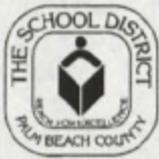




10/10/10



THE SCHOOL DISTRICT OF  
PALM BEACH COUNTY

# NEW/RETURNING STUDENTS REGISTRATION

DISTR: 2511 TCHR: PUTIGNA, E TNBR: 168STD: 18642421  
03/30/00

RUN DATE: CRS-07082408 SEC-03 BLDG-00 RM-0211

STUDENT NUMBER:

### VERIFICATION FOR NEW/RETURNING STUDENTS: TO THE PARENTS OR GUARDIANS:

NEW STUDENTS: Complete all non-shaded areas on both sides of form  
RETURNING STUDENTS: Please review both sides for correctness of typed information. If the information printed is incorrect, please correct it by carefully and lightly crossing out the incorrect information and writing the correct information above it.

(1) STUDENT'S LEGAL NAME LAST [REDACTED] FIRST [REDACTED] MIDDLE [REDACTED]		(2) ALSO KNOWN AS	
(3) LOCAL ADDRESS HOUSE NO. [REDACTED] STREET NAME [REDACTED] APT. NO. [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]		(4) MAILING ADDRESS HOUSE NO. [REDACTED] STREET NAME [REDACTED] APT. NO. [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP CODE [REDACTED]	
(5) STUDENT'S SOCIAL SECURITY NO. (OPTIONAL) [REDACTED]	(6) HOME PHONE NO. [REDACTED]	(7) SEX <input type="checkbox"/> F FEMALE <input type="checkbox"/> M MALE	(8) RACE <input type="checkbox"/> I AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> B BLACK NON-HISPANIC <input type="checkbox"/> A ASIAN OR PACIFIC ISLANDER <input type="checkbox"/> H HISPANIC <input type="checkbox"/> W WHITE NON-HISPANIC <input type="checkbox"/> M MULTIRACIAL
(9) DATE OF BIRTH MONTH [REDACTED] DAY [REDACTED] YEAR [REDACTED]		(10) PLACE OF BIRTH CITY [REDACTED] FL US STATE FLORIDA COUNTRY	
(11) RESIDENT STATUS <input type="checkbox"/> 0. FOREIGN EXCHANGE STUDENT <input type="checkbox"/> 1. OUT-OF-COUNTY RESIDENT <input checked="" type="checkbox"/> 3. IN-COUNTY RESIDENT <input type="checkbox"/> 2. OUT-OF-STATE RESIDENT		(12) ENTRY DATE INTO USA	
(13) FEDERAL IMPACT AID SURVEY <input type="checkbox"/> YES <input type="checkbox"/> NO A. THE STUDENT RESIDES ON FEDERAL PROPERTY. <input type="checkbox"/> YES <input type="checkbox"/> NO B. THE STUDENT RESIDES IN LOW RENT HOUSING. <input type="checkbox"/> YES <input type="checkbox"/> NO C. THE PARENT IS EMPLOYED ON FEDERAL PROPERTY LOCATED IN PALM BEACH COUNTY. <input type="checkbox"/> YES <input type="checkbox"/> NO D. THE PARENT IS EMPLOYED ON LOW RENT HOUSING LOCATED IN PALM BEACH COUNTY. <input type="checkbox"/> YES <input type="checkbox"/> NO E. THE PARENT IS IN THE UNIFORMED SERVICES OF THE UNITED STATES. IF YES, IS THE PARENT ON ACTIVE DUTY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> AIR FORCE <input type="checkbox"/> ARMY <input type="checkbox"/> COAST GUARD <input type="checkbox"/> MARINES <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> NAVY			
(14) HAS THIS CHILD BEEN ENROLLED IN ANY PRESCHOOL? <input type="checkbox"/> C. CHAPTER 1 <input type="checkbox"/> D. PRE-K DISABILITIES <input type="checkbox"/> E. PRE-K EARLY INTERVENTION <input type="checkbox"/> H. HEADSTART <input type="checkbox"/> M. MIGRANT PRE-K <input type="checkbox"/> N. NON-SUBSIDIZED CHILD CARE <input type="checkbox"/> O. OTHER <input type="checkbox"/> S. SUBSIDIZED CHILD CARE PLEASE PLACE A CHECKMARK (✓) BY EACH PROGRAM ATTENDED. ALSO, INDICATE WITH AN ASTERISK (*) THE PROGRAM YOUR CHILD WAS IN THE LONGEST.)			
(15) IS THE STUDENT A SINGLE PARENT? NO <input type="checkbox"/> YES <input type="checkbox"/> NO		(16) CURRENT GRADE LEVEL 08	
<b>TRANSFER INFORMATION:</b>			
(17) NAME OF SCHOOL TRANSFERRING FROM		(18) CITY OR LOCATION	(19) DATE OF LAST ATTENDANCE
(20) GRADE LEVEL	(21) LAST PUBLIC SCHOOL ATTENDED IN PALM BEACH COUNTY		(22) DATE ATTENDED
<b>FREE OR REDUCED PRICE LUNCH AND HEALTH INFORMATION:</b>			
(23) HAVE YOU FILLED OUT AN APPLICATION FOR FREE OR REDUCED LUNCH? (APPLICATION IS PROVIDED WITH THIS REGISTRATION FORM) <input type="checkbox"/> YES <input type="checkbox"/> NO			
(24) HEALTH SCREENINGS: I GIVE PERMISSION FOR MY CHILD TO BE GIVEN HEALTH SCREENINGS. THESE TESTS MAY BE GIVEN INDIVIDUALLY OR IN GROUPS. <input type="checkbox"/> YES <input type="checkbox"/> NO			
(25) SODIUM FLUORIDE: I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THE SODIUM FLUORIDE PROGRAM TO PREVENT DENTAL DECAY. PERMISSION IS VALID THROUGH GRADE SIX. <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>NEW STUDENTS TO PALM BEACH COUNTY: HOME LANGUAGE SURVEY</b>			
(26) WHAT LANGUAGE IS SPOKEN IN THE HOME BY THE PARENT or GUARDIAN:		(27) WHAT LANGUAGE IS SPOKEN IN THE HOME BY THE STUDENT?	(28) DATE OF ENTRY INTO THE ESOL PROGRAM
(29) LANGUAGE SURVEY 1. IS A LANGUAGE OTHER THAN ENGLISH USED IN THE HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO 2. DOES THE STUDENT HAVE A FIRST LANGUAGE OTHER THAN ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO 3. DOES THE STUDENT MOST FREQUENTLY SPEAK A LANGUAGE OTHER THAN ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO		(30) DISCLOSURES for first entry into this SCHOOL DISTRICT HAS THE STUDENT EVER: 1. BEEN EXPELLED FROM SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO 2. HAD AN ARREST RESULTING IN A CHARGE? <input type="checkbox"/> YES <input type="checkbox"/> NO 3. HAD ANY JUVENILE JUSTICE ACTIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO	





THE SCHOOL DISTRICT OF  
PALM BEACH COUNTY

# NEW/RETURNING STUDENTS REGISTRATION

STUDENT NUMBER [REDACTED]

## VERIFICATION FOR NEW/RETURNING STUDENTS: TO THE PARENTS OR GUARDIANS:

NEW STUDENTS: Complete all non-shaded areas on both sides of form  
RETURNING STUDENTS: Please review both sides for correctness of typed information. If the information printed is incorrect, please correct it by carefully and lightly crossing out the incorrect information and writing the correct information above it.

(1) STUDENT'S LEGAL NAME [REDACTED]		(2) ALSO KNOWN AS [REDACTED]	
(3) LOCAL ADDRESS [REDACTED]		(4) [REDACTED]	
CITY: Royal Palm Beach 33417 STATE: FL ZIP CODE: 33417		CITY: Royal Palm Beach FL. 33417 STATE: FL ZIP CODE: 33417	
(5) STUDENT'S SOCIAL SECURITY NO. (OPTIONAL) [REDACTED]	(6) HOME PHONE NO. [REDACTED]	(7) SEX <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> MALE	(8) RACE <input type="checkbox"/> I AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> B BLACK NON-HISPANIC <input type="checkbox"/> A ASIAN OR PACIFIC ISLANDER <input type="checkbox"/> H HISPANIC <input checked="" type="checkbox"/> W WHITE NON-HISPANIC <input type="checkbox"/> M MULTIRACIAL
(9) DATE OF BIRTH MONTH: [REDACTED] DAY: [REDACTED] YEAR: [REDACTED]	(10) PLACE OF BIRTH CITY: Lantana STATE: Florida COUNTRY: USA		
(11) RESIDENT STATUS <input type="checkbox"/> 0. FOREIGN EXCHANGE STUDENT <input type="checkbox"/> 1. OUT-OF-COUNTY RESIDENT <input checked="" type="checkbox"/> 2. OUT-OF-STATE RESIDENT <input checked="" type="checkbox"/> 3. IN-COUNTY RESIDENT		(12) ENTRY DATE INTO USA	
(13) FEDERAL IMPACT AID SURVEY <input type="checkbox"/> YES <input type="checkbox"/> NO A. THE STUDENT RESIDES ON FEDERAL PROPERTY. <input type="checkbox"/> YES <input type="checkbox"/> NO B. THE STUDENT RESIDES IN LOW RENT HOUSING. <input type="checkbox"/> YES <input type="checkbox"/> NO C. THE PARENT IS EMPLOYED ON FEDERAL PROPERTY LOCATED IN PALM BEACH COUNTY. <input type="checkbox"/> YES <input type="checkbox"/> NO D. THE PARENT IS EMPLOYED ON LOW RENT HOUSING LOCATED IN PALM BEACH COUNTY. <input type="checkbox"/> YES <input type="checkbox"/> NO E. THE PARENT IS IN THE UNIFORMED SERVICES OF THE UNITED STATES. IF YES, IS THE PARENT ON ACTIVE DUTY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> AIR FORCE <input type="checkbox"/> ARMY <input type="checkbox"/> COAST GUARD <input type="checkbox"/> MARINES <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> NAVY			
(14) HAS THIS CHILD BEEN ENROLLED IN ANY PRESCHOOL? <input type="checkbox"/> C. CHAPTER 1 <input type="checkbox"/> H. HEADSTART <input type="checkbox"/> O. OTHER <input type="checkbox"/> D. PRE-K DISABILITIES <input type="checkbox"/> M. MIGRANT PRE-K <input type="checkbox"/> 5. SUBSIDIZED CHILD CARE <input type="checkbox"/> E. PRE-K EARLY INTERVENTION <input type="checkbox"/> N. NON-SUBSIDIZED CHILD CARE (PLEASE PLACE A CHECKMARK (✓) BY EACH PROGRAM ATTENDED. ALSO, INDICATE WITH AN ASTERISK (*) THE PROGRAM YOUR CHILD WAS IN THE LONGEST.)			
(15) IS THE STUDENT A SINGLE PARENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		(16) CURRENT GRADE LEVEL 9 <sup>th</sup>	
<b>TRANSFER INFORMATION:</b>			
(17) NAME OF SCHOOL TRANSFERRING FROM		(18) CITY OR LOCATION	(19) DATE OF LAST ATTENDANCE
(20) GRADE LEVEL	(21) LAST PUBLIC SCHOOL ATTENDED IN PALM BEACH COUNTY		(22) DATE ATTENDED
<b>FREE OR REDUCED PRICE LUNCH AND HEALTH INFORMATION:</b>			
(23) HAVE YOU FILLED OUT AN APPLICATION FOR FREE OR REDUCED LUNCH? (APPLICATION IS PROVIDED WITH THIS REGISTRATION FORM) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
(24) HEALTH SCREENINGS: I GIVE PERMISSION FOR MY CHILD TO BE GIVEN HEALTH SCREENINGS. THESE TESTS MAY BE GIVEN INDIVIDUALLY OR IN GROUPS. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
(25) SODIUM FLUORIDE: I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THE SODIUM FLUORIDE PROGRAM TO PREVENT DENTAL DECAY. PERMISSION IS VALID THROUGH GRADE SIX. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
<b>NEW STUDENTS TO PALM BEACH COUNTY: HOME LANGUAGE SURVEY</b>			
(26) WHAT LANGUAGE IS SPOKEN IN THE HOME BY THE PARENT or GUARDIAN: English		(27) WHAT LANGUAGE IS SPOKEN IN THE HOME BY THE STUDENT?	(28) DATE OF ENTRY INTO THE ESOL PROGRAM
(29) LANGUAGE SURVEY 1. IS A LANGUAGE OTHER THAN ENGLISH USED IN THE HOME? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 2. DOES THE STUDENT HAVE A FIRST LANGUAGE OTHER THAN ENGLISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 3. DOES THE STUDENT MOST FREQUENTLY SPEAK A LANGUAGE OTHER THAN ENGLISH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		STUDENT DISCLOSURES FOR 1 <sup>st</sup> YEAR THE SCHOOL DISTRICT OF PALM BEACH COUNTY HAS THE STUDENT EVER: 1. BEEN EXPELLED FROM SCHOOL? 2. HAD AN ARREST RESULTING IN JUVENILE JUSTICE? 3. HAD ANY JUVENILE JUSTICE?	

(31) STUDENT LIVES WITH (CHECK ONE)
 BOTH PARENTS
 MOTHER
 FATHER
 SHARED CUSTODY
 OTHER

(32) TRANSPORTED BY: Student will be transported to/from school by (name if other than parent)
By car
(33) IS THERE A COURT ORDER BARRING EITHER PARENT FROM REMOVING OR CONTACTING THE STUDENT DURING THE SCHOOL DAY?
 YES  NO
IF YES, PLEASE PROVIDE THE SCHOOL WITH A COPY OF THE COURT ORDER.

(34) FATHER/GUARDIAN: DOES FATHER HAVE CUSTODY?  YES  NO
(35) MOTHER/GUARDIAN: DOES MOTHER HAVE CUSTODY?  YES  NO

STATE: FL ZIP CODE: 33470
STATE: FL ZIP CODE: 33411

OCCUPATION: None

PLACE OF EMPLOYMENT: None

(36) HIGHEST LEVEL OF EDUCATION COMPLETED (OPTIONAL)
A  ELEMENTARY SCHOOL (GRADES K-8)
B  SOME HIGH SCHOOL (GRADES 9-12)
C  HIGH SCHOOL (GRADUATE)
D  SOME POST-SECONDARY (TECHNICAL/COLLEGE)
E  TECHNICAL/COLLEGE GRADUATE or ABOVE

(37) HIGHEST LEVEL OF EDUCATION COMPLETED (OPTIONAL)
A  ELEMENTARY SCHOOL (GRADES K-8)
B  SOME HIGH SCHOOL (GRADES 9-12)
C  HIGH SCHOOL (GRADUATE)
D  SOME POST-SECONDARY (TECHNICAL/COLLEGE)
E  TECHNICAL/COLLEGE GRADUATE or ABOVE

(38) LEGAL GUARDIAN (IF ANY) DOES LEGAL GUARDIAN HAVE CUSTODY?  YES  NO

FIRST NAME, MIDDLE, LAST, HOME ADDRESS, CITY, STATE, ZIP CODE, OCCUPATION, PLACE OF EMPLOYMENT, BUSINESS PHONE

EMERGENCY HEALTH AND SAFETY INFORMATION

PART I: PERSON(S) OTHER THAN PARENT AUTHORIZED TO PICK UP STUDENT
(39) PASSWORD: (LIMIT 10 CHARACTERS)
(40) AUTHORIZED FOR EMERGENCY PICKUP

(41) NAME, ADDRESS, PHONE, RELATIONSHIP
Grandma  YES  NO

(42) NAME, ADDRESS, PHONE, RELATIONSHIP
Friend  YES  NO

(43) NAME, ADDRESS, PHONE, RELATIONSHIP

(44) NAME, ADDRESS, PHONE, RELATIONSHIP

(45) NAME, ADDRESS, PHONE, RELATIONSHIP

(46) PART II: IF SCHOOL PERSONNEL ARE UNABLE TO CONTACT YOU IN CASE OF ILLNESS OR ACCIDENT, MAY WE HAVE YOUR PERMISSION TO CALL YOUR DOCTOR OR EMERGENCY SERVICES (911) FOR TRANSPORT TO THE HOSPITAL?
 YES  NO

(47) FAMILY DOCTOR: Pediatric Center
(48) PHONE NUMBER
(49) HOSPITAL PREFERENCE

(50) LIST YOUR CHILD'S ILLNESSES, ALLERGIES OR OTHER PHYSICAL LIMITATIONS:
None

YOUR CHILDREN IN OTHER PALM BEACH COUNTY SCHOOLS:

Table with columns: SCHOOL ATTENDING, STUDENT NO. (OPTIONAL), GRADE, BIRTH DATE.
Wellington elementary (5th)
Wellington Middle (7th)
Loxahatchee Groves elementary (3rd)

(55) NAME OF CHILD, SCHOOL ATTENDING, STUDENT NO. (OPTIONAL), GRADE, BIRTH DATE

(56) I VERIFY THAT THE INFORMATION GIVEN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
DATE: 8-5-00

FOR OFFICE USE ONLY:

(57) SCHOOL NO., (58) STUDENT NUMBER, (59) STUDENT LANGUAGE, (60) COB, (61) ENTRY CODE, (62) ENTRY DATE, (63) SAC CODE, (64) PARENT/GUARDIAN LANGUAGE, (65) GRADE LEVEL, (66) CALENDAR, (67) TEACHER NO.

(68) REASSIGNMENT CODE, (69) TRANSPORTATION, (70) VERIFICATION OF BIRTH, (71) HRS, (72) DOCUMENTATION CHECKLIST (CHECK AND DATE WHEN RECEIVED)
IMMUNIZATIONS, SOCIAL SECURITY NO. (OPTIONAL), VERIFICATION OF BIRTH RECORDS, PHYSICAL EXAMS



# MIDDLE SCHOOL OF THE ARTS

## RECORDS REQUEST FORM

Date

7-17-97

Birthdate

Grade Level



6th

Loxahatchee Braws Elementary.

Previous School Attended

Student Number (if known)

Crest wood middle school

Palm Beach County Middle School you were scheduled to attend

ESE PROGRAMS: EP \_\_\_\_\_ IEP \_\_\_\_\_ 504 Plan \_\_\_\_\_ LEP Plan \_\_\_\_\_

10/26/00



## Middle School of the Arts



This sum was sent to your school  
over the summer. Please forward  
to Royal Palm Bch. High.



Thank you.





SCHOLARSHIP PROGRAM

# Verification of Receipt

(This is not the Student Authorization Form.)

**Please return  
to your high  
school guidance  
counselor.**

**I verify that I have received and read the initial eligibility requirements of the Florida Bright Futures Scholarship Program for the year 2001.**

**NAME** (please print)

[Redacted Name]

**SIGNATURE**

[Redacted Signature]

**DATE** 11/13/00



**Statement of Receipt** (This is not the application for the scholarship.)

I verify that I have received and read the initial eligibility requirements of the Florida Bright Futures Scholarship Program for the year 2003.

Name *(please print)* \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Please return to your high school guidance counselor*

Continued

Student Name \_\_\_\_\_



Teacher \_\_\_\_\_

I hereby give permission for my child to be fingerprinted at school. I understand that the fingerprint card will be sent home.



Parent Signature \_\_\_\_\_



STATE OF FLORIDA  
DEPARTMENT OF HEALTH & REHABILITATIVE SERVICES  
CHILD HEALTH EXAMINATIONS

Date 5/24/91

Phone [REDACTED] Race W Sex F

Birthdate [REDACTED] School Rollingwood

Name of Parent or Guardian [REDACTED]

**A. HEALTH EXAMINATION**

Height [REDACTED] Weight [REDACTED] Blood Pressure [REDACTED]

COMMENT: Abnormal Findings, by number

(✓) Normal=N; Abnormal=A	N	A
1. Appearance	✓	
2. Skin/Nose	✓	
3. Head/Scalp	✓	
4. Eyes	✓	
5. Visual Acuity (R & L)	✓	
6. Ears	✓	
7. Auditory Acuity (R & L)		
8. Nose / Throat	✓	
9. Mouth, Teeth and Gums	✓	
10. Chest / Lungs	✓	
11. Heart	✓	
12. Abdomen	✓	
13. Genitals and Anus	✓	
14. Musculo-Skeletal	✓	
15. Neurological	✓	
16. Alertness	✓	
17. Emotional / Mental/ Behavior Prob.)	✓	
18. Handicap, physical/ other (Specify)	✓	
19. Activity Restrictions (Specify)	✓	
20. Abuse, substance/ physical / emotional	✓	
21. Nutrition	✓	
22. Other	✓	

**B. HEALTH HISTORY** (Serious Illnesses Injuries: explain)

*Healthy*

(attach narrative if additional space needed)

**C. LABORATORY** (as indicated)

Hemoglobin/Hematocrit 14

Stool (O & P) \_\_\_\_\_

Tuberculin test: \_\_\_\_\_ results \_\_\_\_\_

Lead THE CHILDREN'S CLINIC

Sickle Cell \_\_\_\_\_

NAME [REDACTED]

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(Please Print) \_\_\_\_\_

LAKE WORTH, FLORIDA 33460

Authorized Signature \_\_\_\_\_

Date 5/24/91



# FLORIDA CERTIFICATE OF IMMUNIZATION (HRS 680 - PART A)

DOCTOR: PART A OF THIS FORM IS USED ONLY IF THE CHILD HAS RECEIVED ALL REQUIRED IMMUNIZATIONS LISTED BELOW. IF NOT, SEE BELOW.

PARENT OR GUARDIAN

### DTP-5 DOSES REQUIRED

IF THE FOURTH PRIMARY DOSE OF DTP (PEDIATRIC) VACCINE IS ACCEPTABLE IF PERTUSSIS VACCINE IS MEDICALLY CONTRAINDICATED. (COMPLETE PART C FOR PERTUSSIS CONTRAINDICATION.)  
 DT (ADULT) VACCINE (A SERIES OF 3 DOSES) IS ACCEPTABLE AND RECOMMENDED FOR CHILDREN 18 YEARS OF AGE OR OLDER.

### POLIO (TOPV) - 4 DOSES REQUIRED

IF THE THIRD PRIMARY DOSE OF TOPV IS ADMINISTERED ON OR AFTER THE FOURTH BIRTHDAY, A FOURTH DOSE IS NOT REQUIRED. POLIO VACCINE IS OMITTED FROM THE REQUIRED IMMUNIZATIONS OF CHILDREN 18 YEARS OF AGE OR OLDER.

### MEASLES, MUMPS, AND RUBELLA-1 DOSE REQUIRED

MMR COMBINED - 1 DOSE AT 12 MONTHS OF AGE OR OLDER AND IN 1968 OR LATER (RECOMMENDED AT 15 MONTHS)

-OR-

MEASLES SINGLE - 1 DOSE AT 12 MONTHS OF AGE OR OLDER AND IN 1968 OR LATER (RECOMMENDED AT 15 MONTHS)

MUMPS SINGLE - 1 DOSE AT 12 MONTHS OF AGE OR OLDER

RUBELLA SINGLE - 1 DOSE AT 12 MONTHS OF AGE OR OLDER

ALL APPROPRIATE DOSES AND DATES INCLUDING BIRTHDATE MUST BE ENTERED, AND THE CERTIFICATE MUST BE DATED IN ORDER FOR THE CHILD TO ATTEND SCHOOL.

I HAVE REVIEWED THE RECORDS AVAILABLE AND TO THE BEST OF MY KNOWLEDGE THE POLIO, MEASLES, MUMPS AND RUBELLA AS REQUIRED BY FLORIDA LAW FOR SCHOOL ATTENDANCE.

H.J. RICHMOND, M.D. & I. MARCADIS, M.D. P.A.  
 STANLEY DOBER, M.D. or MOSHE ADLER, M.D.  
 PHYSICIAN OR CLINIC NAME (PLEASE PRINT)

AND DATED IN ORDER FOR  
 POLIO, TETANUS, PERTUSSIS.  
 5/2/91  
 DATE

DATE OF BIRTH:  /  /

CHILD'S NAME: \_\_\_\_\_ PARENT OR GUARDIAN: \_\_\_\_\_

DOCTOR: IF THE CHILD HAS NOT RECEIVED THE REQUIRED DOSES LISTED IN PART A, PLEASE COMPLETE PART B OR PART C, AS APPROPRIATE, AND SIGN AND DATE.

## TEMPORARY MEDICAL EXEMPTION (HRS 680 - (PART B))

I CERTIFY THAT THE ABOVE NAMED CHILD HAS RECEIVED THE IMMUNIZATIONS LISTED BELOW AND HAS COMMENCED A SCHEDULE TO COMPLETE THE REQUIRED IMMUNIZATIONS. ADDITIONAL IMMUNIZATIONS ARE NOT MEDICALLY INDICATED AT THIS TIME.

TYPE VACCINE	DATE (MO, DA, YR)				
DTP					
DT					
Td					
POLIO					
MMR					
RUBEOLA (MEASLES)					
MUMPS					
RUBELLA					

EXPIRATION DATE (MO, DA, YR) \_\_\_\_\_ (SHOULD BE 15 DAYS AFTER NEXT APPOINTMENT)

PHYSICIAN OR AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## PERMANENT MEDICAL EXEMPTION (HRS 680 - (PART C))

I CERTIFY THAT THE PHYSICAL CONDITION OF THIS CHILD IS SUCH THAT IMMUNIZATION(S) IS MEDICALLY CONTRAINDICATED LIST VACCINE(S) AND STATE VALID CLINICAL REASONING OR EVIDENCE FOR EXEMPTION.

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

PHYSICIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

STATE OF FLORIDA



DEPARTMENT OF Health & Rehabilitative Services

Robert Graham, Governor

DISTRICT NINE

I HEREBY CERTIFY THIS TO BE A TRUE COPY OF THE LOCAL REGISTRAR'S RECORD

PALM BEACH COUNTY DEPARTMENT OF PUBLIC HEALTH

901 EVERING ST. WEST PALM BEACH, FL 33401

Warning: (Not valid unless the raised seal of the Bureau of Vital Statistics is affixed.)

SEAL

DEPUTY REGISTRAR VITAL RECORDS UNIT

CERTIFICATE OF LIVE BIRTH FLORIDA 109-

Form with fields for CHILD-NAME, SEX, DATE OF BIRTH, HOSPITAL, CITY, TOWN OR LOCATION OF BIRTH, COUNTY OF BIRTH, CERTIFIER, REGISTRAR, MOTHER-MAIDEN, FATHER-NAME, etc.

HEALTH USE ONLY

OK ✓

HEALTH EXAMINATIONS

Student Full Name: [Redacted] Phone: [Redacted] Date: 10/29/98  
 Address: [Redacted] Birthdate: [Redacted] Race: [Redacted] Sex: F  
 Name of Parent or Guardian: [Redacted] School: [Redacted]

A. HEALTH EXAMINATION

Height: [Redacted]

(✓) Normal=N; Abnormal=A	N	A	COMMENT: Abnormal Findings, by number
1. Appearance	/		
2. Skin/Nose	/		
3. Head/Scalp	/		
4. Eyes	/		
5. Visual Acuity (R & L)	/		
6. Ears	/		
7. Auditory Acuity (R & L)	/		
8. Nose / Throat	/		
9. Mouth, Teeth and Gums	/		
10. Chest / Lungs	/		
11. Heart	/		
12. Abdomen	/		
13. Genitals and Anus	/		
14. Musculo-Skeletal	/		
15. Neurological	/		
16. Alertness	/		
17. Emotional / Mental/ Behavior Prob.)	/		
18. Handicap, physical/ other (Specify)	/		
19. Activity Restrictions (Specify)	/		
20. Abuse, substance/ physical / emotional	/		
21. Nutrition	/		
22. Other			

B. HEALTH HISTORY (Serious Illnesses Injuries: explain)

(attach narrative if additional space needed)

C. LABORATORY

Hemoglobin/Hematocrit: [Redacted] Stool (O & P): [Redacted]  
 Lead: [Redacted] Sickle Cell: [Redacted] Tuberculin test: [Redacted] results: [Redacted]

THE PEDIATRIC CENTER, P.A.

NAME: [Redacted]

ADDRESS: WELLINGTON, FLORIDA 33414

(Please Print) [Redacted] Authorized Signature Date: 2/15/99

LAST NAME

FIRST

MI

DOB (MO/DA/YR)

**Certificate of Immunization for K-12 Excluding 7th Grade Requirements**

**PART A-1** (Immunizations are complete for school entry and attendance grades kindergarten through 12 with the exception of the 7th grade requirement.) DOE Code 1

*I have reviewed the records available, and to the best of my knowledge, the above named child has been adequately immunized against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella and hepatitis B (for kindergarten effective with the 1998/99 school year) for school attendance as documented on the reverse side of this form.*

Physician or Clinic Name:  
(Print or stamp)

Physician or  
Authorized Signature:

Address:

Date:

**Certificate of Immunization Supplement for 7th Grade Requirement**

**PART A-2** (Immunizations are complete for students who enter or attend the 7th grade after the beginning of the 1997/98 school year. Each subsequent year thereafter, the next highest grade will be included in the requirement.) DOE Code 8

*I have reviewed the records available, and to the best of my knowledge, the above named child has received the following immunizations required for entry and attendance in 7th grade effective with the 1997/98 school year: tetanus-diphtheria booster, hepatitis B vaccine series, and second dose of measles vaccine as documented on the reverse side of this form (boxed area)*

Physician or Clinic Name:  
(Print or stamp)

THE PEDIATRIC CENTER, P.A.

Physician or  
Authorized Signature:

Address:

WELLINGTON, FLORIDA 33414

Date:

2/15/99

**Temporary Medical Exemption**

**PART B** (For preschool children, children in day care and school children who are incomplete for immunizations in Part A-1 or A-2.) Invalid without expiration date. DOE Code 2

*I certify that the above named child has received the immunizations documented on the reverse side of this form and has commenced a schedule to complete the required immunizations. Additional immunizations are not medically indicated at this time.*

Physician or Clinic Name:  
(Print or stamp)

Expiration Date:

(15 days after next immunization appointment)

Address:

Physician or  
Authorized Signature:

Date:

**Permanent Medical Exemption**

**PART C** For medically contraindicated immunizations, list each vaccine and state valid clinical reasoning or evidence for exemption: DOE Code 3

*I certify that the physical condition of this child is such that immunization(s) as indicated in Part C above is medically contraindicated.*

Physician or Clinic Name:  
(Print or stamp)

Physician Signature:

Address:

Date:



**STATE OF FLORIDA**  
**DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES**  
**CUMULATIVE SCHOOL HEALTH RECORD**  
 (This form is not intended for physician's use)

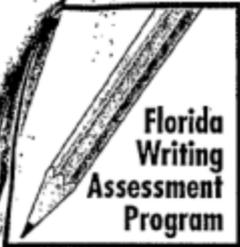
rx - 12/7/98  
 Special Health Problems - See Narrative \_\_\_\_\_

Name [Redacted] Race W Sex F School Loxchatchee 2010  
 Address [Redacted] Father's Name [Redacted]  
Lox FL 33470 Mother's Name [Redacted]  
 Date of Birth [Redacted] Place of Birth Boynton Bch. Birth Recorded: Yes  No   
 Immunization Certification: Yes  No   
 Special Immunization Programs \_\_\_\_\_

**A NARRATIVE NOTE IS REQUIRED FOR REFERRAL AND OUTCOME ENTRIES**

Screening and Assessment Grades K-3	K			1			2			3		
	Screening Date	Referral	Outcome									
Vision	[Redacted]											
Hearing	[Redacted]											
Height, Weight & Graphing	[Redacted]											
Nutrition	[Redacted]											
Dental Health												
Mental Health												
Communicable Disease												
Records Review												
Physical Assessment												
Other												
Other												

Screening and Assessment Grades 4-8	4			5			6			7			8		
	Screening Date	Referral	Outcome												
Vision															
Hearing															
Height, Weight & Graphing															
Nutrition															
Dental Health															
Mental Health															
Communicable Disease															
Records Review															
Physical Assessment															
Scoliosis															
Other															
Other															



**Florida Writing Assessment**  
**Grade 4**  
**Spring 1996**

**STUDENT REPORT**

**TYPE OF WRITING TESTED: WRITING TO TELL A STORY**

Student Name: [REDACTED]  
Student I.D. No.: [REDACTED]  
School: LOXAHATCHEE GROVES ELEM  
District: PALM BEACH COUNTY

**SCORE:** [REDACTED]

**Description of Writing Scores**

- 6.0:** The writing focuses on the topic, is logically organized, and includes ample development of supporting ideas or examples. It demonstrates a mature command of language, including precision in word choice. Sentences vary in structure. Punctuation, capitalization, and spelling are generally correct.
- 5.5:** The writing was given a 5 by one reader and a 6 by the other reader.
- 5.0:** The writing focuses on the topic with adequate development of supporting ideas or examples. It has an organizational pattern, though lapses may occur. Word choice is adequate. Sentences vary in structure. Punctuation, capitalization, and spelling are generally correct.
- 4.5:** The writing was given a 4 by one reader and a 5 by the other reader.
- 4.0:** The writing focuses on the topic, though it may contain extraneous information. An organizational pattern is evident, but lapses may occur. Some supporting ideas contain specifics and details, but others are not developed. Word choice is adequate. Sentences vary somewhat in structure, though many are simple. Punctuation, capitalization, and spelling are usually correct.
- 3.5:** The writing was given a 3 by one reader and a 4 by the other reader.
- 3.0:** The writing generally focuses on the topic, though it may contain extraneous information. An organizational pattern has been attempted, but lapses may occur. Some of the supporting ideas or examples may not be developed. Word choice is adequate. Sentences vary somewhat in structure, though many are simple. Punctuation and capitalization are sometimes incorrect, but most commonly used words are spelled correctly.
- 2.5:** The writing was given a 2 by one reader and a 3 by the other reader.
- 2.0:** The writing may be slightly related to the topic or offer little relevant information and few supporting ideas or examples. There is little evidence of an organizational pattern. Word choice may be limited or immature. Sentences may be limited to simple constructions. Frequent errors may occur in punctuation, capitalization, and spelling.
- 1.5:** The writing was given a 1 by one reader and a 2 by the other reader.
- 1.0:** The writing may only minimally address the topic because there is little or no development of supporting ideas or examples. No organizational pattern is evident. Ideas are provided through lists, and word choice is limited or immature. Unrelated information may be included. Frequent errors in punctuation, capitalization, and spelling may impede communication.
- U:** The writing is unrelated to the assigned topic or cannot be read, or there is no response.

**Your Student's Score**

Dear Parents or Guardians:

The paper your student wrote in January as part of the Florida Writing Assessment Program has been read independently by two people trained to score this test. Each reader judged the paper against a set of standards and gave it an overall score. Your student's final score is the average of the two readers' scores.

This writing score will help you, your student, and the teacher understand how well your student performed on this statewide writing test. A description of each possible score is printed on the left side of this report.

Students were given 45 minutes to read the assigned topic, plan what to write, and then write their responses. The conditions under which your student writes papers in class or at home may not be the same as those for this test; therefore, the writing may not be the same. You and the teacher should consider the score on this test along with all of your student's other writing when planning activities to continue developing your student's writing skills.

**DESCRIPTION OF THE TOPIC:**

Students were asked to write a story about what happens after they walk through an open door.

# TEST RECORD INFORMATION

NAME [REDACTED]  
 GRADE 02 TEST DATE 4/27/94  
 AGE 8-7 PUPIL NO [REDACTED]  
 OTHER INFORMATION  
 CTBS/4 LEVEL 12 FORM A

SCORE TYPE	TOTL READ	READ COMP	READ VOCA	TOTL MATH	MATH C&A	MATH COMP						
NATL PR QTIE RAW SCORE	[REDACTED]											

NAME [REDACTED]  
 GRADE 03 TEST DATE 4/11/94  
 AGE 9-6 PUPIL NO [REDACTED]  
 OTHER INFORMATION  
 CTBS/4 LEVEL 13 FORM A

SCORE TYPE	READ COMP	MATH C&A	TOTL LANG	LANG MECH	LANG EXPR						
NATL PR QTIE RAW SCORE	[REDACTED]										

NAME [REDACTED]  
 GRADE 04 TEST DATE 4/11/94  
 AGE 10-6 PUPIL NO [REDACTED]  
 OTHER INFORMATION  
 CTBS/4 LEVEL 14 FORM A

SCORE TYPE	TOTL READ	READ COMP	READ VOCA	TOTL MATH	MATH C&A	MATH COMP	SCI- ENCE	SOC STUD
NATL PR QTIE RAW SCORE	[REDACTED]							

NAME [REDACTED]  
 GRADE 05 TEST DATE 4/11/94  
 AGE 11-6 PUPIL NO [REDACTED]  
 OTHER INFORMATION  
 CTBS/4 LEVEL 15 FORM B

SCORE TYPE	READ COMP	MATH C&A	TOTL LANG	LANG MECH	LANG EXPR						
NATL PR QTIE RAW SCORE	[REDACTED]										

NAME [REDACTED]  
 GRADE 06 TEST DATE 4/20/98  
 AGE 12-7 PUPIL NO [REDACTED]  
 OTHER INFORMATION  
 CTBS/4 LEVEL 16 FORM A

SCORE TYPE	TOTL READ	READ COMP	READ VOCA	TOTL MATH	MATH C&A	MATH COMP						
NATL PR QTIE RAW SCORE	[REDACTED]											

NAME [REDACTED]  
 GRADE 07 TEST DATE 4/11/98  
 AGE 13-6 PUPIL NO [REDACTED]  
 OTHER INFORMATION  
 CTBS/4 LEVEL 17 FORM A

SCORE TYPE	READ COMP	MATH C&A	TOTL LANG	LANG MECH	LANG EXPR	SCI- ENCE	SOC STUD
NATL PR QTIE RAW SCORE	[REDACTED]						

M.I. [REDACTED]  
 L [REDACTED]  
 TEST DATE MAR04 GRADE 12  
 SAT I - M [REDACTED]  
 SAT Program  
 The College Board

M.I. [REDACTED]  
 LAST [REDACTED]  
 TEST DATE MAR04 GRADE 12  
 SAT I - M [REDACTED]  
 SAT Program  
 The College Board

M.I. [REDACTED]  
 [REDACTED]  
 TEST DATE [REDACTED] GRADE [REDACTED]  
 SAT I - M [REDACTED]  
 SAT Program  
 The College Board



**FLORIDA COMPREHENSIVE ASSESSMENT TEST (FCAT) 2001**

**SUNSHINE STATE STANDARDS  
Student Report  
Grade 09**

Student Name  
 Student Number  
 School Name and Number  
**2331 - ROYAL PALM BEACH HIGH**  
 District Name and Number  
**50 - PALM BEACH**

This report shows your results from the FCAT Sunshine State Standards Test.

The FCAT Sunshine State Standards Test measures your performance on selected benchmarks in reading and mathematics as defined by the *Sunshine State Standards*. Scores on this test are one indication of your achievement of the challenging content that Florida students are expected to know. Achievement levels for this portion of FCAT have not yet been determined.

**Student Achievement Level Descriptions**

- LEVEL 5: Performance at this level indicates that the student has success with the most challenging content of the *Sunshine State Standards*. A Level 5 student answers most of the test questions correctly, including the most challenging questions.
- LEVEL 4: Performance at this level indicates that the student has success with the challenging content of the *Sunshine State Standards*. A Level 4 student answers most of the questions correctly but may have only some success with questions that reflect the most challenging content.
- LEVEL 3: Performance at this level indicates that the student has partial success with the challenging content of the *Sunshine State Standards*, but performance is inconsistent. A Level 3 student answers many of the questions correctly but is generally less successful with questions that are most challenging.
- LEVEL 2: Performance at this level indicates that the student has limited success with the challenging content of the *Sunshine State Standards*.
- LEVEL 1: Performance at this level indicates that the student has little success with the challenging content of the *Sunshine State Standards*.

Your scores are shown below.

**SUBJECT SCORES**

	Student Achievement Level	Scale Score	State Comparison: Thirds		
			Lowest	Middle	Highest
Reading					
Mathematics					

Sunshine State Standards Reading and Mathematics Scale Scores range from 100 to 500.

If you took the test again, your scores might be slightly higher or lower than the scores on this report. However, your scores would probably fall within a certain range. For reading, your scale score should be between 323 and 357. For mathematics, your scale score should be between 286 and 310.

The check marks (✓) show if you scored in the lowest, middle, or highest third of grade 09 Florida students who took this test.

\*\*TBD: To Be Determined

Run Date: 04/26/2001

**CONTENT SCORES**

	Number of Points Possible	Number of Points Earned	State Comparison: Thirds		
			Lowest	Middle	Highest
Reading					
Words/Phrases					
Main Idea/Purpose					
Comparisons					
Reference/Research					
Mathematics					
Number Sense					
Measurement					
Geometry					
Algebraic Thinking					
Data Analysis					

The Content chart shows the number of points possible and the number of points earned for each category. Each question was worth 1 point.

ISGR35

0334681

PALM BEACH COUNTY COMPUTERIZED CURRICULUM MANAGEMENT

SCANTRON

FORM NO. 22888-SBPS

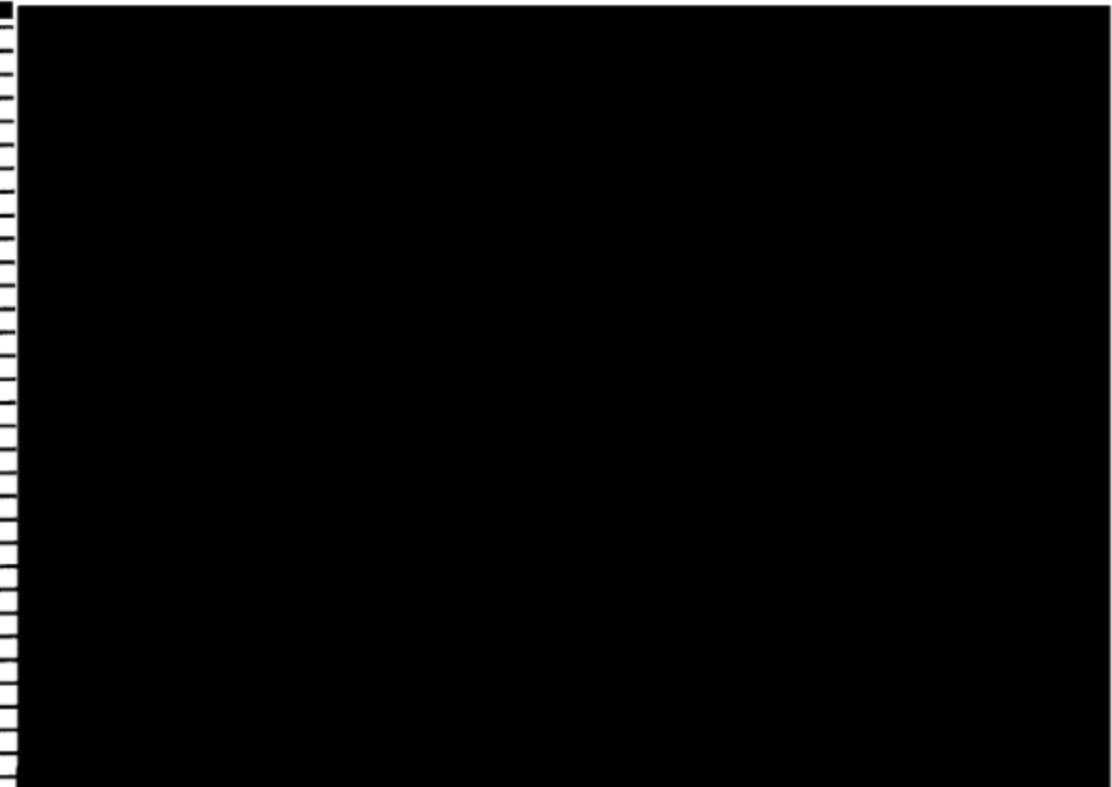
FEED THIS DIRECTION

FORM NO. 22888-SBPS

22888-1-92

c0	c1	c2	c3	c4	c5	c6	c7	c8	c9	MARK STUDENT I.D. NUMBER HERE	WRITE STUDENT I.D. NUMBER HERE
c0	c1	c2	c3	c4	c5	c6	c7	c8	c9		
c0	c1	c2	c3	c4	c5	c6	c7	c8	c9		
UPDATE FORM										MARK UPDATE CODE HERE	WRITE UPDATE CODE HERE
cA	cB	cC	cD	cE	cF	cG	cH	cI	cJ		

NAME: [REDACTED]  
 STUDENT I.D. No. 18642421  
 TEACHER: [REDACTED]  
 MATHEMATICS  
 GRADE 1



date student began MATH-1 9/1/92  
 date student completed MATH-1 6/8/93

TEST	DATE	RETEST DATE(S)
CHAP. 1	/ /	
CHAP. 2	/ /	
CHAP. 3	/ /	
CHAP. 4	/ /	
CHAP. 5	/ /	
CHAP. 6	/ /	
CHAP. 7	/ /	
CHAP. 8	/ /	
CHAP. 9	/ /	
CHAP. 10	/ /	
CHAP. 11	/ /	
CHAP. 12	/ /	

cM = Mastered cA = Assigned cP = Progress

PALM BEACH COUNTY  
TESTED OBJECTIVES FOR GRADE 1 MATHEMATICS

CHAPTER 1

- 1.2 Identify the numeral, 0-10, that represents the number of given objects.
- 1.5 Identify objects that are in specific ordinal positions, first through seventh.
- 1.7 Identify the greater or lesser of two numbers through 100.

CHAPTER 2

- 2.2 Add basic facts, sums to 12, given in horizontal and vertical notation.
- 2.5 Identify the addition sentence for a story problem.
- 2.6 Solve rebus problems involving addition.

CHAPTER 3

- 3.2 Subtract basic facts, minuends to 12, given in horizontal and vertical notation.
- 3.5 Identify the subtraction sentence for a story problem.
- 3.6 Solve rebus and word problems involving subtraction and/or addition.

CHAPTER 4

- 2.2 Add basic facts, sums to 12, given in horizontal and vertical notation.
- 3.2 Subtract basic facts, minuends to 12, given in horizontal and vertical notation.
- 12.1 Read and interpret tables to solve problems.
- 13.3 Identify number sentences for story problems.

CHAPTER 5

- 2.2 Add basic facts, sums to 12, given in horizontal and vertical notation.
- 3.2 Subtract basic facts, minuends to 12, given in horizontal and vertical notation.
- 3.4 Match pairs of related addition and subtraction sentences.

CHAPTER 6

- 1.4 Count orally, read, write, and order numerals to 100.
- 1.7 Identify the greater or lesser of two numbers through 100.
- 1.8 Count by ones, twos, fives, and tens to 100.
- 1.10 Count pictured objects when grouped in sets of tens and ones (objects to 100).

CHAPTER 7

- 8.1 Tell time on the hour and half-hour.
- 9.2 Identify the value of a collection of coins.
- 9.4 Compare values of groups of pennies, nickels, and dimes.

CHAPTER 8

- 2.2 Add basic facts, sums to 12, given in horizontal and vertical notation.
- 3.2 Subtract basic facts, minuends to 12, given in horizontal and vertical notation.
- 3.4 Match pairs of related addition and subtraction sentences.
- 3.6 Solve rebus and word problems involving subtraction and/or addition.
- 13.3 Identify number sentences for story problems.

CHAPTER 9

- 1.9 Identify missing numerals or objects in repeating pattern sequences.
- 6.1 Identify pictures that show equal parts.
- 6.2 Identify halves, thirds, and fourths of whole regions.
- 10.2 Identify plane geometric figures (circle, square, triangle, rectangle).
- 10.4 Match congruent figures.

CHAPTER 10

- 2.4 Add 1- and 2-digit numbers to 2-digit numbers, without regrouping.
- 3.3 Subtract 1-digit numbers and 2-digit numbers from 2-digit numbers, without regrouping.
- 3.6 Solve rebus and word problems involving subtraction and/or addition.
- 9.5 Add and subtract money to 99¢.

CHAPTER 11

- 8.4 Measure length in whole units using inches, centimeters, and non-standard units.
- 8.5 Compare liquid measures using cups, pints, quarts, and liters.

CHAPTER 12

There is no Mastery Test for Chapter 12 at this level.

= in progress     = completed

CHAPTER 1 - NUMBERS THROUGH 20
Count up to 20 objects in a set.
Write the numerals 0-20.
Compare two numerals or two sets of objects.
Count forward and backward in order.
Solve related problems in realistic settings.
Explore what estimation is and when it is used.
Write procedures using LOGO commands.
CHAPTER 2 - ADDITION AND SUBTRACTION FACTS THROUGH 12
Add two or three 1-digit numbers with sums to 12.
Find missing addends.
Solve subtraction facts through 12.
Complete addition-and subtraction families.
Solve related problems in realistic settings.
Explore the capabilities and limitations of the calculator.
Use information from a picture to solve problems.
CHAPTER 3 - PLACE VALUE THROUGH 100
Count objects and write how many tens and ones.
Write a number up to 100 in different forms.
Compare two numbers up to 100 using $<$ , $>$ or $=$ .
Write a sequence of numbers up to 100 in order.
Identify numbers as odd or even.
Identify objects in a picture by their ordinal names.
Solve related problems in realistic settings.
Explore what estimation is and when it is used.
Use logical reasoning or make a table to solve problems.
Practice skip-counting.
CHAPTER 4 - ADDITION AND SUBTRACTION FACTS THROUGH 20
Solve addition facts through 20.
Add three addends with sums to 20.
Solve subtraction facts through 20.
Complete addition and subtraction fact families.
Solve related problems in realistic settings.
CHAPTER 5 - TIME AND MONEY
Tell time from an analog clock.
Sequence events in order.
Know the months of the year in sequence.
Count combinations of coins.
Solve related problems in realistic settings.
Maintain addition and subtraction skills.
Use coins to purchase items.
Explore making a list as a problem solving strategy.
Make predictions.

CHAPTER 6 - ADDITION OF TWO-DIGIT NUMBERS
Add multiples of ten to multiples of five or ten.
Add a 2-digit number to a 1- or 2-digit number.
Add money amounts.
Add three 2-digit addends.
Solve related problems in realistic settings.
Solve riddles for sums of ten.
Maintain skills of telling time.
CHAPTER 7 - GEOMETRY AND FRACTIONS
Recognize solids in pictures.
Recognize attributes of plane figures.
Recognize figures or parts of figures with the same size and shape.
Use unit fractions for equal parts of a whole region.
Use non-unit fractions for parts of a whole region.
Solve related problems in realistic settings.
Visualize shapes and figures.
Maintain addition skills.
Recognize the larger of two fractions.
Write procedures using LOGO commands.
CHAPTER 8 - SUBTRACTION OF TWO-DIGIT NUMBERS
Subtract tens.
Subtract multiples of fives and tens from multiples of fives and tens.
Subtract a 1- or 2-digit number from a 2-digit number.
Subtract a 1- or 2-digit money amount from a 2-digit money amount.
Solve related problems in realistic settings.
Draw geometric shapes.
Recognize a fractional part.
Write procedures using LOGO commands.
CHAPTER 9 - MEASUREMENT
Measure the length of an object using an inch ruler.
Estimate the weights of familiar objects as less than, about, or more than a pound.
Compare capacities measured in customary units.
Measure the length of an object using a centimeter ruler.
Estimate capacities of familiar containers as less than, about, or more than a liter.
Solve related problems in realistic settings.
Solve addition and subtraction problems.
Measure temperature using a Fahrenheit scale.

<b>CHAPTER 10 - MULTIPLICATION AND DIVISION READINESS</b>
Complete addition sentences for equal sets.
Complete multiplication sentences for equal sets.
Solve multiplication facts through 8.
Find how many sets of a given size can be made from a pictured set, and how many will be left over.
Solve related problems in realistic settings.
Make multiplication patterns using sets.
Choose appropriate measurement tools.
Read and interpret data in a pictograph or table.
Solve addition and subtraction problems.
Solve fraction problems using sets.
<b>CHAPTER 11 - PLACE VALUE THROUGH 1000</b>
Identify the number of ones, tens, and hundreds in a 3-digit number.
Write in standard form a 3-digit number shown in expanded form.
Compare 3-digit numbers using $<$ and $>$ .
Continue a sequence of 3-digit numbers with a common difference of 1, 5, 10, 50, or 100.
Solve related problems in realistic settings.
Identify relationships between ones, tens, and hundreds.
Complete multiplication facts.
Estimate groups of 100.
Make equal sets.
Count and order numbers in different ways.
<b>CHAPTER 12 - ADDITION AND SUBTRACTION OF THREE-DIGIT NUMBERS</b>
Add two 3-digit numbers with no regrouping.
Add a 2- or 3-digit number to a 3-digit number with regrouping.
Subtract two 3-digit numbers with no regrouping.
Subtract a 2- or 3-digit number from a 3-digit number with regrouping.
Add or subtract 2- or 3-digit money amounts.
Solve related problems in realistic settings.
Make sets to represent the regrouping of 10's and 100's.
Complete number sentences for basic facts (addition, subtraction, and multiplication).

Teacher: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CHAPTER 1 - ADDITION AND SUBTRACTION FACTS
Order numbers.
Use doubles plus and minus one to find sums to 20.
Add three or more 1-digit numbers.
Subtract a 1-digit number from a number to 20.
Find missing addends.
Identify and use addition and subtraction fact families.
Solve related problems in realistic settings.
Explore the capabilities and terminology of a calculator.
CHAPTER 2 - PLACE VALUE, MONEY, AND TIME
Rewrite a number expressed in standard, expanded, or word form in either of the other forms.
Order whole numbers.
Write the value of a collection of bills and coins.
Make change for amounts up to \$2.00.
Write the time as shown on an analog clock.
Solve related problems in realistic settings.
Explore patterns in skip counting.
Explore using models as a problem solving strategy.
Explore place-value understanding to thousands.
CHAPTER 3 - ADDITION AND SUBTRACTION
Add 2- or 3-digit addends.
Add up to four 2- or 3-digit addends.
Subtract 2- and 3-digit numbers from 2- and 3-digit numbers.
Subtract 3-digit numbers from 3-digit numbers with zeros.
Solve related problems in realistic settings.
Explore what estimation is and when it is used.
CHAPTER 4 - COLLECTING AND ORGANIZING DATA
Read pictographs.
Read data in a line graph.
Solve related problems by reading horizontal and vertical bar graphs.
Investigate the differences and similarities among pictographs, bar graphs, and line graphs.
Recognize that some problems may not have enough information.
CHAPTER 5 - MULTIPLICATION AND DIVISION TO 5
Multiply and/or divide by 2.
Multiply and/or divide by 3.
Multiply and/or divide by 4.
Multiply and/or divide by 5.
Complete a multiplication and division fact family.
Solve related problems in realistic settings.
Add 2- and 3-digit numbers.
Write multiplication and/or division equations.
Read a bar graph.
Use a computer for problem solving.
Use repeated addition for finding products.
Explore guess and check as a problem solving strategy.

CHAPTER 6 - MULTIPLICATION AND DIVISION TO 8
Find missing factors.
Complete fact families for multiplication or division sentences.
Solve multiplication and division facts with 8-9.
Solve related problems in realistic settings.
Solve multiplication and division facts with 2-5.
Determine place value through thousands place.
Add three 2- and 3-digit numbers.
Solve multiplication facts with 11 and 12.
Complete and use a multiplication matrix.
Explore making a plan as a problem solving strategy.
CHAPTER 7 - GEOMETRY
Identify examples of slides, flips, and half turns.
Classify angles as smaller than, equal to, or greater than a right angle.
Draw lines of symmetry in a figure.
Associate an ordered pair of letters and numbers with a specific square on a grid.
Solve related problems in realistic settings.
Compare addition, subtraction, multiplication, and division problems.
Identify lines, line segments, and parallels.
Order numbers as greater than or less than.
Use squares to determine area.
Figure out the shapes of solid figures.
CHAPTER 8 - FRACTIONS
Write fractions for shaded figures.
Write mixed numbers for two or more shaded figures that are divided into equal parts.
Read an analog clock and write the time, using a fraction.
Solve related problems in realistic settings.
Order fractions from least to greatest.
Compute, using multiplication, division, addition, and subtraction.
Add and subtract fractions with like denominators.
Identify examples of slides and flips.
Use a computer to solve problems.
CHAPTER 9 - MEASUREMENT AND TIME
Measure a line segment to the nearest inch, half inch, or centimeter.
Find the perimeter of a polygon.
Choose the better customary or metric unit for a given measurement.
Compare two measures in unlike customary units.
Read time to the minute from an analog clock.
Solve related problems in realistic settings.
Determine equivalent measures for cups, pints, quarts, and gallons or liter and milliliters.
Estimate the weight of a pound, gram, or kilo or object lengths.
Find the relationship between millimeter and liter.
Read a thermometer in Fahrenheit or Celsius degrees.
Find time in different time zones.

**CHAPTER 10 - DECIMALS**

Write tenths decimals for fractions, mixed numbers, and word names.  
Compare tenths decimals using  $<$ ,  $>$ , and  $=$ .  
Order up to 4 tenths decimals.  
Add and subtract 2 tenths decimals.  
Solve related problems in realistic settings.

**CHAPTER 11 - MULTIPLYING BY 1-DIGIT NUMBERS**

Multiply 2-digit multiplicands by 1-digit multipliers.  
Multiply three 1-digit factors.  
Multiply 3-digit multiplicands by 1-digit multipliers.  
Multiply 3-digit money amounts by 1-digit numbers.  
Solve related problems in realistic settings.  
Complete multiplication and division fact families.  
Write and order decimals.  
Estimate products.  
Use a calculator for problem solving.

**CHAPTER 12 - DIVIDING BY 1-DIGIT NUMBERS**

Write the fraction of a pictured set having a specified attribute.  
Divide 1- and 2-digit dividends by 1-digit divisors resulting in 1-digit quotients.  
Divide 2-digit dividends by 1-digit divisors resulting in 2-digit quotients.  
Divide 3-digit dividends by 1-digit divisors resulting in 2-digit quotients.  
Solve related problems in realistic settings.  
Measure elapsed time.  
Estimate quotients.

Teacher: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PALM BEACH COUNTY COMPUTERIZED CURRICULUM MANAGEMENT

SCANTRON

FORM NO. 22888-SRB

FEED THIS DIRECTION

FORM NO. 22888-SRB

FORM NO. 22888-SRB

← 0	← 1	← 2	← 3	← 4	← 5	← 6	← 7	← 8	← 9	MARK STUDENT I.D. NUMBER HERE	WRITE STUDENT I.D. NUMBER HERE	
← 0	← 1	← 2	← 3	← 4	← 5	← 6	← 7	← 8	← 9			
← 0	← 1	← 2	← 3	← 4	← 5	← 6	← 7	← 8	← 9			
UPDATE FORM										MARK UPDATE CODE HERE	WRITE UPDATE CODE HERE	
←	←	←	←	←	←	←	←	←	←			

NAM [REDACTED]

STUDENT I.D. No. [REDACTED]

TEACHER [REDACTED]

READING GRADE 1



Date student began READING 1 9 / 1 / 192

Date student completed READING 1 5 / 27 / 93

TEST	DATE	RETEST DATE(S)
LEVEL 4	1 / 1	
LEVEL 5	1 / 1	
LEVEL 6	1 / 1	
LEVEL 7	12 / 4 / 92	
LEVEL 8	2 / 13 / 93	
LEVEL 9	3 / 13 / 93	
LEVEL 10	5 / 27 / 93	

PALM BEACH COUNTY  
TESTED OBJECTIVES FOR GRADE 1 COMMUNICATION SKILLS

PREPRIMER LEVEL 4

- 4. 1. 1 V Read basic vocabulary words.
- 4. 2. 1 V Understand and use basic vocabulary words.

PREPRIMER LEVEL 5

- 4. 1. 1 V Read basic vocabulary words.
- 4. 2. 1 V Understand and use basic vocabulary words.

PREPRIMER LEVEL 6

- 4. 1. 1 V Read basic vocabulary words.
- 4. 2. 1 V Understand and use basic vocabulary words.
- 5. 1. 1 C Identify the main idea of the picture(s).
- 5. 2. 1 C Recall details (who, what, where, when, which, how).
- 5. 3. 1 C Sequence events using pictures.
- 8. 1. 1 C Understand a realistic selection.
- 10. 1. 1 S Sequence the letters of the alphabet.

PRIMER LEVEL 7

- 4. 1. 1 V Read basic vocabulary words.
- 4. 2. 1 V Understand and use basic vocabulary words.
- 4. 2. 3 V Understand and use plural nouns ending in s and es.
- 5. 1. 1 C Identify the main idea of the picture(s).
- 5. 2. 1 C Recall details (who, what, where, when, which, how).
- 8. 1. 1 C Understand a realistic selection.
- 14. 3. 1 L Begin a declarative sentence with a capital letter and end with a period.

PRIMER LEVEL 8

- 4. 1. 1 V Read basic vocabulary words.
- 4. 2. 1 V Understand and use basic vocabulary words.
- 4. 2. 2 V Identify meanings of unknown words by using context clues.
- 5. 3. 2 C Sequence and understand the use of first/last and before/after.
- 6. 1. 1 C Identify a paraphrased main idea.
- 8. 1. 2 C Understand a fantasy selection.
- 14. 3. 2 L Begin an interrogative sentence with a capital letter and end with a question mark.

FIRST READER LEVEL 9

- 4. 1. 1 V Read basic vocabulary words.
- 4. 2. 1 V Understand and use basic vocabulary words.
- 4. 2. 4 V Understand and use compound words.
- 5. 1. 2 C Identify the sentence that expresses the main idea of a paragraph.
- 5. 3. 2 C Sequence and understand the use of first/last and before/after.
- 6. 1. 2 C Select a title.
- 8. 1. 1 C Understand a realistic selection.
- 10. 1. 3 S Classify items by categories.
- 10. 2. 1 S Interpret a map with picture symbols.
- 11. 1. 1 S Complete a form requesting name and age.
- 14. 2. 1 L Identify words that name people, places, and things.

FIRST READER LEVEL 10

- 4. 1. 1 V Read basic vocabulary words.
- 4. 2. 1 V Understand and use basic vocabulary words.
- 4. 2. 5 V Understand and use contractions.
- 6. 2. 1 C Distinguish between reality and fantasy.
- 6. 3. 1 C Draw a conclusion from given facts.
- 6. 3. 2 C Predict the outcome of a situation.
- 8. 1. 2 C Understand a fantasy selection.
- 10. 1. 2 S Alphabetize words to the first, second, and third letters.
- 14. 2. 2 L Identify action words.
- 14. 2. 3 L Identify appropriate describing words.



**2<sup>nd</sup> READER**

DATE

5/27/94

Handwritten marks on a grid of lines, consisting of vertical and horizontal strokes, possibly representing a signature or initials.

UNIFIED CURRICULUM SKILL

- 4. 1. 1 Read basic vocabulary words.
- 4. 1. 2 Spell basic vocabulary words.
- 4. 2. 1 Understand and use basic vocabulary words.
- 4. 2. 6 Understand the use of inflectional endings *s*, *es*, *ed*, and *ing*.
- 4. 2. 7 Identify words that describe people, animals, and things.
- 4. 2.10 Recognize that words can have more than one meaning.
- 4. 2.11 Identify antonyms for given words.
- 4. 2.12 Identify synonyms for given words.
- 5. 1. 2 Identify the sentence that expresses the main idea of a paragraph.
- 5. 2. 2 Identify details supporting the main idea.
- 5. 3. 4 Identify the sequence of events when signal words are stated.
- 5. 4. 1 Identify the cause of a given event when signal words (*because*, *so*) are stated.
- 5. 4. 2 Identify the cause of a given event.
- 6. 5. 1 Complete simple analogies.
- 6. 6. 1 Identify paraphrases for given sentences.
- 8. 1. 3 Understand a folk tale.
- 8. 3. 1 Understand a play.
- 10. 2. 1 Interpret a map with picture symbols.
- 10. 2. 2 Read and interpret pictographs.
- 14. 1. 4 Write an interrogative sentence about a picture.
- 14. 2. 4 Determine whether a sentence needs a singular or plural noun.
- 14. 2. 5 Use the verb form that agrees with the subject noun in a sentence.
- 14. 2. 6 Use the correct verb form in the present and past tense.
- 14. 2. 7 Use appropriate describing words to complete sentences.
- 15. 1. 0 Write legibly using manuscript letter and numeral forms.

**STUDENT TRANSFER**

In order to assist the student's new teacher with planning for the student's continuing language arts instruction, please provide a brief description of the language arts materials the student has been using in your classroom. If possible, include the name of books or basal levels that the student has completed.



SUNSHINE STATE STANDARDS  
**Student Report**  
**Grade 08**

Student Name  
 Student Number  
 and Number  
**2511 - MIDDLE SCHOOL OF ARTS**  
 District Name and Number  
**50 - PALM BEACH**

This report shows your results from the FCAT Sunshine State Standards Test.

The FCAT Sunshine State Standards Test measures your performance on selected benchmarks in reading and mathematics as defined by the *Sunshine State Standards*. Scores on this test are one indication of your achievement of the challenging content that Florida students are expected to know. On the FCAT, you can attain one of five possible achievement levels. The table below shows the scale score ranges for each Student Achievement Level.

**Student Achievement Level Descriptions**

**FCAT Student Achievement Levels Scale Score Ranges**

	Reading	Mathematics
Level 5:	394-500	371-500
Level 4:	350-393	347-370
Level 3:	310-349	310-346
Level 2:	271-309	280-309
Level 1:	100-270	100-279

- LEVEL 5: Performance at this level indicates that the student has success with the most challenging content of the *Sunshine State Standards*. A Level 5 student answers most of the test questions correctly, including the most challenging questions.
- LEVEL 4: Performance at this level indicates that the student has success with the challenging content of the *Sunshine State Standards*. A Level 4 student answers most of the questions correctly but may have only some success with questions that reflect the most challenging content.
- LEVEL 3: Performance at this level indicates that the student has partial success with the challenging content of the *Sunshine State Standards*, but performance is inconsistent. A Level 3 student answers many of the questions correctly but is generally less successful with questions that are most challenging.
- LEVEL 2: Performance at this level indicates that the student has limited success with the challenging content of the *Sunshine State Standards*.
- LEVEL 1: Performance at this level indicates that the student has little success with the challenging content of the *Sunshine State Standards*.

Your scores are shown below.

**SUBJECT SCORES**

	Student Achievement Level	Scale Score	State Comparison: Thirds		
			Lowest	Middle	Highest
Reading					
Mathematics					

If you took the test again, your scores might be slightly higher or lower than the scores on this report. However, your scores would probably fall within a certain range. For reading, your scale score should be between 357 and 389. For mathematics, your scale score should be between 296 and 319.

The check marks (✓) show if you scored in the lowest, middle, or highest third of grade 08 Florida students who took this test.

**CONTENT SCORES**

	Number of Points Possible	Number of Points Earned	State Comparison: Thirds		
			Lowest	Middle	Highest
Reading					
Information					
Literature					
Mathematics					
Number Sense					
Measurement					
Geometry					
Algebraic Thinking					
Data Analysis					

The Content chart shows the number of points possible and the number of points earned for each category. Each question was worth from 1-4 points. The content tested is described on the back of this report.

**Reading Content Tested / Grade 8**

FCAT Reading is an assessment of the *Sunshine State Standards* in reading. The Literature content area contains passages such as fictional stories, poems and folk tales. The Information content area contains passages such as magazine and newspaper articles about science, history or other topics. FCAT Reading assesses the following areas:

- interpreting the meaning of text based on context clues
- analyzing words and text, drawing conclusions, using context and word structure clues and recognizing organizational patterns
- determining stated or implied main ideas or essential messages
- identifying the author's purpose and/or point of view
- checking validity and accuracy of information from research (including recognizing facts and opinions, strong vs. weak arguments, and the influence of an author's personal views on text)
- recognizing the use of comparison and contrast within a text
- recognizing complex elements of text, including plot, theme, setting, character development, conflicts, and resolution
- understanding how character and plot development, point of view, and tone are used in various selections
- recognizing cause and effect
- comparing and/or contrasting characters, settings, and events as presented in various texts
- locating, organizing, and interpreting written information for a variety of purposes
- using a variety of reference materials, including indexes, magazines, newspapers, and journals, to gather information for a variety of purposes
- synthesizing and separating collected information into useful components using a variety of techniques

**Mathematics Content Tested / Grade 8**

FCAT Mathematics is an assessment of the *Sunshine State Standards* in mathematics. FCAT Mathematics assesses content from the following areas:

**Number Sense, Concepts, and Operations**

- identifying operations (+, -, x, ÷) and the effects of operations
- determining estimates
- knowing how numbers are represented and used

**Measurement**

- recognizing measurements and units of measurement
- comparing, contrasting, and converting measurements

**Geometry and Spatial Sense**

- describing, drawing, identifying, and analyzing two- and three-dimensional shapes
- visualizing and illustrating changes in shapes
- using coordinate geometry

**Algebraic Thinking**

- describing, analyzing, and generalizing patterns, relations, and functions
- writing and using expressions, equations, inequalities, graphs, and formulas

**Data Analysis and Probability**

- analyzing, organizing, and interpreting data
- identifying patterns and making predictions, inferences, and valid conclusions
- using probability and statistics

**Contenido de la Prueba de Lectura / Grado 8**

La prueba de Lectura FCAT es la prueba que evalúa las Normas Básicas Educativas de Lectura del estado de La Florida (*Sunshine State Standards*). La sección de Literatura incluye textos de ficción, poemas y cuentos folklóricos. La sección de Información incluye artículos de revistas o periódicos, y textos sobre ciencias, historia, u otros temas. La prueba de Lectura de FCAT evalúa lo siguiente:

- analizar los significados de un texto usando elementos claves
- analizar palabras y textos, llegar a conclusiones, usar elementos claves del texto y de la estructura de palabras, y reconocer patrones organizacionales
- determinar las ideas principales, indicadas o implícitas, o el mensaje más importante de un texto
- identificar el propósito y/o el punto de vista del autor
- revisar que la información de investigaciones sea válida y precisa (lo que incluye la identificación de hechos y opiniones, y argumentos dominantes y secundarios y la influencia que las opiniones personales de un autor tiene en un texto)
- reconocer el uso de la comparación y el contraste en un texto
- reconocer los elementos complejos de un texto, lo cual incluye la trama, el tema, el lugar donde ocurre la acción, el desarrollo de los personajes, su conflicto y el desenlace
- comprender las distintas maneras en que se usan el desarrollo de los personajes y de la trama, el punto de vista y el tono en diferentes textos
- reconocer el uso de causa y efecto
- comprender las semejanzas y diferencias entre los personajes, el lugar donde ocurre la acción y los acontecimientos, tal como se presentan en diferentes textos
- ubicar, organizar y analizar información escrita para diferentes usos
- reunir información de varias fuentes de referencia, tales como índices, revistas y periódicos, para diferentes usos
- sintetizar y clasificar en un orden práctico la información reunida, haciendo uso de diferentes técnicas

**Contenido de la Prueba de Matemáticas / Grado 8**

La prueba de Matemáticas FCAT es la prueba que evalúa las Normas Básicas Educativas de Matemáticas del estado de La Florida (*Sunshine State Standards*). Esta prueba evalúa las habilidades siguientes:

**Comprensión numérica, conceptos y operaciones**

- identificación de operaciones (+, -, x, ÷) y los efectos de las mismas
- estimación de resultados
- conocer como están representados los números y su uso

**Medidas**

- reconocimiento de medidas y de unidades de medidas
- comparación y conversión de medidas

**Geometría y conocimientos espaciales**

- descripción, dibujo, identificación y análisis de figuras de dos y tres dimensiones
- visualización e ilustración de cambios en los contornos
- uso de geometría coordinada

**Razonamiento algebraico**

- descripción, análisis y generalización de patrones, relaciones y funciones
- escritura y uso de expresiones, ecuaciones, disparidades, gráficas y fórmulas

**Análisis de datos y probabilidades**

- análisis, organización e interpretación de datos
- identificación de patrones de conducta y haciendo predicciones, interferencias y conclusiones válidas
- uso de probabilidades y estadísticas

La Prueba de Evaluación Comprensiva del Estado de La Florida (FCAT) mide el rendimiento del estudiante según criterios específicos en áreas de lectura y matemáticas, los cuáles están especificados en las Normas Básicas Educativas del Estado de La Florida (*Sunshine State Standards*). Dichas normas establecen el nivel de conocimientos que los estudiantes del estado de La Florida deben tener y saber aplicar. El estudiante puede alcanzar uno de los cinco niveles de rendimiento posibles, en base a la calificación total. El estudiante puede alcanzar una calificación entre 100 y 500 en cada área de estudio.

**Nivel 5:** Este nivel de rendimiento indica que el estudiante ha alcanzado con facilidad el nivel de conocimientos establecido en las Normas Básicas Educativas del Estado de La Florida. Un estudiante del Nivel 5 responde a la mayoría de las preguntas correctamente, incluyendo las más complicadas.

**Nivel 4:** Este nivel de rendimiento indica que el estudiante ha alcanzado satisfactoriamente el nivel de conocimientos establecido en las Normas Básicas Educativas del Estado de La Florida. Un estudiante del Nivel 4 responde a la mayoría de las preguntas correctamente, pero responde acertadamente solamente a algunas de las preguntas más complicadas.

**Nivel 3:** Este nivel de rendimiento indica que el estudiante ha alcanzado de una manera parcialmente satisfactoria el nivel de conocimientos establecido en las Normas Básicas Educativas del Estado de La Florida y presenta un rendimiento variable. Un estudiante del Nivel 3 responde a muchas de las preguntas correctamente, pero en general, tiene bastante dificultad con las preguntas más complicadas.

**Nivel 2:** Este nivel de rendimiento indica que el estudiante, de una manera limitada, ha podido alcanzar el nivel de conocimientos establecidos en las Normas Básicas Educativas del Estado de La Florida.

**Nivel 1:** Este nivel de rendimiento indica que el estudiante ha tenido poco éxito en alcanzar el nivel de conocimientos establecido en las Normas Básicas Educativas del Estado de La Florida.



NORM-REFERENCED TEST  
**Student Report**  
 Grade 08

Student Name: [REDACTED]  
 Student Number: [REDACTED]  
 School Name and Number  
 2511 - MIDDLE SCHOOL OF ARTS  
 District Name and Number  
 50 - PALM BEACH

This report shows your results from the FCAT National Norm-Referenced Test.

The FCAT Norm-Referenced Test measures your achievement on a test that was given to a national sample of students. Your norm-referenced scores in Reading Comprehension and in Mathematics Problem Solving describe your performance in relation to the performance of students throughout the nation. Your scores are shown below.

**SUBJECT SCORES**

	Scale Score	National Percentile Rank	Stanine
Reading Comprehension	[REDACTED]	[REDACTED]	[REDACTED]
Mathematics Problem Solving	[REDACTED]	[REDACTED]	[REDACTED]

The Scale Score expresses your performance and allows comparisons from year to year. Reading Comprehension Scale Scores range from 510 to 824. Mathematics Problem Solving Scale Scores range from 527 to 836.

The National Percentile Rank and Stanine indicate your relative standing in comparison to the national reference group. National Percentile Ranks range from 1 to 99. Stanines range from 1 to 9.

If you took the test again, your National Percentile Rank might be slightly higher or lower than stated here. However, your National Percentile Rank would probably fall within a certain range. For Reading Comprehension, your National Percentile Rank should be between 65 and 86. For Mathematics Problem Solving, your National Percentile Rank should be between 30 and 51.

**CONTENT SCORES**

	Number of Points Possible	Number of Points Earned	Number of Questions Attempted
<b>Reading Comprehension</b>	[REDACTED]	[REDACTED]	[REDACTED]
Initial Understanding	[REDACTED]	[REDACTED]	[REDACTED]
Interpretation	[REDACTED]	[REDACTED]	[REDACTED]
Critical Analysis	[REDACTED]	[REDACTED]	[REDACTED]
Strategies	[REDACTED]	[REDACTED]	[REDACTED]
<b>Mathematics Problem Solving</b>	[REDACTED]	[REDACTED]	[REDACTED]
Measurement	[REDACTED]	[REDACTED]	[REDACTED]
Estimation	[REDACTED]	[REDACTED]	[REDACTED]
Problem Solving	[REDACTED]	[REDACTED]	[REDACTED]
Number Relationships	[REDACTED]	[REDACTED]	[REDACTED]
Number Systems	[REDACTED]	[REDACTED]	[REDACTED]
Patterns & Functions	[REDACTED]	[REDACTED]	[REDACTED]
Algebra	[REDACTED]	[REDACTED]	[REDACTED]
Statistics	[REDACTED]	[REDACTED]	[REDACTED]
Probability	[REDACTED]	[REDACTED]	[REDACTED]
Geometry	[REDACTED]	[REDACTED]	[REDACTED]

The content tested is described on the back of this report. Each question was worth 1 point.

### Grades 5, 6, 7, and 8

#### The FCAT NRT Reading Comprehension Test assesses the following objectives:

- *Initial Understanding* - Demonstrate the ability to comprehend explicitly stated relationships in a variety of reading selections.
- *Interpretation* - Demonstrate the ability to form an interpretation of a variety of reading selections based on explicit and implicit information in the selections.
- *Critical Analysis* - Demonstrate the ability to synthesize and evaluate explicit and implicit information in a variety of reading selections.
- *Strategies* - Demonstrate the ability to recognize and apply text factors and reading strategies in a variety of reading selections.

The above objectives are measured within the following contexts:

- *Recreational* - material typically read for enjoyment.
- *Textual* - material typically found in grade-appropriate textbooks and other sources of information.
- *Functional* - material typically encountered in everyday life situations.

#### The FCAT NRT Mathematics Problem Solving Test assesses the following objectives:

- *Measurement* - Demonstrate an understanding of the principles of measurement.
- *Estimation* - Determine the reasonableness of results and apply estimation in problem solving.
- *Problem Solving Strategies* - Demonstrate an understanding of the process of solving conventional and non-routine problems.
- *Number and Number Relationships* - Represent and use numbers in equivalent forms in real-world and mathematical problems, and demonstrate number sense for whole numbers, fractions, decimals, and integers.
- *Number Systems and Number Theory* - Demonstrate an understanding of relationships among arithmetic operations and apply concepts of number theory such as primes, factors, and multiples in real-world and mathematical problems.
- *Patterns and Functions* - Identify numerical and geometric patterns and functions and use them to solve problems.
- *Algebra* - Demonstrate the ability to evaluate expressions and solve linear equations.
- *Statistics* - Demonstrate an understanding of the relationships in data sets.
- *Probability* - Demonstrate an understanding of the laws governing chance.
- *Geometry* - Demonstrate an understanding of geometric principles.

### Grados 5, 6, 7, y 8

#### La Prueba de Comprensión de Lectura FCAT NRT evalúa los siguientes objetivos:

- *Entendimiento* - Demostrar su habilidad para comprender explícitamente el contenido y la relación entre sí dentro de una variedad de selecciones de lectura.
- *Interpretación* - Demostrar su capacidad interpretativa dentro de una variedad de selecciones de lectura, basándose en información explícita e implícita en dichas selecciones.
- *Análisis crítico* - Demostrar la habilidad para sintetizar y evaluar información explícita e implícita en una variedad de selecciones de lectura.
- *Estrategias* - Demostrar habilidad para reconocer y aplicar el contenido del texto y estrategias utilizadas en una variedad de selecciones de lectura.

Los objetivos anteriores se evalúan en los contextos siguientes:

- *Recreativo* - material utilizado para entretenimiento.
- *Textual* - material utilizado en libros de texto del grado apropiado y en otros medios informativo.
- *Funcional* - material utilizado en la vida diaria.

#### La Prueba para Resolver Problemas de Matemáticas FCAT NRT evalúa los siguientes objetivos:

- *Medidas* - Demostrar sus conocimientos de los principios de medir.
- *Estimación* - Determinar cuán razonables son los resultados y aplicar la estimación en la solución de problemas.
- *Estrategias para resolver problemas* - Demostrar comprensión del proceso de resolver problemas convencionales y fuera de lo común.
- *Números y relaciones entre números* - Representar y usar números en formas equivalentes en problemas de matemática y de la vida diaria, y demostrar sentido para las fracciones, los decimales y los números enteros, positivos y negativos.
- *Sistemas y teoría de los números* - Demostrar conocimiento numérico de las relaciones entre las operaciones de aritmética y aplicar conceptos de la teoría de los números tales como números primos, factores y múltiplos en problemas de matemática y de la vida diaria.
- *Pautas y funciones* - Identificar funciones y pautas numéricas y usarlas para resolver problemas.
- *Algebra* - Demostrar la capacidad para evaluar expresiones algebraicas y resolver ecuaciones lineales.
- *Estadística* - Demostrar conocimiento en procesamiento de data.
- *Probabilidad* - Demostrar conocimiento de las leyes que gobiernan el azar.
- *Geometría* - Demostrar conocimiento de los principios de geometría.



HTL  
K

# FLORIDA CERTIFICATE OF IMMUNIZATION (HRS 680 - PART A) (1\*)

(Florida Statutes 232.032)

FOR CHILDREN WHO HAVE COMPLETED ALL REQUIRED IMMUNIZATIONS FOR SCHOOL ATTENDANCE

[REDACTED] DATE OF BIRTH [REDACTED]  
[REDACTED] SS# [REDACTED]

DOCTOR: PART A OF THIS FORM IS USED ONLY IF THE CHILD HAS RECEIVED ALL REQUIRED IMMUNIZATIONS LISTED BELOW. IF NOT, SEE REVERSE SIDE.

7/28/2018

DTP - 5 DOSES REQUIRED (A\*)

# [REDACTED] MO DA YR MO DA YR MO DA YR MO DA YR MO DA YR

IF THE FOURTH PRIMARY DOSE OF DTP IS ADMINISTERED ON OR AFTER THE FOURTH BIRTHDAY, A FIFTH DOSE IS NOT REQUIRED.  
DT (PEDIATRIC) VACCINE IS ACCEPTABLE IF PERTUSSIS VACCINE IS MEDICALLY CONTRAINDICATED. (COMPLETE PART C FOR PERTUSSIS CONTRAINDICATION.) (B\*)  
Td (ADULT) VACCINE (A SERIES OF 3 DOSES) IS ACCEPTABLE AND RECOMMENDED FOR CHILDREN 7 YEARS OF AGE OR OLDER. (C\*)

POLIO (OPV) - 4 DOSES REQUIRED (D\*)

#1 [REDACTED] MO DA YR MO DA YR MO DA YR MO DA YR

IF THE THIRD PRIMARY DOSE OF OPV IS ADMINISTERED ON OR AFTER THE FOURTH BIRTHDAY, A FOURTH DOSE IS NOT REQUIRED.  
IPV IS AN ACCEPTABLE ALTERNATIVE IF OPV IS NOT INDICATED.  
POLIO VACCINE IS OMITTED FROM THE REQUIRED IMMUNIZATIONS OF CHILDREN 18 YEARS OF AGE OR OLDER.

MEASLES, MUMPS, AND RUBELLA - 2 DOSES REQUIRED FOR MEASLES  
1 DOSE REQUIRED FOR MUMPS AND RUBELLA

MMR COMBINED - 1st DOSE AT 12 MONTHS OF AGE OR OLDER (RECOMMENDED AT 15 MONTHS) (F\*)  
2nd DOSE REQUIRED PRIOR TO KINDERGARTEN ENTRANCE  
(VALID IF GIVEN AT LEAST 30 DAYS AFTER 1st DOSE)

[REDACTED] MO DA YR [REDACTED] MO DA YR

-OR-  
MEASLES SINGLE - 1st DOSE AT 12 MONTHS OF AGE OR OLDER (RECOMMENDED AT 15 MONTHS) (G\*)  
2nd DOSE REQUIRED PRIOR TO KINDERGARTEN ENTRANCE  
(VALID IF GIVEN AT LEAST 30 DAYS AFTER 1st DOSE)

[REDACTED] MO DA YR [REDACTED] MO DA YR

MUMPS SINGLE - 1 DOSE AT 12 MONTHS OF AGE OR OLDER (H\*)

RUBELLA SINGLE - 1 DOSE AT 12 MONTHS OF AGE OR OLDER (I\*)

ALL APPROPRIATE DOSES AND DATES, INCLUDING BIRTHDATE MUST BE ENTERED, AND THE CERTIFICATE SIGNED BELOW BY A PHYSICIAN OR AUTHORIZED PERSON AND DATED IN ORDER FOR THE CHILD TO ATTEND SCHOOL.

I HAVE REVIEWED THE RECORDS AVAILABLE AND TO THE BEST OF MY KNOWLEDGE THE ABOVE NAMED CHILD HAS BEEN ADEQUATELY IMMUNIZED AGAINST DIPHThERIA, TETANUS, PERTUSSIS, POLIO, MEASLES, MUMPS, AND RUBELLA AS REQUIRED BY FLORIDA LAW FOR SCHOOL ATTENDANCE.

YAL PALM BEACH, FL 33411  
PHONE #733-9417

[REDACTED SIGNATURE]

JUL 28 1998

PHYSICIAN OR CLINIC NAME (PLEASE PRINT)

PHYSICIAN OR AUTHORIZED SIGNATURE

DATE

DOE AUTOMATED STUDENT DATA BASE CODES: \* IMMUNIZATION STATUS CODE / \* VACCINATION CODE





The School District of Palm Beach County  
**NEW/RETURNING STUDENTS  
 REGISTRATION**

DISTRIBUTION: 1901 TCHR:CHILDER, TNBR: 507  
 HMRM: 507  
 STD: 18842421

**VERIFICATION FOR NEW/RETURNING STUDENTS:  
 TO THE PARENTS OR GUARDIANS:**  
 NEW STUDENTS: Complete all non-shaded areas.  
 RETURNING STUDENTS: Please review both sides for  
 correctness of typed information shown below and on the  
 other side. If the information printed is incorrect, please  
 correct it by carefully and lightly crossing out the incorrect  
 information and writing the correct information above it.

RUN DATE: 8/15/96

(1) STUDENT'S LEGAL NAME: [REDACTED] (2) ALSO KNOWN AS: [REDACTED]

(3) LOCAL ADDRESS: [REDACTED] (4) MAILING ADDRESS: [REDACTED]

(5) STUDENT'S SOCIAL SECURITY NO. (OPTIONAL): [REDACTED] (6) HOME PHONE NO.: [REDACTED]

(7) SEX:  FEMALE  MALE (8) RACE:  W AMERICAN INDIAN  B BLACK NON-HISPANIC  A ASIAN PACIFIC ISLANDER  H HISPANIC  W WHITE NON-HISPANIC  M MULTI-RACIAL

(9) DATE OF BIRTH: [REDACTED] (10) PLACE OF BIRTH: FLORIDA FL (11) RESIDENT STATUS:  3  0 FOREIGN EXCHANGE STUDENT  1 OUT-OF-COUNTY RESIDENT  2 OUT-OF-STATE RESIDENT  3 IN-COUNTY RESIDENT (12) ENTRY DATE WTO ESA: [REDACTED]

(13) FEDERAL IMPACT AID SURVEY (IF APPLICABLE) (CHECK THE LETTER CODE FOR ONE CODE ONLY):  
 A. Student resides on federal property, parent employed on federal property, not in a uniformed service  
 L. Student resides on federal property, parent not employed on federal property  
 J. Student resides in low rent housing, parent not employed on federal property  
 K. Student resides on nonfederal property, parent employed on federal property in Palm Beach County  
 D. Student resides on nonfederal property, parent on active duty in uniformed services

(14) HAS THIS CHILD BEEN ENTERED IN ANY PRESCHOOL?  YES  NO (Please place a checkmark (✓) by each program attended. Also, indicate with an asterisk (\*) the program your child was in the longest.)  
 C. CHAPTER 1  M. MIGRANT PRE-K  
 D. PRE-K DISABILITIES  N. NON-SUBSIDIZED CHILD CARE  
 E. PRE-K (EARLY INTERVENTION)  O. OTHER  
 H. HEADSTART  S. SUBSIDIZED CHILD CARE

(15) IS THE STUDENT A SINGLE PARENT?  YES  NO (16) GRADE LEVEL: 05

**TRANSFER INFORMATION:**

(17) NAME OF SCHOOL TRANSFERRING FROM: [REDACTED] (18) CITY OR LOCATION: [REDACTED] (19) DATE OF LAST ATTENDANCE: [REDACTED]

(20) GRADE LEVEL: [REDACTED] (21) LAST PUBLIC SCHOOL ATTENDED IN PALM BEACH COUNTY: [REDACTED] (22) DATE ATTENDED: [REDACTED]

**FREE OR REDUCED PRICE LUNCH AND HEALTH INFORMATION:**

(23) HAVE YOU FILLED OUT AN APPLICATION FOR FREE OR REDUCED LUNCH? (Application is provided with this Registration Form)  YES  NO

(24) HEALTH SCREENINGS:  NO I give permission for my child to be given health screenings. These tests may be given individually or in groups.  YES  NO

(25) SODIUM FLUORIDE:  NO I give permission for my child to participate in the Sodium Fluoride Program to prevent dental decay. Permission is valid through grade six.  YES  NO

**NEW STUDENTS TO PALM BEACH COUNTY: HOME LANGUAGE SURVEY**

(26) WHAT LANGUAGE IS SPOKEN IN THE HOME BY THE PARENT or GUARDIAN: [REDACTED] (27) WHAT LANGUAGE IS SPOKEN IN THE HOME BY THE STUDENT? [REDACTED] (28) DATE OF ENTRY INTO THE ESOL PROGRAM: [REDACTED] (29) 1. Is a language other than English used in the home?  YES  NO  
 2. Does the student have a first language other than English?  YES  NO  
 3. Does the student most frequently speak a language other than English?  YES  NO

**FOR OFFICE USE ONLY:**

(30) SCHOOL NO.: 1901 (31) STUDENT NUMBER: 18842421 (32) STUDENT LANGUAGE: EN (33) COB: US (34) ENTRY CODE: EO1 (35) ENTRY DATE: 08/21/98 (36) SAL CODE: 420D

(37) PARENT/GUARDIAN LANGUAGE: EN (38) GRADE LEVEL: 05 (39) CALENDAR: 01 (40) TEACHER NO.: 507

(41) REASSESSMENT CODE:  A-ADM  E-ESE  S-ESOL  N-MAC (42) TRANSPORTATION:  YES  NO (43) VERIFICATION OF BIRTH: 1 (44) HRG: Z (45) DOCUMENTATION CHECKLIST (CHECK AND DATE WHEN RECEIVED):  
 DATE: \_\_\_\_\_ IMMUNIZATIONS  DATE: \_\_\_\_\_ VERIFICATION OF BIRTH RECORDS  
 DATE: \_\_\_\_\_ SOCIAL SECURITY NO. (OPTIONAL)  DATE: \_\_\_\_\_ PHYSICAL EXAMS

(46) DATA ENTRY COMPLETED BY: [REDACTED] DATE: [REDACTED]

(47) I VERIFY THAT THE INFORMATION GIVEN IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. [REDACTED] DATE: [REDACTED]

PBSD 0836 REV. 5/96 FRONT

BOTH PARENTS     
  MOTHER     
  FATHER     
  SHARED CUSTODY     
  OTHER

(14) TRANSPORTED BY: Student will be transported to/from school by means other than parent  YES  NO IF YES, PLEASE PROVIDE THE SCHOOL WITH A COPY OF THE COURT ORDER.

(51) FATHER/GUARDIAN DOES FATHER HAVE CUSTODY?  YES  NO  
 (52) MOTHER/GUARDIAN DOES MOTHER HAVE CUSTODY?  YES  NO

LAST NAME: [REDACTED] FIRST: [REDACTED] MIDDLE: [REDACTED]      YES  
 LAST NAME: [REDACTED] FIRST: [REDACTED] MIDDLE: [REDACTED]      YES

HOME ADDRESS: [REDACTED] LOXAHATCHEE FL 33470      HOME ADDRESS: [REDACTED] LOXAHATCHEE FL 33470

OCCUPATION: Palm Bch Fire      OCCUPATION:

PLACE OF EMPLOYMENT: [REDACTED]      PLACE OF EMPLOYMENT: [REDACTED]

BUSINESS PHONE: [REDACTED]      BUSINESS PHONE: [REDACTED]

(53) HIGHEST LEVEL OF EDUCATION COMPLETED (OPTIONAL)      (54) HIGHEST LEVEL OF EDUCATION COMPLETED (OPTIONAL)

A  ELEMENTARY SCHOOL GRADES 1-8      B  SOME HIGH SCHOOL GRADES 9-12      C  HIGH SCHOOL Graduate      A  ELEMENTARY SCHOOL GRADES 1-8      B  SOME HIGH SCHOOL GRADES 9-12      C  HIGH SCHOOL Graduate

D  SOME POST-SECONDARY Technical/College Graduate or above      E  TECHNICAL/COLLEGE Graduate or above      D  SOME POST-SECONDARY Technical/College Graduate or above      E  TECHNICAL/COLLEGE Graduate or above

(55) LEGAL GUARDIAN (IF ANY) DOES LEGAL GUARDIAN HAVE CUSTODY?  YES  NO

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ PLACE OF EMPLOYMENT: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

**EMERGENCY HEALTH AND SAFETY INFORMATION**

(56) PART I: PERSON(S) OTHER THAN PARENT AUTHORIZED TO PICK UP STUDENT. (57) PASSWORD.

(58) NAME	(59) PHONE	(60) RELATIONSHIP	(61) AUTHORIZED FOR EMERGENCY PICKUP
[REDACTED]	[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

(62) PART II: If school is unable to contact you in case of illness or accident, may we have your permission to call your doctor or emergency services (911) for transport to the hospital?  YES  NO

(64) FAMILY DOCTOR: [REDACTED]      (65) PHONE NUMBER:      (66) HOSPITAL PREFERENCE:

(67) IF YOUR CHILD SUFFERS FROM ANY ILLNESS OR HAS ANY PHYSICAL DEFECTS THAT WE SHOULD BE AWARE OF, PLEASE LIST: *None.*

**YOUR CHILDREN IN OTHER PALM BEACH COUNTY SCHOOLS:**

(68) NAME(S) OF CHILDREN	(69) SCHOOL ATTENDING	(70) STUDENT NO. (OPTIONAL)	(71) GRADE	(72) BIRTH DATE

STUDENT NAME: [Redacted]  
 Legal: [Redacted]  
 BIRTHDATE: [Redacted] Verified by Birth Certificate:  Yes  
 If Not, What Type Verification?  
 BIRTHPLACE: Boynton Beach, Fl.  
 CURRENT SCHOOL: (use pencil in this space, until final.)  
 Name: Loxahatchee Groves El  
 Street: [Redacted]  
 City: Lox, FL 33470

SEX: F RACIAL/ETHNIC GROUP:  Hispanic,  American Indian/Native Alaskan,  Asian/Pacific Islander,  White, Not Hispanic,  Black, Not Hispanic  
 ADDRESS: [Redacted] PHONE NUMBER (optional): [Redacted]  
 NAME OF PARENT(S) OR LEGAL GUARDIAN OR OTHER RESPONSIBLE ADULT AT HOME: [Redacted]  
 P:  G:  OA:   
 Date First Entered This District: Aug. 26, 1991  
 Withdrawal Data: [Blank] [Blank] [Blank]

FLORIDA PERMANENT RECORD CARD  
 CATEGORY A - Education Records  
 GRADES K-5

School	Grade	School	Grade	School	Grade	School	Grade	School	Grade		
Rolling Green	K	Rolling Green	1	Rolling Green	2	Rolling Green	3	Loxahatchee Groves El	4		
School Year: 19-91-19-92		School Year: 19-92-19-93		School Year: 19-93-19-94		School Year: 19-94-19-95		School Year: 19-95-19-96			
Days Present: 180	Days Absent: 0	Days Present: 179	Days Absent: 1	Days Present: 179	Days Absent: 1	Days Present: 173	Days Absent: 7	Days Present: 174	Days Absent: 6		
Subject	Teacher	Mark	Subject	Teacher	Mark	Subject	Teacher	Mark	Subject	Teacher	Mark
MATHEMATICS			MATHEMATICS			MATHEMATICS			MATHEMATICS		
READING			READING			READING			READING		
LANGUAGE			LANGUAGE			LANGUAGE			LANGUAGE		
SPELLING			SPELLING			SPELLING			SPELLING		
HANDWRITING			HANDWRITING			HANDWRITING			HANDWRITING		
SOCIAL STUDIES			SOCIAL STUDIES			SOCIAL STUDIES			SOCIAL STUDIES		
SCIENCE and HEALTH			SCIENCE and HEALTH			SCIENCE and HEALTH			SCIENCE and HEALTH		
BEHAVIOR CODE AVERAGE			BEHAVIOR CODE AVERAGE			BEHAVIOR CODE AVERAGE			BEHAVIOR CODE AVERAGE		
Indicate: Promote (P) Retain (R) Summer School (SS)			Indicate: Promote (P) Retain (R) Summer School (SS)			Indicate: Promote (P) Retain (R) Summer School (SS)			Indicate: Promote (P) Retain (R) Summer School (SS)		
Loxahatchee Groves Elem. School, Loxahatchee, Florida 33470	Grade: 5	School:	Grade:	School:	Grade:	School:	Grade:	School:	Grade:		
School Year: 19-96-19-97		School Year: 19- -19- -		School Year: 19- -19- -		School Year: 19- -19- -		School Year: 19- -19- -			
Days Present: 172	Days Absent: 6	Days Present:	Days Absent:	Days Present:	Days Absent:	Days Present:	Days Absent:	Days Present:	Days Absent:		
Subject	Teacher	Mark	Subject	Teacher	Mark	Subject	Teacher	Mark	Subject	Teacher	Mark
MATHEMATICS			MATHEMATICS			MATHEMATICS			MATHEMATICS		
READING			READING			READING			READING		
LANGUAGE			LANGUAGE			LANGUAGE			LANGUAGE		
SPELLING			SPELLING			SPELLING			SPELLING		
HANDWRITING			HANDWRITING			HANDWRITING			HANDWRITING		
SOCIAL STUDIES			SOCIAL STUDIES			SOCIAL STUDIES			SOCIAL STUDIES		
SCIENCE and HEALTH			SCIENCE and HEALTH			SCIENCE and HEALTH			SCIENCE and HEALTH		
BEHAVIOR CODE AVERAGE			BEHAVIOR CODE AVERAGE			BEHAVIOR CODE AVERAGE			BEHAVIOR CODE AVERAGE		
Indicate: Promote (P) Retain (R) Summer School (SS)			Indicate: Promote (P) Retain (R) Summer School (SS)			Indicate: Promote (P) Retain (R) Summer School (SS)			Indicate: Promote (P) Retain (R) Summer School (SS)		

P86D0932

STUDENT NAME:	SEX	RACIAL/ETHNIC GROUP <input type="checkbox"/> White, Not Hispanic <input type="checkbox"/> Black, Not Hispanic	<input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian/Pacific Islander	STUDENT NUMBER
CURRENT SCHOOL: (use pencil in this space, until final.) Name _____ Street _____ City _____		ADDRESS: _____ _____		BIRTHDATE

6

School:		Grade:	
School Year: 19-____ - 19-____			
Days Present:		Days Absent:	
Subject	Teacher	Mark	
MATHEMATICS			
READING			
LANGUAGE			

Subject	Teacher	Mark
SPELLING		
HANDWRITING		
SOCIAL STUDIES		
SCIENCE and HEALTH		
BEHAVIOR		
CODE AVERAGE		
Indicate: Promote (P) Retain (R) Summer School (SS)		



7

School:		Grade:	
School Year: 19-____ - 19-____			
Days Present:		Days Absent:	
Subject	Teacher	Mark	
MATHEMATICS			
READING			
LANGUAGE			

Subject	Teacher	Mark
SPELLING		
HANDWRITING		
SOCIAL STUDIES		
SCIENCE and HEALTH		
BEHAVIOR		
CODE AVERAGE		
Indicate: Promote (P) Retain (R) Summer School (SS)		



FLORIDA PERMANENT RECORD CARD  
 CATEGORY A - Education Records  
 GRADES 6-8

PBSD0932



# FLORIDA CERTIFICATION OF IMMUNIZATION

STATUTES 232.032, s. 64D-3.011, F.A.C and s. 65C-22.006, F.A.C.

[REDACTED]
[REDACTED]
[REDACTED]

---

MI [REDACTED]

---

PARENT OR GUARDIAN
Child's SS# (optional)
STATE IMMUNIZATION ID#<sup>1</sup>

### Directions:

- Enter all appropriate doses and dates below.
- Sign and date appropriate certificate (A-1, A-2, B, or C) on reverse side of form.
- If the child is presenting for the 7th grade requirement only and has previously filed a Certificate of Immunization (680A or 680A-1) with their current Florida school, fill in boxed areas below and complete Part A-2 on the reverse side of this form.
- For additional information: See Immunization Guidelines for School and Child Care Facilities for information and instructions on form completion and immunization requirements. Guidelines are updated annually and are available from the local county health department.

VACCINE	DOE CODE	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
<b>DTaP/DTP<sup>2</sup></b>	A					
<b>DT<sup>3</sup></b>	B					
<b>Td<sup>4</sup></b>	C					
<b>Polio<sup>5</sup></b>	D					
<b>HIB<sup>6</sup></b>	E					
<b>MMR (Combined)<sup>7</sup></b>	F					
(Separate) <sup>8</sup>	G,H,I	Measles (dose 1)	Measles (dose 2)	Mumps	Rubella	
<b>Hepatitis B<sup>9</sup></b>	J					

- The state immunization ID# is an identifier supplied by the state immunization registry (optional).
- DTP 5 doses required. If the fourth primary dose is administered on or after the fourth birthday a fifth dose is not required. DTaP is an acceptable alternative for one or more doses of DTP.
- DT (pediatric) is acceptable if Pertussis vaccine is medically contraindicated. (Complete Part C for Pertussis contraindication.)
- Td (Adult) Vaccine is recommended for children 7 years of age or older.
- Polio 4 doses required. If the third dose is administered on or after the fourth birthday, a fourth dose is not required. IPV is an acceptable alternative for one or more doses of OPV. Polio vaccine is not required for children 18 years of age or older.
- Hib is required for child care and preschool entry and attendance only.
- 1st dose valid if given on or after 1st birthday. Second dose (measles) valid if given at least 1 month after 1st dose. A second dose of measles (preferably MMR) is required for students in grades K-4 in the 1997-98 school year, and 7th grade entry and attendance effective with the 1997/98 school year. In each subsequent year thereafter, the next highest grades are included.
- Includes single measles vaccine (G), single mumps vaccine (H) or single rubella vaccine (I).
- Hepatitis B vaccine series is required for seventh grade entry and attendance effective with the 1997-98 school year and kindergarten entry and attendance effective with the 1998-99 school year. In each subsequent year thereafter, the next highest grades are included.

LAST NAME

FIRST

MI

DOB (MO/DA/YR)

**Certificate of Immunization for K-12 Excluding 7th Grade Requirements**

**PART A-1** (Immunizations are complete for school entry and attendance grades kindergarten through 12 with the exception of the 7th grade requirement.) DOE Code 1

*I have reviewed the records available, and to the best of my knowledge, the above named child has been adequately immunized against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella and hepatitis B (for kindergarten effective with the 1998/99 school year) for school attendance as documented on the reverse side of this form.*

Physician or Clinic Name: \_\_\_\_\_ Physician or  
(Print or stamp) (Print or stamp) Authorized Signature: \_\_\_\_\_  
Address: \_\_\_\_\_ Date: \_\_\_\_\_

**Certificate of Immunization Supplement for 7th Grade Requirement**

**Part A-2** (Immunizations are complete for students who enter or attend the 7th grade after the beginning of the 1997/98 school year. Each subsequent year thereafter, the next highest grade will be included in the requirement.) DOE Code 8

*I have reviewed the records available, and to the best of my knowledge, the above named child has received the following immunizations required for entry and attendance in 7th grade effective with the 1997/98 school year: tetanus-diphtheria booster, hepatitis B vaccine series, and second dose of measles vaccine as documented on the reverse side of this form (boxed areas).*

Physician or Clinic Name: \_\_\_\_\_ Physician or  
(Print or stamp) (Print or stamp) Authorized Signature: \_\_\_\_\_  
Date: 7/12/00

**Temporary Medical Exemption**

**PART B** (For preschool children, children in day care and school children who are incomplete for immunizations in Part A-1 or A-2.) **Invalid without expiration date.** DOE Code 2

*I certify that the above named child has received the immunizations documented on the reverse side of this form and has commenced a schedule to complete the required immunizations. Additional immunizations are not medically indicated at this time.*

Physician or Clinic Name: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
(Print or Stamp) (15 days after next immunization appointment)  
Address: \_\_\_\_\_ Physician or  
Authorized Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Permanent Medical Exemption**

**PART C** For medically contraindicated immunizations, list each vaccine and state valid clinical reasoning or evidence for exemption: DOE Code 3

*I certify that the physical condition of this child is such that immunization(s) as indicated in Part C above is medically contraindicated.*

Physician or Clinic Name: \_\_\_\_\_ Physician Signature: \_\_\_\_\_  
(Print or stamp)  
Address: \_\_\_\_\_ Date: \_\_\_\_\_

DH 660, 8/98, replaces earlier editions (Stock Number: 5740-010-0630-6)

**YOUR SCORES**

Test Date: MARCH 2004

SAT II Reasoning Test	Score	Score Range	Percentiles <sup>1</sup>	
			College-bound Seniors	State
Verbal	480	38-58	38	16
Math	410	16-33	16	7

LOXAHATCHEE FL 33470

**WHAT DOES YOUR SCORE RANGE MEAN?**  
 No single numerical score can exactly represent your reasoning skills. If you had taken different editions of the test within a short period of time, your performance would probably vary somewhat on the 200 to 800 scale.

**HOW DO YOU COMPARE WITH COLLEGE-BOUND SENIORS?**  
 Percentiles indicate what percentage of test takers earned a score lower than yours. The national percentile for your verbal score of 480 is 38, indicating you did better than 38 % of the national group of college-bound seniors. The national percentile for your math score of 410 is 16, indicating you did better than 16 % of the national group of college-bound seniors.

**DID YOU DO BETTER IN VERBAL OR MATH?**  
 Your scores indicate that you performed better on the verbal test than on the math test.

**WHAT'S THE AVERAGE VERBAL OR MATH SCORE?**  
 For college-bound seniors in the class of 2003, the average verbal score was 507 and the average math score was 519.

**WILL YOUR SCORES CHANGE IF YOU TAKE THE TEST AGAIN?**  
 If you take the test again, especially if you study between now and then, your scores may go up.

Among students with verbal scores of 480, 58% score higher on a second testing, 33% score lower, and 9% receive the same score. On average, a person with a verbal score of 480 gains 13 point(s) on a second testing.  
 Among students with math scores of 410, 65% score higher on a second testing, 27% score lower, and 7% receive the same score. On average, a person with a math score of 410 gains 21 point(s) on a second testing.

**HOW DID YOU DO ON EACH TYPE OF QUESTION?**

Type of Question	Number Right	Number Wrong	Number Omitted	Number of Questions	Raw Score	Estimated Percentile <sup>1</sup> College-bound Seniors
<b>VERBAL</b>						
Critical Reading						
Analogies						
Sentence Completion						
<b>MATH</b>						
Arithmetic and Algebraic Reasoning						
Geometric Reasoning						

Your responses to specific types of questions are presented as number right, number wrong, and number omitted. Raw scores are based on the specific edition of the test that you took. You cannot compare raw scores on different editions of the test or across different types of questions. For each type of question, you

can compare your performance to college-bound seniors who took this test. This percentile is an estimate of the percentage of college-bound seniors who earned a raw score lower than yours on each type of question.

**SUMMARY OF SCORES**

SAT II: Reasoning Test				SAT II: Subject Tests							
Test Date	Grade Level	Verbal	Math	Test Date	Grade Level	Test 1 Score	Writing Subscore <sup>1</sup>	Listening Subscore <sup>1</sup>	Test 2 Score	Test 3 Score	
Mar 04	12	480	410								

<sup>1</sup>Not all tests have subscores

**ID INFORMATION**

To take additional tests you can reregister by mail or by phone and use Visa, MasterCard, American Express, Discover, or JCB. You will need the registration number below and the test date

(see above). To send more score reports you will need the institution's 4-digit codes. See the back of this report for instructions on how to request these services.

Sex	Date of Birth	Social Security Number	Registration Number	Test Center Number	High School Name and Code
F				10740	ROYAL PALM BEACH COMMUNITY HS 101493

Visit [www.collegeboard.com](http://www.collegeboard.com) or refer to the SAT Program Handbook for Interpretive Information.

**PERSONAL AND COLLEGE PROFILES**

**YOUR SDG RESPONSES** | **CHARACTERISTICS OF COLLEGES THAT RECEIVED A SCORE REPORT**  
(Data supplied by the Annual Survey of Colleges and reported in The College Board College Handbook 2004; information may change, so contact the college directly for most recent material.)

INSTITUTIONAL CHARACTERISTICS	Type of School	2-yr College
	Public/Con	Public Con
	Size of School	Undecided
	Setting	Large city In state
	Diversity of Freshman Class	FL resident US Citizen White No housing plans
HIGH SCHOOL PREPARATION	Major	Business mgmt and admin
	Grade Point Average	
	High School Courses	20
	English Foreign Lang. Math Natural Science Social Science Arts/Music Additional Courses	4 English 2 Foreign Lang. 3 Math 3 Natural Sci. 4 Social Science 4+Arts, Music
FRESHMAN ADMISSION	Admission Criteria	
	Test Use/Report Deadline	
	Scores of Mid-50% Enrolled Freshmen	
	Admission Rate	
	Application Deadline	
COSTS/FINANCIAL AID	2003-04 Annual Expenses	
	Financial Aid	
	Financial Aid Deadline	

No information about colleges or scholarship programs is provided here because you did not ask us to report your scores. Many students have not yet decided to which colleges they will apply. If you need help making that decision, try some of the following:

- talk with a guidance counselor at your high school
- talk with your parents or other adults whose opinions you value
- talk with your teachers
- talk with your friends, especially older ones that may be further along in the process or have even been through it before
- look at college guidebooks (we publish our own, the College Handbook) found in your library or guidance office
- ask whether your school has computer software that will identify colleges that meet the criteria you select

LAST NAME  
FIRST NAME  
MI  
SEX  
BIRTH DATE  
SOCIAL SECURITY NUMBER

Here is information you provided:  
 First Language: English only  
 Telephone: 561-753-5472

Religion:  
 Student Search Service: YES



TESTS	PERCENTILE RANKS	LOWEST	SCORE RANGES AVERAGE		HIGHEST
			LOW	HIGH	
READING COMPREHENSION					
MATH CONCEPTS & APPLICATIONS					
TOTAL LANGUAGE					
LANGUAGE MECHANICS					
LANGUAGE EXPRESSION					
SCIENCE					
SOCIAL STUDIES					
	RANGES OF PERCENTILE RANKS	1-25 PERCENTILE	26-50 PERCENTILE	51-75 PERCENTILE	76-99 PERCENTILE

Dear Parent/Guardian:

This spring, Nicole was given the Comprehensive Tests of Basic Skills/Fourth Edition (CTBS/4). This report explains Nicole's test results.

When compared with students across the nation, Nicole scored in the highest range on Reading Comprehension. Nicole's scores were in the high-average range on Math Concepts & Applications.

Additional information about these tests can be found on the back of this page. If you would like more information about Nicole's test scores, please contact our school.

Sincerely,  
Principal





DEPARTMENT OF HEALTH & REHABILITATIVE SERVICES  
STUDENT HEALTH EXAMINATIONS

Date 6/30/97  
Sex F

Student's Full Name \_\_\_\_\_ Phone \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ Birthdate \_\_\_\_\_  
Name of Parent or Guardian \_\_\_\_\_

**A. HEALTH EXAMINATION**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

(✓) Normal=N; Abnormal=A	N	A
1. Appearance	✓	
2. Skin/Nose	✓	
3. Head/Scalp	✓	
4. Eyes	✓	
5. Visual Acuity (R & L)	✓	
6. Ears	✓	
7. Auditory Acuity (R & L)	✓	
8. Nose / Throat	✓	
9. Mouth, Teeth and Gums	✓	
10. Chest / Lungs	✓	
11. Heart	✓	
12. Abdomen	✓	
13. Genitals and Anus	✓	
14. Musculo-Skeletal	✓	
15. Neurological	✓	
16. Alertness	✓	
17. Emotional / Mental/ Behavior Prob)	NA	
18. Handicap, physical/ other (Specify)	NA	
19. Activity Restrictions (Specify)	NA	
20. Abuse, substance/ physical / emotional	NA	
21. Nutrition	✓	
22. Other		

COMMENT: Abnormal Findings, by number

**B. HEALTH HISTORY** (Serious illnesses Injuries: explain)

(attach narrative if additional space needed)

**C. LABORATORY**

Hemoglobin/Hematocrit \_\_\_\_\_ Stool (O & P) \_\_\_\_\_  
Lead \_\_\_\_\_ Sickle Cell \_\_\_\_\_ Tuberculin test: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: Lake Worth, Florida 33460

(Please Print) \_\_\_\_\_  
Authorized Signature \_\_\_\_\_ Date 6/30/97

HRS-II Form 3040, Mar 91 (Obsoletes previous editions)  
(Stock Number: 5744-000-3040-2)

# Loxahatchee Groves

20 Okeechobee Blvd.  
Loxahatchee, FL 33470  
7795-4961  
(407) 791-9318



Michael J. Proctor, Principal  
Willie Jo Young, Assistant Principal  
Judy Hesselton, Assistant Principal

## Elementary Interim Report of Satisfactory Progress

School: Loxahatchee Date: 9-19-96 Grade: 5

To the parent or guardian of \_\_\_\_\_

This report is to advise you that your child is making unsatisfactory progress in:

- Mathematics \_\_\_\_\_
- Reading \_\_\_\_\_
- Language \_\_\_\_\_
- Spelling \_\_\_\_\_
- Handwriting \_\_\_\_\_
- Social Studies \_\_\_\_\_
- Science/Health \_\_\_\_\_
- Behavior \_\_\_\_\_

In order to improve, your child needs to:

- attend school regularly
- bring the necessary supplies and materials to class
- listen carefully and follow directions
- complete classroom assignments
- complete homework assignments
- work independently
- develop better study habits
- improve class behavior
- other: \_\_\_\_\_

We need to work together. Please discuss this report with your child.

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

Please sign and return the portion below the dotted line.  
-----



\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Parent's Phone Number(s)



# Royal Palm Beach Community High School

SENT  
OCT 29 2000

Guidance Department

## Records Request Form

Date: 8-5-00

First Request: \_\_\_\_\_

Second Request: Middle School of the Arts

Previous School Attended \_\_\_\_\_

*9th grade*

School Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_

Student I.D. # \_\_\_\_\_ Date of Birth \_\_\_\_\_

The above named student has enrolled in our school. Please send the following to RPBHS Records at your earliest convenience.

\_\_\_\_ Transcript of credit grades SEND CUM \_\_\_\_\_

\_\_\_\_ Date of enrollment and withdrawal SEND WITHDRAWAL GRADES \_\_\_\_\_

\_\_\_\_ Total cumulative absences for year to date

\_\_\_\_ Grades to date of withdrawal

\_\_\_\_ Health Records (immunizations)

\_\_\_\_ Interpretation of your marking system

\_\_\_\_ Achievement Test Scores

\_\_\_\_ Copy of Florida HSCF

\_\_\_\_ Graduation requirements, if senior

\_\_\_\_ Psychological Report (Check here if Special Education Student)

\_\_\_\_ Parent Signature \_\_\_\_\_

\_\_\_\_ Special Education: \_\_\_\_\_

\_\_\_\_ Parent Signature \_\_\_\_\_

Thank you for your cooperation in this matter. Federal Law 99.21 States: "No parent signature is required for educational records sent to another educational agency."

10600 Okeechobee Boulevard, Royal Palm Beach, Florida 33411  
Phone: (561) 753-4000 Fax: (561) 753-4015



# HEALTH

## STUDENT HEALTH EXAMINATIONS

Date 1/2/00  
Race \_\_\_\_\_ Sex \_\_\_\_\_

Student's Full Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Birthdate \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

School \_\_\_\_\_

### A. HEALTH EXAMINATION

Height \_\_\_\_\_

Blood Pressure \_\_\_\_\_

(✓) Normal=N; Abnormal=A

N

COMMENT: Abnormal Findings, by number

1. Appearance	✓	/
2. Skin/Nose	✓	/
3. Head/Scalp	✓	/
4. Eyes	✓	/
5. Visual Acuity (R & L)	✓	/
6. Ears	✓	/
7. Auditory Acuity (R & L)	✓	/
8. Nose / Throat	✓	/
9. Mouth, Teeth and Gums	✓	/
10. Chest / Lungs	✓	/
11. Heart	✓	/
12. Abdomen	✓	/
13. Genitals and Anus	✓	/
14. Musculo-Skeletal	✓	/
15. Neurological	✓	/
16. Alertness	✓	/
17. Emotional / Mental/ Behavior Prob)	✓	/
18. Handicap, physical/ other (Specify)	✓	/
19. Activity Restrictions (Specify)	✓	/
20. Abuse, substance/ physical / emotional	✓	/
21. Nutrition	✓	/
22. Other	✓	/

### B. HEALTH HISTORY (Serious illnesses injuries: explain)

(attach narrative if additional space needed)

### C. LABORATORY (as indicated)

Hemoglobin/Hematocrit \_\_\_\_\_

Stool (O & P) \_\_\_\_\_

Tuberculin test: \_\_\_\_\_

Lead \_\_\_\_\_

Sickle Cell \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS \_\_\_\_\_

(Please Print)

Authorized Signature

Date

DH 3040, 10/98 (Replaces HRS-H Form 3040 which may be used)  
(Stock Number: 5744-000-3040-2)