

# 6<sup>th</sup> GRADE SUMMER ORIENTATION

## LAKEVIEW MIDDLE SCHOOL

**July TBD (CDC COVID-19 Guidelines)**

**2 Sessions**

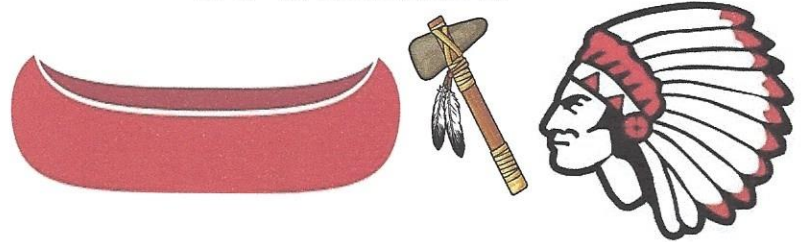
**Session 1     8:30am - 10:30am**

**Session 2     12:30pm - 2:30pm**

**To sign up for a session, call 706-866-1040**

All incoming 6<sup>th</sup> graders are encouraged to sign up for one of the two sessions at the school. Students will tour the buildings, meet some of the 6<sup>th</sup> grade teachers, and learn more about connections, clubs, sports and activities offered at LMS. Study skills and organizational skills will be emphasized. This orientation is not required but can help your 6<sup>th</sup> grader by relieving some anxiety about the first day of middle school. For more information, or to sign up for a session, call 706-866-1040.

**Go Warriors**



**Parents, Teachers, Students, and Administrators  
working together building Great Canoes**

**Detach and mail to school-Lakeview Middle School, 416 Cross Street, Rossville, GA. 30741  
OR CALL 706-866-1040**

**July TBD (Check one)**

**8:30 AM.- 10:30AM** \_\_\_\_\_

**12:30PM -2:30 PM** \_\_\_\_\_

**Student Name** \_\_\_\_\_

**Parent Name** \_\_\_\_\_

**Contact #** \_\_\_\_\_

**Email:** \_\_\_\_\_



## WHAT TO EXPECT DEVELOPMENTALLY

- ⇒ START OF PUBERTY
- ⇒ Anticipate growth spurts and weight fluctuation
- ⇒ Increased levels of activity along with frequent fatigue due to rapid growth
- ⇒ Experiences voice changes
- ⇒ Develops body odor
- ⇒ Increase in logical reasoning using concrete examples
- ⇒ Enjoys using skills to solve real life problems

## WHAT TO EXPECT FOR COLLEGE AND CAREER READINESS

- ⇒ Acquire the skills and knowledge necessary to make informed career decisions
- ⇒ Understand the relationship between educational achievement and career development
- ⇒ Participate in career exploration
- ⇒ Take career-related assessments
- ⇒ Develop an individual



## HOW DO I BECOME INVOLVED IN MY CHILD'S SCHOOL AND EDUCATION?

**Keep a family calendar.** Ask for a copy of the upcoming year's school calendar and put important dates, such as open houses, parent conferences, and holidays, on your family's calendar. Encourage your child to add items, such as tests, project due dates, and extracurricular activities as well. Make it a point to check it daily.

**Attend school activities.** Go to school functions, such as a curriculum and career night, a sporting event, or student performance. While there, learn about school expectations and get to know other parents and school staff. Call the school and ask to speak with the parent involvement coordinator or school counselor to discover when these activities are held.

**Volunteer at home or at school.** Participate by volunteering in the family center, helping out in the media center or computer lab, or serving as an advisor for an extracurricular activity or club. If you cannot get to the school during the day, let the school know what special talents you have and what you are willing to do from home. It could be collecting recyclables for class projects or reaching out to community and business organizations for school support.

**Share your ideas.** Find out which school committees seek to include parent representation, such as Title I, School Council, and Family Engagement. Talk to the principal and other parents about getting involved in decision-making processes.

**Be an informed parent.** Carefully read information sent home from the school on school policies, procedures, curriculum, and meetings. Check out newsletters, websites, and other resources. Utilize the school's parent portal so you can monitor your child's progress daily. Consider visiting the Khan Academy website ([www.khanacademy.org](http://www.khanacademy.org)) to find resources to help your child learn.

**Show your child that you care.** Ask your child about his or her school day. Monitor your child's academic, social, and developmental performance. Get to know their interests and what truly motivates them to do better. Support them in those endeavors.



## MIDDLE SCHOOL MATTERS!

### A Guide for FAMILIES on Middle School Transition



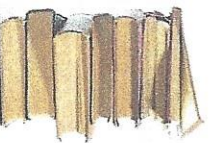


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# MIDDLE SCHOOL MATTERS!

## A Guide for FAMILIES on Middle School Transition





# Lakeview Middle School Volunteer Interest Opportunities



## Did you know?

Research in the areas of parent involvement and family engagement indicates that parent participation is one of the greatest indicators of student success. Parents are a kid's first and most important teacher. Family engagement is also closely linked to academic achievement and self-confidence. "Effective family engagement correlates with students' earning higher grades and test scores." (National Institute of Education)

Thank you for expressing an interest in being a Parent Volunteer at Lakeview Middle School. Please complete the information below so that I will know what you would be most interested in volunteering to do. If you need additional information or assistance, please contact me (Stacey Newell, Parent Involvement Coordinator) at 706-866-1040. Completed forms can be returned to your student's homeroom teacher and then will be forwarded to me or you can send them to me via email at [snewell.lms.LMS@catoosa.k12.ga.us](mailto:snewell.lms.LMS@catoosa.k12.ga.us).

Name: \_\_\_\_\_ Child's Name/Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

## Check all areas which interest you:

### I would like to volunteer for:

- \_\_\_\_\_ Volunteer in Parent Room (#101)
- \_\_\_\_\_ Sell Ice Cream During Lunch
- \_\_\_\_\_ Make Copies
- \_\_\_\_\_ Language translator (what language?)
- \_\_\_\_\_ Volunteer in the Warrior Way PBIS Store (Fridays 11-1:00)
- \_\_\_\_\_ Serving on the Local School Governance Team
- \_\_\_\_\_ Renaissance Program Events
- \_\_\_\_\_ Assisting with Warrior Wahoo Day
- \_\_\_\_\_ Attendance Committee Events
- \_\_\_\_\_ Serving on Parent Advisory Council
- \_\_\_\_\_ Join Warrior Pride Team Events



The following time(s) are best for me to help. Circle your best time.

<b>Mornings:</b>	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Afternoons:</b>	Monday	Tuesday	Wednesday	Thursday	Friday



# Sign up for important updates from S. Lakeview.

Get information for **Volunteer Station** right on your phone—not on handouts.

Pick a way to receive messages for **Volunteer Station**:

**A** If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

[rmd.at/666387](https://rmd.at/666387)

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.



**B** If you don't have a smartphone, get text notifications.

Text the message [@666387](https://rmd.at/666387) to the number **81010**.

If you're having trouble with **81010**, try texting [@666387](https://rmd.at/666387) to (717) 502-4409.

\* Standard text message rates apply.



Don't have a mobile phone? Go to [rmd.at/666387](https://rmd.at/666387) on a desktop computer to sign up for email notifications.



**(Please RETURN this acceptance for to your student's School)**  
**Catoosa County Public Schools**  
**Infinite Campus Portal Acceptable Use Procedures**  
**Acceptance Form**

Please list ALL your students whom you are a parent or you hold legal guardianship that are attending Catoosa County Public Schools.

Student Name	Relationship to Student	School	Grade

I have read and understand the Infinite Campus Portal Acceptable Use Procedure, including the User Guidelines and System Requirements, and I agree to abide by and support these rules. I understand that if I violate any of the terms of this Acceptable Use Procedure, I may lose my privilege to use the Infinite Campus Portal and may be liable for civil and/or criminal consequences.

(Please Check One)

- ☐ I have an existing Parent account.  
☐ Set me up a new Parent account.

Parent/Guardian Name (Please Print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

**Parent /Guardian Information:**

Home Address:	E-Mail Address:
City State Zip:	Work Phone:
Home Phone:	Cell Phone:

By signing below I also authorize my middle school and high school students listed above to have access to the Infinite Campus portal.

Parent/Guardian Signature \_\_\_\_\_

Student's signature required if student is 18 years of age or older. By signing below the student acknowledges he has read and understands the Infinite Campus Portal Acceptable Use Procedure. I understand that if I violate any of the terms of this Acceptable Use Procedure, I may lose my privilege to use the Infinite Campus Portal and may be liable for civil and/or criminal consequences.

Student 1 Signature \_\_\_\_\_

Student 2 Signature \_\_\_\_\_

■ **Participation Physical Evaluation HISTORY FORM** (Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? ☐ Yes ☐ No If yes, please identify specific allergy below.

☐ Medicines ☐ Pollens ☐ Food ☐ Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

**GENERAL QUESTIONS** Yes No

1. Has a doctor ever denied or restricted your participation in sports for any reason? 2. Do you have any ongoing medical conditions? If so, please identify below: ☐ Asthma ☐ Anemia ☐ Diabetes ☐ Infections Other: \_\_\_\_\_ 3. Have you ever spent the night in the hospital? 4. Have you ever had surgery? **HEART HEALTH QUESTIONS ABOUT YOU** Yes No

5. Have you ever passed out or nearly passed out DURING or

AFTER exercise? 6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise? 7. Does your heart ever race or skip beats (irregular beats) during exercise? 8. Has a doctor ever told you that you have any heart problems? If so, check all that apply:

- ☐ High blood pressure ☐ A heart murmur  
☐ High cholesterol ☐ A heart infection  
☐ Kawasaki disease Other: \_\_\_\_\_

9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG,

echocardiogram) 10. Do you get lightheaded or feel more short of breath than expected

during exercise? 11. Have you ever had an unexplained seizure? 12. Do you get more tired or short of breath more quickly than your friends

during exercise? **HEART HEALTH QUESTIONS ABOUT YOUR FAMILY** Yes No 13. Has any family member or relative died of heart problems or had an

unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)? 14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy,

long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia? 15. Does anyone in your family have a heart problem, pacemaker, or

implanted defibrillator? 16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning? **BONE AND JOINT QUESTIONS** Yes No 17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game? 18.

Have you ever had any broken or fractured bones or dislocated joints? 19. Have you ever had an injury that required x-rays, MRI, CT scan,

injections, therapy, a brace, a cast, or crutches? 20. Have you ever had a stress fracture? 21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism) 22. Do you regularly use a brace, orthotics, or other assistive device? 23. Do you have a bone, muscle, or joint injury that bothers you? 24. Do any of your joints become painful, swollen, feel warm, or look red? 25. Do you have any history of juvenile arthritis or connective tissue disease?

**MEDICAL QUESTIONS** Yes No 26. Do you cough, wheeze, or have difficulty breathing during or

after exercise? 27. Have you ever used an inhaler or taken asthma medicine? 28. Is there anyone in your family who has asthma? 29. Were you born without or are you missing a kidney, an eye, a testicle

(males), your spleen, or any other organ? 30. Do you have groin pain or a painful bulge or hernia in the groin area? 31. Have you had infectious mononucleosis (mono) within the last month? 32. Do you have any rashes, pressure sores, or other skin problems? 33. Have you had a herpes or MRSA skin infection? 34. Have you ever had a head injury or concussion? 35. Have you ever had a hit or blow to the head that caused confusion,

prolonged headache, or memory problems? 36. Do you have a history of seizure disorder? 37. Do you have

headaches with exercise? 38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? 39. Have you ever been unable to move your arms or legs after being hit or falling? 40. Have you ever become ill while exercising in the heat? 41. Do you get frequent muscle cramps when exercising? 42. Do you or someone in your family have sickle cell trait or disease? 43. Have you had any problems with your eyes or vision? 44. Have you had any eye injuries? 45. Do you wear glasses or contact lenses? 46. Do you wear protective eyewear, such as goggles or a face shield? 47. Do you worry about your

weight? 48. Are you trying to or has anyone recommended that you gain or

lose weight? 49. Are you on a special diet or do you avoid certain types of foods? 50. Have you ever had an eating disorder? 51. Do you have any concerns that you would like to discuss with a doctor? FEMALES ONLY 52. Have you ever had a menstrual period? 53. How old were you when you had your first menstrual period? 54. How many periods have you had in the last 12 months?

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

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## ■ P reparticipation Physical Evaluation THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Sport(s) \_\_\_\_\_

1. Type of disability 2.  
Date of disability 3.  
Classification (if  
available)

4. Cause of disability (birth, disease,  
accident/trauma, other) 5. List the sports you are  
interested in playing

Yes No 6. Do

you regularly use a brace, assistive device, or prosthetic? 7. Do you use any special brace or assistive device for sports? 8. Do you have any rashes, pressure sores, or any other skin problems? 9. Do you have a hearing loss? Do you use a hearing aid? 10. Do you have a visual impairment? 11. Do you use any special devices for bowel or bladder function? 12. Do you have burning or discomfort when urinating? 13. Have you had autonomic dysreflexia? 14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness? 15. Do you have muscle spasticity? 16. Do you have frequent seizures that cannot be controlled by medication?

Explain "yes" answers here



Please indicate if you have ever had any of the following.

Yes No

Atlantoaxial instability X-ray evaluation for atlantoaxial instability Dislocated joints (more than one) Easy bleeding Enlarged spleen Hepatitis Osteopenia or osteoporosis Difficulty controlling bowel Difficulty controlling bladder Numbness or tingling in arms or hands Numbness or tingling in legs or feet Weakness in arms or hands Weakness in legs or feet Recent change in coordination Recent change in ability to walk Spina bifida Latex allergy

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

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## ■ P reparticipation Physical Evaluation PHYSICAL EXAMINATION FORM

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

### PHYSICIAN REMINDERS 1. Consider additional questions on more sensitive issues

- Do you feel stressed out or under a lot of pressure?
- Do you ever feel sad, hopeless, depressed, or anxious?
- Do you feel safe at your home or residence?
- Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
- During the past 30 days, did you use chewing tobacco, snuff, or dip?
- Do you drink alcohol or use any other drugs?
- Have you ever taken anabolic steroids or used any other performance supplement?
- Have you ever taken any supplements to help you gain or lose weight or improve your performance?
- Do you wear a seat belt, use a helmet, and use condoms? 2. Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION Height Weight ☐ Male ☐ Female BP / ( / ) Pulse Vision R 20/ L 20/ Corrected ☐ Y ☐ N MEDICAL NORMAL ABNORMAL FINDINGS Appearance

- Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum,

arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency) Eyes/ears/nose/throat

• Pupils  
equal

Hearing

Lymph  
nodes

Heart <sup>a</sup>

• Murmurs (auscultation standing, supine, +/-  
Valsalva)

• Location of point of maximal  
impulse (PMI) Pulses

• Simultaneous femoral  
and radial pulses Lungs Abdomen  
Genitourinary (males only)<sup>b</sup> Skin

• HSV, lesions suggestive of  
MRSA, tinea corporis Neurologic <sup>c</sup>

MUSCULOSKELETAL Neck Back

Shoulder/arm Elbow/forearm

Wrist/hand/fingers Hip/thigh Knee

Leg/ankle Foot/toes Functional

• Duck-walk, single leg  
hop

<sup>a</sup>Consider ECG, echocardiogram, and referral to cardiology for abnormal cardiac

history or exam. <sup>b</sup>Consider GU exam if in private setting. Having third party present is

recommended. <sup>c</sup>Consider cognitive evaluation or baseline neuropsychiatric testing if a

history of significant concussion.

☐ Cleared for all sports without  
restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for

☐ Not cleared ☐ Pending further

evaluation

☐ For any  
sports

☐ For certain sports

Reason

Recommendations

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) \_\_\_\_\_ Date

Address \_\_\_\_\_ Phone

Signature of physician



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## ■ P reparticipation Physical Evaluation CLEARANCE FORM

Name \_\_\_\_\_ Sex ☐ M ☐ F Age \_\_\_\_\_ Date of birth \_\_\_\_\_

☐ Cleared for all sports without restriction

☐ Cleared for all sports without restriction with recommendations for further evaluation or treatment for

☐ Not cleared ☐ Pending further evaluation

☐ For any sports

☐ For certain sports

Reason

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Name of physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of physician \_\_\_\_\_, MD or DO

## EMERGENCY INFORMATION

## Allergies

[illegible]

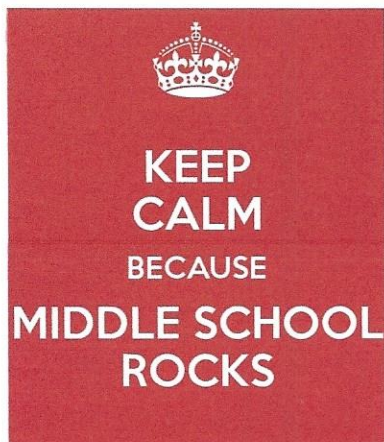
Other information

[illegible]



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# **Lakeview Middle School Online Transition Meeting and Collaboration with Elementary feeder schools (Westside, Battlefield, Cloudsprings) via COVID-19**

## **Minutes**

**Stacey Newell Parent Coordinator collaborated with elementary feeder schools PICS**

- **Jenifer Adkins**
- **Kathy Honeycutt**
- **Andrea Herspts**

**Stacey sent all information for the online transition meeting to all the feeder school PICS in a Google Shared folder with each individual feeder school information.**

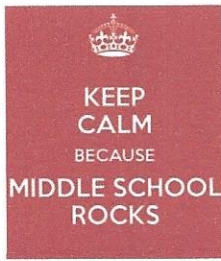
**Stacey emailed all the feeder school PICS and informed them of all the information and dates for the feeder school PICS to share on their website and send in a DoJo Text alert to all the now (5th graders) parents.**

**The Transition Online Powerpoint includes middle school information: links for parents with important information, packets, pamphlets, and forms**

- **Academics**
- **Connections classes**
- **Extra curricular**
- **Sports**
- **Houses**
- **PBIS**
- **Renaissance**
- **Drop off- pick up**
- **Volunteer information**
- **Title I Information**
- **Survey**

**Stacey asked that all information stay up throughout the summer for parental guidance.**





## ONLINE Parent Transition Meeting

### Agenda (covid-19)

**Friday May 8th Posted on LMS Website  
Shared with Feeder School Pics**

- **Welcome and Introductions to Staff in Powerpoint Presentation**
  - Vince Phillips - Principal
  - Jeff Chastain - Assistant Principal
  - Tracy Horton - Assistant Principal
  - Jennifer Smith & Doug Hilyard - School Counselors
  - Kelly Williams - Athletic Director
  - Office A and B Secretaries
  - Blake Edwards- SRO Officer
  - Michelle Privet- Academic Coach
  - Kim Jenkins-Media Specialist
- **Moving Up to Middle School** - Information PowerPoint Presentation
- **Questions / Concerns link to survey (Google Form)**

#### **LMS LINKED Documents given to Parents during Powerpoint Presentation Online**

- Transition Packet
- 6th grade summer Orientation sign up sheet
- Parent Portal
- Parent Portal User Guide
- Sport Physical Form
- Middle School Matters Pamphlet

#### **Title I Documents Available Link on Presentation directed to the LMS Title I Page for all documents**

- Annual Title I Meeting Handout
- Testing in Georgia
- 10 Tips on How to Communicate with Your Child's Teacher
- Georgia Standards of Excellence
- Components of a Title I Schoolwide Program
- Catoosa County Parent Involvement Policy / Input
- Lakeview Middle School Parent Involvement Policy / Input
- Parent Input Card