

MECDHH/GBSD Student Information Form 2023-2024 School Year

Please notify MECDHH/GBSD immediately if any of your information changes during the school year. It is extremely important that our records are up-to-date so we can contact you in case of sickness or other needs.

Student's Name: _____ Date Completed: _____

Full Middle Name (not initial – requirement of Dept. of Educ.): _____

Birth date: _____

Address: _____

Is the individual from one or more of the following races? (Circle at least one):

- American Indian or Alaska Native Asian Black or African American
 Hispanic/Latino Native Hawaiian or Other Pacific Islander White

Parent/Guardian Name: _____ Cell Phone: _____

Primary Address: _____ Home Phone: _____

_____ Work Phone: _____

Email Address: _____

****How would you like us to contact you?**

Parent/Guardian Name: _____ Cell Phone: _____

Address: _____ Home Phone: _____

_____ Work Phone: _____

Email Address: _____

****How would you like us to contact you?**

With whom does the student live? _____

If applicable, who has legal custody? _____

If applicable, please provide MECDHH/GBSD or the School with a copy of the court custody order. Thank you.

IN AN EMERGENCY, PLEASE CALL (when a parent cannot be contacted):

1st Preference: _____ Cell Phone: _____

Relationship to Student: _____ Home P/ _____ Work P/ _____

2nd Preference: _____ Cell Phone: _____

Relationship to Student: _____ Home P/ _____ Work P/ _____

I authorize MECDHH to transport my child to the hospital in case of medical emergency.

Parent/Guardian Signature: _____

Date: _____

7. Is there anything else you want us to know about your child or about you?

8. Is there any information about your family's structure, cultural and/or religious beliefs, child-rearing practices, socioeconomic status, and/or linguistic background that you feel is important to share with us?



MAINE EDUCATIONAL CENTER FOR THE DEAF AND HARD OF HEARING

STATEWIDE EDUCATION AND FAMILY SERVICES

One Mackworth Island, Falmouth, ME 04105
www.mecdhh.org

**Mackworth Island Preschool
Maine Educational Center for the Deaf and Hard of Hearing
Governor Baxter School for the Deaf
Preschool Tuition and Transportation Policy 2023-2024**

Preschool Tuition

Morning tuition for children who are deaf or hard of hearing is funded through Special Education funds.

Tuition for hearing peers:

- \$175 flat fee rate for preschool (8:30- 3:00)
- \$125 flat fee rate for children of MECDHH/GBSD staff

Child's Name: _____
(Please PRINT name above)

will attend the **preschool program** the following days:

Check days Monday Tuesday Wednesday Thursday Friday

My Child will attend half days from 8:30-12:00

My child will attend full days from 8:30-3:00

Tuition is based on enrollment, not attendance. To maintain a reserved space, tuition must be paid during the absence of a child due to illness, parent/guardian vacations, snow days, and holidays. Parents are not required to pay during school vacation weeks. Snow days will be made up in June at no additional expense to parents.

Tuition is to be paid weekly. Weekly payments are due by Friday of every week and may be brought to or sent to the business office at MECDHH/GBSD at 1 Mackworth Island, Falmouth Maine 04105, or placed in the "tuition box" in the classroom.

Payment two weeks overdue will result in your child being excluded from the program until payment is rendered.

Childcare Tuition Contract

Please initial each statement to indicate you understand and agree and return with your school year paperwork.

I understand tuition must be paid by Friday of each week. Payments more than two weeks overdue will result in my child being excluded from preschool/childcare. Payments can be mailed, placed in the tuition box outside of the classrooms, or brought to the business office.

Tuition cannot be given to program staff.



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I understand that I am committing to a 10-month school schedule and a space will be secured for my child for the entire school year. I must give 14-days written notice for withdrawals or changes in my child's schedule, unless a change is made through the IEP process.

I understand that there are no reductions in tuition for illness, holidays, personal vacations, or snow days.

I understand that if I pick my child up after 3:00, I will be charged a \$25 late fee.

Preschool TRANSPORTATION: Drop off

Person or agency: _____ Phone: _____

Agency contact name: _____ Expected drop off time: _____

Preschool TRANSPORTATION: Pick up

Person or agency: _____ Phone: _____

Agency contact name: _____ Expected drop off time: _____

I understand this tuition contract and agree to its terms.

Parent Signature* _____ **Date** _____

*The parties agree that the electronic signature of a party to this Agreement shall be as valid as an original signature of such party and shall be effective to bind such party to this Agreement.

MECDHH/GBSD

Authorization to Release and Share Information Form, *Primary Care Provider* 2023-2024 School Year

Student's Name: _____ DOB: _____

I authorize the Maine Educational Center for the Deaf and Hard of Hearing (MECDHH) to request and/or share information and records pertaining to my child with:

Name of Primary Care Provider	Phone Number
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I understand that this Authorization permits MECDHH to:

- Communicate with the Provider listed above regarding coordination of early intervention/special education and related services for my child
- Request from the Provider listed above: reports, evaluations, progress notes and recommendations
- Share with the Provider listed above any information that is maintained in my child's MECDHH file, whether generated by persons employed by or contracted with MECDHH

Specific records/documents to be requested or shared:

- Evaluation Reports
- Educational Plans
- Plans of Care/Treatment Plans
- Progress Notes
- Financial Resources Form
- Other (describe) _____

This information will be used for the following purpose(s):

- To assist in determining appropriate educational placement and/or programming
- To assist in determining the need for further educational/medical information
- To provide additional evaluation data
- For data collection/notification purposes at both the local and state level
- Other (describe) _____

MECDHH applies the Family Educational Rights and Privacy Act (FERPA, see page 6) regarding confidentiality of client records. Information regarding my child:

- Will be maintained in a confidential file that is available for my review at the MECDHH office upon request.
- May be shared with persons employed by or contracted with MECDHH when relevant.

This authorization is effective for a period of no longer than twelve (12) months, will be reviewed annually, and may be revoked at any time. Revocation does not negate any requested and/or shared information obtained after the consent was given and before the consent was revoked.

Signature of Parent/Guardian* _____ Date: _____

*The parties agree that the electronic signature of a party to this Agreement shall be as valid as an original signature of such party and shall be effective to bind such party to this Agreement.

MECDHH/GBSD
Authorization to Release and Share Information Form, Agency/Agent
2023-2024 School Year

Student's Name: _____ **DOB:** _____

I authorize the Maine Educational Center for the Deaf and Hard of Hearing (MECDHH) to request and/or share information and records pertaining to my child with:

Name of Agency/Agent

Phone Number

I understand that this Authorization permits MECDHH to:

- Communicate with the Provider listed above regarding coordination of early intervention/special education and related services for my child
- Request from the Provider listed above: reports, evaluations, progress notes and recommendations
- Share with the Provider listed above any information that is maintained in my child's MECDHH file, whether generated by persons employed by or contracted with MECDHH

Specific records/documents to be requested or shared:

- Evaluation Reports
- Educational Plans
- Plans of Care/Treatment Plans
- Progress Notes
- Financial Resources Form
- Other (describe) _____

This information will be used for the following purpose(s):

- To assist in determining appropriate educational placement and/or programming
- To assist in determining the need for further educational/medical information
- To provide additional evaluation data
- For data collection/notification purposes at both the local and state level
- Other (describe) _____

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- Will be maintained in a confidential file that is available for my review at the MECDHH office upon request.
- May be shared with persons employed by or contracted with MECDHH when relevant.

This authorization is effective for a period of no longer than twelve (12) months, will be reviewed annually, and may be revoked at any time. Revocation does not negate any requested and/or shared information obtained after the consent was given and before the consent was revoked.

Signature of Parent/Guardian*

Date:

*The parties agree that the electronic signature of a party to this Agreement shall be as valid as an original signature of such party and shall be effective to bind such party to this Agreement.

Family Educational Rights and Privacy Act (FERPA)

Family Policy Compliance Office (FPCO) Home

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level. Students to whom the rights have transferred are "eligible students."

- Parents or eligible students have the right to inspect and review the student's education records maintained by the school. Schools are not required to provide copies of records unless, for reasons such as great distance, it is impossible for parents or eligible students to review the records. Schools may charge a fee for copies.
- Parents or eligible students have the right to request that a school correct records which they believe to be inaccurate or misleading. If the school decides not to amend the record, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still decides not to amend the record, the parent or eligible student has the right to place a statement with the record setting forth his or her view about the contested information.
- Generally, schools must have written permission from the parent or eligible student in order to release any information from a student's education record. However, FERPA allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31):
 - School officials with legitimate educational interest;
 - Other schools to which a student is transferring;
 - Specified officials for audit or evaluation purposes;
 - Appropriate parties in connection with financial aid to a student;
 - Organizations conducting certain studies for or on behalf of the school;
 - Accrediting organizations;
 - To comply with a judicial order or lawfully issued subpoena;
 - Appropriate officials in cases of health and safety emergencies; and
 - State and local authorities, within a juvenile justice system, pursuant to specific State law.

Schools may disclose, without consent, "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of attendance. However, schools **must** tell parents and eligible students about directory information and allow parents and eligible students a reasonable amount of time to request that the school not disclose directory information about them. Schools must notify parents and eligible students annually of their rights under FERPA. The actual means of notification (special letter, inclusion in a PTA bulletin, student handbook, or newspaper article) is left to the discretion of each school.

For additional information, you may call 1-800-USA-LEARN (1-800-872-5327) (voice). Individuals who use TDD may use the Federal Relay Service. Or you may contact us at the following address: Family Policy Compliance Office, U.S. Department of Education 400 Maryland Avenue, SW Washington, D.C. 20202-8520.

**MECDHH/GBSD Email
Permission Form
2023-2024 School Year**

Student's Name: _____ Date Completed: _____

MECDHH/GBSD would like to email Parents/Guardians educational information about their students.
By signing below, you confirm that you have read and understand the following:

Under FERPA and corresponding Maine Laws, student's educational records are protected from disclosure to third parties.
(For additional information, see the FERPA Information page 7.)

I understand that by sending my student's education records via email that it may be accessible to someone other than myself and MECDHH/GBSD by virtue of the online environment. My signature below confirms my consent to allow my student's educational record to be emailed. I understand that by participating, information about my child will be emailed electronically. I understand that I may ask for my email to be removed from obtaining this information at any time.

_____ **YES**, I give permission for MECDHH/GBSD to email educational information about my child

_____ **NO**, I DO NOT give permission for MECDHH/GBSD to email educational information about my child, but please mail their information to:

Student Name (Please Print)

Parent/Guardian Signature* *The parties agree that the electronic signature of a party to this Agreement shall be as valid as an original signature of such party and shall be effective to bind such party to this Agreement.

Preferred Email Address (Please Print)

**MECDHH/GBSD
Media Release Form
2023-2024 School Year**

Student's Name: _____ **Date Completed:** _____

Consent Information

MECDHH/GBSD has permission to release my child's information in:

- a.) MECDHH/GBSD's website, Facebook page and Preschool Blog Yes ____ No ____
- b.) Yearbook, newsletters, etc. Yes ____ No ____
- c.) Media including TV, newspapers, (sports, awards, special events,
and general coverage) Yes ____ No ____
- d.) Nationwide database for schools regarding assessment Yes ____ No ____

Please check which form of information MECDHH/GBSD has permission to share via the above opportunities:

*Child's Full Name *Child's Sign Name *Child's Age *Child's Photograph

Signature of Parent/Guardian*

*The parties agree that the electronic signature of a party to this Agreement shall be as valid as an original signature of such party and shall be effective to bind such party to this Agreement.

MECDHH / GBSD
Home Language Survey Form
2023-2024 School Year

Student's Name: _____ **Date Completed:** _____

The state requires the district to collect a Home Language Survey for every student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the students who need to be assessed for English language proficiency.

1. Is a language other than English spoken in your home?

Yes No

What language? _____

2. Does your child speak a language other than English?

Yes No

What language? _____

If the answer to either question is yes, please let us know, since the law requires the school to assess your child's English language proficiency. Thank you.

Signature of Parent/Guardian*

*The parties agree that the electronic signature of a party to this Agreement shall be as valid as an original signature of such party and shall be effective to bind such party to this Agreement.

MECDHH/GBSD Family Communication Preference Form

2023-2024 School Year

Student's Name _____ Date Completed _____

1. The language we use at home is:

- ASL
- Spoken English
- Combination of Spoken English and ASL
 - We support our speech with signs
 - We have times when we talk and times when we sign
- Another Language: _____

2. Our child is most comfortable **understanding** language right now through:

- ASL
- Spoken English
- Combination of Spoken English and ASL
 - Speech supported with signs to clarify
 - Other: _____

3. Our child is most comfortable **expressing** himself/herself right now through:

- ASL
- Spoken English
- Combination of Spoken English and ASL
 - Speech supported with signs to clarify
 - Signs mixed with occasional words
 - Other: _____

4. Our long-term goal for our child is to:

- Be fluent in spoken English
- Be fluent in ASL
- Be fluent in both spoken English and ASL (bilingual)
- Be fluent in spoken English and know some functional ASL
- Be fluent in ASL and know some functional spoken English
- Undecided

5. I would like for my child to spend **instructional time** (learning new concepts and vocabulary, direct teaching opportunities during structured and unstructured activities, circle time, etc.):

- All in ASL
- All in Spoken English
- Combination ASL and Spoken English (bilingual/bimodel model)
- Would there be any other information you'd like us to know about language use at home, your family, or any questions you have:

MECDHH / GBSD
Health Form
2023-2024 School Year

Student's Name _____ **Date Completed** _____

Before your child can start school, this form must be completed each year and returned by August 30 and attach any additional sheets if necessary. **Note:** Please make a copy of your completed form and keep for your records.

DATA BASE To be completed by parent(s) or guardian. *(Please Print)*

Date of Birth _____ Sex M _____ F _____ Grade in September 2022 _____

Student resides with: Both Parents _____ Father _____ Mother _____ Other _____

Parent/Guardian Name _____ Cell _____ Alt. Phone _____

Address _____

Parent/Guardian Name _____ Cell _____ Alt. Phone _____

Address _____

List two responsible adults, preferably in the area, to be contacted in case of emergency if parent/guardian is unavailable.

Name/Relationship _____ Cell _____ Alt. Phone _____

Name/Relationship _____ Cell _____ Alt. Phone _____

HEALTH INSURANCE MaineCare # _____

Name of other insurance company _____ Phone _____

Policy # _____ I.D. # _____ and/or Group # _____

Policy Holder's Name: _____

STUDENT PROFILE (Use space on back of form, or attach a separate document, to explain)

1. Any known allergies (include reaction to insect bites) Yes _____ No _____
If yes, list allergy and type of reaction _____
2. Medications which student currently takes on a regular basis, both at home and at school. (Please complete the attached *PERMISSION TO ADMINISTER MEDICATION AT SCHOOL* form. Make copies as necessary to fill out one form for EACH medication to be given at school.)

3. Pertinent medical histories (e.g. asthma, diabetes, seizures, etc.)

4. Significant injury/illness since completion of last year's form (e.g. chicken pox, broken bones, mono, etc.)

5. Date of last physical exam _____ Date of last tetanus shot _____
6. Student's Primary Care Physician Name _____ Phone _____
Dentist _____ Phone _____

AUTHORIZATION FOR TREATMENT: In the event I cannot be reached, I authorize that medical and/or surgical treatment be secured as may be deemed necessary or advisable for my child. I also authorize release of medical information to insurance companies for the purpose of payment and to health care providers who may treat my child.

Signature of Parent/Guardian* _____

*The parties agree that the electronic signature of a party to this Agreement shall be as valid as an original signature of such party and shall be effective to bind such party to this Agreement.



MAINE EDUCATIONAL CENTER FOR THE DEAF AND HARD OF HEARING

STATEWIDE EDUCATION AND FAMILY SERVICES

One Mackworth Island, Falmouth, ME 04105
207-781-6259 V
207-770-5220 Fax
www.mecdhh.org

Dear Parents/Guardians,

I hope you are enjoying summer with your family. For those of you I have yet to meet, my name is Stacia Thomas and I am an Educational Audiologist at MECDDHH. I have just over a decade of experience in pediatric and educational audiology and I hold the American Board of Audiology Pediatric Audiology Speciality Certification. You may not see me regularly, but I serve as a member of your child's academic team. I provide consultation to the various members of your child's individualized team; Teacher of the Deaf, Special Educator, Speech-Language Pathologist, American Sign Language Specialist, Occupational Therapist, Physical Therapist and Educational Technicians. Your child's academic team will have the opportunity to meet with me regularly. Educational audiology consultation includes answering questions regarding audiograms/hearing evaluations, educating staff about new hearing technology, troubleshooting of hearing technology, and helping to prepare for 504/IEP meetings. I am also available to parents/guardians for consultation. My contact information is listed at the bottom of this letter; please feel free to contact me at any time!

In order to maintain current audiological information regarding your child's hearing levels and programming of personal hearing technology, I am requesting your help. When your child is seen for a hearing evaluation or programming of personal hearing technology, please send a copy of the audiogram and/or report to MECDDHH. With the advent of patient portals, many families have already started sending their child's updated audiogram and report after seeing the clinical audiologist. If your child is seen in a smaller clinic and audiology records are not accessible via a patient portal, please request a personal copy of the audiogram/report to be sent to you and you then mail it to MECDDHH/Attn: Audiology.

Electronic copy of audiogram/report: audiology@mecdhh.org

Paper copy of audiogram/report: MECDDHH/Attn: Audiology 1 Mackworth Island, Falmouth, ME 04105

Please fill out the attached release of information for your child's managing audiology clinic. Even though you will be sending me audiograms and reports from office visits during the school year, the signed release permits me to call/email your child's clinical audiologist to discuss auditory access and technology options.

I am looking forward to another great school year! Please do not hesitate to reach out with any questions.

Thanks,
Stacia Thomas, AuD
Educational Audiologist with Pediatric Audiology Specialty Certification
207-781-6259
stacia.thomas@mecdhh.org

Technology Checks

Technology checks are an important part of your child's school day. Depending on their developmental age, self-advocacy skills, and independence with their technology, Mackworth Island Preschool staff will encourage your child to participate in daily technology checks of personal hearing technology and remote microphone (RM) system (if applicable). Mackworth Island Preschool staff will be trained and supported by the MECDHH Teacher of the Deaf and/or Special Educator to complete regular technology checks and basic troubleshooting. Over time, the goal is to foster your child's independence with their technology, allowing them to complete troubleshooting and to utilize the staff for support on a less frequent basis, such as when equipment is nonfunctional.

Batteries

If your child uses a remote microphone (RM) system, Child Development Service (CDS) should provide batteries for your child's personal hearing technology. If your child does not use an RM system, Mackworth Island Preschool will provide disposable batteries (size 312, 13 and 675) for school use. If your child uses rechargeable hearing technology, please ensure devices are charged every night so they will have sufficient battery power during the school day and replace rechargeable batteries per manufacturer recommendations.

Loss/Damage Insurance

You can contact your pediatric audiologist to purchase a repair warranty or loss/damage insurance if your child's technology is not currently covered. Families are encouraged to send a hard case for their child's technology for the device(s) to be kept in when not in use.



Re: Middle Ear Checks

Dear Parents/Guardians;

Children are often at high risk for frequent middle ear issues, such as abnormal pressure, fluid and/or infections. Such middle ear conditions can cause temporary hearing changes. Because of this, we provide middle ear checks on an as-needed basis for all students, at the request of parents, teachers, students, or students' primary care audiologists.

Middle ear checks include looking at your child's ears with an ear light and performing a tympanogram, which applies small amounts of air pressure into the ear to determine if the eardrum is moving normally and if there is pressure behind the eardrum. Your child may hear a humming sound and may feel some pressure in their ear, much like you feel when flying. The procedure is not painful. If your child is frightened or resists the procedure, it will not be performed. Most children become comfortable with the procedure after watching their classmates have it done.

You will be contacted if your child's middle ear check results are not within normal limits. Results may also be sent to the primary care audiologist, ENT, and/or pediatrician listed on your child's release of information form. Please feel free to call me if you have any questions regarding this procedure for your child.

Sincerely,
Stacia Thomas, AuD
Educational Audiologist with Pediatric Audiology Specialty Certification
207-781-6259
stacia.thomas@mecdhh.org

Child's Name _____

I give permission for my child to have middle ear checks. If performed, please forward the results to my child's pediatrician, audiologist and/or ENT.

I do not give permission for middle ear checks at this time.

Parent's Signature

Date

*The parties agree that the electronic signature of a party to this Agreement shall be as valid as an original signature of such party and shall be effective to bind such party to this Agreement.

MECDHH/GBSD Medication Form

2023-2024 School Year Phone:

781-6215/Fax: 781-6246

****Print this form and fill out with your physician.****

Once completed email to: margaret.airey@mecdhh.org, fax to: 781-6246

or mail to: Margaret Airey, MECDHH/GBSD, 1 Mackworth Island, Falmouth, ME 04105

Student's Name: _____ DOB: _____

TO BE FILLED OUT BY PHYSICIAN:

Physician's Name (Please Print): _____

Reason for Medication: _____

Name of Medication: _____

Directions (include specific area of application if topical):

If PRN, frequency: _____ Max dose in 24 hours: _____

Date of Discontinue: _____ (not to exceed school year)

Side effects and action to be taken:

- Student may carry inhaler with them throughout the school day
- I request and give my permission for school personnel, under the direction and at the discretion of the school nurse, to administer this medication to the above-named student
- Student may self-administer this medication under the supervision of trained school personnel

Physician's Signature _____ Date: _____

Physician's Tel. # _____ Date: _____

TO BE SIGNED/DATED BY PARENT/GUARDIAN:

- Student may carry inhaler with them throughout the school day
- I request and give my permission for school personnel, under the direction and at the discretion of the school nurse, to administer this medication to the above-named student
- Student may self-administer this medication under the supervision of trained school personnel

Parent/Guardian Signature _____ Date: _____

MECDHH/GBSD
Authorized Child Pickup List
2023-2024 School Year

Student: _____ School Year: 2023-2024

The following people **ARE permitted** to pick up my child during school and/or aftercare hours:

NAME(S):	RELATIONSHIP TO STUDENT:
_____	_____
_____	_____
_____	_____
_____	_____

The following people **ARE NOT PERMITTED** to visit/pick up my child during school program hours:
(Please include a description and, if possible, a photo)

NAME(S):	RELATIONSHIP TO STUDENT:
_____	_____
_____	_____
_____	_____
_____	_____

Signature of Parent/Legal Guardian*

Date _____

Print Name

*The parties agree that the electronic signature of a party to this Agreement shall be as valid as an original signature of such party and shall be effective to bind such party to this Agreement.

**MECDHH/GBSD
Authorization to Apply Sunscreen
and Bug Spray
2023-2024 School Year**

To ensure your children are protected from the sun as well as insect bites, please send in sunscreen and bug spray for your child.

Our policy is to have families apply the first coat of sunscreen in the morning before coming to school, and then we will re-apply it before we get outside later. You must sign and return this letter giving us permission to apply sunscreen and bug spray to your child.

I, _____, give Maine Educational Center for the Deaf and Hard of Hearing permission to apply sunscreen and bug spray to my child _____.

Parent/Guardian Signature *

Date

*The parties agree that the electronic signature of a party to this Agreement shall be as valid as an original signature of such party and shall be effective to bind such party to this Agreement.

MECDHH/GBSD
Parent/Guardian Employment Information
2023-2024 School Year

Student Name: _____

Parent/Guardian Name: _____

Employer Name: _____ Employer Phone Number: _____

Parent/Guardian Name: _____

Employer Name: _____ Employer Phone Number: _____