# ON SCHOOL SCHOOL

# **Powerstown Educate Together National School**

Roll number 20384J

Powerstown Road, Tyrrelstown, Dublin 15.

Telephone: 01 8272018 Email: info@powerstownet.com

www.powerstownet.com

27<sup>th</sup> August 2014

#### **Senior Infants 2015**

Dear Parents/Guardians,

Welcome back after the summer break! We hope your child enjoyed their first day in school for the 2015/2016 school year, and settled into their new classroom and met their new teacher. We look forward to an exciting and eventful year ahead  $\odot$ .

#### **Parent Teacher Meeting:**

Class teachers will be having a meeting with parents on Wednesday 16<sup>th</sup> September at 1.10pm. At this meeting the class teacher will discuss with you structure of the school day and the classroom routines. They will be able to answer any questions you have about the Senior Infant Curriculum.

## Collection of your child

Your child's safety is our main priority, therefore we must know <u>at all times</u> who has permission to collect your child and/or if your child has permission to leave the school grounds without an adult.

Please complete the form below indicating who has permission to collect your child.

If, at any time, a person other than those named below is coming to collect your child, please let the class teacher know in advance or contact the school.

We implement a strict collection policy for the protection of our pupils and families.

#### **Medical and Allergy Conditions**

To support the health and safety of your child, it is essential that the school is informed of any allergies and medical conditions your child may have. Please complete information overleaf in relation to your child's medical and allergy conditions.

## **School Testing:**

Throughout the school year your child will participate in Assessment for learning activities as well as assessment of learning activities. Some of these testing require individual withdrawl and/or withdrawl in small groups. Please sign permission slip overleaf permitting your child to participate in testing.

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Child's name:	Class:				
Below are the adults who have	permission to collect my child:				
Signed:	(Parent's signature)				
Name	Contact details				
1		-			
2		-			
3		-			
4					

#### **Allergies and Medical Conditions:**

To support the health and safety of your child, it is essential that the school is informed of any allergies and medical conditions your child may have.

Please tick the boxes below and give details as required

1. Does your child have any allergies? YES If YES, please give details:			
2. Does your child have any medical conditions?	VES	NO	
If YES, please give details:			 

### **School Testing:**

Throughout the school year class teachers and our support team carry out numerous assessments on children to record their progress and evaluate teaching practices. This is an important part of our school plan and enables us to enable all pupils to reach their potential. Some tests are carried out within the classroom and others are completed in small groups or individually.

Testing includes (but is not limited to):

Junior Infants	Senior Infants	1st	2 <sup>nd</sup>	3rd	4th	5th	6th
Intants							
BIAP PSAK Drumcondra Oral Language Profiles Jolly Phonics Reading Assessment	MIST Early numeracy PSAK Drumcondra Oral Language Profiles Jolly Phonics Reading Assessment	PSAK Sigma T Drumcondra Reading Test Jolly Phonics Reading Assessment PM Benchmarking	PSAK Sigma T Drumcondra Reading Test Jolly Phonics Reading Assessment PM Benchmarking	PSAK Sigma T Drumcondra Reading Test Jolly Phonics Reading Assessment PM Benchmarking	PSAK Sigma T Drumcondra Reading Test Jolly Phonics Reading Assessment PM Benchmarking	PSAK Sigma T Drumcondra Reading Test Jolly Phonics Reading Assessment PM Benchmarking	PSAK Sigma T Drumcondra Reading Test Jolly Phonics Reading Assessment PM Benchmarking
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	ve permission f s Teacher Asse	•	•	ass teachers ar	nd/or support te	eachers in acco	rdance to	
Signed:		(Parent's signature)						
return them	you finding the to your child's ard to working neas,	s class teacher	as soon as pos	sible.	l be much appi	reciated if you	could	
Helena Trei	nch (Príomoide	e)						