

PreK/Kindergarten Enrollment Information



Online registration for prekindergarten and kindergarten for the 2020-21 school year will be available on our website (www.hudsonvillepublicschools.org) towards the end of January. To be eligible, children must be five years of age on or before December 1, 2020. Please complete the online enrollment and turn in the following information to your attendance area building at the registration meeting on January 28, 2020.

- ☐ Birth certificate (must be certified with raised seal)
- ☐ Photo proof of identity of parent/guardian who is enrolling
- ☐ Proof of residency (i.e. utility bill, tax statement, house buy/sell agreement, lease agreement)
- ☐ Health appraisal form which includes dates of immunizations and vision/hearing testing (this is due by August 14, 2020)

Registration Meetings

Registration meetings will be held for parents on Tuesday, January 28, 2020. The meeting will offer important information regarding preparation for prekindergarten/kindergarten. The locations and times of the meetings are as follows:

<u>Meeting Location</u>	<u>Times</u>
Alward Elementary	7:00 p.m.
Bauer Elementary	7:00 p.m.
Forest Grove Elementary	7:00 p.m.
Georgetown Elementary	7:00 p.m.
Jamestown Lower Elementary	7:00 p.m.
Park Elementary	7:00 p.m.
South Elementary	10:00 a.m. <u>or</u> 7:00 p.m.

Information will be the same at each time/location so you are welcome to attend the time that works best for you. If you attend in another location, please drop off the registration documents at your attendance area building.

Screening Information

At the registration meeting, parents who remain uncertain about placement and desire additional information to help guide the decision can register for a screening. Screening is recommended for students with birth dates after June 1, 2015 and required for students with birth dates after September 1, 2015. Screening will be held in each elementary building in February. The teacher will provide a summary of the child's readiness skills following screening.

Placement Preference

The online registration will include a place for parents to indicate their placement preference.

- Full day/every day kindergarten (all buildings)
- Full day/every day prekindergarten (north and south end elementary school locations TBD)

All kindergarten grade placement requests will be honored. A team will review prekindergarten placement requests. Parents will be notified of placement decision by May 31, 2020. Information about a late summer orientation for students and parents will be included in the notification letter.

We welcome your child with open arms and thank you for the privilege of working with your family!

Hudsonville Public Schools Kindergarten Student Registration

3886 Van Buren • Hudsonville, MI 49426 • 616-669-1740

Office Use
ID # _____
MCIR _____
SOC _____
IDT _____

Please indicate your placement preference:

- ☐ Full day/every day kindergarten
☐ Full day/every day prekindergarten
☐ Unsure, please contact me to schedule a screening

→ If your child's birth date is after September 1, we will automatically contact you to schedule a screening.

Preschool attended (if applicable):

Name of School/Location

Program

Did student receive special education (resource/speech) services at previous school? Yes No

If yes, please list: _____

Student Name (full, legal name)

()
First Middle Last Nickname/Goes by

Gender

- ☐ M
☐ F

Student Address _____ City _____ State _____ Zip _____

County _____ Home Phone # _____

Date of Birth _____ *If the student's birth date is between September 2 - December 1, parents must complete a waiver request.
month/day/year

Place of Birth _____ Grade Entering _____
City State

Is this student Hispanic/Latino? (choose only one):

- ☐ No, not Hispanic or Latino
☐ Yes, Hispanic or Latino

☐ Yes ☐ No

Is your child's native tongue a language **OTHER THAN** English?

What is the student's race? (select one or more, regardless of ethnicity):

- ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African-American
☐ Native Hawaiian or Other Pacific Islander
☐ White

☐ Yes ☐ No

Is the primary language used in your child's home or environment a language **OTHER THAN** English?

If yes, what language? _____

Legal Guardian Names: Please ✓ with which parent(s)/guardian(s) student lives.

☐ 1. _____
First/Last - Parent/Guardian Name Address City, State, Zip
Relationship to Student Home Phone # Work Phone # Cell Phone #
Email Address

☐ 2. _____
First/Last - Parent/Guardian Name Address City, State, Zip
Relationship to Student Home Phone # Work Phone # Cell Phone #
Email Address

☐ Yes ☐ No Is either parent currently actively serving in the military?

Medical Information

Special Medical Needs/Allergies _____

Sibling Information: Please list below any other siblings presently attending Hudsonville Public Schools.

Name	Grade	Building
_____	_____	_____
_____	_____	_____

Registration Date _____ Parent Signature _____

IMPORTANT: Please provide a copy of child's immunization record, birth certificate (must be certified with raised seal), proof of residency, and photo proof of identity of parent/guardian who is enrolling.

HEALTH APPRAISAL

Dear Parent or Guardian: The following information is requested so that the school can work with the parent to meet the physical, intellectual and emotional needs of the child. Fill out the information requested in Section I. Section III may be certified by the transcription of information from the certificate of immunization. The remaining sections are to be completed by a doctor, nurse and dentist. **(BE SURE TO BRING YOUR CHILD'S IMMUNIZATION RECORDS TO THE EXAMINATION.)**

PERSONAL

CHILD'S NAME (Last, First, Middle)		DATE OF BIRTH (mm/dd/yy) / /
ADDRESS (Number & Street)	(City)	(ZIP Code) MI / /
PARENT/GUARDIAN (Last, First, Middle)		HOME TELEPHONE NUMBER ()
ADDRESS (Number & Street)	(City)	(ZIP Code) MI ()
		WORK TELEPHONE NUMBER ()

SECTION I - HEALTH HISTORY

Yes	No	Resolved	# Is your child having any of the problems listed below?	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Allergies or Reactions (for example, food, medication or other)	Birth History: Are there any current or past diagnosis(es) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: If yes, list medications: Was the health history reviewed by a health professional? <input type="checkbox"/> Yes <input type="checkbox"/> No Examiner's Initials: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 Hay Fever, Asthma, or Wheezing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Eczema or Frequent Skin Rashes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4 Convulsions/Seizures	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 Heart Trouble	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Diabetes	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7 Frequent Colds, Sore Throats, Earaches (4 or more per year)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 Trouble with Passing Urine or Bowel Movements	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 Shortness of Breath	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Speech Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Menstrual Problems	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Dental Problems: Date of Last Exam / /	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please describe): _____	
<input type="checkbox"/>	<input type="checkbox"/>		Does your child take any medication(s) regularly?	
Reason for Medication				
_____/_____/_____ Parent/Guardian Signature Date				

SECTION II - PHYSICAL EXAMINATION, INSPECTION, TESTS AND MEASUREMENTS

Required for Child Care and Head Start / Early Head Start

Tests and Measurements

No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care	No	Yes	Was child tested for:	Test results:	Normal	Referred	Under Care
<input type="checkbox"/>	<input type="checkbox"/>	VISION	Visual Acuity				<input type="checkbox"/>	<input type="checkbox"/>	HEIGHT & WEIGHT	Height			
		Date: / /	Muscle Imbalance							Weight			
			Other:				<input type="checkbox"/>	<input type="checkbox"/>	Other:				
<input type="checkbox"/>	<input type="checkbox"/>	HEARING	Audiometer				<input type="checkbox"/>	<input type="checkbox"/>	HEMOGLOBIN / HEMATOCRIT				
		Date: / /	Other:				<input type="checkbox"/>	<input type="checkbox"/>	BLOOD PRESSURE	Reading: _____			
<input type="checkbox"/>	<input type="checkbox"/>	URINALYSIS	Sugar				<input type="checkbox"/>	<input type="checkbox"/>	TUBERCULIN	Type: _____			
		Date: / /	Albumin						Date: / /	Neg.: <input type="checkbox"/> Pos.: <input type="checkbox"/> _____ mm			
			Microscopic										
<input type="checkbox"/>	<input type="checkbox"/>	BLOOD LEAD LEVEL	Level _____ ug/dl				NOTE: Blood lead level required for all children enrolled in Medicaid must be tested at one and two years of age, or once between three and six years of age if not previously tested. All children under age six living in high-risk areas should be tested at the same intervals as listed above.						
		Date: / /											

Examinations and/or Inspections

Essential Findings Deviating from Normal:
Exam Date: / /

SECTION III - IMMUNIZATIONS					
Statements such as "UP-TO-DATE" or "COMPLETE" will not be accepted. Admission to school may be denied on the basis of this information.*					
VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY		VACCINES (Circle Type)	DATE ADMINISTERED MM/DD/YYYY	
Hepatitis B (HepB)	1	3	Hepatitis A (HepA)	1	2
	2			1	3
DTaP/DTP/DT/Td	1	4	Influenza (IIV/LAIV)	2	4
	2	5		Meningococcal (MCV4 / MPSV4)	1
	3	6	Human Papillomavirus (HPV9/HPV4/HPV2)		1
Tdap	1			2	
Haemophilus Influenzae type b (HIB)	1	3	OTHER Vaccines Specify Date & Type	Type of Vaccine(s)	Date of Vaccine(s)
	2	4		1	
Polio (IPV/OPV)	1	3		2	
	2	4	3		
Pneumococcal Conjugate (PCV7/PCV13)	1	3	Indicate and attach physician diagnosis or laboratory evidence of immunity as applicable		
	2	4	*NOTE: According to Public Act 368 of 1978, any child enrolling in a Michigan school for the first time must be adequately immunized, vision tested and hearing tested. Exemptions to these requirements are granted for medical, religious and other objections, provided that the waiver forms are properly prepared, signed and delivered to school administrators. Forms for these exemptions are available at your provider office for medical waiver forms and through your local health department for nonmedical waiver forms.		
Rotavirus (RV1/RV5)	1	3			
	2				
Measles, Mumps, Rubella (MMR)	1	2			
Varicella (Chickenpox)	1	2			
History of Chickenpox Disease? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date:					
I certify that the immunization dates are true to the best of my knowledge					
_____			_____		
Health Professional's Signature			Title		
			Date		

No		Yes		SECTION IV - RECOMMENDATIONS (Required for Child Care and Head Start/Early Head Start)	
<input type="checkbox"/>	<input type="checkbox"/>	Is there any defect of vision, hearing or other condition for which the school could help by seating or other actions? If yes, please explain:			
<input type="checkbox"/>	<input type="checkbox"/>	Should the child's activity be restricted because of any physical defect or illness? If yes, check and explain degree of restriction(s): <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Gymnasium <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Competitive Sports <input type="checkbox"/> Other			
Other Recommendations					

SECTION V - DENTAL EXAMINATION AND RECOMMENDATIONS (OPTIONAL)	
I have examined _____'s teeth. As a result of this examination, my recommendation for treatment is: _____	
child's name	

Dentist's Signature	
Date	

PHYSICIAN'S SIGNATURE			
_____	Date	_____	Degree or License
Examiner's Signature		Examiner's Name (Print or Type)	
_____	_____	_____	_____
Number & Street	City	MI	ZIP Code
			Telephone

Information required for:

Early On - Hearing and Vision Status; Diagnosis; Health Status

Child Care Licensing - Physical Exam, Restrictions, Immunizations

Head Start/Early Head Start - Determination that child is up-to-date on a schedule of age-appropriate preventive and primary health care, including medical, dental, and mental health. The schedule must incorporate the well-child care visit required by EPSDT and the latest immunizations schedule recommended by the Centers for Disease Control and Prevention, State, tribal, and local authorities. An EPSDT well-child exam includes height, weight, and blood tests for anemia at regular intervals based on age.

Developed in Cooperation with the Department of Health and Human Services, Education, Michigan American Association of Pediatrics, Early Childhood Investment Corporation, Child Care Licensing, Head Start, Michigan State Medical Society, Michigan Association of Osteopathic Physicians and Surgeons.

Prior Care Information

Please complete the following information about your child and return to your attendance area building.

Child's Name (first, middle, last)	
Child's Date of Birth	

What was your child's primary form of care prior to the 2020-21 school year?

- | | | |
|--|--|--|
| <input type="checkbox"/> Great Start Readiness Program (GSRP) | <input type="checkbox"/> Head Start | <input type="checkbox"/> Family/Relative Child Care |
| <input type="checkbox"/> Private Child Care Center | <input type="checkbox"/> Tuition-based Preschool | <input type="checkbox"/> Early Childhood Special Education Classroom |
| <input type="checkbox"/> Young 5's/Pre-Kindergarten/Developmental Kindergarten/Transitional Kindergarten | | |

What was the schedule of your child's primary form of care prior to the 2020-21 school year?

- | | | |
|--|--|--|
| <input type="checkbox"/> Part-day, 4 days per week | <input type="checkbox"/> Part-day, 5 days per week | <input type="checkbox"/> School-day, 4 days per week |
| <input type="checkbox"/> School-day, 4 days per week | <input type="checkbox"/> School-day, 5 days per week | <input type="checkbox"/> Other schedule |

What were the reasons you either sent or didn't send your child to a preschool/prior care experience?

Hudsonville Public Schools

Kindergarten Waiver Request for 2020–2021 School Year

To be completed and returned with registration for students with birth dates between September 2, 2015 – December 1, 2015.

According to Michigan Law, if a child residing in Hudsonville Public Schools is not five years of age on or before September 1, 2020, but will be five years of age not later than December 1, 2020, the parent or legal guardian of that child may enroll the child in kindergarten for the 2020–2021 school year if the parent or legal guardian completes this waiver request.

A school district that receives this written notification may make a recommendation to the parent or legal guardian as to whether the child is not ready to enroll in kindergarten due to the child's age or other factors. Regardless of the district recommendation, the parent or legal guardian retains the sole discretion to determine whether or not to enroll the child in kindergarten if the student is five years of age no later than December 1, 2020.

Student name: _____ Date of birth: _____

Verification of age: ☐ birth certificate ☐ government record ☐ hospital record
(Check one) ☐ court record ☐ citizenship paper ☐ other: _____
(specify)

Evidence of school readiness (provided by parent):

Parent/guardian's printed name

Parent/guardian's signature

Date

Hudsonville Public Schools' Recommendation

(To be completed by HPS Administration.)

- ☐ agrees with the recommendation of the parents to enroll in kindergarten.
- ☐ recommends kindergarten begin in September 2021 for the following reasons:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

School administrator's signature

Date

Hudsonville Public Schools Consent for Disclosure of Immunization Information to Local and State Health Departments

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the students name, Date of Birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information from your child's education records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.

I authorize Hudsonville Public Schools to release my child's immunization record to the Michigan Department of Health and Human Services and Local Health Department. I understand this information will be used to improve the quality and timeliness of immunization services and to help schools comply with Michigan Law. This includes any immunization information and limited personally identifiable information from the school.

Student's Name: _____ Date of Birth: ____/____/____

Signature of Parent/Guardian
or Eligible Student: _____ Date: ____/____/____

Printed Parent/Guardian Name: _____

Internet Use Authorization Form

(Please print out, complete and return to school)

User Authorization:

I hereby certify that I have read and understand Hudsonville Public Schools Student Acceptable Use Policy and agree to abide by its terms and conditions. I understand that if I violate the Student Acceptable Use Policy, my network/Internet access privilege will be revoked and I will be subject to disciplinary action. I further understand that a violation of the Student Acceptable Use Policy may subject me to criminal and/or civil liability.

Student Name (please print): _____

Student
Signature: _____ Date: _____

Parent or Guardian Authorization:

As the parent or guardian of the above named user, I hereby certify that I have read and understand Hudsonville Public Schools Student Acceptable Use Policy (http://www.hudsonville.k12.mi.us/HPS/index.php?option=com_content&task=view&id=46&Itemid=396). I further understand that some materials accessible to network/Internet users may be offensive, illegal, defamatory or inaccurate, and that although the Hudsonville Public Schools has taken reasonable precautions to restrict access to such materials, such exposure may nevertheless occur. With that understanding, I hereby give permission to the Hudsonville Public Schools to allow internet access for my child. I further agree to indemnify and hold harmless Hudsonville Public Schools, its employees and agents, from any and all claims arising from or related to my child's use or misuse of the computer equipment/Internet, and waive any and all claims I may have against Hudsonville Public Schools for such use or misuse.

Parent or Guardian's Name (please print): _____

Signature: _____ Date: _____

Equipment Use Authorization Form

Hudsonville Public Schools provides equipment for educational use. Individuals utilizing district provided equipment agree to the following statements:

- I agree to:
 - Follow the Hudsonville Public School Acceptable Use Policies while this equipment is in my possession.
 - Pay all costs associated with intentional damage to the assigned equipment or its replacement costs.
 - Pay all costs associated with unintentional damage due to negligence to the assigned equipment or its replacement costs not covered under manufacturer warranties.
- If the equipment is stolen:
 - While in use in district buildings, I understand that I must immediately file a report with the technology director or the Office of the Superintendent at Hudsonville Public Schools.
 - While in use outside of district buildings, I understand that I must immediately file a report with the local police department and contact the technology director or the Office of the Superintendent at Hudsonville Public Schools.
- I understand that:
 - Assigned equipment must be checked regularly for safety, proper working condition, contracting of possible flaws in programming (especially computer virus possibilities) and will need to be returned for repairs, updates and enhancements when requested by the district.
 - I am not given implicit, or explicit, permission to change settings or load software on the equipment for any reason, unless directed by a district representative.
 - The assigned equipment can be reclaimed at any time for Acceptable Use Policy violations or violations of the Equipment Use Authorization form
 - I am responsible for the encryption and proper security of any confidential information loaded onto the assigned equipment.
 - Equipment support may be limited to district locations and published work hours.
 - Any provided equipment is subject to all civil and criminal laws and legislation for public institutions.
 - District personnel may remotely access assigned devices at any time.
 - Some programs and services may be disabled.

Student Name

Date

Parent/Guardian Signature

Date

Educational Material for Parents and Students (Content Meets MDCH Requirements)

Sources: Michigan Department of Community Health, CDC and the National Operating Committee on Standards for Athletic Equipment (NOCSAE)

UNDERSTANDING CONCUSSION

Some Common Symptoms

Headache
Pressure in the Head
Nausea/Vomiting
Dizziness

Balance Problems
Double Vision
Blurry Vision
Sensitive to Light

Sensitive to Noise
Sluggishness
Haziness
Fogginess
Grogginess

Poor Concentration
Memory Problems
Confusion
“Feeling Down”

Not “Feeling Right”
Feeling Irritable
Slow Reaction Time
Sleep Problems

WHAT IS A CONCUSSION?

A **concussion** is a **type of traumatic brain injury** that changes the way the brain normally works. A concussion is caused by a fall, bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. A concussion can be caused by a shaking, spinning or a sudden stopping and starting of the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. A concussion can happen even if you haven’t been knocked out.

You can’t see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If the student reports any symptoms of a concussion, or if you notice symptoms yourself, seek medical attention right away. A student who may have had a concussion should not return to play on the day of the injury and until a health care professional says they are okay to return to play.

IF YOU SUSPECT A CONCUSSION:

1. **SEEK MEDICAL ATTENTION RIGHT AWAY** – A health care professional will be able to decide how serious the concussion is and when it is safe for the student to return to regular activities, including sports. Don’t hide it, report it. Ignoring symptoms and trying to “tough it out” often makes it worse.
2. **KEEP YOUR STUDENT OUT OF PLAY** – Concussions take time to heal. Don’t let the student return to play the day of injury and until a health care professional says it’s okay. A student who returns to play too soon, while the brain is still healing, risks a greater chance of having a second concussion. Young children and teens are more likely to get a concussion and take longer to recover than adults. Repeat or second concussions increase the time it takes to recover and can be very serious. They can cause permanent brain damage, affecting the student for a lifetime. They can be fatal. It is better to miss one game than the whole season.
3. **TELL THE SCHOOL ABOUT ANY PREVIOUS CONCUSSION** – Schools should know if a student had a previous concussion. A student’s school may not know about a concussion received in another sport or activity unless you notify them.

SIGNS OBSERVED BY PARENTS:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Can’t recall events prior to or after a hit or fall
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

CONCUSSION DANGER SIGNS:

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. A student should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people/places
- Becomes increasingly confused, restless or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously.)

HOW TO RESPOND TO A REPORT OF A CONCUSSION:

If a student reports one or more symptoms of a concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of athletic play the day of the injury. The student should only return to play with permission from a health care professional experienced in evaluating for concussion. During recovery, rest is key. Exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse. Students who return to school after a concussion may need to spend fewer hours at school, take rests breaks, be given extra help and time, spend less time reading, writing or on a computer. After a concussion, returning to sports and school is a gradual process that should be monitored by a health care professional.

Remember: Concussion affects people differently. While most students with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

To learn more, go to www.cdc.gov/concussion.

Parents and Students Must Sign and Return the Educational Material Acknowledgement Form

CONCUSSION AWARENESS

EDUCATIONAL MATERIAL ACKNOWLEDGEMENT FORM

By my name and signature below, I acknowledge in accordance with Public Acts 342 and 343 of 2012 that I have received and reviewed the Concussion Fact Sheet for Parents and/or the Concussion Fact Sheet for Students provided by Hudsonville Public Schools

Sponsoring Organization

Participant Name Printed

Parent or Guardian Name Printed

Participant Name Signature

Parent or Guardian Name Signature

Date

Date

Return this signed form to the sponsoring organization that must keep on file for the duration of participation or age 18.

Participants and parents please review and keep the educational materials available for future reference.