



JANUARY 2024

COUNCIL GROVE ELEMENTARY

CGES January 2024 Activity Calendar

January 1st - 2nd - Winter Break

January 3rd - No School/Professional Development

January 4th- Classes Resume

January 15th- No School/ MLK Day

January 22nd - PAC/PTO 6pm

January 24th - Spelling Bee 9:15am

January 26th - 3rd Grade Bread in a Bag

January 29th- No School/Professional Development

SCHOOL CLOSINGS

Announcements regarding school closings will be broadcast frequently on WIBW-AM 580, WIBW-TV-13, and their website www.wibw.com. In addition, a power announcement phone call will be sent out if the school closing happens before school. For this reason, please contact the office if you have updated phone numbers and e-mails.

Doors Open: 7:45am
School Start time: 8:00am
Dismissal time: 3:10pm

RECESS - Council Grove Elementary students will go outside for recess. Students will not go outside if the temperature is below 25 degrees, the wind chill is below 20 degrees, there is a wind/cold/heat advisory, it is raining, snowing, lightning, or the playground is ice covered. Teacher's discretion may also be used.

Council Grove Elementary School
706 E Main St. Council Grove, KS 66846 (620)767-6851
Heather Honas, Principal hhonas@cgrove417.org
Kelcy Bremer, Assistant Principal kbremer@cgrove417.org



From the desk of Mrs. Honas

Happy New Year! We are so excited to see the kids and start learning again. I wanted to share with you a celebration that our building has been having. Our intervention progress monitoring is making gains. Due to high impact instructional strategies, direct instruction, Science of Reading interventions, teachers/interventionists and student effort, we are seeing positive results! Thank you for your continued support. We all want our students to be successful academically and socially. Together, we are making gains and making a difference! Let's make 2024 the best year yet!



CGES Spelling Bee will be Wednesday, January 24th at 9:15am in the lunchroom

Morris County Spelling Bee will be Wednesday, February 7th at 1:00pm in the
CGJSHS auditorium

CGES-JANUARY 2024



Dear Parents,

To help us know which students might need additional support, all students complete screening tests up to three times each year. These tests help teachers see which students are likely to meet the end of year learning goals, and which ones need more help. Our school uses the FastBridge Learning® assessments to screen students in the areas of English language arts, math and the social, emotional and behavioral domains. Our second testing window is scheduled for January 9 - January 27, 2023.

The teachers look at the screening scores immediately after the testing and compare their students' scores with other information about school performance. Those students whose scores are low across different tests are provided with additional support to help them meet the learning goals.

All of the students who participate in extra instruction also take regular progress tests to see if their skills are getting better. These tests are given weekly to monthly, depending on the student's learning needs. Both screening and progress monitoring score reports are shared with parents during parent-teacher conferences or at other times during the school year. These reports help the teacher, student, and parents know if each student is likely to meet this year's learning goals.

If your child has a low score on a screening test, and other information shows that the student needs extra help in that area, extra instruction will be given automatically during the daily school schedule. Your child's progress will be shared with you by his or her teacher. If you have questions about your child's school performance, screening scores, or progress monitoring results, please contact your child's teacher. We look forward to working with your child and you during this school year.

Sincerely,
Angela Harris and Krista Wilson
Title 1 Teachers

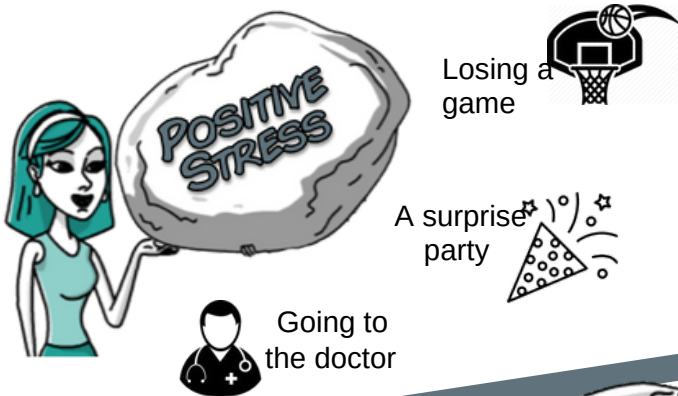


How can you help?

Stress and Childhood

It's not a secret that we live in a stressful world. Stress is often thought of as an adult issue but children are exposed to stress every day through school, home or social interactions. There are three types of stress that can make a difference in the impact on a child's brain and body: positive, tolerable and toxic stress. Potential effects of stress can last a lifetime for children, so it is important that families understand the difference between these types of stress.

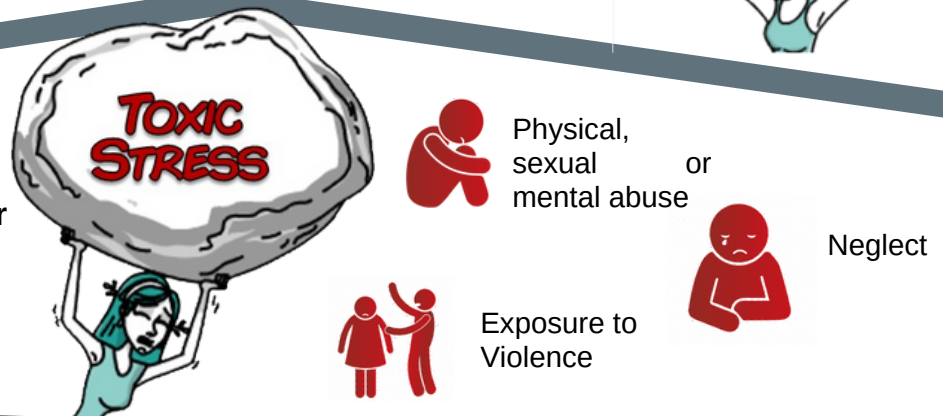
Normal everyday stress



More complicated and challenging



Severe, long-lasting and/or uncontrollable



What are the signs your child is experiencing Toxic Stress?

Long-term stress response can disrupt a child's development both physically and mentally.

Sleep Issues
Crying more than usual
Overeating and other compulsive behaviors
Frequent headaches or tummy aches
Developing new fears
Poor coping skills
Fear and anxiety triggered by

Regressing to bed wetting or baby talk
Behavior and learning difficulties
Places or people that remind them of the past

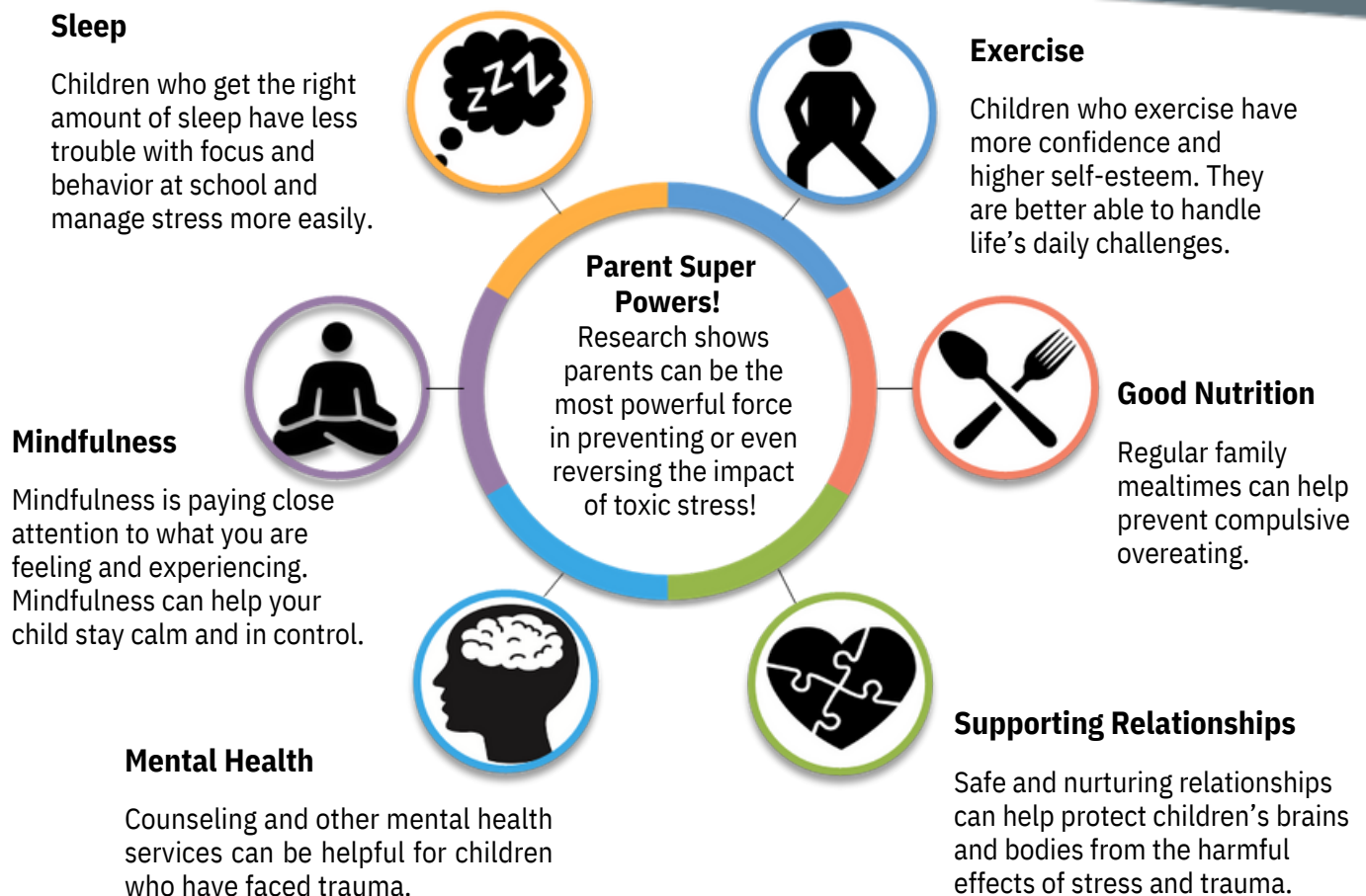
How do you prevent damage from toxic stress?

Eliminate or reduce exposure to extremely stressful conditions, such as recurrent abuse, chronic neglect, caregiver mental illness or substance abuse, and/or violence.

Provide supportive, responsive relationships with caring adults. Stable, loving relationships can buffer against harmful effects.

Intervene with support, services and programs that address any severe and long-lasting stressors to address the source of the stress and lack of stabilizing relationships.

"Everybody wins if we prevent toxic stress in young children, and everybody loses if we don't." ~ Dr. Jack P. Shonkoff, Director of the Center on the Developing Child at Harvard University



Resources

Stress Health - www.stresshealth.org

A Guide to Toxic Stress

www.developingchild.harvard.edu/guide/a-guide-to-toxic-stress/

NAMI: What You Should Know about Toxic Stress

www.nami.org/Blogs/NAMI-Blog/August-2017/What-You-Should-Know-About-Toxic-Stress

Who can help?

Trusted educators
Doctors
Friends
Clergy
Mental health professionals

"Every kid is one caring adult away from a success story." ~ Josh Shipp, author



(Rev. 3-22)

Parent/Guardian Notification: Dental Screenings

CareArc will be providing free dental screenings at **Morris County Schools on February 1st, 2024**. To comply with Kansas State Statute 72-5201, school children (K-12) should receive annual school-based dental screenings.

KDHE screenings identify the presence of decay, previous dental experience (fillings and/or sealants), infection, swelling, and pain. Parents are notified of the screening results, and those with dental treatment needs are referred to local dentists for care. School screenings are not a substitute for an examination by a dental professional, and it is recommended that all children have a dental home that provides regular, comprehensive dental care.

To participate in the screening, no action is required. If you would like your child to receive a fluoride varnish (in addition to the screening), please complete the top portion of the attached form. If you would like to opt your child out of the screening, please complete the bottom portion of the attached form. All students will be screened unless opted out.

*****If your child sees a dentist regularly and receives fluoride applications, please do not sign them up for additional applications. Most dental insurances only cover a certain number of applications per year, and we do not want that to affect how they will cover your child at their regular dental visit.***

Remember, that this is only a screening. Even if your child does see a dentist regularly, I would encourage them to go through the screening as well. It is completely up to you, though.
Each child will be screened unless opted out ahead of time by a parent signature.

Chelsea Fuller, Registered Dental Hygienist, ECPII

CareArc-Emporia
420 W. 15th Ave., Emporia, KS 66801
620-342-4864, ext. 3782
cfuller@CareArc.org

Kolette Gilbert, Dental Referral and Outreach Clerk

CareArc-Emporia
420 W. 15th Ave., Emporia, KS 66801
620-342-4864, ext. 3782
kgilbert@carearc.org



(Rev. 3-22)

Dental Outreach Fluoride Consent Form

STUDENT INFORMATION Chart Number:					
Grade: Teacher: School:					
STUDENT'S Last Name: First Name:					
Date of Birth: Age: Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female					
Mailing Address: Apt. No.: City: State: ZIP:					
Phone Number:					
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African-American <input type="checkbox"/> More than 1 race <input type="checkbox"/> Asian Ethnicity:					
<input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Other					
PARENT/GUARDIAN Name: Relation to Student:					
Name of child's dental home and date of last visit: _____/_____/_____					
Parent/Guardian Signature: Date:					

INSURANCE INFORMATION (required): Please fill out the following information about your CHILD:

Please note that CareArc will be covering the cost of the services and **YOU WILL NOT BE RESPONSIBLE TO PAY ANY FEES**, but if you have dental insurance your insurance carrier will be billed. Please make sure you complete the insurance information below.

By completing any portion of this form, you are authorizing CareArc to provide screening/fluoride services for your child and to collect payment from KanCare and/or Private Dental Insurance.

☐ None

☐ KanCare #: _____

☐ United Health Care ☐ Aetna ☐ Envolve

☐ Private Insurance – Name of Company: _____

ID#: _____ Group #: _____

Subscriber Information (All information must be provided):

Last Name: First Name: Date of Birth: Social Security Number: _____

Address: City: State: ZIP:

Employer: Relationship to Child:

(Please do not detach)

☐ ~~I DO NOT want my child to participate in the free dental screening.~~

First Name: Grade: Teacher:

Date:

STUDENT'S Last Name:

Parent/Guardian Signature:



(Rev. 3-22)

Formulario de consentimiento de fluoruro de alcance dental

INFORMACION DEL ESTUDIANTE Chart Number:					
Grado: Maestro/a: Escuela:					
Apellido de ESTUDIANTE: Primer Nombre:					
Fecha de Nacimiento: Edad: Sexo: <input type="checkbox"/> Masculino <input type="checkbox"/> Femenino					
Dirección de Envío: Número de apartamento: Ciudad: Estado: Código Postal:					
Teléfono Principal:					
Raza: <input type="checkbox"/> Blanco <input type="checkbox"/> Negro/Afro-Americano <input type="checkbox"/> Mas de una raza <input type="checkbox"/> Asiático Etnicidad:					
<input type="checkbox"/> Islas del Pacifico <input type="checkbox"/> Indio Americano/Nativo Alaska <input type="checkbox"/> Hawaiano <input type="checkbox"/> Latino/Hispano <input type="checkbox"/> Otro					
Nombre del Padre/Guardián: Relacioncon el estudiante:					
Nombre de su Dentista de cabecera y fecha de su ultima cita dental: _____					
Firma de Padre/Tutor: Fecha:					

INFORMACION DEL SEGURO (obligatorio): Por favor llene la siguiente información sobre su hijo:

Por favor note que CareArc va a cubrir los costos del servicio y USTED NO TENDRÁ QUE PAGAR NINGUNA TARIFA . PERO si usted tiene seguro dental, ellos serán responsables del pago. Por favor asegúrese que usted llene abajo toda la información cera del seguro medico.			
Al completar esta porción doy a CareArc permiso para aplicar el barniz de fluoruro a mi hijo/a y coleccionar el pago de KanCare y/o del Seguro Dental.			
<input type="checkbox"/> None			
<input type="checkbox"/> KanCare #: _____			
<input type="checkbox"/> United Health Care <input type="checkbox"/> Aetna <input type="checkbox"/> Envelope			
<input type="checkbox"/> Seguro Privado – Nombre de la Compañía: _____			
ID#: _____ Grupo #: _____			
Información del subscriptor (Toda la información debe ser proporcionada):			
Apellido: Primer Nombre: Fecha de Nacimiento: # de Seguro Social: _____			
# de Seguro Social: Ciudad: Estado: Código Postal: _____			
Empleador: Relacioncon el estudiante: _____			
(Por favor no separe)			

~~**NO QUIERO** que mi hijo/a participe en el examen dental gratuito.~~

Primer Nombre: Grado: Maestro/a:

Fecha:

<input type="checkbox"/>			
Apellido de ESTUDIANTE:			
Firma de Padre/Tutor:			