Dear TIS Families,

Welcome to the 2019-2020 school year at TIS! We are excited to have you and your child(ren) as part of the TIS family!

Please take time to read through the attached documents carefully and return the appropriate forms to the school as soon as possible. If you have any questions, you may call our Administrative Assistant, Donna Bell, at 216.721.0120 x1100. Below is a brief overview of what forms are included in this packet, as well as which ones are for you to review and which need filled out and returned to TIS before the ’19-20 school year begins.

We hope you had a great summer and look forward to seeing you all soon!

Forms to Return to TIS
✓ Emergency Medical Authorization Form
✓ Home Partnership Compact
✓ Household Income Form
✓ Consent to Release Records (NEW families ONLY)
✓ Technology & Internet Agreement
✓ Medical Questionnaire & Prescribed Medication Form (if necessary)
  • Depending on your response to this form, you may require additional paperwork. Please contact us immediately if you have any questions.

Forms to Review ONLY
✓ TIS School Guide
✓ 19-20 TIS School Calendar
✓ 19-20 TIS Testing Calendar
✓ 18-19 TIS Report Card from ODE
✓ Pesticide Notification
✓ Hearing & Vision Screening Notification

Add'l Action Needed
✓ My School Account Info. Sheet
  • Follow the instructions to set up your child’s MSA account, which allows you to make payments online, such as field trip, supply, and/or late pickup fees.

Sincerely,

Matt Cox
TIS Director of Operations

The Intergenerational School
11327 Shaker Blvd., Ste 200E
Cleveland, Ohio 44104
216.721.0120 | TISonline.org

Near West Intergenerational School
3805 Terrett Avenue
Cleveland, Ohio 44113
216.961.4308 | NearWestSchool.org

Lakeshore Intergenerational School
16025 Marcella Road
Cleveland, Ohio 44119
216.586.3872 | LakeshoreSchool.org
The Intergenerational School-Home Partnership Compact

The success of each of The Intergenerational School students depends on a partnership between the school and the family. The following expectations spell out the pledge we are making to each other to ensure the success of each student.

The Intergenerational School Administration and Faculty pledge to:
- Dedicate ourselves to achieving the mission of The Intergenerational School and to exemplifying its values
- Provide properly certified or licensed administrative and teaching staff
- Communicate through (1) report cards, (2) monthly classroom newsletters, online grade access and/or family folders and (3) return communication request within 1 business day.
- Establish, communicate, and enforce high standards for academics and conduct.
- Use “best practice” teaching to meet the needs of each individual students
- Adhere to the code of professional conduct.

Staff Signature ____________________________

As an Intergenerational School Parent/Guardian, I pledge to:
- Support the mission and values of The Intergenerational School.
- I have received the Family Handbook and will follow school procedures as described in the handbook.
- Attend Curriculum Night, Fall Conference and Open Houses.
- Support The Intergenerational School in enforcing the school behavior code.
- Resets are acceptable part of your child’s school day. Do not discuss resets with your child.
- Contact Teachers first for academics and behavioral concerns.
- Bring my child to school regularly and on time.
- Provide a time, place and supervision for homework.

Parent/Guardian Signature _______________________ Date: ____________

As an Intergenerational School Student, I pledge to:
- Be respectful to my teachers, staff, volunteers, and other students at The Intergenerational School.
- Follow the school rules and behavioral. When asked, do a re-set quickly and quietly.
- Never bully anyone or stand by if someone else is being bullied.
- Daily complete school work and homework.
- Work hard to be a good The Intergenerational School citizen each day.

Student Signature ____________________________
I hereby notify ___________________________ of my intention to enroll my child

_____________________________ Name of School Attending

_____________________________ Child's Name

for the 2019-2020 School Year.

I understand that my student is being tentatively accepted for a _______ grade equivalent space. There may be additional assessments and/or test scores required to confirm my student is on track for this grade level.

I understand that I may withdraw my child at any time by completing an official withdrawal form in the main office.

I understand and support the mission, vision, values, and educational philosophy of the school and intend to be an active participant in my child's education.

_____________________________ Signature of Parent/Guardian

_____________________________ Date

Please confirm the preferred name and address for school mailings

_____________________________

Name of Parent/Guardian

_____________________________

Street Address

_____________________________

City, State, Zip Code

If your address has changed since you first completed your child's application, please supply a new proof of residence to the Enrollment and Community Relations Coordinator.

The School utilizes email communication from time to time in order to reach parents with reminders and updates from the school and Parent Group. Please clearly print your primary email address below so you can be included in school updates.

_____________________________

@
The Intergenerational School Emergency Medical Authorization Form

Please attach any documentation regarding unique circumstances concerning legal guardianship of the following student.

Student Name_________________________________________ DOB __________________

Street Address_________________________________________ City_________________________ Zip Code____

Check here if this is a new address ☐

Parent/Guardian 1: Name________________________ (cell)_________ (home)_________ (work)____________

Email Address:_____________________________________

Parent/Guardian 2: Name________________________ (cell)_________ (home)_________ (work)____________

Email Address:_____________________________________

Emergency Contacts

1. __________________________ __________________________ ______________________
2. __________________________ __________________________ ______________________
3. __________________________ __________________________ ______________________
4. __________________________ __________________________ ______________________
5. __________________________ __________________________ ______________________

Name __________________________ Relationship __________________________ Phone Numbers __________________

CONTINUED ON REVERSE SIDE
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Consent for The Intergenerational School Directory

TIS Directory: (Check One)
☐ Share this information in the TIS Family Directory (students' & parents' names, phone number(s), email address and home address)
☐ Do not share this information in the TIS Family Directory.

Parents Authorization for Medical Treatment or Refusal
(Choose One)

Consent to
I authorize all medical and surgical treatment, X-Ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by attending physician and or paramedics for child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature ____________________________ Date ______________

Refusal to Consent
I do not give consent for the emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I direct the school authorities to take the following action: __________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

Parent's/ Guardian's Signature____________________________ Date ______________
Permission Form for Prescribed Medication

(Medication forms must be renewed at the beginning of each school year)

Name ____________________________ Birth Date ____ / ____ / ____ School Year ______

To be completed by Physician:

Name of Medication: ________________________________________________________________

Reason for Medication: ___________________________________________________________________

Form of Medication/Treatment: _____ Tablet/Capsule _____ Inhaler _____ Nebulizer

Other: _______________________________________________________________________________

Instructions:

Dose: ______________________________________________________________________________
Frequency & Time: _____________________________________________________________________

Start date: __________________________________________________________________________
Stop date: ___________________________________________________________________________

Side Effects/Potential Adverse Effects: ______________________________________________________________________________________________________

Restrictions: _________________________________________________________________________

Special Storage Instructions: _____________________________________________________________________________________________________________

This student may carry this medication (For emergency medications only!!)! ____ Yes ____ No

Physician’s signature: __________________________ Date: ____ / ____ / ____

Physician’s name (printed) __________________________ Phone # (____) ______-____

Address: __________________________ City: __________________________ State: ______ Zip Code: ______

To be completed by parent/guardian:

I give permission for my child, __________________________, to receive medication at school according to school district policy as instructed by the physician and I agree to:

PARENTS will deliver medication to the school in the original container.

Have a new form completed by the physician, if medication or dosage is changed.

Notify the school if we change physicians.

Parent/guardian signature: __________________________ Date: ____ / ____ / ____

The Intergenerational School
11327 Shaker Blvd., Ste 200E
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216.721.0120 | TiSonline.org

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216.961.4308 | NearWestSchool.org

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School Entrance Physical Examination (Completed by Physician)
PLEASE GET IN YOUR IMMUNIZATIONS IN BY THE FIRST DAY OF SCHOOL

Name ___________________________ Birth Date ___________ / ______ / ______ School Year ________

Please complete the entire date including day, month, and year.

DTP/DTPA: 1. _______ 2. _______ 3. _______ 4. _______ 5. _______
Polio: 1. _______ 2. _______ 3. _______ 4. _______ 5. _______
HIB: 1. _______ 2. _______ 3. _______ 4. _______
Hepatitis B: 1. _______ 2. _______ 3. _______
MMR: 1. _______ 2. _______
Hepatitis A: 1. _______ 2. _______
Varicella: 1. _______ 2. _______
Other: 1. _______ 2. _______

Height: _______ Weight: _______ Blood Pressure: _______

Examination: Date: ___________ / ______ / ______ Normal _______ Abnormal _______

Remarks and recommendations concerning abnormal findings:

____________________________________________________________________________________

Restrictions:

Chronic Health Concerns: Asthma ______ Seizure Disorder ______ ADD/ADHD ______ Diabetes ______
Other: _______________________________________________________________________________

Was child referred to a specialist for any reason?
Explain: _______________________________________________________________________________

Special Tests (at discretion of physician)
Urine Analysis: Hemoglobin: Lead: Sickle Cell:
Tuberculin Test: (most recent) Date: ___________ Type: ___________
Results: Positive ______ Negative ______
Other: _______________________________________________________________________________

Hearing: Type of Test: ___________ Results: ___________ Comments: ___________

Medications:
Name of medication/Dosage/Frequency: ________________________________________________
Reason for Medication: ________________________________________________________________
(Please complete a separate form for medication administration if it is necessary for child to receive medication while in school)

Name of Physician (print) ___________________________ Phone # (______) ______-_______

Address ___________________________ city ___________ State ___________ Zip ___________

Based on examination consistent with EPSDT/Head Start/AAP guidelines, I certify this child to be in suitable condition for enrollment in school.
Physician Signature: __________________________________________________________________
Date: ______ / ______ / ______

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216.721.0120 | TiShooline.org

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216.981.4368 | NearWestSchool.org

Lakeshore Intergenerational School
18025 Marcella Road
Cleveland, Ohio 44119
216.596.3672 | LakeshoreSchool.org
New Student Medical Questionnaire

Please complete this form in its entirety based on your knowledge of each item. This will help us determine any forms you will need to complete and allow us to better plan for your student's medical needs.

Medical Screening Questions

Does your child have any of the following health conditions diagnosed by a physician?

YES  NO  Allergies (specify): _________________________________

YES  NO  Asthma

YES  NO  Diabetes

YES  NO  Hearing Difficulties

YES  NO  Vision Problems

YES  NO  Seizure Disorder

Does your child have any of the following health conditions diagnosed by a physician?

YES  NO  Behavior Disorder (specify): __________________________

YES  NO  Sickle Cell Anemia

YES  NO  Skin Condition (i.e. eczema): __________________________

Other medical conditions not listed previously (Please explain):

________________________________________________________________

Will your child need to take any medication during the school day?

YES  NO  (If yes, please specify which medications):

________________________________________________________________

Note: if yes, a separate medication permission form must be completed by the child's doctor.

Do you have any other concerns/information about your child that you would like to make the school staff aware of? If yes, please describe:

________________________________________________________________

PARENT SIGNATURE: ___________________________  DATE: ______________

Please return this form with all necessary documentation. Student records are kept confidential. Please call the main office with any questions.
July 10, 2019

Dear TIS families,

In accordance with Ohio Law (ORC 3313.673), all students entering kindergarten or the first grade for the first time will receive a hearing and vision screener. The TIS school nurse will conduct screenings for each kindergarten student beginning in August and continue into the fall as necessary. These are free of cost.

Why is it important to have your child's hearing screened?

- Hearing is important for speech, language development, reading and learning
- A hearing screening can detect if your child needs further hearing testing.
- Even if your child has passed a hearing screening previously, their hearing can change.
- Hearing problems can be related to medical problems.
- Hearing loss is invisible and child may appear to be not paying attention. Hearing screening will consist of one or more of the following tests:
  - Tympanometry - Screening of middle ear function to determine presence/absence of middle ear fluid and/or wax which could interfere with normal hearing.
  - Audiometry - Screening of hearing acuity.
  - Otoacoustic Emissions (OAE) - An objective test that screens for an estimate of hearing sensitivity. If your child passes the hearing screening, you may not be contacted. A hearing screening only provides a snapshot of how your child performs on the day the test was administered and is not a substitute for a complete hearing evaluation by an audiologist. If your child fails either part of the screening, a rescreen and/or referral will be made.

Why is it important to have your child's vision screened?

To identify if your child has vision problems or might be at risk for vision problems. Vision screening will consist of any of the following tests:

1. Observation.
2. Monocular Distance Visual Acuity.
4. Stereopsis test.
5. Color Deficit test (males only).

A vision screening provides only a snapshot of how your child performs on the day the test. It is not a substitute for a complete eye exam. If the school nurse notices anything, they will send suggested next steps for treatment.

If you do not wish to have your child screened, please send a signed, written statement to the effect that you do not wish to have your child screened.

Please feel free to contact me with any questions.

Matt Cox
Director of Operations and Network Facilities
mcox@tisonline.org

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Consent to Release and Receive Records

Please complete one form for each child enrolled

Student’s Name: ___________________________ Grade Level Equivalent (19-20) _________

Date of Birth ___/___/____ Student’s CMSD Student Number ____________ (If attending a Cleveland School)

Name of Past/Present School ____________________________________________________________

Complete Address of the School

_________________________________________________________________________

_________________________________________________________________________

Phone Number of School __________________________ Fax Number _________________________

Last Day Attending Present/Past School ___/___/____

As a parent/legal guardian of the student named above, I hereby authorize my child’s current school to release all
records concerning my child including the Permanent/ Cumulative Record, Health Records, School Progress
Reports, Ohio State Test Scores, Behavioral Records and Special Education/Psychological/504 Records. I authorize
The Intergenerational School to receive these records. I understand that I have the right to request a hearing to
review and to discuss the contents of the records.

__________________________  __________________________  _______
Signature of Parent/Guardian  Print Name of Parent/Guardian  Date

Address of Parent/Guardian

_________________________________________________________________________

_________________________________________________________________________

Street Address  City  Zip Code

Please return this document to the school your child will be attending. The Intergenerational School
will forward records request to past school

For School Use

Date Records Requested ___/___/____  Date Records Received ___/___/____

The Intergenerational School  Near West Intergenerational School  Lakeshore Intergenerational School
11327 Shaker Blvd., Ste 200E 3805 Terrell Avenue 16025 Marcella Road
Cleveland, Ohio 44104 Cleveland, Ohio 44113 Cleveland, Ohio 44119
216.721.0120 | TISonline.org 216.961.4308 | NearWestSchool.org 216.586.3872 | LakeshoreSchool.org
The Intergenerational School will participate in the Community Eligibility Provision (CEP) under the National School Lunch Program (NSLP). Under this option, all children in the school receive a breakfast/lunch at no charge regardless if they complete this form. However, to determine eligibility for various additional state and federal program benefits that your child’s school may qualify for, please complete, sign and return this application to your school building if your income falls within or below the guidelines listed in the following chart.

**INCOME GUIDELINES – 185%**
Guidelines to be effective from July 1, 2019 through June 30, 2020

<table>
<thead>
<tr>
<th>Number of persons in family or household size</th>
<th>Annual</th>
<th>Monthly</th>
<th>Twice per month</th>
<th>Every two weeks</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$23,107</td>
<td>$1,926</td>
<td>$963</td>
<td>$889</td>
<td>$445</td>
</tr>
<tr>
<td>2</td>
<td>31,284</td>
<td>2,607</td>
<td>1,304</td>
<td>1,204</td>
<td>602</td>
</tr>
<tr>
<td>3</td>
<td>39,461</td>
<td>3,289</td>
<td>1,645</td>
<td>1,518</td>
<td>759</td>
</tr>
<tr>
<td>4</td>
<td>47,638</td>
<td>3,970</td>
<td>1,985</td>
<td>1,833</td>
<td>917</td>
</tr>
<tr>
<td>5</td>
<td>55,815</td>
<td>4,652</td>
<td>2,326</td>
<td>2,147</td>
<td>1,074</td>
</tr>
<tr>
<td>6</td>
<td>63,992</td>
<td>5,333</td>
<td>2,667</td>
<td>2,462</td>
<td>1,231</td>
</tr>
<tr>
<td>7</td>
<td>72,169</td>
<td>6,015</td>
<td>3,008</td>
<td>2,776</td>
<td>1,388</td>
</tr>
<tr>
<td>8</td>
<td>80,346</td>
<td>6,696</td>
<td>3,348</td>
<td>3,091</td>
<td>1,546</td>
</tr>
<tr>
<td>Each additional member add</td>
<td>+8,177</td>
<td>+682</td>
<td>+341</td>
<td>+315</td>
<td>+158</td>
</tr>
</tbody>
</table>

If any member of your household receives Supplemental Nutrition Assistance Program (SNAP) (formerly food stamps) or Ohio Works First (OWF) benefits, provide the name and 7 or 10-digit case number for the person who receives the benefits then proceed to Section 4. If no one receives these benefits, start with Section 1.

Name: ___________________________________________ 7 or 10-digit Case Number: ______________________
INSTRUCTIONS: Complete this survey and return to your child’s school or mail to the following address: The Intergenerational School, 11327 Shaker Blvd 200E, Cleveland, Oh, 44104.

The following selections must be completed by the Head of Household or Designee:

1. **SIZE OF FAMILY** - Indicate the total number of individuals living in your household, including all adults and children: __________

2. **STUDENT INFORMATION** - Complete for each student Pre-K through grade 12.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Birth Date MM-DD-YY</th>
<th>School</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
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<tr>
<td>3.</td>
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<td>4.</td>
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<td>5.</td>
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<td>6.</td>
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<tr>
<td>7.</td>
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<td></td>
<td></td>
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<tr>
<td>8.</td>
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<td></td>
</tr>
</tbody>
</table>

For additional lines, please attach a second sheet to this survey or attach a copy of this survey clearly marked as **Page 2**.

3. **TOTAL MONTHLY HOUSEHOLD INCOME** – Report income for all members of household excluding foster children. If you have reported a case number above, please do not complete this section. Proceed to section 4.

<table>
<thead>
<tr>
<th>Type of Income</th>
<th>Income</th>
<th>Circle if No Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gross Monthly Earnings: Wages, Salary, Commissions</td>
<td>$</td>
<td>None</td>
</tr>
<tr>
<td>2. Monthly Welfare Payments, Child Support, Alimony</td>
<td>$</td>
<td>None</td>
</tr>
<tr>
<td>3. Monthly Payments from Pensions, Retirement, Social Security</td>
<td>$</td>
<td>None</td>
</tr>
<tr>
<td>4. Monthly Dividends or Interest on Savings</td>
<td>$</td>
<td>None</td>
</tr>
<tr>
<td>5. Monthly Worker’s Compensation, Unemployment, Strike Benefit</td>
<td>$</td>
<td>None</td>
</tr>
<tr>
<td>6. Other Monthly Income (SSI, VA, Disability, Farm, other)</td>
<td>$</td>
<td>None</td>
</tr>
</tbody>
</table>

**Total Monthly Household Income** (Add lines 1-6) $ 

4. **SIGNATURE** - If income section is completed, the adult signing the form must also list the last four (4) digits of his or her Social Security number or check the “I do not have a Social Security number” box below.

I certify (promise) that all information on this application is true and that all income is reported. I understand the school will be eligible for certain federal and/or state funds based on the information I give. I understand that the school officials may verify (check) the information. I understand that if I purposely give false information, my child may lose benefits and I may be prosecuted.

Sign Here: X ________________________________  Print Name: ________________________________

Date ________________________________

Last Four (4) Digits of Social Security Number: XXX-XX-____________  I do not have a Social Security Number

Address ________________________________  City ________________________________  Zip Code ________________________________

Home Phone ________________________________  Work Phone ________________________________  Email Address ________________________________

By providing your email address, you may be contacted via email by the district.

**For Internal Office Use Only:**
Please circle one option.

QUALIFIES  DOES NOT QUALIFY
Technology and Internet Acceptable Use Policy and Agreement

Purpose: To serve as an update to the existing “Computer and Internet Use” policy so that it may be in accordance with Child Internet Protection Act (CIPA) requirements.

Policy: Technology and Internet Acceptable Use

The use of technology and computer resources at Intergenerational Schools is a revocable privilege. Failure to abide by this policy may render you ineligible to use the School’s technology and may bring additional disciplinary action.

All users are expected to use the technology available at Intergenerational Schools in a manner appropriate to the School’s academic and moral goals. Technology includes, but is not limited to, video recorders, cameras, computers, iPads, Chromebooks other hardware, electronic devices, software, Internet, e-mail and all other similar networks and devices. Users are expected to be responsible and use Technology to which they have access appropriately. Threatening, harassing, obscene, pornographic, or other inappropriate use of Technology, including, but not limited to, social media, e-mail, Instant messaging, web pages, and the use of hardware and/or software which disrupts or interferes with the safety and welfare of the School community, is prohibited, even if such uses take place after or off School property (i.e., home, business, private property, etc.).

Failure to adhere to this policy and the guidelines below will result in disciplinary action as outlined in the Student Behavior Code.

Unacceptable uses of Technology/Internet include but are not limited to:

1. Violating the conditions of federal and Ohio law dealing with students and employees’ rights to privacy. Trespassing in others’ folders, work, or files; copying other people’s work or attempting to intrude onto other people’s files; using other users’ e-mail addresses and passwords.

2. Using profanity, obscenity or other language which may be offensive to another user; sending messages with derogatory or inflammatory remarks about an individual's race, sex, age, disability, religion, national origin or physical attributes via the Internet or Technology; bullying, insulting, intimidating, or attacking others; transmitting any material in violation of federal or state law. Intergenerational Schools does not discriminate on the basis of race, color, religion, sex, gender identity or expression, sexual orientation, nation origin, political affiliation or beliefs, athletic performance, special need, genetic information, proficiency in English, physical or mental disability or academic achievement, family/parental status, income derived from public assistance program, membership in an employee organization, and does not allow reprisal or retaliation for any prior civil rights activity. Upon admission of any handicapped student, we will comply with all federal and state laws regarding the education of handicapped students, per ORC 3314.06.

3. Accessing profanity, obscenity, abusive, pornographic, and/or impolite language or materials, accessing materials in violation of the Student Code of Conduct. Do not view, send or access
Intergenerational Schools
A Community of Lifelong Learners

However, families must be aware that some material accessible via the Internet contains illegal, defamatory, inaccurate, or potentially offensive language and/or images. While the goal of The Intergenerational School is to use Internet resources to achieve educational goals, there is always a risk of students accessing other materials. Parents should be aware of these risks. The School will educate students about appropriate online behavior, including interacting with other individuals on social networking websites and in chat rooms. The School will also educate students on cyberbullying awareness and response. My signature attests that I have read the above Internet Acceptable Use Policy and that I grant permission for my child to use the Internet in accordance with this policy and accept financial responsibility for any damages that may occur should I (or my child) intentionally damage the school’s technology.

__________________________
Signature of Parent/Guardian

__________________________
Signature of Student

__________________________
Signature of Staff Member

__________________________
Date

__________________________
Date

__________________________
Date

### 2019-2020 The Intergenerational School Calendar

<table>
<thead>
<tr>
<th>July 2019</th>
<th>January 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Su M Tu W Th F Sa</td>
<td>Su M Tu W Th F Sa</td>
</tr>
<tr>
<td>1 2 3 4 5 6 7</td>
<td>5 6 7 8 9 10 11</td>
</tr>
<tr>
<td>8 9 10 11 12 13 14</td>
<td>12 13 14 15 16 17 18</td>
</tr>
<tr>
<td>15 16 17 18 19 20 21</td>
<td>19 20 21 22 23 24 25</td>
</tr>
<tr>
<td>22 23 24 25 26 27 28</td>
<td>26 27 28 29 30 31</td>
</tr>
</tbody>
</table>

#### July

- **30** Kindergarten Kickoff Camp 9-11:30 am

#### August

- **5** New Teacher Report
- **7** All Teachers Report
- **13** First Day of School 8:00 am (new family orientation 8:00 am)
- **16** Monday Community Meetings 8am
- **30** Staff Work Day NO STUDENTS

#### September

- **3** First Day for Mentors
- **5** Parent Group Meeting 8am
- **7** Franks and Fellowship 8:15-9:00 am
- **17** Father's Walk to School
- **20** Instructional Days

#### October

- **2** Parent Group Meeting 8am
- **9** Open House 1:00-3:00 pm
- **14** Staff Work Day NO STUDENTS
- **31** Halloween Parade 2:30-3:00 pm
- **31** Instructional Days

#### November

- **5** Staff Work Day NO STUDENTS
- **8** Breakfast with a Buddy (Last Name A-L) 7:30-8:00 am
- **21** Parent-Teacher Conferences 3:30-6:00 pm
- **22** Parent Teacher Conferences No Students 8:00 am-3:00 pm
- **28** Parent Teacher Conferences 9:00 am-1:00 pm

#### December

- **1** Parent Group Meeting 8am
- **14** Kaleidoscope Celebration of the Arts
- **19** STEM Fair
- **31** Instructional Days

#### January

- **6** Staff Work Day NO STUDENTS
- **8** Parent Group Meeting 8am

#### February

- **5** Parent Group Meeting 8am
- **12** Box Tops Due
- **14** Staff Work Day NO STUDENTS

#### March

- **4** Parent Group Meeting 8am

#### April

- **1** Parent Group Meeting 8am
- **1** April 1-May 8th: Spring OST Testing (GLE 3-8)
- **9** Breakfast with a Buddy (Last Name M-Z) 7:30-8:00 am

#### May

- **1** Staff Work Day NO STUDENTS
- **14** Kaleidoscope Celebration of the Arts
- **15** Last Day for Mentors and Mentor Brunch 10:00 am
- **22** Last Day of School and Field Day
- **27-28** Staff Work Days
- **27** 8th Grade Commencement

#### June

- **1** Staff Work Day
- **2** Final Exams
- **3** Staff Work Day
- **4** Staff Work Day
- **5** Last Day of School

**Notes:**
- **167.0** Annual Instructional Days
- **1057.7** Annual Instructional Hours
- **31.2** Calamity Days Permitted
- **135.0** Teacher Work Days
- **233.0** Admin Work Days

*Calendar Template by C. McConnell, McConnell & Associates, LLC*
Testing Dates:

KRA
- Sept 1 – October 31

Reading Diagnostics
- Aug 19 – Sept 30

GLE 3 ELA
- Oct 29th

GLE 3 – 8
- All OSTs – April 1 – May 8th

OELPA
- March 18

AASSCD
- March 9 - 13
<table>
<thead>
<tr>
<th>Component</th>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepared for</td>
<td></td>
<td>Students who are prepared for college are more likely to attend college.</td>
</tr>
<tr>
<td>Grade</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gap Closing</td>
<td></td>
<td>The gap closing component focuses on narrowing the achievement gap between students with disabilities and their peers.</td>
</tr>
<tr>
<td>Progress</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intergenerational School</td>
<td>C</td>
<td>The intergenerational school component looks at how successful the school is in improving the quality of education for students across different generations.</td>
</tr>
<tr>
<td>School Grade</td>
<td>C</td>
<td></td>
</tr>
</tbody>
</table>

*Annual Measurable Objectives (AMOs):*

- **Language Proficiency:**
  - English Language Arts
  - Reading
  - Writing
- **Editions of Accomplishment:**
  - Value-Added Performance
  - Student Growth
  - Student's Progress

**Students with Disabilities:**

- **At Risk:**
  - Students who are at risk of not graduating on time
- **Lowest 20% in Achievement:**
  - Students who are struggling academically

**Graduation Rate:**

- **On Time:**
  - Students who graduate on time
- **Graduation Rate:**
  - Percent of students who graduate

**Performance Index:**

- **Ohio Achievement Index:**
  - Performance on state tests
- **Student Engagement:**
  - Student attendance and participation in school activities

**Quality Indicators:**

- **Quality Indicators:**
  - Percentage of students who are proficient in reading and mathematics
  - Percentage of students who are proficient in science and social studies

**Graduation Rates:**

- **Graduation Rates:**
  - Percent of students who graduate
  - Percent of students who are on track to graduate on time
Pesticide Notification and Application Policy

Every effort will be made to minimize and/or prevent the application of pesticides at The Intergenerational School. However, there are certain times and situations where application of said products is necessary to ensure a safe and healthy environment for our students and staff. This policy dictates the procedures on how to apply said pesticides and notify parents in compliance with OAC 901:5-11-15

Application

Application will be conducted by a fully trained and licensed pest control vendor. At no point will staff apply any chemical pesticides on school grounds unless under the supervision and/or written direction of the aforementioned company. The preferred pest control vendor for Near West Intergenerational School is:

Anthony De Lisio of Insector Inspector (License # 5662, 440-241-0747, acdelisio@sbcglobal.net)

All pesticides applied at TIS shall meet all requirements set by the Ohio Department of Agriculture and all other applicable agencies, be they federal or state, as appropriate for use in a school.

Notification

Parents will be notified of the application of pesticides through the existing vectors and protocols for the school. This includes, but is not limited to:
- Posting on the school website
- Letter sent home via mail and/or a student’s homework folder
- Posting it to school social media
- Public notice poster in the main office
- School Messenger all call to parents

Additionally, the school’s Director of Operations, Matt Cox, serves as a point of contact for any parents, students, or staff with questions on said pesticides and their application.

Records of all applications are available by contacting the Director of Operations. Likewise, records of health and safety inspections are also available for public review by asking the Director of Operations using the following contact information: 216-721-0120 ext. 1101 or mcox@igschools.org.

Policy Last Updated: October 7th, 2016.