkbox"/> Other		<p><b>8. TRANSFER STUDENT RECORDS REVIEW</b></p> <p>Last grade attended: _____ Year attended: _____</p> <p>Last school attended: _____</p> <p>Date records requested: _____ Received: _____</p> <p>Date records reviewed: _____ Reviewer: _____</p> <p>History of early intervention or special education?    Y    N</p> <p>History of poor performance or progress in school?    Y    N</p>	
<p style="text-align: center;"><b>4. COGNITIVE or ACADEMIC</b></p> <p><b>YES NO</b></p> <input type="checkbox"/> <input type="checkbox"/> Learns very slowly compared to peers <input type="checkbox"/> <input type="checkbox"/> Attention problems (short attention span, focused on less relevant stimuli) <input type="checkbox"/> <input type="checkbox"/> Below grade level in reading: _____ <input type="checkbox"/> <input type="checkbox"/> Below grade level in writing: _____ <input type="checkbox"/> <input type="checkbox"/> Below grade level in math: _____ <input type="checkbox"/> <input type="checkbox"/> Has difficulty acquiring, retaining, recalling or manipulating information <input type="checkbox"/> <input type="checkbox"/> Other		<p style="text-align: center;"><b>9. PRIMARY LANGUAGE ASSESSMENT</b></p> <p>If any of the following is other than English, a primary language Assessment must be done (circle the answer):</p> <p>a) The language most spoken in the home is <b>English/Spanish</b></p> <p>b) The language most spoken by the student is <b>English/Spanish</b></p> <p>c) The child's first spoken language was <b>English/Spanish</b></p> <p>Language proficiency review date _____ Form _____</p> <p><b>Primary language of instruction: English/Spanish</b></p>	
<p style="text-align: center;"><b>5. ADAPTIVE DEVELOPMENT</b></p> <p><b>YES NO</b></p> <input type="checkbox"/> <input type="checkbox"/> Poor self care skills related to personal hygiene, dress, maintaining personal belongings <input type="checkbox"/> <input type="checkbox"/> Poor social skills related to working cooperatively with peers, social perceptions, response to social cues, or socially acceptable language <input type="checkbox"/> <input type="checkbox"/> Poor ability to understand directions, communicate needs, and express ideas <input type="checkbox"/> <input type="checkbox"/> Lack of school coping behaviors related to attention to learning tasks, organizational skills, questioning behavior, following directions, and monitoring time use <input type="checkbox"/> <input type="checkbox"/> Other		<p style="text-align: center;"><b>10. ADMINISTRATIVE ACTION</b></p> <p><input type="checkbox"/> NO PROBLEM AT THIS TIME  <input type="checkbox"/> PROBLEM NOTED: Action Taken Below</p> <p><b>YES NO</b></p> <input type="checkbox"/> <input type="checkbox"/> <b>Parents notified in 10 school days if concerns were noted</b> <input type="checkbox"/> <input type="checkbox"/> Current IEP/Special Education Records Received/Reviewed <input type="checkbox"/> <input type="checkbox"/> Referred for student study team: Date _____ <input type="checkbox"/> <input type="checkbox"/> Referred for 504 plan <input type="checkbox"/> <input type="checkbox"/> Other: <p><u>Administrator's Signature and Date</u></p>	

Date: \_\_\_\_\_ Hearing Screening: Pass / Fail

Vision Screening: Pass / Fail

Teacher, please fill in 1 thru 10 and send to district office.