

## **08 Curriculum and Instruction**

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**Application for Home/Hospital Instruction**

The Home/Hospital Instruction application is incorporated by reference in 704 KAR 7:120. This application, including the accompanying medical verification form and home/hospital committee decision form, is available from the Division of Student/Family Support Services, Kentucky Department of Education.

**RELATED PROCEDURES:**

08.1312 AP.21

08.1312 AP.22

08.1312 AP.23

Review/Revised:

**Parent Agreement Letter for Home/Hospital Instruction**

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*Date*

Dear Parent:

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*Student's Name* a student at *Name of School*

has met the requirements for the Home/Hospital Instruction Program.

There are several ways in which you can assist us in continuing the education of your child during his/her illness:

1. A responsible adult must be present in the home/hospital room during the time the Home/Hospital Teacher is present.
2. The Home/Hospital Teacher meets with the student a minimum of one hour on two (2) school days per week for individualized instruction. Absences are unexcused unless pre-arranged and the time rescheduled with the Home/Hospital Teacher during that same week.
3. A student with a communicable disease, as verified by a health professional, shall be eligible for the Home/Hospital Instruction Program. However, should the student's condition pose a serious health threat to the Home/Hospital Teacher, the student may receive alternate instruction such as correspondence, computer-assisted instruction, or video during the period of contagion.
4. Please check with your child regarding completion of required daily assignments in order to be ready for instruction at the next designated time.
5. Please provide a suitable work-study area where student and teacher can work with no interruption (for example: CD, tape player, and TV turned off). The area should be clean, neat, and free from household traffic.
6. Other children, visitors, or pets should be kept out of the room so that the teacher will have the student's full attention.
7. Arrange for the child to have sufficient rest and to be ready for work when the teacher arrives at the home.
8. Complete the Application for Home/Hospital Instruction, including release of medical information to school officials.
9. In addition to the scheduled weekly home/hospital instruction, the student will work independently to complete assignments.

*I agree to abide by the above requirements and grant permission for this child to receive home/hospital instruction.*

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*Parent/Guardian's Signature*

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*Date*

Review/Revised:

**Home/Hospital Review Committee Report of Student Status**

This form is to be completed by the Home/Hospital Review Committee and distributed to the student's teacher(s), as appropriate.

**Date:** \_\_\_\_\_

**To:** Classroom Teacher(s)

**From:** Home/Hospital Review Committee  
\_\_\_\_\_, Chairperson

**Re:** \_\_\_\_\_  
*Student's Name*

**Student's Status:**

- ☐ Student's application for enrollment in the Home/Hospital Instruction Program was denied for the following reason(s): \_\_\_\_\_
- ☐ Student has been accepted into the Home/Hospital Instruction Program. The effective date of enrollment is \_\_\_\_\_.  
Beginning with the date given above, do not count the student absent from your class. The student is responsible for any assignments prior to the date of enrollment in the Home/Hospital Instruction program.
- ☐ Student was withdrawn from the Home/Hospital Instruction Program. The effective date of withdrawal is \_\_\_\_\_.  
Include the student in your attendance records beginning with the next day of instruction following this date. The student is responsible for any assignments after the date of withdrawal from the Home/Hospital Instruction Program.  
Withdrawal Code \_\_\_\_\_
- ☐ Student is expected to return to school as of \_\_\_\_\_ and will be withdrawn from the Home/Hospital Instruction program as of that date.
- ☐ Student is expected to return to school for partial days as of \_\_\_\_\_ for a period of approximately \_\_\_\_\_. During this time, the student will remain enrolled in the Home/Hospital Instruction Program. Do not include the student in your attendance records.
- ☐ After a six (6) months' review by the Home/Hospital Review Committee, the student's assignment to the Home/Hospital Instruction Program has been extended to \_\_\_\_\_.

Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Review/Revised:

**Home/Hospital Teacher's Request to Regular Classroom Teacher**

TEACHER(S): \_\_\_\_\_

STUDENT NAME \_\_\_\_\_

GRADE \_\_\_\_\_ HOMEROOM \_\_\_\_\_ CLASS /SUBJECT \_\_\_\_\_

BEGINNING DATE \_\_\_\_\_ ENDING DATE \_\_\_\_\_

To promote a smooth transition from your classroom to home/hospital instruction and back, I request your assistance in organizing instruction for the time this student is assigned to the Home/Hospital Instruction Program. Please provide me with a summary of the material you intend to cover during this time period with this completed form attached. If you have any tests, worksheets, homework, or other materials you would like for me to use, please leave them in \_\_\_\_\_.

Please put the student's name on all correspondence.

At the end of home/hospital instruction, I will give you the student's average on work completed for me.

Thank you,

Home/Hospital Teacher

**INSTRUCTIONS:**

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*Regular Classroom Teacher's Signature*

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*Date*

Review/Revised:

## **Gifted and Talented Students**

### **SELECTION FOR SERVICES**

The District shall systematically collect data on an ongoing basis that will provide the target population of candidates for services.

Primary students shall be selected and students in grades four through eight (4-8) shall be identified in accordance with 704 KAR 3:285.

Once selected as qualifying for Primary Talent Pool services, a primary student need not be re-evaluated, except to determine suitability of services, until the end of the P4 year.

Once identified as qualifying for gifted education services in grades four through eight (4-8), a student need not be re-evaluated, except to determine suitability of services.

At least once each school year, teachers will be provided information concerning the on-going identification process.

The Gifted-Talented Coordinator shall establish a process for identifying and implementing methods for providing equal access to services to under-represented populations.

### **CURRICULUM**

The school shall provide a differentiated, articulated curriculum in accordance with Kentucky Administrative Regulations.

Curricular materials shall be those designed to challenge:

1. The talent pool participant (P-P4) while focusing on continuous progress; and
2. The formally identified gifted learner (grades 4-8) and further develop the diagnosed talent and/or area of giftedness.

Service options for the formally identified gifted learner (grades 4-8) shall be described in the gifted and talented student services plan (GSSP), shall match the learner's needs, interests, and abilities, and shall be qualitatively differentiated from those provided in the standard curriculum.

### **PERSONNEL/FUNDING**

The District shall submit an application to the state in which seventy-five percent (75%) of the state funds for gifted education shall be used in the category of personnel, including salary, for those who primarily provide direct instructional services to students identified as demonstrating gifted and talented behaviors and characteristics. These teachers shall work directly with Primary Talent Pool/formally identified students, in addition to the regularly assigned classroom teacher(s). These teachers must hold an appropriate certificate of endorsement for gifted education or an official approval.

Funding for any services beyond the state allocation shall be from school allocations as determined in the District budget.

**Gifted and Talented Students****PROGRAM EVALUATION**

Performance data shall be collected by the Gifted-Talented Coordinator as directed by administrative regulation for annual submission to the Kentucky Department of Education.

Each year the Gifted-Talented Coordinator shall be responsible for collecting data required for the annual report and submitting it to the Superintendent for his/her information prior to forwarding it to the Kentucky Department of Education. School data shall be signed by the Principal/Council Chair.

**PROCEDURAL SAFEGUARDS AND GRIEVANCES**

Parents and/or students (Grades P-8) may petition for identification or may appeal nonidentification or appropriateness of services.

1. The appealing party shall submit in writing to the Gifted-Talented Coordinator specifically why s/he believes that screening results are not accurate or talent pool services or service options in the gifted and talented student services plan are not appropriate and why an exception should be made or reconsideration given.
2. The Gifted-Talented Coordinator shall compile student data and present that along with the petition or appeal to the Selection/Placement Committee. The information presented shall include a recommendation accompanied by available substantiating evidence.
3. The Committee shall hear appeals, make a recommendation, and respond in writing to the appealing party within ten (10) working days of receipt of the appeal and accompanying information. If the appeal concerns the nonavailability of appropriate service options, the Committee shall consult with the school council.
4. If the Committee rules in favor of the grievant, the following option shall apply as appropriate:
  - a) S/he may participate in the program as soon as the parent or guardian signs the required permission form.
  - b) A change in either the gifted and talented student services plan or provision of services shall be made in a timely manner.
5. If the Committee rules against the grievant, a further written appeal may be made to the Superintendent, who must respond in writing within ten (10) working days of receipt of the appeal.
6. Should the Superintendent uphold the decision of the Selection/Placement Committee, the appealing party may petition the Board, which will have the final decision in the case. The Board shall make a determination at the next regular meeting following receipt of the appeal.

Review/Revised:

**Extended School/Supplemental Educational Services**

Eligible students shall be provided extended school (ESS) and/or supplemental educational services (SES) in accordance with the following procedures.

**ELIGIBILITY FOR EXTENDED SCHOOL SERVICES**

One (1) or more of the following methods of documentation shall be used to determine which students shall be eligible and in the greatest need of extended school services:

1. Teacher recommendation;
2. Academic performance data, including diagnostic, formative or interim and benchmark assessments, and summative assessments;
3. Student performance on high school, college, and workforce readiness assessments required by KRS 158.6459; or
4. Behavioral and developmental progress as documented in formal and informal assessments and reports.

**SELECTION FOR EXTENDED SCHOOL SERVICES**

Selection criteria for the extended school services program shall be in compliance with applicable administrative regulations.

**NOTIFICATION TO PARENTS OF EXTENDED SCHOOL SERVICES**

Parents of eligible students shall be notified using Procedure 08.133 AP.2.

The District will inform parents and guardians of the availability of extended school services, the rationale for offering extended school services, and consequences of not obtaining a high school diploma.

**STUDENTS ATTENDING PRIVATE, PAROCHIAL, OR HOME SCHOOLS**

Students residing within the District's boundaries who attend private, parochial, or home schools shall not be eligible for the after-school tutorial program. Upon application, they may be considered for enrollment in the summer school program. Their eligibility and selection shall be based on the same criteria as students enrolled in the District schools.

Because the Kentucky request to the U. S. Dept. of Education for flexibility was granted, the following provision is waived through the 2013-2014 school year.

**SUPPLEMENTAL EDUCATIONAL SERVICES**

Eligible students shall be provided supplemental educational services (SES). "Eligible students" mean all students from low-income families who attend Title I schools that are in their second year of school improvement, in corrective action, or in restructuring. "Supplemental educational services" means additional academic instruction designed to increase students' academic achievement such as tutoring, remediation, distance-learning technologies, or other educational interventions provided by state-approved service providers outside of the regular school day.



**Extended School/Supplemental Educational Services****SUPPLEMENTAL EDUCATIONAL SERVICES (CONTINUED)**

In providing supplemental educational services, the District shall:

1. Notify parents of eligible children about the availability of supplemental educational services in a manner that is clear and concise, as well as clearly distinguishable from other school-related information that parents receive.

The District shall post on the District/school web site(s) information about available supplemental educational services to include:

- a. The number of students who were eligible for and who participated in supplemental educational services (SES), beginning with data from the 2007-08 school year and for each subsequent year; and
  - b. A list of SES providers approved to serve the District, as well as the locations where services are provided for the current school year.
2. Help parents, at their request, choose a provider;
3. Determine which students should receive services, pursuant to criteria set forth in federal law, if not all students can be served;
4. Enter into agreements with service providers whom the parents select;
5. Assist the Kentucky Department of Education (KDE) in identifying potential providers within the District;
6. Provide information KDE needs to monitor the quality and effectiveness of the services that providers offer; and
7. Protect the privacy of students who receive supplemental educational services.

**REFERENCE:**

704 KAR 3:390

**RELATED PROCEDURE:**

08.133 AP.2

Review/Revised:

**Notification to Parents of Child's Eligibility for Extended School Services**

Student's Name _____			
<i>Last Name</i>		<i>First Name</i>	<i>Middle Initial</i>
Student's Address _____			
<i>City</i>		<i>State</i>	<i>ZIP Code</i>
Student's Age _____	Date of Birth _____	Sex _____	Student's Phone Number _____
School _____	Grade _____	Homeroom/Classroom _____	

DATE \_\_\_\_\_

**DEAR PARENT:**

School District personnel have determined that your child is eligible for extended school services (ESS), to help ensure that s/he progresses from grade to grade with his/her cohort and that:

- ☐ Student exits elementary school ready to meet academic expectations at the middle school level;
- ☐ Student exits middle school ready to meet academic expectations at the high school level; and
- ☐ Student exits high school ready to meet academic expectations of postsecondary education and the workplace, with particular emphasis on literacy and mathematics.

This determination was based upon one (1) or more of the following:

- ☐ Teacher recommendation;
- ☐ Academic performance data, including diagnostic, formative or interim and benchmark assessments, and summative assessments;
- ☐ Student performance on high school, college, and workforce readiness assessments required by KRS 158.6459; or
- ☐ Behavioral and developmental progress as documented in formal and informal assessments and reports.

Personalized intervention plan and goals will be addressed in keeping with the student's Individual Learning Plan.

**NOTE:** *Pupils shall not be excluded due to the inability of the parent or student to provide transportation.*

**Notification to Parents of Child's Eligibility for Extended School Services****RECONSIDERATION**

You have the right to request we reconsider your child's identification for extended school services outside of the school day. Check if you wish to make this request and return this form to the school:

- ☐ I request that the school review my child's eligibility for extended school services.
- ☐ I consent to my child's assignment in extended school services.

Reason for request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Parent/Guardian's Signature*

\_\_\_\_\_  
*Date*

Determination following review: ☐ The student remains eligible for ESS.

☐ The student is not eligible for ESS.

\_\_\_\_\_  
*Principal/designee's Signature*

\_\_\_\_\_  
*Date*

Review/Revised:

**Title I Violation Complaint Procedure**

No Child Left Behind requires the adoption of a written procedure for the receipt and resolution of complaints alleging violations of Title I, Part A in the administration of the program.

- 1) The complaint must be in writing and addressed to the District Title I Coordinator. The complaint must contain the following:
  - The name of the complainant and the contact information;
  - The nature of the complaint (the specific violation of the administration of the Title I, Part A program).
- 2) The Title I Coordinator must maintain a complaint log. The log must include the following:
  - The name of the complainant;
  - The receipt date of the complaint;
  - The log-in number assigned to the complaint for tracking purposes;
  - The name of the staff to whom the complaint will be referred (if applicable);
  - The date of the response to the complaint.
- 3) The Title I Coordinator must respond to the complaint within thirty (30) working days upon receipt of the complaint.
- 4) The Title I Coordinator must maintain a copy of the complaint, log, and response on file in the District office.
- 5) After the complainant has received a response from the Title I Coordinator, the complainant has thirty (30) days to appeal the local decision. This appeal must be filed in writing with the Kentucky Department of Education in compliance with 704 KAR 3:365.

Review/Revised:

**Promotion and Retention**

The school shall comply with the following promotion, retention, and placement rules and procedures:

**PRIMARY SCHOOL**

*Continuous progress:* Students progress through the primary school program at their own rate without comparison to the rate of others or consideration of the number of years in school.

The Principal shall determine assignment of primary school students to classes and programs within the school. Promotion from the primary program shall be in compliance with applicable administrative regulations and shall be based on established exit criteria. A school team, which includes the parent of an identified child, will consider and recommend the appropriate early or delayed exit for any student in the primary program. Such review will take place at least thirty (30) days before such decision takes effect.

NOTE: Per KAR 704 3:440, retention and promotion within the primary school program are not compatible with continuous progress.

**ALL OTHER GRADES**

Promotion of a student in Grades 4-8 shall be determined by the Principal and teachers in accordance with criteria required by Policy 08.22.

**RETENTION (GRADE 4 THROUGH GRADE 8)**

1. Retention may occur if the student fails to:
  - a. make satisfactory progress in the class/subjects, based on such criteria as recorded grades/scores on tests, homework and projects and class participation points.
  - b. progress satisfactorily on the academic expectations.
2. Parent(s) have been notified of the possibility of the student's retention by mid-year or as soon after mid-year as the teacher perceives the possibility of retention.
3. The notification has been sent by letter, signed by the teacher and the Principal. The letter shall describe the problem and request the parent(s) to meet with the Principal and the teacher.

**PLACEMENT OF STUDENTS FROM NON-ACCREDITED SCHOOLS**

In accordance with the following guidelines, the Principal, counselor, and teachers shall determine the assignment/placement of pupils enrolling from private schools or home schools:

1. Information about course work and progress is requested from the school.
2. The student is enrolled on a probationary status in the grade suggested by the parent.
3. Formal and informal testing is administered in each curriculum area, as appropriate.
4. Final placement is made after an evaluation of test data, the student's physical and social maturity, and classroom performance during the probationary period.
5. Parents are informed of final placement within six (6) weeks of the student's enrollment. Final placement may be higher than, lower than, or the same as placement during the probationary period.

**RELATED PROCEDURE:** 08.22 AP.21

**RELATED POLICIES:** 08.113, 08.22

Review/Revised:

**Parent-Teacher Conference Form**

Date of Conference \_\_\_\_\_

<b>Student's Name</b> _____			
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
<b>Student's Address</b> _____			
<i>City</i>	<i>State</i>	<i>ZIP Code</i>	
<b>Student's Age</b> _____	<b>Date of Birth</b> _____	<b>Sex</b> _____	<b>Student's Phone Number</b> _____
<b>School</b> _____	<b>Grade</b> _____	<b>Homeroom/Classroom</b> _____	

**PREVIOUS NOTIFICATION(S)**

- ☐ Deficiency report(s) sent and returned, specify \_\_\_\_\_
- ☐ Previous conference(s) held, specify \_\_\_\_\_
- ☐ Previous nonpromotion(s), specify \_\_\_\_\_
- ☐ Student Assistance Team/Teacher Committee, explain \_\_\_\_\_

**COMMENTS**

The following are important factors when nonpromotion is a possibility. Utilization of this form during the parent-teacher conference may facilitate communication and yield a comprehensive picture of the child's situation. Check applicable factors, as appropriate.

<input type="checkbox"/>	Physical size
<input type="checkbox"/>	Social maturity
<input type="checkbox"/>	Motivational maturity
<input type="checkbox"/>	Standardized Group Tests (Academic Expectations)/Teacher-Made Tests
<input type="checkbox"/>	Individual test results (where applicable)
<input type="checkbox"/>	Present level of academic performance
<input type="checkbox"/>	Language competency
<input type="checkbox"/>	Individualized Education Program (where applicable)
<input type="checkbox"/>	Attendance
<input type="checkbox"/>	Transiency

Additional Comments \_\_\_\_\_

Parent's response to possibility of student's retention \_\_\_\_\_

Parent's suggestions \_\_\_\_\_

Review/Revised: \_\_\_\_\_

**Instructional Resource Procedures**

District personnel shall comply with requirements established in Kentucky Administrative Regulations and other documents and forms prepared and distributed by the Kentucky Department of Education.

**RELATED PROCEDURE:**

04.7 AP.2 (inventory form)

Review/Revised:

**Copyrighted Materials/Notice of Use****RESPONSIBILITY TO INFORM**

The Principal/designee shall inform school personnel of the following procedures regarding the duplication of copyrighted materials:

1. Material including, but not limited to, the following may be subject to copyright protection:
  - a) Musical
  - b) Dramatic
  - c) Literary (including workbooks, tests, etc.)
  - d) Pictorial
  - e) Sound recordings
  - f) Audiovisual works
  - g) Computer software
  - h) Architectural works
  - i) Choreographic works
2. Copyrighted materials that are copied shall not be used for profit.
3. The teacher may make a single copy of copyrighted material in preparation for class.
4. Except for computer software, the "Fair Use" allowance permits limited reproduction and use of copyrighted materials for classroom use.
5. Except for computer software, if the teacher needs multiple copies, the number shall not exceed one (1) copy per student.
6. In the case of computer software, a single copy may be made to be used only for "back-up" or archival purposes.

**DIGITAL TECHNOLOGY/DISTANCE LEARNING**

The District may use instructional transmissions as part of any distance learning classes, provided use complies with guidelines set forth in federal regulations and the following criteria are met:

1. The performance and/or display is a regular part of instruction; and
2. Technical measures are utilized to reasonably prevent keeping material beyond the class session and distributing it.

Review/Revised:



## **Review of Challenged Instructional Materials**

### **REQUEST FOR REVIEW**

The review of instructional materials, including textbooks, supplementary materials, library books, audiovisual media, class content, and technology on the basis of citizen concerns will be conducted in response to a properly filed request. Forms for such requests will be made available to any resident of the District at the Principal's Office. The request shall include a statement of reason for objection and a statement of desired action regarding the material.

In the event of a citizen complaint regarding instructional materials, freedom of information and professional responsibility shall be the guiding principles. The use of challenged material may be restricted until final disposition has been made. However, individuals may be assigned other materials in lieu of those being challenged.

### **REVIEW COMMITTEE**

The Superintendent/designee shall establish a Review Committee, composed of the Principal, professional librarian(s), two (2) staff members as designated by the Principal and whose subject area is affected, and two (2) parents. All committee members shall represent the school receiving the complaint.

The following steps shall be taken by the Review Committee:

1. Review the specific written complaint.
2. Read and/or examine the materials in question.
3. Determine general acceptance of the challenged materials in the community, other school systems and professional media.
4. Discuss the complaint and merit of the challenged material; make a value judgment based on the materials as a whole, and not on parts taken out of context.
5. Determine the merit of potential alternative instructional materials.
6. Prepare a recommendation for disposition of the complaint.
7. File a written decision with the Principal and/or school council, as appropriate, and send a copy to the Superintendent/designee.

The Principal shall inform the complainant in writing of the decision within ten (10) school days after receipt of the completed form.

### **APPEAL**

Within ten (10) school days after the complainant has been informed of the committee's decision, the complainant may appeal the decision, in writing, to the Superintendent/designee.

Upon receipt of the appeal, the Superintendent/designee will review the challenged material and the decision of the Review Committee and, within ten (10) school days, notify the complainant and Principal of his/her determination.

Within ten (10) school days after the complainant has been informed of the decision of the Superintendent/designee, the complainant may appeal the decision, in writing, to the Board.

The Board will consider the appeal at the next scheduled meeting and so notify the complainant of its final decision regarding the challenged material.

**Review of Challenged Instructional Materials**

**SCHOOLS ADOPTING SBDM**

Reviews of challenged instructional materials in schools which have adopted School Based Decision Making shall follow policies which have been adopted by the School Council.

Review/Revised:

**Request for Reconsideration of Instructional/Library Materials**

SCHOOL \_\_\_\_\_ TEACHER \_\_\_\_\_

Please indicate the format of the material (book, DVD, magazine, CD, etc.):

TITLE \_\_\_\_\_

AUTHOR \_\_\_\_\_

PUBLISHER/PRODUCER \_\_\_\_\_

Request initiated by \_\_\_\_\_

Telephone \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Complainant represents ☐ himself ☐ herself ☐ organization, specify \_\_\_\_\_Please answer the following questions after you have read, viewed, or listened to the school instructional/library material in its entirety.

1. Have you read, viewed, or listened to the material in its entirety? ☐ YES ☐ NO
2. Have you discussed this work with the teacher/librarian who assigned/ordered it? ☐ YES ☐ NO
3. What do you find objectionable in the material? (Please be specific, cite page(s), scenes, etc.)

4. What do you believe is the theme or purpose of this material? \_\_\_\_\_

5. What do you feel might be the result of a student's using this material? \_\_\_\_\_

6. For what age group would you recommend this material? \_\_\_\_\_

7. Is there anything good in this material? Please comment. \_\_\_\_\_

8. Would you care to recommend other school library material of the same subject and format as a replacement? \_\_\_\_\_

9. What action do you desire school personnel to take as a result of this written request for reconsideration? \_\_\_\_\_

*If sufficient space is not provided, attach additional sheets. Please sign your name to each additional attachment.*\_\_\_\_\_  
Complainant's Signature Date**PLEASE RETURN COMPLETED FORM TO THE SCHOOL PRINCIPAL.**

Review/Revised:

**Staff/School Council Reconsideration of Instructional/Library Materials**

SCHOOL \_\_\_\_\_ TEACHER \_\_\_\_\_

Please indicate the format of the material (book, DVD, magazine, CD, etc.): \_\_\_\_\_

TITLE \_\_\_\_\_

AUTHOR \_\_\_\_\_

PUBLISHER/PRODUCER \_\_\_\_\_

**NON-FICTION****Purpose**

1. What is the purpose of the material? \_\_\_\_\_
2. Is the purpose accomplished? ☐ YES ☐ NO

**Authenticity**

1. Is the author competent and qualified in the field? ☐ YES ☐ NO
2. What are the reputation and significance of the author and publisher/producer in the field?  
\_\_\_\_\_
3. Is the material current and accurate? ☐ YES ☐ NO
4. Are information sources well documented? ☐ YES ☐ NO
5. Are translations and retellings faithful to the original? ☐ YES ☐ NO

**Appropriateness**

1. Does the material promote the educational goals and objectives of the curriculum? ☐ YES ☐ NO
2. Is it appropriate to the level of instruction intended? ☐ YES ☐ NO
3. Are the illustrations appropriate to the subject and age levels? ☐ YES ☐ NO

**Content**

1. Is the content well presented by providing adequate scope, range, depth and continuity? ☐ YES ☐ NO
2. Does this material present information not otherwise available? ☐ YES ☐ NO
3. Does this material give a new dimension or direction to its subject? ☐ YES ☐ NO

**Reviews**

1. Source of review \_\_\_\_\_  
☐ Favorably reviewed ☐ Unfavorably reviewed
2. Does this title appear in one or more reputable selection aids? ☐ YES ☐ NO  
If answer is yes, please list titles of selection aids. \_\_\_\_\_
3. Does this material give a new dimension or direction to its subject? ☐ YES ☐ NO

## **Staff/School Council Reconsideration of Instructional/Library Materials**

### **FICTION**

#### **Purpose**

1. What is the purpose, theme, or message of the material? \_\_\_\_\_
2. Is the purpose accomplished? ☐ YES ☐ NO
3. Does reading, viewing, and/or listening to material result in more compassionate understanding of human beings? ☐ YES ☐ NO
4. Does it offer an opportunity to better understand and appreciate the aspirations, achievements, and problems of various ethnic groups? ☐ YES ☐ NO
5. Are questionable elements of the story central to a worthwhile theme or message? ☐ YES ☐ NO

#### **Content**

1. Is the view of life presented in the material a realistic one? ☐ YES ☐ NO
2. When factual information is part of the story, is it presented accurately? ☐ YES ☐ NO
3. Are concepts age appropriate for the potential readers? ☐ YES ☐ NO
4. Do characters speak in a language true to the period/section of the country in which they live? ☐ YES ☐ NO
5. Is the presentation of the main character or any of the minor characters offensive? ☐ YES ☐ NO
6. Is there preoccupation with sex, violence, cruelty, brutality, and aberrant behavior that would make this material inappropriate? ☐ YES ☐ NO
7. If there is use of offensive language, is it appropriate to the purpose of the text? ☐ YES ☐ NO
8. Is the material well written or produced? ☐ YES ☐ NO
9. Does the story give a broader understanding of human behavior without stressing differences of class, race, color, sex, education, religion, or philosophy in any adverse way? ☐ YES ☐ NO
10. Does the material make a significant contribution to the history of literature? ☐ YES ☐ NO
11. Are the illustrations appropriate and in good taste? ☐ YES ☐ NO
12. Are the illustrations realistic in relation to the story? ☐ YES ☐ NO

ADDITIONAL

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Principal/designee's Signature*

\_\_\_\_\_  
*Date*  
Review/Revised:

**Staff/School Council Reconsideration Decision**

\_\_\_\_\_  
(Date)

Dear \_\_\_\_\_:

The staff has reviewed your request to reconsider \_\_\_\_\_.  
We have decided to:

☐ Retain

☐ Replace

☐ Reassign (alternative)

☐ Other, as specified \_\_\_\_\_.

You must contact me within ten (10) days of the date of this letter if you wish to appeal this decision to the Superintendent.

Thank you for your interest in the District's schools and the instructional materials used.

Sincerely yours,

\_\_\_\_\_  
*Principal/designee's Signature*

\_\_\_\_\_  
*School*

Review/Revised:

## **Access to Electronic Media**

### **ELECTRONIC MAIL/INTERNET**

The District offers students, staff, and members of the community access to the District's computer network for electronic mail and Internet. Because access to the Internet may expose users to items that are illegal, defamatory, inaccurate, or offensive, we require all students under the age of eighteen (18) to submit a completed Parent Permission/User Agreement Form to the Principal/designee prior to access/use. All other users will be required to complete and submit a User Agreement Form.

Except in cases involving students who are at least eighteen (18) years of age and have no legal guardian, parents/guardians may request that the school/District:

- Provide access so that the parent may examine the contents of their child(ren)'s email files;
- Terminate their child(ren)'s individual email account and/or Internet access; and
- Provide alternative activities for their child(ren) that do not require Internet access.

In addition, parents wanting to challenge information accessed via the District's technology resources should refer to Policy 08.2322/Review of Instructional Materials and any related procedures.

### **GENERAL STANDARDS FOR USERS**

Standards for users shall be included in the District's handbooks or other documents, which shall include specific guidelines for student, staff, and community member access to and use of electronic resources.

Access is a privilege—not a right. Users are responsible for good behavior on school computer networks. Independent access to network service is given to individuals who agree to act in a responsible manner. Users are required to comply with District standards and to honor the access/usage agreements they have signed. Beyond clarification of user standards, the District is not responsible for restricting, monitoring, or controlling the communications of individuals utilizing the network independently.

The network is provided for users to conduct research and to communicate with others. Within reason, freedom of speech and access to information will be honored. During school hours, teachers of younger children will guide their students to appropriate materials. Outside of school, families bear the same responsibility for such guidance as they exercise with information sources such as television, telephones, movies, radio, and other media that may carry/broadcast information.

### **NO PRIVACY GUARANTEE**

The Superintendent/designee has the right to access information stored in any user directory, on the current user screen, or in electronic mail. S/he may review files and communications to maintain system integrity and insure that individuals are using the system responsibly. Users should not expect files stored on District servers or on District provided or sponsored technology services, to be private.

**Access to Electronic Media****RULES AND REGULATIONS**

Violations of the Acceptable Use Policy include, but are not limited to, the following:

1. Violating State and Federal legal requirements addressing student and employee rights to privacy, including unauthorized disclosure, use and dissemination of personal information.
2. Sending or displaying offensive messages or pictures, including those that involve:
  - Profanity or obscenity; or
  - Harassing or intimidating communications.
3. Damaging computer systems, computer networks, or school/District websites.
4. Violating copyright laws, including illegal copying of commercial software and/or other protected material.
5. Using another user's password, "hacking" or gaining unauthorized access to computers or computer systems, or attempting to gain such unauthorized access.
6. Trespassing in another user's folder, work, or files.
7. Intentionally wasting limited resources, including downloading of freeware or shareware programs.
8. Using the network for commercial purposes, financial gain or any illegal activity.
9. Using technology resources to bully, threaten or attack a staff member or student or to access and/or set up unauthorized blogs and online journals, including, but not limited to MySpace.com, Facebook.com or Xanga.com.

Additional rules and regulations may be found in District handbooks and/or other documents. Violations of these rules and regulations may result in loss of access/usage as well as other disciplinary or legal action.

**RELATED POLICIES AND PROCEDURES:**

08.2322

09.14

Review/Revised:



**Electronic Access/User Agreement Form**

User's Name _____		_____		_____	
<i>Last Name</i>		<i>First Name</i>		<i>Middle Initial</i>	
User's Address _____					
<i>City</i>			<i>State</i>		<i>Zip Code</i>
User's Age _____	Date of Birth _____	Sex _____	Phone Number _____	School _____	
If applicable, User's Grade _____		Homeroom/Classroom _____			

Please check if you are a ☐ student ☐ certified employee ☐ classified employee ☐ member of the community.

As a user of the \_\_\_\_\_ District's computer network, I hereby agree to

*District Name*

comply with the District's Internet and electronic mail rules and to communicate over the network in a responsible manner while abiding by all relevant laws and restrictions. I further understand that violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary action and/or legal action may be taken.

User's Name (Please print) \_\_\_\_\_

\_\_\_\_\_  
*User's Signature*

\_\_\_\_\_  
*Date*

**PRIOR TO THE STUDENT'S BEING GRANTED INDEPENDENT ACCESS PRIVILEGES, THE FOLLOWING SECTION MUST BE COMPLETED FOR STUDENTS UNDER 18 YEARS OF AGE:**

As the parent or legal guardian of the student (under 18) signing above, I grant permission for my child to access networked computer services such as electronic mail and the Internet. I understand that this access is designed for educational purposes; however, I also recognize that some materials on the Internet may be objectionable, and I accept responsibility for guidance of Internet use by setting and conveying standards for my child to follow when selecting, sharing, researching, or exploring electronic information and media.

**CONSENT FOR USE**

By signing this form, you hereby accept and agree that your child's rights to use the electronic resources provided by the District and/or the Kentucky Department of Education (KDE) are subject to the terms and conditions set forth in District policy/procedure. Please also be advised that data stored in relation to such services is managed by the District pursuant to policy 08.2323 and accompanying procedures. You also understand that the e-mail address provided to your child can also be used to access other electronic services or technologies that may or may not be sponsored by the District, which provide features such as online storage, online communications and collaborations, and instant messaging. Use of those services is subject to either standard consumer terms of use or a standard consent model. Data stored in those systems, where applicable, may be managed pursuant to the agreement between KDE and designated service providers or between the end user and the service provider. Before your child can use online services, he/she must accept the service agreement and, in certain cases, obtain your consent.

Name of Parent/Guardian (Please print) \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

**NOTE: FEDERAL LAW REQUIRES THE DISTRICT TO MONITOR  
ONLINE ACTIVITIES OF MINORS.**

Review/Revised:

**Individual Learning Plan Web Release**

I am the parent or guardian of \_\_\_\_\_, a student under the age of eighteen (18) who is enrolled in grades six through eight (6-8) in the \_\_\_\_\_ school district. I hereby authorize the District to enable a feature of web based Individual Learning Plan ("ILP") software, which will permit my student to invite third parties to have access to his/her ILP information or portions of such information via the web (internet). The purpose of this feature is to help my student with career and college plans by permitting him/her to share ILP information with persons or organizations such as college admissions officers, organizations offering scholarships, and potential employers. However, I understand this feature could permit my student to release ILP information to other third parties. I agree that the District, its employees, and agents shall not be responsible, nor shall they incur any liability for any disclosure made by the student using this software feature. The Family Educational Rights and Privacy Act (FERPA) and similar state statutes (KFERPA) generally require parents to consent before the educational records relating to their student(s) are disclosed to third parties.

I understand that the above software feature is not itself a disclosure of education records, but it will enable my student to disclose confidential educational records information. I specifically authorize and give my consent to the disclosure of ILP educational records information to third parties by my student through the use of the software feature as described above.

I understand that once this signed form is returned to the school, it will stay in effect as long as my child is enrolled in the District (unless I or my child on turning 18 requests a change).

I also understand that the sharing feature will not be enabled for my child unless this completed form is returned to the school.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

PLEASE COMPLETE AND RETURN THIS FORM TO YOUR CHILD'S SCHOOL BY \_\_\_\_\_ (DATE).

Review/Revised: