**VERPLANCK ELEMENTARY SCHOOL**
**126 OLCOTT STREET**
**MANCHESTER, CT 06040**
*(860) 647-3383*
*Fax: (860) 647-5029*

*Mike Saimond, Principal*

September 8, 2009

Honorable Maxwell Wiley
Justice of the Supreme Court
Criminal Term, Part 42
111 Centre Street
New York, NY 10013

Dear Judge Wiley,

This letter and enclosed documents are in response to the Judicial Subpoena Duces Tecum IND. NO. 5234-08 concerning THE PEOPLE OF THE STATE OF NEW YORK –against- Edward "Reese" Hopkins, Defendant. The subpoena was delivered by certified mail on Friday, September 4, 2009. The request for information was for August 19, 2009.

The records of Verplanck Elementary School indicate that Ethan Tessler, date of birth May 14th, 1997 attended Verplanck on the first day of school, August 26th, 2004 and continued as a student at Verplanck until his exit from Verplanck on December 22nd, 2004.

Please contact me if you have any questions or if I can be of further assistance.

Thank You.

Sincerely,

Mike Saimond

Mike Saimond

**Student Id:** 26958 **Name of Child:** TESSLER, ETHAN CONNER **Sex:** M **Date of Birth:** 5/14/97

**Student Address:** 1 DOWNEY DRIVE **Apt.** A **Phone:** (860)436-9906

**Guardian 1:** TESSLER, CLAUDIA **Guardian 2:** **Living With:** MOTHER

| Schools Previously Attended | | |
|---|---|---|
| Name | Address | Date |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| Attendance Record | | | | | | |
|---|---|---|---|---|---|---|
| Teacher | Grade | School | Month | Year | Total Days | Remarks |
| Mandy L Yeap | | | 8 | 04 | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Father's Occupation |
|---|
| |
| |
| |
| |
| |
| |
| |
| |
| |

| Mother's Occupation |
|---|
| |
| |
| |
| |
| |
| |
| |
| |
| |

| Brothers and Sisters | |
|---|---|
| Name (Oldest to Youngest) | Birthday |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Date: 8/25/04

# FORT LEE SCHOOL DISTRICT

**255 Whiteman Street**
**Fort Lee, N.J. 07024**

## TRANSCRIPT REQUEST FORM

Dear Principal:

Ethan Tesser, a former student in your school is now enrolled in the Fort Lee Public School System.

Please furnish us with a complete transcript, grade level, and any other available information including Child Study Team records and health records. If student is in High School credits earned must be stated.

Sincerely yours,

Peter Emr
Principal Peter R. Emr

Parent Consent

School No. 1 ( )
250 Hoym Street

School No. 2 ( ) Verplanck Elementary
2047 Jones Road Previous School

School No. 3 ( ) 160 Olcott St
2405 Second Street Street

School No. 4 (√) Manchester CT
1193 Anderson Avenue City

Lewis F. Cole Middle School ( ) Connecticut 06040
467 Stillwell Avenue State Zip Code
Attention: Secretary

~~203~~ 860-647-3383
Fort Lee High School ( ) Phone Number
3000 Lemoine Avenue
Attention: Guidance Secretary 860-647-5029
Fax Number

**MANCHESTER SCHOOLS**

*A NOTE FROM THE SCHOOL NURSE*

Date: 9/15/04

Dear: Mrs. Tessler,

I am not finding a physical exam. form completed by a Dr. prior to Ethan, transferring to this school. He has completed all his immunizations - the last being 8/25/04. Did he have a physical exam. at that time? If so I will need a copy

Signature: Joan Gustulis RN

White Copy - Recipient Yellow Copy - File

Fax # 647-5029

Check verified records
✓ Birth
✓ Immunization
____ Residency
____ Date Records Requested

# MANCHESTER PUBLIC SCHOOLS
## ENROLLMENT DATA

Date of Registry 8/14 Registered by KK
SSN _____
Student # 20958 Grade 2
Home School Keeney
Assigned School _____

| Student's Last Name | Student's First Name | Student's Middle Name | Sex | Date of Birth | | | Date of Entry | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | Mo. | Day | Year | Mo. | Day | Year |
| Tessler | Ethan | Conner | M X | ~~10~~ 05 | 14 | 97 | 08 | 26 | 04 |
| | | | F | | | | | | |

PLACE OF BIRTH: City N.Y. State N.Y. Country U.S.A. U.S. Citizen X Yes __ No
If foreign, list month/year of arrival in USA: Mo. ____ Year ____
Pupil lives with: Both parents __ Father __ Mother X Guardian __ Foster Parent __

Father: Full Name _____
Address N/A
Telephone No. _____ DOB _____
Previous Address _____

Mother: Full Name Claudia Tessler
Address 1 Downey Dr. Apt. A
Telephone No. 426-9906 DOB 6/29/67
Previous Address 208 East 90th

Legal Guardian: Full Name _____
Address _____
Telephone No. _____ DOB _____
Date of legal guardianship _____

Foster Parent: Full Name _____
Address _____
Telephone No. _____ DOB _____

DCF Worker: Full Name _____
Address _____
Telephone No. _____

Father's Employer & Address Clear Channel Communications Hartford 10 Columbus Bus. Tel.. # 917-684-5331
Mother's Employer & Address Self Bus. Tel .# 646-505-9558
Guardian's Employer & Address _____ Bus. Tel. # _____
Foster Parent's Employer & Address _____ Bus. Tel.# _____
Emergency Contact & Address _____ Telephone _____

| Names of Other Children Residing in the Home | Date of Birth | Sex(M/F) | School Attending |
|---|---|---|---|
| Ayla Anastacio | 10-27-92 | F | East Side middle - NYC |
| | | | |
| | | | |
| | | | |

Number of Children in Family 2

Previously attended Manchester Schools? Yes____ No X Date(s) _____

LAST TWO SCHOOLS ATTENDED (Include Address, If Out-Of-Town)
1. P.S. 198 3rd Ave NY NY 10128 Grade _____
2. _____ Grade _____

Did your child receive special education services? __ Yes X No What School? _____ Did your child receive any other special services such as social work, speech and language, special reading, etc.? __ Yes X No What School? _____
Any handicaps or problems school should know? None

LANGUAGE: Used in Home by Parents English By Student English Student Learned First English

**SIGNATURE OF PARENT OR GUARDIAN:** I hereby declare, under penalties of perjury, that all information supplied on this form is correct to the best of my knowledge. I understand that if any of this information is incorrect and the student is not entitled to enroll tuition-free as a Manchester resident, the student shall be discharged from the Manchester School system and the prevailing tuition charge assessed against me for each day the student is enrolled.

DATE 8/19/04 Claudia Tessler
Signature of Parent/Guardian

**ETHNIC CODE FOR REPORTING PURPOSES** (circle one)

1. American Indian/Alaskan Native
2. Asian or Pacific Islander
3. Black/not of Hispanic Origin
4. White
5. Hispanic

Parental Restrictions: Yes__ No X
BY WHOM: _____
(Court Documentation Required)

**WHITE: CUM** **YELLOW: School or Special Services**

**REV. 10/02**

Below is an exact copy of a certificate of Birth registered for your child. It is sent without charge. If the certificate contains any errors, contact the Corrections Unit, Division of Vital Records, 125 Worth Street, New York, New York 10013. You will be advised how to have the record corrected. It is important to do this at once. DO NOT RETURN THE CERTIFICATE.

The reproduction or alteration of this transcript is prohibited by section 3.21 of the New York City Health Code.

Notice – In issuing this transcript of the record, the Department of Health of the City of New York does not certify to the truth of the statements made thereon as no inquiry as to the facts has been provided by law.

DEPARTMENT OF HEALTH THE CITY OF NEW YORK 1625

Rudolph W. Giuliani — MAYOR

Margaret A. Hamburg, MD — COMMISSIONER OF HEALTH

Steven P. Schwartz — CITY REGISTRAR

VITAL RECORDS
DATE FILED: DEPARTMENT OF HEALTH
BOROUGH OF MANHATTAN
1997 MAY 22 P 3:16

# CERTIFICATE OF BIRTH

156-97 045056
Birth No.

| | | | |
|---|---|---|---|
| 1. FULL NAME OF CHILD | First Name: Ethan | Middle Name: | Last Name: Tessler-Conner |
| 2. SEX: Male | 3a. NUMBER DELIVERED of this pregnancy: 1<br>3b. If more than one, number of this child in order of delivery: | 4a. DATE OF CHILD'S BIRTH (Month) (Day) (Year): May 14, 1997 | 4b. HOUR: 04:19 PM |
| 5. PLACE OF BIRTH | 5a. NEW YORK CITY BOROUGH OF: Manhattan | 5b. Name of Facility (if not in institution, street address): Tisch Hospital | 5c. TYPE OF PLACE: Hospital |
| 6a. MOTHER'S FULL MAIDEN NAME: Claudia Michelle Tessler | | 6b. MOTHER'S DATE OF BIRTH (Month) (Day) (Year): 06/29/1967 | 6c. MOTHER'S BIRTHPLACE City & State or foreign country: New York, NY |
| 7. MOTHER'S USUAL RESIDENCE a. State: NY | b. County: New York | 7c. City, town, or location: New York | 7d. Street and house number: 4 Park Avenue Apt. 17P<br>Zip: 10016 |
| | | | 7e. Inside city limits of 7c? Yes |
| 8a. FATHER'S FULL NAME: Donald Sebastian Conner | | 8b. FATHER'S DATE OF BIRTH (Month) (Day) (Year): 08/20/1962 | 8c. FATHER'S BIRTHPLACE City & State or foreign country: New York, NY |
| 9a. NAME OF ATTENDANT AT DELIVERY: Frank Silverman, M.D. | | 9b. I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE, DATE AND TIME GIVEN<br>Signed: [signature] M.D.<br>Name of Signer: Frank Silverman<br>Address: 550 First Avenue - 10N, New York, NY 10016 | |

Information added or amended

(Reason)

**MANCHESTER PUBLIC SCHOOLS**
**WRITTEN PARENT CONSENT**

**FOR**

**TRANSFER OF CONFIDENTIAL INFORMATION**

8/19/04
Date

P.S. 198

3rd Avenue
School address

School Number
#212-289-3702

New York, New York 10128

I hereby request the Manchester Public Schools to release and/or receive the following confidential information regarding my child: Ethan Fessler 1 Downey Drive, Manchester, CT 06040
Student's Name Address

436-9906 05.14.97 [redacted] Verplanck School
Telephone D.O.B. School

| | Receive | Release | | Receive | Release |
|---|---|---|---|---|---|
| Psychological | | ✓ | Health | | |
| Psychiatric | | ✓ | I.E.P./PPT Minutes | | ✓ |
| Educational | | | Social Work | | ✓ |
| Speech/Language | | ✓ | Other | | ✓ |
| Cumulative | | ✓ | | | |

To/From Verplanck School
Name Title

126 Olcott Street, Manchester, CT 06040
Address Town State Zip Code

Signature of Parent/Guardian 8/19/04
Date

*Original: Confidential Student File*

PPT:11
(6/97)

**MANCHESTER PUBLIC SCHOOLS**
**MANCHESTER, CONNECTICUT**

***Verification of Residence***

**NEW ENROLLEE/ STUDENT TRANSFER/ CHANGE OF ADDRESS** *(within Manchester)*

**Parent/Legal Guardian Statement**

I (print name) Claudia Tessler the parent or legal guardian of (name) Ethan Tessler

(address) 1 Downey Dr. certify that the above named student actually lives full time

(7 days per week) at the above address. The telephone number at the same address is 436 9986

and the telephone number in an emergency is 646-505-9558 **Grade** 2

This information and the documents provided are accurate. I authorize representatives of the Manchester Public School to verify this information, and I understand falsification of any information or documents required for this verification will result in revocation of registration for the student.

Parent/Guardian Signature: [signature] Date: 8/19/04

**For Transfers** *only*

**Current School** *(send records)* P.S. 158 **New School** Verplanck

---

*FOR OFFICE USE ONLY*

In order to verify district residence, the child over 18, parents or guardians, or an emancipated minor must sign above and provide documents from any of the items listed below.

__ 1. Copy of one of the following at address within the district in the parent's or guardian's name:
- __ a. Deed to home
- __ b. Escrow papers or signed mortgage commitment
- __ c. Dated rental agreement showing student(s) name
- __ d. Notarized letter from landlord or attorney acknowledging parent/guardian's and student's residence

__ 2. YS:14 to be filled out by person with whom family and student reside. Verification visit by Residency Confirmation staff will follow; **child may attend school.**

__ 3. Verification visit by Residency Confirmation staff (for situations not covered by 1 and 2); **child may not attend school until complete.**

Documents seen by: Karen L. Rohlmeier on 8-19-04

YSB:1 9/99

Manchester Public Schools
45 North School Street
Manchester, Connecticut 06040

ADMINISTRATIVE OFFICES
Superintendent of Schools
647-3442
Assistant Superintendent
Personnel and Administration
647-3451
Assistant Superintendent
for Instruction
647-3447
Director Pupil Personnel Services
647-3448
Business Manager
647-3445

## ENGLISH LANGUAGE LEARNER'S SURVEY

**CHILD'S NAME** Ethan Fessler

Dear Parents:

In compliance with Public Act 77-588, please complete this questionnaire on behalf of your child.

1. In what language do you speak to your child in the home? English
2. In what language does your child respond to you in the home? English
3. What language did your child first speak? English

## SCHOOL HISTORY

Has the student ever been in **BILINGUAL CLASSES** (Classes taught in a language other than English? ☑ NO ☐ YES

IF YES, WHERE? (School and Town) _____

WHEN? (Dates or Grades) _____

Has the student ever been in **ESOL,** *English for Speakers of Other Languages*, Classes? (special classes or extra help learning English) ☑ NO ☐ YES

IF YES, WHERE? (School and/or Town) _____

WHEN? (Dates or Grades) _____

IF ENTERING FROM ANOTHER COUNTRY: Has the student studied English?
☑ NO ☐ YES

IF YES, WHERE? _____ HOW LONG? _____

# LEASE AGREEMENT mt

THIS LEASE, made this **TWENTY-SIXTH** day of **JUNE, 2004,** between **FOUNTAIN VILLAGE ASSOCIATES, LLC,** of Manchester, Connecticut (landlord), and **EDWARD HOPKINS AND CLAUDIA TESSLER-HOPKINS** of **1A** Downey Drive, Manchester, Connecticut (Tenant).

In this Lease, "WE", "US", "OUR" and "OURS" refer to the Landlord. The words "YOU", "YOUR" and "YOURS" refer toYou, the Tenant.

We hereby lease to you, to be used as a residence only, by you the tenant and the following additional person(s): - **Ethan (Son),** the following premises: **1A** Downey Drive, Manchester, Connecticut. Written request and permission granted is required for any additional persons, not named herein to occupy the apartment. Upon approval, there will be a surcharge of $50.00 for each additional person. This lease shall be for a term for **One Year** and **5** day(s) beginning 12:00 **NOON,** the **TWENTY-SIXTH** day of **JUNE, 2004,** and ending at 12:00 **NOON,** the **THIRTIETH** day of **JUNE, 2005.**

You agree to pay rent in the amount of **Ten Thousand Two Hundred and Eighty Dollars and Eighty-Five Cents ($10,280.85)** per the lease term. You will pay this amount in the following manner: Initially, prorated June 26-30, 2004, rent in the amount of **$140.85** followed by Twelve (12) Monthly Payments of **Eight Hundred and Forty-Five Dollars ($845.00)** each to be paid on the first day of each month as long as this lease is in effect at our office located at 175A Downey Drive, Manchester, Connecticut or at any other place that we direct in writing. You will also pay to us the sum of **Nine Hundred and Forty-Five Dollars ($945.00),** which is due on or before **June 26, 2004,** as a **Security Deposit.** We will hold said security deposit as long as this lease remains in effect, to guarantee that you perform all of your obligations under this lease. If you fail to make any of your rent payments to us, or if you cause any damage to your apartment or any other of our property which we allow you to use, over and above normal wear and tear, we will deduct the amount of rent that you fail to pay or the cost of repairing the damage that you cause from your security deposit at the end of this lease. Any portion of the security deposit remaining at the end of this lease will be returned to you within thirty (30) days after you vacate the apartment, as long as you have performed all of your obligations under this lease. You may not use your security deposit for any month's rent.

**WE AGREE TO:**

1. Inform you of the date the apartment will be ready for you to move in.
2. Allow you to occupy the apartment during the term of this lease, so long as you perform all of your obligations under this lease.
3. Supply at no extra charge the following:
   a) Heat at reasonable quantities during the cold months of the year.
   b) Hot and cold running water in reasonable quantities.
   c) The following appliances: stove, refrigerator, dishwasher, garbage disposal and one air conditioner.
   d) Building and grounds maintenance
   e) The use of one parking space.
   f) The use of playground and pool at your own risk, if provided.
   g) The use of storage space designated by us, for which we assume no responsibility, to be used at your own risk for storage only, if provided.
   h) Fire Detector provided but you are responsible to replace battery – and be sure detector is in working order.

**YOU AGREE TO:**

4. **Pay all rent** on or before the **first day of each month** in which it is due. A **$30.00 late fee** to cover the expense of handling late fee payments will be due if the rent is not received by the 10th of the month. An additional fee of **$15.00 shall be charged for each and every check of yours which is returned to us unpaid by the bank.**
5. Pay an additional $5.00 per month for each extra parking space and/or $70.00 per month for use of Garage, No. included in monthly payments on page one, paragraph three, if applicable.
6. Pay an additional $20.00 per month for use of an extra air conditioner, if provided by Fountain Village.
7. Leave the apartment in good and clean condition when you move out.
8. To repair all broken window glass at your own expense.
9. Vacate the apartment when the lease expires, Noon of the last day of the month.
10. Observe any regulation which may be part of this lease by attaching them to the lease prior to your signing it,

| Address (Number and Street) | Town and ZIP Code | Home Phone | Entry Date | School Name — Town | Exit Date |
|---|---|---|---|---|---|
| 1A Downey Dr | Manchester | 436-9906 | 8.26.04 | Verplanck | Manchester | 12/23/04 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

❑ See Continuation Sheet

## I. Immunization Record

**Vaccine (Date = Month/Day/Year)**

| | 1st Dose | 2nd Dose | 3rd Dose | 4th Dose | 5th Dose | 6th Dose |
|---|---|---|---|---|---|---|
| DTP | 7/31/97 | 9/18/97 | 11/24/97 | 8/25/98 | | |
| DTP/Hib | | | | | | |
| DTaP | | | | | | |
| DT/Td | | | | | 8/25/04 | |
| OPV | 7/31/97 | 9/18/97 | 11/24/97 | | | |
| IPV | | | | 8/25/04 | | |
| MMR | 9/11/00 | 5/7/02 | | | | |
| Measles | | | | | | |
| Mumps | | | | | | |
| Rubella | | | | | | |
| HIB | 5/14/97 | 9/18/97 | 11/24/97 | | | |
| Hep B | 5/14/97 | 7/31/97 | 8/25/98 | | | |
| Varicella | 8/25/98 | | | | | |

**Other Vaccines** (Specify)

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |

**Disease Hx of above** _____ (*Specify*) _____ (*Date*) _____ (*Confirmed by*)

**Exemption**

**Religious** _____ **Medical: Permanent** _____ **Temporary** _____ **Date** _____

Recertify Date _____ Recertify Date _____ Recertify Date _____

Name _____ Birth Date _____
(Last, First, Middle)

## II. Mandated Health Assessment * Indicates Mandated Screening

| | | | | |
|---|---|---|---|---|
| School Year | 04-05 | | | |
| Grade | 2 | | | |
| Date of Assessment | | | | |
| Health Care Provider | | | | |
| * Height | | | | |
| * Weight | | | | |
| * Blood Pressure | | | | |
| Pulse | | | | |
| * HCT/HGB | | | | |
| Urinalysis | | | | |
| * Gross Dental | | | | |
| * Postural | | | | |
| Lead Date/Result | | | | |
| TB: High-risk group? | ❑ Yes ❑ No | ❑ Yes ❑ No | ❑ Yes ❑ No | ❑ Yes ❑ No |
| Tuberculin Date | | | | |
| Type/Result | | | | |

## III. Significant Medical Information

Medical Dx:

Functional Concerns:

Medications/Technology:

## IV. Screening Results

| Grade/School Year | | | Gr. 2 04-05 | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date | | | 1/04 | | | | | | | | | | |
| Vision | * | * | * | * | * | * | * | * | * | * | * | * | * |
| Distant Right | 20/ | 20/ | 20/20 | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ |
| Left | 20/ | 20/ | 20/20 | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ |
| Both | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ |
| Near Right | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ |
| * gl = glasses Left | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ |
| * c = contact Both | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ | 20/ |
| Color | | | | | | | | | | | | | |
| Date | | | 04-05 | | | | | | | | | | |
| Auditory | | | 9/04 | | | | | | | | | | |
| Puretone Right | | | P | | | | | | | | | | |
| Left | | | P | | | | | | | | | | |
| Impedance Right | | | | | | | | | | | | | |
| Left | | | | | | | | | | | | | |
| Postural Date | | | | | | | | | | | | | |
| Result | P F | P F | P F | P F | P F | P F | P F | P F | P F | P F | P F | P F | P F |
| Other (Specify) | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

## V. Referral Information

| Problem | Date Sent | Date Returned | Follow-up Summary | Problem | Date Sent | Date Returned | Follow-up Summary |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

## VI. Additional Health Assessments

| School Year | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Grade | | | | | | | | | |
| Date of Assessment | | | | | | | | | |
| Type of Assessment** | | | | | | | | | |
| Health Care Provider | | | | | | | | | |
| Height | | | | | | | | | |
| Weight | | | | | | | | | |
| Blood Pressure | | | | | | | | | |
| Pulse | | | | | | | | | |
| HCT/HGB | | | | | | | | | |
| Gross Dental | | | | | | | | | |
| Postural | | | | | | | | | |
| Urinalysis | | | | | | | | | |
| Cardiovascular | | | | | | | | | |
| Musculoskeletal | | | | | | | | | |
| | | | | | | | | | |

Name _____ Birth Date _____ ** S = Sports H = Health

Student's Name Tessler, Ethan
(Last, First, Middle)

## IX. Date and Sign All Nurse's Notes

| Date | Notes | Date | Notes |
|---|---|---|---|
| 1/3/05 | No physical exam in health folder note sent (H) 9/15/04 - response on 10/12/04 being faxed from NY - not received - letter sent (H) 10/26/04 - called mom again 11/12/04 - she will be in NY on weekend 11/18/04 & will pick up - called 12/13/04 no answer - sent note home 12/13/04 - Principal notified JSR | | |

☐ **See Continuation Sheet**

**Note:** In case of student transfer, this record is to be mailed to the Connecticut school district to which the student moves. A true copy is to be retained.

MANCHESTER
PUBLIC SCHOOLS
~Pride in Excellence~

VERPLANCK ELEMENTARY SCHOOL
126 OLCOTT STREET
MANCHESTER, CONNECTICUT 06040

MARY REYNOLDS LUCE, Principal
(860) 647-3383

10/26/2004

Dear Claudia Tessler,

Presently, I have not yet received Ethan's physical examination report that is mandated by the State to be in his file. Please obtain a copy or make an appointment for a physical with his doctor. A timely response is currently necessary. Thank you very much.

If you have any questions or concerns don't hesitate to call me at 647-3385.

Sincerely,

Joan Guntulis RNC.
School Nurse

No 0,3 please busy

please
436-9906
503-9558

```
PROFILE 02-M-198        New York City Public Schools          06-18-04 15:03:16
HLTH0110                      Immunization Update               00857-IFLORES
==>
NAME: TESSLER, ETHAN            DOB: 05/14/97 SEX: M  STUDENT ID: 204 577 944
DIST-B-SCHL: 02-M-198           AGE: 7 YR 1 MON 4 DAY
GRD-LVL-CLS: 110-01-102  ADMIT DTE: 09/05/02 (58)
 TYPE                    (1)        (2)        (3)        (4)      CDE  EXEMPT
                                                                        END DATE
===========              ========   ========   ========   ========   ===  ========
DPT/Dt/Td                07 31 97   09 18 97   11 24 97   08 25 98    _
OPV (POLIO)              07 31 97   09 18 97   11 24 97   __ __ __    _
MMR                      09 11 00   05 07 02   __ __ __   __ __ __    _
 MEASLES                 __ __ __   __ __ __   __ __ __   __ __ __    _
 MUMPS                   __ __ __   __ __ __   __ __ __   __ __ __    _
 RUBELLA                 __ __ __   __ __ __   __ __ __   __ __ __    _
Hep.B(HBV) SERIES 3      05 14 97   07 31 97   08 25 98   __ __ __    _
VARICELLA(CH. POX)       __ __ __   __ __ __   __ __ __   __ __ __    _
Hem. Infl. Type B(HIB) COMPLETE (ENTER "Y"): _
IMMUN STATUS: COMPLETE
ACTION: Student has a COMPLETE immunization status.

Please enter required information and press F2
F1/Help     F2/Save     F3/Quit-return F4/Lookup      F5/            F6/Tuber
F7/         F8/         F9/Refresh     F10/Next id    F11/Repeat     F12/Exit
```

## MANCHESTER BOARD OF EDUCATION

### STUDENT HEALTH / DEVELOPMENTAL HISTORY

PLEASE PRINT

DATE: _____

NAME OF CHILD: Tessler (Last) Ethan (First) Conner (Middle) SEX: male

ADDRESS: 1A Downey DR. PHONE: _____

PLACE OF BIRTH: New York D.O.B. 5/14/97 VERIFICATION OF BIRTH: _____

FATHER'S NAME: Reese Hopkins MOTHER'S NAME: Claudia Tessler

GUARDIAN: N/A

CHILD LIVES WITH: parents NUMBER OF CHILDREN IN FAMILY: 2

| NAME (First & Last) | AGE | NAME (First & Last) | AGE |
|---|---|---|---|
| Ayla Anastacio | 11 | | |
| | | | |
| | | | |

CHILD'S PHYSICIAN:
NAME: _____
ADDRESS: _____
PHONE: _____

CHILD'S DENTIST:
NAME: _____
ADDRESS: _____
PHONE: _____

WHAT DOES YOUR CHILD ENJOY DOING? Drama, Reading, Soccer, play station.

DESCRIBE YOUR CHILD IN ONE SENTENCE: Caring, exuberent, and loves to make people laugh.

HAS YOUR CHILD HAD A PRE-SCHOOL EXPERIENCE? yes WHERE? childrens liberati

HAS YOUR CHILD RECEIVED SERVICES FROM AN ORGANIZATION SUCH AS MANCHESTER PUBLIC HEALTH NURSING, NEWINGTON HEARING CLINIC, CHILD GUIDANCE, ETC.? NO

HOW DOES YOUR CHILD REACT IN NEW SITUATIONS? Adapts well

HOW DOES YOUR CHILD RESPOND TO MEETING NEW PEOPLE? Adapts well

HAVE THERE BEEN ANY BIG CHANGES IN YOUR CHILD'S LIFE DURING THE PAST YEAR? moving to here from New York city.

BIRTH WEIGHT: 5 lbs. 14 oz. LENGTH: _____

SYSTEM REVIEW

| ✿✿✿✿✿✿✿✿✿✿✿✿✿✿✿✿✿✿✿✿✿✿✿✿✿✿✿✿✿✿ | YES | NO | EXPLAIN IF YES |
|---|---|---|---|
| 1. Is your child allergic to anything? | | ✓ | |
| 2. Does your child have asthma? | | ✓ | |
| 3. Has your child ever had an unusual reaction to an immunization? | | ✓ | |
| 4. Does your child eat anything that is not food (starch, paint, dirt)? | | ✓ | |
| 5. Does your child take medication regularly? | | ✓ | |
| 6. Does your child have trouble seeing; or does he/she squint or have crossed eyes? | | ✓ | |
| 7. Does your child wear glasses or is he/she supposed to wear glasses? | | ✓ | |
| 8. Does your child have frequent ear infections? | | ✓ | |
| 9. Does your child favor one ear or seem to have trouble hearing? | | ✓ | |
| 10. Does your child have a persistently runny or stuffy nose? | | ✓ | |
| 11. Does your child breathe through his/her mouth? | ✓ | | normal Breathing |
| 12. Does your child have frequent colds, coughs or sore throats? | | ✓ | |
| 13. Does your child tire easily? | | ✓ | |
| 14. Does your child have frequent stomach pain? Vomiting? Diarrhea? Constipation? | | ✓ | |
| 15. Does your child wet or soil his/her pants? | | ✓ | |
| 16. Does your child have any pain or weakness with his/her arms, legs, or does he/she limp? | | ✓ | |
| 17. Does your child complain of frequent headaches? | | ✓ | |
| 18. Does your child have trouble sleeping? | | ✓ | |
| 19. Does your child have skin rashes? | ✓ | | |
| 20. Does your child have any problems with his/her teeth or gums? | ✓ | | |
| 21. Does your child wear any dental appliances? | | ✓ | |
| 22. Are there any other medical problems with your child? | | ✓ | |

C. Ability to Function on:

1. One-to-one basis Very well
2. Small group basis Very Well
3. Large group basis good

D. Any outside agencies involved (Juvenile Court, Child Guidance Clinic, etc.)

None

E. Social / emotional strengths (interest, leadership qualities)

loves to teach and always caring of New Student

F. Areas of concern (inappropriate behavior, self-image, etc.)

Loves to be acknowledged

II. COMMENTS:

_____

_____

_____

_____

_____

**Lead Screening Questions:**

1. Has your child ever lived in or regularly visited a house (such as the home of a friend or relative) built before 1978? Circle: Yes or (No)
2. Are there any areas of peeling or chipping paint visible in these houses? Circle: Yes or (No)
3. Has the dwelling ever undergone any renovation while your child was in residence or visiting? Circle: Yes or (No)
4. Are there any areas of bare soil around your house or outbuildings where your child plays? Circle: Yes or (No)
5. Does your child eat any unusual items such as dirt or soil? Circle: Yes or (No)

**I AM AWARE THAT THE ABOVE DATA WILL BE PART OF MY CHILD'S PERMANENT RECORD.**

Signature of Parent / Guardian: _____

Interviewer: _____ Date: _____

c:MyFiles\Health\StudentHealthDevHistory - Revised 6/18/01

## LIFETIME IMMUNIZATIONS DATES AND SIGNATURE

S. Mowbray, R.N. CSHP

| Vaccine | | DOSE NUMBER 1 | 2 | 3 | 4 | 5 | |
|---|---|---|---|---|---|---|---|
| Diphtheria Tetanus Pertussis | DATE GIVEN | | | | | | |
| | SIGNATURE | | | | | | |
| Polio OPV or IPV | DATE GIVEN | IPV 7/31/97 | IPV 9/18/97 | OPV 11/24/97 | | | |
| | SIGNATURE | S | S | S | | | |
| Measles Mumps Rubella | DATE GIVEN | 7/11/00 | 5/7/02 | | | | |
| | SIGNATURE | SHTP. | PB | | | | |
| Hemophilus Influenzae Type B Conjugate | DATE GIVEN | | 9/16/97 | 11/24/97 | 8/25/98 | | |
| | SIGNATURE | | S | S | (illegible) | | |
| Hepatitis B | DATE GIVEN | 7/14/97 | 7/31/97 | 1/98 | | | |
| | SIGNATURE | S | S | | | | |
| Diphtheria Tetanus Acellular Pertussis | DATE GIVEN | | 9/18/97 | 11/24/97 | 8/25/98 | | |
| | SIGNATURE | | S | S | (illegible) | | |
| DTP/HiB Combined Vaccine | DATE GIVEN | 7/31/97 | | | | | |
| | SIGNATURE | S | | | | | |
| Tetanus Diphtheria | DATE GIVEN | | | | | | |
| | SIGNATURE | | | | | | |
| Pneumo-coccal | DATE GIVEN | | | | | | |
| | SIGNATURE | | | | | | |
| Other HBIG | DATE GIVEN | 7/14/97 | | | | | |
| | SIGNATURE | S | | | | | |

## Screening Tests

| TEST | DATE | RESULT |
|---|---|---|
| Rubella Titer | | |
| Hepatitis B *Specify* | | |
| Other VARICELLA | 8-25-98 SHTP. | 8.28.98 SHTP |

## HISTORY

| | | |
|---|---|---|
| Place of Delivery | Hospital Record No: | |
| Birth Date | Gestational Age at Birth Mos. | |
| Birth Weight Lbs. | Birth Length In. | Head Circum. In. |
| Perinatal Problems | Breast Fed Mos. | |

**FAMILY HISTORY.** *State who has*

| | |
|---|---|
| Allergies | Heart Disease |
| Anemia | Hypertension |
| Asthma | Nervous System Illness |
| Diabetes | Other |

**HOSPITALIZATIONS**

| Date | Diagnosis | Hospital |
|---|---|---|
| | | |

**REGULAR MEDICATIONS**

| Date | Medication | Dosage |
|---|---|---|
| | | |

## SPECIAL CARE NEEDS

| Condition | Age of Onset | Plans/Ther |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

## SCREENINGS

| TEST | DATE | TYPE / RESULTS | DATE | TYPE / RESULTS | DATE | TYPE / RESULTS | DATE | TY |
|---|---|---|---|---|---|---|---|---|
| Newborn Screening | | | | Hemoglobin Electrophoresis | | | | |
| Hematocrit | | | | | | | | |
| Blood Lead Ug / dl | | | | | | | | |
| Urine | | | | | | | | |
| Tuberculin Mantoux | 8/25/98 | mm | | mm | | mm | | |
| Other | | | | | | | | |
| Vision Far | | R L | | R L | | R L | | R |
| Fusion | | R L | | R L | | R L | | R |
| Near | | R L | | R L | | R L | | R |
| Audio Sweep | 8/25/98 | R PASS L PASS | | R L | | R L | | R |
| Threshold | | R L | | R L | | R L | | R |
| Developmental | | | | | | | | |

# VACCINE ADMINISTRATION RECORD

Name Isaac Elsa
Last First MI

Date of Birth 5/14/97

Dr Mordukhay, MD Genl

han dado una copia, he leido o me han explicádo la información contenida en el panfleto de información sobre Vacunas, o sobre las fermedades o vacunas que aqui aparecen. He tenido la oportunidad he hacer varias preguntas las cuales fueron contestadas a mi tisfacción. Entiendo los beneficios y riesgos de dichas vacunas, y pido que las vacunas marcadas abajo me sean puestas a mi o a persona cuyo nombre aparece aqui mencionado, por quien estoy autorizado a hacer esta solicitud.

I have been given a copy and have read, or have had explained to me, the information contained in the appropriate Vaccine formation Phamphlet(s) (VIP) or the appropriate important information Statement(s) about the disease(s) and vaccine(s) indicated low. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks the indicated vaccine(s) and request that the vaccine(s) checked below be given to me or to the person named above for whom I am thorized to make this request."

| VACCINE | Date Given | Vaccine Manufacturer | Vaccine Lot Number | Site Given | Initial of Vaccine Administrator | Signature of Parent or Guardian |
|---|---|---|---|---|---|---|
| P 1 | | | | | | |
| P 2 DTaP | 9/18/97 | Connaught | 0F81441 | (R) LF | Dr | X Maria Gonzalez |
| P 3 DTaP | 11/24/97 | SKB | 816B2 | (R) LF | Dr | X Julissa Gonzalez |
| P/DT aP 4 | | | | | | |
| P/DT aP 5 | | | | | | |
| (PED) | | | | | | |
| V (IPV) 1 | 7/31/97 | Pasteur Merieux | L0225 | (L) LF | Dr | X [illegible] |
| V (IPV) 2 | 9/18/97 | Pasteur Merieux | L0225 | (L) LF | Dr | X Maria Gonzalez |
| V/IPV 3 | 11/24/97 | Lederle | 07542 | (L) LF | Dr | X Julissa Gonzalez |
| V/IPV 4 | | | | | | |
| .b 1 | | | | | | |
| .b 2 | 9/18/97 | Pasteur-Merieux | 6K81423 | (R) LF | Dr | X Maria Gonzalez |
| .b 3 | 11/24/97 | Pasteur-Merieux | 7D91716 | (L) LF | Dr | X Julissa Gonzalez |
| .b 4 | | | | | | |
| IR 1 | | | | | | |
| IR 2 | | | | | | |
| ep B 1 | 5/14/97 | Copy | | | | |
| ep B 2 | 7/31/97 | Merck | 05170 | (L) LF | Dr | X [illegible] |
| ep B 3 | 1/5/98 | SKB | 225 5A2 | (L) LF | Dr | |
| HBIG | 5/14/97 | Copy | | | | |
| TP/Hib1 | 7/31/97 | Lederle | 434-308 | (R) LF | Dr | X [illegible] |
| TP/Hib2 | | | | | | |
| TP/Hib3 | | | | | | |
| TP/Hib4 | | | | | | |
| LU | | | | | | |
| THER 1 | | | | | | |
| 2 | | | | | | |

| MANTOUX | Date | | | | | | | LEAD | Date | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

# Vaccine Administration Record for Children and Teens

Patient's Name: Ethan Tessler DOB: 5/14/97

Parent/Guardian:

Address: 1 Downey Dr. Manchester, CT

Insurance: Medicaid#:

Provider Name/Address: N/A

Vaccine Administrator: Make sure you give the parent/guardian all appropriate Vaccine Information Statements (VIS) and an updated shot record at every visit.

| Vaccine and route (circle type given) | Date given | Site given (LA, RA, LT, RT) | Vaccine lot number | Vaccine manufacturer | VIS date | Signature or initials of vaccine administrator | Signature or initials of parent or guardian |
|---|---|---|---|---|---|---|---|
| DTaP/HepB /IPV comb – 1 (IM) | | | | | | | |
| DTaP/HepB /IPV comb – 2 (IM) | | | | | | | |
| DTaP/HepB /IPV comb – 3 (IM) | | | | | | | |
| Hepatitis B - 1 ___ mcg (IM) | | | | | | | |
| Hepatitis B - 2 ___ mcg (IM) | | | | | | | |
| Hepatitis B - 3 ___ mcg (IM) | | | | | | | |
| DTaP • DT • Td - 1 (IM) | | | | | | | |
| DTaP • DT • Td - 2 (IM) | | | | | | | |
| DTaP • DT • Td - 3 (IM) | | | | | | | |
| DTaP • DT • Td - 4 (IM) | | | | | | | |
| DTaP • DT • Td - 5 (IM) | | | | | | | |
| DTaP/Hib - 4 (IM) | | | | | | | |
| Td booster (IM) | 2/25/04 | LA 2nd Rt deltoid | | | | J. Cannon RN | |
| Td booster (IM) | | | | | | | |
| Hib - 1 (IM) | | | | | | | |
| Hib - 2 (IM) | | | | | | | |
| Hib - 3 (IM) | | | | | | | |
| Hib - 4 (IM) | | | | | | | |
| Hib/Hep B - 1 (IM) | | | | | | | |
| Hib/Hep B - 2 (IM) | | | | | | | |
| Hib/Hep B - 3 (IM) | | | | | | | |
| Polio - 1 (SQ•IM) | | | | | | | |
| Polio - 2 (SQ•IM) | | | | | | | |
| Polio - 3 (SQ•IM) | | | | | | | |
| Polio - 4 (SQ•IM) | 2/25/04 | 2 Rt deltoid | | | | J. Cannon RN | |
| Pneum conj (PCV) - 1 (IM) | | | | | | | |
| Pneum conj (PCV) - 2 (IM) | | | | | | | |
| Pneum conj (PCV) - 3 (IM) | | | | | | | |
| Pneum conj (PCV) - 4 (IM) | | | | | | | |
| MMR - 1 (SQ) | | | | | | | |
| MMR - 2 (SQ) | | | | | | | |
| Varicella - 1 (SQ) | | | | | | | |
| Varicella - 2 (SQ) | | | | | | | |
| Hepatitis A - 1 (IM) | | | | | | | |
| Hepatitis A - 2 (IM) | | | | | | | |
| Influenza -1 (IM) | | | | | | | |
| Influenza-2 (IM) | | | | | | | |
| Other | | | | | | | |

Connecticut Department of Public Health

**CIRTS**