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

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

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.

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

- 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.

Personnel Documents

REQUIREMENTS (CONTINUED)

- **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.
- **I-9 FORM:** Required by federal law to determine eligibility for employment in the United States.
- **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).

Salary Options

NAME _____ SOCIAL SECURITY # _____

ADDRESS _____ TELEPHONE # _____

If you have a change in address and/or telephone number, please complete a Change of Address form and forward to the Central Office.

Please circle correct code for our files: (optional)
EEO CODE:
1. White (not Hispanic)
2. Black (not Hispanic)
3. Hispanic
4. Asian or Pacific Islander
5. American Indian/Alaskan Native
6. Other

SALARY FOR CERTIFIED STAFF: **(Teachers-Principals, etc.)**

- Certified staff working less than 240 days will be paid in 12 equal payments (Sept. – Aug.)
- Certified staff working 240 days or more will be paid in 12 equal payments (July – June)
- Certified staff working in an hourly capacity will be paid for the hours worked in each pay period.
- Certified Substitute Teachers will be paid for the days worked in each pay period.

SALARY OPTIONS FOR CLASSIFIED STAFF: **(IA's; Custodians; Cafeteria Workers; Secretaries; Clerks; Bus Drivers; Student Workers; etc.)**

I wish to have my annual salary paid in the following manner:

- ☐ 10 equal payments (Sept-~~Aug~~June, if working on school calendar)
- ☐ 12 equal payments (Sept. – Aug., if working on school calendar)
  (July – June, if working year round)

Non-contracted Part-time employees will be paid for the actual hours worked each pay period.

Salary for Paraprofessional Coaching Staff:

Paraprofessional Coaches will be paid in accordance to the stipend payout schedule as provided to TKS and EHS Athletic Directors.

I understand that my deductions will remain the same unless changed by written request. I also understand that voluntary deductions that are pre-tax may only be changed during open enrollment.**

SIGNED: _____ **DATE:** _____

**** NOTE: If you need to change your Federal or State Withholding, please contact the Central Office or go to http://etown.kyschools.us/Finance/index.html for a new W-4 or K-4 form.**

An Equal Opportunity Employer Offering Equal Education Opportunities

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.

==========

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

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 _____ _____ _____
Last Name *First Name* *Middle Initial*

Employee's Address _____ _____ _____
City *State* *Zip Code*

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*

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

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

Harassment/Discrimination Investigation and Appeals

(FOR INTERNAL ADMINISTRATIVE TRACKING PURPOSES ONLY)

EMPLOYEE COMPLAINANT _____
Last Name *First Name* *Middle Initial*
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.

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 TEN (10) 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 _____ _____ _____
Last Name *First Name* *Middle Initial*

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 TEN (10) 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: _____

Harassment/Discrimination Investigation and Appeals

SECOND APPEAL LEVEL

EMPLOYEE COMPLAINANT _____ _____ _____
Last Name *First Name* *Middle Initial*

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 TEN (10) 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: THE KENTUCKY BOARD OF EDUCATION RESCINDED 704 KAR 3:345 AND CREATED A NEW REGULATION 704 KAR 3:370 TO ESTABLISH A STATEWIDE PROFESSIONAL GROWTH AND EFFECTIVENESS SYSTEM (PGES) FOR ALL CERTIFIED PERSONNEL. THE EVALUATION PROCEDURES AND FORMS SHALL BE DEVELOPED BY THE 50/50 COMMITTEE IN CONFORMITY WITH THE NEW REGULATION. APPEALS PROCEDURES ARE LOCATED IN ANOTHER AREA. THIS CHANGE IS TO CLARIFY THAT RECORDS ARE TO BE KEPT CONFIDENTIAL AS REQUIRED BY LAW. FINANCIAL IMPLICATIONS: POTENTIAL INCREASED TRAINING COSTS

- CERTIFIED PERSONNEL -

Confidentiality of Records

Personnel evaluation records, specifically the personnel evaluation folder and its contents, will be kept as a part of the employee's personnel file and will be treated as confidential as required by law ~~will be treated with the same confidentiality as other personnel records~~. During an appeal/hearing, evaluation records will be kept in a secure location designated by the Superintendent.

ACCESSIBILITY

Evaluation records will be accessible only to:

1. Members of the District Evaluation Appeals Panel when an employee has appealed his/her summative evaluation to the Panel.
2. Administrators who supervise, or share the supervision of, the evaluatee. Generally, these administrators will include the Principal/Assistant Principal in the evaluatee's building, the Superintendent, and other District-level administrative staff members, as designated by the Superintendent.
3. The Board~~,~~ on advice of legal counsel and ~~if the~~ upon a majority vote ~~of Board members vote to request such~~ when access to the information is required for lawful District purposes ~~and on advice of legal counsel~~. Access may be permitted without a vote when such records are relevant and necessary to hearing matters or proceedings before the Board such as in the case of a demotion hearing under KRS 161.765. ~~members shall review evaluation records in a~~ Except as otherwise required or authorized by law, access shall take place in closed session ~~Board meeting in the presence of the Superintendent~~.
4. Records may be subpoenaed in cases where litigation occurs.

REFERENCES:

KRS 61.878
KRS 156.557
KRS 161.765
704 KAR 3:370

RELATED PROCEDURE:

03.18 AP.11

EXPLANATION: THE KENTUCKY BOARD OF EDUCATION RESCINDED 704 KAR 3:345 AND CREATED A NEW REGULATION, 704 KAR 3:370, TO ESTABLISH A STATEWIDE PROFESSIONAL GROWTH AND EFFECTIVENESS SYSTEM (PGES) FOR ALL CERTIFIED PERSONNEL. THESE CHANGES REFLECT THE NEW TRAINING REQUIREMENTS.
FINANCIAL IMPLICATIONS: POTENTIAL INCREASED TRAINING COSTS

-CERTIFIED PERSONNEL-

Evaluation Committee/Evaluators and Observers

EVALUATION COMMITTEE TASKS

The following tasks have been completed by the Evaluation Committee, which shall consist of equal numbers of teachers and administrators:

- ☐ Developing the processes to be used in formative and summative evaluations for certified positions below the level of District Superintendent.
- ☐ Developing all forms associated with the evaluation process.
- ☐ Establishing a procedure for certified employees to review their summative evaluation.
- ☐ Developing plan for providing assistance to certified employees in formulating their professional growth plans.

TRAINING AND TESTING OF EVALUATORS AND OBSERVERS

In meeting the evaluation requirements of KRS 156.557 and 704 KAR 3:370, ~~primary~~ evaluators shall be trained, tested, and approved on a four (4) year cycle, and observers shall be trained as follows~~demonstrate competency in the following~~:

- ~~Effective teaching practices,~~
- ~~Techniques of classroom observation,~~
- ~~Conducting conferences,~~
- ~~Techniques for assisting in the development of professional growth plans,~~
- ~~Conducting summative evaluations, and~~
- ~~Using the District's evaluation forms.~~

Year one (1) of the District's evaluator training cycle shall include the following training requirements:

a) Training on KRS 156.557 and 704 KAR 3:370;

b) Training in identifying effective teaching and management practices, in effective observation and conferencing techniques, in development of student growth goals, in providing clear and timely feedback, in establishing and assisting with a professional growth plan, and in summative decision techniques;

c) Training provided by KDE for all certified administrator evaluators who have never evaluated certified school personnel; and

d) Training, for all other evaluators, by a provider who has been approved by KDE as a trainer for the Instructional Leadership Improvement Program established in 704 KAR 3:325.

Evaluation Committee/Evaluators and Observers

TRAINING AND TESTING OF EVALUATORS AND OBSERVERS (CONTINUED)

Year one (1) of the District's evaluator training cycle shall include the following testing requirements:

a) An evaluator shall successfully complete testing of research-based and professionally accepted teaching and management practices and effective evaluation techniques;

b) The testing shall be conducted by KDE or an individual or agency approved by KDE; and

c) The testing shall include certification as an observer through the KDE-approved observer certification process for an evaluator who is evaluating teachers or other professionals.

KDE shall issue year one (1) approval as an evaluator upon the evaluator's successful completion of the required evaluation training and testing program and successful completion of observer certification.

Years two (2) and three (3) of the District's evaluator training and testing cycle shall include a minimum of six (6) hours in each year and shall include:

(a) Observer calibration training, in the KDE-approved technology platform, for all evaluators who observe teachers or other professionals, for the purpose of evaluation;

(b) Update training on professional growth and effectiveness statutes and administrative regulations; and

(c) Training for evaluators on any changes to the Professional Growth and Effectiveness System and certified evaluation plan, policies, or procedures.

Year four (4) of the District's evaluator training and testing cycle shall include refresher evaluator training and, if evaluating teachers or other professionals, recertification training and testing.

The District shall require peer observers to complete the KDE-approved peer observer training at least once every three (3) years.

DISTRICT CONTACT

The District shall designate a contact person responsible for monitoring evaluator training and for implementing the system.

Evaluation Committee/Evaluators and Observers

~~FREQUENCY OF SUMMATIVE EVALUATIONS~~

~~At a minimum, summative evaluations shall occur on a schedule as specified below:~~

~~Position~~	~~Annually~~	~~Every two (2) years~~	~~Every three (3) years~~
~~Superintendent~~	~~X~~		
~~Administrators~~	~~X~~		
~~Nontenured~~	~~X~~		
~~Tenured~~			~~X~~

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

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.

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 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

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.

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

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. However, the firm may begin preliminary work prior to the end 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 followed by a presentation to the Board at the next regular meeting.
8. When funding is available, a request is made to the state for reimbursement.

Application and Agreement for Use of District Property

***NOTE:** Please complete this form in duplicate and submit both copies to the Central Office designee for approval. If the application is approved, one (1) copy of the signed agreement will be returned to the using organization along with a contract prepared by the Board attorney. The contract shall be signed by the designated representative of the using organization and returned to the Central Office designee. If the application is not approved, both copies will be returned.*

Name of Sponsoring Organization/Activity _____ **Telephone** _____

Representative's Name _____

Address _____

The above organization/individual requests the use of:

☐ ~~auditorium~~Performing Arts Center ☐ gymnasium ☐ dining room/kitchen ☐ ~~stadium~~Athletic Stadium

☐ classroom(s) _____ ☐ other, specify _____

Is the organization planning to use District-owned equipment? ☐ YES ☐ NO

If yes, specify equipment _____ Operator's Name _____

For Performing Arts Center, Please circle equipment required for event:

Basic Lighting Theatrical Lighting System Spotlight

Basic Sound (stage mic) Theatrical Sound System Grand Piano

Is the organization planning to conduct sales on school premises? ☐ YES ☐ NO

If yes, give a complete description of what is being sold and how the proceeds will be used. _____

_____

Building/school/facility _____

Purpose _____

Date(s) requested _____ Time(s) Requested _____

Rehearsal Date(s) and Times: _____

Will public be admitted? ☐ **YES** ☐ **NO** _____ **Estimated Attendance** _____

Will advertisement(s) be used? ☐ **YES** ☐ **NO**

Will admission be charged? ☐ **YES** ☐ **NO**

Damage deposit of $100.00 required prior to all rentals.

Application and Agreement for Use of District Property

When using school facilities, this organization agrees to observe the following:

1. **To schedule with the Superintendent/designee the time(s) District property is to be used.** It is understood that the Superintendent/designee may cancel the use of the room or building at any time such use interferes with regular school activities.
2. **To be legally responsible for any and all damage to individuals and school equipment, building(s), grounds, or facilities, resulting from use by the organization.** To this end, the organization will procure sufficient liability insurance to indemnify the Board, school officers and employees for any injuries or property damage which might occur during the organization's use of the facilities. This insurance shall contain limits of $1,000,000 for bodily injury and $10,000 for property damage. A copy of the organization's insurance certificate shall be filed with the Board prior to the date the organization uses the building. The Board shall require the renting organization to assume all liability for injury to individuals by reason of the lease of Board property and that the organization indemnify and save harmless the Board from any loss or damage thereby.
3. **To provide appropriate equipment for the use of District property.** When gymnasiums are used, the organization agrees to permit on the gym floor only those persons wearing shoes that will not mark the floor.
4. **To abide by the requirements of Board policies 05.3 and 05.31 (see attached).** Disregard of the rules and regulations governing the use of the school buildings, equipment and facilities shall result in the refusal of the Board to grant the offending organization further use.
5. To acknowledge that approval of this request does not signify District sponsorship, endorsement or approval of your organization or the activity.

Signature Representative Rental Agency _____ Date _____

Application and Agreement for Use of District Property

FEE SCHEDULE

THE FOLLOWING RATES SHALL BE CHARGED FOR USE OF DISTRICT-OWNED FACILITIES:

Elizabethtown High School (Common Area)	
• Non-Profit Use	$20.00/Hour*
• Profit Making Use	$40.00/Hour*
Elizabethtown High School (Gym)	
• Non-Profit Use	$15.00/Hour*
• Profit Making	$25.00/Hour*
T.K. Stone Jr. High School (Gym)	
• Non-Profit Use	$15.00/Hour*
• Profit Making	$25.00/Hour*
~~T.K. Stone Indoor Pool~~	
~~• Non-Profit Use~~	~~$1.00 per swimmer; 1 lifeguard $10.00/Hour~~
~~• Profit Making~~	~~$1.00 per swimmer; 1 lifeguard $15.00 per hour, 2 lifeguards $25.00 per hour~~
Helmwood Heights Elementary (Multi-Purpose Room)	$15.00/Hour*
Morningside Elementary School (Gym)	
• Non-Profit Use	$15.00/Hour*
• Profit-Making	$25.00/Hour*
Valley View Education Center (Multi-Purpose Room)	$15.00/Hour*
Elizabethtown High School Athletic Stadium	
• Half Day Rental (4 hours or less)	$200.00
• Full Day Rental (Over 4 hours)	$400.00
• Light Fee	$40.00/hour
Post Event Custodial Fee for All Rentals	$60.00
If a custodian or District employee is needed for entire rental of facility, fee is	$30.00/hour

Application and Agreement for Use of District Property

FEE SCHEDULE (CONTINUED)

THE FOLLOWING RATES SHALL BE CHARGED FOR USE OF ELIZABETHTOWN PERFORMING ARTS CENTER

Organization	Rate
EIS schools and organizations	No charge
Area schools (public, parochial, post-secondary with Hardin County)	$~~10~~15.00/Hour
Community Organizations (Non-Profit) - Local (Hardin County)	$~~15~~30.00/Hour
Non-Profit/Non-local (outside Hardin County)	$~~60~~100.00/Hour
Corporate/Commercial – Local (Hardin County)	
• Non-ticketed event	$~~50~~100.00/Hour
• Ticketed Event	$~~80~~125.00/Hour
Non-local (outside Hardin County)	$~~100~~150.00/Hour

REHEARSAL FEES = ½ PERFORMANCE RATE

- *Custodial fee of $~~25~~30.00/Hour charged to all groups (including EIS schools and organizations) if event is held during hours not already covered by school custodial service.
- *Post-event cleanup fee of $~~25~~30.00 charged to all groups except EIS schools and organizations.

HOURLY RATES ARE FROM HOUSE OPEN TO HOUSE CLOSE (NOT JUST PERFORMANCE TIME).

PERFORMANCE/REHEARSAL ADDITIONAL FEES	Rate
Use of Lighting equipment (other than basic house lights)	$20.00/day
Use of Follow Spotlight (2 available)	$20.00/day per light
Use of Sound equipment (other than basic stage mic)	$20.00/day
Grand piano rental	$50.00/day
Technician Fees	
• Lighting	$~~20~~30.00/Hour
• Sound	$~~20~~30.00/Hour

_____ _____

Signature - Representative of User Group ***Date***

_____ _____

Signature - Superintendent/designee ***Date***

IN THE EVENT SCHOOL IS CLOSED DUE TO WEATHER CONDITIONS, ALL SCHEDULED ACTIVITIES, WITH THE EXCEPTION OF DINNER MEETINGS, WILL BE CANCELED AND OPPORTUNITY TO RESCHEDULE OR REFUND RENTAL FEE(s) WILL BE MADE.

Application and Agreement for Use of District Property

For Office Use Only - To be Completed by School Official

Cost for use of District property $_____ Cost for school employee $ _____ Total cost $ _____

Deposit $ _____ Is deposit refundable? ☐ Yes ☐ No

Date Deposit Received _____ Balance Due $ _____

Board employee(s) assigned: _____ _____

Board Action Date, if applicable _____ Board Order #_____

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

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

Refer to the District's Crisis Management Plan.

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

Bidding of School Nutrition 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 through or in accordance with a schedule determined by the local educational cooperative or as needed.

BID SPECIFICATIONS

The bid specifications, including delivery and storage instructions, for all lunchroom/cafeteria supplies shall be prepared by the School Food Service/School Nutrition Program Director.~~School Nutrition Services Coordinator.~~

1. The request for bid shall be advertised in the local newspaper with the greatest circulation in the District.
2. Specifications and bid documents shall be mailed to all potential bidders.
3. Bids shall be opened and tabulated by the School Food Service/School Nutrition Program Director~~School Nutrition Services Coordinator~~.
4. 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 210.21~~2 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 Superintendent/designee.

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 Nutrition Services 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 Nutrition Services 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:~~
   a) ~~District employee, officer, or agent;~~
   b) ~~Any member of his/her immediate family;~~
   c) ~~His/her partner;~~
   d) ~~An organization that employs or is about to employ one of above.~~
2. ~~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.~~
3. ~~The purchase during the school day of any food or service from a contractor for individual use is prohibited.~~
4. ~~The removal of any food, supplies, equipment, or school property such as records, recipe books, and the like is prohibited.~~
5. ~~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

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 must apply to be eligible for the after school tutorial program. Upon application, they may also 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~~is waived through the 2014~~8~~-2015~~9~~ 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 education 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

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

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 1

TO: _____ **FROM:** _____
Parent's Name *School Name*
DATE: _____ **RE:** _____ **GRADE:** _____
Student's Name

~~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

NCLB Transfer Notification Options

SCHOOL IMPROVEMENT-RESTRUCTURING

TO: _____ **FROM:** _____
Parent's Name *School Name*
DATE: _____ **RE:** _____ **GRADE:** _____
Student's Name

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

NCLB Transfer Notification Options

TO: _____ **FROM:** _____
Parent's Name *School Name*

DATE: _____ **RE:** _____ **GRADE:** _____
Student's Name

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

NCLB Transfer Notification Options

TO: _____ **FROM:** _____
Parent's Name *School Name*

DATE: _____ **RE:** _____ **GRADE:** _____
Student's Name

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
Contact Telephone #
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

BecausePending 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

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.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

STUDENTS

09.111 AP.21

Home Schooling Notification

Please return the completed form to the Assistant Superintendent for Student Service, Elizabethtown Board of Education, 219 Helm Street, Elizabethtown, KY 42701

This letter is to inform you that my child/children will be participating in a home schooling program. The beginning date for participation in this program will be _____.
Month Day Year

Following is the home school address and the name(s), birthdate(s) and grade(s) of the student(s) who will be participating:

STUDENT NAME	BIRTHDATE	GRADE
_____	_____	_____
_____	_____	_____

HOME SCHOOL ADDRESS:

_____
Name *Street* *State* *Zip*

I have received from the Director of Pupil Personnel (DPP)/designee a copy of the "Home School Information Packet and Best Practice Document" and other supplemental material provided by the District. The DPP/designee offered to meet with me and explain the legal requirements that apply to home schools. It is further acknowledged that this notice of intent to provide home schooling shall be binding from the effective date stated above and shall remain in full force for no longer than to the end of the current or upcoming school year, whichever is first. This notice may be dissolved upon enrollment or re-enrollment of the above named child(ren) in a school in the District or any other public or private school. At such time a home-schooled child re-enrolls in the District, it is understood that certified personnel of the school system shall either place the student according to successful performance in courses that are sequential such as English, math, history, and science or conduct tests similar in nature and content to that used for other students receiving credit in that subject. Once assessment of the child's educational development is completed, a final determination of grade placement will be made. **KRS 158.140, 704 KAR 3:307**

_____ and/or _____
Signature of Father/Legal Guardian *Signature of Mother/Legal Guardian*

_____ _____
Telephone (Home and Work) *Telephone (Home and Work)*

_____ _____
Address (if different than student's) *Address (if different than student's)*

_____ _____
City, State, Zip *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 ~~sixteen~~eighteen (1~~6~~) 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

~~Student Dropout Questionnaire/Withdrawal Form~~

~~STUDENT~~ _____
~~GRADE LEVEL~~ _____
~~AGE 16 ☐ 17 ☐ 18 or over ☐~~
~~What is the primary reason the student is withdrawing from school? (check one)~~

~~Course selection~~	☐	~~Employment~~	☐
~~Student/teacher conflict~~	☐	~~Marriage~~	☐
~~Failing classes~~	☐	~~Pregnancy~~	☐
~~Boredom~~	☐	~~Illness~~	☐

~~Was the student in an alternative setting prior to withdrawal from school? YES ☐ NO ☐~~
~~If NO, was an alternative setting available? YES ☐ NO ☐~~
~~Had the student received individual counseling prior to this meeting? YES ☐ NO ☐~~
~~Was the student involved in school sponsored extracurricular activities? YES ☐ NO ☐~~
~~Does the student have an educational disability requiring an IEP? YES ☐ NO ☐~~
~~Has the student every been suspended? YES ☐ NO ☐~~
~~If YES, how many time? _____~~
~~Has the student every been expelled? YES ☐ NO ☐~~
~~If YES, how many times? _____~~
~~Is the student eligible for the free/reduced lunch program? YES ☐ NO ☐~~
~~Does the student plan to earn a GED? YES ☐ NO ☐~~
~~*Optional:*~~
~~What is the highest level of education completed by either parent/guardian? (check one)~~
~~Elementary School ☐ Middle School ☐ High School ☐ College ☐ Graduate School ☐~~

~~Student Signature _____ Date _____~~
~~Parent/Guardian Signature _____ Date _____~~
~~Guidance Counselor _____ Date _____~~

Student Dropout Questionnaire/Withdrawal Form

FOR DISTRICT USE ONLY:

Core Content Reading Performance Level:

Guidance Counselor Comments:

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

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 certified state 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 enrollment, each pupil entering kindergarten or first grade for the first time shall present evidence of up-to-date Kentucky certificate 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.
- ~~*Preventative*~~*Preventive Student Health Care, ~~and~~ Vision, and Dental Examinations* - Within one (1) year prior to initial ~~admission~~entry to school, each student ~~entering kindergarten~~ shall undergo a ~~preventative~~preventive 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 ~~preventative~~preventive 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 ~~forms~~records and dental examination ~~forms~~records as noted above, which are due by January 1 of the first year of enrollment, failure to provide the remaining required documentation within two (2) months may constitute reason for appropriate action.

Entrance Age

RELATED PROCEDURE:

09.12 AP.1

STUDENTS 09.121 AP.21

Petition for Early Enrollment Form

STUDENT NAME ☐ MALE ☐ FEMALE

BIRTHDATE: AGE GRADE LEVEL FOR THE - SCHOOL YEAR

PARENT/GUARDIAN NAME (Please Print)

ADDRESS (Please Print)

CITY STATE ZIP COUNTY

TELEPHONE NUMBER (Home) (Work) (Cell)

REQUEST PETITION FOR EARLY ENROLLMENT FOR WHICH SCHOOL

REASON(S) FOR REQUEST

Parent/Guardian Signature **Date**

==========

FOR DISTRICT USE ONLY

Date Received in Central Office

Requested school at or over cap size? ☐ Yes ☐ No

Request referred to School Principal for screening? ☐ Yes ☐ No

Child met Kindergarten Readiness Standards on District-approved screener? ☐ Yes ☐ No

Comments:

PETITION FOR EARLY ENROLLMENT ☐ Recommended ☐ Not Recommended

Principal Signature **Date**

PETITION FOR EARLY ENROLLMENT ☐ Approved ☐ Not Approved

Superintendent Signature **Date**

Board Chair Signature **Date**

Petition for Early Enrollment

PROCEDURES AND GUIDELINES FOR PETITION

Petitions should be made to Central Office using the District approved form, no later than May 1 of the year prior to the beginning of the school year for which the request is made.

To be recommended for early entrance to kindergarten, children will need to demonstrate above average performance and development in academic skills as well as approaches to learning, health and physical well-being, language and communication development, social and emotional development, and cognitive and general knowledge. The standards for early admittance are very high to ensure that students are not frustrated by their advanced grade placement. There will be no consideration, including an appeals process, for children with birthdates beyond *November 1. Additionally, final placement considerations will include availability of space and funding.*

The process will include multiple measures of the child's readiness for school. These measures will include, but are not limited to the following:

- Parent observation and input
- Data from prior settings, such as child care, state-funded preschool, Head Start and other early childhood programs if available
- BRIGANCE ©Kindergarten Screen
- Kindergarten site word list
- Aims Web

The Principal shall submit written recommendation to the Superintendent who shall then recommend to the Board whether to grant the request.

Children meeting the early entrance standards will be recommended for a *four (4)-week* trial period in kindergarten beginning at the start of the school year. During this time the student's readiness for kindergarten (general performance, social, emotional, and physical maturity, academic performance, peer relationships and other relating factors) will be monitored.

At the end of the *four (4) week* trial period, the school Principal will convene a meeting. Participants will include the parent(s), the student's teacher, the Principal, and any other invited individuals who may contribute relevant information and/or expertise regarding the individual student. Participants will then decide, based on multiple sources of data, if the child is in the appropriate educational setting or not. In the event the participants cannot reach a consensus, the building Principal retains authority and the responsibility to make the final decision.

Tuition/Processing Fee

The procedures cited below are to be followed in implementing the Board's tuition policy:

DISTRICTS EXCHANGE ADA

When nonresident students attend school within this District and the two (2) Boards enter into a written contract to educate "any and all" nonresident students, tuition shall not be charged however, a processing fee of $175 shall be charged annually.

NO EXCHANGE

Where nonresident students or out-of-state students attend a school within the District and the two (2) districts do not enter into a written contract to educate the nonresident/out-of-state students, the amount of tuition shall be set by the Board.

TUITION/PROCESSING FEE PAYMENT

Tuition/processing fees shall be paid annually in advance or via a tuition plan established by the Superintendent. Employees may elect to pay tuition/processing fees through a payroll deduction plan. If a student voluntarily withdraws from school, s/he shall receive a pro rata tuition refund.

Tuition/Processing Fee Payment Form

STUDENT'S NAME _____

CURRENT ADDRESS: _____

SCHOOL YEAR: _____

SCHOOL: (***Check appropriate box***) ☐ Elementary ☐ Middle ☐ High School

Annual tuition/processing fee for the student named above shall be paid in advance or via a payment plan established by the Superintendent for the school year in the amount of $ _____.

- Parent/guardian has paid tuition/processing fee in full ☐ YES ☐ NO
- Employee elects to have tuition/processing fee deducted through payroll deduction plan. ☐ YES ☐ NO

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 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.
FINANCIAL IMPLICATIONS: POSSIBLE INCREASE IN COST TO SCHOOLS

STUDENTS

09.15 AP.21

Application for Waiver~~/Reduction~~ of Fees

Student's Name _____ _____ _____
Last Name *First Name* *Middle Initial*

Student's Address _____ _____ _____
City *State* *ZIP Code*

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

~~2.~~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

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

- 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*

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

~~Preventative~~Preventive Student Health Care Examination Forms

~~Preventative~~Preventive student health care examinations for students must be completed using the form required by Kentucky Administrative Regulation ("~~Preventative~~Preventive 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.

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, ~~A~~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.

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

STUDENTS

09.4281 AP.1

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.

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.

==========

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.

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 _____ _____ _____
Last Name *First Name* *Middle Initial*

Student's Address _____ _____ _____
City *State* *Zip Code*

Student's Age _____ **Date of Birth** _____ **Student's Phone Number** _____

School _____ **Grade** _____ **Homeroom/Classroom** _____

Name of Parent/Guardian _____ **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

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

STUDENTS

09.42811 AP.21

Harassment/Discrimination Investigation and Appeals

(FOR INTERNAL ADMINISTRATIVE TRACKING PURPOSES ONLY)

STUDENT COMPLAINANT _____
Last Name *First Name* *Middle Initial*

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

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.

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 TEN (10) 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 _____
Last Name *First Name* *Middle Initial*

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 TEN (10) SCHOOL 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) 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: _____

Harassment/Discrimination Investigation and Appeals

SECOND APPEAL LEVEL

STUDENT COMPLAINANT _____
Last Name *First Name* *Middle Initial*

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 TEN (10) 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 confidential and may require consent of the employee prior to release.

RELATED POLICIES:

09.2211; 09.227

RELATED PROCEDURES:

09.227 AP.1, 09.42811 (all procedures)