



Dear Parent/Guardian:

We are happy to welcome your child back to school. As in the past, your active cooperation is most valuable to ensure a happy and profitable year for your child at the Westchester School for Special Children.

The following enclosures accompany this letter:

1. **Current School Calendar:** This calendar shows all the school holidays and Teacher Conference Days.
 2. **Emergency Information and Activity Consent:** Please read this form carefully and complete by following the directions on the form. It is imperative that all telephone numbers are current and in working order. **This form must be signed and returned on the first day of school.**
 3. **Automated Inclement Weather Phone Notification form:** *Please provide at least ONE way in which we can contact you if school is closed!* **This form must be filled out and returned on the first day of school.**
 4. **Medical Packet**
 - i. **Immunization Form**
 - ii. **Physical Form – EVERY STUDENT MUST HAVE AN ANNUAL PHYSICAL EXAM.** If your child has had a physical in the past 3 months he/she does not need another one. **The physical need not be on our form.**
 - iii. **Student Medication Policy / Form: must be filled out and be accompanied by prescription(s) if student is to receive medication(s) in school**
- Any questions concerning these forms should be directed to the school nurse at 914-376-4300, extension 813. **These forms must be signed and returned on or before the first day of school. Any student without a current physical and emergency consent form may not participate in special events such as field trips and sports teams.**
5. **Disaster Preparedness Student Information Form** - Please read this form carefully and complete by following the directions on the form.
 6. **Pesticide Notification**
 7. **School Lunch Survey**
 8. **WSSC ELECTRONIC COMMUNICATIONS & INTERNET SAFETY POLICY**
 9. **Family Educational Rights and Privacy Act** - For your information.
 10. **Seasonal Flu Guide for Parents** – For your information
 11. **Sunscreen Information** – For your information
 12. **Personal Property**

We ask your cooperation in the following:

Therapy Services Prescription Form – In order for your child to receive Occupational, Physical and Speech therapies, a prescription form must be filled out by your child's doctor. When your child enters our program, a therapy prescription form will be sent home detailing the related services mandated in your child's IEP. Related services may not be provided until a completed prescription is received with the doctor's signature / stamp and related required information **Please be advised that a new therapy prescription form must be completed annually for each child.**

Regular Attendance is very important for your child. The school should be advised of absences by telephone and a written note must be sent with the child upon returning to school. On school mornings, inquiries related to delayed busses or general bus service should be made directly to the bus company. We are usually not advised of bus delays.

Lunch - Each child is expected to bring lunch and a beverage from home. Food should be contained in a lunch box **CLEARLY MARKED WITH YOUR CHILD'S NAME**. For your child's safety, we request that you not send in glass containers. Each classroom is equipped with a refrigerator and microwave for food preparation and to keep items fresh.

Weather Emergencies - In the event it is necessary to close the school due to inclement weather, an announcement will be made on radio stations WFAS 1230 AM/FM, WHUD 101.7 Stereo, CBS 880 AM and TV News 12 Westchester. *You will be contacted by our automated notification system if you return the form with your preferred contact information!*

Clothing - We ask that all items of clothing to be kept in school be **CLEARLY MARKED WITH YOUR CHILD'S NAME**. It will be necessary for your child to have a pair of sneakers for our Physical Education Program.

Parent Visits - Parents are encouraged to visit the school. In order to avoid unnecessary interruptions in the classroom program, we ask that you telephone the school office in advance of your visit. Parents transporting their children to and/or from school are requested to call the school for specific arrangements.

Transportation - WSSC does not arrange transportation; that is the responsibility of your home school district. We do not contract with bus companies, nor do we supervise drivers or matrons. Any concerns regarding bus personnel should be referred to the bus company or customer service at OPT. We strongly suggest that you confirm your child's transportation company and pick-up time a week before school begins. If you live in New York City, you should call the Office of Pupil Transportation at (718) 392-8855. You will need your child's nine digit Student ID number. It is located on the cover sheet of his/her IEP, as well as on most District correspondence. If transportation has not been arranged, you must speak with your school district. They may tell you that the school is responsible, please remind them that **Private Schools cannot** arrange transportation as per the Board of Education policy. If you live in Westchester County, you must call your local school district and ask for the transportation office.

We look forward to a most prosperous year. If you have any questions, or if there are any problems, please call the school office at 914-376-4300.

Sincerely,


Leonard Spano
Executive Director

2019 July			DAYS
Monday	1	First Day of Summer Program	
Thursday	4	Independence Day -- School Closed	23
2019 August			
Friday	9	Last Day of Summer Program	7
		Total Number of Days	30
2019 September			
Tuesday	3	Staff Conference Day -- School Closed	
Wednesday	4	First Day of School for Students	
Wednesday	11	9/11 Commemorative Day -- School Closed	
Monday	30	Rosh Hashana -- school closed	18
2019 October			
Wednesday	9	Yom Kippur -- school closed	
Friday	11	"Back to School Day, ANNEX "(regular school day)	
Monday	14	Columbus Day -- School Closed	
Tuesday	15	Staff Conference Day -- School Closed	
Wednesday	16	"Back to School Day, PARK AVE"(regular school day)	21
2019 November			
Monday	11	Veterans' Day -- School Closed	
Thursday	28	Thanksgiving Day -- School Closed	
Friday	29	Thanksgiving Recess -- School Closed	18
2019 December			
Monday	23	HOLIDAY RECESS -- School Closed	
through Tuesday	31		16
2020 January			
Wednesday	1	New Years' Day -- School Closed	
Thursday	2	School Re-opens	
Monday	20	Martin Luther King Jr. Day -- School Closed	21
2020 February			
Monday	17	Presidents' Day -- School Closed	
Tuesday	18	School Closed	
Wednesday	19	Staff Conference Day -- School Closed	18
2020 March			22
2020 April			
Friday	10	SPRING RECESS -- School Closed	
through Friday	17		16
2020 May			
Monday	25	Memorial Day -- School Closed	20
2020 June			
Friday	19	Last Day for Students	
Monday	22	Staff Conference Day - School Closed	15
Total Number of Days			185

NOTE:

- 1 Five emergency days have been included. If it is necessary to close the school, announcements will be made on Radio Stations WFAS 1230AM, WHUD 100.7 FM, CBS 880 AM, and T.V. News 12.
- 2 If the total number of days that school is in session falls below the state minimum (180 days) the necessary number of days will be made up.
- 3 If no emergency closings are necessary, or if it is not necessary to use all of the days designated for this purpose, the appropriate number of unused emergency days will be subtracted from the end of our calendar year.



The Westchester School

2019-2020 School Calendar

July 2019						
Su	M	Tu	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

August 2019						
Su	M	Tu	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

September 2019						
Su	M	Tu	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

October 2019						
Su	M	Tu	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November 2019						
Su	M	Tu	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December 2019						
Su	M	Tu	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

January 2020						
Su	M	Tu	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February 2020						
Su	M	Tu	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

March 2020						
Su	M	Tu	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April 2020						
Su	M	Tu	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May 2020						
Su	M	Tu	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June 2020						
Su	M	Tu	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				



School Closed/ Holidays



Teacher in-Service Day (no school for students)



"Back to School" Day



First and Last Day of School

WESTCHESTER SCHOOL FOR SPECIAL CHILDREN
EMERGENCY INFORMATION AND ACTIVITY CONSENT
Informacion Para Emergencia y Consentimientos De Actividades

CHILD'S NAME _____ SS# _____ DOB _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PARENT/GUARDIAN NAME _____ CELL # _____ HOME # _____
CHILD'S PHYSICIAN _____ PHONE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMERGENCY NAME/PHONE # AND RELATIONSHIP MUST BE PROVIDED:

Contact Name: (No. 1) _____ Relationship: _____
Home# _____ Work# _____ Cell# _____
Contact Name (No. 2) _____ Relationship _____
Home# _____ Work# _____ Cell# _____
Insurance Carrier: _____ Insurance # _____ Medicaid # _____
Medication _____ Tylenol Release () YES () NO
Allergies: _____

ACTIVITY CONSENT

Please place your initials next to each of the following indicating that you give your consent and please sign where indicated.

_____ I hereby give permission to WSSC to include my child on trips that may be provided during the program year, (unless otherwise stated in writing on each individual trip notice). I also hereby release WSSC from responsibility should an accident occur involving my child, for which WSSC has not shown legal negligence.

_____ If the child's teacher or instructor has not been able to reach me through the phone numbers above, I hereby authorize him/her to take my child to the nearest hospital or doctor for emergency service, should the nurse/teacher deem it necessary and I will accept the charges that may be incurred by these actions.

_____ I give permission to have photographs, video tapes (TV), or motion pictures taken of my child while he/she is attending WSSC. I understand that these materials may be used in educational presentations describing the activities of the school and give my permission to have these materials distributed publicly for the purpose of educating others to the functions of the school.

_____ I give permission for the use of audio and/or visual recording methods for diagnostic, therapeutic, or training purposes.

Date

Signature Parent/Guardian

Print Name

Relationship

ONE CALL NOW AUTOMATED NOTIFICATION SYSTEM INFORMATION SHEET

We use an automated notification system to tell you when school is closed, delayed or will dismiss early due to bad weather or other circumstances. Please take a moment to fill out this form and return it to the school.

EVERYONE must complete this form. Please print legibly.

DATE: _____

STUDENT NAME: _____

Please select at least ONE option (you may select more if you wish)

☐ I would like to be notified by **telephone**. You may provide up to 3 phone numbers:

1. _____
2. _____
3. _____

☐ I would like to be notified by **email**. You may provide up to 3 email addresses:

1. _____
2. _____
3. _____

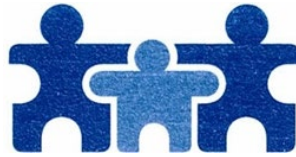
☐ I would like to be notified by **text message**. Activate / opt-in by texting ALERT to 22300. You may provide up to 3 phone numbers:

1. _____
2. _____
3. _____

Please select language:

☐ English ☐ Spanish ☐ Other _____

NOTE: We will continue to post school closing information on our school website www.westchesterschool.org; it will also be announced on Radio Stations WFAS 1230 AM, WHUD 100.7 FM, CBS 880 AM, and on Cablevision News 12.



The Westchester School

Student Name: _____ Date of Birth: _____

IMMUNIZATIONS: (Give FULL dates)

DTP/DTaP/DT: _____

Td: _____

Tdap: _____

Polio: _____

Measles: _____ (History of disease: _____) (Presence of antibody: _____)

Rubella: _____ (Presence of antibody: _____)

Mumps: _____ (History of disease: _____) (Presence of antibody: _____)

Varicella: _____

Hepatitis A: _____

Rotavirus: _____

Hib: _____

PCV: _____

Hepatitis B: _____

Meningococcal: _____

HPV: _____

PPD/Result: _____

Influenza: _____

Other (Specify): _____

Immunization requirements waived because of: (Give date)

Medical exemption _____ (Attach documentation)

Issuing Official (Print Name): _____

Issuing Official's Signature: _____ Title: _____ Date: _____

WESTCHESTER SCHOOL FOR SPECIAL CHILDREN
PHYSICAL EXAMINATION/ EXAMEN FISICO

NAME _____ DOB _____

HEIGHT _____ WEIGHT _____ BP _____ P _____

VISUAL ACUITY _____ NEUROLOGICAL _____

HEARING _____ LYMPH GLANDS _____

LUNGS _____ HEART _____ ABDOMEN _____

GENITO-URINARY _____ EXTREMITIES _____

NOSE _____ THROAT _____ SKIN _____

NUTRITION _____

ORTHOPEDIC: POSTURE _____

FEET _____

SCOLIOSIS _____

DIAGNOSIS _____

SEIZURE (TYPE) _____

CURRENT MEDICATIONS _____

Can the child engage in normal school activities? () YES () NO

Limitations:

Allergies:

Pertinent Medical History:

Physician's Name, Address, Phone Number (Please
Print) _____

Date of Examination

Physician's Signature

WESTCHESTER SCHOOL FOR SPECIAL CHILDREN

STUDENT MEDICATION POLICY

POLITICA de MEDICINA PARA los ESTUDIANTE

Medication of any kind (aspirin, prescription drugs, Tums, cough mixtures, drops, anti-histamines, etc.) cannot legally be dispensed to any child in school without a doctor's order and parental consent.

New York State Law requires the following procedure to be followed if absolutely necessary for your child to take medication in school.

1. Parent/Guardian must present a note from the doctor stating:
Student's Name - Date
Name of Medication
Dosage - Time to be administered
List of Possible Side Effects
2. The medication must be brought to school in the original prescription container with the original label.

NO STUDENT IS TO BRING OR TAKE MEDICATION OF ANY KIND IN SCHOOL UNLESS THE ABOVE PROCEDURE IS FOLLOWED.

The following form may be used.

WESTCHESTER SCHOOL FOR SPECIAL CHILDREN
Request for Administration of Medication to Pupil in School

I hereby request that my child _____ be given medication in school as designated by the physician's order below.

Date _____ Parent/Guardian Signature _____

TO BE FILLED BY PUPIL'S PHYSICIAN

Medication _____ Dosage _____ Time _____

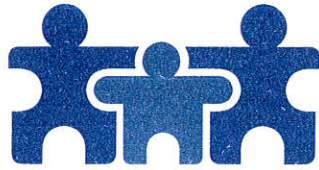
Medication _____ Dosage _____ Time _____

Medication _____ Dosage _____ Time _____

Side effects and special alerts:

Physician's Signature _____ Date _____

Physician's Name, Address and Phone # (please print) _____



The Westchester School

Dear Parents/Guardians:

We pray that there is never a disaster that would require us to keep the children late into the evening but we must be prepared just in case. We must be ready to care for all of our students past the usual 2:30 dismissal time.

To help in this effort, we are asking that you provide us with the information on the attached form. Most importantly, we need to know what medications or treatments your child might need in the event that he/she is unable to go home. Many of our students do not take medication in school, therefore, we do not have information on what they may take at home. We are not asking that any medication be sent at this time, if that should become necessary, we will let you know.

Thank you very much for your cooperation in this important matter. Hopefully we will not need to ever use the information, but it's better to have it and not need it than need it and not have it. If you have any questions, please contact us at 914-376-4300.

Sincerely,

Marilou Caponong, RN
School Nurse

Christine McElduff, LPN
School Nurse

Students Name: _____ Date: _____

Allergies

Medications (Please give name of medication, dosage and time to be given)

Treatments (Nebulizer, Suctioning, Catherizations, Tube Feedings, Etc.)

Special Diet: (Please tell us what type of diet and the consistency of the food - pureed, chopped or solid consistency)

Please try to be as accurate as possible. Remember that your child's well being is our priority.

I authorize WSSC to dispense any medication to my child in the event of an emergency.

Print Name & Relationship

Signature



Pesticide Notification
Notificación Sobre uso de Pesticida

According to Commissioner Regulation 155.4(d) section 409-H of State Education Law, we are required to inform parents/guardians of the schedule of pest control services and the types of services provided in our buildings and on our grounds.

The exterminating service will be provided after school hours as follows:

45 Park Avenue: The second (2nd) and fourth (4th) Wednesday of the month.
85 Linden Street: The second (2nd) Tuesday of the month.

If you would like 48 hour notification for any **emergency** service please fill out the enclosed form and return it to the school to be put on the notification list. You will then be contacted 48 hours before the service is provided.

If you should have any questions regarding the above, please call 914-376-4300.

Sincerely,

Leonard Spano
Executive Director

Westchester School for Special Children
45 Park Avenue
Yonkers, NY 10703

Dear Principal:

I am the parent/guardian of _____ who attends the Westchester School for Special Children. It is my understanding that, as of July 1, 2001, a state law requires every school to maintain a list of parents who wish to receive advanced notice of pesticide applications at the school their child attends. Each time pesticides are scheduled to be applied at the school, parents on the list must be provided with a written notice at least 48 hours in advance specifying the specific date and location of the application, the name and EPA registration number of the product being applied, the name, the name and number of a person at the school who can be contacted to discuss the precautions being taken to protect children from exposure, and telephone number of information services that can provide specific information about the pesticides being applied.

Please consider this my formal request to be placed on the list to receive those notices and information. If the notices are mailed, please mail them to me at the following address:

I can be reached by telephone at the following numbers:

_____ (Day)

_____ (Evening)

Sincerely,

Parent/Guardian



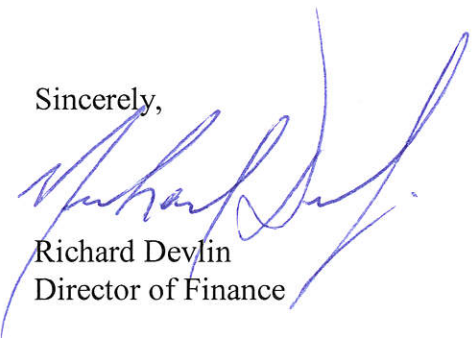
Dear Parents:

The Westchester School for Special Children files annual applications to receive federal grant monies to assist us with our telecommunications and technology needs. In order to establish the amount of the grant, we are required to submit the number of students who are eligible (meet the criteria) for the federal school lunch program. Please note that while we are taking this survey as per federal guidelines, the Westchester School for Special Children ***cannot participate*** in the school lunch program because the school does not meet the necessary requirements of that program. However, it is extremely important that you return the survey (***located on the back of this letter***) for the enrichment of the students.

Find your family size, next to it, is the ***maximum annual*** income allowable, if your income is ***less than or equal to*** the annual income, your child is eligible for the federal school lunch program, if it ***exceeds*** the maximum allowable for your family size, your child is ineligible for the federal school lunch program. ***You will then fill out your child's name at the top of the form and check off whether your child is eligible or ineligible for the federal school lunch program.*** Please return this completed form to your child's teacher as soon as possible.

Thank you for your immediate attention to this matter. We appreciate your cooperation and assure you that this information is only to be used for the grant request and will be held in the strictest confidence.

Sincerely,



Richard Devlin
Director of Finance

E-RATE FY 2020-21 -HOUSEHOLD SURVEY

2019-20 School Year



As you prepare for enrollment for the 2019-20 school year, you may want to include an E-rate household income survey in your paperwork. We want to ensure that your school's E-rate discount accurately reflects the income levels of your student population. The enclosed Household Survey letter can be included in your enrollment process to determine income eligibility for your E-rate funding for FY 2020-21.

- Surveys can be used to determine individual student eligibility for NSLP, but survey results can not be extrapolated. Because the extrapolation of returned surveys is not permitted, NSLP applications can be used as surveys.
- Schools participating in the Community Eligibility Program (CEP) multiply the number of students directly certified by the national multiplier (currently 1.6) to calculate the number of students qualifying for NSLP on the FCC Form 471. Note that this calculation is capped at 100 percent of the student population for the purposes of determining the E-rate discount.
- You can use a combination of methods (e.g., surveys, sibling matches, household eligibility for certain federal programs) to substantiate the eligibility of individual students.

<http://www.usac.org/sl/applicants/step03/alternative-discounts.aspx>

If you decide to use the survey, you will need to tally the results for each eligible site (i.e. ES, MS, HS)--**extrapolation is not allowed by SLD**. Send the summary tally sheets to us when they are completed. We will then submit the summary pages along with your E-Rate application.

Retain the individual surveys and related documentation for 10 years.

SLD Guidelines:

If a school chooses to do a survey, the following guidelines apply:

- a. The survey must be sent to families (households) whose children attend the school.
- b. The survey must, at a minimum, contain the following information:
 - Address of family (household)
 - Grade level of each child
 - Size of the family (household)
 - Income level of the parents or guardians
- c. The survey must assure confidentiality. (Only summary data is provided to USAC/E-rate)
- d. Retain ALL surveys for TEN YEARS after the last date of service

Let's Get E-Rate Funds for our School!"



PLEASE COMPLETE THE ATTACHED HOUSEHOLD SURVEY*

We need everyone to return this survey in order for the survey to be considered valid.

THIS WILL HELP OUR SCHOOL GET \$\$\$ FOR:

Telecommunications

Internet Access

Technology

Maintenance

<p>*This information will remain confidential and will be reported only as a total group, not by individual families, and will not be used for any other purposes except E-Rate.</p>

Survey Number: _____
[For School Use Only]

E-Rate Household Survey Spring/Fall 2019¹

Please complete and return to the school office within two weeks.



Your Address: _____ City _____ ST _____ Zip _____

Circle your household size below, then answer the following questions:

Household Size (Circle One)	Est. Annual Income (As Reported to IRS)	Monthly Income	If Paid Two times per mo.	If Paid Every Two Weeks	Weekly Income
1	\$ 23,107	\$1,926	\$ 963	\$ 889	\$ 445
2	31,284	2,607	1,304	1,204	602
3	39,461	3,289	1,645	1,518	759
4	47,638	3,970	1,985	1,833	917
5	55,815	4,652	2,326	2,147	1,074
6	63,992	5,333	2,667	2,462	1,231
7	72,169	6,015	3,008	2,776	1,388
8	80,346	6,696	3,348	3,091	1,546
Each add'l family member add:	8,177	682	341	315	158

Is your income equal to or less than any of the amounts listed next to the number you circled?

Yes _____ No _____

Are your children eligible for free or reduced lunches, breakfasts, snacks or milk at their school(s)?

Yes _____ No _____

Is your family eligible for the Supplemental Nutrition Assistance Program (SNAP) – food stamps?

Yes _____ No _____

Does your family qualify for medical assistance under Medicaid?

Yes _____ No _____

Is your family receiving Supplementary Security Income (SSI)?

Yes _____ No _____

Does your family receive housing assistance (section 8)?

Yes _____ No _____

Does your family receive home energy assistance (LIHEAP)?

Yes _____ No _____

2. Please list all students in your household that attend school. (Enter the grade they will be entering in this fall. Write on back to list more than 5 students)

Name	Grade	School Attending in Fall 2019

3. Certification: I certify that the above information is, to the best of my knowledge, true and complete.

Signed: _____ Date: _____

¹Income Eligibility Guidelines for Reduced Priced Meals. Effective from July 1, 2019 to June 30, 2020 (Federal Register / Vol.84, No. 54/ Wednesday, March 20, 2019/ Notices, pg. 10295)

WESTCHESTER SCHOOL FOR SPECIAL CHILDREN
POLICY AND PROCEDURES

EFF. DATE: _____
NEW: 03/18 REV: _____
SECTION: EMPLOY

POLICY NO. SAF-15

APPROVED: _____

WSSC ELECTRONIC COMMUNICATIONS & INTERNET SAFETY

- I. **Scope:** Applies to students and all School positions.
- II. **Purpose:** The purpose is (a) to ensure that all school computers are to be used solely for school related activities, and fulfillment of job responsibilities; not for personal use; and (b) to comply with the Children's Internet Protection Act (CIPA).
- III. **Definition:** All computers and electronic devices are property of the Westchester School for Special Children. These are intended to be used for educational / school related purposes only.
- IV. **Policy Statement:** The Westchester School for Special Children recognizes its responsibility to ensure the safety and confidentiality of all students and staff. It is the policy of Westchester School for Special Children: (a) to prevent user access to or transmission of inappropriate content over its computer network or via Internet, electronic mail, or other forms of direct electronic communications; (b) to prevent unauthorized access and other unlawful online activity; (c) to prevent unauthorized online disclosure, use or dissemination of personal identification information of minors; and (d) comply with the Children's Internet Protection Act [Pub. L. No. 106-554 and 47USC 254(h)].
- V. **Procedures:** Always follow appropriate guidelines for safe internet use and electronic communications.
- A. **Access to Inappropriate Material:**
- To the extent Practical, technology protection measures (internet filters) shall be used to block or filter Internet, or other forms of electronic communications, access to inappropriate information
 - Specifically, as required by CIPA, blocking shall be applied to visual depictions of material deemed obscene, to child pornography, or to any material deemed harmful to minors
 - Subject to staff supervision, technology protection measures may be disabled for adults or, in case of minors, minimized only for bona fide research or other lawful purposes.
- B. **Inappropriate Network Usage:**
- To the extent practical, steps shall be taken to promote the safety and security of users of the Westchester School for Special Children online computer network when using electronic mail, chat rooms, instant messaging, and other forms of direct electronic communications.
 - Specifically, as required by CIPA, prevention of inappropriate network usage includes: (a) unauthorized access, including so-called "hacking" and other unlawful activities; and (b) unauthorized disclosure, use and dissemination of personal identification regarding minors.

C. Education, Supervision, and Monitoring:

It shall be the responsibility of all staff members of the Westchester School for Special Children to educate, supervise and monitor appropriate usage of the online computer network and access to the Internet in accordance with this policy, the CIPA, the Neighborhood Children's Internet Protection Act (NCIPA), and the Protecting Children in the 21st Century Act.

Procedures for the disabling or otherwise modifying any technology protection measures shall be the responsibility of the administrator or designated representative(s).

The administrator or designated representatives will provide age-appropriate training for students who use the Westchester School for Special Children's Internet facilities. The training provided will be designed to promote the Westchester School for Special Children's commitment to:

- A. The standards and acceptable use of Internet services as set forth in Westchester School for Special Children's Electronic Communications & Internet Safety Policy;
- B. Student safety with regard to:
 - a. Safety on the Internet
 - b. Appropriate behavior while on online, on social networking web sites, and in chat rooms; and
 - c. Cyberbullying awareness and response
- C. Compliance with the E-rate requirements of the CIPA.

D. CIPA Definition of Terms:

- MINOR: any individual who has not attained the age of 17 years
- TECHNOLOGY PROTECTION MEASURE: means a specific technology that locks or filters Internet access to visual depictions that are:
 - OBSCENE: as that term is defined in section 1460 of title 18, US Code;
 - CHILD PORNOGRAPHY: as that term is defined in section 2256 of title 18, US Code
 - HARMFUL TO MINORS: means any picture, image, graphic image file, or other visual depiction that:
 - Taken as a whole and with respect to minors, appeals to a prurient interest in nudity, sex, or excretion
 - Depicts, describes or represents, in a patently offensive way with respect to what is suitable for minors, an actual or simulated sexual act or sexual contact, actual or simulated normal or perverted sexual acts, or a lewd exhibition of the genitals; and
 - Taken as a whole, lacks serious literary, artistic, political, or scientific value as to minors
 - SEXUAL ACT; SEXUAL CONTACT: these terms have the meanings given such terms in section 2246 of title 18, US Code.

E. Violations:

Any violation or infraction of these policies, procedures or guidelines will be addressed and appropriate disciplinary action will be taken, including loss of internet and emailing privileges and termination for gross misuse or abuse.

**Department of Health Education and Welfare
Office of the Secretary
Washington, DC 10101**

Fact Sheet

**Family Educational Rights and Privacy Act of 1974
Ley de los derechos Educativos y Privacidad del 1974**

This law was passed by Congress in 1974 to protect the privacy of student education records, and applies to all schools that receive money from the U.S. Office of Education.

The Act gives certain rights to parents regarding their child's education records. These rights transfer to the student or former student who has reached the age of 18 or is attending any school beyond the high school level. Students and former students to whom the rights have transferred are called eligible students.

A school must allow parents or eligible students to inspect and review all of the student's education records maintained by the school. However, this does not include the review of personal notes of teachers, or, at the college level, medical or law enforcement records. Schools are not required to provide copies of material in education records unless, for reasons such as illness or great distance, it is impossible to inspect the records personally. The school may charge a fee for copies.

Parents and eligible students may request that a school correct records believed to be inaccurate or misleading. If the school refuses to change the records, the parent or eligible student then has the right to a formal hearing. After the hearing, if the school still refuses the correction, the parent or eligible student has the right to put a note in the record explaining his or her concerns.

Generally the school must have written permission from the parent or eligible student before releasing any information from a student's record. In an effort to permit the school to continue its normal business and activities, the law allows a school to set its own rules about who among the following people may see records without the required consent.

- School employees who have a need-to-know;
- Other schools to which a student is transferring;
- Parents, when a student is over 18 and is still dependent;
- Certain government officials who need-to-know to carry out lawful functions;
- Sponsors of financial aid to a student;
- Organizations doing certain studies for the school;
- Individuals who have obtained court orders to subpoena;
- Persons who need to know in cases of health and safety emergencies;

Also, directory type of information such as one's name, address, telephone number, data and place of birth, honors and awards and activities may be released to anyone, without first getting permission. However, the school must tell parents and students the type of information that is classified as directory information and provide a reasonable amount of time to allow the parent or eligible student to tell the school not to reveal directory information about them.

The school must notify parents and eligible students of their rights under this law. The actual means of notification (special letter, inclusion in a PTA bulletin or student handbook, or newspaper article) is left at each school.

If you wish to see your child's education record, or if you are over 18, or attending college and would like to see your records, you should contact the school to find out the procedure to follow.

If there are any questions the school cannot answer, or if you have problems in securing your rights under this Act, you may call (202)245-7488, or write to FERPA Office, Room 526F, Humphrey building, 200 Independence Avenue S.W., Washington, DC 20202

Keep your kids safe. Get their flu shots every year.

The Flu: A Guide for Parents

Is the flu more serious for kids?	Infants and young children are at greater risk for getting seriously ill from the flu. That's why the New York State Department of Health recommends that all children 6 months and older get the flu vaccine.
Flu vaccine may save your child's life.	Most people with the flu are sick for about a week, and then they feel better. But, some people, especially young children, pregnant women, older people, and people with chronic health problems can get very sick. Some can even die. An annual vaccine is the best way to protect your child from the flu. The vaccine is recommended for everyone 6 months and older every year.
What is the flu?	The flu, or influenza, is an infection of the nose, throat, and lungs. The flu can spread from person to person.
Who needs the flu shot?	<ul style="list-style-type: none">• Flu shots can be given to children 6 months and older.• Children younger than 9 years old who get a vaccine for the first time need two doses.
How else can I protect my child?	<ul style="list-style-type: none">• Get the flu vaccine for yourself.• Encourage your child's close contacts to get the flu vaccine, too. This is very important if your child is younger than 5, or if he or she has a chronic health problem such as asthma (breathing disease) or diabetes (high blood sugar levels). Because children under 6 months can't be vaccinated, they rely on those around them to get an annual flu vaccine.• Wash your hands often and cover your coughs and sneezes. It's best to use a tissue and quickly throw it away. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands. This will prevent the spread of germs.• Tell your children to:<ul style="list-style-type: none">• Stay away from people who are sick;• Clean their hands often;• Keep their hands away from their face; and• Cover coughs and sneezes to protect others.
What are signs of the flu?	The flu comes on suddenly. Most people with the flu feel very tired and have a high fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. The cough can last two or more weeks.

How does the flu spread?	People who have the flu usually cough, sneeze, and have a runny nose. The droplets in a cough, sneeze or runny nose contain the flu virus. Other people can get the flu by breathing in these droplets or by getting them in their nose or mouth.
How long can a sick person spread the flu to others?	Most healthy adults may be able to spread the flu from one day before getting sick to up to 5 days after getting sick. This can be longer in children and in people who don't fight disease as well (people with weaker immune systems).
What should I use to clean hands?	Wash your children's hands with soap and water. Wash them for as long as it takes to sing the "Happy Birthday" song twice. If soap and water are not handy, use a hand sanitizer. It should be rubbed into hands until the hands are dry.
What can I do if my child gets sick?	<ul style="list-style-type: none"> • Make sure your child gets plenty of rest and drinks lots of fluids. • Talk with your child's health care provider before giving your child over-the-counter medicine. • Never give your child or teen aspirin, or medicine that has aspirin in it. It can cause serious problems. • Call your child's health care provider if your child develops flu symptoms and is younger than 5 or has a chronic medical condition like asthma, diabetes, or heart or lung disease. • If you are worried about your child's illness, call your health care provider.
Can my child go to school or day care with the flu?	No. If your child has the flu, he or she should stay home to rest. This helps avoid giving the flu to other children.
When can my child go back to school or day care after having the flu?	Children with the flu should be isolated in the home, away from other people. They should also stay home until they have no fever without the use of fever-control medicines and they feel well for 24 hours. Remind your child to protect others by covering his or her mouth when coughing or sneezing. You may want to send your child to school with some tissues, and a hand sanitizer, if allowed by the school.

For more information about the flu, visit health.ny.gov/flu

Or, www.cdc.gov/flu

Centers for Disease Control and Prevention



**Department
of Health**

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The Westchester School

SUNSCREEN

Sunscreen is considered as an over-the-counter (OTC) medication. *Sunscreen may be sent in by the parent / guardian for application in school* but please note the process that must be followed for sunscreen to be applied in schools:

1. A student who can be supervised or is independent may carry and use sunscreen in school if:
 - (1) the sunscreen is FDA approved for over-the-counter use;
 - (2) the sunscreen is used for avoiding sun overexposure and not for medical treatment of an injury or illness; and
 - (3) the student's parent or guardian provides written permission for the student to carry and use sunscreen.
2. A student who is unable to physically apply sunscreen may be assisted by unlicensed personnel when directed to do so by the student, if permitted by a parent or guardian and authorized by the school.
3. Students who are unable to direct someone to apply sunscreen for them will require that sunscreen is administered only by an appropriate licensed health professional pursuant to an order from a medical provider (Education Law §907).



PERSONAL PROPERTY

The Westchester School encourages all parents to send students to school with only the required materials. Other objects, especially personal electronics, should be left at home. The school is not responsible for the loss or damage of these personal items.



The Westchester School

Dear Parent/Guardian:

It is our understanding that your child will experience / has experienced one or more of the following:

- Medical procedure(s)
- Hospitalization for surgery
- Receiving rehabilitation services
- Under observation due to medication changes

We hope that all goes well and for a speedy, smooth recovery and we look forward to welcoming your child back to school. To help ease the return to school and therapies, it is the WSSC's policy that the following applicable paperwork must be submitted prior to your child returning to school***

- **HOSPITAL DISCHARGE INSTRUCTIONS (SPECIFYING SURGERY PERFORMED AND AFTERCARE INSTRUCTIONS).**
- **DOCTOR'S CLEARANCE TO RETURN TO SCHOOL (INCLUDING LIMITATIONS AND/OR RESTRICTIONS).**
- **NEW RELATED SERVICE PRESCRIPTIONS (ATTACHED).**
- **NEW DOCTOR'S ORDERS FOR MEDICATION(s)/TREATMENT(s) GIVEN AT SCHOOL (ATTACHED).**

*****THIS INFORMATION CAN BE EASILY FAXED TO OUR NURSING DEPARTMENT AT (914) 965-7059**

In addition to the above, if your child is enrolled in a school program within the medical facility, we must temporarily discharge the child from our program. The reason for this is that a student may only be enrolled in one school program at a time. Once your child has been discharged from the medical facility's school program, we will be able to re-admit him/her back into our school.

Regards,

Louise M. Bolduc, M. S. Ed.
Director of Pupil / Personnel Services