



Welcome to Kindergarten!

Your child's first year of elementary school will be exciting, memorable, and full of growth. To best prepare your little one for Kindergarten and our new Common Core Standards, we ask that your child come to school knowing the following skills:

- **identifies all capital and lowercase letters** (Letter sounds are optional, but don't add "uh" to sounds. ex. "d" not "duh")
- **identifies all numbers 1-20 (out of order)**
- **identifies shapes** (square, rectangle, triangle, circle, rhombus, hexagon, cube, cylinder, sphere, cone)
- **can count to 30 clearly**
- **can touch and count objects to tell how many** (ex. count 10 beans)
- **Identifies colors**
- **can rhyme with words** (rhyme with "pan" - ran, van, man)
- **can write his/her name starting with a capital letter followed by lowercase letters**
- **holds pencil correctly**
- **can hold and cut with scissors correctly**
- **can tie shoes, zip and button pants, blow nose**
- **can open snack packages** (ex. cheese sticks, yogurt, fruit cup)
- **can sit and listen to an age appropriate story**
- **can follow one or two step directions** (Go get _____ and then _____.)
- **can raise hand and use words to ask for help**


Resources to help master some of these skills...

www.starfall.com

www.watchknowlearn.org (locate short videos/songs by skill)

The Letter Factory DVD by LeapFrog

LetterSchool iPad/iPhone app

~~ease~~ * make sight word ring and
practice "seeing" and "saying" words
until words are memorized.  We will use this
Rainbow Sight Word Ring ring in August.

Directions: Have an adult neatly print each word on a 4x6 index card. Color one edge of each card to match the corresponding list (ex. red list gets colored red). Hole punch one corner and put all cards on a metal ring. Add one additional card with your child's name on it. The sight words will be kept in the book baggy. Practice the words each night for at least 5 minutes (begin with the first ten words and once those are mastered move to the next ten words). Your child will be tested each week after we have introduced all the words on the red list.

Red List

a
I
the
it
in
go
see
me
can
we

Orange List

at
is
to
she
on
he
up
are
you
and

Yellow List

like
was
for
here
this
have
my
look
said
do

Green List

of
that
as
with
his
they
be
from
look
her

Blue List

if
will
an
your
has
him
day
did
what
no

Purple List

get
come
two
how
had
but
not
by
then
many

Gold List

or
all
were
now
than
who
so
word
when
use

Silver List

one
there
each
may
into
some
out
which
other
them

Bronze List

these
make
time
more
write
their
about
over
call
way

Platinum List

would
number
could
people
first
water
been
made
find
long

Kindergarten Supply List

All items will be shared at school.

Please send supplies on the 1st day of school.

- 5 large **Elmer's** glue sticks
- 6 black **Expo** dry erase markers
- 2 black **Sharpie** markers
- 3 boxes 24 count **Crayola** crayons
- 1 **Crayola** watercolor paint set
- 1 pack **Crayola** fat markers
- 1 pack **Crayola** colored pencils
- 1 box Ziplock bags gallon (girls) sandwich boys
- 1 box Kleenex
- 3 pack **Play-Doh**
- 1 dozen #2 pencils
- 2 white erasers
- 1 pkg. smelly stickers
- 1 hand sanitizer (12 oz or bigger)
- 1 pkg. Magic Eraser cleaning pads
- 1 container Clorox Disinfectant wipes
- 1 ream paper
- 20 individual treasure box toys (party bag goody items)
- ***full size backpack** (no rollers) and **lunch box**

Oral Health Assessment/Waiver Request Form

California law, *Education Code* Section 49452.8, now requires that your child have an oral health assessment by May 31 in kindergarten or first grade, whichever is his or her first year of public school. The law specifies that the assessment must be performed by a licensed dentist or other licensed or registered dental health professional. Oral health assessments that have happened within the 12 months before your child enters school also meet this requirement. If you cannot take your child for this assessment, you may be excused from this requirement by filling out Section 3 of this form.

Section 1**To be completed by the parent or guardian**

Child's First Name:	Last Name:	Middle Initial:	Child's birth date:
Address:			Apt.:
City:			ZIP code:
School Name:	Teacher:	Grade:	Child's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name:	Child's race/ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Multi-racial <input type="checkbox"/> Unknown		

Section 2**Oral Health Data Collection****To be completed by the dental professional conducting the assessment**

Assessment Date:	<u>Visible caries and/or fillings present:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Visible caries present:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No	<u>Treatment Urgency:</u> <input type="checkbox"/> No obvious problem found <input type="checkbox"/> Early dental care recommended <input type="checkbox"/> Urgent care needed
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*Dental professional's signature*_____
*Date***Section 3****Waiver of Oral Health Assessment Requirement****To be completed by a parent or guardian requesting to be excused from this requirement**

I request that my child be excused from the oral health assessment requirement for the following reason: (Please check the box that best describes the reason.)

☐ I am unable to find a dental office that will take my child's insurance plan.

My child is covered by the following insurance plan:

☐ Medi-Cal/Denti-Cal ☐ Healthy Families ☐ Healthy Kids ☐ None
☐ Other _____

☐ I cannot afford an oral health assessment for my child.

☐ I do not wish my child to receive an oral health assessment.

Optional: other reasons my child could not get an oral health assessment: _____

California law requires schools to maintain the privacy of students' health information. Your child's identity will not be associated with any report produced as a result of this requirement. If you have any questions about this requirement, please contact your school office.

*Signature of parent or guardian*_____
*Date***RETURN THIS FORM TO THE SCHOOL BY MAY 31**

Original to be retained in the child's school record

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last

First

Middle

BIRTH DATE—Month/Day/Year

ADDRESS—Number, Street

City

ZIP code

SCHOOL

PART II TO BE FILLED OUT BY HEALTH EXAMINER**HEALTH EXAMINATION**

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
Tuberculin Test (Mantoux/PPD)	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record. Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DTaP/DT/DTd (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER					
OTHER					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional) and RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN**RESULTS AND RECOMMENDATIONS**

Fill out if patient or guardian has signed the release of health information.

- ☐ Examination shows no condition of concern to school program activities.
- ☐ Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: (please explain)

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

☐ Please check this box if you do not want the health examiner to fill out Part III.

Signature of parent or guardian

Date

Name, address, and telephone number of health examiner

Signature of health examiner

Date

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.