

KSBA Policy Service

05/30/2019

2019 Policy Update (#42) Checklist

District: Kentucky School for Blind-Deaf

To enable KSBA to track and store your District's policies in our policy database, please indicate below what action you have taken on the new/revised policies enclosed for your review. We will forward printed or reproducible copies of the policies when we receive this form and update your online manual if you belong to that service.

Policy Number	Adopt as Written	Adopt with Modification*	Adoption Date	Order Number	Keep Current Policy	Rescind Policy
02.31	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<hr/>	<hr/>	<input type="checkbox"/>	<input type="checkbox"/>
03.11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<hr/>	<hr/>	<input type="checkbox"/>	<input type="checkbox"/>
03.113	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<hr/>	<hr/>	<input type="checkbox"/>	<input type="checkbox"/>
03.123	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<hr/>	<hr/>	<input type="checkbox"/>	<input type="checkbox"/>
03.1233	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<hr/>	<hr/>	<input type="checkbox"/>	<input type="checkbox"/>
03.1234	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<hr/>	<hr/>	<input type="checkbox"/>	<input type="checkbox"/>
03.1327	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<hr/>	<hr/>	<input type="checkbox"/>	<input type="checkbox"/>
03.133	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<hr/>	<hr/>	<input type="checkbox"/>	<input type="checkbox"/>
03.162	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<hr/>	<hr/>	<input type="checkbox"/>	<input type="checkbox"/>
03.19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<hr/>	<hr/>	<input type="checkbox"/>	<input type="checkbox"/>
03.2327	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<hr/>	<hr/>	<input type="checkbox"/>	<input type="checkbox"/>
05.31	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<hr/>	<hr/>	<input type="checkbox"/>	<input type="checkbox"/>
06.221	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<hr/>	<hr/>	<input type="checkbox"/>	<input type="checkbox"/>
08.113	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<hr/>	<hr/>	<input type="checkbox"/>	<input type="checkbox"/>

08.14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
08.221	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
09.22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
09.224	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
09.4232	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
09.425	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
10.5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>						
03.173	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
06.14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
08.1312	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
08.31	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
09.12	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

*Please attach a copy of the modified policy. DO NOT RETYPE A DRAFT - simply indicate the district-initiated changes by writing in colored ink, circling, highlighting, etc.

Board Chair's Signature

Date

Commissioner's Signature

Date

**Please return this completed form to KSBA at your earliest opportunity.
Please contact your KSBA Consultant IF you need KSBA to completely reprint all policy pages or to order additional new manuals, instead of just getting copies of the updated policies.**