

EXPLANATION: EFFECTIVE WITH THE 2015-16 SCHOOL YEAR, THE BOARD WILL UTILIZE THE SYSTEM DEVELOPED BY KDE UNLESS A LOCAL BOARD DEVELOPS ITS OWN LOCAL SUPERINTENDENT PROFESSIONAL GROWTH AND EFFECTIVENESS SYSTEM (SPGES), ALIGNED TO THE STEERING COMMITTEE RUBRIC AND APPROVED BY THE KENTUCKY DEPARTMENT OF EDUCATION (KDE). THIS DOCUMENT WILL REPLACE THE DISTRICT'S EXISTING PROCEDURE.
FINANCIAL IMPLICATIONS: INCREASED TRAINING COSTS

ADMINISTRATION

02.14 AP.2

Evaluation of the Superintendent

The Board will utilize the Kentucky Department of Education evaluation instrument and procedures for the Superintendent Professional Growth and Effectiveness System (SPGES). The instrument and procedures may be found at the link below. Subject to the approval of the Kentucky Department of Education (KDE), the Board may utilize locally developed superintendent evaluation procedures.

<http://education.ky.gov/teachers/PGES/SPGES/Pages/Early-Info.aspx>

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EXPLANATION: REVISIONS TO 702 KAR 1:160 ALLOW MEDICAL EXAMINATIONS TO BE REPORTED ELECTRONICALLY IF THE ELECTRONIC MEDICAL RECORD INCLUDES ALL DATA EQUIVALENT TO THAT ON THE MEDICAL EXAMINATION OF SCHOOL EMPLOYEES FORM.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

PERSONNEL

03.111 AP.2

Medical Examination Form

Medical examinations for District employees, including substitute teachers, must be completed using the form required by Kentucky Administrative Regulation ("Medical Examination of School Employees") or an electronic medical record that includes all of the data equivalent to that on the Medical Examination of School Employees form.

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EXPLANATION: REVISIONS TO 702 KAR 1:160 ALLOW FOR A MYCOBACTERIUM TUBERCULOSIS BLOOD TEST OR TUBERCULIN RISK ASSESSMENT.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

PERSONNEL

03.121 AP.22

- CERTIFIED PERSONNEL -

Personnel Documents

EMPLOYEE'S NAME _____ POSITION/WORK SITE _____

REQUIREMENTS

Employment shall be contingent upon meeting all requirements (state and local) for the position. Employees shall provide the following documents to the Central Office.

- ☐ **TEACHING CERTIFICATE:** An official copy of the certified staff member's certificate or a cover letter that is valid for the current year from the Department of Education, Division of Certification.
- ☐ **TRANSCRIPTS:** Official copies of college/university credits and standardized test results.
- ☐ **APPLICATION (INCLUDING REFERENCES, A LIST OF STATES OF FORMER RESIDENCE AND DATES OF RESIDENCY, AND PICTURE IDENTIFICATION)**
- ☐ **SIGNED CONTRACT (WITH LETTER OF NOTIFICATION OF EMPLOYMENT)**
- ☐ **RANK STATUS:** Verification of current Rank Status.
- ☐ **VERIFICATION OF EXPERIENCE:** Verification from each school district or the Kentucky Department of Education for which there is past teaching or administrative experience. (This must be on file before salary can be received based on that experience). Central Office personnel will write for verification after the names of the school districts have been provided.
- ☐ **HEALTH CERTIFICATION:** Each employee, including substitutes, must have a medical examination, which shall include a tuberculin risk assessment, prior to initial employment, and proof shall be filed with the Central Office. Individuals identified as being at high risk for TB shall be required to undergo a tuberculin skin test [or a blood test for Mycobacterium tuberculosis \(BAMT\)](#) as required by 702 KAR 1:160. Health certification records shall also include results from Hepatitis B vaccinations, if the position so requires.
- ☐ **MEMBERSHIP APPLICATION TO THE KENTUCKY TEACHERS' RETIREMENT SYSTEM:** Each regular full time certified employee must file a membership application with teacher retirement if they are not already a member or if they have previously withdrawn their account.
- ☐ **TAX WITHHOLDING EXEMPTION CERTIFICATES:** Each employee is to complete a copy of Form K-4 (State) and Form W-4 (Federal) for their file. (New certificates must be completed any time the employee makes a change in the number of exemptions claimed or the amount to be deducted.)
- ☐ **VERIFICATION OF TRANSFERABLE SICK LEAVE:** Certified employees may transfer days of accumulated sick leave from one Kentucky district or the Kentucky Department of Education to another Kentucky district when place of employment changes. There cannot be a break in service for sick leave to transfer.
- ☐ **CRIMINAL RECORDS CHECK FORM:** Required by state. Form will be mailed to the State Police by Central Office personnel. New certified employees must be fingerprinted at the Central Office.
- ☐ **DRIVING RECORDS CHECK FORM:** Required by the state for all bus drivers and by the District, if applicable for other certified personnel. Form will be mailed by Central Office personnel to the Kentucky Transportation Cabinet, Division of Driver Licensing.

Personnel Documents

REQUIREMENTS (CONTINUED)

- ☐ **I-9 FORM:** Required by federal law to determine eligibility for employment in the United States.
- ☐ **SSA-1945:** The Social Security Administration requires that this form be used to inform, prior to employment, new certified employees that will participate in KTRS that the position is not covered by Social Security.
- ☐ **CAFETERIA BENEFIT PLAN APPLICATION, if applicable:** Must be completed by every full-time employee of the School District. (This is usually done shortly after the opening of school by a person who visits each school to have the forms completed.)

Personnel records also may include the following: evaluation documents; documentation of personnel actions (promotions, transfers, demotions, disciplinary actions, nonrenewals, terminations); record of professional development activities, and other payroll-related information (insurance forms/deductions and direct deposit authorizations).

EXPLANATION: THE CHANGE IS TO CLARIFY THAT A RESOLUTION MAY NOT ALWAYS BE SATISFACTORY TO EVERY COMPLAINING PARTY.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

PERSONNEL

03.16 AP.2

Grievance Initiation Form

This form shall be used by an employee who wishes to allege a violation of constitutional, statutory, or regulatory provision, a Board policy, or administrative rule or procedure and to secure at the lowest administrative level an equitable, and prompt, and satisfactory resolution.

Grievant

Employee Name _____ Date _____

Home Address _____

Work Location _____ Title _____

GRIEVANCE

Identify the provision that you allege was violated. Use full names, dates, exact location, and specific occurrence, if appropriate. (Use additional sheet if necessary.)

What results are you seeking from this grievance initiation? (Use additional sheet if necessary)

Employee's Signature

Date

LEVEL ONE: IMMEDIATE SUPERVISOR

Name: _____ Title: _____

Date grievance received at this level _____

IMMEDIATE SUPERVISOR'S RESPONSE: (USE ADDITIONAL SHEET IF NECESSARY.)

Supervisor's Signature

Date

THIS RESPONSE SHALL BE PRESENTED TO THE GRIEVANT WITHIN TEN (10) WORKING DAYS OF RECEIPT OF THIS GRIEVANCE AT THIS LEVEL.

PERSONNEL

03.16 AP.2
(CONTINUED)

Grievance Initiation Form

Board policy allows for appeal of the immediate supervisor's decision and the opportunity to address the grievance to a higher level of authority if the immediate supervisor is an alleged party in the complaint.

LEVEL TWO: SUPERINTENDENT/DESIGNEE

Name: _____ Title: _____

Date grievance received at this level _____

SUPERINTENDENT'S/DESIGNEE'S RESPONSE (USE ADDITIONAL SHEET IF NECESSARY.)

Superintendent's/designee's Signature

Date

THIS RESPONSE SHALL BE PRESENTED TO THE GRIEVANT WITHIN TEN (10) WORKING DAYS OF RECEIPT OF THIS GRIEVANCE AT THIS LEVEL.

THE BOARD WILL NOT HEAR ANY GRIEVANCE CONCERNING PERSONNEL ACTIONS UNLESS THE GRIEVANCE CONCERNS AN ALLEGED VIOLATION OF CONSTITUTIONAL, STATUTORY, REGULATORY, OR POLICY PROVISIONS.

LEVEL THREE: BOARD OF EDUCATION

Note: The Board shall not take action on any grievance that does not fall within the authority of the Board, nor shall the Board hear grievances concerning simple disagreement or dissatisfaction with a personnel action.

Date grievance received at this level _____

BOARD OF EDUCATION'S RESPONSE (USE ADDITIONAL SHEET IF NECESSARY.)

Board Chairperson's Signature

Date

THIS RESPONSE SHALL BE PRESENTED TO THE GRIEVANT WITHIN TEN (10) WORKING DAYS OF RECEIPT AFTER THE NEXT REGULARLY SCHEDULED BOARD MEETING.

EXPLANATION: THE CHANGE IS TO CLARIFY THAT A RESOLUTION MAY NOT ALWAYS BE SATISFACTORY TO EVERY COMPLAINING PARTY. IN ADDITION, SCHOOL NUTRITION AUDITORS ADVISE THAT ALL FNS ASSISTANCE PROGRAMS MUST NOTIFY PARTICIPANTS OF THEIR RIGHT TO FILE A COMPLAINT AND HOW TO DO SO.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

PERSONNEL

03.162 AP.2

Harassment/Discrimination Reporting Form

This form provides the opportunity for an employee to report violation(s) of Board Policy 03.162 or 03.262 and to secure an equitable and; prompt, ~~and~~ satisfactory resolution. This procedure shall be implemented in compliance with Board policy and shall be used to document all complaints, whether addressed informally or formally.

Employee's Name	_____	_____	_____	_____
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
Employee's Address	_____	_____	_____	_____
	<i>City</i>	<i>State</i>	<i>Zip Code</i>	
Employee's Home Phone Number	_____	Daytime Phone #	_____	
Work Site	_____			

CONFIDENTIALITY

Information regarding an investigation of alleged harassment/discrimination shall be kept confidential to the extent possible. Individuals involved in the investigation shall not discuss information regarding the complaint outside of the investigation process.

HARASSMENT/DISCRIMINATION COMPLAINT (USE ADDITIONAL SHEETS IF NECESSARY.)

Date(s)/approximate time of the alleged incident(s): _____

Place alleged incident(s) occurred: _____

What type of harassment or discrimination was involved in the alleged incident?

☐ sexual ☐ racial ☐ on the basis of national origin ☐ on the basis of disability

☐ other type of harassment/discrimination? If other, specify: _____

Name of person you believe is guilty of harassment or discrimination: _____

Position: _____

If the alleged behavior was directed toward another person, name that person: _____

Describe the alleged incident as clearly as possible, including such information as verbal statements (i.e. slurs, threats, other verbal or physical abuse or prohibited requests), what physical contact, if any was involved, what force, if any was used. _____

List any witnesses to these events: _____

PLEASE ATTACH ANY EXHIBITS OR OTHER TANGIBLE EVIDENCE (I.E., NOTES).

WHAT RESULTS ARE YOU SEEKING BY FILING THIS FORM? _____

I agree that all information reported here is complete, accurate and true to the best of my knowledge and affirm that I honestly believe that the person named harassed or discriminated against me or another person.

Signature of Employee

Date

Received by

Date

PERSONNEL

03.162 AP.2
(CONTINUED)

Harassment/Discrimination Reporting Form

NOTE:

- **Employees** wishing to initiate a complaint concerning discrimination in the delivery of benefits or services in the District's school nutrition program should go to the link below or mail a written complaint to the U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410, or email, program.intake@usda.gov.

http://www.ascr.usda.gov/complaint_filing_cust.html

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EXPLANATION: THIS LANGUAGE IS BEING REMOVED AS IT IS A LEGAL COURT STANDARD THAT IS NOT CONTROLLED BY POLICY AND THE OFFICE OF CIVIL RIGHTS' POSITION IS THAT IT LEADS STAFF OTHER THAN ADMINISTRATORS TO BELIEVE THEY DO NOT HAVE TO ADDRESS ALLEGATIONS OF HARASSMENT. ALSO, RECENT OFFICE OF CIVIL RIGHTS' INVESTIGATIONS REQUIRE THE INVESTIGATOR TO SUPPLY THE COMPLAINANT AND THE ACCUSED A COPY OF THE NOTICE TO INDIVIDUALS COMPLAINING OF HARASSMENT/DISCRIMINATION.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

PERSONNEL

03.162 AP.21

Harassment/Discrimination Investigation and Appeals

(FOR INTERNAL ADMINISTRATIVE TRACKING PURPOSES ONLY)

EMPLOYEE COMPLAINANT		
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
WORK SITE _____		

The Superintendent shall appoint an investigator who is not an alleged party in the complaint to investigate allegations of harassment/discrimination. The investigator shall be trained in this area, and her/his duties shall be assigned by the Superintendent/designee or, for contractors, set out in a contract, as appropriate. If the Superintendent is the alleged party, the Board shall designate an outside investigator and, after presentation of the final investigative report, determine when and how it is to be released. All instances involving suspected child abuse or criminal conduct shall be reported as required by law.

ALLEGED HARASSER/DISCRIMINATING PARTY: _____

Investigator: _____ Date Complaint Form is Received: _____

INFORMAL PROCEDURE

If both parties agree, prior to a formal grievance process an administrator may facilitate a conversation between the complainant and the party alleged to have harassed or discriminated against the complainant. Both the complainant and the accused party may be accompanied by a person of their choice. If both parties feel that a resolution has been achieved, no further action need be taken. The results of an informal resolution shall be reported by the facilitator, in writing, to the Principal/immediate supervisor, along with a signed agreement, if one is reached. If any of the interested parties choose not to utilize the informal procedure, or feel that it has been unsuccessful, s/he may opt to proceed to the formal grievance procedure. However, any complaints directed at District employees or alleging criminal acts must be formally investigated and/or reported to state authorities as required by law.

Was this complaint resolved informally, as indicated by an agreement signed by both parties?

☐ Yes ☐ No Date: _____ Facilitator _____

FORMAL PROCEDURE

Employees should make their complaint to their Principal/immediate supervisor, who shall immediately, without screening or beginning an investigation, inform the Superintendent of receipt of the complaint. Otherwise, the complaint can be filed directly with the Superintendent or, in cases involving sexual harassment/discrimination, with the Title IX/Equity Coordinator. Employees who have knowledge of alleged or observed harassment/discrimination shall immediately notify the alleged victim's Principal, immediate supervisor, or the Superintendent. ~~Without a report being made to the Principal or immediate supervisor, Superintendent or Title IX/Equity Coordinator, the District shall not be deemed to have received a complaint of harassment/ discrimination.~~

The Superintendent shall designate an individual to investigate the complaint. If necessary, the investigator will seek assistance from District administrators. In some instances it may be necessary to involve legal counsel, when authorized by the Superintendent, or by the Board if the Superintendent is the subject of the complaint.

PERSONNEL

03.162 AP.21
(CONTINUED)

Harassment/Discrimination Investigation and Appeals

FORMAL PROCEDURE (CONTINUED)

TIMELINE

The investigator shall provide the complainant and the accused with a copy of the District's Policy 03.162 or 03.262 and Notice to Individuals Complaining of Harassment/Discrimination and inform the complainant and the accused of required timelines that have been established for initiation and completion of an investigation.

CORRECTIVE ACTION

If corrective action is needed, the investigator shall recommend to the Superintendent, or to the Superintendent's designee if the alleged harasser is a classified employee, and, if so instructed by the Superintendent, the type of corrective action and methods to prevent reoccurrence of the harassment/discrimination.

USING THE DESIGNATED FORM (03.162 AP.23), A RESPONSE SHALL BE PRESENTED TO THE COMPLAINANT WITHIN THREE (3) WORKING DAYS OF COMPLETION OF THIS LEVEL OF INVESTIGATION.

Board policy allows for appeal of the investigator's decision and the opportunity to address the complaint to a higher level of authority. An appeal must be made within ten (10) working days of receipt of a response at this level.

Is this complaint to be referred/appealed to a higher level of authority? ☐ Yes ☐ No

If yes, to whom will the complaint be referred? _____ Date: _____

FIRST APPEAL LEVEL

EMPLOYEE COMPLAINANT _____
<i>Last Name</i> <i>First Name</i> <i>Middle Initial</i>
WORK SITE _____

ALLEGED HARASSER/DISCRIMINATING PARTY: _____

Superintendent/designee who will consider appeal: _____

Date appeal and related data received by Superintendent/designee: _____

In some instances it may be necessary to involve legal counsel at the appeal level, when authorized by the Superintendent, or by the Board if the Superintendent is the subject of the complaint.

CORRECTIVE ACTION

If corrective action is needed, the investigator shall recommend to the Superintendent, or to the Superintendent's designee if the alleged harasser is a classified employee, and, if so instructed by the Superintendent, the type of corrective action and methods to prevent reoccurrence of the harassment/discrimination.

USING THE DESIGNATED FORM (03.162 AP.23), A RESPONSE SHALL BE PRESENTED TO THE COMPLAINANT WITHIN THREE (3) WORKING DAYS OF COMPLETION OF THIS LEVEL OF INVESTIGATION.

Board policy allows for appeal of the decision made at this level and the opportunity to address the complaint to the Board of Education. An appeal must be made within ten (10) working days of receipt of a response at this level.

Is this complaint to be referred/appealed to a higher level of authority? ☐ Yes ☐ No

If yes, to whom will the complaint be referred? _____ Date: _____

PERSONNEL

03.162 AP.21
(CONTINUED)

Harassment/Discrimination Investigation and Appeals

SECOND APPEAL LEVEL

EMPLOYEE COMPLAINANT _____ <i>Last Name</i> <i>First Name</i> <i>Middle Initial</i>
WORK SITE _____

ALLEGED HARASSER/DISCRIMINATING PARTY: _____

Board Chairperson: _____

Date appeal and related data received by the Chairperson on behalf of the Board: _____

CORRECTIVE ACTION

If corrective action is needed, the investigator shall recommend to the Superintendent, or to the Superintendent's designee if the alleged harasser is a classified employee, and, if so instructed by the Superintendent, the type of corrective action and methods to prevent reoccurrence of the harassment/discrimination.

USING THE DESIGNATED FORM (03.162 AP.23), A RESPONSE SHALL BE PRESENTED TO THE COMPLAINANT WITHIN THREE (3) WORKING DAYS OF COMPLETION OF THIS LEVEL OF INVESTIGATION.

GUIDELINES

1. The Board shall not hear grievances concerning personnel actions taken by the Superintendent/designee, unless the grievance is based on an alleged violation of constitutional, statutory, regulatory, or policy provisions.
2. In some instances it may be necessary to involve legal counsel, when authorized by the Board.
3. The Superintendent/designee shall implement corrective action as determined by the Superintendent or by the Board, as appropriate under law, after appeal rights have been exhausted. If the Superintendent is subject to corrective action, the Board shall implement the action.
4. The District is prohibited from disclosing personally identifiable information contained in student discipline records under the Federal Educational Rights and Privacy Act and corresponding state law.
5. Employee evaluation and private reprimand information generally is confidential and may require consent of the employee prior to release.

RELATED POLICIES:

09.2211, 09.227

RELATED PROCEDURES:

09.227 AP.1, 03.162 (ALL PROCEDURES)

EXPLANATION: REVISIONS TO 702 KAR 1:160 ALLOW MEDICAL EXAMINATIONS TO BE REPORTED ELECTRONICALLY IF THE ELECTRONIC MEDICAL RECORD INCLUDES ALL DATA EQUIVALENT TO THAT ON THE MEDICAL EXAMINATION OF SCHOOL EMPLOYEES FORM.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

PERSONNEL

03.211 AP.2

Medical Examination Form

Medical examinations for District employees must be completed using the form required by Kentucky Administrative Regulation ("Medical Examination of School Employees") or an electronic medical record that includes all of the data equivalent to that on the Medical Examination of School Employees form.

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EXPLANATION: REVISIONS TO 702 KAR 1:160 ALLOW FOR A MYCOBACTERIUM TUBERCULOSIS BLOOD TEST OR TUBERCULIN RISK ASSESSMENT.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

PERSONNEL

03.221 AP.22

- CLASSIFIED PERSONNEL -

Personnel Documents

EMPLOYEE'S NAME _____ POSITION/WORK SITE _____

REQUIREMENTS

Employment shall be contingent upon meeting all requirements (state and local) for the position. Employees shall provide the following documents to the Central Office.

- ☐ **HIGH SCHOOL DIPLOMA (OR GED OR PROOF OR PROGRESS TOWARD GED FOR STAFF EMPLOYED AFTER 7/31/90)**
- ☐ **APPLICATION (INCLUDING REFERENCES, A LIST OF STATES OF FORMER RESIDENCE AND DATES OF RESIDENCY, AND PICTURE IDENTIFICATION)**
- ☐ **CERTIFICATION (I.E., CDL FOR BUS DRIVERS) OR LICENSURE, WHERE APPLICABLE**
- ☐ **SIGNED CONTRACT (WITH LETTER OF NOTIFICATION OF EMPLOYMENT)**
- ☐ **VERIFICATION OF EXPERIENCE:** Verification from each school district or the Kentucky Department of Education for which there is experience. (This must be on file before salary can be received based on that experience). Central Office personnel will write for verification after the names of the school districts have been provided.
- ☐ **HEALTH CERTIFICATION:** Each regular or substitute employee must have a medical examination, which shall include a tuberculin risk assessment, prior to initial employment, and proof shall be filed with the Central Office. Individuals identified as being at high risk for TB shall be required to undergo a tuberculin skin test [or a blood test for Mycobacterium tuberculosis \(BAMT\)](#) as required by 702 KAR 1:160. This form is required annually for school bus drivers, as are required drug testing results. Health certification records shall also include results from Hepatitis B vaccinations, if the position so requires.
- ☐ **MEMBERSHIP APPLICATION TO THE COUNTY EMPLOYEES' RETIREMENT SYSTEM:** Each regular full time classified employee must file a membership application with the County Employees' Retirement System if they are not already a member or if they have previously withdrawn their account.
- ☐ **TAX WITHHOLDING EXEMPTION CERTIFICATES:** Each employee is to complete a copy of Form K-4 (State) and Form W-4 (Federal) for their file. (New certificates must be completed any time the employee makes a change in the number of exemptions claimed or the amount to be deducted.)
- ☐ **CRIMINAL RECORDS CHECK FORM:** Required by state. Form will be mailed to the State Police by Central Office personnel. New classified employees must be fingerprinted at the Central Office.
- ☐ **DRIVING RECORDS CHECK FORM:** Required by state for all bus drivers and by the District, if applicable, for other classified personnel. Form will be mailed by Central Office personnel to the Kentucky Transportation Cabinet, Division of Driver Licensing.
- ☐ **I-9 FORM:** Required by federal law to determine eligibility for employment in the United States.
- ☐ **COMMERCIAL DRIVER'S LICENSE:** Must be presented to the Superintendent's designee by each regular or substitute bus driver employed by the District prior to assuming the duties of the position.
- ☐ **CAFETERIA BENEFIT PLAN APPLICATION, if applicable:** Must be completed by every full-time employee of the School District. (This is usually done shortly after the opening of school by a person who visits each school to have the forms completed.)

PERSONNEL

03.221 AP.22
(CONTINUED)

Personnel Documents

- ☐ **FOOD SAFETY TRAINING CERTIFICATE, if applicable:** Must be presented to the Superintendent's designee by each regular or substitute food service employee of the School District prior to assuming the duties of the position, if required by the county/district Health Department.

Personnel records also may include the following: evaluation documents; documentation of personnel actions (promotions, transfers, demotions, disciplinary actions, nonrenewals, terminations); record of professional development activities, and other payroll-related information (insurance forms/deductions and direct deposit authorizations).

EXPLANATION: THE CHANGE IS TO CLARIFY THAT A RESOLUTION MAY NOT ALWAYS BE SATISFACTORY TO EVERY COMPLAINING PARTY.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

PERSONNEL

03.262 AP.2

Harassment/Discrimination Forms

Please refer to procedures coded to the 03.162 policy area. Those procedures provide the opportunity for an employee to report violation(s) of Board Policy 03.262 and to secure at the lowest administrative level an equitable and prompt ~~and satisfactory~~ resolution.

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EXPLANATION: THIS CHANGE IS TO CLARIFY THAT THE CPA/CPA FIRM SELECTED FOR DISTRICT AUDITS MUST MEET THE REQUIREMENTS OF THE STATE COMMITTEE FOR SCHOOL DISTRICT AUDITS.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

FISCAL MANAGEMENT

04.9 AP.1

Audits

BOARD ACCOUNTS

All accounts under Board control shall be audited annually by an approved CPA/CPA firm. The following procedures will be implemented:

1. The Board shall request audit proposals containing criteria set forth by appropriate state agencies.
2. The Superintendent shall review the proposals and through competitive negotiations recommend for Board approval a CPA/CPA firm to conduct the audit. The recommendation shall include a cost estimate.
3. ~~The Board shall request approval of the CPA/CPA firm shall meet requirements imposed by~~from the State Committee for School District Audits (Committee) and the contract with the CPA/CPA firm shall be subject to approval by the Committee.

The Board may request to meet with the auditor prior to the audit to discuss expectations.

4. The CPA/CPA firm shall conduct the audit as soon as possible after the close of the fiscal year. Copies of the audit report shall be sent to Board members prior to the auditor's presentation of the report to the full Board.

Unless the CPA/CPA firm obtains authorization from the State Committee for School District Audits for a later date, the audit report shall be presented to the Board at the October meeting.

5. Following presentation of the audit report, the Superintendent/designee shall present to the Board for its approval, internal control strategies to respond to significant deficiencies and material weaknesses identified in writing by the auditor. In addition, a timeline for taking action and reporting progress back to the Board shall be established.
6. A written report is made to the Chief State School Officer of any audit exceptions and the progress made to correct them.
7. Copies of the audit report shall be distributed to Board members and to appropriate state agencies by the date in November designated by KDE (unless an extension has been granted at District request). The audit report shall be accompanied by a management letter from the auditor to the Superintendent and other documents required by the State Committee for School District Audits. File copies are placed in the office of the Principal(s) and in the office of the Superintendent and shall be open for public inspection.

An exit conference shall be held between the auditing staff and District staff, with two (2) Board members in attendance.

8. When funding is available, a request is made to the state for reimbursement.

EXPLANATION: THE PRACTICE OF GOING TO A SOUTHWEST CORNER OF A BUILDING DURING SEVERE WEATHER IS NO LONGER CONSIDERED BEST PRACTICE.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

SCHOOL FACILITIES

05.42 AP.1

Severe Weather Drills

DRILLS

The Principal/designee shall schedule severe weather drills according to Policy 05.42 and shall complete Procedure 05.41 AP.2.

DEFINITIONS

Severe weather - Tornadoes, destructive winds, severe thunderstorms, severe snow or freezing rain shall be considered to be severe weather.

Drop procedure - an activity during which each student and staff member takes cover under a table or desk, dropping to his or her knees, with the head protected by the arms, and the back to the windows.

Safe area - a designated space including an enclosed area with no windows, a basement or the lowest floor using the interior hallway or rooms, or taking shelter under sturdy furniture.

RESPONSIBILITIES OF PRINCIPAL/DESIGNEE

Implementation of the school building disaster plan shall be the responsibility of the Principal or designee. As part of the implementation process, the Principal/designee shall:

1. Plan/coordinate all evacuation drills to minimize disruption of the educational process.
2. Provide plan of predrill and pretraining instruction, including but not limited to, warning signals, the approved drop procedure, and safe areas, for all staff and students.
3. Assure that the school can receive and understand communications for severe weather watches and warnings.
4. Sound the severe weather alert signal that is different from the fire alarm and the "all-clear" signal.
5. Designate, mark, and post assigned and alternate safe areas as follows:
 - a) Students/personnel who are housed in one-story buildings, shops, and in portable buildings shall be brought into interior halls or corridors of the main buildings.
 - b) Students/personnel who are housed in two-story buildings should be evacuated from the top floor to interior halls of the lower floor. ~~If this space does not accommodate all students, the smallest number of students possible should be kept in corridors of the second floor southwest area.~~
 - c) Students/personnel shall not be placed in auditoriums, gymnasiums, cafeterias, or other large areas with a wide, free span roof or in boiler or furnace rooms.
6. Maintain in the Principal's office a master chart of the safe areas.
7. Prepare and keep on file a report on all drills and forward a copy to the Superintendent, as required.
8. Notify Superintendent/designee if transportation or evacuation to another facility may be necessary.
9. Determine, in conjunction with the Superintendent, the need for schools to be dismissed early.

Severe Weather Drills

FACULTY/STAFF RESPONSIBILITIES

The faculty and staff shall:

1. Utilize designated safe areas during a severe weather drill or warning.
2. Instruct students in the procedures to be used during a severe weather drill, watch, or warning.
3. Maintain order during the drill, watch, or warning and arrange assistance for students with disabilities.
4. Require students to use one of the following positions, as appropriate:¹
 - a) Rest on knees, lean forward, cover face by crossing arms above face.
 - b) Sit on floor, cross legs, cover face with folded arms.
 - c) If space does not permit use of the first or second suggested position, stand and cover face with crossed arms. Wraps or coats, when readily available, should be used as a covering.
5. Remain in the assigned safety area with students until the "all-clear" signal or recall signal is given.
6. Report to the Principal any student who is missing.

CUSTODIANS' RESPONSIBILITIES

When a tornado warning has been received, the Principal/designee shall notify the head custodian/designee to:

1. Turn off all gas and electrical appliances.
2. Turn off all motor-operated equipment and pilot lights to hot water heaters or stoves in furnace rooms, cafeterias, home economics rooms, and shops.

BUS DRIVERS' RESPONSIBILITIES

If the bus is en route to or from school when a severe weather warning is issued, drivers shall:

1. If available, take shelter in a substantially strong, weather proof building in the immediate vicinity.
2. Otherwise, stop the bus near a depression or cut in the road where possible and keep the students in the bus, except when a tornado or destructive winds occur, in which case lead students away from the bus and power lines and instruct them to lie flat in a ditch.

¹ Kneeling and sitting positions should be maintained for only a short period of time. If the alert must be kept for a longer time, students should be permitted to stand for a brief period and then resume kneeling or sitting positions.

RELATED PROCEDURE:

05.41 AP.2

EXPLANATION: 2 C.F.R. 200.318 REQUIRES THAT SCHOOL DISTRICTS HAVE A CODE OF CONDUCT FOR PROCUREMENT USING FEDERAL FUNDS. THIS CONFLICT OF INTEREST LANGUAGE IS BEING MOVED TO DISTRICT POLICY 07.13 TO SPEAK TO THAT REQUIREMENT.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

SUPPORT SERVICES

07.13 AP.1

Bidding of School Food Service Supplies

LIKE ITEMS IN EXCESS OF \$20,000

If the total amount of purchases for like items is \$20,000 or more, formal bid procedures will be utilized. Food, food products, supplies, and equipment will be bid semi-annually and/or through or in accordance with a schedule determined by the local educational cooperative.

BID SPECIFICATIONS

1. The bid specifications, including delivery and storage instructions, for all lunchroom/cafeteria supplies shall be prepared by the ~~SFS-Director~~School Food Service/School Nutrition Program Director.
2. The request for bid shall be advertised in the local newspaper with the greatest circulation in the District.
3. Specifications and bid documents shall be mailed to all potential bidders.
4. Bids shall be opened and tabulated by the ~~SFS-Director~~School Food Service/School Nutrition Program Director.
5. The bids shall be submitted to the Board of Education for action.

PERISHABLES

Applicable federal law (~~7 C.F.R. §3016.36~~) does not provide a bidding exception for perishable food items purchased with school food service funds. Perishables purchased using school food service funds shall be procured in accordance with ~~7 CFR 3016.36 and 7 CFR 210.212 C.F.R. 200.320~~.

EMERGENCY PURCHASES

If it is necessary to make an emergency purchase in order to continue service, the purchase shall be made and a log of all such purchases shall be maintained and reviewed by the ~~SFS Director~~School Food Service/School Nutrition Program Director.

The log of emergency purchases shall include: item name, dollar amount, vendor, and reason for emergency.

RECORDS MANAGEMENT

The following records will be maintained for a period of three (3) years plus the current year:

1. Records of all phone quotes
2. Logs of all emergency and noncompetitive purchases
3. All written quotes and bid documents
4. Comparison of all price quotes and bids with the effective dates shown
5. Price comparison showing bid or quote awarded
6. Log of approval substitutions

Bidding of School Food Service Supplies**CONFLICT OF INTEREST**

~~The following conduct will be expected of all persons who are engaged in the award and administration of contracts supported by School Food Service Program Funds:~~

- ~~1. No employee, officer, or agent of the District shall participate in selection or in the award or administration of a contract supported by Program funds if a conflict of interest, real or apparent, would be involved. Conflicts of interest arise when one of the following has a financial or other interest in the firm selected for the award:
 - ~~) District employee, officer, or agent;~~
 - ~~) Any member of his/her immediate family;~~
 - ~~) His/her partner;~~
 - ~~) An organization that employs or is about to employ one of above.~~~~
- ~~1. District employees, officers, or agents shall neither solicit nor accept gratuities, favors, or anything of monetary value from contractors, potential contractors, or parties to subagreements.~~
- ~~1. The purchase during the school day of any food or service from a contractor for individual use is prohibited.~~
- ~~1. The removal of any food, supplies, equipment, or school property such as records, recipe books, and the like is prohibited.~~
- ~~1. The outside sale of such items as used oil, empty cans, and the like will be sold by contract between the District and the outside agency. Individual sales by any school person to an outside agency or other school person is prohibited.~~

DISCIPLINARY ACTION

~~Failure of any employee to abide by the above-stated code may result in disciplinary action, including but not limited to, a fine, suspension, or dismissal.~~

RELATED PROCEDURE:

04.32 AP.1

EXPLANATION: THE STATE'S REQUEST FOR A FOUR (4) YEAR NCLB WAIVER EXTENSION HAS BEEN GRANTED.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

CURRICULUM AND INSTRUCTION

08.133 AP.1

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 for and in the greatest need of extended school services:

1. Teacher recommendation;
2. Academic performance data, including diagnostic, formative, interim, or 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 Pending renewal of the Kentucky request to the U. S. Dept. of Education for flexibility was granted, the following provision shall be waived through the 2014-2015 school year. If the request is not renewed, then the following section shall be in force.~~

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.

REFERENCES:

KRS 158.6459
704 KAR 3:390

RELATED PROCEDURE:

08.133 AP.2

EXPLANATION: THIS RECOMMENDED CHANGE WILL CLARIFY THAT THE FEE WAIVER PROCESS WILL APPLY WHETHER THE DISTRICT IS USING THE COMMUNITY ELIGIBILITY PROVISION (CEP) OR THE FREE AND REDUCED PRICE MEAL PROGRAM.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

CURRICULUM AND INSTRUCTION

08.232 AP.1

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.

For waiver of student fees for students who qualify ~~for free and reduced-price meals~~, see Procedure 09.15 AP.21.

RELATED PROCEDURES:

04.7 AP.2 (inventory form)

09.15 AP.21

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EXPLANATION: THE STATE'S REQUEST FOR A FOUR (4) YEAR NCLB WAIVER EXTENSION HAS BEEN GRANTED.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

STUDENTS

09.11 AP.23

NCLB Transfer Notification Options

~~Because Pending renewal of the Kentucky waiver request to the U. S. Dept. of Education for flexibility was granted, there will be no need to use school improvement/restructuring notification forms through the 20148-20159 school year. If the request is not renewed, then the following section shall be in force.~~

SCHOOL IMPROVEMENT YEAR I

TO: _____ <i>Parent's Name</i>	FROM: _____ <i>School Name</i>
DATE: _____	RE: _____ <i>Student's Name</i>
	GRADE: _____

Dear Parent/Guardian,

Our school is dedicated to providing the best education possible for your child. We are notifying you because under the federal No Child Left Behind Act (NCLB), our school has been identified for school improvement. This means the school did not make adequate yearly progress (AYP).

In terms of our academic achievement, here is how our school compares with other schools in the District and in the state (information may be attached): _____

Our school was identified for these reasons: _____

We are working to improve student achievement by: _____

The District and state of Kentucky will help us by: _____

Parents wanting to get involved in addressing the academic issues that caused the school to be identified for school improvement should refer to the District's Title I Parental Involvement policy.

Although we are committed to improving our school, as required by law, we are notifying you that you may request your child be transferred, at no expense to you, to the same grade level at another public school selected by the District that has not been identified for school improvement, corrective action, or restructuring. Your child may also be eligible for transportation to or from that school at no cost to you.

☐ However, no other school option is available at this time for these reasons: _____

☐ The following are District schools available to accept transfers. Attached to this notice is information concerning performance and quality of the school(s). _____

You may also check our District web site (_____) for a list of available school transfer options for your child for the upcoming school year.

Please contact us immediately, but no later than ten (10) school days following the date of this letter by calling _____ at _____ to request a transfer.

Contact Telephone #

Failure to meet this deadline will result in loss of your option to request a transfer. You will be notified of the school assignment.

Please let me know if you have questions about this information.

Sincerely, _____
Principal/designee

STUDENTS

09.11 AP.23
(CONTINUED)

NCLB Transfer Notification Options

SCHOOL IMPROVEMENT-RESTRUCTURING

TO: _____ <i>Parent's Name</i>		FROM: _____ <i>School Name</i>	
DATE: _____	RE: _____ <i>Student's Name</i>	GRADE: _____	

Dear Parent/Guardian,

Our school is dedicated to providing the best education possible for your child. We are notifying you because under the federal No Child Left Behind Act (NCLB), our school has been identified for

- ☐ second year school improvement ☐ corrective action year 1 ☐ corrective action year 2
☐ restructuring year 1 ☐ restructuring year 2 and beyond.

Being identified at any of these levels means the school did not make adequate yearly progress (AYP).

In terms of our academic achievement, here is how our school compares with other schools in the District and in the state (information may be attached): _____

Our school was identified for these reasons: _____

We are working to improve student achievement by: _____

The District and state of Kentucky will help us by: _____

Parents wanting to get involved in addressing the academic issues that caused the school to be identified for school improvement should refer to the District's Title I Parental Involvement policy. Although we are committed to improving our school, as required by law, we are notifying you that you may request your child be transferred, at no expense to you, to the same grade level at another public school selected by the District that has not been identified for school improvement, corrective action, or restructuring. Your child may also be eligible for transportation to and from that school at no cost to you.

- ☐ However, no other school option is available at this time for these reasons: _____
☐ The following are District schools available to accept transfers. Attached to this notice is information concerning performance and quality of the school(s). _____

If you are a parent who falls under the designation "low income" and you choose not to transfer your child to another school, your child may receive supplemental educational services (SES) before or after school. You may choose from a state-approved list of providers. The District shall pay the providers but you must provide transportation. The providers available to you are: _____.

Included with this notification is a description of the services, qualifications and effectiveness for each available provider. Should the demand for supplemental education services exceed available funds, the amount of tutoring your child may receive will depend on the cost of the service selected. Should the number of students signing up for tutoring services exceed the ability of the District to fund the service, the District will give priority to students based on the following: _____.

Please contact us immediately, but no later than ten (10) school days following the date of this letter by calling _____ (Contact) at _____ (Telephone #) to request a transfer or supplemental educational services. Failure to meet this deadline will result in the loss of your option to request a transfer or receive supplemental educational services (SES).

Please let me know if you have questions about this information.

Sincerely, _____

Principal/designee

RELATED PROCEDURE: 08.133 AP.1

STUDENTS

09.11 AP.23
(CONTINUED)

NCLB Transfer Notification Options

TO: _____ <i>Parent's Name</i>	FROM: _____ <i>School Name</i>
DATE: _____	RE: _____ <i>Student's Name</i>
	GRADE: _____

Our school is dedicated to providing the safest educational experience possible for your child. We are notifying you because under NCLB and state law, our school has been designated as "persistently dangerous." A Kentucky public school is considered persistently dangerous if conditions exist over a period of time that expose students to injury due to violent criminal acts.

Although we are committed to improving our school, as required by law, we are notifying you that you may request your child be transferred to the same grade level at a District school that is making adequate yearly progress and that has not been identified as being persistently dangerous, or in school improvement, corrective action, or restructuring. Your child would be entitled to free transportation services.

- ☐ However, no other school option is available at this time.
- ☐ The following are schools available to accept transfers: _____

Please contact us immediately, but no later than ten (10) school days following the date of this letter by calling _____ at _____ to request
Contact Telephone #

a transfer. Failure to meet this deadline will result in loss of your option to request a transfer.

You will be notified of the school assignment.

Please let me know if you have questions about this information.

Sincerely, _____
Principal/designee

STUDENTS

09.11 AP.23
(CONTINUED)

NCLB Transfer Notification Options

TO: _____ <i>Parent's Name</i>	FROM: _____ <i>School Name</i>
DATE: _____	RE: _____ <i>Student's Name</i>
	GRADE: _____

Our school is dedicated to providing the safest educational experience possible for your child. We are notifying you because the Superintendent has determined that your child has been a victim of a violent criminal offense as defined under state law.

Although we are committed to improving our school as required by law, we are notifying you that you may request your child be transferred to the same grade level at a District school that is making adequate yearly progress and that has not been identified as being persistently dangerous, or in school improvement, corrective action, or restructuring, if such a school is available within the District.

- ☐ However, no other school option is available at this time.
- ☐ The following are schools available to accept transfers: _____

Please contact us immediately, but no later than ten (10) school days following the date of this letter by calling _____ at _____ to request a

transfer. Failure to meet this deadline will result in loss of your option to request a transfer.

You will be notified of the school assignment.

Please let me know if you have questions about this information.

Sincerely, _____
Principal/designee

NOTE: This parent was contacted by telephone by _____ on _____
Staff Member

Date

NCLB Transfer Notification Options

~~Because Pending the renewal of the Kentucky NCLB waiver request was granted through the 20148-20159 school year, only those sections addressing persistently dangerous schools, victims of a violent criminal offense, and related deadlines will apply. If the request is not renewed, then all transfer options shall be in force.~~

TIMELINE INFORMATION**NCLB IMPROVEMENT SCHOOL:**

- ◆ When a school is identified for “school improvement, corrective action, or restructuring,” the District shall notify parents of students attending the designated school of the option to transfer their child to another public school not identified for improvement and provide details about the available options as far in advance as possible, but no later than fourteen (14) days before the start of the school year.
- ◆ As required by federal regulations, the District shall post on the District/school web site(s) information about available public school choice options to include the number of students who were eligible for and who participated in public school choice, beginning with data from the 2007–08 school year and for each subsequent year, and a list of available schools to which students eligible for public school choice may transfer for the current school year.

SUPPLEMENTAL EDUCATIONAL SERVICES:

- ◆ To assist parents of eligible students in requesting and selecting an SES provider, the District shall provide at least two (2) enrollment windows at separate points in the school year.

PERSISTENTLY DANGEROUS SCHOOL:

- ◆ Within ten (10) days of receiving notification of a school being designated as a “persistently dangerous school” (as defined by the Kentucky Board of Education), the District shall notify parents of students attending the designated school.
- ◆ Within twenty (20) school days from the date the District receives notice of being designated as “persistently dangerous,” the District must notify students attending the school and their parents of the opportunity to transfer to a safe District school with transportation provided.

VICTIM OF VIOLENT CRIMINAL OFFENSE:

- ◆ The District shall notify parents within twenty-four (24) hours, both in writing and by telephone, of a final determination that their child has been a victim of a violent criminal offense.
- ◆ The District shall offer the parent/guardian of the student the opportunity to transfer to a safe District school within ten (10) calendar days of such a determination.

DEADLINE:

- ◆ Transfers resulting from any of these designations must be completed within thirty (30) school days from the date the District receives notice of the designation. The District will make every effort to arrange for a requested transfer prior to the beginning of a school year.

◆ = time requirement designated by federal law

City, State, Zip

Home Schooling Notification**PROCEDURE**

The DPP/designee will offer to meet with the home school teacher to review legal requirements, provide a copy of the best practice document, offer other supplemental materials available from the District and request a copy of the home school curriculum from the home school teacher. If a meeting is not possible, copies of the "Home School Information Packet and Best Practice Document" and related information shall be mailed to the home school teacher. The DPP/designee shall use the summary below as a guideline for discussing topics with a prospective home school teacher.

SUMMARY OF REQUIREMENTS

Home school teachers are required by state law to do the following:

- Teach the child reading, writing, spelling, grammar, history, math, and civics. KRS 156.160
- Provide no fewer student attendance days than required in current state law.
- Maintain attendance records. KRS 159.040
- Maintain academic records. It is suggested that you maintain a portfolio (compilation) of the child's best work from year to year. KRS 159.040/KRS 156.160
- Make records available in case of inquiry. KRS 159.040
- Make sure that children between the ages of six (6) and sixteeneighteen (18⁶) shall attend an educational institution as described in Kentucky compulsory attendance law. KRS 159.010

Parents of home-schooled students are required by state law to do the following:

- If moving from the District, notify the Superintendent in writing. KRS 159.160
- After notification of the Superintendent of intent to home school, continue to notify the Superintendent each school year prior to the opening of the new school year if planning to continue the home school for the new school year. KRS 159.160

EXPLANATION: THE 2013 GENERAL ASSEMBLY AMENDED KRS 159.010 TO ALLOW DISTRICTS TO SET THE DROP-OUT AGE AT 18 EFFECTIVE WITH THE 2015-2016 SCHOOL YEAR. STUDENTS AGE 18 OR OLDER DO NOT NEED TO COMPLETE A WITHDRAWAL AUTHORIZATION THUS MAKING THIS FORM OBSOLETE.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

STUDENTS

09.111 AP.22

Withdrawal Authorization

This form must be completed for students between the ages of sixteen (16) and eighteen (18) who notify the school of intent to withdraw prior to graduation.

_____ <i>Name of Student</i>	_____ <i>Date of Birth</i>	_____ <i>Date Notice Given</i>
_____ <i>Student ID Number</i>	_____ <i>Address</i>	
_____ <i>Telephone Number</i>	_____ <i>Name of Parent/Legal Guardian</i>	
_____ <i>Date of Conference with Principal/designee</i>	_____ <i>Date of Counseling Session</i>	
	_____ <i>Number of Credits Completed</i>	

REASONS FOR WITHDRAWING FROM SCHOOL

Student's Reason(s) for Withdrawing From School

Parent's Reason(s) for Allowing Student to Withdraw

_____ <i>Student's Signature</i>	_____ <i>Date</i>
_____ <i>Parent/Guardian's Signature</i>	_____ <i>Date</i>

I HAVE HELD A CONFERENCE WITH THIS STUDENT AND HIS/HER PARENT/GUARDIAN.

_____ <i>Principal/designee's Signature</i>	_____ <i>Date</i>
--	----------------------

I CERTIFY THAT THE STUDENT AND HIS/HER PARENTS/GUARDIANS ATTENDED A ONE-HOUR COUNSELING SESSION WITH ME.

_____ <i>Counselor's Signature</i>	_____ <i>Date</i>
---------------------------------------	----------------------

EXPLANATION: REVISIONS TO 702 KAR 1:160 ALLOW STUDENT HEALTH CARE EXAMINATIONS TO BE REPORTED ELECTRONICALLY IF THE ELECTRONIC MEDICAL RECORD INCLUDES ALL DATA EQUIVALENT TO THAT ON THE PREVENTIVE STUDENT HEALTH CARE FORM.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

EXPLANATION: REVISIONS TO 902 KAR 2:055 ALLOW AN ADVANCED PRACTICE REGISTERED NURSE OR A LICENSED PHYSICIAN TO ISSUE EVIDENCE OF IMMUNIZATION BY MEANS OF A CERTIFICATE.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

STUDENTS

09.121 AP.1

Entrance Age

PRINCIPAL'S RESPONSIBILITY

Principals are responsible for administering the following entrance requirements related to age and health status of a student:

- *Proof of Age and Identity* Each pupil entering any elementary or secondary school for the first time shall present evidence of age by means of a birth certificate or other reliable proof of the student's identity and age. If a birth certificate is not presented, an affidavit of the inability to produce a copy of the birth certificate must be given.
- *Proof of Immunization* - Upon initial enrollment, each pupil shall present evidence of immunization by means of a ~~doctor's certificate or a certificate from the Public Health Service issued by a licensed physician or an APRN.~~
- *Prevention Student Health Care, and Vision, and Dental Examination* - Within one (1) year prior to initial ~~admissionentry~~ to school, each student ~~entering kindergarten~~ shall undergo a ~~preventativepreventive student~~ health care examination, which shall be documented on the state-required form or an electronic medical record that includes all of the data equivalent to that on the Preventive Student Health Care Examination form. A ~~preventativepreventive student~~ health care examination may also be required for students entering pre-school.

Also upon enrollment, each student entering the first year of public school, public pre-school or Head start must undergo a vision examination as required by applicable statute and regulation and provide the school with either the required form or electronic medical record by January 1 of the first year of enrollment. Evidence of a dental screening or examination shall be required to be submitted on the required form or electronic medical record by January 1 of the first year that a five- and six-year-old student is enrolled in the District.

PRINCIPALS TO REPORT

Principals are to report to the Superintendent/designee the names of those children who do not present acceptable evidence of age and required immunizations and examinations.

FAILURE TO PROVIDE

Except for vision examination ~~formsrecords~~ and dental examination ~~formsrecords~~ as noted above, which are due by January 1 of the first year of enrollment, failure to provide the remaining required documentation within thirty (30) calendar days after initial enrollment may constitute reason for appropriate action.

RELATED PROCEDURE:

09.12 AP.1

EXPLANATION: THIS REVISION IS NEEDED TO CLARIFY THAT THERE IS NO SPECIFIC FUND DESIGNATED BY REGULATION OR STATUTE TO BE USED TO PAY FOR SUPPLIES FOR FREE/REDUCED LUNCH PARTICIPANTS.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

STUDENTS

09.15 AP.1

Student Fees

SCHEDULE APPROVED ANNUALLY

If student fees are charged, a schedule of fees shall be reviewed and approved annually by the Board. The approved schedule shall be published in student handbooks or other written notice, as appropriate.

NO CHILD DENIED

Students will not be denied access to any educational program due to an inability to pay a fee, purchase school supplies, or rent or purchase instructional resources.

PRINCIPAL'S RESPONSIBILITY

Principals shall determine those students who qualify for free school supplies and instructional resources as follows:

1. Principals shall use the guidelines of the free and reduced-price lunch program to determine the inability of students to rent instructional resources, pay fees, and purchase necessary school supplies. *
2. During the first week of school, the Principal shall send to the parents of each student the eligibility guidelines for free and reduced-price lunches. The eligibility guidelines form shall include a statement that if the student qualifies for free or reduced-price lunches, s/he also qualifies for free or reduced priced necessary school supplies.
3. Parents shall be informed that they must complete the required documentation to be eligible for exemption from payment of fees for necessary school supplies.

*If a school or District participates in the Community Eligibility Provision (CEP) meal program, the Principal shall use the Household Income Form (HIF) to determine the inability of students to rent instructional resources, pay fees, and purchase necessary school supplies.

SUPPLIES PAID

~~Necessary school supplies that are furnished to students who qualify for free or reduced-price lunches are to be paid from the miscellaneous instructional supply account.~~

SBDM

In SBDM schools, councils shall provide free supplies and/or instructional resources from funds allocated to the school.

EXPLANATION: THIS CHANGE IS TO CLARIFY THAT PER 702 KAR 3:220 DISTRICTS MUST HAVE A PROCESS IN PLACE TO WAIVE (NOT REDUCE) ANY APPLICABLE FEES CHARGED BY THE DISTRICT FOR PUPILS WHO QUALIFY. IN ADDITION SCHOOL NUTRITION PERSONNEL ARE PROHIBITED FROM ACCESSING CEP INFORMATION WHICH MUST BE HANDLED BY THE FRAM COORDINATOR. FINANCIAL IMPLICATIONS: POSSIBLE INCREASE IN COST TO SCHOOLS

STUDENTS

09.15 AP.21

Application for Waiver/Reduction of Fees

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 _____	

Name of Parent/Guardian _____

Address of Parent/Guardian _____

Home Telephone _____ If none, number of nearest neighbor _____

In the chart below, list the Name, Birthdate, School, and Grade for **all other** children in the home:

NAME	BIRTHDATE	GRADE	SCHOOL ATTENDING

Employment Status of Parent/Guardian:

Mother: ☐ Employed ☐ Unemployed

Employer's Name _____ Address _____

Father: ☐ Employed ☐ Unemployed

Employer's Name _____ Address _____

Gross Family Income from last Income Tax Return _____

1. Is the family presently receiving or eligible to receive any type of financial aid from the Kentucky Cabinet for ~~Human Resources~~ Health & Family Services? ☐ YES ☐ NO
2. Are you financially able to partially pay the instructional resources fee now and continue to make payments until fully paid? ☐ YES ☐ NO
3. If your child is granted free/reduced price meal status, do you grant permission for school food service personnel to disclose that information to the following District personnel for the sole purpose of determining if your child is eligible for a fee waiver for such activities as textbook rental and school athletic and field trip fees, etc.?
 - School administrators

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STUDENTS

09.15 AP.21
(CONTINUED)

Application for Waiver/Reduction of Fees

- Other District personnel, such as activity sponsors, who do not otherwise have access to information in connection with the School Nutrition program.

☐ YES ☐ NO

4. If your child is eligible under the Community Eligibility Provision (CEP), do you grant permission for the FRAM coordinator to disclose that information to the following District personnel for the sole purpose of determining if your child is eligible for a fee waiver for such activities as textbook rental and school athletic and field trip fees, etc.?

- School administrators
- Other District personnel, such as activity sponsors, who do not otherwise have access to information in connection with the Community Eligibility Provision.

☐ YES ☐ NO

- Failure to sign this consent statement will not affect your child's eligibility or participation for the program.
- The recipient will be required to maintain confidentiality of the information.

Comments: _____

Parent/Guardian's Signature

Date

APPLICATION ☐ APPROVED ☐ DENIED

Central Office Designee's Signature

Date

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EXPLANATION: REVISIONS TO 702 KAR 1:160 ALLOW STUDENT HEALTH CARE EXAMINATIONS TO BE REPORTED ELECTRONICALLY IF THE ELECTRONIC MEDICAL RECORD INCLUDES ALL DATA EQUIVALENT TO THAT ON THE PREVENTIVE STUDENT HEALTH CARE FORM.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

STUDENTS

09.211 AP.2

PreventativePreventive Student Health Care Examination Forms

PreventativePreventive student health care examinations for students must be completed using the form required by Kentucky Administrative Regulation (“**PreventativePreventive Student Health Care Examination Form.**”) **or an electronic medical record that includes all of the data equivalent to that on the Preventive Student Health Care Examination form.**

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EXPLANATION: REVISIONS TO 702 KAR 1:160 REQUIRE THAT WHEN ENROLLED STUDENTS, FOR WHOM DOCUMENTATION UNDER KRS 158.838 (2) OR (7) HAS BEEN PROVIDED TO THE SCHOOL, ARE PRESENT DURING SCHOOL HOURS OR AS PARTICIPANTS IN SCHOOL-RELATED ACTIVITIES, A SCHOOL EMPLOYEE WHO HAS BEEN APPROPRIATELY TRAINED TO ADMINISTER OR ASSIST WITH THE SELF-ADMINISTRATION OF GLUCAGON, INSULIN, OR SEIZURE RESCUE MEDICATIONS SHALL BE PRESENT.

FINANCIAL IMPLICATIONS: POSSIBLE COST OF ADDITIONAL PERSONNEL

STUDENTS

09.224 AP.1

Emergency Medical Care Procedures

The emergency medical care procedures listed below are to be followed in case of serious accidents and/or sudden illnesses occurring in the schools:

EMERGENCY INFORMATION

Emergency care information for each student shall be filed in the Principal's office. This information is to include:

1. Student's name, address, and date of birth.
2. Parents' names, addresses, and home, work, and emergency phone numbers.
3. Name and phone number of family physician and permission to contact health care professionals in case of emergency.
4. Name and phone number of "emergency" contact (person other than parent/guardian) to reach, if necessary.
5. Unusual medical problems, if any.

MEDICAL EMERGENCY PROCEDURES

The following procedures shall be used in a medical emergency:

1. Administer first aid by a school employee trained in first aid and CPR in accordance with state regulation.
2. Contact the child's parent or other authorized person(s) listed on the school emergency card to:
 - a) Inform parent or authorized contact that the child is not able to remain at school.
 - b) Indicate the apparent symptoms; however, do not attempt to diagnose.
 - c) Advise the contact that s/he may want to contact a health care practitioner regarding the child's condition.
3. Take care of child until parent, health care practitioner, or ambulance arrives.
4. Use emergency ambulance service if needed.
5. Administer medication in accordance with District policy and procedure when ordered by the student's personal health care practitioner.
6. Keep the student in a first aid area if s/he appears to be unable to return to the classroom.
7. Do not allow the student to leave school with anyone other than the parent/guardian/designee after an accident or when ill.
8. After a child has an accident or becomes ill at school, arrange transportation home with the parent/guardian/designee.
9. Report all emergency situations to the building administrator.
10. Treat students with contagious diseases, including AIDS, according to state guidelines.

Emergency Medical Care Procedures**MEDICAL EMERGENCY PROCEDURES (CONTINUED)**

11. Employees shall follow the District's Exposure Control Plan when clean-up of body fluids is required.

SUPPLIES/PERSONNEL

1. Each school shall have an approved first-aid kit and designated first-aid area.
2. At least two (2) adult employees in each school shall have completed and been certified in a standard first-aid course, including but not limited to, CPR.
3. As provided by Policy 09.224, Any school that has a student enrolled with diabetes or seizure disorders shall have on duty during the school day or during any school-related activities in which the student is a participant, at least one (1) school employee who is a licensed medical professional, or has been appropriately trained to administer or assist with the self-administration of glucagon, insulin or FDA approved seizure rescue medication as prescribed by the student's health care practitioner.

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DOCUMENTATION

A complete record of any emergency care provided shall be made and filed with the student's health record. The following information shall be recorded:

1. Time and place accident or illness occurred.
2. Causative factors, if known.
3. Type of care provided and name(s) of person(s) who gave emergency treatment.
4. Condition of the student receiving emergency care.
5. Verification of actual contacts and attempts to contact parent/guardian.
6. List of names of persons who witnessed the accident or illness and the treatment rendered, as appropriate.

RELATED POLICIES:

09.224
09.2241

RELATED PROCEDURES:

09.224 AP.21
09.2241 AP.22
09.2241 AP.23

EXPLANATION: THIS LANGUAGE IS RECOMMENDED TO BE RELOCATED TO THE HARASSMENT/DISCRIMINATION COMPLAINT FORM 09.42811 AP.2 WHERE IT WILL MOST LIKELY BE FOUND DURING A SCHOOL NUTRITION AUDIT.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

09.4281 AP.1

STUDENTS

Grievance Procedures

Students wishing to initiate a harassment/discrimination complaint should use Procedure 09.42811 AP.2.

CONDITIONS

1. All grievances are individual in nature and must be brought by the individual grievant.
2. All grievance proceedings shall be conducted outside the regular school day and at a time and place mutually agreed upon.
3. The grievant shall be permitted to have not more than two (2) representatives.
4. All attendant records shall be filed in the office of the Principal and/or Superintendent and shall be considered private information and separate from the student's educational records. All records will be kept for a minimum of three (3) years.
5. No reprisal shall be taken against any aggrieved student because of the filing of a grievance.

TIME LIMITS

1. Students or their parents must file their grievance within fifteen (15) school days following the alleged violation. However, depending on the nature of the grievance, the Superintendent may recommend an extension of the filing deadline to twenty (20) school days if the grievance is based on an alleged violation of constitutional, statutory, regulatory, or policy provisions.
2. Days referred to in the grievance initiation form shall be school days.
3. The time limits stated in various sections of these procedures may be extended by mutual consent of the Board, its authorized agents, and the grievant.
4. If no extension occurs and the grievant does not file an appeal to the next level within ten (10) school days of receiving a response, the grievance shall be considered to have been settled and terminated at the previous level, and the answer given at that level shall stand.

PRINCIPAL'S/SCHOOL COUNCIL'S INVOLVEMENT

1. When appropriate, the grievant shall give his/her communication directly to the Principal, thus bypassing the teacher or other employee. This action shall be taken only in those instances where the matter communicated is of such a personal and private nature that it cannot be effectively communicated at a lower level or in those instances where the nature of the grievance would require the initial response of the Principal.
2. The Principal reserves the right to redirect the communicator to the appropriate level and/or consult with the council, as appropriate.

Grievance Procedures**SUPERINTENDENT'S/DESIGNEE'S INVOLVEMENT**

1. When appropriate, the grievant shall give his/her communication directly to the Superintendent, thus bypassing the Principal. This action shall be taken only in those instances where the matter communicated is of such a personal and private nature that it cannot be effectively communicated at a lower level or in those instances where the nature of the grievance would require the initial response of the Superintendent.
2. The Superintendent reserves the right to redirect the communicator to the appropriate level.

BOARD OF EDUCATION'S INVOLVEMENT

1. If the student, after reviewing the Superintendent's response, desires direct communication with the Board of Education, the student may present his/her written communication to the Superintendent for transmittal to the Board of Education or notify the Superintendent ten (10) school days prior to the meeting of the Board at which the student wishes the grievance presented. Students contacting Board members individually about a grievance shall be advised to communicate with the entire Board.
2. If the Board decides to review the grievance, the student will then be afforded an opportunity to appear before the Board at the next regular meeting for relevant discussion of the student's communication. If the student does not wish to make a verbal presentation, the student's right to refrain from such activity will be respected.
3. The Superintendent or the grievant shall present the communication to the Board of Education at its next regularly scheduled meeting.
4. The Board of Education will consider the grievance and will provide the student a written response within ten (10) school days after the next regularly scheduled meeting of the Board, following the meeting of the Board at which the grievance was initially presented. The decision of the Board of Education shall be final.

NOTES:

- Students/parents wishing to initiate a complaint about a Title I issue should refer to Procedure 08.13451 AP.1.
 - ~~Students/parents wishing to initiate a complaint concerning discrimination in the delivery of benefits or services in the District's school nutrition program should go to the link below or mail a written complaint to the U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.S., Washington D.C. 20250-9410, or email, program.intake@usda.gov.~~
- http://www.aser.usda.gov/complaint_filing_cust.html

RELATED PROCEDURES:

08.13451 AP.1
09.42811 AP.2

EXPLANATION: THE CHANGE IS TO CLARIFY THAT A RESOLUTION MAY NOT ALWAYS BE SATISFACTORY TO EVERY COMPLAINING PARTY.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

STUDENTS

09.4281 AP.2

Grievance Initiation Form (Students)

This form provides the opportunity for a student to question the application of a Board policy or administrative rule or procedure and to secure at the lowest administrative level an equitable, and prompt, and satisfactory resolution.

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STUDENT GRIEVANT

Student Name _____ Date _____

Home Address _____ Phone _____

School _____ Grade Level _____

GRIEVANCE

Identify the policy, rule, or procedure whose application is at issue. Use full names, dates, exact location, and specific occurrence, if appropriate. (Use additional sheet if necessary.)

What results are you seeking from this grievance initiation? (Use additional sheet if necessary)

Student's Signature

Date

LEVEL ONE: CLASSROOM TEACHER

Name: _____

Date grievance received at this level _____

CLASSROOM TEACHER'S RESPONSE: (USE ADDITIONAL SHEET IF NECESSARY.)

Classroom Teacher's Signature

Date

THIS RESPONSE SHALL BE PRESENTED TO THE GRIEVANT WITHIN TEN (10) SCHOOL DAYS OF RECEIPT OF THIS GRIEVANCE AT THIS LEVEL.

STUDENTS

09.4281 AP.2
(CONTINUED)

Grievance Initiation Form (Students)

BOARD POLICY ALLOWS FOR APPEAL OF THE CLASSROOM TEACHER'S DECISION AND THE OPPORTUNITY TO ADDRESS THE GRIEVANCE TO A HIGHER LEVEL OF AUTHORITY IF THE CLASSROOM TEACHER IS AN ALLEGED PARTY IN THE COMPLAINT.

LEVEL TWO: PRINCIPAL OR PRINCIPAL'S DESIGNEE

Name: _____

Date grievance received at this level _____

PRINCIPAL/PRINCIPAL'S DESIGNEE'S RESPONSE (USE ADDITIONAL SHEET IF NECESSARY.)

Principal's/Designee's Signature

Date

THIS RESPONSE SHALL BE PRESENTED TO THE GRIEVANT WITHIN TEN (10) SCHOOL DAYS OF RECEIPT OF THIS GRIEVANCE AT THIS LEVEL.

=====

BOARD POLICY ALLOWS BOTH FOR APPEAL OF THE PRINCIPAL/DESIGNEE'S DECISION AND THE OPPORTUNITY TO ADDRESS THE GRIEVANCE TO A HIGHER LEVEL OF AUTHORITY IF THE PRINCIPAL/DESIGNEE IS AN ALLEGED PARTY IN THE COMPLAINT.

LEVEL THREE: SCHOOL COUNCIL, IF APPROPRIATE

Name: _____

Date grievance received at this level _____

RESPONSE OF SCHOOL COUNCIL (USE ADDITIONAL SHEET IF NECESSARY.)

School Council Chairperson's Signature

Date

THIS RESPONSE SHALL BE PRESENTED TO THE GRIEVANT WITHIN TEN (10) SCHOOL DAYS OF RECEIPT OF THIS GRIEVANCE AT THIS LEVEL.

=====

BOARD POLICY ALLOWS BOTH FOR APPEAL OF THE SCHOOL COUNCIL'S DECISION AND THE OPPORTUNITY TO ADDRESS THE GRIEVANCE TO A HIGHER LEVEL OF AUTHORITY IF THE SCHOOL COUNCIL IS AN ALLEGED PARTY IN THE COMPLAINT.

STUDENTS

09.4281 AP.2
(CONTINUED)

Grievance Initiation Form (Students)

LEVEL FOUR: SUPERINTENDENT/DESIGNEE

Name: _____

Date grievance received at this level _____

SUPERINTENDENT/DESIGNEE'S RESPONSE (USE ADDITIONAL SHEET IF NECESSARY.)

Superintendent's/Designee's Signature

Date

THIS RESPONSE SHALL BE PRESENTED TO THE GRIEVANT WITHIN TEN (10) SCHOOL DAYS OF RECEIPT OF THIS GRIEVANCE AT THIS LEVEL.

THE BOARD WILL NOT HEAR ANY GRIEVANCE CONCERNING PERSONNEL ACTIONS UNLESS THE GRIEVANCE CONCERNS CONSTITUTIONAL, STATUTORY, REGULATORY, OR OTHER POLICY APPLICATION OR DEMOTION UNDER KRS 161.765.

LEVEL FIVE: BOARD OF EDUCATION

Date grievance received at this level _____

BOARD OF EDUCATION'S RESPONSE (USE ADDITIONAL SHEET IF NECESSARY.)

Board Chairperson's Signature

Date

THIS RESPONSE SHALL BE PRESENTED TO THE GRIEVANT WITHIN TEN (10) SCHOOL DAYS OF RECEIPT AFTER THE NEXT REGULARLY SCHEDULED BOARD MEETING.

EXPLANATION: THE CHANGE IS TO CLARIFY THAT A RESOLUTION MAY NOT ALWAYS BE SATISFACTORY TO EVERY COMPLAINING PARTY. IN ADDITION, SCHOOL NUTRITION AUDITORS ADVISE THAT ALL FNS ASSISTANCE PROGRAMS MUST NOTIFY PARTICIPANTS OF THEIR RIGHT TO FILE A COMPLAINT AND HOW TO DO SO.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

STUDENTS

09.42811 AP.2

Harassment/Discrimination Reporting Form

This form provides the opportunity for a student or parent to report violation(s) of Board Policy 09.42811 and to secure an equitable, and prompt, and satisfactory resolution. This procedure shall be implemented in compliance with Board Policy 09.42811 and shall be used to document all complaints, whether addressed informally or formally.

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	_____
School	_____	Grade	_____
Name of Parent/Guardian	_____	Homeroom/Classroom	_____
	_____	Daytime Phone #	_____

CONFIDENTIALITY

Information regarding an investigation of alleged harassment/discrimination shall be kept confidential to the extent possible. Individuals involved in the investigation shall not discuss information regarding the complaint outside of the investigation process.

HARASSMENT/DISCRIMINATION COMPLAINT (USE ADDITIONAL SHEETS IF NECESSARY.)

Date(s)/approximate time of the alleged incident(s): _____

Place alleged incident (s) occurred: _____

What type of harassment or discrimination was involved in the alleged incident?

☐ sexual ☐ racial ☐ on the basis of national origin ☐ on the basis of disability

☐ other type of harassment/discrimination? If other, specify: _____

Name of person you believe is guilty of harassment or discrimination: _____

Position (if employee): _____ Grade (if student): _____ Other (specify) _____

If the alleged behavior was directed toward another person, name that person: _____

Describe the alleged incident as clearly as possible, including such information as verbal statements (i.e. slurs, threats, other verbal or physical abuse or prohibited requests), what physical contact, if any was involved, what force, if any was used. _____

LIST ANY WITNESSES TO THESE EVENTS: _____

PLEASE ATTACH ANY EXHIBITS OR OTHER TANGIBLE EVIDENCE (I.E., NOTES).

WHAT RESULTS ARE YOU SEEKING BY FILING THIS FORM? _____

I agree that all information reported here is complete, accurate and true to the best of my knowledge and affirm that I honestly believe that the person named harassed or discriminated against me or another person.

_____ Signature of Student	_____ Date
_____ Signature of Parent/Guardian (not required)	_____ Date
_____ Received by	_____ Date

Harassment/Discrimination Reporting Form

NOTE:

- Students/parents wishing to initiate a complaint concerning discrimination in the delivery of benefits or services in the District's school nutrition program should go to the link below or mail a written complaint to the U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410, or email, program.intake@usda.gov.

http://www.ascr.usda.gov/complaint_filing_cust.html

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EXPLANATION: THIS LANGUAGE IS BEING REMOVED AS IT IS A LEGAL COURT STANDARD THAT IS NOT CONTROLLED BY POLICY AND THE OFFICE OF CIVIL RIGHTS' POSITION IS THAT IT LEADS STAFF OTHER THAN ADMINISTRATORS TO BELIEVE THEY DO NOT HAVE TO ADDRESS ALLEGATIONS OF HARASSMENT. IN ADDITION, LANGUAGE IS BEING REMOVED TO CLARIFY THAT THE INVESTIGATOR REPORTS CORRECTIVE ACTION RECOMMENDATIONS TO THE SUPERINTENDENT/DESIGNEE. ALSO, RECENT OFFICE OF CIVIL RIGHTS' INVESTIGATIONS REQUIRE THE INVESTIGATOR TO SUPPLY THE COMPLAINANT AND THE ACCUSED A COPY OF THE NOTICE TO INDIVIDUALS COMPLAINING OF HARASSMENT/DISCRIMINATION.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

09.42811 AP.21

STUDENTS

Harassment/Discrimination Investigation and Appeals

(FOR INTERNAL ADMINISTRATIVE TRACKING PURPOSES ONLY)

STUDENT COMPLAINANT		
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
STUDENT'S SCHOOL _____ GRADE _____ HOMEROOM/CLASSROOM _____		

The Superintendent shall appoint an investigator who is not an alleged party in the complaint to investigate allegations of harassment/discrimination. The investigator shall be trained in this area, and her/his duties shall be assigned by the Superintendent/designee or, for contractors, set out in a contract, as appropriate. If the Superintendent is the alleged party, the Board shall designate an outside investigator and, after presentation of the final investigative report, determine when and how it is to be released. All instances involving suspected child abuse or criminal conduct shall be reported as required by law.

ALLEGED HARASSER/DISCRIMINATING PARTY: _____

Investigator: _____ Date Complaint Form is Received: _____

INFORMAL PROCEDURE

If both parties agree, prior to a formal grievance process an administrator may facilitate a conversation between the complainant and the party alleged to have harassed or discriminated against the complainant. Both the complainant and the accused party may be accompanied by a person of their choice. If both parties feel that a resolution has been achieved, no further action need be taken. The results of an informal resolution shall be reported by the facilitator, in writing, to the Principal, along with a signed agreement, if one is reached. If any of the interested parties choose not to utilize the informal procedure, or feel that it has been unsuccessful, s/he may opt to proceed to the formal grievance procedure. However, any complaints directed at District employees or alleging criminal acts must be formally investigated and/or reported to state authorities as required by law.

Was this complaint resolved informally, as indicated by an agreement signed by both parties?

☐ Yes ☐ No Date: _____ Facilitator: _____

FORMAL PROCEDURE

Students should make their complaint to their Principal or other designated administrator, who shall immediately, without screening or beginning an investigation, inform the Superintendent of receipt of the complaint. Otherwise, the complaint can be filed directly with the Superintendent or, in cases involving sexual harassment/discrimination, with the Title IX/Equity Coordinator. Employees who have knowledge of alleged or observed student harassment/discrimination shall immediately notify the alleged victim's Principal. ~~Without a report being made to the Principal, Superintendent or Title IX/Equity Coordinator, the District shall not be deemed to have received a complaint of harassment/ discrimination.~~

The Superintendent shall designate an individual to investigate the complaint. If necessary, the investigator will seek assistance from District administrators. In some instances it may be necessary to involve legal counsel, when authorized by the Superintendent, or by the Board if the Superintendent is the subject of the complaint.

Harassment/Discrimination Investigation and Appeals**FORMAL PROCEDURE (CONTINUED)****TIMELINE**

The investigator shall provide the complainant and the accused with a copy of the District's Policy 09.42811 and Notice to Individuals Complaining of Harassment/Discrimination and inform the complainant and the accused of required timelines that have been established for initiation and completion of an investigation.

CORRECTIVE ACTION

If corrective action is needed, the investigator shall recommend to the Superintendent/designee, ~~or to the Superintendent's designee if the alleged harasser is a classified employee, and, if so instructed by the Superintendent,~~ the type of corrective action and methods to prevent reoccurrence of the harassment/discrimination.

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USING THE DESIGNATED FORM (09.42811 AP.24), A RESPONSE SHALL BE PRESENTED TO THE COMPLAINANT AND THE ACCUSED (AND TO THEIR PARENTS/GUARDIANS IF STUDENT IS UNDER AGE EIGHTEEN OR IF STUDENT HAS REACHED AGE EIGHTEEN AND HAS A LEGAL GUARDIAN) WITHIN THREE (3) SCHOOL DAYS OF COMPLETION OF THIS LEVEL OF INVESTIGATION.

Board policy allows for appeal of the investigator's decision and the opportunity to address the complaint to a higher level of authority. An appeal must be made within ten (10) school days of receipt of a response at this level.

Is this complaint to be referred/appealed to a higher level of authority? ☐ Yes ☐ No

If yes, to whom will the complaint be referred? _____ Date: _____

FIRST APPEAL LEVEL

STUDENT COMPLAINANT _____
<i>Last Name</i> _____ <i>First Name</i> _____ <i>Middle Initial</i> _____
STUDENT'S SCHOOL _____ GRADE _____ HOMEROOM/CLASSROOM _____

ALLEGED HARASSER/DISCRIMINATING PARTY: _____

Superintendent/designee who will consider appeal: _____

Date appeal and related data received by Superintendent/designee: _____

In some instances it may be necessary to involve legal counsel at the appeal level, when authorized by the Superintendent or by the Board if the Superintendent is the subject of the complaint.

CORRECTIVE ACTION

If corrective action is needed, the investigator shall recommend to the Superintendent/designee, ~~or to the Superintendent's designee if the alleged harasser is a classified employee, and, if so instructed by the Superintendent,~~ the type of corrective action and methods to prevent reoccurrence of the harassment/discrimination.

USING THE DESIGNATED FORM (09.42811 AP.24), A RESPONSE SHALL BE PRESENTED TO THE COMPLAINANT AND THE ACCUSED (AND TO THEIR PARENTS/GUARDIANS IF THE STUDENT IS UNDER AGE EIGHTEEN OR IF STUDENT HAS REACHED AGE EIGHTEEN AND HAS A LEGAL GUARDIAN) WITHIN THREE (3) SCHOOL DAYS OF COMPLETION OF THIS LEVEL OF INVESTIGATION.

STUDENTS

09.42811 AP.21
(CONTINUED)

Harassment/Discrimination Investigation and Appeals

CORRECTIVE ACTION (CONTINUED)

Board policy allows for appeal of the decision made at this level and the opportunity to address the complaint to the Board of Education. An appeal must be made within ten (10) school days of receipt of a response at this level.

Is this complaint to be referred/appealed to a higher level of authority? ☐ Yes ☐ No
If yes, to whom will the complaint be referred? _____ Date: _____

SECOND APPEAL LEVEL

STUDENT COMPLAINANT _____	_____	_____	_____
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
STUDENT'S SCHOOL _____	GRADE _____	HOMEROOM/CLASSROOM _____	

ALLEGED HARASSER/DISCRIMINATING PARTY: _____

Board Chairperson: _____
Date appeal and related data received by the Chairperson on behalf of the Board: _____

CORRECTIVE ACTION

If corrective action is needed, the investigator shall recommend to the Superintendent/designee; ~~or to the Superintendent's designee if the alleged harasser is a classified employee, and, if so instructed by the Superintendent,~~ the type of corrective action and methods to prevent reoccurrence of the harassment/discrimination.

USING THE DESIGNATED FORM (09.42811 AP.24), A RESPONSE SHALL BE PRESENTED TO THE COMPLAINANT AND THE ACCUSED (AND TO THEIR PARENTS/GUARDIANS IF STUDENT IS UNDER AGE EIGHTEEN OR IF STUDENT HAS REACHED AGE EIGHTEEN AND HAS A LEGAL GUARDIAN) WITHIN THREE (3) SCHOOL DAYS OF COMPLETION OF THIS LEVEL OF INVESTIGATION.

GUIDELINES

1. The Board shall not hear grievances concerning personnel actions taken by the Superintendent/designee, unless the grievance is based on an alleged violation of constitutional, statutory, regulatory, or policy provisions.
2. In some instances it may be necessary to involve legal counsel, when authorized by the Board.
3. The Superintendent/designee shall implement corrective action as determined by the Superintendent or by the Board, as appropriate under law, after appeal rights have been exhausted. If the Superintendent is subject to corrective action, the Board shall implement the action.
4. The District is prohibited from disclosing personally identifiable information contained in student discipline records under the Federal Educational Rights and Privacy Act and corresponding state law.
5. Employee evaluation and private reprimand information generally is confidential and may require consent of the employee prior to release.

STUDENTS

09.42811 AP.21
(CONTINUED)

Harassment/Discrimination Investigation and Appeals

RELATED POLICIES:

09.2211; 09.227

RELATED PROCEDURES:

09.227 AP.1, 09.42811 (all procedures)

School-Related Student Trip Permission Forms

Student's Name _____			
_____	_____	_____	_____
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
School _____	Grade _____	Homeroom/Classroom _____	
Field Trip Date(s) _____		Destination _____	
Alternate Destination, if applicable _____			
Mode of Transportation _____		Cost to Student, if applicable \$ _____	

I hereby give permission for my child to participate in the above mentioned school-related student trip(s).

In addition, in the event of accident or sudden illness while on the school-related student trip, I authorize school personnel to contact the physician(s) listed on my child's school enrollment data forms and authorize those physician(s) to render such treatment as may be deemed necessary in an emergency for the health of said child. In the event physician(s), parent(s), or other persons designated by the parent cannot be contacted, school personnel are hereby authorized to take whatever action is deemed necessary in their judgment for the health of said child.

Parent/Guardian's Signature

Date

Please return this form to your child's teacher.

STUDENTS

09.36 AP.211
(CONTINUED)

School-Related Student Trip Permission Forms

PARENT TRANSPORTATION WAIVER

Coaches and sponsors shall use this form to document a parental request to provide ~~return~~ transportation for their child to and/or from following a school activity/event.

Activity/Event: _____ Date: _____

Dear Parent/Guardian,

Please complete and sign this form and return to me no later than _____.

Student's Name	_____	_____	_____
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
School	_____	Grade	_____
	Homeroom/Classroom	_____	

We understand that by signing this waiver we will:

1. Check out our child with the coach/sponsor ~~following the event~~; and
2. Assume sole responsibility for transporting our child to and/or from the event listed above.

We understand that the District assumes no liability for our choice to transport our child to and/or from the event(s). We both, individually, and on behalf of our child, hereby release the Board of Education, its officers, agents, employees, and representatives, from any and all responsibility that may arise in any manner connected with agreement with this request.

Parent/Guardian's Signature

Date

Parent/Guardian's Signature

Date

Student's Signature

Date

The coach or sponsor shall retain this original form and submit a copy to the Principal.