

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

THIS FORM IS A MODEL TO BE CUSTOMIZED TO MEET THE NEEDS OF SPENCER COUNTY

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

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

Our school was identified for these reasons: _____

We are working to improve student achievement by: _____

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

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

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

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

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

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

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

Contact

Telephone #

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

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

Sincerely, _____
Principal/designee

STUDENTS

09.11 AP.23
(CONTINUED)

NCLB Transfer Notification Options

SCHOOL IMPROVEMENT-RESTRUCTURING

THIS FORM IS A MODEL TO BE CUSTOMIZED TO MEET THE NEEDS OF SPENCER COUNTY

TO: _____	FROM: _____
DATE: _____	GRADE: _____
RE: _____	_____
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

STUDENTS

09.11 AP.23
(CONTINUED)

NCLB Transfer Notification Options

THIS FORM IS A MODEL TO BE CUSTOMIZED TO MEET THE NEEDS OF SPENCER COUNTY

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

Dear Parent/Guardian,

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

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

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

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

You will be notified of the school assignment.

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

Sincerely, _____
Principal/designee

STUDENTS

09.11 AP.23
(CONTINUED)

NCLB Transfer Notification Options

THIS FORM IS A MODEL TO BE CUSTOMIZED TO MEET THE NEEDS OF SPENCER COUNTY

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

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

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

☐ However, no other school option is available at this time.

☐ The following are schools available to accept transfers: _____

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

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

You will be notified of the school assignment.

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

Sincerely, _____
Principal/designee

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

Date

NCLB Transfer Notification Options

~~Because~~ Pending the renewal of the Kentucky NCLB waiver request was granted through the 2014~~8~~-2015~~9~~ 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 Director of Pupil Personnel at the District's Central Office.

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 names and ages of the students who will be participating:

STUDENTS NAME(S) AND DATE OF BIRTH:

CURRENT SCHOOL:

HOME SCHOOL ADDRESS:

Name Street State Zip Code

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

NOTE: Home school parents are to receive a home school information packet.

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 (18) shall attend an educational institution as described in Kentucky compulsory attendance law. KRS 159.010

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

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

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

STUDENTS

09.111 AP.22

Withdrawal Authorization

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

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

REASONS FOR WITHDRAWING FROM SCHOOL

Student's Reason(s) for Withdrawing From School

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

<u>Student's Signature</u>	<u>Date</u>
<u>Parent/Guardian's Signature</u>	<u>Date</u>

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

<u>Principal/designee's Signature</u>	<u>Date</u>
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I CERTIFY THAT THE STUDENT AND HIS/HER PARENTS/GUARDIANS ATTENDED A ONE HOUR COUNSELING SESSION WITH ME.

<u>Counselor's Signature</u>	<u>Date</u>
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EXPLANATION: REVISIONS TO 702 KAR 1:160 ALLOW STUDENT HEALTH CARE EXAMINATIONS TO BE REPORTED ELECTRONICALLY IF THE ELECTRONIC MEDICAL RECORD INCLUDES ALL DATA EQUIVALENT TO THAT ON THE PREVENTIVE STUDENT HEALTH CARE FORM.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

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

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

STUDENTS

09.121 AP.1

Entrance Age

PRINCIPAL'S RESPONSIBILITY

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

- *Proof of Age and Identity* - Each pupil entering any elementary or secondary school for the first time shall present evidence of age by means of a birth certificate or other reliable proof of the student's identity and age. If a birth certificate is not presented, an affidavit of the inability to produce a copy of the birth certificate must be given.
- *Proof of Immunization* - Upon enrollment, each pupil entering kindergarten or first grade for the first time shall present evidence of immunization by means of a ~~doctor's certificate or a certificate from the Public Health Service~~ issued by a licensed physician or an APRN.
- ~~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 ten (10) calendar days after enrollment may constitute reason for appropriate action.

RELATED PROCEDURE:

09.12 AP.1

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

STUDENTS

09.15 AP.1

Student Fees

SCHEDULE APPROVED ANNUALLY

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

NO CHILD DENIED

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

PRINCIPAL'S RESPONSIBILITY

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

1. Principals shall use the guidelines of the free and reduced-price lunch program to determine the inability of students to rent instructional resources, pay fees, and purchase necessary school supplies.*
2. During the first week of school, the Principal shall send to the parents of each student the eligibility guidelines for free and reduced-price lunches. The eligibility guidelines form shall include a statement that if the student qualifies for free or reduced-price lunches, s/he also qualifies for free 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: 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.**

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

FINANCIAL IMPLICATIONS: POSSIBLE COST OF ADDITIONAL PERSONNEL

STUDENTS

09.224 AP.1

Emergency Medical Care Procedures

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

EMERGENCY INFORMATION

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

1. Student's name, address and date of birth.
2. Parents' names, addresses and home, work and emergency phone numbers.
3. Name and phone number of family physician and permission to contact health care professionals in case of emergency.
4. Name and phone number "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.

STUDENTS

09.224 AP.1
(CONTINUED)

Emergency Medical Care Procedures

MEDICAL EMERGENCY PROCEDURES (CONTINUED)

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

SUPPLIES/PERSONNEL

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

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DOCUMENTATION

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

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

RELATED POLICIES:

09.224
09.2241

RELATED PROCEDURES:

09.224 AP.21
09.2241 AP.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

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.

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.

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.

STUDENTS

09.4281 AP.1
(CONTINUED)

Grievance Procedures

BOARD OF EDUCATION'S INVOLVEMENT (CONTINUED)

2. If the Board decides to review the grievance, the student will then be afforded an opportunity to appear before the Board at the next regular meeting for relevant discussion of the student's communication. If the student does not wish to make a verbal presentation, the student's right to refrain from such activity will be respected.
3. The Superintendent or the grievant shall present the communication to the Board of Education at its next regularly scheduled meeting.
4. The Board of Education will consider the grievance, and will provide the student a written response within ten (10) school days after the next regularly scheduled meeting of the Board, following the meeting of the Board at which the grievance was initially presented. The decision of the Board of Education shall be final.

NOTES:

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

RELATED PROCEDURES:

08.13451 AP.1
09.42811 AP.2

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

STUDENTS

09.4281 AP.2

Grievance Initiation Form (Students)

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

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STUDENT GRIEVANT

Student Name _____ Date _____

Home Address _____ Phone _____

School _____ Grade Level _____

GRIEVANCE

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

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

Student's Signature

Date

LEVEL ONE: CLASSROOM TEACHER

Name: _____

Date grievance received at this level _____

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

Classroom Teacher's Signature

Date

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

STUDENTS

09.4281 AP.2
(CONTINUED)

Grievance Initiation Form (Students)

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

LEVEL TWO: PRINCIPAL OR PRINCIPAL'S DESIGNEE

Name: _____

Date grievance received at this level _____

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

Principal's/Designee's Signature

Date

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

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

LEVEL THREE: SCHOOL COUNCIL, IF APPROPRIATE

Name: _____

Date grievance received at this level _____

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

School Council Chairperson's Signature

Date

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

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

STUDENTS

09.4281 AP.2
(CONTINUED)

Grievance Initiation Form (Students)

LEVEL FOUR: SUPERINTENDENT/DESIGNEE

Name: _____

Date grievance received at this level _____

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

Superintendent's/Designee's Signature

Date

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

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

LEVEL FIVE: BOARD OF EDUCATION

Date grievance received at this level _____

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

Board Chairperson's Signature

Date

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

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

STUDENTS

09.42811 AP.2

Harassment/Discrimination Reporting Form

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

Student's Name _____			
_____	_____	_____	_____
	<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
Student's Address _____			
_____	_____	_____	_____
	<i>City</i>	<i>State</i>	<i>Zip Code</i>
Student's Age _____	Date of Birth _____	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

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Field Code Changed

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

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.

STUDENTS

09.42811 AP.21
(CONTINUED)

Harassment/Discrimination Investigation and Appeals

FORMAL PROCEDURE (CONTINUED)

TIMELINE

The investigator shall provide the complainant and the accused with a copy of the District's Policy 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 FIVE (5) SCHOOL DAYS OF COMPLETION OF THIS INVESTIGATION.

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

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

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

FIRST APPEAL LEVEL

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

ALLEGED HARASSER/DISCRIMINATING PARTY: _____

Superintendent/designee who will consider appeal: _____

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

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

CORRECTIVE ACTION

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

USING THE DESIGNATED FORM (09.42811 AP.24), A RESPONSE SHALL BE PRESENTED TO THE COMPLAINANT AND THE ACCUSED (AND TO THEIR PARENTS/GUARDIANS IF THE STUDENT IS UNDER AGE EIGHTEEN OR IF STUDENT HAS REACHED AGE EIGHTEEN AND HAS A LEGAL GUARDIAN) WITHIN FIVE (5) 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: _____

STUDENTS

09.42811 AP.21
(CONTINUED)

Harassment/Discrimination Investigation and Appeals

SECOND APPEAL LEVEL

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

ALLEGED HARASSER/DISCRIMINATING PARTY: _____

Board Chairperson: _____

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

CORRECTIVE ACTION

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

USING THE DESIGNATED FORM (09.42811 AP.24), A RESPONSE SHALL BE PRESENTED TO THE COMPLAINANT AND THE ACCUSED (AND TO THEIR PARENTS/GUARDIANS IF STUDENT IS UNDER AGE EIGHTEEN OR IF STUDENT HAS REACHED AGE EIGHTEEN AND HAS A LEGAL GUARDIAN) WITHIN FIVE (5) SCHOOL DAYS OF COMPLETION OF THIS LEVEL OF INVESTIGATION.

GUIDELINES

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

RELATED POLICIES:

09.2211; 09.227

RELATED PROCEDURES:

09.227 AP.1, 09.42811 (all procedures)

Verification of Employment

Date: _____

The following individual, who has applied for employment in the _____
School District, has reported that s/he was formerly employed by your school district/agency:

*Name of Former Employee*_____
Social Security #

We request that you verify years of experience and provide other information as noted below.
Please return this form in the postage-paid envelope provided.

*Signature of Person Requesting Information*_____
Position/Title

This is to certify that the employee listed above was employed by:

- ☐ _____ Schools
- ☐ _____ College/University
- ☐ Kentucky Department of Education, Department of _____
- ☐ Other; please specify: _____

Beginning Date (Month/Day/Year)	Ending Date (Month/Day/Year)	Part-time or Full-time Status	Position(s) Held

Continuing Contract Status (if applicable): ☐ YES ☐ NO

Sick day balance: _____

OPEN RECORDS REQUEST

Please provide any information contained in this individual's personnel record evidencing any disciplinary action taken while s/he was employed by your district/agency.

- ☐ Information enclosed/attached ☐ No disciplinary action on record for this individual

*Name & Title of Person Completing Form
(Please Print/Type)*_____
*Signature*_____
Date

Review/Revised:8/25/11

Change in Rank

Complete and submit this form to the Superintendent by September 15 (fall term) or by January 15 (spring term). Attach documentation verifying your change in rank.

EMPLOYEE'S NAME _____

SCHOOL/WORK LOCATION _____

IMMEDIATE SUPERVISOR'S NAME _____

My rank will change from _____ to _____,

effective for the ☐ fall term ☐ spring term of the _____ school year. Attached is the required documentation to verify my rank change.

TEACHERS ONLY

- ☐ *National Board Certification is pending. Pursuant to policy 03.121, I am providing this notice prior to September 15 in the event a rank-related increase in salary is indicated.*

Employee's Signature *Date*

Superintendent's Signature *Date*

NOTE: Before salary adjustments can be made, documentation verifying change in rank must be received by the Superintendent and on file at the Central Office.

Review/Revised:9/23/2002

Employee Request for Optional Salary Deductions

Enrollment form(s) for programs checked below must be submitted to the Central Office designee.
--

Annually, employees shall complete and file this form with the Superintendent/designee by June 1 or during the annual health benefits open enrollment period.

Employees who are hired after June 1 must complete this form within the first ten (10) working days.

A minimum of twenty-five (25) payers shall be required for each type of payroll deduction.

Except for tax-sheltered annuity deductions, the Board shall discontinue current payroll deductions at the end of the fiscal year when the number of employees making payments to any agency or company falls below the required number of payers.

I hereby authorize the following salary deduction(s) for the _____ school year.

PROFESSIONAL AND JOB-RELATED ORGANIZATIONS

- ☐ KEA-NEA and Local
- ☐ KASA
- ☐ PAC
- ☐ Classified employees' job-related organizations, specify _____
- ☐ Other, specify _____

CHARITABLE ORGANIZATIONS

- ☐ United Way
- ☐ Other, specify _____

Employee's Signature

Date

Review/Revised:5/18/1998