

WILLOW WEEKLY

www.willowspringsschool.org

February 21, 2020

NEXT WEEK AT A GLANCE/PLEASE MARK YOUR CALENDAR

02/24-Monday-ALL Shopfund fundraiser orders and money due today

Math Lab/Study Hall 7:50-8:20am

Junior High Choir 8:00-8:25am

Homework Club 3:13-4:13pm

Access Club 3:13-4:13pm

2nd Grade Get Your Game On 3:13-4:13pm

Beginning Band Rehearsal (Everyone)3:13-4:13pm

Yearbook Club 3:13-4:13pm

Girls' Volleyball vs McClure-AWAY

02/25-Tuesday-Math Lab/Study Hall 7:50-8:20am

Team/club pictures today

Homework Club 3:13-4:13pm

Access Club 3:13-4:13pm

LAST DAY-3rd Grade Go Zearn Noodle 3:13-4:13pm

Study Stars 3:13-4:13pm

Tutoring Club 3:13-4:13pm

Concert Band Rehearsal (Woodwinds) 3:13-4:13pm

4th Grade Art Club 3:13-4:13pm

Girls' Volleyball vs Highlands-AWAY

School Board Meeting 6:30pm

02/26-Wednesday-Math Lab/Study Hall 7:50-8:20am

Junior High Choir 8:00-8:25am

Homework Club 3:13-4:13pm

Access Club 3:13-4:13pm

2nd Grade Get Your Game On 3:13-4:13pm

Study Stars 3:13-4:13pm

Concert Band Rehearsal (Brass/Percussion) 3:13-4:13pm

Yearbook Club 3:13-4:13pm

Girls Volleyball Practice 3:20-5:00pm

02/27-Thursday- Math Lab/Study Hall 7:50-8:20am

Homework Club 3:13-4:13pm

Access Club 3:13-4:13pm

Study Stars 3:13-4:13pm

Tutoring Club 3:13-4:13pm

Beginning Band Rehearsal (Everyone) 3:13-4:13pm

5th Grade Art Club 3:13-4:13pm

Girls Volleyball vs Heritage-HOME

02/28-Friday-Math Lab/Study Hall 7:50-8:20am

Early Bird Rehearsal Concert Band (everyone)

LAST DAY-Yearbook orders and money due today

Girls' Volleyball practice 3:20-5:00pm

Looking Ahead:

03/02-Pulaski Day-School Closed

03/03-Kindergarten Screenings 2020-2021 pre-registration*please schedule an appointment

03/06-Dr. Seuss Character Day-Dress like your favorite Dr.Seuss character

03/12-We are the World 3rd-5th Grade Spring Concert 6:00pm

03/23-03/27-Spring Break

05/18-8th Grade Graduation 7:00pm

02/24-Monday-Chicken Quesadilla

02/25-Tuesday-Beef Ribette

02/26-Wednesday-Bosco Cheese Stick

02/27-Thursday-Mac and Cheese

02/28-Friday-Cheese Pizza



PFC NEWS

SPIRIT WEAR

Limited Sizes Available \$10.00 each
Sizes range from Youth S-Adult XL

If you are interested in purchasing a t-shirt please visit the office or send a \$10.00 cash or check payment with your child and the size needed. Thank you for supporting the PFC! Please make any checks payable to: Willow Springs School

Mobile Food Pantry: The Greater Chicago Food Depository is extending its Mobile Pantry program to Lyons Township locations. Mobile food pantries will be at the following locations at 3:30 pm- 5:30pm. Open to the public. It is recommended that you bring your own grocery bags.

Justice Village Hall 7800 Archer Rd, Justice, IL
3/17/2020, 6/16/2020



Golden Ticket Game
& SHOPFUND.COM

All fundraiser orders/money due Monday, February 24

Congressman Daniel Lipinski

All-American Boy and Girl Nominees

Eighth graders participate in the All American Girl and Boy Program sponsored by Congressman Daniel Lipinski. Two of our students made the Top 100 from 1,000 applicants! The top 100 underwent formal interviews with a panel of judges, who then selected first, second, and third place winners in each category. Criteria for the award includes academic achievement, community involvement, and extracurricular activities. Congratulations to Jason DeAnda and Kendall Wendt! Also, Kendall was awarded 3rd place overall in the female category!



WILLOW SPRINGS SCHOOL
3rd - 5th Grade Spring Concert

*We Are
the
World*



THURSDAY MARCH 12, 2020
6:00 PM

**THIS IS YOUR
LAST
CHANCE
TO ORDER A YEARBOOK.
SERIOUSLY.**

Only \$20.00!!!
All orders and
money due
Friday, Feb 28th

Keeping Sick Children Home

Guidelines for Keeping Sick Children

Home from School-REMINDER!

Each day many parents are faced with a decision: should they keep their sick children at home or send them to school? Often the way a child looks and acts can make the decision an obvious one.

The following guidelines should be considered when making the decision:

Fever: The child should remain home with a fever greater than 100 degrees. The child can return to school after he/she has been **fever free for 24 hours (without fever-reducing medicine such as Tylenol or Motrin).**

Strep Throat: Following diagnosis by rapid strep test or culture, the child may return to school **after 24 hours of antibiotic treatment and 24 hours fever free without fever reducing medication (Tylenol/Motrin)**

Diarrhea/Vomiting: A child with diarrhea and/or vomiting should stay at home and return to school only after being **symptom free for 24 hours.**

Conjunctivitis (Pink Eye): Following a diagnosis of conjunctivitis, the child may return to school **24 hours** after the first dose of prescribed medication.

Rashes: Common infectious diseases with rashes are most contagious in the early stages. A child with a suspicious rash should return to school only after a health care provider has made a diagnosis and authorized the child's return to school.

Flu Symptoms/Colds: A child with thick or constant nasal discharge should remain home. Very few younger children can effectively blow their noses and wash their hands afterward. A child with the above symptoms will quickly spread the illness to other children.

Head Lice/Pediculosis: Willow Springs School has a "no nit" policy. Student must be free from live lice and louse eggs before returning to school. Any child who has been treated for head lice must be cleared by the School Nurse before returning to school.

A sick child cannot learn effectively and is unable to participate in classes in a meaningful way. Keeping a sick child home prevents the spread of illness in the school community and allows the child opportunity to rest and recover.

Please contact me with any questions or concerns

Lisa Perea BSN, RN, PEL-CSN

Certified School Nurse

Willow Springs School

708-467-3511

lperea@willowspringsschool.org



The Mobile Dentist will be here April 16th and 17th



THE DENTIST IS COMING TO SCHOOL!

In-school dental care at **NO COST*** to you.

* For patients covered by Medicaid or All Kids

SAVE TIME!
Sign up online
www.MySchoolDentist.com

Taking care of your child's teeth is important to keep them healthy.

EASY & CONVENIENT - A state licensed dentist will regularly check your child's mouth & teeth, as well as provide a cleaning, fluoride treatment and apply sealants, as needed. A dental report card will be sent home with your child. Includes initial dental care and follow-up visits.
SIGN AND RETURN TO YOUR SCHOOL TODAY!

The Mobile Dentist will be here April 16th and 17th

PLEASE COMPLETE

Child's Legal Name		Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address	City	State	Zip
School	Teacher		Grade
Parent/Guardian Name		Phone ()	
Email		Alt Phone ()	

IMPORTANT HEALTH QUESTION

Does your child have any past or present medical or dental conditions or disabilities? This may include heart issues, breathing problems, brain/seizure disorders, allergies (including drug allergies), diabetes, bleeding problems, communicable diseases or immune disorders etc. If Yes, explain below (attach additional pages as needed). IF NO, LEAVE BLANK.

List current medications _____ List any dental concerns _____

IF CHILD HAS MEDICAID/ALL KIDS

Circle one of the following: BCBS, County Care, Harmony, IlliniCare, Meridian, Molina, NextLevel

Enter Child's Medicaid
Recipient ID Number HERE: →

OR Child's Social Security # (if available)

□ □ □ - □ □ - □ □ □ □

IF CHILD HAS PRIVATE DENTAL INSURANCE

Ins. Company name (other than Medicaid) _____ Ins. Phone _____

Group # _____ Employer name _____ Co. phone _____

Name of Insured Adult _____ BIRTH DATE of Insured Adult _____

Member ID/Policy # _____ Social Security # of insured adult _____

IF CHILD HAS NO DENTAL INSURANCE

I will pay the reduced fee of **\$70.00** for a dental cleaning, screening, fluoride & sealants per visit. Staple check or money order to this form & make payable to: Smile Illinois.

If your child sees a dentist regularly, and you want to continue care with that dentist, you should do so.

READ & SIGN BELOW

I understand and authorize Elliot P. Schlang, D.D.S. P.C. (Provider), its affiliated dentists or dental hygienists, to provide dental services at school to the above named child for whom I am the custodial parent or legal guardian, including an exam, cleaning, fluoride, sealants and the application of Silver Diamine Fluoride as needed. (The use of Silver Diamine Fluoride may discolor any cavities to a brown or black color.) This also gives permission for IDPH quality assurance audits to be performed & providers to return to my child's school to recheck my child's sealants. I have read the IMPORTANT HEALTH QUESTION above and will report any significant changes in my child's health to 855-481-8639. I have read the IMPORTANT NOTICE AND CONSENT ON THE BACK OF THIS FORM and understand and agree to its terms.

SIGN & DATE HERE

_____ This consent authorizes the initial and future dental visits.

DATE _____

QUESTIONS: 1-855-481-8639 FAX: 1-888-330-4331 Visit us at: mobiiledentists.com

Elliot P. Schlang, D.D.S. P.C., General Dentist & Dental Director
8770 W. Bryn Mawr Ave., Suite 1300, Chicago, IL 60631
© Elliot P. Schlang, D.D.S. P.C., 2019

For your privacy, please fold & secure.

ESPAÑOL AL REVERSO



IL-PREVE-012V1 6/19

The Mobile Dentist will be here April 16th and 17th



IMPORTANT NOTICE & CONSENT / AVISO IMPORTANTE Y CONSENTIMIENTO

I understand and authorize Elliot P. Schlang, D.D.S. P.C. (Provider) and its affiliated dentists or dental hygienists to provide the following services for the named child for whom I am the custodial parent or legal guardian: dental exam & oral hygiene instruction, teeth cleaning, fluoride treatment & dental sealants, as well as the application of Silver Diamine Fluoride to treat the progression of tooth decay. (The use of Silver Diamine Fluoride may discolor any cavities to a brown or black color.) While it is unlikely your child could be harmed by preventive dental care, in rare cases, the products we use may cause allergic reaction. (For additional information regarding the benefits and risks of preventive dental care, please call the number provided.) I authorize & direct Provider to bill & collect payment from any Medicaid, insurance, or other payor. I authorize my child's school to make available to Provider and its billing agent my child's insurance information in order to bill payer for services. If I have private dental insurance, I will be billed for & agree to pay any deductibles and/or co-pays. Treatment by the in-school dentist may affect future benefits that your child may receive under private insurance, Medicaid or CHIP. Unless I have made pre-arrangements to attend, and am there at the time of service, services will be provided without my presence. (We may send you text messages about the school dental program. Message and/or data fees may be charged by your wireless service provider; to discontinue, reply "STOP" to any message received from us. You also agree to receive pre-recorded and/or auto-dialed telephone calls relating to the school dental program at the land-line and/or mobile telephone numbers provided on this consent form.) I have received the Notice of Privacy Practices (NPP) attached to this form and consent to the release of my child's medical record information, including records obtained from other providers, and any HIV/AIDS, communicable disease, sexually transmitted disease, drug and alcohol, and anemia information. I authorize release of such information by Provider to any responsible payor and/or administrative service provider and their subcontractors for use and disclosure relating to my child's treatment, payment for services and health care operation purposes. This signed consent authorizes my child's initial and future dental visits. I may withdraw this consent at any time in writing.

Entiendo y autorizo a Elliot P. Schlang, D.D.S. P.C. (Proveedor) y a sus dentistas afiliados o higienistas dental a proveer los siguientes servicios al niño mencionado del cual soy el padre custodio o tutor legal: examen dental e instrucciones de higiene oral, limpieza dental, tratamiento de fluoruro, sellantes dentales, así como la aplicación de Fluoruro Diamino de Plata para tratar la progresión de las caries dental. (El uso de Fluoruro Diamino de Plata puede decolorar cualquier caries a un color marrón o negro.) A pesar de que no es probable de que su niño sea dañado durante los cuidados dentales preventivos, en raras ocasiones, los productos que utilizamos pudieran causar una reacción alérgica. (Para más información sobre los beneficios y los riesgos del cuidado dental preventivo, por favor llame al número proporcionada.) Autorizo y dirijo al proveedor a facturar y recolectar pago de Medicaid, seguro privado o tercera persona. Autorizo a la escuela de mi hijo a poner a disposición del Proveedor y su agente de cobro la información del seguro de mi hijo con el fin de cobrar por los servicios. Si tengo seguro dental privado, será facturado y acuerdo a pagar cualquier deducible y/o co-pago. El tratamiento realizado por el dentista escolar pudiera afectar los beneficios de su niño en un futuro bajo su cobertura privada, Medicaid o CHIP. Al menos de que allá hecho algún arreglo previamente para atender y estoy ahí al momento de los servicios, el servicio será proveído sin mi presencia. (En ocasiones podremos mandarle un texto sobre el programa dental escolar. Cobros de mensaje o/y de datos pueden ser aplicados por su proveedor de servicios inalámbrico; para discontinuar, responde "STOP" a cualquier mensaje que reciba de nosotros. Usted también acepta recibir transmisión pre grabada y/o auto llamadas telefónicas relacionadas con el programa dental escolar a los numeros telefonicos que usted proporciona en esta forma de consentimiento.) He recibido el Aviso de Prácticas Privadas (NPP) adjuntas a este formulario y el consentimiento para la divulgación de la información y/o expediente médico de mi hijo, incluyendo los registros obtenidos de otros proveedores, y cualquier otra enfermedad como: VIH/SIDA, enfermedades contagiosas, enfermedades de transmisión sexual, drogas, alcohol, y anemia. Yo autorizo la divulgación de dicha información por parte de proveedores para cualquier pagador responsable y/o proveedor de servicios administrativos y de sus subcontratistas para el uso y divulgación de información relacionada con el tratamiento de mi hijo, pago para el mantenimiento y operación de cuidado dental. Esta forma de consentimiento firmada autoriza la visita dental inicial y visitas de seguimiento. Puedo retirar mi consentimiento en cualquier momento por escrito.

KEEP FOR YOUR RECORDS

ELLIOT P. SCHLANG, DDS – GENERAL DENTIST, DENTAL DIRECTOR

Susan Ash, DDS, Inderjit Bawa, DDS, Brian Bins, DMD, Charles Boswell, DDS, Patricia James, DDS, Jada Johnson-Speller, DDS, Yvonne McLeod, DDS, Cynthia Michalik, DDS, Karen Schichtel, DDS, Elliot Schlang, DDS, Larry Shapiro, DMD, Katerina Smyrniotis-Halkias, DDS, Paul Valasek, DDS

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. KEEP FOR YOUR RECORDS

OUR LEGAL DUTY

The privacy of your medical information is important to us. We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect. We will notify you if your unsecured medical information is breached.

We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice effective for all health information that we maintain, including health information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon request.

You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

USES AND DISCLOSURES OF HEALTH INFORMATION

We use and disclose health information about you for treatment, payment, and healthcare operations. For example:

Treatment: We may use or disclose your health information to a physician, school nurse, or other healthcare provider providing treatment to you.

Payment: We may use and disclose your health information to obtain payment for services we provide to you.

Healthcare Operations: We may use and disclose your health information in connection with our business operations such as reviewing the competence or qualifications of healthcare professionals and evaluating practitioner and provider performance.

Your Authorization: Uses or disclosures not otherwise described in this Notice may be made only with your written authorization. In addition, we must obtain your written authorization to sell your medical information or to use or disclose your information for marketing goods or services to you where we are paid to make the communication. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your health information for any reason except those described in this Notice.

To Your Family and Friends and Persons Involved in Your Care: We may disclose your health information to a family member, friend or other person involved in your care to the extent necessary to help with your healthcare or with payment for your healthcare. We may also disclose your medical information to disaster relief organizations to help locate individuals during a disaster. We may also use or disclose your medical information to notify, or assist in the notification, of a family member, a personal representative or a person responsible for your care of your location, general condition or death. If you do not want us to disclose your medical information to family members or others in these circumstances, please notify our HIPAA Officer at 888-833-8441.

Required by Law: We may use or disclose your health information when we are required to do so by law.

Public Safety: We may need to disclose medical information to law enforcement officials, such as in response to a search warrant or a grand jury subpoena, or to assist law enforcement officials in identifying or locating an individual, to report deaths that may have resulted from criminal conduct, and to report criminal conduct on our premises.

Abuse or Neglect: We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your health information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.

National Security: We may disclose your medical information to military authorities of Armed Forces or foreign military personnel under certain circumstances; to authorized federal officials for lawful intelligence, counterintelligence, or other national security activities, and to protect the president; and to a correctional institution or law enforcement official having lawful custody of an inmate or patient under certain circumstances.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (such as voicemail messages, postcards, letters, emails or text messages).

Health Oversight Activities: We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure surveys. These activities are necessary for the government to monitor the health care system, the outbreak of disease, government programs, compliance with civil rights laws and to improve patient outcomes.

Lawsuits and Disputes: We may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request or other lawful process.

Other Uses and Disclosures. As permitted or required by law, we may use or disclose your medical information for research purposes; to organizations that handle and monitor organ donation and transplantation, for workers' compensation or similar programs to comply with laws related to workers' compensation or similar programs that provide benefits for work-related injuries or illness; for public health activities such as to prevent or control disease, injury or disability; to report reactions to medications or problems with products; to notify people of recalls of products they may be using; to notify a person who may have been exposed to, or is at risk for contracting or spreading a disease; to medical examiners to identify a deceased person or determine cause of death; or to funeral directors to carry out their duties.

PATIENT RIGHTS

Access: You have the right to look at or get copies of your health information, with limited exceptions. You must make a request in writing to obtain access to your health information and fax your request to the number at the end of this Notice.

Disclosure Accounting: You have the right to receive a list of some disclosures we or our business associates have made of your health information. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

Restriction: You have the right to request that we restrict our use or disclosure of your health information. We are not required to agree to your request except when disclosure would be to your health plan, you (or someone on your behalf other than your health plan) has paid in full for your health care, the disclosure relates to payment or health care operations, and the disclosure is not otherwise required by law. If we agree to the restriction, however, we will abide by that agreement (except in an emergency).

Alternative Communication: You have the right to request in writing that we communicate with you about your health information by alternative means or to alternative locations specified in your written request.

Amendment: You have the right to request that we amend your health information. Your request must be in writing and must explain why the information should be amended. We may deny your request under certain circumstances.

Electronic Notice: If you receive this Notice on our Web site or by electronic mail (e-mail), you are entitled to receive this Notice in written form upon request.

QUESTIONS AND COMPLAINTS

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we may have violated your privacy rights, you may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will not retaliate in any way if you choose to file a complaint with us or the U.S. Department of Health and Human Services.

Contact Officer: HIPAA Officer

Phone: 888-833-8441

Fax: 888-330-4331

email: HIPAAOfficer@mobiledentists.com

Effective Date: February 1, 2018



Welcome to Willow Springs School online student information database, **Teacherease**. Here as parents, you have access to your student's(s'):

- Registration information (for edit and updating contact info)
- Grades
- Attendance
- School meal tracking and billing
- Discipline reports
- Current grades in his or her classes, missing assignments

We hope you will follow the instructions below and begin the important task of keeping track of your student's grades, attendance, and school food bills throughout the year.

Viewing Students Grades in Teacherease Parent View

1. Go to www.teacherease.com
2. Click Login (blue button in the upper right hand corner of the screen)
3. Type in your email address and password (this will be sent to your e-mail address) If you do not have a password please call Ms.Flores at 708-839-6828 or email at cflores@willowspringsschool.org . A link will be sent to your email address on file.
4. You will see a main page that looks similar.to the one below

Parent Main

Welcome! TeacherEase helps teachers better communicate with parents and improve student performance. Choose any link below to view information about your student.

Student: Year:

Announcement - Returning students should register for the 2013-14 school year by 7/12/13.
Please click the online registration link below.
[Online Registration](#)

Academics	Communicate	Miscellaneous
Schedule	Email Settings	Calendar
Assignments & Lessons	Announcements	Behavior Logs
Student Progress Update	Send Email to Teachers	Menus
Attendance	Email Logs	Fees
Report Cards	Digital Lockers	Online Registration
Course Registration		Donation
		Update Email/Password

5. Click on Student Progress update
6. You will see a page that that looks similar to the one below. On this screen you can...
 - a. Look at your student's Current scores in his or her classes.
 - b. Get a sense of his or her overall performance.
 - c. See whether your student has any missing assignments.

TEACHER EASE

[Main](#) | [Logout](#) | [Support](#)

Student Progress Update

This screen shows a summary of student scores for their current classes and any assignments they have missed.

Student: Josh Doe

Summary

Term	Class	Instructor	Current Score	Grading Scale	
2001-02 Q1	Advanced Math	Mr. Math	83.1%=B	A=90	D=60
2001-02 Q1	Computers II	Mr. Math	94.9%=A	B=80	F=0
2001-02 Q1	Earth Science	Ms. Science	86.0%=B	C=70	
2001-02 Q1	Social Studies	Ms. Social Studies	99.1%=A		
2001-02 Q1	English	Mrs. English	94.2%=A		
2001-02 Q1	Spanish	Mrs. Spanish	73.6%=C		

Incomplete Work

Date Due	Class / Subject	Assignment	Possible Points	Your Score	Instructor Comments (optional)
9/5	Spanish	p. 26	50	0	Not handed in - please make up for half credit by Monday

[Show Details](#)

[Back](#)

7. Click on a percentage in the current score column to see the grade details.

If you have not accessed your student(s) profile please email Ms. Flores at cflores@willowspringsschool.org requesting a teacherease link. Please send the following info with your email.

Student name(s) and Homeroom: _____

Additional Email Address for other parent/guardian if any : _____

Parent name: _____