

Clive School

Term 2 2019 News 'n Views

Whirinaki ka eke ki runga

lets us bind together to attain heights '

'Nga mihi mahanui kia koutou

He tini nga pukapuka o te kura

There are many books at this school

Ki te kaha ki te korero pukapuka

If you read a lot of books

Ka nui ake to matauranga

Your knowledge increases

Welcome back one and all

Term 2 has started and the thought of winter looms this week with the sudden change in weather patterns.

Our Roll stands at 263

In the Explorer's we have now three classes Mr Bryant is now in the team with a class of very keen 5 year olds along with Mrs Scott who has all the new students and Mrs O'leary works from Room 10.

We will have 270 by the end of term 2.

The **Board of Trustees Elections** are being held this year **7th June**. Our current Board like the preceding ones have served the Clive School Community very well. If you are interested in finding out more please see the Principal or even one of the current Board members.

Also in this newsletter

- ◆ *Information on students learning their rates of progress and curriculum levels*
- ◆ *Sports*
- ◆ *Health and Safety*
- ◆ *What to do if*
- ◆ *Boys and Praise*

May

1st iWay Scootering yr 3&4

2nd iWay scootering yr 5

3rd iWay scootering yr5

10th Assembly Room 1

14th Digital Technologies Parent information Evening

17th Assembly Rm 2

21st Young leaders selected 8 to PNth

24th Assembly Explorer's

30th Coastal Cluster Rugby @ NBHS

31st Assembly Rm 6

June

3rd Queens Birthday No School

Digital Communication:

Thank you to the Year 5 & 6 parents who completed the 'digital communication' survey last term; the information gathered in this survey has helped us to shape future directions and affirmed current practice.

App Change—thank you for adapting to the new App. The developer had to change the format due to issues with Apple App licensing, hence now when you search for the Clive School App, nothing will appear; you now need to search School Apps NZ, install, then select schools you wish to follow. The developer is still working with us to ensure that settings are correct that the experience is a positive seamless one. We apologize for any issues and ask that you email reception@clive.school.nz to log any issues or to seek support.



Website— currently content and settings are being 'revised and updated' to ensure that information is current and a clear picture of our school is portrayed to our global community.

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Safety is Everybody's Concern

Please take time to discuss with your children about safe walking, both to and from school and when they are in the neighbourhood.

Keeping safe when walking, some possible strategies are;

'walk with another', 'keep to a known route between destinations', 'don't get side tracked by events along the way', after school go home by going straight home', 'have a special word that only your children know ...so that the excuse Mum/Dad said to pick you up won't work', 'together identify which houses are safe in the street to go to, if in need', 'only have parents change after school arrangements' and 'don't label your child's bag with their name on the outside'.

These are a few, the real clincher is to have regular reminders without causing fear or undue apprehension. Children do need to be aware of some of the realities of the world around them especially as they become older and more independent.

At school we have processes and system to ensure we keep children as safe as possible.

Room 3 Explorer children must be collected from their classrooms afterschool.

What to do if;

please inform the office or classroom teacher if you change your child's travel arrangements;

you have your child at home sicklet the office know ring leave a;

you change your contact phone numbers or emergency contact please inform the office;

your child has diarrhoea ...keep them at home for 48 hrs after the last episode;

impetigo (school sores) treat with antibio send to school 24hrs after end of medicine or when all dry and clean ;

headlice... treat ,sun dry hats pillows better still tie long hair up...in a pony tail;

tummy bug keep at home until 24hrs after the last episode;

it seems your child is hungry in colder weather consider some additional food in lunch box, especially if they are very active sporting wise;

you cant remember the sports draw for their team go online look for the Sports Blogg;

You have a concern about your child... learning friendships, behaviour, progress speak with their classroom teacher and or see the Principal.

Boys and Praise Boys often react negatively or awkwardly to praise unless it is done carefully. The best type of praise for males (particularly young ones) is called descriptive praise.

With descriptive praise you describe with appreciation what you feel and what you see; and the boy can then praise himself.

For example: *"I see you have made your bed, tidied your bookcase and cleared the floor – it is a pleasure to walk into your room"*. This type of praise is lasting as phrases like *"well done"* or *"good boy"* are not lasting and can easily be taken away on the next occurrence. We tend to give many throw away phrases to boys that are not lasting and have little impact.

When you comment on good work completed and describe what they have done with appreciation the skills become stored in their bank of skills and attributes and help to build confidence. Furthermore private praise is far more effective these days rather than public praise which often embarrasses young males in particular. Phrases like *"great work – keep it up"*, are often trite and meaningless.

Similarly when your son brings home work for which he has received a good mark or is really proud of , read it and ask questions, show an interest in the topic.

This again is far better than – *"great result, Jim !"*

We are all busy people and sometimes summing up praise-worthy behaviour in a word is another way to give descriptive praise and add to the set of qualities your son or daughter knows about themselves.

For example: *"You said you'd be home at five o'clock and it is exactly 5 – that's what I call punctuality"*.

Winter is nearly upon us and children do need to ensure they have something warm to wear that will keep them dry if walking home.

Children don't wear long pants on the field if playing games in winter but shorts and bare feet. These are great as they can easily be washed before going back into class.

Truly awesome to see so many children still walking biking and scooting to school in the morning great for them.

No one catches the common cold from the weather.

We as Teachers will be demonstrating especially to the 'younger children' who don't seem to know how or why it is important to wash hands correctly before eating or after using the toilet. ..could you please follow up at home with the same message

Clive School

Learning Summary Supplementary Information - 2019



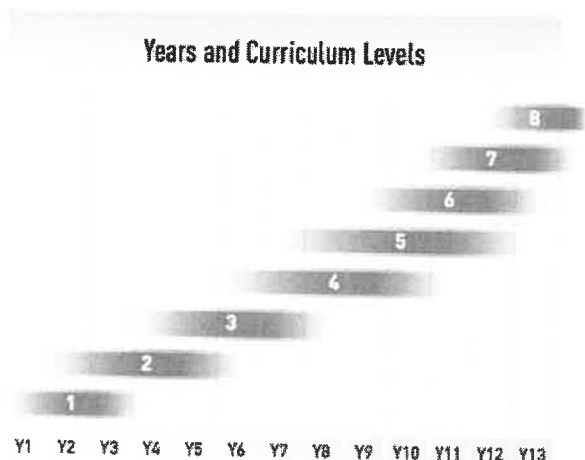
All primary schools across New Zealand have to report to parents 'twice a year' in writing, in relation to the NZ Curriculum, which at Clive School includes; Inquiry, P.E./Health, Te Reo & Clive Kids.

We use a wide range of methods to find out where your child is working in relation to the NZ Curriculum (Literacy & Maths levels). We listen to, watch & question your child whilst they are learning, we ask them to reflect on their own learning independently, with a buddy, within a group or with the teacher, and we also give them assessments (e.g. tests). Once we have done all of these things we make a 'teacher judgement' to decide which level your child is working in.

The NZ. Curriculum sets a direction for Schools

Each curriculum level builds on the previous one and increases in sophistication. Students learn processes, knowledge and skills at each level.

The below diagram shows how curriculum levels typically relate to years at school. Many students do not, however, fit this pattern.



The curriculum levels enable teachers to identify and track a student's rate of progress over time; Emphasis is put on 'progress' rather than on ensuring that a child fits into the below expectations:

Level 1 — Years 1 & 2

Level 2 — Years 3 & 4

Level 3 — Years 5 & 6

** the diagram shows that some students may take 2-5 years to 'work through' learning goals within levels.

Students in Years 3 to 6, their Learning Summaries now include 'graphics/visuals' that show achievement at the end of the previous year and their current level of achievement. Also included is an expectation for the end of the year.

The expectation at the end of the year has been set to allow the Management Team and Board of Trustees to set and measure achievement goals; goals are also set to ensure that resourcing is allocated to target students with specific needs, where possible and appropriate.

Beyond Reading, Writing & Mathematics

At Clive School our vision for 'Clive Kids' links strongly to learning dispositions that have been deemed essential for ensuring students are 'set up' for success for future learning and life (linking to the NZ Curriculum Key Competencies).

- Capable Communicators
- Life Long Learners
- Information Savvy
- Values Driven
- Effective Thinking
- Kids having fun
- Independent
- Determined
- Skilled

Infectious Diseases:

information & exclusion list

Exclusion from school, early childhood centre, or work*

Time between exposure and sickness

Early Symptoms

This disease is spread by

Condition

Rashes and skin infections



Chickenpox

Coughing, sneezing and contact with weeping blisters.

Fever and spots with a blister on top of each spot.

10–21 days after being exposed.

1 week from appearance of rash, or until all blisters have dried.

Hand, foot and mouth disease

Fever, flu-like symptoms – rash on soles and palms and in the mouth.

3–5 days

Exclude until blisters have dried. If blisters are able to be covered, and child feeling well, they will not need to be excluded.

Head lice (Nits)

Direct contact with an infested person's hair.

N/A

None, but ECC/school should be informed. Treatment recommended to kill eggs and lice.

Measles



Coughing and sneezing. Direct contact with an infected person. Highly infectious.

Runny nose and eyes, cough and fever, followed a few days later by a rash.

7–18 days

5 days after the appearance of rash. Non-immune contacts of a case may be excluded.

Ringworm

Contact with infected skin, bedding and clothing.

Flat, ring-shaped rash.

4–6 weeks

None, but skin contact should be avoided.

Rubella (German Measles)



Coughing and sneezing. Also direct contact with an infected person.

Fever, swollen neck glands and a rash on the face, scalp and body.

14–23 days

Until well and for 7 days from appearance of rash.

Scabies

Contact with infected skin, bedding and clothing.

Itchy rash.

4–6 weeks (but if had scabies before it may develop within 1–4 days)

Exclude until the day after appropriate treatment.

School sores (Impetigo)

Direct contact with infected sores.

Blisters on the body which burst and turn into scabby sores.

Variable

Until sores have dried up or 24 hours after antibiotic treatment has started.

Slapped cheek (Human parvovirus infection)



Coughing and sneezing. The virus may be passed from mother to child during pregnancy.

4–20 days

Unnecessary unless unwell.

Diarrhoea & Vomiting illnesses

**Campylobacter
Cryptosporidium
Giardia**



Undercooked food, contaminated water. Direct spread from an infected person or animal.

Stomach pain, fever, nausea, diarrhoea and/or vomiting.

Campylobacter 1–10 days
Cryptosporidium 1–12 days
Giardia 3–25 days

Until well and for 48 hours after the last episode of diarrhoea or vomiting.
Cryptosporidium – do not use public pool for 2 weeks after symptoms have stopped.

Hepatitis A

Contaminated food or water, direct spread from an infected person.

Nausea, stomach pains, general sickness. Jaundice a few days later.

15–50 days

7 days from the onset of jaundice.

Norovirus

Contact with secretions from infected people.

Nausea, diarrhoea/and or vomiting.

1–2 days

Until well and for 48 hours after the last episode of diarrhoea or vomiting.

Rotavirus

Direct spread from infected person.

Nausea, diarrhoea/and or vomiting.

1–2 days

Until well and for 48 hours after the last episode of diarrhoea or vomiting.

Shigella

Contaminated food or water, contact with an infected person.

Diarrhoea (may be bloody), fever, stomach pain.

12 hours–1 week

Discuss exclusion of cases and their contacts with public health service.

VTEC/STEC

(Verocytotoxin- or shiga toxin-producing E. coli)

High incidence of bloody diarrhoea, stomach pain. High rate of hospitalisation and complications.

2–10 days

Discuss exclusion of cases and their contacts with public health service.

Respiratory Infections

Influenza and Influenza-like illness (ILI)

Coughing and sneezing. Direct contact with infected person.

Sudden onset of fever with cough, sore throat, muscular aches and a headache.

1–4 days (average about 2 days)

Until well.

Streptococcal sore throat

Contact with secretions of a sore throat. (Coughing, sneezing etc.)

Headache, vomiting, sore throat. An untreated sore throat could lead to Rheumatic fever.

1–3 days

Exclude until well and/or has received antibiotic treatment for at least 24 hours.

Whooping cough (Pertussis)

Coughing. Adults and older children can pass on the infection to babies.

Runny nose, persistent cough followed by "whoop", vomiting or breathlessness.

5–21 days

Five days from commencing antibiotic treatment or, if no antibiotic treatment then 21 days from onset of illness or until no more coughing, whichever comes first.

Other Infections

Conjunctivitis (Pink eye)

Direct contact with discharge from the eyes or with items contaminated by the discharge.

Irritation and redness of eye. Sometimes there is a discharge.

2–10 days (usually 3–4 days)

While there is discharge from the eyes.

Meningococcal Meningitis

Close contact with oral secretions. (Coughing, sneezing, etc.)

Generally unwell, fever, headache, vomiting, sometimes a rash. **Urgent treatment is required.**

3–7 days

Until well enough to return.

Meningitis – Viral

Spread through different routes including coughing, sneezing, faecal-oral route.

Generally unwell, fever, headache, vomiting.

Variable

Until well.

Mumps

Coughing, sneezing and infected saliva.

Pain in jaw, then swelling in front of ear and fever.

12–25 days

Exclude until 5 days after facial swelling develops, or until well.

For further information contact:

Your Public Health Nurse

Your Public Health Service



Vaccine-preventable and/or on National Immunisation Schedule

Notifiable disease (Doctors notify the Public Health Service)

Pregnant women should seek advice from their maternity provider or G.P.

* Seek further advice from a healthcare professional or public health service

New Zealand Government

