

Black River Local School District

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www.blackriverschools.org

Proudly Serving the Communities of Albion, Cinnamon Lake, Homerville, Huntington, Spencer and Sullivan

TO: Parents of Preschool students planning on attending Kindergarten for the 20-21 School Year

FROM: Mary Stefanik – Central Registration

RE: Enrollment

Enclosed is a Kindergarten registration packet for you to complete. Please be advised that you will **not** need to resubmit a birth certificate, proof of residency (unless you have moved), custody papers (unless we do not have custody papers and/or the most current custody papers) and social security card. Immunization records will be needed only if we do not have the most recent immunization record on file.

Kindergarten screening dates will be in May 1st and May 6th. Please call for an appointment, if you have not scheduled a screening.

If you have any questions, please contact me at 419-736-3300 ext. 100 or email me at mstefanik@blrv.org.

Thank you.

2020-2021 EMERGENCY MEDICAL AUTHORIZATION FORM

Student Name: _____ Grade _____

LAST FIRST

Address: _____ Birth Date: _____
Home Phone: _____

Custody Information/Lives with: _____

PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached. Allow others to pick-up child from school when needed.

Call Order

____ Mother/Guardian: _____ Daytime Phone: _____

Cell Phone: _____ Work: _____

Address: (if different from students) _____

Email Address: _____

Activity Military: Yes No Employer: _____

____ Father/Guardian: _____ Daytime Phone: _____

Cell Phone: _____ Work: _____

Address: (if different from students) _____

Email Address: _____

Activity Military: Yes No Employer: _____

____ Other's Name: _____ Daytime Phone: _____

Relation: _____ Cell Phone: _____

____ Other's Name: _____ Daytime Phone: _____

Relation: _____ Cell Phone: _____

____ Other's Name: _____ Daytime Phone: _____

Relation: _____ Cell Phone: _____

*****FACTS CONCERNING THE CHILD'S MEDICAL HISTORY INCLUDING ALLERGIES, MEDICATIONS BEING TAKEN, ANY PHYSICAL IMPAIRMENTS TO WHICH A PHYSICIAN SHOULD BE ALERTED:**

Part 1 OR Part 2 MUST BE COMPLETED Do not complete both sections

PART 1 - TO GRANT CONSENT

I hereby ***give consent*** for the following medical care providers and local hospitals to be called:

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Medical Specialist: _____ Phone: _____

Please circle the emergency room you would like your student transported to: **(All students will be transported by Sullivan/Spencer Rescue): Lodi Community Hospital, Lodi Allen Medical Center, Oberlin UH Samaritan, Ashland**

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the preferred doctor indicated, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medial opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Parent Signature: _____ **Date:** _____

PART II - TO REFUSE CONSENT

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following actions: _____

Parent Signature: _____ **Date:** _____

OVER 

**BLACK RIVER LOCAL SCHOOLS
EMERGENCY SCHOOL CLOSING INFORMATION**

In the event of an emergency school closing or an early dismissal, we would like to have the following information in order that the dismissal be efficient. Please complete this form and return it immediately to your child's homeroom teacher.

Student's Name: _____

Grade: _____ Homeroom Teacher: _____

Parents will be notified via the districts One Call systems of any early dismissals.

In the event of an early dismissal from school, I would prefer my child to:

_____ Be transported on the same school bus and sent to the same destination as on a regular dismissal.
(Your child should have access to gain safe entry into the home.)

_____ Be transported to the following destination within the Black River Local School District:

Name: _____

Address: _____

Phone Number: _____

_____ Allow my child to drive home.

Please discuss this procedure with your child so that he/she has full knowledge of where he/she will be going in case of an early dismissal. This information will be available to teachers and office personnel.

I grant permission to Black River Local Schools to dismiss and/or transport my child according to the choice indicated above in the event of an emergency. I have read and verified that the information above is correct.

Parent Signature: _____ Date: _____



Black River Local Schools 2020-2021 Transportation Request Form

Date _____

Date of Birth: _____

Student's Name

First

MI

Last

Home Address

Home Phone #

Cell #

Emg #

School Of Attendance

Grade

AM

PM

Medical Alert Driver should know:

Parent/Guardian Signature:

Morning Transportation - ONLY ONE LOCATION PERMITTED, UNLESS COURT-ORDERED SHARED PARENTING

I will be providing transportation in the AM

My child will attend Latchkey - needs no busing

My child will need busing from our home address in the AM

BUS #

My child will need busing **EVERYDAY** from an alternate address in the AM

Pre-Approved Transportation Request detailed below *** **MUST be approved in advance**

Alternate Address:

Child Care Provider:

Provider's Name

Phone #

Relationship

Afternoon Transportation - ONLY ONE LOCATION PERMITTED, UNLESS COURT-ORDERED SHARED PARENTING

I will be providing transportation in the PM

My child will attend Latchkey - needs no busing

My child will need busing to our home address in the PM

BUS #

My child will need busing **EVERYDAY** to an alternate address in the PM

Pre-Approved Transportation Request detailed below *** **MUST be approved in advance**

Alternate Address:

Child Care Provider:

Provider's Name

Phone #

Relationship

Please complete and submit this form selecting the appropriate box for BOTH the AM pickup and PM drop off. One form required for EACH student. Only ONE pickup and ONE drop-off point is permitted per student. Schedule MUST be the same for all school days, unless prior arrangements have been made and approved!!

List any pre-approved transportation requests below:

Transportation Use Only:

notified: _____ Entered into software: _____

Driver

Student ID: _____

Parent

notified: _____ Initials: _____

Black River Local Schools
McKinney-Vento Intake Affidavit

Student's Name: _____ Date of Birth: _____

Age _____ Grade: _____

Parent/Guardian Name(s): _____

Address: _____

Siblings of Student: _____

Please answer the following questions:

- | | | |
|---|---------|--------|
| 1. Is this student's home address a temporary living arrangement? | ___ Yes | ___ No |
| 2. Is this a temporary living arrangement due to loss of housing or economic hardship? | ___ Yes | ___ No |
| 3. Is this student in temporary or emergency foster care placement? | ___ Yes | ___ No |
| 4. As a student, are you living with someone other than your parents or legal guardian? | ___ Yes | ___ No |

If you answered YES to **any** of the above questions, please complete the remainder of this form.

If you answered NO to all of the above questions, you may stop here. **Proof of residency is required!**

-
1. Where is this student currently living? (Check box)
- In a motel/hotel – Name of motel/hotel: _____
 - In a shelter – Name of shelter: _____
 - Temporary/emergency foster care: _____
 - With another family in a house or apartment.
 - Moving from place to place.
 - In a location not designed for sleeping accommodations such as a car, park or campsite.
2. With whom does the student currently live? (Check box)
- Both parents
 - One parent (mark with parent) _____ Mother _____ Father
 - One parent and another adult (mark which parent) _____ Mother _____ Father
 - A relative (specify e.g. grandparent) _____
 - Friend or other adult (please identify) _____
3. At this time, what is the greatest need for your child? (check all that apply)
- ___ School supplies ___ Help for academic improvement ___ Help for behavior improvement
- ___ Referral for food assistance ___ Medical referral/immunizations ___ Mental health/counseling referral
- ___ Other – Please describe: _____

My signature below affirms the following: (1) the information I have provided on this form is true and accurate to the best of my knowledge or belief; (2) the same information, as well as other information that may identify my child(ren), may be shared without my consent with the community and governmental agencies pursuant to an interagency collaboration between this school district and (3) the same information, as well as other information that may identify my child(ren), may be shared without my consent with other BRLS staff members for a legitimate educational purpose. In addition, my signature affirms that I have received a copy of my rights under the McKinney-Vento law and I agree to allow BRLS staff to conduct screenings as part of the district's McKinney-Vento program.

Parent Signature: _____

Date: _____

BRLS Witness Signature: _____

Date: _____

Immunization Summary for School Attendance - Ohio

VACCINES	FALL 2019 IMMUNIZATIONS FOR SCHOOL ATTENDANCE
DTaP/DT Tdap/Td Diphtheria, Tetanus, Pertussis	<p>Kindergarten Four (4) or more doses of DTaP or DT, or any combination. If all four doses were given before the 4th birthday, a fifth (5) dose is required. If the fourth dose was administered at least six months after the third dose, and on or after the 4th birthday, a fifth (5) dose is not required. *</p> <p>1-12 Four (4) or more doses of DTaP or DT, or any combination. Three doses of Td or a combination of Td and Tdap is the minimum acceptable for children age seven (7) and up.</p> <p>Grades 7-12 One (1) dose of Tdap vaccine must be administered prior to entry. **</p>
POLIO	<p>K-9 Three (3) or more doses of IPV. The FINAL dose must be administered on or after the 4th birthday regardless of the number of previous doses. If a combination of OPV and IPV was received, four (4) doses of either vaccine are required. ***</p> <p>Grades 10-12 Three (3) or more doses of IPV or OPV. If the third dose of either series was received prior to the fourth birthday, a fourth (4) dose is required; If a combination of OPV and IPV was received, four (4) doses of either vaccine are required.</p>
MMR Measles, Mumps, Rubella	<p>K-12 Two (2) doses of MMR. Dose one (1) must be administered on or after the first birthday. The second dose must be administered at least 28 days after dose one (1).</p>
HEP B Hepatitis B	<p>K-12 Three (3) doses of Hepatitis B. The second dose must be administered at least 28 days after the first dose. The third dose must be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the series (third or fourth dose), must not be administered before age 24 weeks.</p>
Varicella (Chickenpox)	<p>K-9 Two (2) doses of varicella vaccine must be administered prior to entry. Dose one (1) must be administered on or after the first birthday. The second dose should be administered at least three (3) months after dose one (1); however, if the second dose is administered at least 28 days after the first dose, it is considered valid.</p> <p>Grades 10-12 One (1) dose of varicella vaccine must be administered on or after the first birthday.</p>
MCV4 Meningococcal	<p>Grades 7-10 One (1) dose of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry.</p> <p>Grade 12 Two (2) doses of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry. ****</p>

NOTES:

- Vaccine should be administered according to the most recent version of the *Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger* or the *Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind*, as published by the Advisory Committee on Immunization Practices. Schedules are available for print or download at <https://www.cdc.gov/vaccines/schedules/index.html>.
- Vaccine doses administered ≤ 4 days before the minimum interval or age are valid (grace period). Doses administered ≥ 5 days earlier than the minimum interval or age are not valid doses and should be repeated as age-appropriate. If MMR and Varicella are not given on the same day, the doses must be separated by at least 28 days with no grace period.
 - For additional information please refer to the Ohio Revised Code 3313.67 and 3313.671 for School Attendance and the ODH Director's Journal Entry (available at <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/immunization/Required-Vaccines-Child-Care-School/>).

These documents list required and recommended immunizations and indicate exemptions to immunizations.

- Please contact the Ohio Department of Health Immunization Program at (800) 282-0546 or (614) 466-4643 with questions or concerns.

* Recommended DTaP or DT minimum intervals for kindergarten students four (4) weeks between doses 1-2 and 2-3; six (6) month minimum intervals between doses 3-4 and 4-5. If a fifth dose is administered prior to the 4th birthday, a sixth dose is recommended but not required.

** Pupils who received one dose of Tdap as part of the initial series are not required to receive another dose. Tdap can be given regardless of the interval since the last Tetanus or diphtheria-toxoid containing vaccine. DTaP given to patients age 7 or older can be counted as valid for the one-time Tdap dose.

*** The final polio dose in the IPV series must be administered at age 4 or older with at least six months between the final and previous dose.

**** Recommended MCV4 minimum interval of at least eight (8) weeks between dose one (1) and dose two (2). If the first (1st) dose of MCV4 was administered on or after the 16th birthday, a second (2nd) dose is not required. If a pupil is in 12th grade and is 15 years of age or younger, only 1 dose is required. Currently there are no school entry requirements for meningococcal B vaccine.

FOR STAFF USE:
ASHA ASHJ ASHJR ASCHSC ASHTE ASHST ASHR (4ForU)
ASBA ASBJ ASBJR ASBSC ASBTE ASBORNB

card# 1448000
Initials: _____ date: _____

ASHLAND PUBLIC LIBRARY CARD APPLICATION

Applicant Information & Address

Legal Name: *first* _____ *middle* _____ *last* _____

Preferred name: _____ Select Pin #: _____ (1 - 8 letters and/or numbers)

Birthdate *mm/dd/yyyy*: _____ Age: _____ Gender *please circle*: M F

Street address & apt #: _____ PO Box: _____

City: _____ State: _____ Zip: _____

Phone: _____

To Be Sent Hold/Overdue Notices By Email And/Or Text, Fill Out The Following:

Hold/Notification Email: _____

Hold/Notification Text#: _____ @sms.oplin.org

Information Required For Applicants Under The Age Of 18

Signature also required at bottom of form

Printed name of parent/guardian: _____ P/G birthdate: _____

RESTRICTED ACCESS: I Request That My Child, Who Is Under The Age Of 18, Be DENIED Access To Video Recordings. I Understand This Means Restricting Access To ALL Video Recordings Including DVDs And VHS Tapes. If Unchecked, Child Will Have Unrestricted Access.

Information Required For University Student Or 4foru Applicants

Home address for student applicants; address listed on ID for 4foru applicants

Street address & apt. #: _____ PO Box: _____

City: _____ State: _____ Zip: _____

Are You Interested In Registering For A Golden Buckeye Card?

At the Ashland Public Library, Golden Buckeye card holders are exempt from daily overdue fines.

Select if you are interested in a Golden Buckeye Card – or if you are a current card holder.

APPLICANT AGREEMENT AND SIGNATURE

I agree to obey all of the rules and regulations of the ASHLAND PUBLIC LIBRARY and to promptly pay fines, fees, damage fees, and replacement costs charged against my account/minor's account for books and other library materials that are overdue, lost, or damaged. I acknowledge that if the ASHLAND PUBLIC LIBRARY turns my account over to a material recovery service, additional collection fees will be incurred.

Applicant's signature: _____ Date: _____

Signature of parent/guardian: _____ Date: _____



Black River Kindergarten Supply List

4-packs of Crayola Crayons

1- Pack of dry-erase markers

1- Highlighter

1-pack of Crayola Markers

2-bottles of white Elmer's glue

1-box of yellow #2 pencils (please sharpen if you are able)

2-boxes of tissues

2-70 page spiral bound notebook

1-pack of 3x5 index cards

1-2 pocket paper folder

2-tubs of Lysol Wipes

1-Art Shirt

1-set of headphones (please send headphones, not earbuds)

Boys: 1-box of Ziploc bags (gallon size)

Girls: 1- box of Ziploc bags (quart or sandwich size)

1/26/2017

Welcome to Kindergarten



HOW WILL TEACHERS GET TO KNOW MY KINDERGARTEN CHILD?

Because all children have unique backgrounds and experiences prior to entering kindergarten, teachers in Ohio use the Kindergarten Readiness Assessment during the first weeks of school to get to know your child as a learner.

Ohio's Kindergarten Readiness Assessment is for all children enrolled in a public school.

Teachers use the assessment to measure your child's knowledge and abilities in Social Foundations, Language and Literacy, Mathematics, and Physical Well-Being and Motor Development.

The assessment tool is not designed to rank children by ability, nor is it used for identifying gifted or challenged students. This tool is primarily to help your teacher get to know your child in a way that does not interrupt the child's learning. Your child may not even be aware that the teacher is using this tool because most of the tool requires the teacher to watch the student during the natural course of the school day's activities.

WHO?	WHEN?	HOW?
Ohio's Kindergarten Readiness Assessment is for all children enrolled in public school.	The assessment starts when your child enters kindergarten. Ohio kindergarten teachers have from the first day of school until Nov. 1 of each year, to complete the Kindergarten Readiness Assessment.	There are three ways for your child to show what he or she knows and is able to do: <ol style="list-style-type: none"> 1. Selecting an answer to a question the teacher asks. 2. Performing a requested task. 3. Being observed by the teacher during school and at recess.

HOW WILL TEACHERS SHARE THE ASSESSMENT RESULTS WITH FAMILIES?

A Kindergarten Readiness Assessment Individual Student Report is available for teachers to download and print to share with families. The information collected from the assessment is beneficial for families and teachers to work as partners to help children succeed in kindergarten.

WHAT ARE SOME EXAMPLES OF THE ASSESSMENT ACTIVITIES MY CHILD WILL EXPERIENCE?

The assessment includes activities where the teacher may work with your child one-on-one or in a small group. There are other activities where the teachers will watch your child interact with other students in class or on the playground. Below are a few examples of activities your child may experience in Language and Literacy, Mathematics, Physical Well-Being & Motor Development, & Social Foundations.

Language and Literacy

Before interactive read-alouds, make predictions and/or ask questions about the text by examining the title, cover, illustrations/ photographs, graphic aids, and/or text.



Mathematics

Count to identify the number of objects in each set, and compare categories using comparison vocabulary (e.g., "great"/ "more than," "less than," "same"/ "equal to").



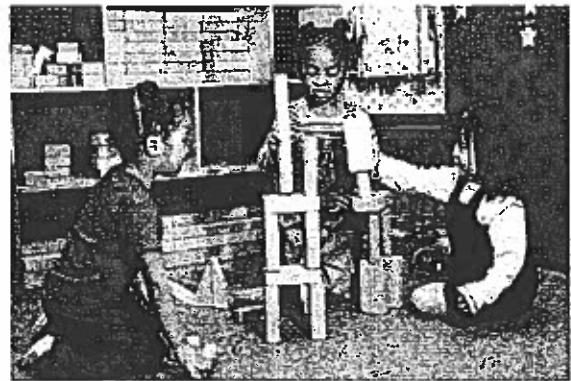
Physical Well-Being & Motor Development

Demonstrate locomotor skills with control, coordinator, and balance during active play (e.g., running, hopping, jumping).



Social Foundations

Interact with peers in complex pretend play, including planning, coordination of roles, and cooperation.



WHERE CAN I FIND MORE INFORMATION?

To learn more about how your child will be assessed with the Kindergarten Readiness Assessment, talk with your child's school administrator or teacher. For additional resources to help understand how you can support your child's kindergarten success, visit education.ohio.gov/KRA or send your question to ELSR@education.ohio.gov.



Preparing Your Child for Kindergarten

Children entering Kindergarten need to have the simplest of Math and Reading experiences:

- *Read books and printed materials to your child and talk about them. (Discuss vocabulary, make predictions about what will happen next, discuss story sequence, name characters in books, etc.)
- *Talk to and with your child about daily experiences.
- *Expose your child to different types of vocabulary through books.
- *Discuss how books "work" with your child. (Read from top to bottom and left to right, distinguish between pictures/illustrations and print/text, distinguish between single letters and words)
- *Help your child learn how to follow simple two and three step directions.
- *Count with your child and have them learn to match numbers with what they are counting.
- *Identify different shapes around your house and the community.

Children entering Kindergarten also need to know these self-help skills:

- *Tie own shoes
- *Zip own coat and book bag
- *Blow own nose
- *Work buttons and belts
- *Use the bathroom and wash own hands
- *Share with others
- *Put on own coats, boots, hats, gloves, etc.
- *Know first and last name, phone number and address

Students entering Kindergarten need help developing fine motor skills.

Here are some ideas:

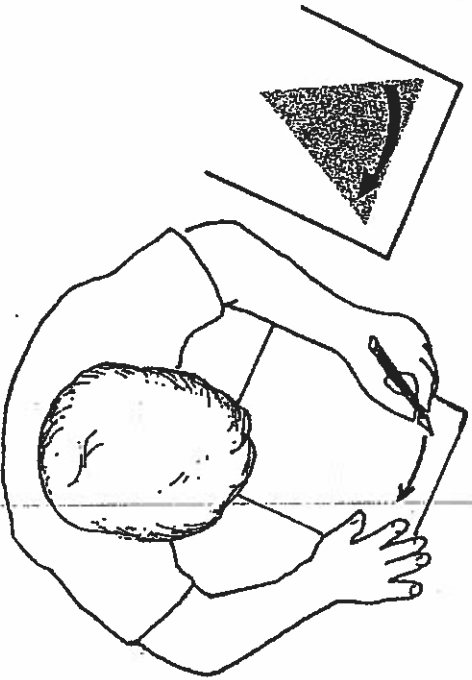
- *Use pencils, markers, crayons and scissors
- *Snap fingers
- *Tear small pieces of paper
- *Use play doh or clay
- *Turn pennies from head side to tail side
- *Use a hole punch
- *Use fingers to pinch and pick up small objects such as Cheerios, pennies, etc.
- *Practice correct pencil grip (grasp pencil between index and middle finger and secure with thumb)

Activities to get your child ready to read and write:

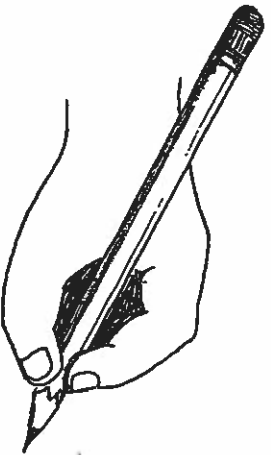
- *Write own name using one capital letter at the beginning and the rest lowercase letters
- *Practice writing letters and numbers in different ways (on backs, with noodles, in sand, in shaving cream, with bath soap, with finger paint, using sidewalk chalk, in the air, etc.)
- *Use magnetic letters to practice making names or other words
- *Pick a letter of the day and be a "letter detective" around the house
- *Play with rhyming words and beginning sounds of words
- *Make a collage using pictures, letters or numbers
- *Expose your child to computer skills if one is available
- *Make frequent visits to the library for books
- *Read, play and talk with your child!

Suggested Pencil Grip and Posture

Left-Handed Students



Place the top left corner of the paper higher for left-handed students.



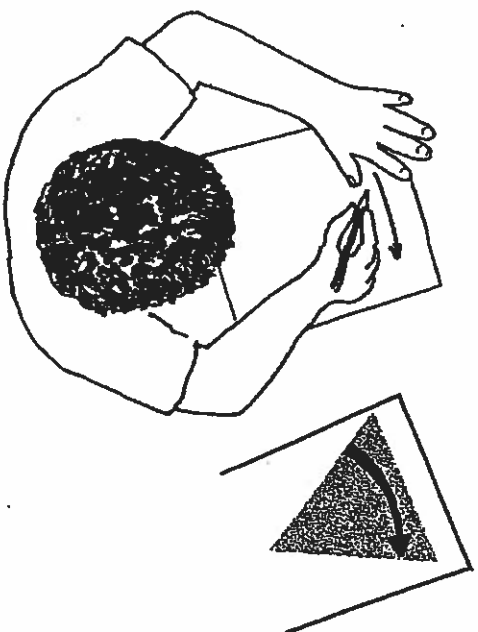
Place the pencil between the thumb pad and index finger pad. The pencil rests on the middle finger. The eraser points back toward the shoulder of the writing hand.

An alternate grip is a pinch with the thumb and two fingers. The pencil rests on the ring finger.

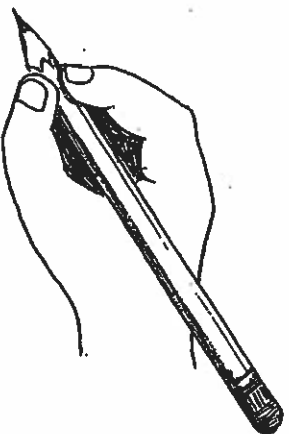


Alternate Grip

Right-Handed Students

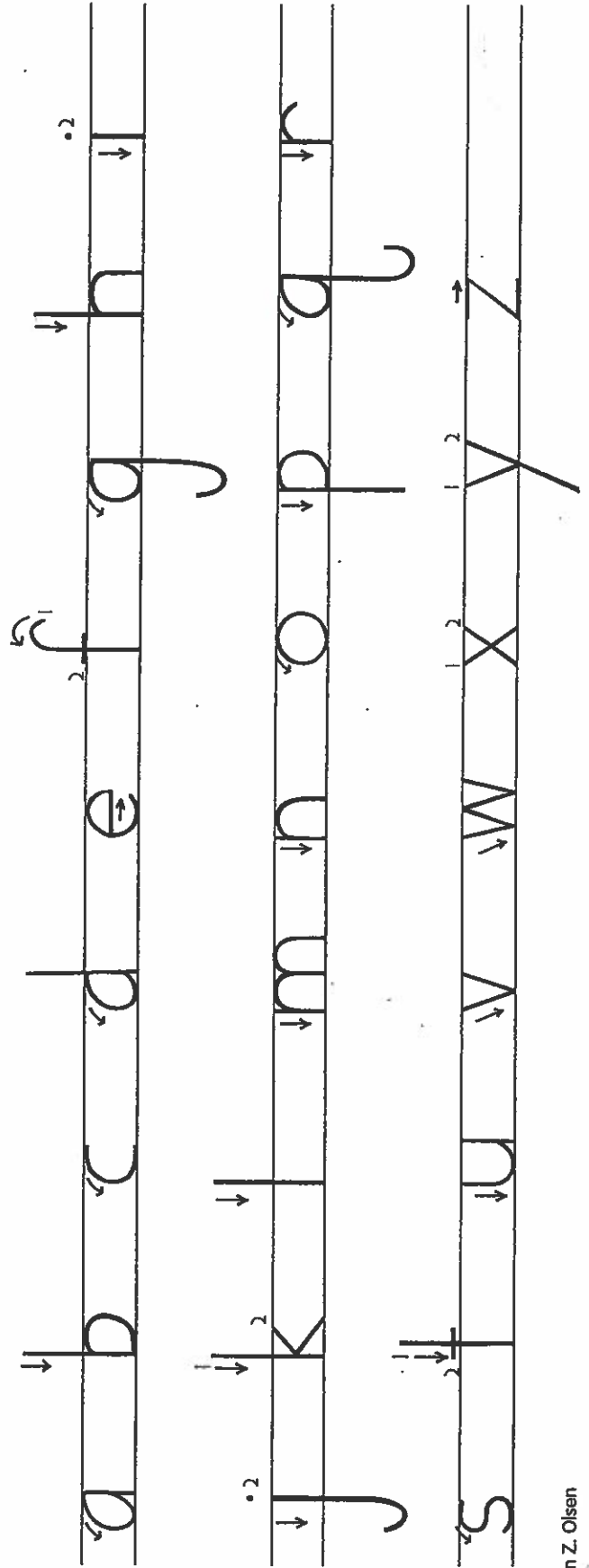
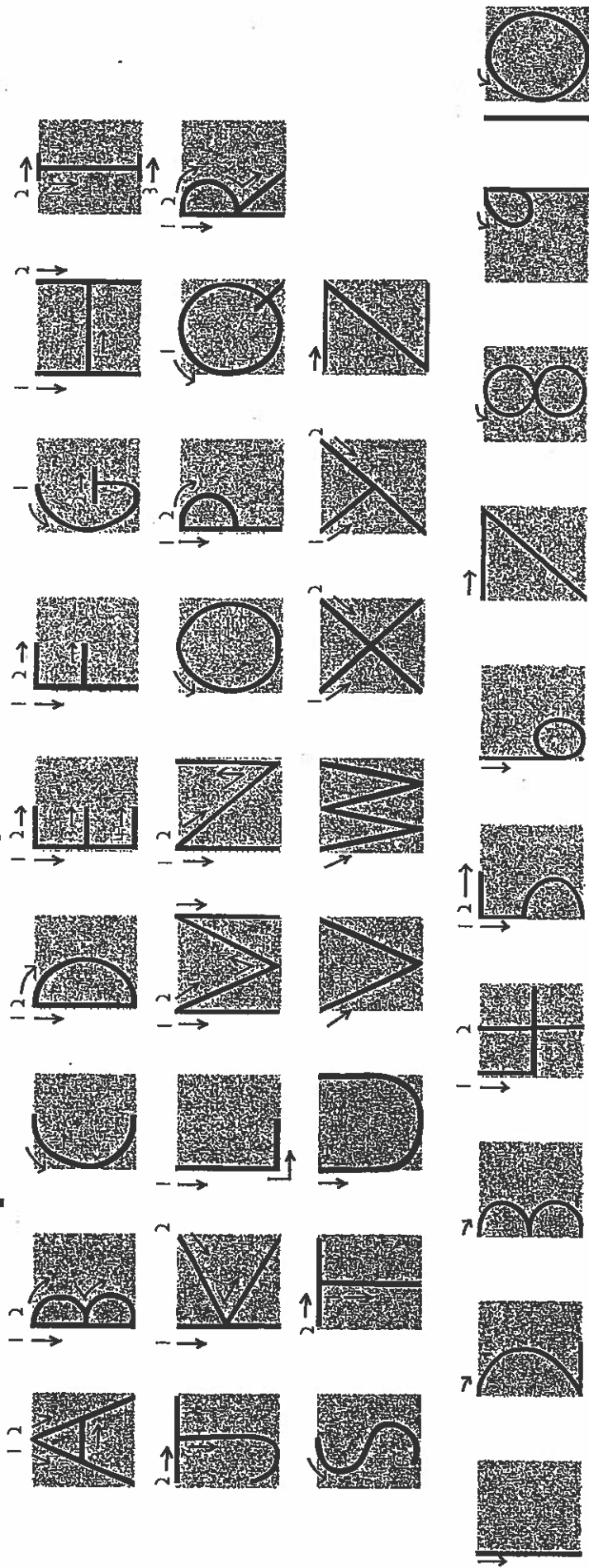


Place the top right corner of the paper higher for right-handed students.



Alternate Grip

Capitals, Numbers, and Lowercase Letters



Kindergarten Traditional Math

COMMON CORE STATE STANDARDS



Counting and Cardinality

K.CC.1	Count to 100 by ones and by tens.
K.CC.2	Count forward beginning from a given number within the known sequence (instead of having to begin at 1).
K.CC.3	Write numbers from 0 to 20. Represent a number of objects with a written numeral 0-20 (with 0 representing a count of no objects).
K.CC.4	<p>Understand the relationship between numbers and quantities; connect counting to cardinality.</p> <ol style="list-style-type: none"><i>1. When counting objects, say the number names in the standard order, pairing each object with one and only one number name and each number name with one and only one object.</i><i>2. Understand that the last number name said tells the number of objects counted. The number of objects is the same regardless of their arrangement or the order in which they were counted.</i><i>3. Understand that each successive number name refers to a quantity that is one larger.</i>
K.CC.5	Count to answer “how many?” questions about as many as 20 things arranged in a line, a rectangular array, or a circle, or as many as 10 things in a scattered configuration; given a number from 1-20, count out that many objects.
K.CC.6	<p>Identify whether the number of objects in one group is greater than, less than, or equal to the number of objects in another group, e.g., by using matching and counting strategies.¹</p> <p>¹ Include groups with up to ten objects.</p>
K.CC.7	Compare two numbers between 1 and 10 presented as written numerals.



Operations and Algebraic Thinking

K.OA.1	Represent addition and subtraction with objects, fingers, mental images, drawings ¹ , sounds (e.g., claps), acting out situations, verbal explanations, expressions, or equations. ¹ Drawings need not show details, but should show the mathematics in the problem. (This applies wherever drawings are mentioned in the Standards.)
K.OA.2	Solve addition and subtraction word problems, and add and subtract within 10, e.g., by using objects or drawings to represent the problem.
K.OA.3	Decompose numbers less than or equal to 10 into pairs in more than one way, e.g., by using objects or drawings, and record each decomposition by a drawing or equation (e.g., $5 = 2 + 3$ and $5 = 4 + 1$).
K.OA.4	For any number from 1 to 9, find the number that makes 10 when added to the given number, e.g., by using objects or drawings, and record the answer with a drawing or equation.
K.OA.5	Fluently add and subtract within 5.

Number and Operation in Base Ten

K.NBT.1	Compose and decompose numbers from 11 to 19 into ten ones and some further ones, e.g., by using objects or drawings, and record each composition or decomposition by a drawing or equation (such as $18 = 10 + 8$); understand that these numbers are composed of ten ones and one, two, three, four, five, six, seven, eight, or nine ones.
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Measurement and Data

K.MD.1	Describe measurable attributes of objects, such as length or weight. Describe several measurable attributes of a single object.
K.MD.2	Directly compare two objects with a measurable attribute in common, to see which object has “more of” / “less of” the attribute, and describe the difference. <i>For example, directly compare the heights of two children and describe one child as taller/shorter.</i>
K.MD.3	Classify objects into given categories; count the numbers of objects in each category and sort the categories by count. ¹ ¹ Limit category counts to be less than or equal to 10.



Geometry

K.G.1	Describe objects in the environment using names of shapes, and describe the relative positions of these objects using terms such as <i>above, below, beside, in front of, behind, and next to</i> .
K.G.2	Identify and describe shapes (squares, circles, triangles, rectangles, hexagons, cubes, cones, cylinders, and spheres). Correctly name shapes regardless of their orientations or overall size.
K.G.3	Identify shapes as two-dimensional (lying in a plane, “flat”) or three-dimensional (“solid”).
K.G.4	Analyze and compare two- and three-dimensional shapes, in different sizes and orientations, using informal language to describe their similarities, differences, parts (e.g., number of sides and vertices/ “corners”) and other attributes (e.g., having sides of equal length).
K.G.5	Analyze, compare, create, and compose shapes. Model shapes in the world by building shapes from components (e.g., sticks and clay balls) and drawing shapes.
K.G.6	Compose simple shapes to form larger shapes. <i>For example, “Can you join these two triangles with full sides touching to make a rectangle?”</i>



Kindergarten Language Arts

COMMON CORE STATE STANDARDS



Reading: Literature

K.RL.1	With prompting and support, ask and answer questions about key details in a text.
K.RL.2	With prompting and support, retell familiar stories, including key details.
K.RL.3	With prompting and support, identify characters, settings, and major events in a story.
K.RL.4	Ask and answer questions about unknown words in a text.
K.RL.5	Recognize common types of texts (e.g., storybooks, poems).
K.RL.6	With prompting and support, name the author and illustrator of a story and define the role of each in telling the story.
K.RL.7	With prompting and support, describe the relationship between illustrations and the story in which they appear (e.g., what moment in a story an illustration depicts).
K.RL.9	With prompting and support, compare and contrast the adventures and experiences of characters in familiar stories.
K.RL.10	Actively engage in group reading activities with purpose and understanding.

Reading: Informational Text

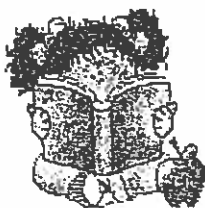
K.RIT.1	With prompting and support, ask and answer questions about key details in a text.
K.RIT.2	With prompting and support, identify the main topic and retell key details of a text.
K.RIT.3	With prompting and support, describe the connection between two individuals, events, ideas, or pieces of information in a text.
K.RIT.4	With prompting and support, ask and answer questions about unknown words in a text.
K.RIT.5	Identify the front cover, back cover, and title page of a book.
K.RIT.6	Name the author and illustrator of a text and define the role of each in presenting the ideas or information in a text.
K.RIT.7	With prompting and support, describe the relationship between illustrations and the text in which they appear (e.g., what person, place, thing, or idea in the text an illustration depicts).

Reading: Informational Text (Continued)

K.RIT.8	With prompting and support, identify the reasons an author gives to support points in a text.
K.RIT.9	With prompting and support, identify basic similarities in and differences between two texts on the same topic (e.g., in illustrations, descriptions, or procedures).
K.RIT.10	Actively engage in group reading activities with purpose and understanding.

Reading: Foundational Skills

K.RFS.1	Demonstrate understanding of the organization and basic features of print.
K.RFS.2	<p>Demonstrate understanding of spoken words, syllables, and sounds (phonemes).</p> <p><i>A) Recognize and produce rhyming words.</i></p> <p><i>B) Count, pronounce, blend, and segment syllables in spoken words.</i></p> <p><i>C) Blend and segment onsets and rimes of single-syllable spoken words.</i></p> <p><i>D) Isolate and pronounce the initial, medial vowel, and final sounds (phonemes) in three-phoneme (consonant-vowel-consonant, or CVC) words.¹ (This does not include CVCs ending with /l/, /r/, or /x/.)</i></p> <p><i>E) Add or substitute individual sounds (phonemes) in simple, one-syllable words to make new words.</i></p> <p><small>¹ Words, syllables, or phonemes written in /slashes/ refer to their pronunciation or phonology. Thus, /CVC/ is a word with three phonemes regardless of the number of letters in the spelling of the word.</small></p>
K.RFS.3	<p>Know and apply grade-level phonics and word analysis skills in decoding words.</p> <ol style="list-style-type: none"> <i>1. Demonstrate basic knowledge of letter-sound correspondences by producing the primary or most frequent sound for each consonant.</i> <i>2. Associate the long and short sounds with the common spellings (graphemes) for the five major vowels.</i> <i>3. Read common high-frequency words by sight (e.g., the, of, to, you, she, my, is, are, do, does).</i> <i>4. Distinguish between similarly spelled words by identifying the sounds of the letters that differ.</i>
K.RFS.4	Read emergent-reader texts with purpose and understanding.



Writing

K.W.1	Use a combination of drawing, dictating, and writing to compose opinion pieces in which they tell a reader the topic or the name of the book they are writing about and state an opinion or preference about the topic or book (e.g., <i>My favorite book is...</i>).
K.W.2	Use a combination of drawing, dictating, and writing to compose informative / explanatory texts in which they name what they are writing about and supply some information about the topic.
K.W.3	Use a combination of drawing, dictating, and writing to narrate a single event or several loosely linked events, tell about the events in the order in which they occurred, and provide a reaction to what happened.
K.W.5	With guidance and support from adults, respond to questions and suggestions from peers and add details to strengthen writing as needed.
K.W.6	With guidance and support from adults, explore a variety of digital tools to produce and publish writing, including in collaboration with peers.
K.W.7	Participate in shared research and writing projects (e.g., explore a number of books by a favorite author and express opinions about them).
K.W.8	With guidance and support from adults, recall information from experiences or gather information from provided sources to answer a question.

Speaking & Listening

K.SL.1	Participate in collaborative conversations with diverse partners about kindergarten topics and texts with peers and adults in small and larger groups. <ol style="list-style-type: none">1. Follow agreed-upon rules for discussions (e.g., listening to others and taking turns speaking about the topics and texts under discussion).2. Continue a conversation through multiple exchanges.
K.SL.2	Confirm understanding of a text read aloud or information presented orally or through other media by asking and answering questions about key details and requesting clarification if something is not understood.
K.SL.3	Ask and answer questions in order to seek help, get information, or clarify something that is not understood.
K.SL.4	Describe familiar people, places, things, and events and, with prompting and support, provide additional detail.
K.SL.5	Add drawings or other visual displays to descriptions as desired to provide additional detail.
K.SL.6	Speak audibly and express thoughts, feelings, and ideas clearly.