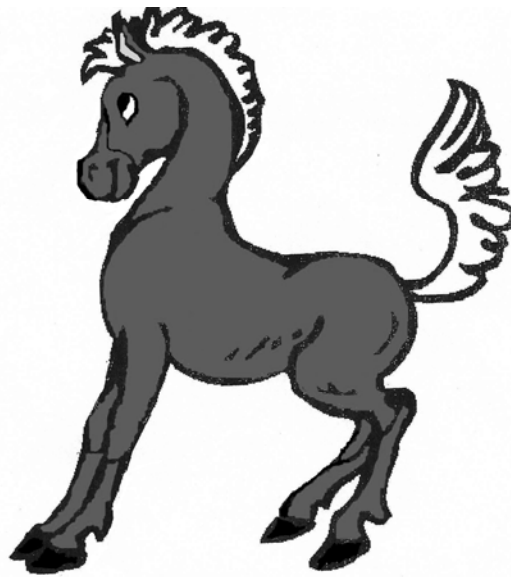


# **Strongsville Early Learning Preschool**



Mini-Mustangs

## **FAMILY HANDBOOK**

**STRONGSVILLE EARLY LEARNING PRESCHOOL**

19543 Lunn Road  
Strongsville, Ohio 44149  
(440) 572-7046

June, 2014

# Strongsville Early Learning Preschool Family Handbook

## Strongsville City Schools

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### Table of Contents

<b>Program Philosophy</b> .....	<b>5</b>
<b>Program Goal and Objectives</b> .....	<b>6</b>
<b>Program Description</b> .....	<b>6</b>
<b>Staff Directory</b> .....	<b>7</b>
<b>Procedural Information</b> .....	<b>8</b>
Building Access .....	8
Registration .....	8
<b>General Information</b> .....	<b>9</b>
Attendance/Absence/Tardiness .....	9
Transportation/Arrival/Dismissal .....	9
Backpack .....	9
Clothing .....	9
Departures>Returns During School Hours .....	9
Fees and Fines .....	10
Lost and Found .....	10
Records .....	10
Snacks .....	10
Supply List .....	10
Transfers, Withdrawals .....	10
<b>Academics</b> .....	<b>11</b>
Assessments .....	12
<b>Operating Procedures and Guidelines</b> .....	<b>13</b>
Emergency School Closing .....	13
Disclaimer of Responsibility: Valuables at School .....	13
Emergency Safety Drills .....	13
Emergency and Disaster Procedures .....	13
Fire, Tornado and Lockdown Drills .....	13
Outdoor Activity Time .....	14
Visitors .....	14
<b>Parent Information</b> .....	<b>15</b>
Bulletins .....	15
Child Abuse Recognition .....	15
Class Assignments .....	15
Class Size .....	15
Classroom Observation .....	15
Emergency Student Information .....	15
Emergency Release .....	16
Authorized Pick-up .....	16
Family/Custodial Situations .....	16-17
First Aid and Communicable Disease .....	17
Illnesses or Injuries at School .....	17
Parent Participation .....	17

---

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Parent/Teacher Communication .....	17
Report Cards .....	17
Parent Teacher Conferences.....	17
Parent Teacher Association.....	18
Request for Student Records .....	18
Toys.....	18
Seasonal Parties .....	18
Volunteers .....	18
<b>Student Code of Conduct .....</b>	<b>19</b>
Behavior Management/Discipline/Strategies .....	19-20
Physical Restraint.....	20
<b>Student Services .....</b>	<b>21</b>
Administration of Medication.....	21
Student Emergency Medical Authorization Form.....	22
Health and Safety .....	22
Immunization Requirements .....	22
Student Illness/Communicable Disease .....	23
A Note from the Nurse.....	23
<b>Strongsville City Schools Notices .....</b>	<b>24</b>
Family Education Rights and Privacy Act (FERPA).....	24
Notification of Rights under FERPA.....	25
Protection of Pupil Rights Amendment (PPRA) .....	26
<b>Licensing Information.....</b>	<b>27</b>
<b>Appendix.....</b>	<b>28</b>
Enrollment Application Form.....	A
Preschool Entrance Medical Form (Immunizations) .....	B
Dental Information Form .....	C
Student Emergency Medical Authorization Form.....	D
Medication Administration Form .....	E
Authorization for Student Possession and Use of an Epinephrine Autoinjector .....	F
Authorization for Student Possession and Use of an Asthma Inhaler.....	G
Roster Permission .....	H
Parent Request for Classroom Observation by a Service Provider from Outside of SCS .....	I
Authorization to Release/Receive Educational Records and/or Communicate with Outside Agencies/Individuals .....	J
<b>School Calendar 2014-2015.....</b>	<b>Back Cover</b>

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## Strongsville Board of Education

Carl W. Naso, President  
Richard O. Micko, Vice President  
Duke Evans  
George A. Grozan  
Jane L. Ludwig

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### Strongsville City Schools Central Office Administration

John J. Krupinski ..... Superintendent  
Deborah Herrmann..... Treasurer  
Cameron Ryba ..... Assistant Superintendent for Human  
Resources & Staff Development  
Erin Green ..... Director of Curriculum & Talent Development  
Denise R. Abboud, Ph.D. .... Director of Pupil Services  
Mark Donnelly ..... Director of Business Services

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### Important Phone Numbers

Telephone number for all Strongsville City Schools ..... 440-572-7000  
Strongsville Early Learning Preschool..... 440-572-7046  
Transportation ..... Martin Austin ..... 440-572-7060  
School Registrar..... Susan Kochheiser ..... 440-572-7048  
School Nurse..... Crystal Tackaberry ..... 440-572-7069

**OFFICE HOURS:** 6:30 AM – 3:00 PM Monday – Friday

**SCHOOL HOURS:** (Monday-Thursday) Session 1 – 8:05 AM – 10:35 AM  
Session 2 – 11:30 AM – 2:00 PM

**LOOK FOR DISTRICT/SCHOOL UPDATES ON**  
**[WWW.STRONGNET.ORG](http://WWW.STRONGNET.ORG)**  
**OR CHANNEL 22**

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## **INTRODUCTION**

Welcome. The policies and procedures in the *Preschool Family Handbook* serve to encourage the positive teaching and learning climate for all students. The contents of this *Family Handbook* are based upon the Ohio Revised Code and District policies approved by the Board of Education. The *Family Handbook* is designed to support families by providing a concise source of information. The *Preschool Family Handbook* has been adopted by the Board of Education to be followed by all students, parents and employees.

**This handbook is adopted by the Strongsville Board of Education each year and does not reflect changes that may occur during the school year. When in doubt, contact the school for questions or clarification.**

Have a wonderful year.

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## **OHIO DEPARTMENT OF EDUCATION RULES AND GUIDELINES**

The Strongsville Early Learning Preschool Program must meet the Ohio Department of Education rule compliance. According to the rules contained in the Federal and State laws, special education and related services must be provided as appropriate to all eligible children with disabilities. These eligibility criteria are established by the Ohio Department of Education (ODE). Site reviewers will visit programs at least two times a year to assure compliance and will issue compliance reports to the Principal and Superintendent. All ODE inspection reports of the program are posted in a conspicuous site near the posted license at each program. Parents can obtain copies of the inspection by written request to the Principal.

All complaints and reports concerning the operation of programs regulated by ODE may be reported to the Ohio Department of Education Ombudsman (phone number is 614-466-0224) or the Office of Early Childhood Education Licensing Office Licensing CPR: Silvia Gasser 330-343-8518.

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## **Strongsville City Schools**

### **MISSION STATEMENT**

The mission of the Strongsville City Schools, an "Excellent" school district with a tradition of nationally recognized students and teachers, is to ensure all students reach their fullest potential, through challenging curriculum and activities, provided by a highly qualified, motivated staff, in a safe, supportive environment, with up-to-date facilities and technology – in partnership with the community.

### **BELIEFS**

As an organization we believe:

- All People Are Unique
- Every Person Has Value
- All People Can Learn
- Learning Is Lifelong
- Personal Responsibility is Essential
- Respect Is Fundamental
- A Secure, Nurturing and Healthy Environment is Essential to Achievement
- Expression of Ideas, Opinions and Beliefs Fosters Growth
- Excellence is Worth the Commitment

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## **Strongsville Early Learning Preschool** **“Ensuring All Children Reach Their Fullest Potential”**

### ***PROGRAM PHILOSOPHY***

All children have a need to explore and interact with their environment for learning to take place. At an early age, children begin to explore and understand their world through play.

Play is the way of life for a child. Through play and other daily experiences, a child develops in the following six domains: adaptive (independence), aesthetic (creativity), cognitive (conceptual understanding), communication (language), sensorimotor (sensory and small/large muscle development), and social-emotional (management of self and relationships with others). At Strongsville Early Learning Preschool, we believe that it is important to understand developmental stages and make necessary adjustments to ensure that optimal learning takes place, through play and other meaningful activities, for our children identified with special needs and their typically developing peers.

Collaborative efforts between home, school, service agencies and the community are necessary to enhance the preschool experience. Together, we can prepare our children for future learning environments based on their individual needs.

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## ***PROGRAM GOAL AND OBJECTIVES***

The overall goal for Strongsville Early Learning Preschool is to offer a comprehensive and developmentally appropriate preschool program for all children. To accomplish this goal, we:

1. Recognize the characteristics of play in young children and its relationship to developmentally appropriate practice.
  2. Assist in the acquisition of self-help skills needed for independent living.
  3. Assist in the development of pre-academic problem solving and critical thinking skills.
  4. Promote the development of communication skills.
  5. Nurture the development of appropriate social/emotional skills.
  6. Assist in the development of sensorimotor skills, to include large and small muscles.
  7. Provide opportunities for creativity and self-expression.
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## ***PROGRAM DESCRIPTION***

Strongsville Early Learning Preschool (SELP) serves children with disabilities and their typically developing peers ages three to five. Children with disabilities may demonstrate developmental delays in one or more of the following areas: adaptive behavior, cognitive ability, communication skills, hearing, vision, sensorimotor functioning and social-emotional/behavioral functioning.

The preschool curriculum reflects developmentally appropriate early childhood programming. The structure and learning experiences in the classroom are individually and specifically designed to address the needs of every student.

- **Center Based Services** are held at Strongsville Early Learning Preschool. Classrooms are staffed by teachers certified in early childhood special education and by special education aide/attendant(s). Speech/language therapy, occupational therapy and physical therapy are provided if the child qualifies for these related services to meet the goals and objectives on their Individualized Education Program. Students attend two-and-a-half hour classes during session one (8:05 – 10:35 AM) or session two (11:30 AM – 2:00 PM), for a total of ten hours per week (Monday through Thursday only). On Friday, students do not attend school, but consultation among professionals and families, IEP meetings, assessments, home visits, observations and other activities that enhance the development of the child are conducted. Collaborative activities will vary based on the needs of the individual child and family.
- **Itinerant Services** are provided by a certified special education teacher who may serve students at home or at a preschool/daycare within ten (10) miles of Strongsville Early Learning Preschool. The itinerant teacher offers services a minimum of four hours per month as outlined on the child's Individualized Education Program.
- **Itinerant Speech Services** are provided by a licensed speech therapist who services students enrolled in a community preschool/daycare within ten (10) miles of Strongsville Early Learning Preschool or for students not enrolled in preschool. Services are provided at SELP.

Family involvement is an integral part of the development of the total child. Parent visitations are encouraged and welcomed. Please call ahead to schedule a visit.

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## Strongsville Early Learning Preschool

### **STAFF DIRECTORY**

SELP Automated Directory		572-7046	
Denise R. Abboud, PH.D.	Director of Preschool and Pupil Services	572-7046 x5989	<a href="mailto:abboud@strongnet.org">abboud@strongnet.org</a>
Andrew Kuzmickas, Ed.S.	Special Ed., Supervisor	572-7046 x5989	<a href="mailto:kuzmickas@strongnet.org">kuzmickas@strongnet.org</a>
Marie Palanca	Secretary	268-5426	<a href="mailto:palanca@strongnet.org">palanca@strongnet.org</a>
Jeremy Ryman, M.A., Psy.S.	School Psychologist	268-5348	<a href="mailto:ryman@strongnet.org">ryman@strongnet.org</a>
Diane Heidt, M.A., CCC/SLP	Speech/Language Pathologist	268-5342	<a href="mailto:heidt@strongnet.org">heidt@strongnet.org</a>
Wendy Kullgren, M.A., CCC/SLP	Speech/Language Pathologist	268-5914	<a href="mailto:kullgren@strongnet.org">kullgren@strongnet.org</a>
Crystal Tackaberry, RN	District Nurse	572-7069	<a href="mailto:tackaberry@strongnet.org">tackaberry@strongnet.org</a>
Glenn Olesick	Head Custodian	268-5341	<a href="mailto:olesick@strongnet.org">olesick@strongnet.org</a>
Stevie Yount	Custodian	268-5341	<a href="mailto:yount@strongnet.org">yount@strongnet.org</a>
Karen Kennedy, M.Ed.	Teacher	268-5344	<a href="mailto:kennedy@strongnet.org">kennedy@strongnet.org</a>
Cathy King, M.Ed.	Teacher	268-5345	<a href="mailto:cking@strongnet.org">cking@strongnet.org</a>
Theresa Mizerik, M.Ed.	Teacher	268-5347	<a href="mailto:mizerik@strongnet.org">mizerik@strongnet.org</a>
Melanie Ropchock, M.Ed.	Teacher	268-5346	<a href="mailto:ropchock@strongnet.org">ropchock@strongnet.org</a>
Lynne Wilson, M.Ed.	Teacher	268-5343	<a href="mailto:wilsonl@strongnet.org">wilsonl@strongnet.org</a>
Jessica Call, M.Ed.	Itinerant Teacher	268-5351	<a href="mailto:call@strongnet.org">call@strongnet.org</a>
Becky Applegate	Aide/Attendant	572-7046	<a href="mailto:applegate@strongnet.org">applegate@strongnet.org</a>
Theresa Bost	Aide/Attendant	572-7046	<a href="mailto:bost@strongnet.org">bost@strongnet.org</a>
Cynthia Castora	Aide/Attendant	572-7046	<a href="mailto:castora@strongnet.org">castora@strongnet.org</a>
Nancy Herron	Aide/Attendant	572-7046	<a href="mailto:herronn@strongnet.org">herronn@strongnet.org</a>
Susan Lange	Aide/Attendant	572-7046	<a href="mailto:lange@strongnet.org">lange@strongnet.org</a>
Christie Spaulding	Aide/Attendant	572-7046	<a href="mailto:spaulding@strongnet.org">spaulding@strongnet.org</a>
Rebecca Wisniewski	Aide/Attendant	572-7046	<a href="mailto:wisniewskir@strongnet.org">wisniewskir@strongnet.org</a>
Tammy Dietz	Aide/Attendant	572-7046	<a href="mailto:dietz@strongnet.org">dietz@strongnet.org</a>



## **PROCEDURAL INFORMATION**

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### **Building Access**

- Regular Building Hours: 6:30 AM – 3:00 PM, Monday through Friday.
- In accordance with Strongsville City Schools' security requirements, interior doors will be locked and visitors will be required to use the buzzer/intercom to gain admittance during school hours.

### **Registration**

In order for your child to attend the Early Learning Preschool, he/she must be registered with Strongsville City Schools.

### **The following records must be presented at registration:**

1. Each child's certified birth certificate or baptismal certificate.
2. Record of the child's immunizations.
3. Proof of residency – i.e. utility bill (gas, electric, water or sewer bill), lease, purchase agreement, or residency affidavit.
4. Verification of legal custody/guardianship – if the child is not living with both biological parents.

**Registrations are done by appointment only. Please contact Sue Kochheiser, Registrar, at 440-572-7048 to schedule an appointment.**

### **The following forms shall be completed by the parent and on file upon enrollment:**

1. Enrollment Application Form (Appendix A).
2. Preschool Entrance Medical Form signed by a physician (Appendix B).
3. Dental Information Form signed by a dentist (Appendix C).
4. SCSD Student Emergency Medical Authorization Form (Appendix D).
5. Roster Permission Form (Appendix H).
6. Immunization Records.
7. Emergency Transportation Release.
8. Pupil Emergency Card

### **Enrollment Application Form and Payment Information**

- Please fill out and return the Enrollment Application Form (Appendix A) along with other forms as designated by the SELP Secretary.
- A Monthly Fee of \$140.00 is charged for the 4 day per week program. Checks should be made payable to Strongsville City Schools by the 10<sup>th</sup> of each month and given to the classroom teacher or the building Secretary. If the tuition is not received by the 10<sup>th</sup> of the month, you may be asked to pay the tuition before your child can return to the preschool. Please contact the Preschool Director with questions or concerns.

## **GENERAL INFORMATION**

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### **Attendance, Absence, Tardiness**

Regular and punctual attendance contributes to a child's success in school and in later life. Statistics have shown that absences have a direct relationship to achievement. When there are concerns regarding attendance or punctuality, the principal will contact the parent. Regular attendance is important; but it is, of course, equally important to the welfare of all students that children who are ill remain at home until they are well.

- Parents/guardians are asked to call the preschool to report absences at 440-268-5426, and to call the Transportation Department to notify the bus at 440-572-7060 if applicable.
- Communicable diseases should be reported to the school office at the earliest date possible. Communicable diseases include chicken pox, strep throat, scarlet fever, conjunctivitis, impetigo, head lice, scabies, ring worm, and pin worms. Students should remain at home for the required isolation period and bring a doctor's note when they return, indicating the communicable disease and the date they may return to school.
- Parents should accompany students who arrive tardy to school and should first report to the office to sign in before going to their respective classrooms. Frequent tardiness is discouraged and may adversely affect learning.

### **Arrival/Dismissal/Transportation**

- Transportation to and from school may be provided by the district for students with disabilities within the boundaries of Strongsville City Schools. Typical peers attending the school, including siblings of students with disabilities, are transported by their families.
- Preschool staff will meet the buses and supervise all bus riders in and out of the building during arrival and dismissal.
- Families who drive their child to the preschool should arrive no earlier than 8 AM / 11:25 AM for drop off and arrive no earlier than 10:30 AM / 1:55 PM for pick-up.
- Additional information will be provided regarding pick-up and drop-off procedures at the beginning of the school year.
- For the safety of all students, remember that cars may not be pulled behind buses or parked in the bus or fire lanes, and may not pass other cars in line for drop off during arrival times.

### **Backpack**

Every child will need a backpack large enough to accommodate art projects and papers. Please check your child's backpack daily for notes, newsletters or art projects.

### **Clothing**

All students need to have an extra set of clothes (socks, underpants, shirt and pants) at the preschool in a large, labeled Ziploc bag. All clothing or other materials brought to school should be labeled with the student's name. Children should be dressed properly for all weather conditions. All children will go outside, weather permitting, for outdoor play. It would also be wise to send a sweater along with your child that could be kept at school for use during the winter months.

### **Departures>Returns During School Hours**

When doctor or dental appointments or other commitments cannot be scheduled outside of school hours and a parent knows in advance that it will be necessary for a child to leave school during the school day, the parent is requested to send a note the day the student is to be excused. The parent must come into the preschool to sign their child out and again when returning to school. Parents may be required to show a photo ID prior to removing the student.

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## **Fees and Fines**

Notices will be sent home at various times during the school year specifying the item or activity for which there is a fee, such as workbooks, or field trips. Report cards may be withheld if student fees are not paid.

### **Media Charges**

Marked books (crayoned, penciled or otherwise marked pages and torn pages)  
Up to \$5.00 maximum ..... \$1.00 per page  
Ripped out pages ..... \$1.00 per page  
Water-marked books (if still usable) ..... \$5.00 per book  
Lost or damaged beyond repair ..... Cost of Replacement

#### **OR:**

Hardbound (if it cannot be replaced with the same or something comparable) . \$15.00  
Paperback Collection ..... \$8.00  
Magazines ..... \$3.50  
Missing bar code stickers ..... \$1.00

## **Lost and Found**

A “Lost and Found” is located in the school office. Unclaimed items will be disposed of or donated at the end of the school year.

## **Records**

A number of records are maintained during your child’s school years to comply with state regulations. These records may include registration information, custody verification, report cards, conference reports, test results, Individualized Education Programs (IEPs), emergency medical cards and a record of immunizations. Parents/guardians are guaranteed access to their child’s school records and test scores. If you wish to review your child’s file, contact the school principal for an appointment.

## **Snacks**

Classroom snack items will be provided by the parents in consultation with the classroom teacher, who will advise parents on snack choices. This snack consists of 100% fruit juice or milk plus an item from another food group. Some nutritious snack foods include: dry cereal; fresh, dried, or canned fruit; vegetable sticks and dip; pretzels; plain yogurt or yogurt with fruit; cheese and crackers; or oatmeal cookies. Students will be encouraged, not challenged, to try new foods. Please check with your child’s teacher to determine if any classmates have food allergies or dietary requirements. Snack menus will be posted weekly.

## **Supply List**

The supply lists will be posted in August at the preschool. Parents/Guardian must provide the necessary supplies.

## **Transfers, Withdrawals**

Parents of students transferring or withdrawing to any other school in or out of the district are asked to notify the school office (440-572-7046 Ext. 4095) and the registrar’s office (440-572-7048). The proper form will be prepared for parent signature and a copy of the withdrawal will be given to the parent to take to the new school.

## **ACADEMICS**

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The formal curricula adopted for use at Strongsville Early Learning Preschool consists of the Houghton Mifflin Pre-K Core Program, and Everyday Math.

Classroom activities are developed in accordance with program philosophy and objectives, the adopted curricula and Ohio Department of Education Early Learning and Development Standards, and if applicable, are aligned with students' Individualized Education Programs. Activities and the areas of development that they address include, but are not limited to, the following:

Arrival and Dismissal: Practicing greetings and previewing or reviewing the day's events and personal goals, to develop social, language, listening and fine motor skills;

Self-Care: Practicing independence in managing coat and backpack and in bathroom and hygiene to develop functional living and fine motor skills;

Pre-Academics: Participating in learning centers to develop cognitive and attending skills;

Snack and Cleanup: Sampling foods and cleaning up individual space to develop functional living, fine motor, social and language skills;

Group Time: Interacting with peers and staff regarding daily events, new concepts and materials, and songs and stories, to develop attending, language, and listening skills and ability to follow directions;

Play and Physical Education: Participating in indoor and outdoor play opportunities and games to develop cooperation as well as fine and gross motor, problem solving, and language skills;

Art and Music: Participating in the arts to develop task creativity, orientation and social, language, listening and fine motor skills;

Individual and Small Group Activities: Free play and other activities, and if applicable, specialized instruction and/or therapy as outlined on the student's Individualized Education Program.

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## **Assessments**

The following assessments are conducted according to Ohio Department of Education mandates:

### Early Learning Assessment

The purpose of the Early Learning Assessment is to provide teachers with a tool to monitor individual children's learning, individualize learning opportunities, plan for intervention, and ensure that all children are on the path for kindergarten readiness.

### Early Childhood Outcomes Summary Form

The Early Childhood Outcomes Summary Form (ECOSF) is used by preschool special education teachers rate every preschool child with a disability using a 7-point scale to document the child's progress in each of three categories. The ECOSF captures information on children's progress in the acquisition and use of knowledge and skills, (including early language, communication and early literacy), positive emotional skills (including social relationships) and the use of appropriate behaviors to meet their needs. This form gathers information from ongoing assessments, families and all service providers.

### Ages & Stages Questionnaires®: Social-Emotional (ASQ:SE)

Ages\_and Stages Questionnaire: Social Emotional (ASQ-SE) for preschool children with disabilities is a parent questionnaire completed in collaboration with the classroom teacher. It provides information about the social and emotional behavior of children ranging 3 months to 66 months. The ASQ-SE looks at 7 behavior areas which are self-regulation, compliance, communication, adaptive functioning, autonomy, affect and interaction with people.

## **Developmental Screening**

The following additional screening is conducted for all typically-developing peers according to Ohio Department of Education Office of Early Learning and School Readiness.

### Ages & Stages Questionnaires®, Third Edition (ASQ-3™)

ASQ-3 asks open-ended questions on behavior and expressive language and is completed by the classroom teacher and parent. The questionnaire items are linked to developmental milestones. This screening tool is used to ensure your child is progressing in their development. The information from this screening will be shared with parents during parent-teacher conferences.

## **Vision Screening**

A vision screening is conducted at the beginning of the school year. The purpose of this screening is to examine your child's sharpness of vision, or visual acuity. Screening results may indicate a potential need for further assessment. A vision screening is not a substitute for a complete eye and vision evaluation by an eye doctor. Screening results will be shared with parents on an as needed basis.

## **Hearing Screening**

A hearing screening is an abbreviated hearing test to determine if your child may have a hearing problem. It is intended to identify children who are in need of further evaluation.

## **OPERATING PROCEDURES AND GUIDELINES**

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### **Emergency School Closing**

Emergency school closings, delays, and early dismissals due to severe weather or other conditions will be announced on the morning and evening radio and television newscasts. Schools that are closed on consecutive days are announced each day. Only school closings are announced. A school not announced as closed may be presumed to be open. School cable channels run school closings and cancellations.

### **Disclaimer of Responsibility: Valuables at School**

Please label all outer clothing such as hats, gloves, boots, and jackets. Students are to refrain from carrying or wearing items of considerable value, such as an expensive watch or electronic devices. Students are expected to refrain from using personal electronic devices while in school. Items such as glasses, money, wallets, or watches are kept in the school office until claimed by the owner or until the end of the school year. Parents are encouraged to check for missing articles in the "Lost and Found" in the school office. Unclaimed items will be disposed of or donated.

### **Emergency Safety Drills**

Emergency drills are held in compliance with the Ohio Revised Code. The drills are planned to provide practice at varying times and under differing conditions. Order and speed are stressed during a drill. No talking is permitted as an emergency situation requires being able to hear directions given by a staff member. The intent is that the response to the signals for emergency drills will become so routine that the procedure will be carried out rapidly, automatically, and in an orderly manner to maximize safety for all occupants of the building.

### **Emergency and Disaster Procedures**

In the event of an emergency or a disaster (wind storm, heavy rain, tornado, etc.) during a school day, pupils will remain at school until authorities deem it wise to send them home. During an emergency or disaster, students will be moved from the classroom to the safest portion of the school building as determined by school authorities. In the event of an impending emergency (snow storm, tornado, etc.), the principal shall dismiss students to the parent or guardian, even though school is to continue in session. If school authorities consider it necessary that preschool children be sent home before or after regular dismissal time, parent/guardian will be contacted.

### **Fire, Tornado and Lockdown Drills**

Drills are held at intervals in compliance with the requirements of the Revised Code of Ohio. The drills are planned to provide practice at varying times and under differing conditions. Children are taught proper procedures to follow. Order and speed are stressed during a drill. No talking is permitted as an emergency situation requires being able to hear directions given by a staff member. The intent is that the response to the signals for fire, tornado or lockdown drills will become so routine that the procedure will be carried out rapidly, automatically, and in an orderly manner to maximize safety for all occupants of the building in the event of an emergency.

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### **Outdoor Activity Time**

Children need to spend some time outdoors during the school week. Our school assumes that anyone sent to school will have an assigned period of time of outdoor activity weekly, weather permitting. All playground equipment must be used as it is intended, and under adult supervision. Care needs to be taken that outer clothing worn to school is suitable for outdoor play during recess periods as children may be outdoors except when weather conditions prohibit. Students may be going outside unless the temperature is below 20 degrees and/or the wind chill is below 10 degrees, or the play area is excessively wet or there is excessive ice, slush or snow on the playground. If your child has an unusual health problem, it should be discussed with the nurse, principal or the child's teacher.

### **Visitors**

Board of Education policy, adopted pursuant to state law, requires that all visitors to the school report to the school office upon entering the building. All schools are equipped with buzzers or require access to the building through the main office. Visitors must register inside the school office and be issued a visitor's pass to be worn at all times while inside or outside the building at any school sponsored activity during the school day. Visitors are asked to return their visitor's badge when signing out.

All parents and other visitors must get permission from the office before using the observation room, entering a classroom, or other areas in the school building. Parents who want to talk or meet with a staff member are to call the office or individual staff member's voice mail, or write a note to make appropriate arrangements.

If parents need to have someone not known to the school pick up their children, we request that parents either send a note to school that day with the name of the person or call the school with the name. Parents are asked to remind anyone picking up their child to sign in and have a photo ID.

## **PARENT INFORMATION**

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### **Bulletins**

Special bulletins or flyers are sent home as a reminder of special events by the school, PTA and approved civic activities.

### **Child Abuse Recognition**

Administration and all employees are required to report all suspected cases of child abuse or neglect to the Cuyahoga County Department of Job and Family Services. Staff is also trained in child abuse recognition.

### **Class Assignments**

Many factors are taken into consideration when making class assignments. These factors include: ability, personality of the child, peer relationships, cluster grouping, special education needs, and knowledge of the individual teachers. **Parent requests for specific teachers will not be honored.** Class lists are posted at each building in August.

### **Class Size**

Each class may have children 3–6 years of age. The maximum number of children is 14, with an adult/child ratio of 1:6. The calculation includes all qualified staff within the building.

### **Classroom Observation by Parent**

An observation of their child's classroom by a parent of a child who is currently enrolled in SELP can be initiated by making a verbal request to the Preschool Director or Supervisor, or, in their stead, to the appointed teacher. We ask that you make an appointment to lessen the disruption to students by having an outside person in the classroom. However, parents are entitled to access their child at any time. Parents of prospective students may request to visit the school when children are not present (before or after sessions, or on Fridays). Additionally, a designated Open House for potential enrollees is held in January.

### **Classroom Observations by Credentialed Service Providers (See Appendix I)**

Credentialed service providers who are not employees of, or contracted to, Strongsville City Schools may be permitted to observe a child under the conditions outlined on the document in Appendix I. Please contact the Preschool Director if you have questions.

### **Emergency Student Information**

Please provide the school district with the most current information on how to contact family members in case of emergency. Parents are required to complete a Pupil Emergency Card in the beginning of each school year. **When any changes occur during the school year, please submit in writing to the school office changes such as a new home address, phone number, business phone number, and persons to be contacted.** In the case of divorce, child custody, or re-marriages, the school should be notified and receive proper documentation. For non-relatives picking-up a student, they must do the following: sign-in, including printed name and signature, make of car, license plate number, and show photo identification.



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## Emergency Release

In accordance with State regulations, children are released only to a custodial parent, guardian, or person authorized by the custodial person. If a person other than those noted will pick up a child, a telephone call must be placed to the teacher identifying the authorized person. **The teacher will require photo identification from the person picking up the child.** Please relay this I.D. policy information to the person picking up the child.

**Authorized list for pick-up for your child:** Persons on the authorized pick up list must be at least 18 years of age and be able to supply documentation of their identity. You will be asked to fill out this form during your scheduled orientation.

## Family/Custodial Situations

As there are an increasing number of families experiencing transitions in parental custodial relationships, and the laws governing divorce settlements and custody have recently been changed, we find it necessary to clarify and restate the usual procedures followed by the administration in dealing with parents in such situations.

**In two-parent families,** it is assumed that both parents are living at the same address unless we have been notified otherwise. School personnel will, therefore, send home notices, communications, etc. with the child. It is assumed that both parents are communicating regarding the child and that all information is shared by and between the parents. This information includes, but is not limited to, parent conferences, IEP meeting invitations, and progress reports.

**In families experiencing separation of parents or pending divorce,** the above information will be sent home with the child to whichever parent currently has care of the child. It is assumed that this information is shared *by* the parents and *between* the parents. Since this situation frequently impacts on a child's achievement and interactions at school, parents are asked to inform *both* the principal and teacher of this fact so that appropriate support can be given to the child. SCSD personnel cannot proceed on hearsay, rumors, or requests of a parent, however, without the appropriate documentation detailed below.

**In cases of an actual divorce decree** involving clear *custody by one parent*, the school is to be informed by the custodial parent of this fact. A copy of the first page of the decree bearing the case number, the pages referring to custody and the relationship with the school, and the final page bearing the judge's signature are to be submitted to the principal. Unless the decree indicates otherwise, school communications will be sent home to the *custodial parent*. Custodial parents should understand, however, that unless the divorce decree specifically limits the non-custodial parent's right to access the records, the non-custodial parent has a right to the same access as the custodial parent. We will, unless instructed by a court order, release such items as report cards, health records, referrals for special services, and communications regarding major disciplinary actions.

Further, you should realize that unless restricted by court order, any non-custodial parent has the right to attend any school activity of their child.

**In cases of joint custody (shared parenting agreements)** entitling both parents access to school personnel and activities, it is assumed that one copy of communications and information will be sent home with the child and that this will be shared *by* and *between* the parents. However, a second copy may be requested if needed.

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Regarding parent conferences in all custody situations, it is preferred and will be the general procedure that *one* conference appointment be scheduled jointly if both parents wish to be present. It is assumed that parents are able to set aside differences and to come together on behalf of their child for this time. A joint conference further insures that both parents are given the same information at the same time, thereby avoiding misunderstanding and/or misinterpretations.

### **First Aid and Communicable Disease**

Staff is trained in First Aid and Communicable Disease. A fully supplied first aid kit is available on the bus for field trips. A Communicable Disease Chart is located in the nurse's office and in each individual classroom. Parents will receive written notification of their child's exposure to communicable disease (e.g., strep infection, conjunctivitis, etc.).

### **Illnesses or Injuries at School**

Staff members refer pupil health concerns to the school office. Attempts are made to contact parents. In the event of an accident or illness requiring consultation, attempts are made to contact parents. When a parent cannot be reached, an effort is made to contact other persons listed on the Pupil Emergency Card. The Student Emergency Medical Authorization Form given to the parent/guardian to complete at the beginning of the school year is consulted for instructions if medical help must be sought immediately. The information on these forms is critical and must be kept up to date. Please keep these records current by notifying the school office through email, or in writing, of any changes in work or home telephone numbers, doctor or dentist, or the person(s) to be contacted when a parent cannot be reached. The appropriate accident/incident report will be completed by the school. Parents may receive a copy of the report upon request.

### **Parent Participation**

Parents are encouraged to be a part of their child's classroom experience. This participation may be in the form of providing assistance for a special project, providing materials/supplies for a special activity, or simply visiting with their child. If possible, we ask that parents schedule their visit with the teacher. Parents are also encouraged to call their child's teacher if they have any questions or concerns.

### **Parent/Teacher Communication**

Please refer to the staff directory located in the front of this handbook for phone numbers and email addresses. Parents may phone teachers' direct lines and leave a voicemail message during school hours. Teachers will return calls in a timely manner. Correspondence may occur via teacher/family communication notebooks or phone calls.

### **Report Cards**

Report cards for students are sent home to parents one week following the end of each of the grading periods. Please refer to the school calendar for end of grading period dates.

### **Parent Teacher Conferences**

Parents are encouraged to contact the teacher whenever they have a question or concern. Parent/teacher conferences may be arranged at mutually agreed upon days. When a conference is desired, please make advance contact with the school office or the teacher so that arrangements may be made. A minimum of two conference opportunities will be provided formally each school year.

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### **Parent Teacher Association**

The Strongsville Early Learning Preschool PTA is an important part of our school that works to benefit all the children. Our unit provides many programs and activities to enhance curriculum, enrich activities and support various student activities that are not publicly funded. Parent/Guardian (including mom, dad, grandparents, aunts, uncles) involvement is welcomed. Your participation, ideas and comments benefit our unit. Participation leads to rewarding relationships with teachers, administrators, staff and other SELP families. Developing home-school partnerships affords the opportunity to insure quality education.

### **Request for Student Records**

The policy of the Strongsville Board of Education recognizes that collecting and maintaining data to assist the student in present and future endeavors must be done in a way that will not impinge upon a student's privacy or other rights. Parental requests to review a child's records should be made in writing to the building principal.

### **Toys**

Children are not permitted to bring toys to school. While some toys might have some educational value in addition to their entertainment value, the distractions they can cause to the learning environment at school outweighs the educational value they might have. Please check to make sure your child does not bring toys to school unless special permission has been granted by the principal/designee.

### **Seasonal Parties**

Throughout the year we will have seasonal parties. These are meant to be fun activities for the children to learn vocabulary and practice language and social skills. However, if for any reason you do not wish to have your child involved in the party, please let your child's teacher know. We will provide alternative, curriculum-based activities during the party time. We certainly wish to keep communication open with all families and respect everyone's beliefs and traditions.

### **Volunteers**

We welcome volunteers to assist with various tasks at the preschool. If you would like to volunteer in any of the capacities listed below, please contact the SELP Secretary for information on the process.

- *Classroom Celebrations*  
We welcome the participation of family members in classroom celebrations with the approval of the teacher. Please contact your child's teacher if you would like to supply snacks or assist with special events.
- *Clerical Assistance*  
We appreciate help with preparing classroom materials in the staff workroom (coloring, cutting, pasting -- just like preschool!).
- *Classroom Helper*  
Volunteers who can commit to a regular schedule and who are willing to complete the process for a background check may assist with children in the classroom. For educational reasons, we prefer that parents volunteer in classes other than their own child's. Please contact the Preschool Director for further information about district requirements for regular volunteers.

## **STUDENT CODE OF CONDUCT**

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The *Student Code of Conduct* reflects a combination of State law and District policy that outlines the expected behaviors plus the procedures and consequences used within the District to ensure a safe and orderly teaching and learning environment is maintained.

### ***Behavior Management/Discipline***

- A. A preschool staff member in charge of a child or a group of children shall be responsible for their discipline.
- B. The center shall have a written discipline policy describing the center's philosophy of discipline and the specific methods of discipline used at the center. This written policy shall be on file at the center for review. Constructive, developmentally appropriate child guidance and management techniques are to be used at all times and shall include such measures as redirection, separation from problem situations, talking with the child about the situation and praise for appropriate behavior.
- C. Behavior management/discipline policies and procedures shall ensure the safety, physical and emotional well-being of all individuals on the premises.
- D. The center's actual methods of discipline shall apply to all persons on the premises and shall be restricted as follows:
  - 1. There shall be no cruel, harsh, corporal punishment or any unusual punishments such as, but not limited to, punching, pinching, shaking, spanking or biting.
  - 2. No discipline shall be delegated to any other child.
  - 3. No physical restraints shall be used to confine a child by any means other than holding a child for a short period of time, such as in a protective hug, so the child may regain control.
  - 4. No child shall be placed in a locked room or confined in an enclosed area such as a closet, a box or a similar cubicle.
  - 5. No child shall be subjected to profane language, threats, derogatory remarks about the child or the child's family or other verbal abuse.
  - 6. Discipline shall not be imposed on a child for failure to eat, failure to sleep or for toileting accidents.
  - 7. Techniques of discipline shall not humiliate, shame or frighten a child.
  - 8. Discipline shall not include withholding food, rest or toilet use.
  - 9. Separation, when used as discipline shall be brief in duration and appropriate to the child's age and developmental ability and the child shall be within sight and hearing of a preschool staff member in a safe, lighted and well-ventilated space.
  - 10. The center shall not abuse or neglect children and shall protect children from abuse and neglect while in attendance in the preschool program.
- E. All preschool staff members shall review this discipline policy upon employment.

*\*Methods of discipline at Strongsville Early Learning Preschool shall be restricted as outlined in the Ohio Department of Education Preschool Licensing Rules 3301-37-10*

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## ***Behavior Management Strategies***

Behavior Management should be a method of teaching children to express their emotions, needs and wants in constructive, adaptive ways. Children need to learn developmentally appropriate problem-solving skills so that they can interact positively and peacefully with peers and adults. As such, staff at Strongsville Early Learning Preschool choose from among several strategies to use the most effective means to assist individuals and groups of children. Examples include:

### Strategies to use to prevent a problem situation

- Pre-teaching social skills, expected behaviors and routines clearly, and practicing consistently.
- Setting up the learning environment to promote smooth transitions.
- Identifying potential “triggers” that may cause a child to react inappropriately and teaching replacement skills to the child.
- Practicing with modeling, social stories and dramatic play.
- Cueing the child verbally, as well as through nonverbal means such as picture schedules.

### Strategies to use when a problem situation occurs

- Cueing and redirection.
- Temporary distraction from the problem situation to refocus the child’s attention.
- Calming techniques, such as speaking softly to the child.
- Separation from the problem situation, as appropriate to the child, in a “safe space.”
- Protecting children from harm to themselves or others.
- Discussing the problem situation with the child or children involved to facilitate problem-solving by having them generate possible solutions and carry them out.

### Strategies to use after a problem situation has occurred

- Praise and recognition for appropriate behavior and problem-solving.
- Reinforcing skills acquired during the problem-solving activity for future use.
- Redirection to the previous activity or to another activity.

## **Physical Restraint**

Strongsville City Schools trains staff in Nonviolent Crisis Intervention through Crisis Prevention Institute. The primary goal of nonviolent crisis intervention is to prevent the need for physical intervention through the use of deescalation techniques to defuse a potential crisis. The use of physical intervention is considered to be a last resort to prevent harm to self or others. Physical intervention shall be restricted to a protective hug, and shall be used for a short period of time so the child may regain control.

*\*Methods of discipline at Strongsville Early Learning Preschool shall be restricted as outlined in the Ohio Department of Education Preschool Licensing Rules 3301-37-10 D3*

## **STUDENT SERVICES**

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### **Administration of Medication**

When it is necessary for the administration of medication to a student while in school, the following procedure is required:

The building administrator or school nurse must receive one or more of the following completed medication forms signed by the licensed prescriber (physician, nurse practitioner) who prescribed the medication and by the parent/guardian. **All medications (prescription and over-the-counter) require a parent/guardian signature and a prescriber signature.** *Please do not send medication to school with your student. The parent/guardian must bring all prescription and nonprescription medication and any refills of medication to the school office.* The medication forms are available on the district website at [www.strongnet.org](http://www.strongnet.org), school office or in the appendix.

- **Medication Administration Form** (Appendix E)
- **Authorization for Student Possession and Use of an Epinephrine Autoinjector Form** (Appendix F)
- **Authorization for Student Possession and Use of an Asthma Inhaler Form** (Appendix G)

The authorization to administer medication will be in force from the duration stated by the prescriber as long as the prescriber is attending the student's medical needs, but will not extend beyond the current school year. The parent/guardian must obtain and submit a revised statement from the prescriber if any of the information provided by the prescriber changes.

A copy of the form authorizing the student to receive medication during the school day will be in the possession of the person(s) designated by the principal as responsible to supervise the secure and proper storage of medication and the administration of medication to students.

Medication, prescription or over-the-counter, including cough drops, must be brought to the school clinic, to the principal or to the appropriate person(s) who have been appointed by the building principal. The medication must be in the container in which it was purchased or dispensed by the licensed pharmacist. Medication will be stored in a locked storage place unless refrigeration is required, and then it will be stored in a refrigerator not accessible to students.

No employee who is authorized to administer a prescribed medication and who has a copy of the most recent prescriber's statement will be liable in civil damages for administering or failing to administer the drug, unless he/she acted in a manner that would constitute "gross negligence or wanton or reckless misconduct pursuant to O.R.C. 3313.713." No person employed by the Strongsville Board of Education is required to administer a drug to a student except pursuant to requirements established under this policy. The Strongsville Board of Education shall not require an employee to administer a drug to a student if the employee objects to administering the drug on the basis of religious convictions.

For questions concerning the administration of medication while in school, please contact the District School Nurse at 440-572-7069.

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### **Student Emergency Medical Authorization Form**

According to Ohio Revised Code, Section 3313.712, each child enrolled in Strongsville City School District must have a Student Emergency Medical Authorization Form on file in the school office.

The purpose is to enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

### **Health and Safety**

The following information must be on file for each student and updated at least annually, no later than the **second week of school**: Preschool Entrance Medical Form, Dental Information Form, Student Emergency Medical Authorization Form (see Appendixes B, C, D). Appropriate forms are provided by the school district via the SELP Secretary. Please report any changes that occur during the school year in writing immediately so that records can be updated to reflect the most current information. Allergies to food or other substances should be indicated on the student's Emergency Medical Authorization Form and on the Pupil Emergency Card. Staff members refer pupil health concerns to the school office. In the event of an accident or illness, attempts are made to contact parents. When a parent cannot be reached, an effort is made to contact other persons listed on the Pupil Emergency Card. A **minimum of two persons** other than parents must be listed as emergency contacts on the students' card. "Emergency Contacts" must be able to come to school within 45 minutes of a call to pickup a sick or injured child. The Student Emergency Medical Authorization Form given to the parent/guardian to complete at the beginning of the school year is consulted for instructions if medical help must be sought immediately. *The information on these forms is critical and must be kept up to date.* Please keep these records current by notifying the school office of any changes in work or home telephone numbers, doctor or dentist, or the person(s) to be contacted when a parent cannot be reached. The appropriate accident/incident report will be completed by the school. Parents may receive a copy of the report upon request.

### **Required Preschool Immunizations**

Students will not be permitted to attend school or extra-curricular activities unless all immunization requirements of the Ohio Revised Code section 3313.671 and 3701.13 are met.

- DTP (diphtheria, tetanus, pertussis) – Four (4) doses
- Polio – Three (3) doses
- Hepatitis B – Three (3) doses (last dose in the series must not be administered before 24 weeks of age).
- MMR (measles, mumps, rubella) – One (1) dose administered on or after the first birthday.
- Varicella – One (1) dose administered on or after the first birthday.
- HIB – Three (3) or Four (4) doses (depending on the age when started).  
\*One (1) dose if given at or after 15 mos. of age

**According to Section 3313.671 of the Ohio Revised Code, on the 15<sup>th</sup> day after school entrance it will be necessary to exclude all students from school who do not meet the immunization requirements.**

Documentation must be mailed or faxed to Strongsville Early Learning Preschool, or given to the school secretary.

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## ***STUDENT ILLNESS/COMMUNICABLE DISEASE***

Parents/guardians will be immediately notified of their child's condition if a child presents with signs or symptoms of illness. A child with any of the following signs or symptoms of illness shall be immediately isolated and discharged to their parent/guardian:

- Diarrhea (more than one abnormally loose stool within a 24 hour period)
- Vomiting in combination with other signs of illness
- Severe coughing, affecting breathing or making a whooping sound
- Difficult or rapid breathing
- Yellowish skin or eyes
- Conjunctivitis (inflammation of eye)
- Temperature of 100° F
- Untreated infected skin patch(es)
- Usually dark urine and/or grey or white stool
- Stiff neck
- Evidence of lice, scabies or other parasitic infection

### ***A NOTE FROM THE NURSE***

Many parents find themselves struggling with sick children and when to send them back to school. You do not want your children to miss school, but at the same time, you do not want them returning if they are too sick or could infect others. It is especially hard to determine if a child should stay home in the morning because you cannot tell if they will improve or get worse during the course of the day.

**You should keep your children home if they are experiencing:**

- \* Fever over 100° F
- \* Vomiting
- \* Diarrhea
- \* Frequent cough
- \* Persistent pain (ear, stomach, etc.)
- \* Widespread rash

**If there is any doubt contact your doctor or health care provider.**

<b>CONDITION:</b>	<b>WHEN TO RETURN TO SCHOOL:</b>
<b>Conjunctivitis</b> .....	24 hours after treatment starts
<b>Cough</b> .....	cough is no longer persistent
<b>Diarrhea</b> .....	24 hours after last episode of diarrhea
<b>Fever</b> .....	24 hours after fever-free
<b>Head Lice</b> .....	hair is treated and nit-free
<b>Impetigo</b> .....	24 hours after treatment starts – sores covered
<b>Ring Worm</b> .....	24 hours after treatment starts – sores covered
<b>Strep Throat</b> .....	24 hours after treatment starts and fever-free
<b>Vomiting</b> .....	24 hours after last episode of vomiting

Respectfully,  
Crystal Tackaberry  
District School Nurse  
(440) 572-7069



## **STRONGSVILLE CITY SCHOOLS NOTICES**

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### **Strongsville City Schools Notice for Directory Information Family Educational Rights and Privacy Act (FERPA)**

The *Family Educational Rights and Privacy Act* (FERPA), a Federal law, requires that Strongsville City Schools, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, Strongsville City Schools may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow the Strongsville City Schools to include this type of information from your child's education records in certain school publications. Examples include:

- A playbill, showing your student's role in a drama production
- The annual yearbook
- Honor roll or other recognition lists
- Graduation programs
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the *Elementary and Secondary Education Act of 1965* (ESEA) to provide military recruiters, upon request, with three directory information categories – names, addresses and telephone listings – unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent.<sup>1</sup>

If you do not want Strongsville City Schools to disclose directory information from your child's education records without your prior written consent, you must notify the District in writing by September 30 of each school year. Strongsville City Schools has designated the following information as directory information:

- Student's name
- Address
- Telephone listing
- Date and place of birth
- Major field of study
- Dates of attendance
- Grade level
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Degrees, honors, and awards received.

*Reference: Strongsville City Schools Board of Education Policy 8330*

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<sup>1</sup> These laws are: Section 9528 of the ESEA (20 U.S.C. 7908), as amended by the *No Child Left Behind Act of 2001* (P.L. 107-110), the education bill, and 10 U.S.C. 503, as amended by section 544, the *National Defense Authorization Act for Fiscal Year 2002* (P.L. 107-107), the legislation that provides funding for the Nation's armed forces.

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**Strongsville City Schools**  
**Notification of Rights under FERPA**  
**For Elementary and Secondary Schools**

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age ("eligible students") certain rights with respect to the student's education records. These rights are:

(1) The right to inspect and review the student's education records within 45 days of the day the School receives a request for access.

Parents or eligible students should submit to the School principal or Director of Pupil Services a written request that identifies the record(s) they wish to inspect. The School official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.

(2) The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA.

Parents or eligible students who wish to ask the School to amend a record should write the School principal or Director of Pupil Services, clearly identify the part of the record they want changed, and specify why it should be changed. If the School decides not to amend the record as requested by the parent or eligible student, the School will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

(3) The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent.

One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the School as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the School Board; a person or company with whom the School has contracted as its agent to provide a service instead of using its own employees or officials (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 in performing his or her tasks.

A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

Upon request, the School discloses education records without consent to officials of another school district in which a student seeks or intends to enroll. [NOTE: FERPA requires a school district to make a reasonable attempt to notify the parent or student of the records request unless it states in its annual notification that it intends to forward records on request.]

(4) The right to file a complaint with the U.S. Department of Education concerning alleged failures by the *School District* to comply with the requirements of FERPA. The name and address of the Office that administers FERPA are:

Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, DC 20202-8520

*Reference: Strongsville City Schools Board of Education Policy 8330*

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**Strongsville City Schools**  
**Notification of Rights Under the**  
**Protection of Pupil Rights Amendment (PPRA)**

PPRA affords parents certain rights regarding our conduct of surveys, collection and use of information for marketing purposes, and certain physical exams. These include the right to:

- *Consent* before students are required to submit to a survey that concerns one or more of the following protected areas (“protected information survey”) if the survey is funded in whole or in part by a program of the U.S. Department of Education (ED)—
  1. Political affiliations or beliefs of the student or student’s parent;
  2. Mental or psychological problems of the student or student’s family;
  3. Sex behavior or attitudes;
  4. Illegal, anti-social, self-incriminating, or demeaning behavior;
  5. Critical appraisals of others with whom respondents have close family relationships;
  6. Legally recognized privileged relationships, such as with lawyers, doctors, or ministers;
  7. Religious practices, affiliations, or beliefs of the student or parents; or
  8. Income, other than as required by law to determine program eligibility.
- *Receive notice and an opportunity to opt a student out of*—
  1. Any other protected information survey, regardless of funding;
  2. Any non-emergency, invasive physical exam or screening required as a condition of attendance, administered by the school or its agent, and not necessary to protect the immediate health and safety of a student, except for hearing, vision, or scoliosis screenings, or any physical exam or screening permitted or required under State law; and
  3. Activities involving collection, disclosure, or use of personal information obtained from students for marketing or to sell or otherwise distribute the information to others.
- *Inspect*, upon request and before administration or use —
  1. Protected information surveys of students;
  2. Instruments used to collect personal information from students for any of the above marketing, sales, or other distribution purposes; and
  3. Instructional material used as part of the educational curriculum.

These rights transfer from the parents to a student who is 18 years old or an emancipated minor under State law.

Strongsville City Schools has adopted a policy (Strongsville City Schools Board of Education Policy 2416), in consultation with parents, regarding these rights, as well as arrangements to protect student privacy in the administration of protected information surveys and the collection, disclosure, or use of personal information for marketing, sales, or other distribution purposes. Strongsville City Schools will directly notify parents of these policies at least annually at the start of each school year and after any substantive changes. Strongsville City Schools will also directly notify, such as through U.S. Mail or email, parents of students who are scheduled to participate in the specific activities or surveys noted below and will provide an opportunity for the parent to opt his or her child out of participation of the specific activity or survey. Strongsville City Schools will make this notification to parents at the beginning of the school year if the District has identified the specific or approximate dates of the activities or surveys at that time. For surveys and activities scheduled after the school year starts, parents will be provided reasonable notification of the planned activities and surveys listed below and be provided an opportunity to opt their child out of such activities and surveys. Parents will also be provided an opportunity to review any pertinent surveys. Following is a list of the specific activities and surveys covered under this requirement:

- Collection, disclosure, or use of personal information for marketing, sales or other distribution.
- Administration of any protected information survey not funded in whole or in part by ED.
- Any non-emergency, invasive physical examination or screening as described above.

*Parents who believe their rights have been violated may file a complaint with:*

Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, DC 20202-8520

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Strongsville Early Learning Preschool  
*Licensing Information*

Strongsville Early Learning Preschool is licensed by the State of Ohio, as posted in the lobby of the preschool. State inspection reports are available for viewing through the Preschool Director or designee. Complaints regarding the preschool should be referred to the Director at 572-7046, the Director of Pupil Services at 572-7045 and/or to:

Ohio Department of Education  
Phone: (614) 466-2650  
Toll free: (877) 644-6338  
Fax: (614) 752-1429  
Mail: 25 S. Front Street, Mail Stop 202  
Columbus, Ohio 43215

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**APPENDIX**

Enrollment Application Form..... A

Preschool Entrance Medical Form (Immunizations) ..... B

Dental Information Form ..... C

Student Emergency Medical Authorization Form..... D

Medication Administration Form ..... E

Authorization for Student Possession and Use of an  
Epinephrine Autoinjector ..... F

Authorization for Student Possession and Use of an Asthma Inhaler..... G

Roster Permission ..... H

Parental Request for Classroom Observation by a Service Provider  
from Outside of SCS ..... I

Authorization to Release/Receive Educational Records and/or  
Communicate with Outside Agencies/Individuals ..... J

**Strongsville  
Early Learning  
Preschool**



**STRONGSVILLE EARLY LEARNING PRESCHOOL  
TYPICAL PEER REGISTRATION FORM**

STUDENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STRONGSVILLE, OH ZIP: \_\_\_\_\_

SEX: M F BIRTHDATE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Briefly describe your child's:

Likes: \_\_\_\_\_

\_\_\_\_\_

Dislikes: \_\_\_\_\_

\_\_\_\_\_

Favorite Activity/Game: \_\_\_\_\_

Do you prefer: Session 1 (8:05 a.m. – 10:35 a.m.) or  
Session 2 (11:30 a.m. – 2:00 p.m.) preschool? (please circle one)

Does your child have any allergies? Y N (please circle one)

If yes, please list and describe reaction: \_\_\_\_\_

\_\_\_\_\_

# STRONGSVILLE CITY SCHOOLS

John J. Krupinski, Superintendent  
Deborah Herrmann, Treasurer

## Strongsville City Schools Preschool Entrance Medical Form

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Mandatory Screenings Required by the Ohio Department of Education:**

Hearing: Right: \_\_\_\_\_ Left: \_\_\_\_\_

Vision: Acuity: Right: 20/ \_\_\_\_\_ Left: 20/ \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Lead: \_\_\_\_\_ Hemoglobin: \_\_\_\_\_

**Immunization Information:**

DTP: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_ 5<sup>th</sup> \_\_\_\_\_

Polio: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_ MMR: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

Hib: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_ Varicella: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

Hepatitis B: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

Health Concerns including allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Restrictions: \_\_\_\_\_

Please complete the school's forms for medication administration if it is necessary for the child to receive prescription or over the counter medication at school.

Based on examination consistent with EPSDT/Headstart/AAP guidelines, I certify this child to be in suitable condition for enrollment in school.

\_\_\_\_\_  
Physician/Prescriber Signature

\_\_\_\_\_  
Date

## DENTAL INFORMATION FORM

### STRONGSVILLE CITY SCHOOLS DISTRICT

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Location/Class \_\_\_\_\_

**To be filled out by Parent**

<p>1. Is the child now receiving: (if "yes", include length of time receiving fluoride)</p> <p style="margin-left: 20px;">a) Tropical fluoride application? _____</p> <p style="margin-left: 20px;">b) Fluoride water? _____</p> <p style="margin-left: 20px;">c) Fluoride supplement diet? _____</p> <hr/> <p>3. Child (____ has ____ has not) previously seen a dentist. Dentist's Name _____ Date of last visit _____</p> <p>4. Child (____ is ____ is not) under a physician's care. Physician's Name _____ Date of last visit _____</p> <p>5. Child (____ is ____ is not) receiving medication. Medication _____</p> <p>6. Child is reported to have: (give details of health history on attached sheet, if necessary)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Allergies</td> <td style="width: 10%;">YES</td> <td style="width: 10%;">NO</td> <td style="width: 25%;">Epilepsy</td> <td style="width: 10%;">YES</td> <td style="width: 10%;">NO</td> </tr> <tr> <td>Asthma</td> <td>YES</td> <td>NO</td> <td>Heart/Vas.Disease</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Bleeding</td> <td>YES</td> <td>NO</td> <td>Liver Disease</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Diabetes</td> <td>YES</td> <td>NO</td> <td>Rheumatic Fever</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Other (list below):</td> <td></td> <td></td> <td>Sickle Cell Disease</td> <td>YES</td> <td>NO</td> </tr> </table>	Allergies	YES	NO	Epilepsy	YES	NO	Asthma	YES	NO	Heart/Vas.Disease	YES	NO	Bleeding	YES	NO	Liver Disease	YES	NO	Diabetes	YES	NO	Rheumatic Fever	YES	NO	Other (list below):			Sickle Cell Disease	YES	NO	<p>2. Does the child have any trouble with teeth, gums or mouth that the parent knows about?</p>
Allergies	YES	NO	Epilepsy	YES	NO																										
Asthma	YES	NO	Heart/Vas.Disease	YES	NO																										
Bleeding	YES	NO	Liver Disease	YES	NO																										
Diabetes	YES	NO	Rheumatic Fever	YES	NO																										
Other (list below):			Sickle Cell Disease	YES	NO																										

**To be filled out by the Dentist**

The Primary Arch

UPPER TEETH	ERUPT	SHED
central incisor	8-12 mos.	6-7 yrs.
lateral incisor	9-13 mos.	7-8 yrs.
canine (cuspid)	16-22 mos.	10-12 yrs.
first molar	13-19 mos.	9-11 yrs.
second molar	25-33 mos.	10-12 yrs.

UPPER RIGHT

UPPER LEFT

LOWER RIGHT

LOWER LEFT

LOWER TEETH	ERUPT	SHED
second molar	25-31 mos.	10-12 yrs.
first molar	14-18 mos.	9-11 yrs.
canine (cuspid)	17-23 mos.	9-12 yrs.
lateral incisor	10-16 mos.	7-8 yrs.
central incisor	6-10 mos.	6-7 yrs.

**Examination & Treatment Record (list recommendation of Services in order).**

Tooth Number or letter	Surfaces	Description of Work	Date of Service

**Dental Needs (check one or more)**

- A. Treatment (restoration, pulp therapy, extraction)
- B. Cleaning
- C. Fluoride
- D. Other
- E. No Problems

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

Print Name of Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Dentist: \_\_\_\_\_ Date: \_\_\_\_\_



**STUDENT EMERGENCY MEDICAL AUTHORIZATION FORM  
STRONGSVILLE CITY SCHOOLS**

**D**

STUDENT NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL ATTENDING \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOME TELEPHONE NUMBER \_\_\_\_\_

SEX \_\_\_ M \_\_\_ F

**PURPOSE:** TO ENABLE PARENT TO AUTHORIZE EMERGENCY TREATMENT FOR A STUDENT WHO BECOMES ILL OR INJURED WHILE UNDER SCHOOL AUTHORITY WHEN PARENTS CANNOT BE REACHED. PLEASE PROVIDE COMPLETE HEALTH INFORMATION AS THIS INFORMATION IS USED TO ANNUALLY UPDATE YOUR STUDENT'S FILE.

**PART I OR PART II MUST BE COMPLETED BY PARENT/GUARDIAN**

**PART I (REFUSAL TO CONSENT)**

I DO **NOT** GIVE CONSENT FOR EMERGENCY MEDICAL TREATMENT OF MY CHILD. IN THE EVENT OF ILLNESS OR INJURY REQUIRING EMERGENCY TREATMENT, I WISH THE SCHOOL AUTHORITIES TO TAKE NO ACTION OR TO:

\_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_

**PART II (TO GRANT REQUEST)**

MOTHER'S NAME \_\_\_\_\_ FATHER'S NAME \_\_\_\_\_

WORK PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

IF APPLICABLE IDENTIFY CUSTODIAL PARENT \_\_\_\_\_

PERSONS (3) WHO HAVE AGREED TO BE CONTACTED WHEN ASSISTANCE IS NEEDED AND PARENT CANNOT BE REACHED. THESE INDIVIDUALS SHOULD BE AVAILABLE TO ASSIST DURING THE SCHOOL DAY:

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

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

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

I HEREBY GIVE CONSENT FOR THE FOLLOWING HEALTH CARE PROVIDERS TO BE CALLED:

PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

DENTIST \_\_\_\_\_ PHONE \_\_\_\_\_

MEDICAL SPECIALIST \_\_\_\_\_ PHONE \_\_\_\_\_

THIS AUTHORIZATION DOES NOT COVER MAJOR SURGERY UNLESS THE MEDICAL OPINION OF TWO OTHER PHYSICIANS OR DENTISTS, CONCURRING IN THE NECESSITY FOR SUCH SURGERY, IS OBTAINED BEFORE THE SURGERY IS PERFORMED.

FACTS CONCERNING THE CHILD'S MEDICAL HISTORY INCLUDING ALLERGIES, MEDICATIONS BEING TAKEN, AND ANY PHYSICAL AND/OR SOCIAL/EMOTIONAL HEALTH CONCERNS:

\_\_\_\_\_

**PLEASE REPORT ANY INFORMATION CHANGES, DURING THE SCHOOL YEAR, TO THE BUILDING SECRETARY.**

DATE \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_

# Strongsville City Schools Medication Administration Form

In accordance with ORC 3313.713

**A completed form must be provided to the school principal or school nurse before the student may be administered medication.**

Student name	School
Student address	Grade

**This section must be completed and signed by the student's parent or guardian.**

*As the Parent/Guardian of this student, I authorize the school nurse or person(s) designated to administer medication to my child, as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant. I absolve the Board of Education of the Strongsville City School District, and all of its officers, agents, and employees of any and all liability, which may arise in any way from the administration of medication to my child.*

Parent/Guardian name (print)	Parent/Guardian emergency telephone number
Parent/Guardian signature	Date

**This section must be completed and signed by the licensed prescriber: must be the signature of a physician or nurse practitioner.**

*As the prescriber I agree to provide in writing a revised statement if any of the following information changes.*

Name of medication	
Dosage of medication and time to be administered	
Reason for medication	
Date medication administration begins	Date administration ends (if known)

**Possible severe adverse reactions:**

To the student to which it is prescribed (that should be reported to the prescriber)
--

Special instructions
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Prescriber name (print)	Prescriber emergency telephone number
Prescriber signature	Date

**\*Please complete one form for each medication and return it to the school nurse\***

## Strongsville City Schools Authorization for Student Possession and Use of an Epinephrine Autoinjector

In accordance with ORC 3313.718/3313.141

**A completed form must be provided to the school principal or school nurse before the student may possess and use an epinephrine autoinjector to treat anaphylaxis in school.**

Student name	School
Student address	Grade

**This section must be completed and signed by the student's parent or guardian.**

*As the Parent/Guardian of this student, I authorize my child to possess and use an epinephrine autoinjector, as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant. I understand that a school employee will immediately request assistance from an emergency medical service provider (911) if this medication is administered. I will provide a backup dose of the medication to the school principal or nurse as required by law.*

Parent/Guardian name (print)	Parent/Guardian emergency telephone number
Parent/Guardian signature	Date

**This section must be completed and signed by the licensed prescriber: must be the signature of a physician or nurse practitioner.**

*As the prescriber I agree to provide in writing a revised statement if any of the following information changes.*

Name and dosage of medication	
Date medication administration begins	Date administration ends (if known)
Circumstances for use of the epinephrine autoinjector	
Procedures for school employees if the medication does not produce the expected relief	

**Possible severe adverse reactions:**

To the student to which it is prescribed (that should be reported to the prescriber)
To a student for which it is <b>not</b> prescribed who receives a dose
Special instructions

*As the prescriber, I have determined that this student is capable of possessing and using this autoinjector appropriately and have provided the student with training in the proper use of the autoinjector.*

Prescriber name (print)	Prescriber emergency telephone number
Prescriber signature	Date

## Strongsville City Schools Authorization for Student Possession and Use of an Asthma Inhaler

In accordance with ORC 3313.716

**A completed form must be provided to the school principal or school nurse before the student may possess and use an asthma inhaler in school to alleviate asthmatic symptoms, or before exercise to prevent the onset of asthmatic symptoms.**

Student name	School
Student address	Grade

**This section must be completed and signed by the student's parent or guardian.**

*As the Parent/Guardian of this student, I authorize my child to possess and use an asthma inhaler, as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant.*

Parent/Guardian name (print)	Parent/Guardian emergency telephone number
Parent/Guardian signature	Date

**This section must be completed and signed by the licensed prescriber: must be the signature of a physician or nurse practitioner.**

*As the prescriber I agree to provide in writing a revised statement if any of the following information changes.*

Name and dosage of medication	
Date medication administration begins	Date administration ends (if known)

Procedures for school employees if the medication does not produce the expected relief

**Possible severe adverse reactions:**

To the student to which it is prescribed (that should be reported to the prescriber)
To a student for which it is <b>not</b> prescribed who receives a dose

Special instructions

*As the prescriber, I have determined that this student is capable of possessing and using this asthma inhaler appropriately and have provided the student with training in the proper use of the asthma inhaler.*

Prescriber name (print)	Prescriber emergency telephone number
Prescriber signature	Date

**STRONGSVILLE CITY SCHOOLS**  
**STRONGSVILLE EARLY LEARNING PRESCHOOL**  
**ROSTER PERMISSION FORM**

Dear Parents:

As required by the Rules for Preschool Programs (3301-37), a roster is to be developed for each class and provided to all parents. This roster will include the child's name, the parent's/guardian's name, address and phone number.

Please indicate below whether you wish to be included in this roster.

\_\_\_\_\_ I give permission to include my child's name, my name, address and phone number on the class roster.

\_\_\_\_\_ I do not give permission to include my child's name, my name, address and phone number on the class roster.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date



**Strongsville City Schools**  
**Parental Request for Classroom Observation**  
**by a Service Provider from Outside of SCS**

Parent Making Request: \_\_\_\_\_

Child to be Observed: \_\_\_\_\_ School: \_\_\_\_\_

Observer's Name, Credentials, Title (and Agency if applicable):  
\_\_\_\_\_

Preferred Date/Time of Observation: \_\_\_\_\_

Purpose of Observation: \_\_\_\_\_  
\_\_\_\_\_

*Parent Statement:* I hereby give permission for the above named person to observe my child \_\_\_\_\_ (name) at \_\_\_\_\_ (school's name). I have signed a Release of Information form (attached). I accept the following conditions and will give a copy to the observer:

- The service provider must collaborate with the classroom teacher(s) to schedule a mutually convenient date and time for the observation.
- The observer should be discreet and should not disrupt typical classroom routine.
- Should the observer desire to talk with the classroom staff, he/she must schedule a conference in addition to the observation.
- The observation is strictly confined to my child and his/her responses.
- All observers are expected to respect the privacy of the staff and other children and to maintain confidentiality.
- Observer's role is to recommend and communicate strategies to the school team that might be helpful for my child.
- Observer will provide a written report of observations to the school principal if requested.
- Observer's role is not to evaluate the classroom, students other than my child or the classroom teacher.
- Observer will work within the confines of his or her licensure.
- Recording devices of any type, including but not limited to cameras, audio recorders and video recorders, and such devices embedded in cell phones, are not permitted.

Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

-----  
Administrator Action:

- Permission granted; parent contacted
- Permission denied; reason \_\_\_\_\_; parent contacted

Signature \_\_\_\_\_ Date \_\_\_\_\_

Copies: Parent  
Observer  
Student file  
Office of Pupil Services student file (if applicable)

**STRONGSVILLE CITY SCHOOLS**  
**AUTHORIZATION TO RELEASE/RECEIVE EDUCATIONAL RECORDS**  
**AND/OR COMMUNICATE WITH OUTSIDE AGENCIES/INDIVIDUALS**

**SECTION I: STUDENT INFORMATION**

This form provides authorization to release and/or receive educational records and information as described below, relating to:

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

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

**SECTION II: DISCLOSURE AND USE OF EDUCATIONAL RECORDS/PERSONALLY IDENTIFIABLE INFORMATION**

I hereby give my permission to the following person(s) or entities from Strongsville City Schools:

*School/Department:* \_\_\_\_\_

*Name(s)/Title(s):* \_\_\_\_\_

- To **release** educational records for the above-referenced student and information in the manner described below.
- To **receive** educational records for the above-referenced student and information in the manner described below.
- To communicate  **verbally** and/or  **in writing**, with regard to personally identifiable information as described below. I understand that I can request to participate in verbal communication via conference call.

**SECTION III: DESCRIPTION OF EDUCATIONAL RECORDS/PERSONALLY IDENTIFIABLE INFORMATION TO BE DISCLOSED**

Check the educational records or information you are authorizing to be disclosed:

- All Educational Records
- Academic Records/Transcript of Credits and Grades
- Test Scores
- Attendance Records
- Health Records
- Evaluation Team Reports and Supporting Data/Assessments
- Individual Education Plans and Related Progress Reports
- 504 Plan/504 Evaluation
- Gifted/Talented Program Information
- Immunization Records
- Limited English Proficient Records
- Other pertinent information (*describe below*)

**SECTION IV: PERSONS OR ENTITY AUTHORIZED TO RELEASE/RECEIVE INFORMATION TO/FROM STRONGSVILLE CITY SCHOOLS**

Agency: \_\_\_\_\_

Name(s)/Title(s): \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_ Phone: \_\_\_\_\_

**SECTION V: PURPOSE OF THIS AUTHORIZATION**

The purpose of this authorization for release/receipt of educational records and/or personally identifiable information is:

- To aid in making present and future educational decisions
- Other: \_\_\_\_\_

**SECTION VI: EXPIRATION AND REVOCATION**

This authorization may be revoked (canceled) at any time except to the extent that the District has already released personal health and/or other personally identifiable information prior to the revocation of this authorization. Requests for revocation must be in writing.

To revoke this authorization, contact:

Director of Pupil Services  
 13200 Pearl Rd.  
 Strongsville, OH 44136  
 Phone: 440-572-7045 Fax: 440-846-3226

If not revoked, this authorization will **expire one year after the date on which the authorization is signed.**

**SECTION VII: SIGNATURE AND ACKNOWLEDGEMENT**

*I acknowledge that this authorization is voluntary and that I have received a copy of this authorization.*

**Signature:** \_\_\_\_\_

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

**Relationship to Student:** \_\_\_\_\_

*(PARENT; STUDENT/SELF IF AGE 18; GUARDIAN IF APPLICABLE)*

cc: Parent/Student/Guardian  
 Student file  
 Pupil Services student file (if applicable)



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The information in this handbook is based on the laws governing schools in Ohio. In the case of any discrepancy between the information in the handbook and the law as it exists from time to time, the law will govern.

### EQUAL OPPORTUNITY

The Strongsville Board of Education is an equal opportunity employer and does not discriminate on the basis of sex, race, religion, age, disability, handicap or national origin in employment, and in the educational programs and activities that it operates.

Inquiries and grievances regarding compliance with the above acts and titles may be directed to:

Compliance Officer, Strongsville City Schools  
Human Resources Department  
13200 Pearl Road, Strongsville, Ohio 44136  
Telephone number: (440) 572-7035

## ***SCHOOL CALENDAR 2014-2015***

August 19, 2014.....	First Day for Students Grades 1-9
August 20, 2014.....	First Day for Kindergarten Students & Grades 10-12
August 25, 2014.....	First Day for Preschool Students
September 1, 2014.....	Labor Day – NO SCHOOL
October 14-15, 2014.....	Evening Conferences – SCHOOL IN SESSION
October 15, 2014.....	End of Grading Period 1
October 16, 2014.....	Conference Comp Day – NO SCHOOL
October 17, 2014.....	NEOEA Day – NO SCHOOL
October 24, 2014.....	Report Cards Sent Home
November 4, 2014.....	Election Day & Professional Development Day – NO SCHOOL
November 26-28, 2014.....	Thanksgiving Break – NO SCHOOL
December 1, 2014.....	School Resumes
December 18, 2014.....	End of Grading Period 2
December 19, 2014.....	Staff In-Service/Work Day – NO SCHOOL
December 22 – January 2, 2015.....	Winter Break – NO SCHOOL
January 5, 2015.....	School Resumes
January 9, 2015.....	Report Cards Sent Home
January 19, 2015.....	Martin Luther King Jr. Day – NO SCHOOL
February 11-12, 2015.....	Evening Conferences – SCHOOL IN SESSION
February 13, 2015.....	Conference Comp Day – NO SCHOOL
February 16, 2015.....	President’s Day – NO SCHOOL
March 20, 2015.....	End of Grading Period 3
March 27, 2014.....	Report Cards Sent Home
April 3-10, 2015.....	Spring Break – NO SCHOOL
April 13, 2015.....	School Resumes
May 25, 2015.....	Memorial Day – NO SCHOOL
June 4, 2014.....	Last Day for Students/End of Grading Period 4