

Kindergarten Orientation



Heather McCarthy, Principal
Katie Cannon, Assistant Principal

SCHOOL MISSION AND VISION

Mission: We are on a learning journey together. We take risks to be our best. We inspire, we lead, we are Holmes!

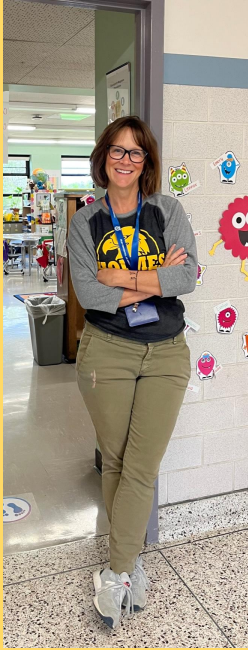
The vision at *Holmes Elementary* is to foster lifelong learning through academic excellence in an environment where a partnership exists between school, home and community.

MEET THE TEACHERS



Mrs. Lucinda Farrauto

with Miss Buyea
Room 103



Mrs. Kelly Staley
with Mr. Hambleton
General Education Teacher
Integrated Co-Teaching with Ms. Lis
Room 101





Ms. Lis
Special Education Teacher
Integrated Co-Teaching
with Mrs. Staley



Our Kindergarten Team

Speech Therapists: Ms. Wipperman, Ms. Zimmer,
Ms. Deeks

Occupational Therapists: Mrs. Ruiz, Ms. Schrader

School Social Worker: Mrs. West

School Psychologist: Ms. Corieri

School Counselor: Mrs. Addison

School Nurse: Mrs. Aquino

ENL Teacher: Mr. Ventresca

PBIS

Schoolwide Expectations

- Be Safe
- Be Kind
- Listen to adults



Gotta
have
GRIT!!!

Kindergarten Curriculum

- Math: Eureka Math Program
- Reading/Writing: Amplify/CKLA
- Phonics/Phonemic Awareness: UFLI Foundations
- Social Studies: McGraw Hill: Communities
- Science: BOCES 4 Science

Our Kindergarten Day (Sample)

8:45	Breakfast
9:05	Arrival, Greet Children, Morning jobs
9:15	Morning Meeting (Calendar/Sharing)
9:45	UFLI - (phonics/phonemic awareness)
10:20	Special (Music, Art, Phys. Ed., Library)
11:00	ELA
12:05	Lunch/Independent Reading
1:00	Math
2:00	Science/Social Studies
2:40	Recess/Outdoor play
3:10	Prepare for Dismissal
3:20	Dismissal

LUNCH - 30 minutes

- Breakfast and Lunch are FREE
- Snacks (chips and ice cream) are available for purchase
- Lunch calendars are sent home monthly and viewable on the District website
- Students are welcome to bring packed lunches.

The goal is healthy eating through a balanced meal!



SCHOOL HEALTH SERVICES PROVIDE:



Mrs. Aquino- Registered Nurse,
Holmes School Nurse

- First Aid
- Health/Illness assessment
- Health teaching presentations for students
- Daily medications and procedures
- State mandated health screenings
- Vision & Hearing (Grades PK, K, 1, 3 and new to district students)
- Height/Weight/BMI
- Daily maintenance of students with chronic medical conditions
- Maintain and update health records
- Compliance of students' immunizations with NYS state standards
- Community referrals for medical, health and wellness services

Holmes Health Office

- Please make sure that your emergency health office card has been returned to the health office.
- All students in PK, Kindergarten, 1st and 3rd grade must send in a copy of their most recent NYS health exam form, signed by their doctor's office. It must be current, within the last year, dated after 9/1/24.
- Always update the health office, not just your child's classroom teacher, if your child has been hospitalized or sought emergency care during the school year.
- It is strongly encouraged that every student have an extra set of clothes at school (shirt, pants, underwear and socks in a ziploc bag with your child's name on it), in case of spills and/or accidents. This will avoid us having to call you, to bring a change of clothes for your child.
- All health forms and medication forms can be found on the KTUFSD website under health services.

THIS IS THE FORM NEEDED - IT IS THE ONLY FORM THAT FOR SCHOOL HEALTH FILE WE CAN ACCEPT

REQUIRED NYS SCHOOL HEALTH EXAMINATION FORM
 TO BE COMPLETED BY PRIVATE HEALTH CARE PROVIDER OR SCHOOL MEDICAL DIRECTOR
 IF AN AREA IS NOT ASSESSED INDICATE NOT DONE

Note: NYSED requires a physical exam for new entrants and students in Grades Pre-K or K, 1, 3, 5, 7, 9 & 11; annually for interscholastic sports; and working papers as needed; or as required by the Committee on Special Education (CSE) or Committee on Pre-School Special Education (CPSE).

STUDENT INFORMATION

Name: _____ Sex: ☐ M ☐ F DOB: _____
 School: _____ Grade: _____ Exam Date: _____

HEALTH HISTORY

Allergies ☐ No Type: _____
☐ Yes, indicate type ☐ Medication/Treatment Order Attached ☐ Anaphylaxis Care Plan Attached

Asthma ☐ No ☐ Intermittent ☐ Persistent ☐ Other: _____
☐ Yes, indicate type ☐ Medication/Treatment Order Attached ☐ Asthma Care Plan Attached

Seizures ☐ No Type: _____ Date of last seizure: _____
☐ Yes, indicate type ☐ Medication/Treatment Order Attached ☐ Seizure Care Plan Attached

Diabetes ☐ No Type: ☐ 1 ☐ 2
☐ Yes, indicate type ☐ Medication/Treatment Order Attached ☐ Diabetes Medical Mgmt. Plan Attached

Risk Factors for Diabetes or Pre-Diabetes: Consider screening for T2DM if BMI% > 85% and has 2 or more risk factors:
 Family Hx T2DM, Ethnicity, Sx Insulin Resistance, Gestational Hx of Mother, and/or pre-diabetes.

BMI _____ kg/m2

Percentile (Weight Status Category): ☐ <5th ☐ 5th-49th ☐ 50th-84th ☐ 85th-94th ☐ 95th-98th ☐ 99th and >

Hypertlipidemia: ☐ No ☐ Yes ☐ Not Done **Hypertension:** ☐ No ☐ Yes ☐ Not Done

PHYSICAL EXAMINATION/ASSESSMENT

Height:	Weight:	BP:	Pulse:	Respirations:

Laboratory Testing	Positive	Negative	Date	List Other Pertinent Medical Concerns (e.g. concussion, mental health, one functioning organ)
TB-PRN	<input type="checkbox"/>	<input type="checkbox"/>		
Sickle Cell Screen-PRN	<input type="checkbox"/>	<input type="checkbox"/>		
Lead Level Required Grades Pre-K & K			Date	
<input type="checkbox"/> Test Done <input type="checkbox"/> Lead Elevated > 5 µg/dL				

☐ System Review and Abnormal Findings Listed Below

<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Extremities	<input type="checkbox"/> Speech
<input type="checkbox"/> Dental	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Back/Spine	<input type="checkbox"/> Skin	<input type="checkbox"/> Social Emotional
<input type="checkbox"/> Neck	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Musculoskeletal

☐ Assessment/Abnormalities Noted/Recommendations: _____ Diagnoses/Problems (list) _____ ICD-10 Code* _____

☐ Additional Information Attached _____ *Required only for students with an IEP receiving Medicaid

Name: _____ DOB: _____

SCREENINGS

Vision (w/correction if prescribed)	Right	Left	Referral	Not Done
Distance Acuity	20/	20/	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Near Vision Acuity	20/	20/		<input type="checkbox"/>
Color Perception Screening	<input type="checkbox"/> Pass <input type="checkbox"/> Fail			<input type="checkbox"/>
Notes				
Hearing Passing indicates student can hear 20dB at all frequencies: 500, 1000, 2000, 3000, 4000 Hz; for grades 7 & 11 also test at 6000 & 8000 Hz.				Not Done
Pure Tone Screening	Right <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Left <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Referral <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>
Notes				
Scoliosis Screen Boys in grade 9, and Girls in grades 5 & 7	Negative <input type="checkbox"/>	Positive <input type="checkbox"/>	Referral <input type="checkbox"/> Yes <input type="checkbox"/> No	Not Done <input type="checkbox"/>

RECOMMENDATIONS FOR PARTICIPATION IN PHYSICAL EDUCATION/SPORTS/PLAYGROUND/WORK

☐ Student may participate in all activities without restrictions.
☐ Student is restricted from participation in:
☐ **Contact Sports:** Basketball, Competitive Cheerleading, Diving, Downhill Skiing, Field Hockey, Football, Gymnastics, Ice Hockey, Lacrosse, Soccer, and Wrestling.
☐ **Limited Contact Sports:** Baseball, Fencing, Softball, and Volleyball.
☐ **Non-Contact Sports:** Archery, Badminton, Bowling, Cross-Country, Golf, Rifle, Swimming, Tennis, and Track & Field.
☐ **Other Restrictions:** _____

Developmental Stage for Athletic Placement Process ONLY required for students in Grades 7 & 8 who wish to play at the high school interscholastic sports level OR Grades 9-12 who wish to play at the modified interscholastic sports level.

Tanner Stage: ☐ I ☐ II ☐ III ☐ IV ☐ V Age of First Menses (if applicable): _____

☐ **Other Accommodations*:** (e.g. Brace, orthotics, insulin pump, prosthetic, sports goggle, etc.) Use additional space below to explain. *Check with athletic governing body if prior approval/form completion required for use of device at athletic competitions.

MEDICATIONS

☐ Order Form for Medication(s) Needed at School Attached

IMMUNIZATIONS

☐ Record Attached ☐ Reported in NYSIS

HEALTH CARE PROVIDER












Medical Provider Signature: _____
 Provider Name: (please print) _____
 Provider Address: _____
 Phone: _____ Fax: _____

Please Return This Form To Your Child's School When Completed.

If your child has a chronic condition, needs medication or requires treatments at school, please contact the school nurse directly. You must provide school with the proper documents and medications.

Guidelines for Keeping Sick Children Home from School

Please keep me home if . . .

I have a fever.	I am vomiting.	I have diarrhea.	I have a rash.	I have head lice/ nits.	I have an eye infection.	I am congested and /or have thick, constant runny nose	I have a sore throat	I have been diagnosed with strep throat or scarlet fever.	I have been in the hospital.	I'm just not feeling very good.
										
Temperature of 100°F and sore throat, rash, vomiting, diarrhea, earache, or not feeling well.	Two or more times in 24 hours.	Three or more watery stools in 24 hours.	Body rash with itching or fever.	Itchy scalp.	White part of eye is pink and/or pus is draining from the eye.	Uncomfortable stuffed up feeling and/ or runny nose.	Sore throat with fever or swollen glands.	Red, sore throat with fever or patches on tonsils, swollen glands, fever and/ or rash.	Hospital stay and/ or emergency room visit.	Unusually tired and/ or pale, lack of appetite, confused and/ or cranky.

To return to school I need . . .

To be fever free without the assistance of medication for 24 hours. (i.e. Tylenol, Motrin, Advil)	To be free from vomiting for 24 hours.	To be free from diarrhea for 24 hours.		To be brought to the school nurse by my parent/guardian prior to returning to class.	To have clear eyes that are not draining. To have completed 48 hours of treatment.	To be fever free without the assistance of medication for 24 hours. (i.e. Tylenol, Motrin, Advil)	To be fever free without the assistance of medication for 24 hours. (i.e. Tylenol, Motrin, Advil)	To be fever free without the assistance of medication for 24 hours. To have completed 48 hours of treatment	A copy of the discharge instructions and/ or doctor's note permitting me to return to class that includes any special instructions (i.e. modifications to daily program and for what period of time.	To be feeling better and acting like I normally do.
A note from my parent/guardian	A note from my parent/guardian	A note from my parent/guardian	A doctor's note permitting me to return to school		A doctor's note permitting me to return to school	A note from my parent/guardian	A note from my parent/guardian	A doctor's note permitting me to return to school		A note from my parent/guardian

If I show any of the above signs of illness at school, it will be necessary to pick me up from school.

Please keep ALL emergency contact information up to date.

If I should become ill or injured at school, the school needs to be able to contact you.

Community Outreach and Family Support

Holmes Elementary has a long standing relationship with many community organizations and support systems for your child and your family!

- **The Ken-Ton Closet** for clothing and toiletry needs
- **Sheridan Parkside Life Center** for laundry facilities, adult/teen clothing closet
- **The Ken-Ton Family Support Center** which provides free counseling services to all Ken-Ton students and their families.

Please feel free to contact Emily West, Holmes social worker, or Maryanne Aquino, Holmes school nurse, regarding any situations that arise in your household so that we may be able to assist you in finding help.

ATTENDANCE MATTERS

- Positive attendance starts in Kindergarten!
- Students who miss 10% or more of school are considered chronically absent. *A student who misses at least 2 days per month will be chronically absent by June.*
- School starts at 9:00am and ends at 3:20pm. Excessive tardies and early pickups result in missed core instruction.
- Kindergarten students who have excessive absences are more at risk of being behind in both math and reading by 3rd grade.
- Now is a great time to connect with other families in your child's classroom. A great support system is a helpful tool to combat chronic attendance.
- If you have concerns on getting your child to school, please reach out to Mrs. West, school social worker, or Mrs. Addison, school counselor we can help!

EARLY INTERVENTION & PRE-SCHOOL SERVICES

BEFORE KINDERGARTEN

If your child has a delay in cognition, communication, gross/fine motor, social/emotional or self-help skills,

please consider the following FREE resources:

- **Birth through 2 years of age**

Erie County Department of Health Early
Intervention
716-858-6161

- **2 years 5 months old to 4 years old**

Kenmore Tonawanda School District
Donna Ringholz, 716-874-8419, ext. 34318

WHEN IN DOUBT, CALL!!

KINDERGARTEN SCREENING

We will have Kindergarten screening on **June 11th & 17th**. Please sign up for these tonight. If you are unable to come on these dates, your child will be screened within the first week of school in September.

How You Can Help Prepare Your Child For Kindergarten:

- Speak about school in a positive way. Reassure your child that he/she is going to do well and you are proud of them.
- Establish a good bedtime routine. NO SCREENS within an hour of shut eye!
- Go on "field trips", do hands on activities, and READ, READ, READ!
- Help your child to be independent with toileting, dressing and taking care of belongings.

All children should be toilet trained. If your child has not mastered independent toileting, it is imperative to work on that over the summer, before the start of school!

SUMMER MAILINGS

- Over the summer, look for mail from the district regarding classroom placement, supply list, and supply drop off day
- You will receive a sticker that we need your child to wear on the first day of school so we can be sure he/she gets to the right classroom and then back home safely. **Please keep this in a safe spot so you can find it on September 2, 2025!**

TRANSPORTATION

- You must set up an Infinite Campus account to receive your child's bus information before school starts in August!
 - ◆ Call 716-871-2050 for help
- Student Bus Tags will be attached to your child's backpack on the first day of school.
- Alternative Drop Off Form is available for a location other than your home.
- For most bus matters, please call Transportation directly: 716-874-8611.

HOLMES ON THE INTERNET

Holmes Elementary Website

**Check here for supply lists!*

<https://www.ktufsd.org/Domain/1602>

Teacher emails:

lfarrauto@ktufsd.org

kstaley@ktufsd.org

blis@ktufsd.org



Holmes Elementary School

415 likes • 473 followers

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SCHOOL WIDE TOUR

- At this time, we will break into groups for a short tour of the building and kindergarten classrooms.
- Please end your tour in the main lobby.

THANK YOU FOR COMING!!!