

FAMILY INFORMATION FORM

Child's Name: _____ Age: _____ Gender: _____ Date of Completion: _____

PARENT INFORMATION	
Marital Status	
<input type="checkbox"/>	Single
<input type="checkbox"/>	Married
<input type="checkbox"/>	Divorced
<input type="checkbox"/>	Separated
<input type="checkbox"/>	Lives w/Significant Other/Partner

Socioeconomic Status/Income	
<input type="checkbox"/>	Less than \$25,000
<input type="checkbox"/>	\$25,000 - \$49,999
<input type="checkbox"/>	\$50,000 - \$74,999
<input type="checkbox"/>	\$75,000 - \$99,999
<input type="checkbox"/>	\$100,000 and above

PARENT EDUCATION	
Mother's Educational Level	
<input type="checkbox"/>	8th grade or less
<input type="checkbox"/>	Some high school
<input type="checkbox"/>	High school diploma/GED
<input type="checkbox"/>	Some college
<input type="checkbox"/>	Bachelor's degree
<input type="checkbox"/>	Post graduate degree
<input type="checkbox"/>	Unknown

Father's Educational Level	
<input type="checkbox"/>	8th grade or less
<input type="checkbox"/>	Some high school
<input type="checkbox"/>	High school diploma/GED
<input type="checkbox"/>	Some college
<input type="checkbox"/>	Bachelor's degree
<input type="checkbox"/>	Post graduate degree
<input type="checkbox"/>	Unknown

CHILD'S INFORMATION	
Ethnicity	
<input type="checkbox"/>	Caucasian
<input type="checkbox"/>	Black/African American
<input type="checkbox"/>	Hispanic/Latino
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Native Hawaiians/Pacific Islanders
<input type="checkbox"/>	American Indian/Alaska Natives
<input type="checkbox"/>	Mixed
<input type="checkbox"/>	Other
<input type="checkbox"/>	My child was born at _____ weeks.

RESIDENTIAL INFORMATION	
Type of Residence Mother/Father	
<input type="checkbox"/>	Own home
<input type="checkbox"/>	Rent home
<input type="checkbox"/>	Rent apartment
<input type="checkbox"/>	Homeless
<input type="checkbox"/>	Incarcerated
<input type="checkbox"/>	Unknown

Persons in Home	
<input type="checkbox"/>	Total number residing _____
<input type="checkbox"/>	Number of caregivers _____
<input type="checkbox"/>	Total number of children _____
<input type="checkbox"/>	Child #1 Age _____
<input type="checkbox"/>	Child #2 Age _____
<input type="checkbox"/>	Child #3 Age _____
<input type="checkbox"/>	Child #4 Age _____
<input type="checkbox"/>	Child #5 Age _____
<input type="checkbox"/>	More Age(s) _____
<input type="checkbox"/>	Mother Age _____
<input type="checkbox"/>	Father Age _____

Language in Home	
<input type="checkbox"/>	Primary language spoken: _____

Residing County:	
<input type="checkbox"/>	Bernalillo
<input type="checkbox"/>	Sandoval
<input type="checkbox"/>	Santa Fe
<input type="checkbox"/>	Socorro
<input type="checkbox"/>	Valencia
<input type="checkbox"/>	Torrance
<input type="checkbox"/>	Other: _____

PARENTAL HEARING STATUS	
<input type="checkbox"/>	Both parents do not have hearing loss
<input type="checkbox"/>	Both parents have hearing loss
<input type="checkbox"/>	Mother only
<input type="checkbox"/>	Father only
<input type="checkbox"/>	Unknown

PARENTAL WORK STATUS	
Mother	
<input type="checkbox"/>	Full time
<input type="checkbox"/>	Part time
<input type="checkbox"/>	Full time and part time
<input type="checkbox"/>	Unemployed
Father	
<input type="checkbox"/>	Full time
<input type="checkbox"/>	Part time
<input type="checkbox"/>	Full time and part time
<input type="checkbox"/>	Unemployed

DIAGNOSTIC INFORMATION	
Age When Child First Diagnosed	
<input type="checkbox"/>	_____ months of age

Age When Child First Amplified
<input type="checkbox"/> _____ months of age

Age When Early Intervention and/or Therapy Began
<input type="checkbox"/> _____ months of age

Age When Child Entered Program
<input type="checkbox"/> _____ months of age

Known Medical Cause Hearing Loss
<input type="checkbox"/> Yes, my child has a known medical cause of hearing loss, diagnosed by a physician, which is: _____
<input type="checkbox"/> No
<input type="checkbox"/> Suspected but not diagnosed
<input type="checkbox"/> Unknown

Known Syndrome
<input type="checkbox"/> Yes, my child has a known syndrome, diagnosed by a physician, which is: _____
<input type="checkbox"/> No
<input type="checkbox"/> Suspected but not diagnosed
<input type="checkbox"/> Unknown

Another Diagnosed Disability
<input type="checkbox"/> Yes, my child has another disability, diagnosed by a physician, which is: _____
<input type="checkbox"/> No
<input type="checkbox"/> Suspected but not diagnosed
<input type="checkbox"/> Unknown

	Newborn Hearing Screen
	Passed
	Did not pass
	I don't know
	Type of technology used in Right Ear
	Cochlear implant
	Baha
	Hearing Aid
	None
	Type of technology used in Left Ear
	Cochlear Implant
	Baha
	Hearing Aid
	None

PRESBYTERIAN EAR INSTITUTE

415 CEDAR ST SE
ALBUQUERQUE, NM 87106
(505) 224-7020 OFFICE

Patient Registration (Please Print Clearly)

TODAY'S DATE _____

Patient Name _____ Birth date _____
Last Name First Name Middle Initial

Mailing Address: _____ Phone () _____

City: _____ State _____ Zip Code _____

Physical Address (if different) _____

Sex ☐ Male ☐ Female SS# _____ / _____ / _____ Age _____ ☐ Married ☐ Single ☐ Widowed ☐ Divorced

Ethnicity (**Select all that apply**) ☐ Hispanic ☐ Black ☐ White ☐ Native American ☐ Asian ☐ Other

Email: _____ Alternate Phone () _____

Employer _____ Employer Phone () _____

Who referred you? _____ Primary Care Physician _____

In case of emergency who should be notified? _____ Phone _____

Person Responsible for Account _____

Parent/Guardian/Personal Representative Information (Please Print)

Name (**Parent 1**) _____ DOB: _____ Name (**Parent 2**) _____ DOB: _____

Relation to Patient _____ Phone () _____

Address if different from above _____ Email _____

City _____ State _____ Zip Code _____

Employer _____ Employer Phone _____ Occupation _____

Primary Insurance (Please Print Clearly)

Insurance Company Name _____ Phone () _____

Member ID# _____ Group # _____

Insured's Name _____ DOB _____ SS# _____ / _____ / _____

Secondary Insurance Is Patient covered by Additional Insurance? ☐ Yes ☐ No

Insurance Company Name _____ Phone () _____

Member ID# _____ Group # _____

Insured's Name _____ DOB _____ SS# _____

Signature, I consent to treatment and have supplied all information to the best of my knowledge.

Signature of Patient, Parent, Guardian, or Personal Representative

Date

☐ **No Changes** Signature: _____

Date: _____

☐ **No Changes** Signature: _____

Date: _____

☐ **No Changes** Signature: _____

Date: _____



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MEDICAL RECORDS RELEASE / REQUEST FORM

THIS FORM ALLOWS PRESBYTERIAN EAR INSTITUTE TO SEND MEDICAL RECORDS TO THE REFERRING DOCTOR, AUDIOLOGIST, AS WELL AS OTHER PROFESSIONALS AS INDICATED BELOW.

PATIENT INFORMATION

PATIENT NAME: _____ DATE OF BIRTH: ____/____/____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

INFORMATION TO BE RELEASED

* PLEASE INDICATE SPECIFIC RECORDS TO BE RELEASED.

PARTY RELEASING INFORMATION

FACILITY NAME: _____

FAX NUMBER: _____ ADDRESS: _____

AUTHORIZATION

BY SIGNING BELOW, I HEREBY AUTHORIZE THE ABOVE FACILITY TO OBTAIN PERTINENT INFORMATION, INCLUDING MEDICAL, SOCIAL AND EDUCATIONAL AS NEEDED. IN ADDITION, I AUTHORIZE THAT A PHOTO COPY OF THIS AUTHORIZATION BE ACCEPTED WITH THE SAME AUTHENTICITY AS THIS ORIGINAL. ANY PERSON OR AGENCY RECEIVING THIS INFORMATION IS DIRECTED TO TREAT IT AS CONFIDENTIAL. THIS AUTHORIZATION MAY BE REVOKED IN WRITING AT ANY TIME. THE DISCLOSED INFORMATION MAY BE SUBJECT TO REDISCLOSURE BY THE RECIPIENT. THIS AUTHORIZATION WILL EXPIRE ONE YEAR FROM THE DATE IT WAS SIGNED.

/ /

SIGNATURE OF PATIENT, GUARDIAN, OR PERSONAL

DATE

REPRESENTATIVE

☐ No Changes Signature: _____ Date: _____

☐ No Changes Signature: _____ Date: _____

PEI Audiology Policy

School Year -_____

Name of Child_____

I, the parent/guardian of _____ have decided on the following audiology option for my child.

_____ Option 1- I am responsible for all deductibles/copays for any audiology testing that is performed

_____ Option 2- I agree to pay an additional \$300 on top of my tuition to cover audiology **services** that are performed at Presbyterian Ear Institute

_____ Option 3- I opt out of all audiology services at Presbyterian Ear Institute and will give PEI an updated audiogram at least every 6 months

Printed name of Parent/Guardian_____

Signature of Parent/Guardian_____

Date_____

Printed name of PEI director_____

Signature of PEI director _____

Date_____



**PRESBYTERIAN EAR INSTITUTE
SCHOOL FOR ORAL DEAF EDUCATION**

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**Special Medical Considerations
School Year _____**

Name of Student: _____

Description of Medical Considerations: _____

Actions to be taken by staff: _____

Parent's name: (print) _____

Parent's signature: _____ Date: _____

Presbyterian Ear Institute School for Oral Deaf Education

Parent-School Agreement

Student _____ School Year _____
(Updated 12/17/20)

“Hearing loss affects the most basic human need, communication.” PEI desire for our children to “develop the skills required to become a productive, capable adult and a fully participatory member of society.” – The Deaf and Hard-of-Hearing Children’s Educational Bill of Rights

Presbyterian Ear Institute is a partnership between parents, teachers, speech language pathologists, audiologists, support staff, and administration to provide the best possible educational outcomes for our children. To achieve our ambitious goals, we must all commit to working together collaboratively and effectively.

SCHOOL COMMITMENT: PEI WILL:

1. : ensure the deaf/ hard-of-hearing and speech/language delayed students will have quality, ongoing and fluid communication both in and out of the classroom. (: in alliance with The Deaf and Hard-of-Hearing Children’s Bill of Rights)
2. : ensure the deaf/ hard-of-hearing students will be given an education where teachers, related service providers and assessors understand the unique nature of deafness and are trained to work with deaf/hard-of-hearing students (in alliance with The Deaf and Hard-of-Hearing Children’s Bill of Rights)
3. : ensure the deaf/ hard-of-hearing and speech/language delayed students will have direct and appropriate access to all aspects of the educational process including recess, snack/lunch, rest, social, musical and athletic activities (in alliance with The Deaf and Hard-of-Hearing Children’s Bill of Rights)
4. : provide high quality curriculum and robust instruction, and children will receive services based on their unique communication, language, auditory and educational needs (in alliance with The Deaf and Hard-of-Hearing Children’s Bill of Rights)
5. : provide deaf/hard-of-hearing and speech/language delayed students with early ongoing and quality access to planned and incidental communication opportunities (in alliance with The Deaf and Hard-of-Hearing Children’s Bill of Rights)
6. : ensure that families receive accurate, balanced and complete information regarding their child’s educational and communicative needs, available programmatic placement and resource options, including information on the ongoing progress of their child in communication, auditory, social, emotional, physical, play and academic domains (in alliance with The Deaf and Hard-of-Hearing Children’s Bill of Rights)
7. : provide a longer school year so students will have ample time needed to improve their language, knowledge, and skills
8. : provide additional breaks throughout the school year so that children will have adequate down time with their families
9. : provide parents with conferences and reports on their child’s progress
10. : provide reasonable access to staff
11. : ensure that educational staff and service providers work hard to challenge and support our students to achieve their personal best. We realize that every day is an opportunity to impact the options our students have in relationships, school, college, jobs and life in the future. We take this responsibility seriously.

FAMILY COMMITMENT: FAMILIES:

1. : acknowledge that their child’s attendance at PEI is subject to ongoing assessment and progress towards identified goals so as to ensure “best practice” for the individual needs of the child

2. : recognize the investment PEI makes in the lives of its students by hiring highly qualified personnel, supporting ongoing professional development, and holding staff to rigorous high standards
3. : recognize that PEI is not a daycare center, but rather an educational early childhood intervention program based on academic study and research in the field of deaf education and language acquisition; It is a program developed strictly for meeting the needs of and supporting the future aspirations of children with hearing loss and speech/language delays and the accompanying impact on lifelong communication abilities.
4. : will bring their child to school every day well rested, fed and on time at 8:45 a.m., and will remain in school until dismissal
5. : will ensure regular attendance and will not schedule family vacations that cause their child to miss school
6. : will read to their child at least 20 minutes per day
7. : will monitor their child's homework and communicate concerns to their child's teacher
8. : will pay tuition according to their signed financial aid agreement
9. : will participate in sales for parent group fundraisers including but not limited to car wash tickets, bake sale items, candle sales, theme basket raffles, etc. Fundraiser selections are subject to change.
10. : will fulfill the volunteer commitment of a total of **20** hours, per family, per year, in an effort to support the ongoing financial aid program afforded to every family

VOLUNTEER OPPORTUNITIES: include but are not limited to:

1. Attending at *least* 5 parent group meetings; 1 night = 1.0 hour (required)
2. Participating in fund raising events such as the annual golf tournament, the annual Run to Break the Silence, stuffing bags or mailers, set up/tear down, parent bake sale, parent bowling tournament, etc.
3. Classroom volunteer for "Room Parent"
4. Planning theme or seasonal parties, decorating the school, etc.
5. Providing a hot lunch day for students.
6. School/classroom/furniture/toy cleaning at beginning and end of the school year.
7. Regular ongoing toy cleaning for classrooms, large activity room, and audiology rooms, etc.
8. Working on teacher material development, bulletin boards, making copies, etc.
9. Scholastic Book Fair
10. Parent observations in the classroom or via Skype/Zoom.
11. Development of a GoFundMe site for parent group fundraising.
12. (Some specific volunteer activities may require a background check.)

*It is important to note that parents will document their volunteer hours in a log provided by PEI. If a family does not fulfill their volunteer hours they will be charged **\$20.00 for each hour they have not met**. Deadline for fulfillment of volunteer hours is June 1st at the end of the school year each summer.*

I _____, parent(s)/guardian(s) of _____
understand that participation in my child's education is essential to his/her achievement. I agree to be involved with the school, including the volunteer hours assigned to each family, in order to promote school wide parent support, shared decisions, special enrichment and recreational decisions.

Parent(s)/guardian(s) name printed _____

Signature/date: _____

School administrator name printed _____

Signature/date: _____

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PERMISSION FORM

School Year _____

Student's Name _____

Parent/Guardian Name _____

Please indicate that you have read the following and if you agree, please initialize each item.

- I give permission for my child to participate in all school-sponsored programs and to use all school facilities on PEI property, including but not limited to the playground, other play spaces and classrooms.
- I give permission for my child to participate in PEI approved trips off the PEI property. These off campus sites may include but are not limited to, field trips, rehearsals at the hospital, and library visits. Families will be informed of these trips before they occur.
- I give my permission to print (please check) the following information on the school roster to be shared with other PEI families:
 - Child's name
 - Family names
 - Address
 - Phone numbers
 - Email
- I give my permission to have pictures/ videos taken, printed and published in newspapers, television and/or other media and social media.
 - With my child's name
 - Without my child's name
- I understand that, due to the nature of the PEI program, my child will be observed during tours for people from the community for informational purposes.
- My family would be interested in participating in interviews for the purpose of sharing information about PEI.

Parent/Guardian Signature: _____ Date: _____

(updated 3/24/21)

Presbyterian
ear
Institute
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415 Cedar Street SE
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Volunteering at PEI
School Year _____

PEI depends on the volunteer support of its parents to help the school and to keep our operating costs down. Here are some ways that you can help us by volunteering at PEI. Please check all the ways that you might be able to provide support.

☐ **Helping in the classroom**
Times I could be available _____

☐ **Reading at Storytime**

☐ **Preparing materials for the teachers**

☐ **Helping with clerical tasks**

☐ **Driving on Field trips**

☐ **Organizing fundraisers**

☐ **Helping to run fundraisers**

Managing

☐ **Book orders**

☐ **Labels for education**

☐ **Cleaning toys and materials**

Special skills I have that I could share

☐ **Computer**

☐ **Sewing**

☐ **Art**

☐ **Photography**

☐ **Music**

☐ **Clerical**

☐ **Other** _____

Child's name _____

Parent's name _____

Phone _____ **E-mail** _____

(updated 7/31/18)

Presbyterian Ear Institute Volunteer Service Log

When you enrolled your student at Presbyterian Ear Institute you agreed to volunteer a minimum of 20 hours per year per family. Please document your hours here.

Student Name _____ Teacher Name _____

Parent/Guardian _____ School Year _____

EVENT	DATE	TIME	# OF HOURS

I affirm that this is an accurate log of hours that I have volunteered in an effort to promote school wide parent support, shared decisions, special enrichment and recreational decisions.

Parent/Guardian name (printed) _____

Parent/Guardian name (signature) _____ Date _____

(updated 7/31/18)

PEI Suspension and Expulsion Policy

CYFD REGULATION 8.16.2.22c(1)-(8) – (revised 7/31/18)

Name of Child _____ **School Year** _____

Date _____

Unfortunately, there are sometimes reasons we have to suspend or expel a child from our program either on a short term or permanent basis. We want you to know that we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced.

WHEN A CHILD IS HAVING A PROBLEM IN THE CLASSROOM – The staff will work with the family as a team to collaborate about options to support keeping the child in school.

- Staff will try to redirect child from negative behavior.
- Staff will reassess classroom environment, appropriateness of activities and supervision.
- Staff will always use positive methods and language while disciplining children.
- Staff will praise appropriate behaviors.
- Staff will consistently apply consequences for rules.
- Child will be given verbal redirection or warnings.
- Child will be given time to regain control using a “reset” time.
- Child’s disruptive behavior will be documented and maintained in confidentiality.
- Parent/guardian will be given written copies of the disruptive behaviors that might lead to suspension or expulsion.
- The director, classroom staff and parent/guardian will have a conference(s) to discuss how to promote positive behaviors.
- The parent may be given literature or other resources regarding methods of improving behavior, as needed.
- Director/Principal may recommend an evaluation by professional consultation.

SCHEDULE OF EXPULSION

- If after the remedial actions above have not worked, the child’s parent/guardian will be advised verbally and in writing about the child’s or parent’s behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/guardian may work on the child’s behavior or to come to an agreement with the school.
- The parent/guardian will be informed regarding the length of the suspension/expulsion. For suspensions that occur regarding biting or injuries to self and/or others, uncontrollable tantrums/angry outbursts, physical or verbal abuse to staff or other children, and excessive biting, the length of suspension will be as follows:
 - 1ST occurrence – 2 days suspension
 - 2nd occurrence – 5 days suspension
 - 3rd occurrence – expulsion
- The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the school.

THE FOLLOWING ARE REASONS WE MAY HAVE TO SUSPEND OR EXPEL A CHILD FROM THIS CENTER:

IMMEDIATE CAUSES FOR EXPULSION

- The child is at risk of causing serious injury to other children or him/herself.
- Parent threatens physical or intimidating actions towards staff members.
- Parents exhibits verbal abuse to staff in front of enrolled children.

PARENTAL ACTIONS FOR CHILD'S SUSPENSION OR EXPULSION

- Failure to pay/habitual lateness in payments.
- Failure to complete required forms including the child's immunization records.
- Habitual tardiness when picking up your child.
- Verbal abuse to staff.

CHILD'S ACTIONS FOR SUSPENSION OR EXPULSION

- Failure of child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/angry outbursts.
- Ongoing physical or verbal abuse to staff or other children.
- Excessive biting.

Prior to a suspension/expulsion, a parent will be called and correspondence will be sent home indicating what the problem is, and every effort will be made by both the PEI and the parent to correct the problem. If, after one or two weeks, depending on the risk to other children's welfare or safety, behavior does not improve, and PEI finds that they can no longer accommodate the child, the parent will be asked to remove him/her. The parent will be given a *minimum* of one week's notice to find another center to provide care for this child.

PEI Suspension and Expulsion Policy

School Year - _____

CYFD REGULATION 8.16.2.22c(1)-(8) – (revised 2-22-17)

Name of Child_____

I, the parent/guardian of _____ have received a copy of and read PEI's Suspension and Expulsion Policy. Yes/No

Printed name of Parent/Guardian_____

Signature of Parent/Guardian_____

Date_____



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ACKNOWLEDGMENT OF PARENT HANDBOOK

Student's Name _____ School Year _____

Please indicate that you have read the following by initialing each item.

_____ I have read understood and agree to the following policies listed in the Parent Policy Handbook.

_____ Schedule: 8:45 a.m. to 3:00 p.m. Monday through Friday for full day students 8:45 a.m to 12:00 p.m. for half day students. Late pick up is \$5.00 for every 15 minute period that it takes for you to pick up your child after a 15 minute grace period ***Please pick up your child on time or fill out the "Early Drop Off/Late Pick Up Form. DUE TO COVID, EARLY DROP-OFF AND LATE PICK-UP WILL NOT BE AVAILABLE UNTIL FURTHER NOTICE.***

_____ All full day students must bring their own lunch, snack and drink.

_____ Immunizations are required to be current and PEIOS must have an updated copy of your child's immunizations.

_____ If you child has had any of the following symptoms the night before a school day, please keep your child home until they are symptom free for 24 hours.

- A temperature of 101° or higher
- Vomiting more than once
- Diarrhea more than once
- A rash
- Painful earache, cough or sore throat

DUE TO COVID, VIRUS SYMPTOMATIC CHILDREN WILL BE REQUIRED TO HAVE A DOCTOR'S CLEARANCE TO RETURN TO SCHOOL.

_____ I understand that my child should wear his/her amplification all the times they are awake and I will make sure my child's equipment is on and functioning properly when they come to school.

Parent/Guardian Signatures: _____ Date: _____

Parent/Guardian Signatures: _____ Date: _____

(updated 8/4/20)