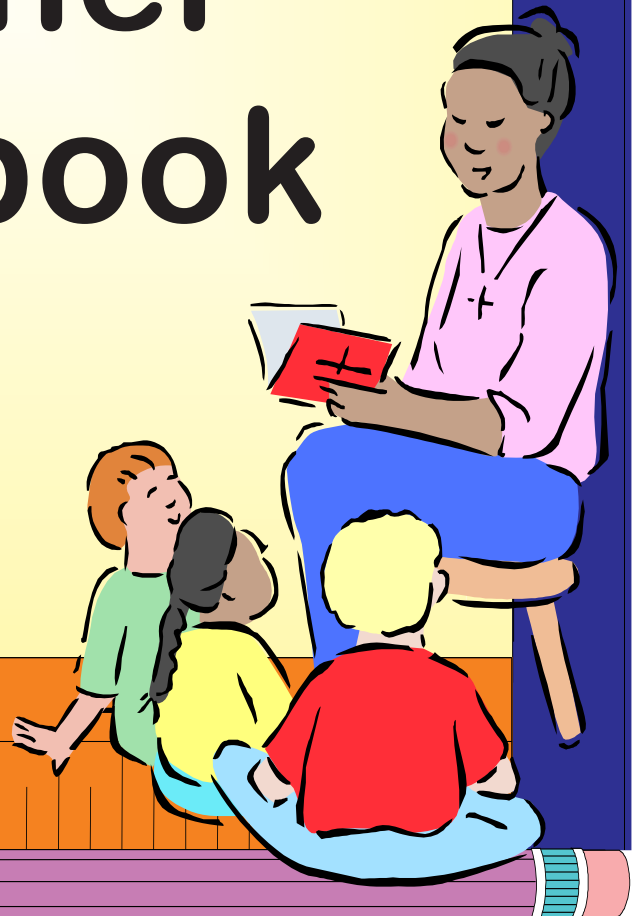


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Office of Early Childhood Education  
Preschool for All Program

# 2012-2013 Teacher Handbook





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## Office of Early Childhood Education

### **Mission Statement**

The mission of the Office of Early Childhood Education (OECE) is to ensure all children ages birth through age 5, have equal access to comprehensive, high quality program options and support on a developmental continuum.

Working within the context of children, families, and communities, we are committed to creating an engaging learning environment that supports and respects the unique potential of each individual through best practices.

Through common goals and high expectations, the Office of Early Childhood Education is dedicated to building a strong foundation and igniting a passion of lifelong learning for children and their families.



Office of Early Childhood Education  
Preschool for All Program

## Job Descriptions

### Preschool for All Teacher

Under the general supervision of the school principal, the teacher is responsible for implementing the Preschool for All (PFA) program in the areas of curriculum, assessment, and parent involvement.

#### **Duties and Responsibilities:**

- ▶ Plan the daily operation of the program with the teacher assistant.
- ▶ Provide leadership for the teacher assistant and volunteers using their talents and skills in implementing all facets of the program.
- ▶ Maintain and update a waiting list of current eligible children on [www.surveymonkey.com/s/waiting\\_list](http://www.surveymonkey.com/s/waiting_list).
- ▶ Create an atmosphere in which children can develop physically, intellectually, emotionally, and socially.
- ▶ Adapt the curriculum and direct instruction in the PFA classroom to meet the needs of individual students in concert with the recommendations of the Early Childhood Education Specialist and the PFA manager.
- ▶ Report pupil progress through conferences and the Teaching Strategy GOLD Family Conference form.
- ▶ Initiate referrals.
- ▶ Assist with recruitment, registration, and enrollment of all children.
- ▶ Accept responsibility for the accuracy and completion of all documents.
- ▶ Train parent volunteers.
- ▶ Plan, implement, and encourage parents to attend four parent/child activities a year.
- ▶ Work with the teacher assistant to plan nutrition education activities for the children.
- ▶ Work with appropriate school support personnel to ensure that the social and health needs of children and families are met.
- ▶ Work with Office of Early Childhood Education (OECE) staff to meet the needs of children and their families in all aspects of the program.
- ▶ Accept responsibility for the accurate completion of all required forms and reports pertaining to the operation of the program.

- ▶ Provide an atmosphere of respect for children and parents.
- ▶ Administer the ESI-R to all children, the Pre-IPT, ASQ:SE as needed, and the Kindergarten Readiness Tool (KRT) to children entering kindergarten.
- ▶ Other duties as assigned.

### **Preschool for All Teacher Assistant**

Under the general supervision of the school principal, the Preschool for All teacher assistant is responsible for assisting the teacher with the general development and education of the children in the program. A team approach makes it possible for each child to receive individual attention.

### **Duties and Responsibilities:**

- ▶ Assist the teacher in all facets of the daily program of activities and experiences.
- ▶ Incorporate talents and abilities by integrating original ideas into the daily program set by the teacher.
- ▶ Consult with the teacher regarding the problems and special interests of individual children.
- ▶ Assist the teacher with children's educational and cultural activities inside and outside the classroom.
- ▶ Assist the teacher in creating and maintaining a classroom environment that is well organized, clean, and attractive.
- ▶ Involve children in the preparation of nutrition activities.
- ▶ Engage in meaningful conversation with children during small group activities and self-selected play.
- ▶ Maintain other records as required.
- ▶ Assist the classroom teacher in encouraging and recruiting parents to volunteer and attend parent/child activities.
- ▶ Attend OECE professional development with principal's approval.
- ▶ Other duties as assigned.





Office of Early Childhood Education  
Preschool for All Program

## Literacy Curriculums in Preschool for All

**Blueprint for Early Literacy** is a curriculum that includes: read alouds of high-quality children's books; *Message Time Plus*, a modeled writing and shared reading program; consistent sequential instruction to build vocabulary and comprehension; intentional and ongoing phonemic awareness and phonics instruction based on rhymes, rhyming games, and word study activities; and center and small group applications. Based on the National Reading Panel and Early Reading First recommendations, skills are taught in the context of 10 related, sequential themes.

**Opening the World of Learning (OWL)** curriculum has a sound scope and sequence that provides for a logical progression of skills instruction. OWL systematically builds skills documented by research and evidence to promote language and early reading development. OWL fosters a print-rich classroom environment that emphasizes explicit, systematic instruction in oral language, phonological awareness, print awareness comprehension, and alphabet knowledge. The curriculum is activity based and balances teacher-directed and child-directed activities.

**The Investigator Club** curriculum focus' on letter sound recognition skills, comprehension, and the development of literacy through whole and small group activities. Themes developed throughout the year reinforce basic concepts in emerging literacy development. A Spanish Instructional Materials component supports second language learners.

**NOTE:** Some schools adopt school wide published curriculums that extend to preschool. These curriculums must be research based, aligned to the Illinois Early Learning Standards, and be approved for use by the Office of Early Childhood Education. Schools that use school wide curriculums are responsible for purchasing and replacing missing components.



Office of Early Childhood Education  
Preschool for All Program

## **CLASS Observation Instruments**

The Classroom Assessment Scoring System (CLASS) is an observation instrument developed to assess classroom quality in preschool through third grade classrooms.

### **Early Screening Inventory-Revised (ESI-R)**

The ESI-R is administered to all children enrolled in the Preschool for All program six to eight weeks after enrollment. Results from this assessment are used to determine if children may need referral for special education services.

### **Pre-IPT Oral English Language Proficiency Test**

Children whose parents have answered “yes” on the Home Language Survey (HLS) will be administered the Pre-IPT one month after enrollment. Staff administering the instrument must be trained and certified prior to administration. Support for training and the input of data can be found through the Office of Language and Cultural Education.

### **Ages and States Social Emotional Interview (ASQ:SE)**

The Ages and Stages Questionnaire Social Emotional (ASQ:SE) is an interview given to parent(s) for a child a teacher feels may need a referral for special services. Along with results from the ESI-R, the interview provides information to support referral of the student for an evaluation if necessary.



Office of Early Childhood Education  
Preschool for All Program

## Teaching Strategies GOLD

The Teaching Strategies GOLD system is used by the Chicago Public Schools (CPS) Preschool for All (PFA) program to assess children three times a year. The continuum consists of developmental checkpoints aligned to the Illinois Early Learning Standards. Teachers use observations made on the system to assess children's progress.

The Teaching Strategies GOLD system is used to generate progress reports for children twice a year (January and June).

The Teaching Strategies GOLD system can also be used to create lesson plans, communicate with parents, and to plan instruction for small groups and individuals.

In order to access the Teaching Strategies GOLD system, teachers must have a password. The PFA office will provide assistance for teachers who need a password, or who have difficulty accessing the system.

Teachers are responsible for the following:

- ▶ Maintaining up-to-date class lists for all children in their classroom.
- ▶ Entering observations of children's progress on a regular basis.
- ▶ Generating progress reports for parents twice a year (January and June).
- ▶ Completing developmental checkpoints for children three times a year (October, January, and May).
- ▶ Archiving records of children who drop or go to kindergarten.

Classroom staff will receive online training on the Teaching Strategies GOLD system at [www.teachingstrategies.com](http://www.teachingstrategies.com).

Any questions regarding Teaching Strategies GOLD or support should be sent to [gold\\_ece@cps.edu](mailto:gold_ece@cps.edu).



Office of Early Childhood Education  
Preschool for All Program

## **Acceptance Procedures**

### **ACCEPTANCE PRIORITY**

**Children are to be enrolled by at risk status and not by age. Children eligible for free and reduced lunch are to be given priority for acceptance. Four-year-olds are not to be arbitrarily enrolled before three-year-olds solely because of age. Children must be at least three but not yet five on or before September 1<sup>st</sup> of the school year to be age eligible for the Preschool for All (PFA) program, and toilet trained when school begins.**

### **RISK FACTORS**

1. Homelessness
2. Children with disabilities (IEP)
3. Income under \$80,000 with more than four family members
4. Children who speak a language other than English
5. Early Intervention children may be enrolled even if they do not meet the age requirements, if they have been exited from their Early Intervention program, and are placed by the Office of Specialized Services. Early Intervention children will attend preschool until they are age eligible for kindergarten.
6. If you have any questions, call Deborah Jobst, PFA Program Manager, at (773) 534-3846.

### **TIPS**

1. Date and number every application.
2. Retain the white copy of the new application for your records; give the yellow copy to the parent.
3. Follow-up on Early Interventions and IEPs indicated on the application.
4. Host a Registration/"Meet 'n Greet" activity in the spring.



Office of Early Childhood Education  
Preschool for All Program

## 2012-2013 Age Cycle Chart

<b>PRESCHOOL</b>		<b>KINDERGARTEN</b>
<b>Age Cycle 3</b>	<b>Age Cycle 4</b>	<b>Age Cycle 5</b>
September 2, 2008	September 2, 2007	September 2, 2006
October 2008	October 2007	October 2006
November 2008	November 2007	November 2006
December 2008	December 2007	December 2006
January 2009	January 2008	January 2007
February 2009	February 2008	February 2007
March 2009	March 2008	March 2007
April 2009	April 2008	April 2007
May 2009	May 2008	May 2007
June 2009	June 2008	June 2007
July 2009	July 2008	July 2007
August 2009	August 2008	August 2007
September 1, 2009	September 1, 2008	September 1, 2007



Office of Early Childhood Education  
Preschool for All Program

## “Meet ’n Greet” Registration Notification

School: \_\_\_\_\_

Teacher: \_\_\_\_\_ Room: \_\_\_\_\_

Teacher: \_\_\_\_\_ Room: \_\_\_\_\_

Teacher: \_\_\_\_\_ Room: \_\_\_\_\_

Preschool for All (PFA) classes will be canceled the following dates:

\_\_\_\_\_

to conduct “Meet ’n Greet” registration activities for the 2012-2013 school year. I(we) understand PFA classes may be canceled one day for every 10 applications; however, cancellations may not exceed four days.

Attached is the current list(s) of applicants accepted into the program for the 2012-2013 school year.

Approval:

\_\_\_\_\_  
Principal’s Signature Date

Please e-mail to the PFA office at least five days before the “Meet ’n Greet” activities begin.

**E-mail: [pfaoffice@cps.edu](mailto:pfaoffice@cps.edu)**

**[Insert School Letterhead]**

Dear Parent:

Welcome to the Preschool for All (PFA) program at \_\_\_\_\_ School. Your child, \_\_\_\_\_, has been accepted for the \_\_\_\_\_ school year. Registration for you and your child is scheduled for \_\_\_\_\_ at \_\_\_\_\_ in room \_\_\_\_\_. During registration, pertinent information regarding the program, including the first day of attendance, will be provided.

To avoid enrollment/registration delays, please bring the original copy of a complete medical examination (less than one-year-old), including up-to-date immunization records for your child, your child's birth certificate, and proof of residency. A completed dental exam is also highly recommended.

Your child must be toilet trained when school begins.

If you have any questions or concerns, please contact the classroom teacher at \_\_\_\_\_.

Thank you for your continued interest and support of the Chicago Public Schools.

Sincerely,

Principal

**[Insert School Letterhead]**

Estimado padre, encargado o tutor legal:

Bienvenido(a) al Programa Preescolar para Todos (*Preschool for All, PFA*) en la Escuela \_\_\_\_\_ . Su hijo(a), \_\_\_\_\_ , ha sido aceptado para el año escolar de \_\_\_\_\_. La matrícula para usted y su hijo está programada para \_\_\_\_\_ a las \_\_\_\_\_ en el salón número \_\_\_\_\_. Durante la matrícula se proveerá información pertinente relacionada con el programa, incluyendo el primer día de asistencia.

Para evitar retrasos con la matrícula, por favor, traiga una copia completa del examen médico (que tenga menos de un año), incluyendo las vacunas vigentes de su hijo(a), el acta de nacimiento de su hijo(a) y prueba de residencia. También se los recomienda un examen dental debidamente completado.

Su hijo/a debe saber usar el baño cuando empiece la escuela.

Si tiene preguntas o dudas, por favor, comuníquese con el maestro(a) de salón al teléfono siguiente: \_\_\_\_\_.

Gracias por su interés y apoyo continuo de las Escuelas Públicas de Chicago.

Atentamente,

Director(a)



**[Insert School Letterhead]**

Dear Parent:

Thank you for your interest in the Preschool for All (PFA) program. Unfortunately, due to the large number of eligible applicants for the program, your child will be placed on a waiting list.

Age eligible children with the greatest need are enrolled first. Should a vacancy occur, the next family on the waiting list will be contacted by the Preschool for All classroom teacher.

Openings may be available in other schools outside your community; however, transportation is not provided. If you are interested in obtaining a list of schools near your home, please call the Preschool for All office at (773) 534-3846.

Thank you for your continued interest and support of the Chicago Public Schools.

Sincerely,

Principal

**[Insert School Letterhead]**

Estimado padre, encargado o tutor legal:

Gracias por su interés en el Programa Preescolar para Todos (*Preschool for All, PFA*). Desafortunadamente, debido al alto número de solicitantes al programa, su hijo(a) será colocado en una lista de espera.

Los niños elegibles por su edad con la mayor necesidad, son matriculados primero. Si llega a surgir una vacante, la maestra(o) de salón del Programa Preescolar para Todos se pondrá en contacto con la próxima familia en la lista de espera.

Puede que existan vacantes en otras escuelas fuera de su comunidad, sin embargo, no se provee transportación. Si está interesada(o) en obtener una lista de escuelas cerca de su casa por favor llame a la Oficina del Programa Preescolar para Todos al (773) 534-3846.

Gracias por su interés y apoyo continuo de las Escuelas Públicas de Chicago.

Atentamente,

Director(a)



Office of Early Childhood Education  
Preschool for All Program

## Registration Checklist

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

Date of Registration: \_\_\_\_\_

Date of Entry: \_\_\_\_\_

### **Forms:**

- \_\_\_\_\_ School Enrollment form
- \_\_\_\_\_ School Emergency form
- \_\_\_\_\_ Free/Reduced Lunch Application form
- \_\_\_\_\_ Parent Agreement form
- \_\_\_\_\_ Parent Release form
- \_\_\_\_\_ Physical/Immunizations
- \_\_\_\_\_ Dental (*recommended*)
- \_\_\_\_\_ Parent Tuberculosis form (*optional for volunteers*)
- \_\_\_\_\_ Home Language Survey
- \_\_\_\_\_ Media Consent Form



Office of Early Childhood Education  
Preschool for All Program

## Preschool for All Sample Daily Schedule

Each session is two hours and thirty-five minutes of instruction. Within each session, twenty minutes should be designated for outdoor play, recess, or gross motor activities.

8:00-8:15 A.M.	Arrival and Sign In by Students Universal breakfast may be served as a center choice for students. Students not having breakfast should have the option of manipulatives, book sharing, journaling, or table activities.
8:15-8:30 A.M.	Circle or Meeting Time Class meets as a whole group to review the day's activities, sing songs and finger plays, read aloud, and attendance activities. Calendar activities are not appropriate.
8:30-9:20 A.M.	Center Based Activities Small Group or Individual Activities can take place within this time to support individual or small learning objectives in reading and math.
9:20-9:30 A.M.	Transition to Outdoor Play, Recess, or Gross Motor Activities
9:30-9:50 A.M.	Outdoor Play, Recess, or Gross Motor Activities
9:50-10:00 A.M.	Transition from Outdoor Play, Recess, or Gross Motor Activities
10:00-10:20 A.M.	Small Group Activities
10:20-10:30 A.M.	Read Aloud Story
10:30-10:35 A.M.	Transition/Dismissal
10:35-11:35 A.M.	Daily Teacher Preparation Period Teachers should meet with grade level or kindergarten teachers to collaborate and plan.
11:35 A.M.-12:20 P.M.	Teacher Duty Free Lunch
12:20-12:35 P.M.	Arrival and Sign In by Students Students should have the option of manipulatives, book sharing, journaling, or table activities.
12:35-12:50 P.M.	Circle or Meeting Time Class meets as a whole group to review the day's activities, sing songs and finger plays, read aloud, and attendance activities. Calendar activities are not appropriate.
12:50-1: 40 P.M.	Center Based Activities Small Group or Individual Activities can take place within this time to support individual or small learning objectives in reading and math.
1:40-1:50 P.M.	Transition to Outdoor Play, Recess, or Gross Motor Activities
1:50-2:10 P.M.	Outdoor Play, Recess, or Gross Motor Activities
2:10-2:20 P.M.	Transition from Outdoor Play, Recess, or Gross Motor Activities
2:20-2:40 P.M.	Small Group Activities
2:40-2:50 P.M.	Read Aloud Story
2:50-3:00 P.M.	Transition/Dismissal



Office of Early Childhood Education  
Preschool for All Program

## Third Shift Sample Daily Schedule

Each session is two hours and thirty-five minutes of instruction.

3:15-3:30 P.M.	Arrival and Sign In by Students Students should have the option of manipulatives, book sharing, journaling, or table activities.
3:30-3:45 P.M.	Circle or Meeting Time Class meets as a whole group to review the day's activities, sing songs and finger plays, read aloud, and attendance activities. Calendar activities are not appropriate.
3:45-4:35 P.M.	Center Based Activities Small Group or Individual Activities can take place within this time to support individual or small learning objectives in reading and math.
4:35-4:45 P.M.	Transition to Outdoor Play, Recess, or Gross Motor Activities
4:45-5:05 P.M.	Outdoor Play, Recess, or Gross Motor Activities
5:05-5:15 P.M.	Transition from Outdoor Play, Recess, or Gross Motor Activities
5:15-5:35 P.M.	Small Group Activities
5:35-5:45 P.M.	Read Aloud Story
5:45-5:50 P.M.	Transition/Dismissal



Office of Early Childhood Education  
Preschool for All Program

### **Parent Involvement**

Parents are encouraged to take part in a number of ways in the Preschool for All (PFA) program including:

- ▶ Participating with small groups, art projects, or read a story in the classroom
- ▶ Sharing cultural traditions and stories with children
- ▶ Chaperoning field trips
- ▶ Donating materials and assist at home with classroom projects
- ▶ Supporting classroom curriculum projects by taking their child on walking trips, visits to museums, parks, etc.
- ▶ Attending parent/child activities and conferences, literacy/math nights, orientation and open houses
- ▶ Borrowing materials from the Lending Library and use Lending Library activity cards
- ▶ Using Virtual Pre-K! and Virtual K!

Parents should follow guidelines established by schools for parent volunteers. These may include sign-in procedures, security clearance checks, and other requirements.

### **Parent/Child Activities**

Teachers must conduct four parent/child activities a year. The first of these is a parent orientation, held at the beginning of the school year. The purpose of the parent orientation is to explain program policies and procedures.

Other activities may include reading/math nights held in conjunction with school activities, Virtual Pre-K! parent workshops, and conferences.

Formal preschool graduations are not developmentally appropriate; however, teachers may conduct year-end celebrations of class accomplishments.

### **Newsletters**

Teachers should distribute monthly newsletters to families. Newsletters should highlight classroom activities, special events, and notices of meetings, holidays, conferences, etc. Newsletters may be distributed, where possible, in both a hard copy and electronically.

Check your school's procedures regarding principal's approval, editing, etc., prior to distribution.



Office of Early Childhood Education  
Preschool for All Program

## **Parent Involvement in Classroom Centers**

### **Art Center**

Parents can help in the following ways:

- ▶ Sit with children at the table
- ▶ Help children put on their smocks at the easel
- ▶ Change paper at the easel
- ▶ Discuss children's artwork
- ▶ Encourage children to place their name on their artwork
- ▶ Clean the area after use

### **Blocks**

Parents can help in the following ways:

- ▶ Sit on the floor with children and talk with them about their block constructions
- ▶ Encourage children to experiment with different block designs
- ▶ Assist with cleanup

### **Manipulatives**

Parents can help in the following ways:

- ▶ Sit with the children as they work with manipulatives
- ▶ Discuss how they are using the manipulatives
- ▶ Encourage multiple uses of manipulatives
- ▶ Assist with putting manipulatives away

### **Writing/Literacy**

Parents can help in the following ways:

- ▶ Dictate children's journal entries
- ▶ Read stories to individual or small groups of children
- ▶ Assist with signing in
- ▶ Encourage children to borrow books from the lending library



Office of Early Childhood Education  
Preschool for All Program

## Funds for Preschool for All Classrooms

Upon opening a new preschool classroom, the Office of Early Childhood Education (OECE) will furnish and provide the initial instructional materials for the classroom. After the first year of operation, schools must provide funds to replace and replenish instructional materials and furniture using their SGSA funds.

SGSA funds are generated to schools through the number of qualified Free and Reduced Lunch applicants. Each qualified preschool child generates \$358 in additional SGSA funds for a school. OECE requests that a small portion of this total be set aside each year for the preschool program. The following table indicates the recommended allocations per half-day preschool classroom of 40 children.

Instructional Materials	\$700
Buses for Field Trips	\$600
Pupil Admissions	\$400
Nutrition Education	\$200
Lending Library	\$450
Parent Meeting Supplies	\$125
Conferences	\$100
<b>TOTAL</b>	<b>\$2,575</b>

There is a limited amount of furniture from closed classrooms available to replace broken or worn classroom furniture.

Teachers should keep a record of expenditures related to the program for audit purposes. Classrooms will be audited to ensure that classrooms receive funds for instructional materials from their principals.





Office of Early Childhood Education  
Preschool for All Program

## 2012-2013 Professional Development Calendar

**July  
30, 31, and  
August  
1**

Track E New Teacher Training 8:30 A.M. Colman Network Office

7 Track E Kick Off/Operations Meeting 8:30 A.M. Harold Washington College

13-15 Track R New Teacher Training 8:30 A.M. Colman Network Office

28 Track R Kick Off/Operations Meeting 8:30 A.M. U.I.C. Forum

**November**

9 Teacher Inquiry Series Group A – Session 1 12:00 P.M. Arturo Velasquez Institute

**December**

5 Teacher Inquiry Series Group B – Session 1 12:00 P.M. Arturo Velasquez Institute

**January**

12 Teacher Inquiry Series Group A – Session 2 8:00 A.M. Arturo Velasquez Institute

12 Teacher Inquiry Series Group B – Session 2 12:00 P.M. Arturo Velasquez Institute

**February**

27 Teacher Inquiry Series Group A – Session 3 12:00 P.M. Arturo Velasquez Institute

**April**

12 Teacher Inquiry Series Group B – Session 3 12:00 P.M. Arturo Velasquez Institute

**May**

4 Teacher Inquiry Series Group A – Session 4 8:00 A.M. Arturo Velasquez Institute

4 Teacher Inquiry Series Group B – Session 4 12:00 P.M. Arturo Velasquez Institute

**June**

TBD Teacher Inquiry Culminating Event/Share Fair TBD TBD

***To receive Continuing Professional Development Units (CPDUs), teachers must attend all meetings within the series in which they are enrolled. Principal's approval is required for attendance.***

***Webinars will be available to teachers throughout the school year.  
Teachers can receive CPDUs for completion of webinars.***

*If you have any questions or concerns, please call Heather Madden, Manager of Professional Learning, at (773)553-2016.*



Office of Early Childhood Education  
Preschool for All Program

# Teacher Inquiry Series Calendar

Attendance is optional. Please choose one group that best fits your schedule. All dates in blue must be approved by principals to attend. In order to receive CPDUs, you must attend ALL four sessions for your series.

<b>Group A</b>
November 9
January 12 (AM)
February 27
May 4 (AM)

<b>Group B</b>
December 5
January 12 (PM)
April 12
May 4 (PM)



Office of Early Childhood Education  
Preschool for All Program

## QUALITY MARKERS FOR PRESCHOOL CLASSROOMS

### Staff:

- A certified teacher and a teacher assistant must be in the classroom at all times.
- Parent volunteers extend teaching and learning opportunities.

### Structure:

- An activity schedule with instructional content should be posted showing large, small, and individual activities.
- At least two books should be read at different times. If three year olds are present in the classroom, different books for 3s and 4s should be read.
- Large group instruction should last no more than 20 minutes. All children included in a large group should have the opportunity to talk and participate. However, if three year olds are in the class, they should be excused after 10 minutes to do other activities.
- Teachers teach children to work independently, while the teacher and the teacher assistant work with small groups.

### Environment:

- The classroom should be organized and clean.
- The children's work should be displayed. Teachers and teacher assistants should not spend time decorating bulletin boards with purchased displays.
- Children should share and care for (picking up, cleaning) the classroom.

### Curriculum Content:

- Different genres of literature are presented and discussed.
- New vocabulary is introduced and repeated frequently.
- Alphabet names, sounds, and orthography are used daily.
- Words are rhymed, segmented, and sounded out.
- Objects are counted, added, and subtracted.
- Music and art activities reinforce curriculum objectives.

### Teaching:

- The teacher and teacher assistant are continuously involved with children.
- The teacher and teacher assistant have conversations with individual and small groups of children.
- The teacher has good management skills and the children are engaged.
- The teacher can explain how child assessment is used to plan curriculum.
- The teacher can explain how curriculum aligns with kindergarten.
- The teacher designed curricula is written and supported with research evidence.
- The teacher adapts a research-based, published curriculum, annotating what content is covered.
- The teacher can explain what he/she is doing for a child who is having difficulty learning.



Office of Early Childhood Education  
Preschool for All Program

## Forms

Listed below are forms used for registration, enrollment, and program operations. A sample of each form is included on the pages that follow.

Also included is the Compliance Calendar, End of Year Questionnaire, and Internet Links for Additional Resources.

- ▶ Proof of School Dental Examination
- ▶ Certificate of Child Health Examination (English)
- ▶ Certificate of Child Health Examination (Spanish)
- ▶ Parent/Child Activity Report
- ▶ Citywide Liaison Service Request
- ▶ Conference/Workshop Reimbursement
- ▶ Classroom Volunteer Record Sheet
- ▶ Home Language Survey
- ▶ Social-Emotional Screening Protocol
- ▶ Record of Referral for Special Education Evaluation
- ▶ Parent Agreement Form
- ▶ Release Form (English/Spanish)
- ▶ Media Consent Form and Release (English)
- ▶ Media Consent Form and Release (Spanish)
  
- ▶ Compliance Calendar
- ▶ PFA End of Year Questionnaire
- ▶ Internet Links for Additional Resources



### PROOF OF SCHOOL DENTAL EXAMINATION FORM

To be completed by the parent (please print):

Student's Name:		Last	First	Middle	Birth Date: (Month/Day/Year) / /
Address:		Street	City	ZIP Code	Telephone:
Name of School:			Grade Level:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent or Guardian:			Address (of parent/guardian):		

To be completed by dentist:

#### Oral Health Status (check all that apply)

- Yes  No **Dental Sealants Present**
- Yes  No **Caries Experience / Restoration History** — A filling (temporary/permanent) OR a tooth that is missing because it was extracted as a result of caries OR missing permanent 1<sup>st</sup> molars.
- Yes  No **Untreated Caries** — At least 1/2 mm of tooth structure loss at the enamel surface. Brown to dark-brown coloration of the walls of the lesion. These criteria apply to pit and fissure cavitated lesions as well as those on smooth tooth surfaces. If retained root, assume that the whole tooth was destroyed by caries. Broken or chipped teeth, plus teeth with temporary fillings, are considered sound unless a cavitated lesion is also present.
- Yes  No **Soft Tissue Pathology**
- Yes  No **Malocclusion**

#### Treatment Needs (check all that apply)

- Urgent Treatment** — abscess, nerve exposure, advanced disease state, signs or symptoms that include pain, infection, or swelling
- Restorative Care** — amalgams, composites, crowns, etc.
- Preventive Care** — sealants, fluoride treatment, prophylaxis
- Other** — periodontal, orthodontic

Please note \_\_\_\_\_

Signature of Dentist \_\_\_\_\_

Date of Exam \_\_\_\_\_

Address \_\_\_\_\_  
Street City ZIP Code

Telephone \_\_\_\_\_





**STATE OF ILLINOIS  
DEPARTMENT OF HUMAN SERVICES  
CERTIFICATE OF CHILD HEALTH EXAMINATION**

Please Print

<b>Student's Name</b>				<b>Birth Date</b>			<b>Sex</b>	<b>School</b>				<b>Grade Level /ID#</b>						
Last		First		Middle		Month/Day/ Year												
<b>Address</b>				<b>Parent/ Guardian</b>			<b>Telephone #</b>				<b>Work</b>							
Street		City		ZIP code					Home									
<b>IMMUNIZATIONS:</b> To be completed by health care provider. Note the mo/da/yr for <i>every</i> dose administered. The day and month is required if you cannot determine if the vaccine was given <i>after</i> the minimum interval or age. <b>If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.</b>																		
<b>VACCINE/DOSE</b>	1 YR			2 YR			3 YR			4 YR			5 YR			6 YR		
	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR	MO	DA	YR
Diphtheria, Tetanus and Pertussis (DTP or DTaP)																		
Diphtheria and Tetanus (Pediatric DT or Td)																		
Inactivated Polio (IPV)																		
Oral Polio (OPV)																		
Haemophilus influenzae type b (Hib)																		
Hepatitis B (HB)																		
Varicella (Chickenpox)													Comments					
Combined Measles, Mumps and Rubella (MMR)																		
Measles (Rubeola)																		
Rubella (3-day measles)																		
Mumps																		
Pneumococcal (not required for school entry)	<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23		
Check specific type (PCV7, PPV23)																		
Other (Specify hepatitis A, meningococcal, etc.)																		

**Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below.**

<b>Signature</b>	<b>Title</b>	<b>Date</b>
<b>Signature</b> (If adding dates to the above immunization history section, put your initials by date(s) and sign here.)	<b>Title</b>	<b>Date</b>
<b>Signature</b> (If adding dates to the above immunization history section, put your initials by date(s) and sign here.)	<b>Title</b>	<b>Date</b>

**ALTERNATIVE PROOF OF IMMUNITY**

1. Clinical diagnosis is acceptable if verified by physician. \*(All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.)

\*MEASLES (Rubeola) MO DA YR MUMPS MO DA YR VARICELLA MO DA YR Physician's Signature

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.  
Person signing below is verifying that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.

Date of Disease	Signature	Title	Date
-----------------	-----------	-------	------

3. Laboratory confirmation (check one)  Measles  Mumps  Rubella  Hepatitis B  Varicella  
 Lab Results Date MO DA YR (Attach copy of lab report, if available.)

VISION AND HEARING SCREENING DATA															
Pre-school – annually beginning at age 3; School age – during school year at required grade levels															
Date														Code: P = Pass F = Fail U = Unable to test R = Referred G/C = Glasses/ Contacts	
Age/Grade															
	R	L	R	L	R	L	R	L	R	L	R	L	R		L
Vision															
Hearing															

Printed by Authority of the State of Illinois  
(Complete Both Sides)

<b>Student's Name</b>			<b>Birth Date</b>	<b>Sex</b>	<b>School</b>	<b>Grade Level/ ID #</b>
Last	First	Middle	Month/Day/ Year			

**HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER**

<b>ALLERGIES</b> (Food, drug, insect, other)			<b>MEDICATION</b> (List all prescribed or taken on a regular basis.)			
Diagnosis of asthma? Child wakes during the night coughing	Yes Yes	No No	Indicate Severity	Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes No	No No
Birth defects?	Yes	No		Hospitalizations? When? What for?	Yes	No
Developmental delay?	Yes	No		Surgery? (List all.) When? What for?	Yes	No
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes	No		Serious injury or illness?	Yes	No
Diabetes?	Yes	No		TB skin test positive (past/present)?	Yes*	No
Head injury/Concussion/Passed out?	Yes	No		TB disease (past or present)?	Yes*	No
Seizures? What are they like?	Yes	No		Tobacco use (type, frequency)?	Yes	No
Heart problem/Shortness of breath?	Yes	No		Alcohol/Drug use?	Yes	No
Heart murmur/High blood pressure?	Yes	No		Family history of sudden death before age 50? (Cause?)	Yes	No
Dizziness or chest pain with exercise?	Yes	No		Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other		
Eye/Vision problems? <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____			Other concerns?			
Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)			Information may be shared with appropriate personnel for health and educational purposes.			
Ear/Hearing problems?	Yes	No		<b>Parent/Guardian Signature</b>	<b>Date</b>	
Bone/Joint problem/injury/scoliosis?	Yes	No				

**Entire section below to be completed by MD/DO/APN/PA (\*INDICATES TESTING MANDATED FOR STATE LICENSED CHILD CARE FACILITIES)**

<b>PHYSICAL EXAMINATION REQUIREMENTS</b>		<b>HEIGHT</b>	<b>WEIGHT</b>	<b>BMI</b>	<b>B/P</b>
<b>DIABETES SCREENING BMI&gt;85% age/sex</b> Yes <input type="checkbox"/> No <input type="checkbox"/> And any two of the following: <b>Family History</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Ethnic Minority</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Signs of Insulin Resistance</b> (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes <input type="checkbox"/> No <input type="checkbox"/> <b>At Risk</b> Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>LEAD RISK QUESTIONNAIRE*</b> Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. <b>Blood Test Indicated?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Blood Test Date</b> _____ <b>Blood Test Result</b> _____ (Blood test required in Chicago and other high risk zip codes.)					
<b>TB SKIN TEST</b> Recommended only for children in high-risk groups including children who are immunosuppressed due to HIV infection or other conditions, recent immigrants from high prevalence countries, or those exposed to adults in high-risk categories. See CDC guidelines. <b>Date Read</b> / / <b>Result</b> _____ <b>mm</b>					
<b>LAB TESTS *INDICATES TESTING MANDATED FOR STATE LICENSED CHILD CARE FACILITIES</b>		<b>Date</b>	<b>Results</b>	<b>Date</b>	<b>Results</b>
Hemoglobin * or Hematocrit *			Sickle Cell * (as indicated)		
Urinalysis			Other		
<b>SYSTEM REVIEW</b>	Normal	Comments/Follow-up/Needs		Normal	Comments/Follow-up/Needs
Skin				Endocrine	
Ears				Gastrointestinal	
Eyes	Normal Yes <input type="checkbox"/> No <input type="checkbox"/> Amblyopia Yes <input type="checkbox"/> No <input type="checkbox"/>	Objective screening Yes <input type="checkbox"/> No <input type="checkbox"/>	Result _____	Genito-Urinary	LMP
		Referred to Ophthalmologist/Optometrist Yes <input type="checkbox"/> No <input type="checkbox"/>		Neurological	
Nose				Musculoskeletal	
Throat				Spinal examination	
Mouth/Dental				Nutritional status	
Cardiovascular/HTN				Mental Health	
Respiratory					
<b>NEEDS/MODIFICATIONS</b> required in the school setting				<b>DIETARY</b> Needs/Restrictions	
<b>SPECIAL INSTRUCTIONS/DEVICES</b> e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup					
<b>MENTAL HEALTH/OTHER</b> Is there anything else the school should know about this student? If you would like to discuss this student's health with school or school health personnel, check title: <input type="checkbox"/> Nurse <input type="checkbox"/> Teacher <input type="checkbox"/> Counselor <input type="checkbox"/> Principal					
<b>EMERGENCY ACTION</b> needed while at school due to child's health condition (e.g., seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe.					
<b>On the basis of the examination on this day, I approve this child's participation in</b>			<b>(If No or Modified, please attach explanation.)</b>		
<b>PHYSICAL EDUCATION</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Modified <input type="checkbox"/>		<b>INTERSCHOLASTIC SPORTS</b> (for one year) Yes <input type="checkbox"/> No <input type="checkbox"/> Limited <input type="checkbox"/>			
Physician/Advanced Practice Nurse/Physician Assistant performing examination					
<b>Print Name</b>		<b>Signature</b>		<b>Date</b>	
<b>Address</b>			<b>Phone</b>		

(Complete both sides)

**ESTADO DE ILLINOIS  
DEPARTAMENTO DE SERVICIOS HUMANOS  
CERTIFICADO DE EXAMEN DE SALUD DEL NIÑO(A)**

Por favor escriba en letra de molde

<b>Nombre del Estudiante</b>			<b>Fecha de Nacimiento</b>			<b>Sexo</b>			<b>Escuela</b>			<b>Grado / Núm. de Identificación</b>								
Apellido	Nombre		Inicial			Mes/Día/ Año														
<b>Dirección</b>			<b>Calle</b>			<b>Ciudad</b>			<b>Zona Postal</b>			<b>Padres / Tutor</b>			<b>Núm. de Teléfono de Casa</b>			<b>Trabajo</b>		
<b>VACUNAS:</b> Para ser completado por el proveedor de cuidado d salud. Indique el mes/día/año para <i>cada</i> dosis administrada. El día y el mes se requiere si usted no puede determinar si la vacuna se administró <i>después</i> del intervalo mínimo o edad. <b>Si una vacuna específica está médicamente contraindicada, una declaración aparte por escrito se debe adjuntar explicando la razón médica por esta contraindicación.</b>																				
<b>VACUNAS / DOSIS</b>			1 MES DÍA AÑO			2 MES DÍA AÑO			3 MES DÍA AÑO			4 MES DÍA AÑO			5 MES DÍA AÑO			6 MES DÍA AÑO		
Difteria, Tétano y Pertusis (DTP o DTaP)																				
Difteria y Tétano (DT o Td Pediátrica)																				
Polio Inactivo (IPV)																				
Polio Oral (OPV)																				
Haemófilo influenza tipo b (Hib)																				
Hepatitis B (HB)																				
Varicela (Chickenpox)																		Comentarios:		
Combinado Sarampión, Paperas y Rubéola (MMR)																				
Sarampión (Rubéola)																				
Rubéola (sarampión de 3-días)																				
Paperas																				
Neumocócico (no se requiere para ingresar a la escuela Marque tipo específico (PCV7, PPV23) Fecha			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23			<input type="checkbox"/> PCV7 <input type="checkbox"/> PPV23		
Otro (Especifique: Hepatitis A, meningococcal),																				
<b>Proveedor de Cuidado de Salud (MD, APN, PA, profesional de salud escolar, oficial de salud) que verifica el historial de vacunas arriba tiene que firmar a continuación.</b>																				
Firma			Título						Fecha											
Firma			Título						Fecha											
(Si agrega fechas en la sección del historial de vacunas, escriba sus iniciales al lado de la fecha y firme aquí.)																				
Firma			Título						Fecha											
(Si agrega fechas en la sección del historial de vacunas, escriba sus iniciales al lado de la fecha y firme aquí.)																				

<b>COMPROBANTE ALTERNATIVO DE INMUNIDAD</b>																				
<b>1. El diagnóstico clínico se acepta si es verificado por un médico</b> * (Todos los casos de <u>sarampión</u> diagnosticados en o después del 1ero de julio de 2002, se deben comprobar por medio de evidencia de laboratorio.)																				
*SARAMPIÓN (Rubéola)			MES DÍA AÑO			PAPERAS			MES DÍA AÑO			VARICELA			MES DÍA AÑO			Firma del Médico		
<b>2. El historial de la enfermedad de varicela (chickenpox) se acepta si se comprueba por un proveedor de cuidado de salud, profesional de salud escolar u oficial de salud.</b> La persona que firma a continuación verifica que la descripción del padre / tutor del historial de enfermedad de la varicela indica una infección pasada y acepta tal historial como documentación de la enfermedad.																				
<b>Fecha de la Enfermedad:</b>			<b>Firma</b>			<b>Título</b>			<b>Fecha</b>											
<b>3. Confirmación del laboratorio (marque uno)</b> <input type="checkbox"/> Sarampión <input type="checkbox"/> Paperas <input type="checkbox"/> Rubéola <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Varicela																				
<b>Resultados de Laboratorio</b>			<b>Fecha</b>			<b>MES DÍA AÑO</b>			<b>(Adjunte copia del reporte de laboratorio, si está disponible.)</b>											

<b>DATOS SOBRE LA EVALUACIÓN DE VISIÓN Y AUDICIÓN</b>																	
<b>Pre-escolar- anualmente comenzando a la edad de 3, Edad escolar – en el grado requerido durante el año escolar.</b>																	
<b>Fecha</b>																<b>Código:</b> P = Pasó F = Falló U = No se pudo examinar R = Referido G/C=Lentes/ Lentes de Contacto	
<b>Edad/Año</b>																	
	D	I	D	I	D	I	D	I	D	I	D	I	D	I	D		I
<b>Visión</b>																	
<b>Audición</b>																	

Imprimió con la Autoridad del Estado de Illinois

**(Complete Ambos Lados)**



<b>Nombre del Estudiante</b>			<b>Fecha de Nacimiento</b>	<b>Sexo</b>	<b>Escuela</b>	<b>Grado / Núm. De Ident.</b>
Apellido	Nombre	Inicial	Mes / Día / Año			

**HISTORIAL DE SALUD PARA SER COMPLETADO Y FIRMADO POR EL PADRE / TUTOR Y VERIFICADO POR EL PROVEEDOR DE CUIDADO DE SALUD**

<b>ALERGIAS</b> (Alimentos, drogas, insectos, otro)			<b>MEDICINAS</b> (Anote todas las recetas o tomadas con regularidad.)			
¿Diagnóstico de Asma?	Sí	No	Indique Severidad	¿Pérdida de las Funciones de uno de los pares de Órganos? (Ojos / Oídos / Riñones / Testículos)	Sí	No
¿Niño(a) despierta tosiendo en la noche?	Sí	No		¿Hospitalizaciones?		
¿Defectos de Nacimiento?	Sí	No		¿Cuándo? ¿Para Qué?	Sí	No
¿Retrasos del Desarrollo?	Sí	No				
¿Problemas De La Sangre? Hemofilia, Glóbulos Falciformes, Otro Explique	Sí	No		¿Cirugía? (Anótelas Todas)	Sí	No
¿Diabetes?	Sí	No		¿Cuándo? ¿Para Qué?		
¿Herida de la Cabeza / golpe / desmayo?	Sí	No		¿Heridas Graves o Enfermedad?	Sí	No
¿Convulsiones? ¿Cómo Se Manifiestan?	Sí	No		¿Prueba positiva de la piel para el TB (Dorada o Rosada)?	Sí *	No
¿Problemas Cardíacos / Falta de Respiración?	Sí	No		¿Enfermedad de TB (Pasado o Presente)?	Sí *	No
¿Soplo Cardíaco / Presión Arterial Alta?	Sí	No		¿Uso de Tabaco (Tipo, Frecuencia)?	Sí	No
¿Mareos O Dolor De Pecho Al Hacer Ejercicio?	Sí	No		¿Uso de Alcohol / Drogas?	Sí	No
¿Problemas con los Ojos / Visión? Lentes 9 Lentes de Contacto 9 Último Examen _____				¿Historial Familiar de Muerte Repentina antes de los 50 años? (¿Causa?)	Sí	No
¿Otras Preocupaciones? (bizo, párpados caídos, entrecerrar los ojos, dificultad cuando lee)				Dental 9 Ganchos 9 Puente 9 Placas Otro		
¿Problemas de Audición?	Sí	No		¿Otras Preocupaciones?		
¿Problemas de los huesos / Articulaciones / Heridas / Escoliosis?				<b>Firma del Padre / Tutor</b> <span style="float: right;"><b>Fecha</b></span>		

**LA SECCIÓN TOTAL QUE SIGUE DEBE SER COMPLETADA POR MD/DO/APN/PA (\* INDICA EXAMINACIÓN ORDENADA POR INSTITUCIONES DE CUIDADO DE NIÑOS CON LICENCIA DEL ESTADO)**

<b>REQUISITOS DE EXAMEN FÍSICO</b>	<b>ALTURA</b>	<b>PESO</b>	<b>BMI</b>	<b>B/P</b>
<b>EVALUACIÓN DE DIABETES BMI &gt; 85% edad / sexo</b> Sí <input type="checkbox"/> No <input type="checkbox"/> Y uno de los dos siguientes: <b>Historial Familiar</b> Sí <input type="checkbox"/> No <input type="checkbox"/> <b>Minoría étnica</b> Sí <input type="checkbox"/> No <input type="checkbox"/> <b>Muestras de Resistencia a la Insulina</b> (hipertensión, dislipidemia, síndrome de ovario policístico, acantosis nigricans) Sí <input type="checkbox"/> No <input type="checkbox"/> <b>Está en Riesgo</b> Sí <input type="checkbox"/> No <input type="checkbox"/>				

**CUESTIONARIO DEL PLOMO** \* se requiere para niños de 6 meses a 6 años registrados en una escuela con licencia o escuela pública, centro de cuidado de niños, preescolar, guardería infantil y / o kindergarten.  
 ¿Se Indicó Examen de Sangre? Sí  No  **Fecha del Examen de Sangre** \_\_\_\_\_ **Resultado de Examen de Sangre** \_\_\_\_\_ (Si el niño(a) reside en Chicago, se requiere examen de la sangre.)

**Examen de la piel para el TB** Se recomienda sólo para niños en grupos de alto riesgo, incluye a niños que tienen sistema inmune supreso debido a infección del VIH (HIV) u otras condiciones, inmigrantes recién llegados de países de alta prevalencia, o aquellos adultos expuestos en categorías de alto riesgo. Vea las guías del CDC. **Fecha que se leyó** / / **Resultado** mm

PRUEBAS DE LAB. *INDICA EXAMENES ORDENADOS POR LAS INSTITUCIONES DE CUIDADO DE NIÑOS DEL ESTADO		Fecha	Resultados	Fecha	Resultados
Hemoglobina * o Hematocrito*					Glóbulos Falciformes (Sickle Cell) * (como referencia)
Análisis de Orina					Otro
<b>SISTEMA DE REVISIÓN</b>	Normal	Comentarios / Seguimiento / Necesidades		Normal	Comentarios / Seguimiento / Necesidades
Piel				Endocrino	
Oídos				Gastrointestinal	
Ojos	Normal Sí <input type="checkbox"/> No <input type="checkbox"/> Ambliopía Sí <input type="checkbox"/> No <input type="checkbox"/>	Evaluación objetiva Sí <input type="checkbox"/> No <input type="checkbox"/>	Resultado	Génito-Urinario	LMP
		Referencia al Oftalmólogo/Optometrista Sí <input type="checkbox"/> No <input type="checkbox"/>		Neurológico	
Naríz				Músculo esquelito	
Garganta				Examinación de espina dorsal	
Boca / Dental				Estado de Nutrición	
Cardiovascular/HTN				Salud Mental	
Respiración					

**NECESIDADES/MODIFICACIONES** requeridas en el ámbito escolar **DIETA** Necesidades / Restricciones

**INSTRUCCIONES ESPECIALES/ DISPOSITIVOS** ejem. lentes de protección, ojo de vidrio, protector de pecho para la arritmia, marcapasos, aparato de prótesis, puentes dentales, dentaduras, sostén / copa para deportes

**SALUD MENTAL / OTRO:** ¿Piensa usted que hay algo más que la escuela debe saber sobre el estudiante?  
 Si a usted le gustaría hablar de la salud de este estudiante con la escuela o personal de salud escolar, marque el título:  Enfermera  Maestro  Consejero  Principal

**ACCIÓN DE EMERGENCIA** se necesita mientras está en la escuela debido a la condición de salud del niño(a) (ejem., convulsiones, asma, picadura de insectos, alergias de alimentos, alergia al cacahuate (mani), problemas de sangrado, diabetes, problemas del corazón)? Sí  No  Si contestó sí, por favor descríbalo.

Basado en el examen de este día, yo apruebo que este niño(a) participe en: **(Si la respuesta es No o es Modificada, por favor adjunte explicación)**  
 EDUCACIÓN FÍSICA Sí ? No ? **Modificada ?** **DEPORTES ENTRE ESCUELAS** (por un año) Sí  No  **Limitado**

<b>Médico / Enfermera de Práctica Avanzada / Asistente de Médico que hace el examen</b>		
<b>Nombre (letra de molde)</b>	<b>Firma</b>	<b>Fecha</b>
<b>Dirección</b>	<b>Teléfono</b>	

(Complete ambos lados)



Office of Early Childhood Education  
Preschool for All Program

## Parent/Child Activity Report

**Please complete the Parent/Child Activity Report quarterly and e-mail to [pfaoffice@cps.edu](mailto:pfaoffice@cps.edu). A copy of the report and sign-in sheet must be retained for auditing purposes.**

School:

Date:

Teacher:

Room Number:

Phone Number:

Number of Attendees:

Location:

Speaker:

### **Topic:**

Description of meeting/activity:

Materials used:

Summary of the event *(please give your evaluation of the meeting/activity):*



Office of Early Childhood Education  
Preschool for All Program

## Citywide Liaison Service Request

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

School: \_\_\_\_\_ Unit: \_\_\_\_\_ *(Please check one)* \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ TS

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

Primary Language: \_\_\_\_\_ CPS ID #: \_\_\_\_\_

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

Person Requesting Service: \_\_\_\_\_ Position: \_\_\_\_\_

Concern(s):

Disposition: *(for office staff only)*

Type of Service Requested:

\_\_\_\_\_ Social Service \_\_\_\_\_ Abuse/Neglect \_\_\_\_\_ Special Needs

Other: \_\_\_\_\_

### DISPOSITION OF COPIES

WHITE Copy – Social Worker      YELLOW Copy – Teacher



Office of Early Childhood Education  
Preschool for All Program

## Conference / Workshop Reimbursement

Please describe each expenditure and attach proof of attendance and payment. Receipts must be attached to plain paper and submitted with this form. Submit all documentation to the Preschool for All office within 30 days. Reimbursements will be processed within two weeks. Please keep a copy of your request for your records.

NAME: \_\_\_\_\_ SS #: \_\_\_\_\_ DATE: \_\_\_\_\_  
CPS ID # \_\_\_\_\_

SCHOOL: \_\_\_\_\_ UNIT NUMBER: \_\_\_\_\_

<b>Workshop Date</b>	<b>Workshop Title</b>	<b>Workshop Location</b>	<b>Amount</b>
		<b>TOTAL</b>	<b>\$</b>

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

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



Office of Early Childhood Education  
Preschool for All Program

## Classroom Volunteer Record Sheet

School \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Week of \_\_\_\_\_

PARENT'S SIGNATURE	CHILD'S NAME	Monday		Tuesday		Wednesday		Thursday		Friday	
		In	Out	In	Out	In	Out	In	Out	In	Out
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											
13.											
14.											
15.											
16.											
17.											
18.											
19.											
20.											



**H  
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E  
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E  
Y**

Complete this Home Language Survey at the student's initial enrollment in a Chicago Public School.

This form must be kept in the student's folder.

School: \_\_\_\_\_ Room: \_\_\_\_\_ Unit: \_\_\_\_\_ Area: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID No.: \_\_\_\_\_

**English**

1. Is a language other than English spoken in your home?  
 No  Yes \_\_\_\_\_ (Language)
2. Does the student speak a language other than English?  
 No  Yes \_\_\_\_\_ (Language)

If the answer to either question is yes, the law requires the school to assess your child's English language proficiency.

**IMPACT REGISTRATION PROCESS**  
 (For Office use only)

- The **Non-English** language identified on either question is the Home Language.
- If two different non-English languages are identified, enter the language identified in question 2 as the Home Language.
- Enter **ENGLISH** as a Home Language **ONLY** when both questions are answered no.

**Spanish**

1. ¿Se habla algún otro lenguaje que no sea inglés en su hogar?  
 No  Sí \_\_\_\_\_ (Lenguaje)
2. ¿Habla el estudiante un lenguaje que no sea el inglés?  
 No  Sí \_\_\_\_\_ (Lenguaje)

Si la respuesta a cualquiera de las preguntas es "Sí", la ley requiere que la escuela evalúe la fluidez de su niño en el idioma inglés.

**Polish**

1. Czy językiem innym niż angielski mówi się w domu?  
 Nie  Tak \_\_\_\_\_ (język)
2. Czyt uczeń mówi innym językiem niż angielski?  
 Nie  Tak \_\_\_\_\_ (język)

Jeśli udzielił Państwo twierdzącej odpowiedzi na którekolwiek z powyższych pytań, przepisy wymagają, aby szkoła sprawdziła poziom znajomości języka angielskiego waszego dziecka.

**Chinese**

1. 在家中是否說英語之外的一種語言  
 否  是 \_\_\_\_\_ (語言)
2. 該學生是否會說英語之外的一種語言  
 否  是 \_\_\_\_\_ (語言)

如果你在兩個問題中之任一項的答案是“是”，則法律規定校方要測試貴子女的英語通悉度。

**Arabic**

- 1 - هل تتكلم في بيتك بلغة أخرى غير اللغة الإنجليزية ؟  
 لا ( )  نعم ( ) اللغة \_\_\_\_\_
- 2 - هل يتكلم طفلك بلغة أخرى غير اللغة الإنجليزية ؟  
 لا ( )  نعم ( ) اللغة \_\_\_\_\_

إذا كانت الإجابة نعم على أي من السؤالين فإن القانون يحتم على المدرسة تقييم ابنكم للكفاءة في استخدام اللغة الإنجليزية.

**Bosnian/Croatian/Serbian**

1. Da li se u kući govori na stranom jeziku (različitom od engleskog)?  
 NE  DA \_\_\_\_\_ (jezik)
2. Da li učenik govori neki strani jezik (različit od engleskog)?  
 NE  DA \_\_\_\_\_ (jezik)

Ukoliko ste na bilo koje od ovih pitanja odgovorili sa "Da", škola će biti zakonski dužna da procijeni nivo znanja engleskog jezika kod vašeg djeteta

**Urdu**

- 1 کیا گھر پر انگریزی کے علاوہ کوئی اور زبان بولی جاتی ہے؟  
 ( ) نہیں  ( ) ہاں
- 2 کیا طالب علم گھر پر انگریزی کے علاوہ کوئی اور زبان بولتا ہے؟  
 ( ) نہیں  ( ) ہاں

اگر دونوں سوالوں میں سے ہر سوال کا جواب ہاں میں ہے تو قانون کے مطابق سکول کیلئے آپ کے بچے کو انگریزی میں مہارت کا اندازہ لگانے کا سہارا ملائی ہے۔

Signature of School Official \_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Notes:

- If the parent/guardian does not speak English and the school does not have staff who speaks the parent/guardian's language, identify the language spoken by the parent/guardian through any assistance available in the school.
- If exact name of the language cannot be determined, enter "Other" as a temporary entry. The exact language must be determined within two weeks after the enrollment. Assistance from Area Compliance Facilitators is available.
- Questions or concerns, contact your Area Compliance Facilitator.



Office of Early Childhood Education  
Preschool for All Program

## Social-Emotional Screening Protocol

The following protocol description will provide a brief step-by-step overview of the process and timeline for implementation.

### **STEP I**

#### **Initial Screening**

- The **Ages and Stages Questionnaires: Social-Emotional (ASQ:SE)** Parent Questionnaire is completed when a teacher feels a child may need referral for further evaluation of special education services. Parents return completed questionnaires to the teacher and the teacher completes the ASQ:SE Summary Score Sheet.
- If a child's score is lower or the same as the listed "cutoff" score, the teacher will share the results with the parent(s), and provides a copy of the ASQ:SE Parent Guide on developmental stages and activities.
- The ASQ:SE Summary Score Sheet is stapled to the back of the questionnaire and filed in the child's cumulative folder.

### **STEP II**

#### **Determining Further Assessment**

- If the child's score is higher than the listed "cut-off" score, the teacher will review the "special considerations" listed on the summary score sheet with the parent(s).
- If the listed considerations are relevant to the child, the teacher must note the considerations on the summary score sheet, and provide the parent(s) with a copy of the ASQ:SE Parent Guide on Developmental Stages and Activities. The ASQ:SE Summary Score Sheet is stapled to the back of the questionnaire and filed in the child's health folder.
- If the listed considerations are not relevant to the child, the teacher should inform the parent(s) that they will complete an additional Work Habits and Attitudes observation within the first 20 school days of the child's enrollment.
- Results from the ASQ:SE should be shared with the program social worker and case worker to support the evaluation, where necessary, of special services for a child.



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## Record of Referral for Special Education Evaluation

School: \_\_\_\_\_ Month: \_\_\_\_\_

Please list the name, student identification number, and the date of the referral to your case manager below. This form should be submitted each month with your Monthly Enrollment form.

Student's Name	Student's Identification Number	Date of Referral to Case Manager
1.		
2.		
3.		
4.		
5.		





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PRESCHOOL FOR ALL PROGRAM

## PARENT AGREEMENT FORM

CHILD'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_ ROOM \_\_\_\_\_

**IN CASE OF EMERGENCY CALL:**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**TO THE PRINCIPAL:**

I WISH TO HAVE MY CHILD TAKE PART IN THE PRESCHOOL FOR ALL PROGRAM.

MY CHILD WILL ATTEND DAILY BEGINNING \_\_\_\_\_  
I TAKE FULL RESPONSIBILITY FOR HIS/HER SAFE TRANSPORTATION TO AND FROM SCHOOL.

I AM WILLING TO ATTEND MEETINGS, WORKSHOPS, OR CONFERENCES AT THE SCHOOL, AS MAY BE REQUESTED.

I GIVE MY PERMISSION FOR MY CHILD TO BE TAKEN ON TRIPS RELATED TO THE PRESCHOOL PROGRAM, INCLUDING WALKING TRIPS WITHIN THE COMMUNITY.

I DO HEREBY GRANT PERMISSION FOR THE CHICAGO PUBLIC SCHOOLS TO VIDEOTAPE, PHOTOGRAPH, AND/OR INTERVIEW MY CHILD. I UNDERSTAND THAT THE VIDEOTAPE, PHOTOGRAPHS, AND/OR INTERVIEW MAY BE USED BY THE CHICAGO PUBLIC SCHOOLS FOR PUBLICATION, FILMSTRIPS, AND PUBLIC RELATIONS NOTICE IN A MANNER CONSISTENT WITH THE POLICIES AND PROCEDURES OF THE BOARD OF EDUCATION OF THE CITY OF CHICAGO. I GIVE MY PERMISSION FOR THOSE MATERIALS TO BE RELEASED FOR USE UNDER CONDITIONS OUTLINED ABOVE.

I UNDERSTAND THAT I AM EXPECTED TO SERVE AS A PARENT VOLUNTEER.

SIGNED \_\_\_\_\_  
PARENT/GUARDIAN

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

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



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PRESCHOOL FOR ALL PROGRAM

### RELEASE FORM

Date \_\_\_\_\_

The following people have permission to pick up my child, \_\_\_\_\_, CHILD'S NAME

from the \_\_\_\_\_ School Preschool for All program.

\_\_\_\_\_  
SIGNATURE OF PARENT

\_\_\_\_\_  
NAME

\_\_\_\_\_  
RELATIONSHIP TO CHILD

\_\_\_\_\_  
NAME

\_\_\_\_\_  
RELATIONSHIP TO CHILD

\_\_\_\_\_  
NAME

\_\_\_\_\_  
RELATIONSHIP TO CHILD



OFICINA DE EDUCACIÓN PREESCOLAR  
PROGRAMA ESCUELA PREESCOLAR PARA TODOS

### PERMISO PARA RECOGER ESTUDIANTES

Fecha \_\_\_\_\_

Las siguientes personas tienen permiso de recoger a mi hijo(a), \_\_\_\_\_, NOMBRE DEL NIÑO(A)

del Programa Preescolar para Todos de la Escuela \_\_\_\_\_.

\_\_\_\_\_  
FIRMA DEL PADRE/MADRE

\_\_\_\_\_  
NOMBRE

\_\_\_\_\_  
RELACIÓN AL NIÑO(A)

\_\_\_\_\_  
NOMBRE

\_\_\_\_\_  
RELACIÓN AL NIÑO(A)

\_\_\_\_\_  
NOMBRE

\_\_\_\_\_  
RELACIÓN AL NIÑO(A)



**CHICAGO PUBLIC SCHOOLS  
MEDIA CONSENT FORM AND RELEASE**

School \_\_\_\_\_  
Date \_\_\_\_\_

I hereby consent to have \_\_\_\_\_  
(full name and relation)

photographed, video taped, audio taped or interviewed by the Board of Education of the City of Chicago (the "Board") or the news media when school is in session or when my child is under the supervision of the Board. I understand in the course of the above described activities that the Board might like to celebrate my child's accomplishments and work. Therefore, I further consent for the Board's release of information on my child's name, academic/non-academic awards and information concerning my child's participation in school-sponsored activities, organizations and athletics.

I also consent to the Board's use of my child's name, photograph or likeness, voice or creative work(s) on the Internet or on a CD or any other electronic/digital media or print media.

As the child's parent or legal guardian, I agree to release and hold harmless the Board, its members, trustees, agents, officers, contractors, volunteers and employees from and against any and all claims, demands, actions, complaints, suits or other forms of liability that shall arise out of or by reason of, or be caused by the use of my child's name, photograph or likeness, voice or creative work(s), on television, radio or motion pictures, or in the print medium, or on the Internet or any other electronic/digital medium.

It is further understood and I do agree that no monies or other consideration in any form, including reimbursement for any expenses incurred by me or my child, will become due to me, my child, our heirs, agents, or assigns at any time because of my child's participation in any of the above activities or the above-described use of my child's name, photograph or likeness, voice or creative work(s).

I understand that I may cancel my consent by providing written notice to the principal.

\_\_\_\_\_  
Signature of Parent or Guardian or Student if age 18 or over

\_\_\_\_ I **do not** consent to my child being photographed, video taped, audio taped and/or interviewed by the Board or the news media when school is in session or when my child is under the supervision of the Board. I **do not** consent for the Board to use creative work(s) generated and/or authored by my child on television, radio or motion pictures, or in the print medium, or on the Internet or any other electronic/digital medium.

\_\_\_\_\_  
Signature of Parent or Guardian or Student if age 18 or over

**ESCUELAS PÚBLICAS DE CHICAGO**  
**CONSENTIMIENTO DE PRENSA Y DISPENSA DE RESPONSABILIDAD**

Escuela \_\_\_\_\_  
Fecha \_\_\_\_\_

Por la presente autorizo a que mi \_\_\_\_\_  
(nombre completo y relación)

sea fotografiado(a), grabado(a) en video, grabado(a) en audio y /o entrevistado(a) por la Junta de Educación de Chicago (la "Junta") o por medios de prensa en instalaciones escolares cuando la escuela esté funcionando o cuando el niño se encuentre bajo la supervisión de la Junta. Entiendo que en el curso de las actividades señaladas la Junta quiera celebrar los logros y el trabajo de mi hijo(a). Por lo tanto, también autorizo a la Junta la divulgación del nombre de mi hijo(a), de sus premios académicos y no académicos y de información relacionada con su participación en actividades auspiciadas por la escuela, organizaciones y deportes.

También autorizo a la Junta el uso de fotografías o retratos de mi hijo(a) o de su voz o trabajo creativo en Internet o en un CD educativo, o en cualquier otro medio electrónico/digital o impreso.

Como padre o tutor legal del niño(a), libero de toda responsabilidad a la Junta, a sus miembros, síndicos, agentes, oficiales, contratistas, voluntarios y empleados ante cualquiera y todos los reclamos, demandas, acciones, quejas, juicios u otras formas de responsabilidad que puedan surgir por cualquier razón, o puedan ser causadas por el uso del trabajo creativo, fotografía, retrato o voz en televisión, radio o películas, o en medios impresos, Internet o cualquier otro medio electrónico/digital.

Es entendido además y estoy de acuerdo en que no se me debe a mí, a mi hijo(a), a nuestros herederos, agentes o designados ningún dinero o consideración de ninguna especie, incluyendo el reembolso de cualquier gasto realizado por mí o por mi hijo(a) durante la participación en cualquiera de las actividades mencionadas, o por el uso de su trabajo creativo, fotografías, retrato o voz.

Entiendo que puedo cancelar este consentimiento mediante una comunicación por escrito al director escolar.

\_\_\_\_\_  
Firma del padre o tutor, o del estudiante si tiene 18 años o más

\_\_\_\_\_ **no** autorizo que mi hijo(a) sea fotografiado(a), grabado(a) en video, grabado(a) en audio y /o entrevistado(a) por la Junta o por medios de prensa en instalaciones escolares cuando la escuela esté funcionando o cuando el niño se encuentre bajo la supervisión de la Junta. **No** autorizo que la Junta utilice el trabajo o trabajos creativos generados por o de autoría de mi hijo(a) en televisión, radio o películas, o en medios impresos, Internet o cualquier otro medio electrónico/digital.

\_\_\_\_\_  
Firma del padre o tutor, o del estudiante si tiene 18 años o más



Office of Early Childhood Education  
Preschool for All Program

## 2012-2013 Compliance Calendar

Report	Due Date
Pre-IPT Testing ( <i>where applicable</i> )	October 5, 2012
ESI-R Screening	October 11, 2012
First Parent/Child Activity Report	October 18, 2012 (Track E) November 8, 2012 (Track R)
Teaching Strategies GOLD Fall Checkpoint	November 2, 2012
Second Parent/Child Activity Report	January 31, 2013
Progress Report Distribution to Parents	February 6, 2013
Teaching Strategies GOLD Winter Checkpoint	February 1, 2013
Begin Pre-Enrollment in IMPACT for 2013-2014	April 1, 2013
Third Parent/Child Activity Report	April 11, 2013
KRT Completed	May 24, 2013
Teaching Strategies GOLD Spring Checkpoint	June 7, 2013
Progress Report Distribution to Parents	June 19, 2013
Fourth Parent/Child Activity Report	June 19, 2013



Office of Early Childhood Education  
Preschool for All Program

## PFA End of Year Questionnaire

School: \_\_\_\_\_ Room: \_\_\_\_\_

Teacher: \_\_\_\_\_

The information requested below is necessary for the Illinois State Board of Education (ISBE) end of year report. Please fill in the information and e-mail to [pfaoffice@cps.edu](mailto:pfaoffice@cps.edu) by **Friday, June 14, 2013**.

Thank you in advance for your cooperation and timely response.

**1. Number of children who applied for the program:** \_\_\_\_\_

*(Include all CHILDREN SERVED: SPED, transfers, etc. Include your current students and all children on your waiting list, and those who may not have been eligible, e.g., too young, too old, not Chicago residents.)*

**2. Number of children who were eligible for the program:** \_\_\_\_\_

*(All enrolled children and eligible children on the waiting list.)*

**3. Number of eligible children who were not enrolled  
Because parents changed their mind:** \_\_\_\_\_

**4. Total number of children served this year:** \_\_\_\_\_

*(Include all children enrolled at any time during this school year.)*

**5. Number of eligible children on the waiting list:** \_\_\_\_\_

*(Waiting list for THIS year; number of children who were not able to attend because of space.)*

**6. Family Structure**  
*(Indicate the number of children per category)*

Living with both parents: \_\_\_\_\_

Living with one parent: \_\_\_\_\_

Living with a relative: \_\_\_\_\_

Living in foster care: \_\_\_\_\_

Living with someone else: \_\_\_\_\_, *(explain)* \_\_\_\_\_

**7. Mother's Highest Education:**

*(Indicate the number of mother's highest education per category)*

Graduate college degree: \_\_\_\_\_

College degree: \_\_\_\_\_

Some college: \_\_\_\_\_

High school diploma: \_\_\_\_\_

Some high school: \_\_\_\_\_

Elementary school: \_\_\_\_\_

**8. After Program Care**

*(Indicate the number of children per category)*

Family or home day care: \_\_\_\_\_

Day care or nursery: \_\_\_\_\_

Relatives: \_\_\_\_\_

Other *(list each)*: \_\_\_\_\_  
\_\_\_\_\_

**9. Please indicate the unduplicated count of parents participating in these activities and the frequency of each.**

*Unduplicated Count – Report the parent only once in that particular activity: i.e., if a parent attended a field trip twice in a year, report the parent only once in the field trip activity. If the same parent also attended other activities, report that parent once in each specific activity. No parent should be reported more than once in any activity.*

	Unduplicated number of parent(s)	How often was this activity offered to parent(s)?
Volunteer in the Classroom:	_____	_____
Attend Social / Info Meetings:	_____	_____
Attend Parent / Teacher Conference:	_____	_____
Attend Field Trips:	_____	_____
Visit Book and Toy Lending Libraries:	_____	_____
Other:	_____	_____
<i>Did not participate:</i>	_____	

**10. Report the number of unduplicated parents participating in these activities and the frequency of the activities that were offered.**

*Unduplicated Count – Report the parent only once in that particular activity: i.e., if a parent attended a field trip twice in a year, report the parent only once in the field trip activity. If the same parent also attended other activities, report that parent once in each specific activity. No parent should be reported more than once in any activity.*

	Unduplicated number of parent(s)	How often was this activity offered to parent(s)?
Home Visit:	_____	_____
One-to-one consultation:	_____	_____
Parent-Child Activity:	_____	_____
Parent Skill Development Activity:	_____	_____
Health / Nutrition Workshop:	_____	_____
Adult Library / Job Development:	_____	_____
GED classes:	_____	_____
Parent Resource Library:	_____	_____
Other Parent Education / Support Activity:	_____	_____
<i>Did not participate:</i>	_____	





Office of Early Childhood Education  
Preschool for All Program

## Internet Links for Additional Resources

Chicago Public Schools  
[www.cps.edu](http://www.cps.edu)

CPS Bus Company List (*Approved Vendors*)  
[www.cps.k12.il.us/OperationalResources/Transportation/vendors.asp](http://www.cps.k12.il.us/OperationalResources/Transportation/vendors.asp)

Illinois Early Learning Standards  
[www.ecechicago.org/teacher/standards/standards.html](http://www.ecechicago.org/teacher/standards/standards.html)

Illinois State Board of Education  
[www.isbe.state.il.us](http://www.isbe.state.il.us)

Office of Early Childhood Education  
[www.ecechicago.org](http://www.ecechicago.org)

Teaching Strategies GOLD  
[www.TeachingStrategies.com](http://www.TeachingStrategies.com)

Virtual Pre-K!  
[www.virtualpre-k.org](http://www.virtualpre-k.org)