



# STUDENT HISTORY FORM

Please complete all questions - front & back

1862 Penfield Road

Penfield, NY 14526

REV. 10/20/22

Student's Last Name, First Name

Name to be used at school

Birth Date (M/D/Y)

Parent/Guardian Last Name, First Name

Place of Employment

Occupation

Parent/Guardian Last Name, First Name

Place of Employment

Occupation

Names of persons living in household (include names and ages of siblings):

What are your expectations for your child's PVNS experience?

## School Adjustment

What is the best way to comfort your child?

What should teachers know about your child to help understand him/her better?

Does your child have any fears? (i.e., loud noises, dogs, etc.)

What activities does your child enjoy?

## Health & Developmental History

Has there been a divorce/birth/death/serious illness in the family which might affect your child? Please explain.

## Ethnicity (please circle):

Black/African American

Asian

Pacific Islander

Hispanic/Latino

White

Multi-Racial (not Hispanic)

American Indian

## Please circle those which apply:

toilet trained

allergies/medical concerns

IEP/Special Education Service

other:

Please explain any areas including evaluations/testing, Early Intervention, IFSP/IEP and CPSE information, if applicable. Please be specific in order for teachers to better know and help your child. List any therapy or special education received including service agency, frequency and duration.

## **PVNS Special Needs Policy:**

PVNS is committed to the success of all children in our program. Our program promotes respect for diversity and emphasizes shared responsibility to maximize the potential of each individual student. PVNS recognizes the right of each child to an appropriate quality preschool experience, which combines care and learning through play and education. We are sensitive to the special needs of children and their families and will ensure that individual needs are recognized and addressed within our capabilities.

Local school districts are responsible for providing services for preschool children with special needs. Each local school district has its own committee on preschool special education. When the committee approves a child's placement at PVNS, we are committed to working with the parents, the child, and the child's service team to meet the child's individual special needs. If the committee recommends an alternate placement, we are unable to enroll a child in our program.

If the student's needs are identified during the school year, we will refer the family to their Committee on Preschool Special Education for an evaluation. If the evaluation determines a need for services, we will work with the family to accommodate those services whenever possible.

While we make every effort to ensure each child's successful participation in our program, when all possibilities of meeting the child's or the family's needs have been exhausted, we reserve the right to refer the family back to their Committee on Preschool Special Education for an alternate preschool placement.

I have read, understand and agree to Penfield Village Nursery School and Kindergarten's Special Needs Policy.

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

If you have indicated a special need, please complete the Release and Exchange of Information section below so that we may exchange information with service providers regarding your child.

## **Release and Exchange of Information:**

Permission is hereby given to: \_\_\_\_\_ (please add any additional providers on a separate sheet of paper.)

Service Agency or Provider: \_\_\_\_\_

Name of Individual Provider: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

to give information to and receive information from:  
Penfield Village Nursery School & Kindergarten

Regarding: \_\_\_\_\_  
(Name of Student) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's Signature: \_\_\_\_\_  
Date \_\_\_\_\_