

SMITHTOWN CENTRAL SCHOOL DISTRICT
Smithtown, New York



Student Name: _____ Phone: _____

Address: I _____

City: _____ State: _____

Home Phone: _____ Grade: _____ Foreign Exchange Student:

Has child attended the Smithtown Central School District: _____

If Yes, list School, Grade, Year: _____

Address: _____ Grade(s): _____

Mother's Name: _____ Father's Name: _____

Employer's Address: _____ Employer's Address: _____

Daytime Phone #: _____ Daytime Phone #: _____

E-Mail Address: _____ E-Mail Address: _____

RESIDENCY

RACE (please select at least one)
 In a Motel/Hotel
 In a Shelter

Asian This Relative Perma

Languages spoken in the home: _____

Are there any Divorce, Separation, Adoption Issues? Yes No

Parent ID: _____

Signature of Parent/Guardian _____



Lissette Cofon-Collins, Assistant Commissioner

50 Hanson Place, Room 594
Brooklyn, New York 11205

89 Washington Avenue, Room 528EE

Home Language Questionnaire (HLQ)

In order to provide your child with the best possible

STUDENT NAME: _____

in English as well as prior school and

Your assistance in answering these questions is greatly appreciated. Thank you.

HOME LANGUAGE CODE

2. What was the first language your child learned?

Guardian(s) _____ specify

5. What language(s) does your child speak?

English

Other _____ specify

Does not speak

6. What language(s) does your child read?

English

Other _____ specify

Does not read

7. What language(s) does your child write?

Home (Nienber) & School

Address

Home Language Questionnaire (HLQ)—Page Two

Educational Difficulties

English

How severe do you think these difficulties are? Minor Somewhat severe Very severe

10a. Has the child ever been identified as having a learning disability?

No Yes - Type of services received:

10c. Does your child have an Individualized Education Program (IEP)? Yes No

11. Is there anything else you think is important to know about your child's language skills?

Relationship to student: Mother Father Other: _____

NAME: _____ POSITION: _____

NAME POSITION OF QUALIFICATION

INTERVIEW:

ADMINISTRATION:

ACHIEVED
NYSITELL:

ENTERING

EMERGING

COMMANDING

STUDENTS WITH DISABILITIES, LIST ACCOMMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE BY COMMENTARY

FOR

(631) 382-2029
Fax: (631) 382-2023

For the _____ school year, I have elected to place my child in a nonpublic school within the boundaries of the Smithtown Central School District, at my own expense, as indicated below:

Student Name: _____ Date of Birth: _____

Nonpublic School: _____ Grade: _____

Nonpublic

Telephone: _____

Name of _____

Name Student's District of Residence: _____

In order to plan for your child, please indicate your decision below:

I do not wish to arrange for special education services at this time in the _____ school year. I am aware that if I do not wish to discuss or arrange for special education at this time, this will in no way relinquish my child's right to receive a free appropriate public education in the future.

I wish to arrange for special education services in the _____ school year.
As per IESP

I also wish to request for my child _____ Special Education services

of residence.

Parent/Guardian Name: _____

Date: _____

If you wish for your child to receive special education services from this district, as the nonpublic school where you are placing your child is located. This form must be received by June 1st.



to the Com...

Name: _____ Birth Date: _____

Address: _____

Home Telephone: _____ Grade: _____ School: _____

American Indian/Alaskan

Asian/Pacific Islander

Race

Address: _____

Relationship: _____

Address: _____

Home Telephone: _____

Home Telephone: _____

Native Language: _____

Native Language: _____

Transfer

Please explain why you are referring your child and why you suspect that your child has a disability:

4. Background Information

Briefly describe your child's

Is absenteeism or lateness a problem?
Has your child ever been absent or late?

No

Yes

Indicate

What assistance

Parent/Guardian Signature

SMITHTOWN CENTRAL SCHOOL DISTRICT
Joseph M. Barton Building
26 New York Avenue
Smithtown, New York 11767

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

Students Name

ID #

Date of Birth

Grade

Authorization is granted by the undersigned for the release of all official records

Materials for which release is authorized include all information and records that are intended for use in planning:

1. Academic work completed.
2. Level of achievement (CIVICS)
3. Attendance records
4. Behavior records
5. Health records
6. Family background information
7. Health data.
8. Family background information.
9. Teacher, counselor or agency ratings and observations.
10. Verified reports of serious and/or recurrent behavior patterns.
11. Committee on Special Education report.

Records:

Name of School

School:

Address:

Authorization is granted by:

Signature:

Relationship:

Address:

Telephone Number: