



**CENTRAL REGISTRATION OFFICE**  
**1500 Colvin Boulevard, Buffalo, NY 14223**  
**phone: (716) 871-2090 / fax: (716) 871-2092**  
**email: [central\\_registration@ktufsd.org](mailto:central_registration@ktufsd.org)**

## Welcome to the Ken-Ton School District!

We are looking forward to working with you as new members of the Ken-Ton school community! The Board of Education, administration, teachers, and support staff are all committed to providing your student(s) with a high quality educational program in safe and secure schools. We encourage you to join us in fulfilling the District's purpose which is to provide our students with the supports, tools, and diverse opportunities needed to meet the challenges of an ever-changing world.

### PUBLIC SCHOOL - NEW STUDENT REGISTRATION PACKET

Please complete the attached forms and also provide the required documentation as listed in the grid below. After you have completed all forms and collected the required documentation, schedule an appointment at our website [www.ktufsd.org/appointment](http://www.ktufsd.org/appointment). **All registrations are done BY APPOINTMENT ONLY at our Central Registration Office.** Our address is 1500 Colvin Boulevard, Buffalo, NY 14223. Our FAX number is (716) 871-2092. At the time of your appointment, our staff will review and verify all information and complete the registration process if everything is in order. If you are unable to complete the forms, supply all the required documentation, or have any questions, please contact our Central Registration Office to discuss your circumstances prior to making an appointment.

### REQUIRED DOCUMENTATION

	Two proofs of residency as listed below: <ul style="list-style-type: none"> <li>• Lease/Rental Agreement, Mortgage Statement, Deed, or Closing Statement for home purchase</li> <li>• Utility Bills dated within the past 30 days (National Fuel, National Grid, Cable, or Water Bill)</li> <li>• Renter's or Homeowner's Insurance</li> <li>• Property Tax Bills</li> </ul>
	(1) If available, a certified transcript of a birth certificate or record of baptism; or (2) If documentation in Category (1) is not available, a passport; or (3) If documentation in Categories (1) and (2) are not available, other documentary or recorded evidence in existence two years or more, such as: a. Official driver's license; b. State or other government issued identification; c. School photo identification with date of birth; d. Consulate identification card; e. Hospital or health records; f. Military dependent identification card; g. Documents issued by federal, state or local agencies; h. Court orders or other court-issued documents; i. Native American tribal document; or j. Records from non-profit international aid agencies and voluntary agencies.
	DSS-2999 Form if living in foster care; Guardianship papers/custody papers if applicable
	Photo ID of Parent/Guardian
	Student's immunization records – required by New York State
	Last report card/transcripts/academic records
	For students with special needs - provide a copy of current IEP & psychological report or 504 Accommodation Plan



Kenmore-Town of Tonawanda Union Free School District

# NEW STUDENT REGISTRATION

(To be completed by parent or guardian. Please provide all information requested.)

**STUDENT INFORMATION:**

- Male
- Female
- Non-Binary

Name: \_\_\_\_\_  
(last) (first) (middle)

Address: \_\_\_\_\_ Telephone # \_\_\_\_\_  
(street) (town) (zip code)

Apt. # \_\_\_\_\_

Birthdate: \_\_\_\_\_ Country of birth: \_\_\_\_\_ Age: \_\_\_\_\_  
(month/day/year)

By what name does this student wish to be called: \_\_\_\_\_

**STUDENT RACIAL and ETHNIC IDENTIFICATION**

Please review the Racial/Ethnic definitions which follow. Put a check in the box for the category or categories which best describe your child. The Ken-Ton UFSD understands the sensitive nature of this information and wishes to assure you that it will be kept secure and confidential in accordance with all State and Federal student privacy laws and regulations. If the information requested is not provided on this form on behalf of your child, a district registrar will be required to identify the group to which the student appears to belong, identifies with, or is regarded in the community as belonging.

**Please answer Questions 1 and 2 (required):**

**1. Ethnicity:** Is the student Hispanic, Latino, or of Spanish origin? Hispanic, Latino, or of Spanish origin means a person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

**Yes – Hispanic/Latino**

**No – not Hispanic/Latino**

**2. Race:** Check all racial groups that apply to your child – you must check at least one box.

**AMERICAN INDIAN or ALASKAN NATIVE:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**ASIAN:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**BLACK or AFRICAN AMERICAN:** A person having origins in any of the black racial groups of Africa.

**NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**WHITE:** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**FOR OFFICE USE ONLY**

Home School:	Student ID #:	<input type="checkbox"/> IC Entry <input type="checkbox"/> Enrolled
Today's Date:	Ktt	<input type="checkbox"/> CEIS Flags <input type="checkbox"/> Title Flags
Start Date:	UPK # _____ <input type="checkbox"/> Full <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> UPK Flags <input type="checkbox"/> Schedule <input type="checkbox"/> Location Code <input type="checkbox"/> Location _____	Records Request: <input type="checkbox"/> Fax <input type="checkbox"/> Email
Entering Grade Level:	<input type="checkbox"/> IEP ( <i>cover sheet &amp; consent</i> ) <input type="checkbox"/> CPSE ( <i>evaluation forms</i> )	<input type="checkbox"/> Conditional Letter
	<input type="checkbox"/> ENL - possible <input type="checkbox"/> Immunizations & Physical	<input type="checkbox"/> Scanned to CR Files
Verification of Birth Date: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Baptism Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Other <input type="checkbox"/> DSS-2999 (Foster Care)	Proofs of Residency ( <i>need two</i> ): <input type="checkbox"/> Lease Agreement <input type="checkbox"/> Mortgage Statement <input type="checkbox"/> Closing Statement <input type="checkbox"/> Deed <input type="checkbox"/> Property Tax Bill <input type="checkbox"/> Homeowner's or Renter's Insurance <input type="checkbox"/> National Fuel <input type="checkbox"/> National Grid <input type="checkbox"/> Water <input type="checkbox"/> Cable/Internet <input type="checkbox"/> OTHER: _____	CR Staff taking Registration: _____ CR Staff processing Registration: _____
<input type="checkbox"/> ID of Parent/Guardian	Conditional Letter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No    for: _____	

**PARENT/GUARDIAN INFORMATION:**

Parent/Guardian Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Relationship:  Mother  Father  Guardian  Foster Parent  Other \_\_\_\_\_  
 Marital Status:  Single  Married  Divorced  
 Address: \_\_\_\_\_ (street) \_\_\_\_\_ (town) \_\_\_\_\_ (zip code) Email Address: \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
 Education Level: \_\_\_\_\_ Employer: \_\_\_\_\_  
 High School Diploma or Equivalent  Associate's Degree  
 Baccalaureate Degree  Master's Degree  Doctoral/Professional Degree  
 Certificate, less than Associate's Degree  Foreign Higher Education Degree  
 Less than High School  Some college but no formal award  Unknown  
 Occupation: \_\_\_\_\_  
 Notifications:  Voice  Text  Email

Parent/Guardian Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Relationship:  Mother  Father  Guardian  Foster Parent  Other \_\_\_\_\_  
 Marital Status:  Single  Married  Divorced  
 Address: \_\_\_\_\_ (street) \_\_\_\_\_ (town) \_\_\_\_\_ (zip code) Email Address: \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
 Education Level: \_\_\_\_\_ Employer: \_\_\_\_\_  
 High School Diploma or Equivalent  Associate's Degree  
 Baccalaureate Degree  Master's Degree  Doctoral/Professional Degree  
 Certificate, less than Associate's Degree  Foreign Higher Education Degree  
 Less than High School  Some college but no formal award  Unknown  
 Occupation: \_\_\_\_\_  
 Notifications:  Voice  Text  Email

**Student resides with (check one):**  Both Parents  Mother  Father  Guardian(s)  Foster Parent(s)  Other \_\_\_\_\_

**• If there is a custodial parent/guardian who does not reside with the student:**

- May the student be released to the non-custodial parent/guardian?  Yes  No  
 May the student's educational records be released to the non-custodial parent/guardian?  Yes  No

**Note:** If the student or educational records relating to the student may not be released to the non-custodial parent/guardian, legal documents establishing such a prohibition must be provided to the main office by the first day of school, or any time there is a legal change in custody.

- Custodial Documentation provided at time of registration?  Yes  No
- Describe any other custodial arrangements of which the District should be aware –

\_\_\_\_\_

\_\_\_\_\_

Please list below the full names of the student's brothers and sisters living in this household, if any:

First and Last Name	Date of Birth	School Attending (if any)
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X _____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X _____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X _____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X _____
_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X _____

**EMERGENCY CONTACT INFORMATION:**

1. Name: _____	Relationship to Student: _____
Address: _____	Home Phone #: _____
_____	Cell Phone #: _____

2. Name: _____	Relationship to Student: _____
Address: _____	Home Phone #: _____
_____	Cell Phone #: _____

3. Name: _____	Relationship to Student: _____
Address: _____	Home Phone #: _____
_____	Cell Phone #: _____

- What was the last school attended by this student? \_\_\_\_\_  
Address of school: \_\_\_\_\_ Grade Enrolling In Now: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_ Grades repeated, if any: \_\_\_\_\_

- List all other schools your child has attended:  
School: \_\_\_\_\_ City & State: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Has this student previously attended a school in the Ken-Ton School District?  Yes  No  
If yes, name of school: \_\_\_\_\_

- List below all addresses at which you and/or the student have resided at any time during the past five years and the dates of residence:

Address	Date of Residence
_____	_____
_____	_____
_____	_____
_____	_____

- Specify the length of time that you and/or the student intend to reside at your current address. If you are renting or leasing at your current address, specify the length of the current rental agreement of lease.  
\_\_\_\_\_
- Indicate below any locations, other than the residence specified on page 1 of this form, at which the student resides or spends a substantial amount of time during any day(s) or nights(s) of the week, and also indicate the date, times, and reasons for such arrangements:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The answer you give below will help the District determine what services you or your child may be able to receive under the McKinney-Vento Act. Students who are protected under the McKinney-Vento Act are entitled to immediate enrollment in school even if they don't have the documents normally needed, such as proof of residency, school records, immunization records, or birth certificates. Students who are protected under the McKinney-Vento Act may also be entitled to free transportation and other services.

**Where is the student currently living?** (please check one box)

- In a shelter
- In a hotel/motel
- In a car, park, bus/train station, or campsite
- Temporarily housed in a shelter awaiting an Office of Children and Family Services permanent foster care placement
- With another family or person because of loss of housing or as a result of economic hardship
- In permanent housing (with the parent/guardian)

\_\_\_\_\_  
**PRINT Name of Parent/Guardian**  
or Student – if unaccompanied homeless youth

\_\_\_\_\_  
**SIGNATURE of Parent/Guardian**  
or Student – if unaccompanied homeless youth

Is this student a child of a migrant worker?  Yes  No

Is this student a child of a parent currently in the Armed Forces?  Yes  No

**SPECIAL SERVICES:**

- Describe any special services that the student is receiving and also indicate if the student has an IEP (Individualized Educational Program) or a Section 504 Accommodation Plan.

\_\_\_\_\_  
\_\_\_\_\_

**DISMISSAL:**

- Describe any issues/activities which may affect the student’s dismissal at the end of the school day. (ie: day care, athletics, clubs, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**OTHER:**

- Describe any conditions or requirements of which the District should be aware (food allergies, asthma, medications, etc.). List any additional information you would like known about this student.

\_\_\_\_\_  
\_\_\_\_\_

**NOTICE**

Please be advised that the provision of false information on this registration form could constitute a crime. In addition, the District reserves its right to recover from parents, legal guardians, or other responsible parties the entire actual cost of educating a student, plus related costs, for the entire period that any non-resident student is enrolled in the District's schools without authorization and/or under false pretenses. The cost of educating a student in the District ranges from approximately \$8,000 to \$30,000 per school year.

**CERTIFICATION**

I hereby certify that the student listed on this registration form actually resides at the address specified on Page 1, within the Kenmore-Town of Tonawanda Union Free School District boundaries. I further certify that all the information I provided on this registration form is true and correct. I understand that I must immediately notify the District if the residency of the student changes from the address listed on this registration form.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**COMPLETE THIS SECTION FOR UNIVERSAL PRE-KINDERGARTEN STUDENTS ONLY:**

Please indicate if you prefer the morning or afternoon session and state your reason for your choice.

Full Day  Morning  Afternoon Reason: \_\_\_\_\_  
Before and/or After School Care  Yes  No

I have read and understand the criteria for participation in the Kenmore-Town of Tonawanda Universal Pre-Kindergarten Program. If my child is accepted, I agree to follow the established criteria and participate as required. I understand that requests for Full Day, Morning, or Afternoon UPK class and Before and/or After School Care Program are subject to space availability.

\_\_\_\_\_  
Parent/Guardian Signature



# Kenmore Town of Tonawanda UFSD

## Student Health History

To be completed & signed by parent/guardian with copy of current immunizations and physical exam.

Student's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female  Non-Binary

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Has this child ever attended Ken-Ton schools before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Has this child attended a New York State school before? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Healthcare provider's name: \_\_\_\_\_ Address: \_\_\_\_\_

Provider's Phone: \_\_\_\_\_ Date of last physical exam: \_\_\_\_\_

Has your child ever been diagnosed with or treated for any of the following:

	NO	YES	DATE
Asthma			
Allergy			
Accident/serious injury			
Birth defect			
Broken bone(s)/fractures			
Chicken pox			
Concussion			
Diabetes			
Measles, Mumps or Rubella			
Mononucleosis			
Scarlet fever			
Seizures			
Strep Throat			
Tuberculosis (TB)			
OTHER			

Has your child ever had surgery? \_\_\_\_\_ If yes, give date and description: \_\_\_\_\_

Does your child wear eyeglasses? \_\_\_\_\_ If yes, indicate if they are for reading, distance or both \_\_\_\_\_

Does your child have a hearing problem? \_\_\_\_\_ Did your child have frequent ear infections? \_\_\_\_\_ Ear tubes? \_\_\_\_\_

Is your child currently on any medication? \_\_\_\_\_ Name of medication: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Does your child have any mental, emotional or physical conditions that the school should know about?

\_\_\_\_\_

Does your child attend a clinic for any health reason? \_\_\_\_\_ If yes, name of clinic: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Submit with current immunizations and a physical from healthcare provider







Lissette Colon-Collins, Assistant Commissioner  
Office of Bilingual Education and World Languages

55 Hanson Place, Room 594  
Brooklyn, New York 11217  
Tel: (718) 722-2445 / Fax: (718) 722-2459

89 Washington Avenue, Room 528EB  
Albany, New York 12234  
(518) 474-8775 / Fax: (518) 474-7948

## Home Language Questionnaire (HLQ)

*Dear Parent or Guardian:  
In order to provide your child with the best possible education, we need to determine how well he or she understands, speaks, reads and writes in English, as well as prior school and personal history. Please complete the sections below entitled Language Background and Educational History. Your assistance in answering these questions is greatly appreciated. Thank you.*

Please write clearly when completing this section.		
<b>STUDENT NAME:</b>		
First	Middle	Last
<b>DATE OF BIRTH:</b>		<b>GENDER:</b>
Month	Day	Year
		<input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Female
<b>PARENT/PERSON IN PARENTAL RELATION INFO:</b>		
Last Name	First Name	Relation to Student

HOME LANGUAGE CODE

<b>Language Background</b> (Please check all that apply.)		
1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English <input type="checkbox"/> Other	_____ <i>specify</i>
2. What was the first language your child learned?	<input type="checkbox"/> English <input type="checkbox"/> Other	_____ <i>specify</i>
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother _____ <input type="checkbox"/> Father _____ <input type="checkbox"/> Guardian(s) _____	_____ <i>specify</i>
4. What language(s) does your child understand?	<input type="checkbox"/> English <input type="checkbox"/> Other	_____ <i>specify</i>
5. What language(s) does your child speak?	<input type="checkbox"/> English <input type="checkbox"/> Other <input type="checkbox"/> Does not speak	_____ <i>specify</i>
6. What language(s) does your child read?	<input type="checkbox"/> English <input type="checkbox"/> Other <input type="checkbox"/> Does not read	_____ <i>specify</i>
7. What language(s) does your child write?	<input type="checkbox"/> English <input type="checkbox"/> Other <input type="checkbox"/> Does not write	_____ <i>specify</i>

**THIS SECTION TO BE COMPLETED BY DISTRICT IN WHICH STUDENT IS REGISTERED:**

<b>SCHOOL DISTRICT INFORMATION:</b>  <div style="display: flex; justify-content: space-between; font-size: small;"> <span>District Name (Number) &amp; School</span> <span>Address</span> </div>	<b>STUDENT ID NUMBER IN NYS STUDENT INFORMATION SYSTEM:</b>  
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## Home Language Questionnaire (HLQ)—Page Two

<b>Educational History</b>
8. Indicate the total number of years that your child has been enrolled in school _____
9. Do you think your child may have any difficulties or conditions that affect his or her ability to understand, speak, read or write in English or any other language? If yes, please describe them. Yes*    No    Not sure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> *If yes, please explain: _____
How severe do you think these difficulties are? <input type="checkbox"/> Minor <input type="checkbox"/> Somewhat severe <input type="checkbox"/> Very severe
10a. Has your child ever been <b>referred</b> for a special education evaluation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Please complete 10b below
10b. *If referred for an evaluation, has your child ever <b>received</b> any special education services in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes – Type of services received: _____
Age at which services received (Please check all that apply): <input type="checkbox"/> Birth to 3 years (Early Intervention) <input type="checkbox"/> 3 to 5 years (Special Education) <input type="checkbox"/> 6 years or older (Special Education)
10c. Does your child have an Individualized Education Program (IEP)? <input type="checkbox"/> No <input type="checkbox"/> Yes
11. Is there anything else you think is important for the school to know about your child? (e.g., special talents, health concerns, etc.) _____ _____
12. In what language(s) would you like to receive information from the school? _____

Month:    Day:    Year:

\_\_\_\_\_  
Signature of Parent or of Person in Parental Relation

\_\_\_\_\_  
Date

Relationship to student:     Mother     Father     Other: \_\_\_\_\_

<b>OFFICIAL ENTRY ONLY - NAME/POSITION OF PERSONNEL ADMINISTERING HLQ</b>	
NAME: _____	POSITION: _____
IF AN INTERPRETER IS PROVIDED, LIST NAME, POSITION AND CREDENTIALS:	
<b>NAME/POSITION OF QUALIFIED PERSONNEL REVIEWING HLQ AND CONDUCTING INDIVIDUAL INTERVIEW</b>	
NAME: _____	POSITION: _____
ORAL INTERVIEW NECESSARY: <input type="checkbox"/> No <input type="checkbox"/> Yes	
**DATE OF INDIVIDUAL INTERVIEW: _____ Mo.    DAY    YR.	OUTCOME OF INDIVIDUAL INTERVIEW: <input type="checkbox"/> ADMINISTER NYSITELL <input type="checkbox"/> ENGLISH PROFICIENT <input type="checkbox"/> REFER TO LANGUAGE PROFICIENCY TEAM
<b>NAME/POSITION OF QUALIFIED PERSONNEL ADMINISTERING NYSITELL</b>	
NAME: _____	POSITION: _____
DATE OF NYSITELL ADMINISTRATION: _____ Mo.    DAY    YR.	PROFICIENCY LEVEL ACHIEVED ON NYSITELL: <input type="checkbox"/> ENTERING <input type="checkbox"/> EMERGING <input type="checkbox"/> TRANSITIONING <input type="checkbox"/> EXPANDING <input type="checkbox"/> COMMANDING
FOR STUDENTS WITH DISABILITIES, LIST ACCOMODATIONS, IF ANY, ADMINISTERED IN ACCORDANCE WITH IEP PURSUANT TO CSE RECOMMENDATION: _____ _____	

# Immigrant Student Data & Crisis or Disaster Indicator Form

**COMPLETE THIS SECTION FOR ALL STUDENTS:**

Student's Name: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Please indicate if your family has been displaced due to a natural disaster (flood, earthquake, etc.), civil conflict (war), health disaster (pandemic, epidemic, etc.), or another crisis/disaster:  YES  NO  
If YES, please complete the crisis/disaster section.

If born in one of the United States, the Commonwealth of Puerto Rico, the District of Columbia, Guam, American Samoa, the U.S. Virgin Islands, or the Trust Territory of the Pacific Islands, **do not complete this section of the form. The student is NOT an Immigrant.** Leave the rest of this section blank.

**If not born in one of the United States or its territories as listed above, please COMPLETE the rest of this form.**

- Date of entry into the United States: \_\_\_\_\_
- Date first enrolled in a U.S. School: \_\_\_\_\_
- Name, City, and State of first U.S. School: \_\_\_\_\_
- Other previous public or private school enrollments in one of the United States, the Commonwealth of Puerto Rico, the District of Columbia, Guam, American Samoa, the U.S. Virgin Islands, or the Trust Territory of the Pacific Islands.

_____	_____	_____
State/Territory	Date From	Date To
_____	_____	_____
State/Territory	Date From	Date To

- None - this is the first time the student has enrolled in a U.S. school.

***School staff, please note:*** *If the student has been enrolled in schools in one of the United States or its territories for MORE THAN three (3) years, they are NOT an Immigrant. Place this form in the student's file, and DO NOT send a copy to the ENL Director.*

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## Crisis / Disaster Information:

If your family has been displaced due to a crisis or disaster, please choose one of the following:

- Natural Disaster: A natural disaster includes but is not limited to hurricanes, tropical storms, landslides, tornadoes, tsunamis, wildfire, sinkholes.
- Civil Conflict: A civil disaster includes but is not limited to manmade intentional, accidental disasters such as war, fire accidents, and industrial accidents.
- Health Disaster: A health disaster includes but is not limited to pandemics and epidemics.
- Other Crisis: The crisis or disaster leading to the student being displaced is unclear.

Crisis/Disaster Name: \_\_\_\_\_ Date of Crisis/Disaster: \_\_\_\_\_



# **Agreement for Student Use of Kenmore-Town of Tonawanda Union Free School District's Computer System**

## **Important Information**

Before you sign: both the student and the parent/guardian should read this entire agreement and the handout entitled "Policy Regarding Student Use of Computerized Information Resources". This signed agreement will be retained by the school.

NOTE: The District reserves the right to pursue legal action against a student and/or the student's parent(s) or legal guardian(s), as appropriate, if there is any damage to or destruction of District property resulting from the student's use of the Kenmore-Town of Tonawanda Union Free School District's Computer System.

## **Agreement for Student**

In consideration of the privilege of using the Kenmore-Town of Tonawanda Union Free School District's Computer System, I agree that I have been provided with a copy of the District's policy on the student use of computerized information resources. I agree to adhere to the policy, other regulations that may be developed, and to any changes or additions adopted by the District. I also agree to adhere to related policies published in the Student handbook.

I understand that failure to comply with these policies may result in the modifications or loss of my access to the District's computer system, and may in addition result in the imposition of discipline under the District's school conduct and discipline policy.

## **Student User Terms and Conditions**

1. It is my responsibility to avoid abusive conduct which would include, but is not limited to, the altering of system software, placing of unlawful information, knowingly enacting computer viruses or harmful programs on or through the system, in either public or private files or messages.
2. I am accountable for the use of my password. My password must not be revealed to anyone nor will I use others' passwords.
3. I understand any email or digital materials can be scanned for content and be reviewed by school administration for violations and to protect student safety.
4. I will not use the school's computer system to obtain, view, download, send, print, display, or otherwise gain access to or transit materials that are unlawful, obscene, pornographic, or abusive.
5. I will not use the District's computer system to harass, insult, or attack others, or to otherwise engage in cyber-bullying or any other conduct prohibited by the Student Code of Conduct.
6. I will use only authorized software on the District's computers and network systems.
7. I will use all computer equipment and software within the coursework for which it is intended. I will not abuse equipment, destroy data of any other user, or attempt to disable systems.
8. I will not violate copyright laws or use the District's computer system for commercial purposes.
9. If I identify a security violation or abuse of the District's computer system or with other users, I will immediately notify an instructor.

## Network Etiquette

You are expected to abide by the generally accepted rules of network etiquette. These include, but are not limited to, the following:

- a. Be polite. Do not get abusive in your messages to others.
- b. Use appropriate language. Do not swear, use vulgarities, or any other inappropriate language. Illegal activities are strictly forbidden.
- c. Do not reveal your personal address or phone number or those of others.
- d. Network accounts are to be used only by the authorized user for the designated purpose. No "chain mail" materials may be transmitted.
- e. Do not use the network in such a way that you would disrupt the use of the network by other users.

**Student's Name (please print):** \_\_\_\_\_

**User Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Agreement for Parent or Guardian

I am the parent/guardian of \_\_\_\_\_, the minor student who has signed the District's agreement for student use of computerized information resources. I have been provided with a copy, and I have read the District's policy and regulations concerning use of the District's computer system.

I also acknowledge receiving notice that, unlike most traditional instructional or library media materials, the District's computer system will potentially allow my son/daughter student access to external networks not controlled by the school district. I understand that some of the materials available through these external computer networks may be inappropriate and objectionable; however, I acknowledge that it is impossible for the District to screen or review all of the available materials. I accept responsibility to set and convey standards for appropriate and acceptable use to my son/daughter when using the District's computer system or any other electronic media or communications.

**I understand that presently student email accounts are active for all students K-10 for internal communication only and not for outside district communication. Email for Juniors and Seniors is allowed for outside district communication. Student email accounts and information are protected under the Google terms of student privacy and COPPA & FERPA compliance. [https://edu.google.com/k-12-solutions/privacy-security/?modal\\_active=none](https://edu.google.com/k-12-solutions/privacy-security/?modal_active=none)**

I agree to release the Kenmore-Town of Tonawanda Union Free School District, the Board of Education, its agents and employees from any and all claims of any nature arising from my son's/daughter's use of the District's computer system in any matter whatsoever.

I agree that my son/daughter may have access to the District's computer system, and I agree that this may include remote access from our home.

**Parent/Guardian Name (please print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Kenmore-Town of Tonawanda UFSD

## Student Expectations for Chromebook Use and Care

### Using My Chromebook

- I will charge my Chromebook's battery to full capacity each night.
- I will bring my Chromebook to school every day. If I forget my Chromebook or forget to charge my Chromebook, I may request a loaner device.
- I will never loan out my Chromebook to other individuals.
- If my Chromebook requires charging during the school day, I can use designated charging stations during my study hall or lunch period.
- I will use my Chromebook in ways that are appropriate for education.
- I will follow the policies outlined in the District Acceptable Use Policy at all times during school as well as outside the school day.
- I understand that this Chromebook/iPad is a district loaned device designated for educational purposes and, therefore, inappropriate actions may result in the suspension or removal of my device privileges.

### Taking Care of My Chromebook

- I will take good care of my Chromebook as I will be issued one in grade 5 and another in grade 9.
- I will never leave my Chromebook unattended in an unsecured or unsupervised location.
- I will know where my Chromebook is at all times.
- I will keep food and beverages away from my Chromebook since they may cause damage to the device.
- I will not disassemble any part of my Chromebook or attempt any repairs (eg. removing keys).
- I will protect my Chromebook by always carrying it in a secure manner to avoid damage. I will be extra careful when putting my Chromebook into my backpack.
- I will not leave my Chromebook in a vehicle as the heat and cold can damage and/or ruin the device.
- I will not place decorations (eg. stickers, markers, writing) on the Chromebook.
- I understand that the Chromebook I am issued is subject to inspection at any time without notice and remains the property of the Kenmore-Town of Tonawanda Union Free School District.
- I will file a police report in case of theft or damage caused by fire.
- I agree to return the Chromebook, power cord/charger in good working condition as directed by the school or upon leaving the district. *Any student device not returned will be disabled within two days and the district may take legal action.*
- I understand that if I lose my charger and/or Chromebook, I will be required to purchase a replacement through *MySchoolBucks*.

**Student:**  By checking this box AND signing below you indicate that you have read, understand and will follow this document. \_\_\_\_\_

**Parent/Guardian:**  By checking this box AND signing below you indicate that you have read, understand and will follow this document. \_\_\_\_\_





# RELEASE OF RECORDS

Kenmore-Town of Tonawanda Union Free School District  
Central Registration Office  
1500 Colvin Boulevard  
Buffalo, New York 14223  
(716) 871-2090 or (716) 871-2091  
Fax (716) 871-2092

*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 allows schools to disclose those records, without consent, to the following parties or under the following conditions (34 CFR § 99.31): Other schools to which a student is transferring.*

STUDENT'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PREVIOUS SCHOOL DISTRICT: \_\_\_\_\_

PREVIOUS SCHOOL'S NAME AND ADDRESS: \_\_\_\_\_

\_\_\_\_\_

School Phone Number: \_\_\_\_\_ School Fax Number: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Start Date: \_\_\_\_\_

## OFFICE USE ONLY BELOW THIS LINE:

The above-named student has registered in the Kenmore-Town of Tonawanda Union Free School District.

### RECORDS REQUESTED (as applicable):

Academic Standardized Tests	Immunizations & Physical IEP / 504 Accommodation	CSE/CPSE Birth Certificate	Scripts NYSITELL/NYSESLAT Scores	Psychological
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### PLEASE FORWARD STUDENT RECORDS TO:

\_\_\_\_\_ **STUDENT SERVICES (Special Education)**  
1500 Colvin Boulevard, Buffalo, New York 14223  
(716) 874-8400 / Fax (716) 874-8615 / IEP\_Direct@ktufsd.org

\_\_\_\_\_ UPK Program - Hamilton School  
44 Westfall Drive  
Tonawanda, New York 14150  
(716) 874-8419 / Fax (716) 874-7244

### ELEMENTARY SCHOOLS

\_\_\_\_\_ Edison Elementary School  
236 Grayton Road  
Tonawanda, New York 14150  
(716) 874-8416  
Fax (716) 874-8526

\_\_\_\_\_ Franklin Elementary School  
500 Parkhurst Boulevard  
Buffalo, New York 14223  
(716) 874-8415  
Fax (716) 874-8520

\_\_\_\_\_ Holmes Elementary School  
365 Dupont Avenue  
Tonawanda, New York 14150  
(716) 874-8423  
Fax (716) 874-8560

\_\_\_\_\_ Hoover Elementary School  
199 Thornclyff Road  
Buffalo, New York 14223  
(716) 874-8414  
Fax (716) 874-8460

\_\_\_\_\_ Lindbergh Elementary School  
184 Irving Terrace  
Buffalo, New York 14223  
(716) 874-8410  
Fax (716) 874-8570

### MIDDLE SCHOOLS (attention: Guidance Office)

\_\_\_\_\_ Franklin Middle School  
540 Parkhurst Boulevard  
Buffalo, New York 14223  
(716) 874-8404  
Fax (716) 874-8480

\_\_\_\_\_ Hoover Middle School  
249 Thornclyff Road  
Buffalo, New York 14223  
(716) 874-8405  
Fax (716) 874-8470

### HIGH SCHOOLS (attention: Guidance Office)

\_\_\_\_\_ Kenmore East High School  
350 Fries Road  
Tonawanda, New York 14150  
(716) 874-8402  
Fax (716) 874-8630

\_\_\_\_\_ Kenmore West High School  
33 Highland Parkway  
Buffalo, New York 14223  
(716) 874-8401  
Fax (716) 874-8407





## Excluding Your Child from Photographs, Interviews, and Recordings

At times, children in Kenmore-Town of Tonawanda Schools may be interviewed, photographed, or recorded during the school day in order to recognize their academic, extracurricular, and athletic achievements; to report on the positive work taking place in our schools; to highlight special events, activities, and projects; for educational purposes; and to educate the community about the District and its schools. This includes:

- District e-newsletter (“Ken-Ton Weekly Connection”)
- Slideshows at student assemblies and ceremonies
- News releases to local newspapers such as the “Ken-Ton Bee”
- District website and social media pages
- District publications such as the District Calendar & Handbook

Also, representatives from outside media outlets such as newspapers and television stations occasionally desire to visit our schools during the school day to report on educational matters and highlight student accomplishments and distinctions. It is not unusual for students to be interviewed and for photographs or video of students to be featured for print and broadcast purposes.

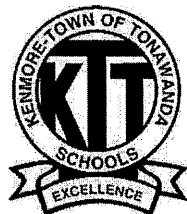
To best protect our students, you may choose to have your children excluded for any of these communications. *This does not include yearbooks. If you do not wish for your child to be included in yearbooks, please contact your child’s school.*

**If you do not wish for photographs/video of your child to be used for any of these purposes for the current school year, please fill out the “Exclusion from Student Photographs, Interviews, and Recordings” form which you can find on the District website at [www.ktufsd.org/PhotoForm](http://www.ktufsd.org/PhotoForm).**

The “Exclusion from Student Photographs, Interviews, and Recordings” form does not constitute written notification regarding the disclosure of directory information as specified under FERPA, and this form does not include yearbooks. If you do not wish for your child to be included in yearbooks, please contact your child’s school. Parents who notify the District regarding the disclosure of directory information as specified under FERPA will automatically be excluded from District communications. At any time, parents who choose to have their children excluded may change their preference either indefinitely or only for a specific purpose by contacting their school.

Find more information about student records and privacy at [www.ktufsd.org/privacy](http://www.ktufsd.org/privacy).





Book	Policy Manual
Section	Section 7000: Students
Title	Student Use of Computerized Information Resources (Acceptable Use Policy)
Code	7315
Status	Active
Adopted	February 9, 2016; Revised November 12, 2019

#### **SUBJECT: STUDENT USE OF COMPUTERIZED INFORMATION RESOURCES (ACCEPTABLE USE POLICY)**

The Board of Education will provide access to various computerized information resources through the District's computer system ("DCS" hereafter) consisting of software, hardware, computer networks and electronic communications systems. This may include access to electronic mail, so-called "on-line services" and the "Internet." It may include the opportunity for some students to have independent access to the DCS from their home or other remote locations. All use of the DCS, including independent use off school premises, shall be subject to this policy and accompanying regulations that may apply.

Use of Kenmore-Town of Tonawanda Union Free School District computer resources is authorized only for purposes that are part of the District's educational mission, including but not limited to instruction, assessment, administration, research, professional development, or other tasks associated with student programs and staff assignments.

#### **Access to Inappropriate Content/Material and Use of Personal Technology or Electronic Devices**

This policy is intended to establish general guidelines for the acceptable student use of the DCS and also to give students and parents/guardians notice that student use of the DCS will provide student access to external computer networks not controlled by the School District. The District cannot screen or review all of the available content or materials on these external computer networks. Thus some of the available content or materials on these external networks may be deemed unsuitable for student use or access by parents/guardians.

Despite the existence of District policy, regulations and guidelines, it is virtually impossible to completely prevent access to content or material that may be considered inappropriate for students. Students may have the ability to access such content or material from their home, other locations off school premises and/or with a student's own personal technology or electronic device on school grounds or at school events. Parents and guardians are expected to establish boundaries and standards for the appropriate and acceptable use of technology and communicate these boundaries and standards to their children. The appropriate/acceptable use standards outlined in this policy apply to student use of technology via the DCS or any other electronic media or communications, including by means of a student's own personal technology or electronic device on school grounds or at school events.

#### **Standards of Acceptable Use**

Generally, the same standards of acceptable student conduct which apply to any school activity shall apply to use of the DCS. This policy does not attempt to articulate all required and/or acceptable uses of the DCS; nor is it the intention of this policy to define all inappropriate usage. Administrative regulations will further define general guidelines of appropriate student conduct and use as well as proscribed behavior.

District students shall also adhere to the laws, policies and rules governing computers including, but not limited to, copyright laws, rights of software publishers, license agreements, and student rights of privacy created by federal and state law.

## **General Rules and Guidelines**

### Obscene materials

The use of District computer resources to view, make, transmit, receive or otherwise engage with obscene materials is strictly prohibited.

### Commercial and Political Activities

Users of the District computer resources are prohibited from engaging in the promotion or sale of commercial or non-commercial products, services or advertising. Users are also prohibited from using the resources for political fundraising or lobbying.

### Personal and System Security

Users are responsible for maintaining the confidentiality of passwords as well as of their own and others' personally identifying information. No user may knowingly introduce or transmit viruses or other forms of sabotage into the District computer resources. No person may view, alter, or transmit data for which he/she does not have specific authorization.

Unauthorized use of encryption techniques is prohibited.

Users are expected to report any problems (hardware, software, connectivity, etc.) to their teacher or immediate supervisor.

### Etiquette

In language and conduct, users are expected to employ the same standard of politeness and respect that is appropriate in other transactions within the school community.

Students who engage in unacceptable use may lose access to the DCS in accordance with applicable due process procedures, and may be subject to further discipline under the District's school conduct and discipline policy and the District *Code of Conduct*. The District reserves the right to pursue legal action against a student who willfully, maliciously or unlawfully damages or destroys property of the District. Further, the District may bring suit in civil court against the parents/guardians of any student who willfully, maliciously or unlawfully damages or destroys District property pursuant to General Obligations Law Section 3-112.

District administrators shall have the authority to determine whether a particular use is appropriate or inappropriate, authorized or prohibited, in their respective domains of supervisory responsibility. For uses that may be illegal, administrators have the authority to consult with law enforcement authorities. Administrators also have the authority to impose disciplinary consequences where warranted.

Student data files and other electronic storage areas will be treated like school lockers. This means that such areas shall be considered to be School District property subject to control and inspection. The Computer Coordinator may access all such files and communications without prior notice to ensure system integrity and that users are complying with the requirements of this policy and accompanying regulations. Students will be informed that information stored on the DCS is accessible by the District and therefore not private.

### **Notification**

The District's Acceptable Use Policy and Regulations will be disseminated to parents and students in order to provide notice of the school's requirements, expectations, and students' obligations when accessing the DCS.

Regulations will be established as necessary to implement the terms of this policy.

NOTE: Refer also to Policy #8271 -- [Internet Safety/Internet Content Filtering](#)  
*District Code of Conduct*

Adopted: 2/9/16, Rev. 11/12/19



# G Suite for Education Parent Information

The Kenmore-Tonawanda School District provides students with G Suite for Education accounts. G Suite for Education includes free, web-based programs like email, document creation tools, shared calendars, and collaboration tools as well as the Google Classroom learning system.

G Suite for Education runs on an Internet domain purchased and owned by the school and is intended for educational use. Your student's teachers will be using G Suite for lessons, assignments, and communication.

## G Suite Accounts

All K-12 students will be assigned a @student.ktufsd.org student G Suite account. Students will log in with their computer username plus @student.ktufsd.org. Example: John Smith graduating in 2035 would be [smithjo35@student.ktufsd.org](mailto:smithjo35@student.ktufsd.org).

G Suite for Education is also available at home, the library, or anywhere with Internet access. School staff will monitor student use of G Suite when students are at school. Parents are responsible for monitoring their child's use of G Suite when accessing programs from home. Students are responsible for their own behavior at all times as part of the technology acceptable use policy.

**Presently student email K-10 is only for internal KTUFSD.org communication and not for outside district communication. Email for juniors and seniors is allowed for outside district communication.**

As always, student safety is our highest priority.

## G Suite Acceptable Use (Privacy and Safety):

G Suite for Education is primarily for educational use. Students may use G Suite for personal use, subject to the restrictions below and additional school rules and policies of the Kenmore-Tonawanda UFSD Acceptable Use Policy.

**Privacy** - School staff, administrators, and parents all have access to student email for monitoring purposes. Students have no expectation of privacy on the G Suite system.

**Limited personal use** - Students may use G Suite tools for personal projects but may not use them for:

- Unlawful activities
- Commercial purposes (running a business or trying to make money)
- Personal financial gain (running a website to sell things)
- Inappropriate sexual or other offensive content
- Threatening another person
- Misrepresentation of New York Public Schools, staff or students.
- G Suite, sites, email, and groups are not public forums. They are extensions of classroom spaces where student free speech rights may be limited.

## Safety

- Students may not post personal contact information about themselves or primarily for educational use.
- Students agree not to meet with someone they have met online without their parent's approval and participation.
- Students will tell their teacher or other school employee about any message they receive that is inappropriate or makes them feel uncomfortable.
- Students are responsible for the use of their individual accounts and should take all reasonable precautions to prevent others from being able to use their account. Under no conditions should a user provide his or her password to another person.

## Access Restriction - Due Process

- Access to G Suite for Education accounts are created at the discretion of the District. The District maintains the right to immediately withdraw the access and use of G Suite when there is reason to believe that violations of law or District policies have occurred. In such cases, the alleged violation will be referred to the Principal for further investigation and account restoration, suspension, or termination. As a party of the Agreement with Google, the State of New York also reserves the right to immediately suspend any user account suspected of inappropriate use. Pending review, a user account may be terminated as part of such action.

## Consumer Safety (Advice for Students and Parents)

- Don't get scammed. Many times entities create fake emails and web pages that look real in a practice called phishing. Don't trust links or web pages sent by email. Instead, open a new browser window and type in the address yourself.
- Don't get spammed. Spam is unwanted advertising sent by email. Never reply to spam and never do business with a company that sends spam. Use the "report spam" button to get rid of spam.
- Protect your private, sensitive information by not saving your financial advice or using incognito mode on browsers.

## Digital Citizenship (Advice for All)

- **Treat others well.** It hurts to get a mean email just like it hurts when someone is mean in the school hallway. When using email or making a post on a forum or web page, be kind. Everyone will see what you write so think before you type.
- **Respect the rights of copyright owners.** Copyright infringement occurs when an individual reproduces a work without permission that is protected by a copyright. If a work contains language that specifies acceptable use of that work, the user should follow the expressed requirements. If the user is unsure whether or not they can use a work, they should request permission from the copyright owner.
- **Students have First Amendment rights to free speech.** Your rights can be limited in school, though. If you post something via email or on a school web page that disturbs the learning environment in your school, your right of speech may be limited. School websites, email, and groups are for educational use and are not considered public forums for debating ideas. This means that a school has the right to limit student speech that disturbs the learning process in these areas.



## **These are the laws and policies that help to protect our students online:**

### **Child Internet Protection Act (CIPA)**

The school is required by CIPA to have technology measures and policies in place that protect students from harmful materials including those that are obscene and pornographic. This means that student email is filtered. Mail containing harmful content from inappropriate sites will be blocked.

-- [CIPA - http://fcc.gov/cgb/consumerfacts/cipa.html](http://fcc.gov/cgb/consumerfacts/cipa.html)

### **Children's Online Privacy Protection Act (COPPA)**

COPPA applies to commercial companies and limits their ability to collect personal information from children under 13. By default, Google advertising is turned off for G Suite for Education users. No personal student information is collected for commercial purposes. This permission form allows the school to act as an agent for parents in the collection of information within the school context. The school's use of student information is solely for education purposes.

-- [COPPA - http://www.ftc.gov/privacy/coppafaqs.shtm](http://www.ftc.gov/privacy/coppafaqs.shtm)

### **Family Educational Rights and Privacy Act (FERPA)**

FERPA protects the privacy of student education records and gives parents rights to review student records. Under FERPA, schools may disclose directory information (name, phone, address, grade level, etc...) but parents may request that the school not disclose this information.

- The school will not publish confidential education records (grades, student ID #, etc...) for public viewing on the Internet.
- The school may publish student work and photos for public viewing but will not publish student last names or other personally identifiable information.
- Parents may request that photos, names and general directory information about their children not be published.
- Parents have the right at any time to investigate the contents of their child's email and G Suite for Education files.

-- [FERPA - http://www2.ed.gov/policy/gen/guid/fpco/ferpa](http://www2.ed.gov/policy/gen/guid/fpco/ferpa)



## Common Acronyms

<b>ADHD</b>	Attention Deficit Hyperactivity Disorder
<b>AIS</b>	Academic Intervention Services
<b>APE</b>	Adapted Physical Education
<b>BIP</b>	Behavioral Intervention Plan
<b>BOCES</b>	Board of Cooperative Educational Services
<b>ESY</b>	Extended School Year
<b>FAPE</b>	Free Appropriate Public Education
<b>FBA</b>	Functional Behavioral Assessment
<b>IDEA</b>	Individuals with Disabilities Education Act
<b>IEP</b>	Individualized Education Program
<b>IESP</b>	Individualized Education Service Plan
<b>LRE</b>	Least Restrictive Environment
<b>OT</b>	Occupational Therapy
<b>PLEP</b>	Present Levels of Educational Performance
<b>PT</b>	Physical Therapy
<b>ST</b>	Speech Therapy
<b>SWD</b>	Student with a Disability
<b>TBI</b>	Traumatic Brain Injury



KENMORE - TOWN OF TONAWANDA  
UNION FREE SCHOOL DISTRICT

## Special Education Staff:

### Tracy Spagnolo

*Assistant Superintendent of Student Services*  
tspagnolo@ktufsd.org

### Christine Barth

*Director of Secondary Special Education*  
cbarth@ktufsd.org

### Ashley Digati

*Director of Elementary Special Education*  
adigati@ktufsd.org

### Gretchen Sukdolak

*Out of District Placement Support*  
gsukdolak@ktufsd.org

### Donna Ringholz

*CPSE Chairperson*  
dringholz@ktufsd.org

# A PARENT'S GUIDE TO SPECIAL EDUCATION

## Student Services Department

1500 Colvin Blvd.  
Buffalo, NY 14223

**Phone:** 716-874-8400

**Fax:** 716-874-8615

**Web:** [www.ktufsd.org](http://www.ktufsd.org)

Additional information concerning special education services, procedures and regulations can be found at:

**[www.ktufsd.org](http://www.ktufsd.org)**

Departments → Special Education

**[www.nysed.gov](http://www.nysed.gov)**

Program Offices → P-12 Education → Special Education

# Frequently Asked Questions

## What should you do if you feel your child has a disability?

If your school-age child is having difficulties in school, first talk to his or her teacher.

Schools offer supports for students within regular education such as psychological services, curriculum and instructional modifications, and Academic Intervention Services. If you, the teacher and principal have not been able to help your child, your child may have a disability which affects his or her learning.

To determine if your child has a disability, you can make a referral to the **Committee on Special Education (CSE)**. Contact the Director of Special Education for guidance on the referral process.

## What is special education?

Special education means specially designed individualized or group instruction or special services or programs to meet the unique needs of students with disabilities. Special education services and programs are provided at no cost to the parent.

In order to be eligible, a child must have a disability that affects his or her ability to learn.

Students, ages 5-21, who are identified as having a disability, may have autism, deafness, deaf-blindness, emotional disability, hearing impairment, learning disability, intellectual disability, multiple disabilities, orthopedic impairment, other health impairment, speech or language impairment, traumatic brain injury, or visual impairment (including blindness).

## What are the steps in the Special Education Process?

**1) Initial Referral for Special Education Services:** Students suspected of having a disability are referred to a multidisciplinary team called the Committee on Special Education or the Committee on Preschool Special Education.

**2) Individual Evaluation Process:** The Committee arranges for an evaluation of the student's abilities and needs.

**3) Determining Eligibility for Special Education Services:** Based on evaluation results, the Committee decides if the student is eligible to receive special education services and programs.

**4) Individualized Education Program (IEP):** If the child is eligible to receive special education services, the Committee develops and implements an appropriate IEP, based on evaluation results, to meet the needs of the student. Based on the IEP, the Committee must determine the student's placement, ensuring that services are provided in the least restrictive environment (LRE).

**5) Annual Review/Reevaluation:** The IEP is reviewed and, if needed, modified or revised by the Committee at least once a year (annual review). The student has a reevaluation at least once every three years to review the student's need for special education programs and services and to revise the IEP, as appropriate.

The process occurs sequentially with each step, building on the previous one. In this way, comprehensive information about the student is obtained and considered. Timeliness are in place so that delays are avoided. Parents are an integral part of this process, and your involvement is needed.

## What is an Individualized Education Plan?

If your child is eligible for special education services and/or programs, the Committee must meet to develop a plan to meet your child's unique needs. This plan is called an Individualized Education Program (IEP).

The IEP evolves from a discussion that begins with how your child is doing in school (current level of functioning). From that base, the Committee agrees on the goals your child should be working toward. The Committee then discusses the supports, services and modifications that the child needs to reach those goals. Finally, the Committee determines where those special education services will be provided (location and placement). The location where services will be provided and the student's placement must be in the least restrictive environment.

## What resources are available for parents?

**A Parent's Guide to Special Education** provides information for parents, guardians and other family members about laws, regulations and policies affecting special education programs and services and can be found at the following link:  
[www.p12.nysed.gov/special/parentpubs.htm](http://www.p12.nysed.gov/special/parentpubs.htm)

**Parent Network of WNY** is a not-for-profit agency that provides education and resources for families of individuals with special needs (birth through adulthood) and for professionals. The Parent Network of WNY can be reached at (716) 332-4175.

**The Kenmore-Town of Tonawanda UFSD Special Education Office** can be reached at (716) 874-8400 ext. 20362.