

Welcome to Preschool!

Hello,

It's almost time for Preschool!

My name is Justine Johnson! I am the School Readiness/ VPK Teacher at Tri-County. I am so excited for the 2020-2021 school year.

Preschool is an important year filled with fun learning activities to help your kiddos succeed in many areas of development to get them ready to rock the Kindergarten world! I hope you have a fabulous summer. I can't wait to hear all about it! Do you want to know my favorites? Take a look!

My Favorites:

Color: Orange

Season: Fall

Food: Gummy Worms/ Ice Cream

Drink: Coffee/ Bubbler Water

Book: Love You Forever

Past Time: Farm Life

♥ Miss Justine

To-Do List:

- * Complete Paperwork in this packet and mail it to the school:
Tri-County School
Attn: Laura Efta
P.O Box 178
Karlstad MN, 56732
- * Fall Screening will be within 30 days of school starting.
- * Please join us for Open House in August - Date TBD
- * Our First Day of School will be September 14th, 2020

Here are just a few of the tools we use in our programs:

THE CREATIVE CURRICULUM FOR PRESCHOOL

A developmentally appropriate classroom based curriculum. It is the foundation for daily classroom activities, which build on children's interests and strengths to meet individual and classroom learning objectives and goals

S.M.A.R.T. (Stimulating Maturity Through Accelerated Readiness Training)

A program that uses brain stimulation exercises to help children become ready for Kindergarten.

TEACHING STRATEGIES GOLD

A comprehensive, research-based assessment system that supports effective teaching and children's development and learning.

Tri-County Preschool/ Head Start Program Goals:

Approaches to Learning

1. Children will demonstrate a positive approach to learning through persistence, attentiveness, engagement, problem solving, flexibility, curiosity and inventiveness thinking.
2. Children will show an increasing ability to express themselves through sound, movement, visual media and role play.

Social Emotion Development

1. Children will be able to manage feelings appropriately and self-regulate with regard to their emotions, attention span and behavior.
2. Children will demonstrate positive, appropriate social relationships with family members, peers and other significant adults including individual and group settings.

Language & Literacy

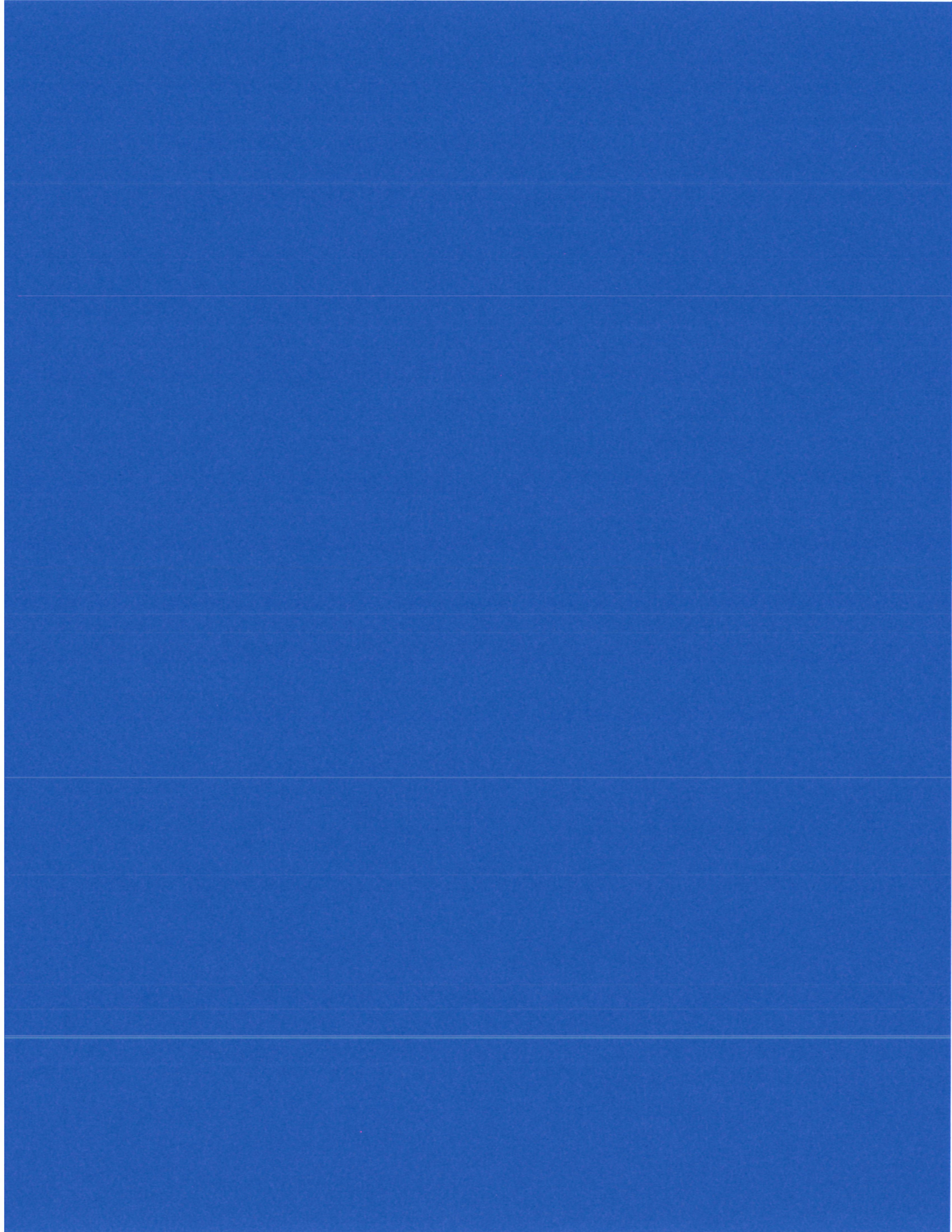
1. Children will demonstrate increasing skills in comprehension and use of more complex and varying vocabulary.
2. Children will demonstrate increasing proficiency using language to communicate needs, wants and for self-expression.
3. Children will demonstrate comprehension and will respond to books (texts, environmental print, and symbols).
4. Children will demonstrate an increase in the development of writing skills through the writing stages.

Cognition & General Knowledge

1. Children will use math skills in everyday classroom and family routines as appropriate for their developmental level. They will show increased Competency in counting, comparing, relating and problem solving.
2. Children will engage in scientific exploration through observation, imitation, manipulation, and curiosity.
3. Children will demonstrate use of skills in reasoning and problem solving, finding multiple solutions and answering questions.
4. Children will increase their understanding of classroom, community, and home environment.

Physical Development & Health

1. Children will acquire and maintain a high level of physical health.
2. Children will demonstrate increasing control of large muscles for movement, navigation, and balance.
3. Children will demonstrate increasing fine motor strength, coordination and agility for use in self care, manipulation of materials and exploring their environment.



Why DO YOU PLAY SO MUCH?

Dear Families,

Have you been wondering why your child always seems to be playing instead of working in our classroom?

It's because play IS the work of a child!

Research has shown that play is the most effective way to teach preschoolers.

Here's some of the things we are learning:

Social skills like sharing and self-control.

Fine motor skills to prepare us for holding writing tools.

Gross motor skills like coordination and balance.

Creative expression and taking pride in our work.

Literacy skills like book care and recognizing familiar words.

Math skills like counting, sorting, and comparing.

Science skills like constructing, experimenting, and observing.

Please feel free to ask any questions you might have about our curriculum.

Rest assured – your child is learning AND having fun!

Please fill out this paperwork even if you have filled out a Head Start application as the school district needs this information.

Thank You,
Miss Justine

Please return to:
Tri-County School
Attn: Laura Efta
P.O Box 178
Karlstad MN, 56732



Tri-County Elementary School Student Profile

Year: 2019-2020
Report: STU201

General Information

Student Name		Perm ID	Gender	Grade
State ID	Last Name		Nick Name	
Birth Date	Birth Place		Leave Date	Enter Date
Phone	Home Language		Resolved Race/Ethnicity	
Home Address			Mailing Address	
Bus Routes: AM Bus: _____ AM K bus to home: _____ Day Care: _____ PM Bus: _____ PM K bus to school: _____				

Custodial Information

Relation		Parent Name		Employer	
<input type="checkbox"/> Lives With <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Has Custody <input type="checkbox"/> Ed. Rights <input type="checkbox"/> Release To					
Phone Type:		Phone:	Extension:	<input type="checkbox"/> Primary <input type="checkbox"/> Contact Phone <input type="checkbox"/> Accept Text <input type="checkbox"/> Not Listed	
Phone Type:		Phone:	Extension:	<input type="checkbox"/> Primary <input type="checkbox"/> Contact Phone <input type="checkbox"/> Accept Text <input type="checkbox"/> Not Listed	
Relation		Parent Name		Employer	
<input type="checkbox"/> Lives With <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Has Custody <input type="checkbox"/> Ed. Rights <input type="checkbox"/> Release To					
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Relation		Parent Name		Employer	
<input type="checkbox"/> Lives With <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Has Custody <input type="checkbox"/> Ed. Rights <input type="checkbox"/> Release To					
Phone Type:		Phone:	Extension:	<input type="checkbox"/> Primary <input type="checkbox"/> Contact Phone <input type="checkbox"/> Accept Text <input type="checkbox"/> Not Listed	
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Relation		Parent Name		Employer	
<input type="checkbox"/> Lives With <input type="checkbox"/> Contact Allowed <input type="checkbox"/> Mailings Allowed <input type="checkbox"/> Has Custody <input type="checkbox"/> Ed. Rights <input type="checkbox"/> Release To					
Phone Type:		Phone:	Extension:	<input type="checkbox"/> Primary <input type="checkbox"/> Contact Phone <input type="checkbox"/> Accept Text <input type="checkbox"/> Not Listed	
Phone Type:		Phone:	Extension:	<input type="checkbox"/> Primary <input type="checkbox"/> Contact Phone <input type="checkbox"/> Accept Text <input type="checkbox"/> Not Listed	

Health Conditions



Tri-County Elementary School Student Profile

Year: 2019-2020
Report: STU201

Health Conditions

Condition	Start Date
Comment	

IN CASE OF EMERGENCY: Names of persons who can assume temporary responsibility

Name	Relationship	Home Phone	Work Phone	Other Phone

* = Release To Emergency Contact

Physician _____ Phone _____

1. Specify health conditions/allergies _____
2. Is your child on daily medication? Yes _____ No _____ Specify _____
3. Recent surgery, accident or illness (past year) _____

PLEASE READ AND CIRCLE APPROPRIATELY!!!

Unless indicated, you give permission for your students PHOTO to be used as deemed appropriate by school staff (ie newspaper, internet, etc).

I give the school permission to administer ibuprofen as needed to my student during school hours. (no more than 2 will be given unless written permission saying otherwise) YES or NO

Please indicate desired student's STORM HOME Name & Address:

Signature Parent/Guardian _____	Date _____
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Directions to district staff:

1. Use the resources at located at Early Education Student for more information on how to complete this reporting process.
2. The User Manual at the same website details the valid responses for each element below.
3. The Parent Questionnaire for Early Education Student may be distributed to parents to gather their voluntary responses to the following categories: education background, household income, family size and employment status. Administrative data sets may provide the remaining details.

STUDENT

*State Student ID: _____

Name (Last): _____ *Name (First*): _____

Name (M.I.): _____ Name (Suffix): _____

*Date of Birth (MM/DD/YYYY): _____ *Gender (M/F): _____

*School Year (YYYY-YYYY): 2020 - 2021 *Immunizations Up to Date (Y/N): _____

Ethnicity: Hispanic/Latino (Y/N): _____

Race: Check all that apply: American Indian Asian Black Native Hawaiian White

Migrant (Y/N): _____ Primary Language: _____ McKinney-Vento Homeless (Y/N): _____

PROGRAM REGISTRATION

*District Number: 2358 *District Type: _____

*Program Name: Check One: SR ECFE ECFE/ABE SR/ABE Other

*Registration Date: _____ *Count of Classes: _____

*Fee Status: Check One: Full Fee Reduced Fee No Fee

*Funding Source: Check One: Parent Fee SR ECFE ECSE Head Start Early Head Start
 Title 1 Non-DHS funded child care Other district Other County Scholarship (State/Federal)
 Scholarship (Community) Private Foundation Grant

*Special Needs or Delay NOT Eligible for Special Education: Check One Below:

- Child has special needs, but is not eligible for special educational services
 Child has no special needs or is eligible for special educational services

→ Please fill out back page too.

REGISTERING PERSON

*Name (Last, First): _____

Date of Birth (MM/DD/YYYY): _____

*Type: Check One: Foster Father Father Foster Mother Mother Guardian – Male
 Guardian – Female Other Relative – Male Other Relative – Female

Education Background: Check One: Doctoral Degree Master's Degree Bachelor's Degree
 Associate's Degree Some College, but no degree High School Diploma Some High School, no diploma
 Some elementary and middle school, none beyond eighth grade

Employment Status: Check One: Employed more than 25 hrs/week Employed less than 25 hrs/week
 Unemployed, seeking employment Unemployed, not seeking employment

Yearly Household Income: _____

Number of People in Household: _____

*Receiving Interpreter Assistance (Y/N): _____

*Classroom Volunteer Type: Check One: Not Volunteering Classroom volunteer
 Parent Advisory Council Volunteer Other as district identified

* Required element

Tri-County Schools
ACCEPTABLE USE AGREEMENT

Name of Student: _____ Date: _____ Grade: _____

You or your child's teacher have requested they have access to Tri-County Public Schools technology. This includes computers and other devices, school email access and access to the internet, which would connect your child with educational resources all over the world.

Tri-County requires this Acceptable Use Agreement be signed by each student and by a parent or guardian. The Internet Acceptable Use and Safety Policy (#524), which has been approved by the Board of Education, can be found on the school website, <http://tricounty.k12.mn.us>. Please read the policy carefully and review it with your child. In accepting the Acceptable Use Agreement, your child accepts the responsibility of using the District's technology in an appropriate manner. It is important that you understand your child's responsibilities as well. Your signature indicates that you have read and agreed to our Acceptable Use Policy.

Student

I have read and understand the Acceptable Use Policy and agree I will abide by the terms of the policy. I further understand that any violation of the policy may be unethical, may constitute a criminal offense, and may result in the loss of the privilege to use the District's technology. Should I commit any violation, my access may be revoked, school disciplinary action may be taken as well as any appropriate legal action.

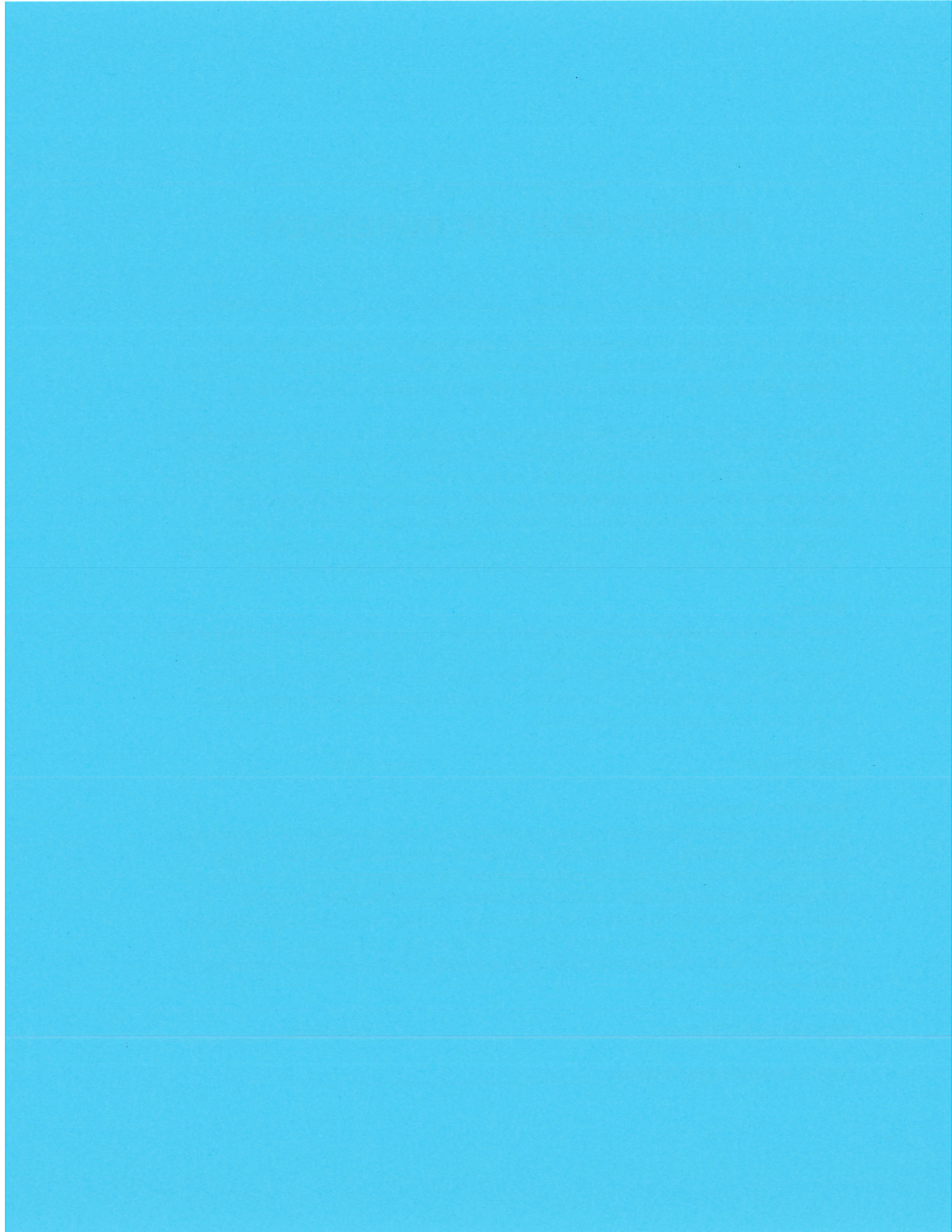
Student Signature: _____ Today's Date: _____

Parent or Guardian

As a parent or legal guardian of the above-named student I grant permission for my child to use the District's technology. I have read and understand the Acceptable Use Policy. I further understand that this access is for education purposes. I also recognize that it is impossible for Tri-County Schools to eliminate all controversial material and will not hold the District responsible for materials acquired on their technology. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give permission to issue my child access to the District's technology and certify that the information contained on this form is correct.

Parent/Guardian Signature: _____ Today's Date: _____

Printed Name of Parent/Guardian: _____





2020-21 Ethnic and Racial Demographic Designation Form

Student's First Name: _____ Middle Name/Initial: _____ Last Name: _____

Date of Birth: _____ District: _____ School: _____

Schools are required to report ethnicity and race to the state and to the U.S. Department of Education. Because of recent changes to Minnesota state law, Minnesota disaggregates each category into detailed groups to further represent our student populations. Parents or guardians are not required to answer the federal questions (in bold) for their children. If you choose not to answer the federal questions (in bold), federal law requires schools to choose for you. This is a last resort—we prefer if parents or guardians complete the form. State questions are labeled as "Optional" and schools will not fill in this information for you.

This information helps improve teaching and learning for everyone and helps us accurately identify and advocate for students currently underserved. The information this form collects is considered private information. You can review the privacy notice to learn more about the purpose of collecting this information, how it will be used and not used, and how the detailed groups were identified. The privacy notice can be found in our Frequently Asked Questions: Ethnic and Racial Designation Form.

Is the student Hispanic/Latino as defined by the federal government? The federal definition includes persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.¹

[You must select "yes" or "no" to this question.]

Yes *[If yes, go to Question A.]*

No *[If no, go to Question 1.]*

Optional Question A: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- | | | | |
|----------------------------------------------|---------------------------------------|----------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Guatemalan | <input type="checkbox"/> Salvadoran | <input type="checkbox"/> Other Hispanic/Latino |
| <input type="checkbox"/> Colombian | <input type="checkbox"/> Mexican | <input type="checkbox"/> Spaniard/Spanish/
Spanish-American | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Puerto Rican | | |

Go to Question 1.

[Select "yes" to at least one of the Questions (1-6) below.]

Question 1: Does the student identify as American Indian or Alaska Native as defined by the state of Minnesota? The state of Minnesota definition includes persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition. [This question is needed to calculate state aid/funding.]

Yes *[If yes, go to Question 1a.]*

No *[If no, go to Question 2.]*

Optional Question 1a: If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

- | | | |
|----------------------------------------------|----------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Decline to indicate | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Other North American Indian Tribal Affiliation |
| <input type="checkbox"/> Anishinaabe/Ojibwe | <input type="checkbox"/> Dakota/Lakota | <input type="checkbox"/> Unknown |

Go to Question 2.

¹Federal Register, Vol. 72, No. 202/Friday, October 19, 2007/Notices/59274

Question 2. Is the student American Indian from South or Central America?

Yes [Go to Question 3.]

No [Go to Question 3.]

Question 3. Is the student Asian as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.¹

Yes [If yes, go to Question 3a.]

No [If no, go to Question 4.]

Optional Question 3a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

Decline to indicate

Chinese

Karen

Other Asian

Asian Indian

Filipino

Korean

Unknown

Burmese

Hmong

Vietnamese

Go to Question 4.

Question 4. Is the student black or African American as defined by the federal government? The federal definition includes persons having origins in any of the black racial groups of Africa.¹

Yes [If yes, go to Question 4a.]

No [If no, go to Question 5.]

Optional Question 4a. If yes was chosen above, select all that apply from the list below (*this question will not be answered by school staff*):

Decline to indicate

Ethiopian-Other

Somali

African-American

Liberian

Other black

Ethiopian-Oromo

Nigerian

Unknown

Go to Question 5.

Question 5. Is the student Native Hawaiian or Other Pacific Islander as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.¹

Yes [Go to Question 6.]

No [Go to Question 6.]

Question 6. Is the student white as defined by the federal government? The federal definition includes persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.¹

Yes

No

Parent(s)/Guardian Name _____ Date _____

Parent(s)/Guardian Signature _____

Minnesota Language Survey

Minnesota is home to speakers of more than 100 different languages. The ability to speak and understand multiple languages is valued. The information you provide will be used by the school district to see if your student is multilingual. In Minnesota, students who are multilingual may qualify for a Multilingual Seal upon further assessment. Additionally, the information you provide will determine if your student should take an English proficiency test. Based upon the results of the test, your student may be entitled to English language development instruction. Access to instruction is required by federal and state law. As a parent or guardian, you have the right to decline English Learner instruction at any time. Every enrolling student must be provided with the Minnesota Language Survey during enrollment. Information requested on this form is important to us to be able to serve your student. Your assistance in completing the Minnesota Language Survey is greatly appreciated.

Student Information	
Student's Full Name: (Last, First, Middle)	Birthdate AND Student ID:

	Check the phrase that best describes your student:	Indicate the language(s) other than English in space provided:
1. My student first learned:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
2. My student speaks:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
3. My student understands:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	
4. My student has consistent interaction in:	<input type="checkbox"/> language(s) other than English. <input type="checkbox"/> English and language(s) other than English. <input type="checkbox"/> only English.	

Language use alone does not identify your student as an English learner. If a language other than English is indicated, your student will be screened for English language proficiency.

Parent/ Guardian Information	
Parent/Guardian Name (printed):	
Parent/Guardian Signature:	Date:

* All data on this form is private. It will only be shared with district staff who need the information to best serve your student and for legally required reporting about home language and service eligibility to the Minnesota Department of Education. At the district and at the Minnesota Department of Education, this information will not be shared with other individuals or entities, except if they are authorized by state or federal law to access the information. Compliance with this request for information is voluntary.

