



# Goosehill Primary School

Weekly Notes- October 17, 2014



Dear Parents,

Teachers spend the first weeks of school getting to know their students. They enjoy talking to each child individually, listening to his/her stories, and observing interactions among all of the children. Teachers also assess their students' strengths and learning needs during instruction in all areas. As I shared at the GPFA meeting last week, we also administer short benchmark assessments to give us additional information about students' skills in order to provide them with the instruction and support they need.

Reading assessments are administered in October, after the children have acclimated to school routines and feel comfortable with their new teachers. We assess kindergarten students' ability to identify letters and the sounds they have been taught, as well as some common sight words. Once children are reading, we assess their ability to read words and short books. During a reading assessment, the teacher listens to a child read an appropriately-leveled text and takes notes about his/her reading behaviors and skills. After the reading, the teacher asks the child to retell the story so she has an accurate assessment of his/her reading comprehension.

Teachers use the information gleaned from reading assessments in many ways. One way is to guide them in helping a child find books s/he can enjoy without getting frustrated. Research shows that children need lots and lots of practice reading books at their independent levels---when 95-100% of the words are known to him/her. If too many words are unfamiliar, the child's comprehension suffers and it is likely that reading that book will not be an enjoyable experience. (At-home reading practice should be at the **independent** level so that your child develops the lifelong habit of reading for pleasure.)

Another way assessments are used is to help the teacher determine what reading skills a child needs to be taught next. For example, if a child is reading word by word, the teacher can plan to address his/her fluency by teaching him to read in phrases (two or three words at a time). If she observes that a child has difficulty decoding short words (e.g. run, shop, cut), the teacher knows to provide additional phonics lessons. And if a child has difficulty retelling a story, a teacher's instructional focus will be on comprehension strategies.

As a school, we also offer support provided outside of the classroom by certified teachers. The support is called "AIS", which stands for Academic Intervention Services. At Goosehill, AIS is provided for many students for short periods of time. We believe in giving children a "boost" right when they need it so that they continue to develop their skills without becoming frustrated.

If you hear from your child's teacher that we would like to offer AIS, it simply means we have found an area in which your child could benefit from some extra attention. The support will be short-term and progress will be monitored closely. Our goal is for all children to feel confident and competent as learners. Learning is fun when it has just the right amount of challenge; it isn't fun when it's too hard.

I will be offering a Parent Workshop on Thursday, October 24 at 9:30 where we will discuss the reading skills children need and ways parents can support them. Please join us!

Warm regards,

Lynn Herschlein

## TABLE OF CONTENTS

(notices you can access at our website and read/print from home)

<u>Items</u>	<u>Page #</u>
CSH Board of Education Special Meeting Notice for October 21, 2014 at 8:30 a.m.....	3
CSH Library Program Notice for Kids, Teens and Adults.....	4
CSH Youth Basketball Clinic Registration.....	5-6
CSH Youth Lacrosse Club.....	7
HHYBL-Summer 2015 Youth Basketball Registration and Program Application.....	8-9

### **IMPORTANT- IF YOUR CHILD WILL BE ABSENT FROM SCHOOL:**

Please call the nurse's office in the morning- 631-367-5950. If you call before the school day begins, or if Mrs. Gurtowski is busy with children when you call, you will access the **Health Office voicemail**. Please leave a message that includes the reason for the absence. \*If you call, but don't include the reason for the absence, you will still receive an automated call directing you to call the school. Please also send a note to school upon your child's return. The New York State Education Department requires that schools collect this information from parents.

### **Notes from the GPFA**

October 22nd- **Fire Safety Assemblies**- Members of the CSH Fire Department will conduct short assemblies with the children.

October 23<sup>rd</sup>- **Parent Workshop** at GH (9:30 a.m.) - How to Support Your Child's Reading Skills

October 31st- **Halloween Sing along and Parade.**

Kindergarten parents arrive at 9:00 for a sing along in the cafeteria.

First grade parents arrive at 9:25 for the parade on the field. (K & 1 parade together)

First grade sing along will be held in the cafeteria *after* the parade. (9:40-10:00)



November 10- Save the Date. **Parents Night Out** will be held at Honu in Huntington at 7pm. More info to follow soon.

The West Side School PTG, has invited all Goosehill families to their Annual Scholastic Book Fair. The annual book fair will be during school hours on Thursday, 10/23 and Friday, 10/24.

Come and shop with your child. Family time is on Thursday October 23rd from 3-5pm. Contact Jill DeMarco, [jed1273@yahoo.com](mailto:jed1273@yahoo.com)

Box Tops and Labels for Education: The first deadline for submission is November 4th.

### **Notes from Cold Spring Harbor SEPTA** (Special Education Parent-Teacher Association)

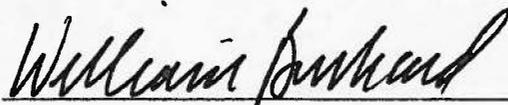
• Membership forms have been sent home via backpacks. We encourage you to please become a member and support our districtwide services. Please send in membership form with \$20 in your child's backpack.

• "2<sup>nd</sup> Cup of Coffee" Kick-off SEPTA Meeting MONDAY OCTOBER 20<sup>th</sup> at 9:30am in the Board Room in the District Office. Please join us to find out what we are all about. Come together with other parents to support one another with advice on various topics about school, home or other challenges you or your child might be facing. Behavior Consultant Randi Schuller will be our guest to kick-off our first meeting.

**COLD SPRING HARBOR CENTRAL SCHOOL DISTRICT**  
*75 Goose Hill Road, Cold Spring Harbor, NY 11724*

**\*\* PLEASE POST \*\***

Please be advised that a special meeting of the Board of Education will take place on October 21, 2014, at 8:30 a.m. at the Francis Roberts Community Center. The Board of Education may consider a motion to adjourn to Executive Session to discuss contract negotiations and personnel matters appropriate for Executive Session.



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William Bernhard, District Clerk

4.

**For Kids & Teens! Programs from Cold Spring Harbor  
Library's Youth Services Department. Registration Required!**

**Family Scarecrow Craft**

**Sunday, October 19  
@ 2:00 pm or 3:00 pm  
For All ages**

Fun for the whole family!  
Create a full sized Scarecrow to decorate  
and display for the season  
Don't forget to bring ADULT SIZED CLOTHING  
for your scarecrow to wear!

**Halloween Story & Craft**

**Thursday, October 23 @ 10:30 am  
For Children in aged 2-5 with Adult**  
Listen to stories about Halloween and create a  
spooky craft.

**Mini Pumpkin Decorating**  
**Tuesday, October 21 @ 10:30 am**  
**For Children in ages 2-5 with Adult**  
Decorate a pumpkin to celebrate Halloween!

**TEEN PROGRAM:  
HOW TO MAXIMIZE YOUR ELIGIBILITY FOR  
FINANCIAL AID**

**THURSDAY, OCTOBER 23 @ 7:00 pm**  
Learn how to improve your chances of  
Earning financial aid!

**New Additions to our Parent Collection**

***Parenting From the Inside out: How a Deeper Understanding can Help you Raise Children Who Thrive***

by Daniel J. Siegel, M.D. & Mary Hartzell, M.Ed

***Sitting Still Like a Frog: Mindfulness Exercises for Kids (and Their Parents)***

By Eline Snel

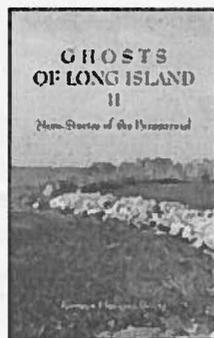
For more information about any Kids or Teen Programs, contact a Youth Services Librarian  
at the Cold Spring Harbor Library - 631-692-6820

**For Adults! Programs and Services from Cold Spring Harbor**

**Library's Information Services Department**



**GHOSTS, SPIRITS, MIRACLES AND THE  
AFTERLIFE**



**Kerriann Flanagan Brosky**, the award-winning author and historian best known for her *Ghosts of Long Island* books, will talk about some of her most popular ghost stories as she reveals what it's like to go out on investigations with clairaudient medium and paranormal investigator Joe Giaquinto.

**Advance registration is suggested.**

For more information about any Adult Program, contact Information Services  
at the Cold Spring Harbor Library at 631-692-6820.

# COLD SPRING HARBOR YOUTH BASKETBALL CLINIC

## REGISTRATION FOR THE 2014 – 2015 SEASON

Please print out the application, fill it out completely & mail with your check, made out to “**CSH Youth Basketball League**” to:

Chris Northacker  
1 Saw Mill Lane  
Cold Spring Harbor, NY 11724

**DEADLINE:** Oct. 5, 2013

**PLAYERS:** All Boys and Girls in 1<sup>st</sup> and 2<sup>nd</sup> grade

**FEE:** \$100.00 (includes uniforms, basketballs, insurance, facilities use fees & trophies)  
**Cash or check made out to “CSH Youth Basketball League”**

- \* Separate clinic for boys and girls
- \* Clinics to be held on Saturdays at Goosehill Primary School
- \* Clinics run from December 2014 thru March 2015
- \* 9 weeks of basketball
- \* Trophies for every player

If you have any questions, please call Bridget Perlmutter at 631-367-1096

**PARENTS WE NEED VOLUNTEERS!! LET US KNOW ON THE APPLICATION IF YOU ARE INTERESTED IN COACHING.**

6.

**COLD SPRING HARBOR YOUTH BASKETBALL LEAGUE**

**REGISTRATION FEE : \$100.00** (1<sup>st</sup> and 2<sup>nd</sup> grade players)

Make Check Payable to: **CSH YOUTH BASKETBALL LEAGUE**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HOME PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ BOY \_\_\_\_\_ GIRL \_\_\_\_\_

DID YOU PLAY IN THE CSH BASKETBALL LEAGUE LAST YEAR ? \_\_\_\_\_

WHO WAS YOU COACH ? \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ CELL # \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ CELL # \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE # \_\_\_\_\_

DOCTOR'S NAME & PHONE # \_\_\_\_\_

MEDICAL CONDITIONS OR PROBLEMS \_\_\_\_\_

**PARENTS SUPPORT: WE ASK FOR PARTICIPATION OF PARENTS IN OUR PROGRAM ! PLEASE CHECK THE APPROPRIATE BOXES**

**COACH \_\_\_\_\_ ASST. COACH \_\_\_\_\_**

We expressly assume all risks & hazards, directly from, or incidental to, participation in the CSH Youth Basketball League and we do hereby hold harmless the organizers, supervisors, coaches & participants from any claim arising out of injury to our Son/Daughter except to the extent & in the amount covered by applicable accident or liability insurance. We as Parents/Guardians have medical insurance for our Son/Daughter in case of injury associated with the CSH Youth Basketball League & acknowledge that the CSH Youth Basketball League does not have any medical insurance.

**SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_**

Cash \_\_\_\_\_ Check # \_\_\_\_\_ Check Amount \_\_\_\_\_



# Register Now for Spring Lacrosse

**Cold Spring Harbor Youth Lacrosse Club**  
is offering the following programs this spring:

**Boys K-1<sup>st</sup> and Girls K-1<sup>st</sup>**

Intramural League: weekly clinics focusing on skill development

**Boys 2<sup>nd</sup>-6<sup>th</sup> and Girls 2<sup>nd</sup>-6<sup>th</sup>**

Travel League: teams will practice 2-3 times per week and compete weekly against other town travel programs

**Boys 7<sup>th</sup>-8<sup>th</sup>**

Travel League: no practices, just Sunday games

**Registration closes on October 31<sup>st</sup>**  
**Please tell your friends to register today!**

For registration and more information, please visit:  
[www.cshlax.com](http://www.cshlax.com)

For any questions, please contact:  
[cshlacrosse@gmail.com](mailto:cshlacrosse@gmail.com)



HHHYBL - SUMMER  
(Formerly Five Towns College)



Youth Basketball Program  
Application

All applications must be accompanied by payment in full based on the following:  
**Registration: Thru April 30, 2015, \$200 1st child, additional children: \$180.**  
**After April 30, 2015, \$225 1st child, additional children \$200. After 5/31/15, \$250 per applicant. No refunds. No exceptions!!**  
Please make all checks payable to "HHHYBL" Send to: HHHYBL, P.O. Box 227, Huntington Station, N.Y. 11746

Print clearly

Last Name \_\_\_\_\_ First \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

D.O.B. \_\_\_\_\_ Sex: \_\_\_M\_\_\_ \_\_\_F\_\_\_ E-Mail address: \_\_\_\_\_

Address : \_\_\_\_\_  
House No. Street City Apt. Zip

Telephone No.(\_\_\_\_\_) \_\_\_\_\_ Grade entering in September, 2015? \_\_\_\_\_

Name of Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Play Last Summer? Y \_\_\_ N \_\_\_

Guardian's Work Phone:(\_\_\_\_\_) \_\_\_\_\_ Where did you get application? \_\_\_\_\_

Mother Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Father Cell Phone(\_\_\_\_\_) \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Father's Occupation \_\_\_\_\_

Emergency Contact No:(\_\_\_\_\_) \_\_\_\_\_ School attending in 9/14? \_\_\_\_\_

Planned Vacation Dates: \_\_\_\_\_ ALL PLAYERS 9-12 GRADE MUST CARRY ID

Reliable volunteers are needed to insure the continued success of this program.

I am interested in serving as: Coach Y \_\_\_ N \_\_\_ Ass't Coach Y \_\_\_ N \_\_\_

Children entering kindergarten, first or second grade in Sept. 2015 will play in an instructional program, unless moved up. All children entering the third grade or higher will participate in league play & must be rated, if not rated in prior year. All children may request placement with friends, subject to availability. If your child has a friend he or she wishes to be placed with, please indicate their name(s) here:

Friend(s): \_\_\_\_\_

I, the undersigned, give my child permission to participate in the HHHYBL program. I certify that my child is physically fit to participate in strenuous athletic activity and I have obtained clearance from a physician before permitting my child to participate. I agree to hold HHHYBL, its' employees and agents harmless for any liability resulting from injury or illness. I hereby authorize HHHYBL to act for me according to their best judgment in in any emergency requiring medical attention. I understand that I am solely responsible for the payment of any such medical expenses.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance company providing coverage for your child: \_\_\_\_\_ Policy Number: \_\_\_\_\_

For Office Use Only: Ratings

Player Number _____	Payment Method ___ck___cash___other	Check No. _____	Amt _____	Date _____
Dribbling A B C D	Lay-ups A B C D			
Shooting A B C D	Rebounding A B C D			
Aggressive A B C D	Size _____			Overall Rating _____

(Over)