

Jefferson County Public Schools  
Policy and Procedures Project  
Procedures - Set #6  
February 11, 2020 Board Meeting

| JCBE Policy  | KSBA Procedure Name   | Description   |
|--|---|---|
|  | <b>PUBLISH FEBRUARY 12, 2020</b>                                      |   |
| 01.5 School Board Policies                                   | 0.15 AP.1 School Board Policies                                       | Establishes that all Board policies should be readily accessible and disseminated when adopted or amended. There are no changes to current practice.                    |
| 01.44 Special Called Meetings                                | 01.44 AP.21 Request to Receive Special Meeting Notification by E-mail | Provides form for individuals to receive Special Meeting notifications by e-mail. Modest adjustment to current practice to align with requirement for Special Meetings. |
| 01.821 Board Member Compensation and Expenses                | 01.821 AP.1 Board Member Compensation and Expenses                    | Sets forth procedures for the reimbursement of travel by Board members. There are no changes to current practice.   |
| 03.19 Staff Meetings & Professional Development (Certified)  | 03.19 AP.1 Professional Development (Certified)                       | Sets forth information regarding professional development for certified personnel. There are no changes to current practice.  |
| 03.29 Staff Meetings & Professional Development (Classified) | 03.29 AP.1 Employment-Related Staff Development (Classified)          | Sets forth information regarding professional development for classified personnel. There are no changes to current practice.   |
| 03.1321 Use of School Property (Certified)                   | 03.1321 AP.1 Staff Use of Telecommunications Devices (Certified)      | Sets forth parameters and restrictions for the use of telecommunications devices for District staff. There are no changes to current practice.                          |
| 03.2321 Use of School Property (Classified)                  | 03.2321 AP.1 Staff Use of Telecommunications Devices (Classified)     | Sets forth parameters and restrictions for the use of telecommunications devices  |

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|   |   | for District staff. There are no changes to current practice.   |
| 03.1324 Political Activities (Certified)  | 03.1324 AP.1 Political Issues at School (Certified)                             | Sets forth parameters regarding political activities and issues at school. There are no changes to current practice.                              |
| 03.2324 Political Activities (Classified) | 03.1324 AP.1 Political Issues at School (Classified)                            | Sets forth parameters regarding political activities and issues at school. There are no changes to current practice.                              |
| 08.1 Curriculum                           | 08.1 AP.2 Curriculum & Instruction Reports                                      | Sets forth the annual reports required to be approved by an SBDM council and submitted to the District. There are no changes to current practice. |
| 08.232 Instructional Resources            | 08.232 AP.21 Waiver for Instructional Resource Rentals & Fees                   | Sets forth process for eligible students to receive rental and fee waivers. There are no changes to current practice.                             |
| 08.1312 Home/Hospital Instruction         | 08.1312 AP.1 Procedures for Home/Hospital Instruction                           | Directs reader to the District Home/Hospital handbook for procedures. There are no changes to current practice.                                   |
| 08.1312 Home/Hospital Instruction         | 08.1312.21 Parent/Guardian Information for Home/Hospital Instruction            | Provides procedures for a parent/guardian to apply for Home/Hospital instruction. There are no changes to current practice.                       |
| 08.1312 Home/Hospital Instruction         | 08.1312 AP.23 Procedures for Teachers for Home/Hospital Instruction             | Directs reader to the District Home/Hospital handbook for procedures. There are no changes to current practice.                                   |
| 08.2322 Review of Instructional Materials | 08.2322 AP.1 Review of Challenged Instructional Materials                       | Sets forth procedures for a challenge to instructional materials. Modification: codifies process.   |
| 08.2322 Review of Instructional Materials | 08.2322 AP.21 Request for Reconsideration of Challenged Instructional Materials | Provides a form for a challenge to instructional materials. Modification: new form.   |

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| 08.2322 Review of Instructional Materials          | 08.2322 AP.22 Staff/School Council Reconsideration of Instructional/Library Materials | Provides a form for staff/council to reconsider instructional materials. Modification: new form.   |
| 08.2322 Review of Instructional Materials          | 08.2322 AP.23 Staff/School Council Reconsideration of Decision                        | Provides a letter to be sent notifying a challenger of the decision of the Staff/Council. Modification: new letter.  |
| 08.13451 Title I Parent & Family Engagement Policy | 08.13451 AP.1 Federal Programs/Title I Violation Complaint Procedure                  | Sets forth the procedure to file a complaint regarding District implementation of Title I and other federal programs. There are no changes to current practice.              |
| 09.14 Student Records                              | 09.14 AP.1 Family Educational Rights & Privacy Act Definitions                        | Provides definitions for use when implementing policies and procedures relating to FERPA. There are no changes to current practice.  |
| 09.14 Student Records                              | 09.14 AP.22 Student Record Logs   | Sets forth procedures to record the release of students' records, in accordance with FERPA. There are no changes to current practice.  |
|  | <b>PUBLISH JUNE 30, 2020</b>  |  |
| 03.112 Certification & Records                     | 03.112 AP.22 ESSA Qualification Notification Letter                                   | Provides letter to be used if a student has a teacher who is not certified in the subject they are teaching for four or more weeks. Modification: new letter. Post 7/1/2020. |
| 08.132 Gifted & Talented Students                  | 08.132 AP.1 Gifted & Talented Students  | Provides procedures for the Gifted & Talented Program. There are no changes to current practice. Post 7/1/2020.  |
| 08.1131 Alternative Credit Options                 | 08.31131 AP.21 Course Assessment Rubric   | Provides procedures for the review and approval of new courses. There are no changes to current practice. Post 7/1/2020.   |
| 08.1132 Hardship Graduation                        | 08.1132 AP.21 Hardship Application for Graduation                                     | Provides form to be used to apply for a hardship graduation. Modification: new form. Post 7/1/2020.  |

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| 09.14 Student Records              | 09.14 AP.2 Juvenile Justice Agency Certification Form                         | Form for a Juvenile Justice agency to certify that it will not release student records or data that it receives from the District. Modification: new form. Post 7/1/2020 |
| 09.14 Student Records              | 09.14 AP.21 Request to Inspect, Amend, or Destroy Student Educational Records | Provides form for parent/guardian or student to request to inspect, amend, or destroy educational records. Modification: new form. Post 7/1/2020                         |
| 09.213 Contagious Diseases         | 09.213 AP.11 Prevention/Control of Head Lice and Nits in School               | Establishes procedures for the prevention/control of head lice and nits in school. Modification: aligns District procedures with best practice. Post 7/1/2020            |
| 09.224 Emergency Medical Treatment | 09.224 AP.1 Emergency Medical Care Procedures                                 | Sets forth procedures in case of serious accidents or sudden illnesses in schools. There are no changes to current practice. Post 7/1/2020                               |
| 09.224 Emergency Medical Treatment | 09.224 AP.21 Emergency Information Form                                       | Provides form to be used in the event of an emergency. Modification: new form. Post 7/1/2020   |
| 09.2241 Student Medication         | 09.2241 AP.1 Student Medication Guidelines                                    | Sets forth guidelines for the handling of student medications. There are no changes to current practice. Post 7/1/2020   |
| 09.2241 Student Medication         | 09.2241 AP.21 Permission Form for Prescribed or Over-the-Counter Medication   | Provides form to collect permission for the administration of medication. Modification: new form. Post 7/1/2020  |
| 09.2241 Student Medication         | 09.2241 AP.22 Student Medication Logs   | Provides log to be used to document the administration of medication. Modification: new form. Post 7/1/2020  |

**School Board Policies****DISSEMINATION**

The Board Policy Manual is readily accessible to staff, students, Board members and the public at <https://www.jefferson.kyschools.us/about/policies> on the District website.

The Office of the Chief of Staff shall provide periodic communications to District employees highlighting key changes to Board policy. When appropriate, new or revised Board policies will be disseminated during staff/student meetings.

Each site administrator shall notify employees and/or students under their supervision, either orally or in writing, when the Board makes a policy change that applies to them. In addition, the Superintendent shall designate an employee or committee to review related documents such as, but not limited to, the student code of conduct and employee/student handbooks to assure consistency with Board policies that are new or that have been revised.

**MAINTENANCE**

The primary means of access to the Board Policy Manual is online, at <https://www.jefferson.kyschools.us/about/policies>. The Superintendent's designee shall maintain a list of numbered hard copies of the Policy Manual and shall distribute manuals and revised policies accordingly.

The Board Policy Manual will be kept current by periodic revision. It shall be the responsibility of the Superintendent's designee to see that copies of new and revised policies as approved by the Board are placed in proper sequence in the manuals.

Following Board adoption of policy changes, the Superintendent/designee shall forward to each holder of a manual one (1) set of new/revised pages. The Update Checklist in each manual shall be marked accordingly when the changes resulting from the KSBA annual policy update have been inserted.

**Request to Receive Special Meeting Notification by Email**

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

**Check** if you are: ☐ Member of Board or Council or of Board/Council Committee  
☐ Media Organization (with written request on file)

*I prefer to receive and specifically authorize the furnishing of electronic mail notification of special called meetings in lieu of notice by personal delivery, facsimile machine, or mail.*

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

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| This form shall be submitted to, and kept on file by, the Central Office. |
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**Board Member Compensation and Expenses**

Reimbursement for Board member travel expenses shall be provided in accordance with District Travel Guidelines. Reimbursement to a Board member for travel expenses within Jefferson County shall be accomplished through completion and submission of the "In-County Travel Expense Form." Reimbursement for travel expenses for Board-approved out-of-county travel shall be accomplished by submission of the "Out-of-County Travel Expense Form." The guidelines and forms are found on the Department of Accounting Services webpage.

**- CERTIFIED PERSONNEL -****Professional Development****DEFINITIONS**

Professional development is defined as professional learning that is an individual and collective responsibility, that fosters shared accountability among the entire education workforce for student achievement, and:

1. Aligns with Kentucky Academic Standards in 704 KAR 3:303, educator effectiveness standards, individual professional growth goals, and school, district, and state goals for student achievement;
2. Focuses on content and pedagogy, as specified in certification requirements, and other related job-specific performance standards and expectations;
3. Occurs among educators who share responsibility for student growth;
4. Is facilitated by school and district leaders, including curriculum specialists, principals, instructional coaches, competent and qualified third-party facilitators, mentors, teachers or teacher leaders;
5. Focuses on individual improvement, school improvement, and plan implementation; and
6. Is on-going.

Professional development program means a sustained, coherent, relevant, and useful professional learning process that is measurable by indicators and provides professional learning and ongoing support to transfer that learning to practice.

**Every Student Succeeds Act of 2015 (ESSA) defines professional development as activities that are an integral part of school and local educational agency strategies for providing educators with the knowledge and skills necessary to enable students to succeed in a well-rounded education and to meet the challenging State academic standards; and that are sustained (not stand-alone, 1-day, or short term workshops), intensive, collaborative, job-embedded, data-driven, and classroom-focused.**

**PROFESSIONAL DEVELOPMENT PROGRAM**

The school and District, under the direction of the Professional Development Coordinator (PDC), shall develop and implement plans of continuing professional development. The plans shall include, but not be limited to, the following components:

1. A clear statement of the school or District mission;
2. Evidence of representation of all persons affected by the Professional Development plan;
3. A needs assessment analysis;
4. PD objectives that are focused on the school or District mission, derived from needs assessment, and that specify changes in educator practice needed to improve student achievement; and
5. A process for evaluating impact on student learning and improving professional learning, using evaluation results.

Professional development activities shall be in accordance with **federal guidelines and** Kentucky State Regulation.

**Professional Development****CERTIFIED STAFF RESPONSIBILITIES**

In addition to job-embedded professional learning included in the Professional Development Plan, it is the responsibility of each full-time certified staff member to complete the twenty-four (24) hours of professional development required in the District calendar. Part-time employees shall complete the appropriate portion of the twenty-four (24) hours.

**NEW TEACHER ORIENTATION**

Prior to the opening of school all teachers new to the District shall be required to attend an orientation session. The Superintendent/designee will be responsible for the program and all arrangements.

**REQUIREMENT MUST BE FULFILLED**

Professional development is ongoing. It is the responsibility of the individual to provide appropriate documentation for all completed professional development. Internal offerings are documented by sign-in sheets. For activities outside the District, it is the responsibility of the individual to obtain the appropriate form prior to attendance, have it completed and return it to the PDC. Registration costs, meals, and mileage are the responsibility of the individual unless supplemental funds are provided by another source.

**RELATED PROCEDURES:**

03.125 AP.21

03.19 AP.21

**- CLASSIFIED EMPLOYEES -****Employment-Related Staff Development****ONGOING STAFF DEVELOPMENT**

Classified employees shall be involved in ongoing staff development to improve their performance within the district. Classified administrators who hold supervisory positions shall receive job related professional learning throughout the year.

**REQUIRED IN-SERVICE FOR INSTRUCTIONAL EMPLOYEES:**

- School-based instructional employees (i.e. Instructional Assistants) shall receive professional development throughout each school year in accordance with expectations established by the Academic Services Division and the principals.
- Non-school based instructional employees shall receive job related professional learning throughout the year.

**REQUIRED IN-SERVICE FOR NON-INSTRUCTIONAL EMPLOYEES:**

Non-instructional employees shall receive in-service training in accordance with the requirements specified in state statutes and regulations. Job embedded training may also be provided.

**PROFESSIONAL LEAVE**

Classified personnel, upon approval by the superintendent/designee, may be granted professional leave with expenses reimbursed by the board for the purpose of attending approved meetings/conferences which relate to their areas of employment.

**RELATED PROCEDURES:**

03.225 AP.2

03.29 AP.2

**Staff Use of Telecommunication Devices (Certified)**

Employees issued a telecommunication device are responsible for its safekeeping at all times. Defective, lost or stolen equipment (pagers, digital or cell phones, etc.) are to be reported immediately to the Central Office so that the service provider may be notified.

Telecommunication devices issued to employees are to be returned to the Central Office designee at the conclusion of the school year, activity or as otherwise specified.

**RESTRICTIONS**

All drivers that are not driving students shall comply with applicable legal requirements concerning use of cellular telephones and other personal communication devices while operating a Board-owned vehicle.

- Employees shall not engage in activities that distract them from safely operating a vehicle.
- Except for communications made to and from a central dispatch, school transportation department, or its equivalent, drivers shall not use a telecommunication device, including those used for calling, texting or emailing while operating a Board-owned vehicle unless the vehicle is parked or unless there is a bona fide emergency, which shall include, but not be limited to the following actions:
  1. Report illegal activity;
  2. Summon medical help;
  3. Summon a law enforcement or public safety agency; or
  4. Prevent injury to a person or property.
- **Except for emergencies**, telecommunication devices are not to be used for conversations involving District information of a confidential nature.
- Board-owned telecommunication devices are not to be loaned to others.

Use of communication devices on school buses is addressed in procedure 06.2 AP 12.

**RELATED PROCEDURE:**

03.2321 AP.1

06.2 AP 12

**Staff Use of Telecommunication Devices (Classified)**

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  1. Report illegal activity;
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  3. Summon a law enforcement or public safety agency; or
  4. Prevent injury to a person or property.
- Except for emergencies, telecommunication devices are not to be used for conversations involving District information of a confidential nature.
- Board-owned telecommunication devices are not to be loaned to others.

Use of communication devices on school buses is addressed in procedure 06.2 AP 12.

**RELATED PROCEDURE:**

03.1321 AP.1

06.2 AP 12

## **Political Issues at School (Certified)**

### **DEFINITION OF POLITICAL ACTIVITIES**

Employees of the District shall not promote, organize, or engage in political activities during school/office hours. Promoting, organizing or engaging in political activities shall include the following:

1. Encouraging students to adopt or support a particular position, party, or candidate; or
2. Using school property to advance the support of a particular position, party, or candidate (Policies 03.1324 and 03.2324).

*(Note that employee unions have a contractual right to use the District PONY and email system to provide information or advocate a position on matters of public interest but not to advocate for or against the election of candidates for public office.)*

### **PROHIBITED ACTIVITIES**

District employees and volunteers may display campaign signage on their personal vehicles and wear campaign buttons/stickers at school sites. District employees and volunteers are not permitted to pass out campaign literature at the schools. While on duty, employees and volunteers may not engage in political activities on school grounds, and may not use the District courier, email system, equipment, or supplies for such purposes, nor may they wear clothing with political messages while on duty (other than non-school board campaign buttons/stickers).

### **CANDIDATES FOR OFFICE**

In general, the District welcomes individuals into its schools, in accordance with Board Policy 10.5 Visitors to Schools; however, it is not appropriate to let individuals campaign during the school day at a school facility.

It is appropriate to introduce dignitaries, current elected officials, or campaigning individuals out of respect for their positions when they attend school or District events. Current elected officials may give comments if non-political in nature and if they are invited out of respect for their positions. It is not appropriate to allow them an open forum to make political speeches, political announcements, or gain political advantage.

Candidates and their volunteers may pass out campaign literature at after-hours PTA events, school events, and so on, if they are outside the entrance to the area where the event is taking place (i.e., outside the school or at the entrance to the stadium).

School employees should always make sure their building administration is notified in advance if candidates for office will be guests at their site.

### **USE OF POLITICAL CANDIDATES IN LESSONS**

Teachers are advised to use good judgment when referencing political candidates and/or political parties in their lessons. There are many appropriate ways this can be done, such as having a mock political debate in a social studies class or assigning students to write a political speech in an English class. However, educators must be careful not to use their classrooms to advocate or proselytize for or against a particular candidate or party. As a rule of thumb, a teacher should be able to cite a reasonable and constructive educational purpose for which the political figure was used in the given lesson.

**Political Issues at School (Certified)****STUDENTS**

Students are afforded rights in the Student Bill of Rights that can be found in its entirety in the Student Support and Behavior Intervention Handbook. These rights include: "...the right to freedom of expression as it relates to speech, assembly, appearance, publications and the circulation of petitions."

**COMMUNICATIONS**

Building leaders should consult their Assistant Superintendent and notify the Executive Administrator of Government and Community Relations (485-6501) regarding visits by individuals running for office, as well as currently elected officials.

Bargaining unit agreements should be referenced for specific rights in this area.

**DOCUMENTS REFERENCED**

- Bargaining unit agreements
- Student Support and Behavior Intervention Handbook (Student Bill of Rights)

## **Political Issues at School (Classified)**

### **DEFINITION OF POLITICAL ACTIVITIES**

Employees of the District shall not promote, organize, or engage in political activities during school/office hours. Promoting, organizing or engaging in political activities shall include the following:

1. Encouraging students to adopt or support a particular position, party, or candidate; or
2. Using school property to advance the support of a particular position, party, or candidate (Policies 03.1324 and 03.2324).

*(Note that employee unions have a contractual right to use the District PONY and email system to provide information or advocate a position on matters of public interest but not to advocate for or against the election of candidates for public office.)*

### **PROHIBITED ACTIVITIES**

District employees and volunteers may display campaign signage on their personal vehicles and wear campaign buttons/stickers at school sites. District employees and volunteers are not permitted to pass out campaign literature at the schools. While on duty, employees and volunteers may not engage in political activities on school grounds, and may not use the District courier, email system, equipment, or supplies for such purposes, nor may they wear clothing with political messages while on duty (other than non-school board campaign buttons/stickers).

### **CANDIDATES FOR OFFICE**

In general, the District welcomes individuals into its schools, in accordance with Board Policy 10.5 Visitors to Schools; however, it is not appropriate to let individuals campaign during the school day at a school facility.

It is appropriate to introduce dignitaries, current elected officials, or campaigning individuals out of respect for their positions when they attend school or District events. Current elected officials may give comments if non-political in nature and if they are invited out of respect for their positions. It is not appropriate to allow them an open forum to make political speeches, political announcements, or gain political advantage.

Candidates and their volunteers may pass out campaign literature at after-hours PTA events, school events, and so on, if they are outside the entrance to the area where the event is taking place (i.e., outside the school or at the entrance to the stadium).

School employees should always make sure their building administration is notified in advance if candidates for office will be guests at their site.

### **USE OF POLITICAL CANDIDATES IN LESSONS**

Instructional Assistants and other classified employees are advised to use good judgment when referencing political candidates and/or political parties during interactions with. There are many appropriate ways this can be done, such as having a mock political debate in a social studies class or assigning students to write a political speech in an English class. However, educators must be careful not to use their classrooms to advocate or proselytize for or against a particular candidate or party. As a rule of thumb, an instructional assistant or other classified employee should be able to cite a reasonable and constructive educational purpose for which the political figure was used as an example during instructional time.

## **Political Issues at School (Classified)**

### **STUDENTS**

Students are afforded rights in the Student Bill of Rights that can be found in its entirety in the Student Support and Behavior Intervention Handbook. These rights include: "...the right to freedom of expression as it relates to speech, assembly, appearance, publications and the circulation of petitions."

### **COMMUNICATIONS**

Building leaders should consult their Assistant Superintendent and notify the Executive Administrator of Government and Community Relations (485-6501) regarding visits by individuals running for office, as well as currently elected officials.

Bargaining unit agreements should be referenced for specific rights in this area.

### **DOCUMENTS REFERENCED**

Bargaining unit agreements

Student Support and Behavior Intervention Handbook (Student Bill of Rights)

### **Curriculum/Instruction Reports**

Each year, the Principal shall provide the Superintendent/designee with copies of the following information, or revisions made since the last report. In schools operating under SBDM, these policies shall be approved first by the council. In schools operating under a School Leadership Team, these policies shall be approved first by the team.

1. Alignment with State Standards
2. College-Level Courses (Secondary)
3. Committees
4. Consultation
5. Curriculum
6. Discipline/Classroom Management
7. Emergency Plan
8. Enhancing Achievement
9. Extracurricular Programs
10. Instructional Practices
11. Program Appraisal
12. School Schedule
13. School Space
14. Staff Time Assignment
15. Student Assignment
16. Technology Use
17. Wellness (Primary to Grade 5)
18. Writing

#### **RELATED POLICY:**

02.44

#### **RELATED PROCEDURE:**

04.1 AP.2

**Waiver for Instructional Resource Rentals & Fees**

Kentucky School Law (KRS 157.110) permits parents of students who qualify for free/reduced-price meals to receive assistance with instructional resource rentals and fees, as well as other educational benefits.

Eligibility for free/reduced price meals and other educational benefits is determined by the District based on information on a completed Educational Benefits Form (EBF) The EBF is distributed to parents/guardians at the beginning of each school year or upon enrollment, and is also available on the District website.

Once eligibility of a student is determined, instructional resource rentals and fees are automatically waived.

**Procedures for Home/Hospital Instruction**

The District Home/Hospital handbook has been created to help school administrators, teachers, parents, and community members understand and assist in providing Home/Hospital (H/H) services to qualifying students. When a student is expected to be unable to attend school due to a medical or mental health condition for at least five consecutive school days, Home/Hospital instruction should be considered. The Home Hospital Procedures Handbook can be found on JCPS website.

The Home/Hospital Instruction application is incorporated by reference in 704 KAR 7:120. This application is available from the Kentucky Department of Education.

**RELATED PROCEDURES:**

08.1312 AP.21

08.1312 AP.23

**Parent/Guardian Information for Home/Hospital Instruction**

The Home/Hospital handbook has been created to help school administrators, teachers, parents, and community members understand and assist in providing Home/Hospital (H/H) services to qualifying students. When a student is expected to be unable to attend school due to a medical or mental health condition for at least five consecutive school days, Home/Hospital instruction should be considered.

In order to be considered for the Home/Hospital program, an application must be completed. The student's application must include a completed Professional Statement, with a diagnosis listed, approximate length of time that Home/Hospital will be needed, and signed by the appropriate licensed medical professional. The application also should include verification that the illness confines the student to a hospital, nursing facility, or home and that the student is physically unable to attend school even on a part-time basis. The application for Home/Hospital is available on the Kentucky Department of Education website in both English and Spanish.

**RELATED POLICY:**

08.1312

**Procedures for Teachers for Home/Hospital Instruction**

The Home/Hospital handbook has been created to help school administrators, teachers, parents, and community members understand and assist in providing Home/Hospital (H/H) services to qualifying students. When a student is expected to be unable to attend school due to a medical or mental health condition for at least five consecutive school days, Home/Hospital instruction should be considered. The Home Hospital Procedures Handbook can be found on JCPS website and lays out communication procedures for teachers.

**RELATED POLICY:**

08.1312

## **Review of Challenged Instructional Materials**

Despite the quality of the selection process, occasional objections to instructional materials will be made. The Board supports principles of intellectual freedom inherent in the First Amendment to the Constitution of the United States and expressed in the *Library Bill of Rights* of the American Library Association (ALA) and the *Students' Right to Read* of the National Council of Teachers of English (NCTE). When materials are questioned, the principles of intellectual freedom, the right to access of materials, and the integrity of the staff must be defended rather than the materials.

The process for the review and reevaluation of instructional materials is the responsibility of the SBDM Council, or in schools without an SBDM Council, the School Leadership Team (SLT). The SBDM Council/SLT may solicit a recommendation from an appointed SBDM/SLT Review Subcommittee. It is the responsibility of the SBDM Council/SLT to determine whether it will serve as the Review Committee or will solicit a recommendation from an appointed SBDM/SLT Review Subcommittee. The challenged materials will be retained or withdrawn as mandated by the decision of the SBDM Council/SLT.

### **LEVEL I: INITIAL CONCERN**

1. The complainant states to the local school principal, unit head, or a designee a concern related to instructional materials.
2. The principal, unit head, or designee schedules with the complainant a conference intended to resolve the complaint.
3. Within five business days following the conference, the principal, unit head, or designee provides the complainant a written decision concerning use of the instructional materials. (During this time, the materials will remain in use.)

Note: At Level I, the principal, unit head, or designee will attempt to resolve the issue informally by explaining the rationale for including the materials in the instructional program. The explanation should focus on the selection procedures and criteria, qualification of persons selecting the materials, the place the challenged materials occupy in the educational program, the materials' intended educational usefulness, and additional information regarding their use.

### **LEVEL II: WRITTEN REQUEST FOR REVIEW AND REEVALUATION**

If, after consultation at Level I, the complainant wishes to file a written request for review and reevaluation of the instructional materials, the principal, unit head, or designee assists the complainant in taking the following steps:

1. The complainant completes a Request for Reconsideration of Instructional Materials form (found in Administrative Procedure 08.2322 AP.21), signs the form, and files it with the principal, unit head, or designee.

Note: Access to challenged instructional materials shall not be restricted during the reconsideration process. In unusual circumstances, however, access may be restricted temporarily by unanimous agreement of the SBDM Council/SLT.

2. The principal, unit head, or designee shall follow procedures established by the SBDM Council/SLT and may use the form Staff/School Council Reconsideration of Instructional/Library Materials found in Procedure 08.2322 AP 22 during consideration.

3. Follow Board Policy 02.42411 Appeal of Decisions and use the form Staff/School Council Reconsideration Decision found in Procedure 08.2322 AP 23 to share the decision with the complainant.

**C. MISCELLANEOUS**

1. The decision of the SBDM Council/SLT is intended for the school it serves and does not apply to instructional materials in any other school.
2. Requests to reconsider materials that have previously been before the SBDM Council/SLT must receive the approval of a majority of its members before the materials will again be reconsidered. Every reconsideration request form shall be acted upon by the SBDM Council/SLT.

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

School: \_\_\_\_\_

Request Initiated by: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Complainant represents:  
(Select one)

Themselves \_\_\_\_\_

Organization:  
\_\_\_\_\_Other person or group:  
\_\_\_\_\_

Please check type of materials:

- ☐ Audio recording  
☐ Book  
☐ Computer program  
☐ Internet-based resource  
☐ Pamphlet  
☐ Periodical (magazine)  
☐ Periodical (newspaper)  
☐ Video recording  
☐ Other \_\_\_\_\_

Title:  
\_\_\_\_\_Author:  
\_\_\_\_\_

Publisher, Producer, or URL: \_\_\_\_\_

The following questions are to be answered after the complainant has read, viewed, or listened to the school instructional materials in their entirety. If sufficient space is not provided, attach additional sheets. (Please sign your name to each additional attachment.)

1. These instructional materials were:

\_\_\_\_\_ Required by an instructor

\_\_\_\_\_ Selected by your child

2. Have you discussed these materials with the teacher or media librarian who selected, assigned, or used them?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If yes, did the general purpose for the use of the work seem a suitable one for you?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

3. Have you been able to learn what reviewers and/or other students have written about these materials?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

4. To what in the materials do you object? (Please be specific. Cite pages, film sequence, etc.)

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5. What do you believe is the theme or purpose of these materials?

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6. What do you feel might be the result of a student using these materials?

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7. What, if anything, do you find good in these materials?

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8. For what age group would you recommend these materials?

---

9. What other instructional materials of the same subject or format would you recommend?

---

---

10. What would you like your school to do about this work?

---

---

Signature of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed form to the school principal.

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

The SBDM/School Leadership Team may fill out the following form when reconsidering instructional library materials:

**CHECKLIST FOR THE REVIEW OF INSTRUCTIONAL MATERIALS**

School: \_\_\_\_\_

Please check type of materials:

\_\_\_\_\_ Audio recording

\_\_\_\_\_ Book

\_\_\_\_\_ Computer program

\_\_\_\_\_ Internet-based resource

\_\_\_\_\_ Pamphlet

\_\_\_\_\_ Periodical (magazine)

\_\_\_\_\_ Periodical (newspaper)

\_\_\_\_\_ Video recording

\_\_\_\_\_ Other \_\_\_\_\_

Title: \_\_\_\_\_

Author: \_\_\_\_\_

Publisher, Producer, or URL: \_\_\_\_\_

A. Purpose

1. What is the overall purpose of these materials? \_\_\_\_\_

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

B. Authenticity

1. Is the author competent and qualified in the field?

☐ Yes ☐ No

2. What is the reputation and significance of the author and publisher/producer in this field?

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

3. Are the materials up to date?

☐ Yes ☐ No

4. Are information sources well documented?

☐ Yes ☐ No

5. Are translations and retellings faithful to the original?

☐ Yes ☐ No

### C. Appropriateness

1. Do the materials promote the educational goals and objectives of the school's curriculum?

☐ Yes ☐ No

2. Are they appropriate to the level of instruction intended?

☐ Yes ☐ No

3. Are the illustrations appropriate to the subject and age levels?

☐ Yes ☐ No

### D. Content

1. Is the content of these materials well presented by providing adequate scope, range, depth, and continuity?

☐ Yes ☐ No

2. Do these materials present information not otherwise available?

☐ Yes ☐ No

3. Do these materials give a new dimension of direction to its subject?

☐ Yes ☐ No

### E. Reviews

List reputable selection aids in which these materials were reviewed:

1. Source of review: \_\_\_\_\_

Date of review: \_\_\_\_\_

☐ Favorably reviewed ☐ Unfavorably reviewed

2. Source of review: \_\_\_\_\_

Date of review: \_\_\_\_\_

☐ Favorably reviewed ☐ Unfavorably reviewed

3. Source of review: \_\_\_\_\_

Date of review: \_\_\_\_\_

☐ Favorably reviewed ☐ Unfavorably reviewed

**Staff/School Council Reconsideration Decision**

The SBDM will use the following form to respond to a Request for Reconsideration.

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

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

The SBDM Council/School Leadership Team has reviewed your request to reconsider  
\_\_\_\_\_. We have decided to:

- ☐ Take no removal action
- ☐ Remove all or part of the challenged material from the total school environment
- ☐ Allow students to use alternate titles, approved by involved school personnel
- ☐ Other, as specified \_\_\_\_\_.

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

Thank you for your interest in our school and the instructional materials used.

Sincerely,

\_\_\_\_\_  
*Principal Signature*

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

**Federal Programs/Title I Violation Complaint Procedure**

The Every Student Succeeds Act requires the adoption of a written procedure for the receipt and resolution of complaints alleging violations of Title I, Part A and the Elementary and Secondary Education Act (ESEA) as amended by ESSA in the administration of Federal Programs.

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

### **Family Educational Rights and Privacy Act Definitions**

Although this listing is not intended to take the place of the complete FERPA law and regulations, the following definitions shall apply when implementing Policy 09.14 and the procedures that follow.

**EDUCATION RECORDS** – Refers to records directly related to a student that are maintained by the District or by a party acting for the District.

A “record” shall include any information recorded in any way, including, but not limited to, handwriting, print, computer media, video or audiotape, film, microfilm, and microfiche. Student records shall include disciplinary records with regard to suspension and expulsion.

Staff should refer to federal regulations for examples of documents that are not considered education records.

**PERSONALLY IDENTIFIABLE INFORMATION** – Includes, but is not limited to, the following:

1. Student’s name;
2. Name of the student’s parent or other family member;
3. Address of the student or student’s family;
4. Any personal identifier, such as the student’s social security or student number;
5. Personal characteristics that would make the student’s identity easily traceable, including biometric records (measurable biological or behavioral characteristics that can be used for automated recognition of an individual, such as fingerprints, retina and iris patterns, voiceprints, DNA sequence, facial characteristics, and handwriting); or
6. Other information that, alone or in combination, is linked or linkable to a specific student that would allow a reasonable person in the school community, who does not have personal knowledge of the relevant circumstances, to identify the student with reasonable certainty.

**NOTE:** Unless the parent/guardian or student **who has reached age 18**, requests in writing that the District not release information, the student’s name, address, and telephone number (if listed) shall be released to Armed Forces recruiters **and institutions of higher education** upon their request.

**STUDENT** - Except as otherwise specifically designated by law, “student” shall mean any individual who is or has been in attendance in the District and for whom the District maintains education records.

**ATTENDANCE** – District “attendance” includes, but is not limited to, attendance in person or by paper correspondence, videoconference, satellite, Internet, or other electronic information and telecommunication technologies for students who are not physically present in the classroom; and the period during which a person is working under a work-study program.

**DISCLOSURE** - Refers to permitting access to, or release or transfer of, personally identifiable information contained in a student’s education record to any party, except the party identified as the provider or creator of the record, by any means, including oral, written, or electronic.

**Family Educational Rights and Privacy Act Definitions**

**EDUCATION PROGRAM** - Programs principally engaged in the provision of education, including, but not limited to, early childhood education, elementary and secondary education, postsecondary education, special education, job training, career and technical education and adult education, and any program that is administered by an educational agency or institution.

**EARLY CHILDHOOD EDUCATION PROGRAM** - A Head Start program, a state licensed or regulated child care program, or a program that serves children from birth through age six (6) that addresses the children's cognitive, social, emotional and physical development and is a (a) state prekindergarten program; (b) a program authorized under the Individuals with Disabilities Education Act; or (c) a program operated by a local education agency.

**SCHOOL OFFICIAL**

A school official is a person employed by the district, a person serving on the Board of Education, person or company with whom the District has contracted as its agent to provide a service instead of using its own employees, or a person serving on an official committee or assisting another school official in performing their tasks. A school official has a legitimate educational interest if the official needs to review an educational record in order to fulfill their professional responsibility.

**DIRECTORY INFORMATION** The Superintendent/designee is authorized to release student directory information to organizations or individuals upon written request. A student's name, address, grade level, honors and awards, photograph including use of photographs in school District publications, school District social media, on the school District's website and to news media, video or film of students when filmed by the District for the educational purposes or for promotional use or filmed by news media, and major field of study shall constitute directory information.

Photos and videos that would generally be considered harmful or an invasion of privacy if disclosed are not directory information. A student's date of birth shall constitute directory information only for purposes of the U.S. Department of Education Free Application for Federal Student Aid (FAFSA) Completion Project. The Superintendent/designee shall develop a form to permit parents and eligible students to opt-out of the release of directory information.

Information about the living situation of a student designated as homeless is not to be treated as directory information and is not to be disclosed unless prior written consent is given or unless the information meets one of FERPA's exceptions to required consent. The living situation is not considered directory information.

**REFERENCES:**

34 C.F.R. Part 99, 20 U.S.C. 1232g  
P. L. 114-95, (Every Student Succeeds Act of 2015)

**Student Record Logs****DOCUMENTATION OF RELEASE OF STUDENT RECORDS**

Instances where student records are inspected or released to anyone other than the parent/guardian, eligible student, or a district employee having a legitimate educational interest, the inspection or release shall be recorded in JCPS File Tracker, in accordance with the Family Educational Rights and Privacy Act (FERPA). JCPS File Tracker is a secure District online application. In an instance of emergency release of information, when an employee discloses information from a student's educational record in response to an actual, impending, or imminent articulable and significant health/safety threat, the release shall be recorded in JCPS File Tracker, as required by FERPA.

**NOTES:**

- Any agency or individual inspecting, reviewing, or receiving copies of any student record under the authority of the Family Educational Rights and Privacy Act, is cautioned that the Act provides that personal information shall only be transferred to a third party on the condition that such party will not permit any other party to have access to such information except as allowed by law.
- A disclosure need not be recorded in JCPS File Tracker when a record is released: to a parent/guardian or eligible student; to a District employee having a legitimate educational interest under FERPA; to a third party pursuant to written consent by parent/guardian or eligible student; consisting of directory information; or pursuant to a subpoena or court order where a court order, issuing agency, or other law, provides that other individuals are not to be notified.
- A Record of Disclosure report shall be generated from JCPS File Tracker upon request from the parent/guardian or eligible student
- The Kentucky Department of Education uploads District student records on a daily basis

**DATA ELEMENTS RECORDED IN JCPS FILE TRACKER:**

Student Id  
Student Name  
Request Date  
Request By  
Contact Person (Name of Requestor)  
Request Type (Subpoena, Court Order, Other)  
Purpose of Request  
Access Granted  
Email of requestor  
Phone of requestor  
Address of requestor  
Fax of requestor  
Information that was requested  
Employee who released the information

- CERTIFIED PERSONNEL -

**ESSA Qualification Notification Letter**

**ANNUAL NOTIFICATION - OPTION TO REQUEST PROFESSIONAL QUALIFICATIONS**

Dear Parents,

The federal Every Student Succeeds Act of 2015 (ESSA) requires schools that receive Title I, Part A funds to notify parents or legal guardians when their child has been taught for four or more consecutive weeks by a teacher of a core academic subject who has not met state certification requirements. Board policies 03.112 and 03.4 extend this notification requirement to all District schools. In some cases, we have had to fill teaching assignments in core academic subjects with teachers without Kentucky certification when licensed teachers were not available to hire.

As of the date of this letter, we have been unable to hire a certified teacher for your child's **[Core Subject]** class. This class has been taught by a certified substitute teacher while we continue the search for a qualified, licensed teacher.

If you have any questions regarding the qualifications of **[teacher's name]**, please feel free to contact **[responsible party]** at **[school phone number]**. For additional information about the state's certification and licensure teacher requirements, please visit the website of the KY Education Professional Standards Board at [www.kyepsb.net](http://www.kyepsb.net).

Sincerely,

**[Name], [Title]**  
**[School Name]**

## **Gifted and Talented Students**

### **SELECTION FOR SERVICES**

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

Primary students shall be selected and students in grades four through twelve (4-12) shall be identified in accordance with 704 KAR 3:285.

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

Once identified as qualifying for gifted education services in grades four through twelve (4-12), a student need not be re-evaluated, except to determine suitability of services.

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

A process shall be established for identifying and implementing methods for providing equal access to services to under-represented populations.

### **CURRICULUM**

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

Curricular materials shall be those designed to challenge:

1. The talent pool participant (grades K-3) while focusing on continuous progress; and
2. The formally identified gifted learner (grades 4-12) and further develop the diagnosed talent and/or area of giftedness.

Service options for the formally identified gifted learner (grades 4-12) shall be described in the gifted and talented student services plan (GSSP), shall match the learner's needs, interests, and abilities, and shall be qualitatively differentiated from those provided in the standard curriculum.

### **PERSONNEL/FUNDING**

The District shall submit an application to the state in which seventy-five percent (75%) of the state funds for gifted education shall be used in the category of personnel, including salary, for those who primarily provide direct instructional services to students identified as demonstrating gifted and talented behaviors and characteristics. These teachers shall work directly with Primary Talent Pool/formally identified students, in addition to the regularly assigned classroom teacher(s) or for at least one-half (1/2) of the regular school day in a classroom made up only of properly identified gifted students. These teachers must hold an appropriate certificate of endorsement for gifted education or an official approval.

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

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

Performance data shall be collected by the Gifted & Talented/Advance Program Office as directed by administrative regulation for annual submission to the Kentucky Department of Education.

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

**PROCEDURAL SAFEGUARDS AND GRIEVANCES**

Parents and/or students (Grades P-12) may petition for identification or may appeal nonidentification or appropriateness of services.

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

## **Course and Assessment Rubric**

### **DIRECTIONS FOR COURSE CREATION OR REVISIONS**

Note: Career and Technical Education courses, including courses in the District Academies of Louisville career pathways, have a separate procedure for course creation and revision.

When going from local school level (inception) to the final step of entering course information, the following steps will be followed:

1. Consideration
2. If approved, signed and routed to next appropriate level.
3. If not approved, the denial should be documented, Director of Curriculum Design & Learning Innovation notified, and school notified.

Schools have the ability to resubmit at any time when they have successfully met the requirements.

**Step 1:** School personnel and Curriculum Instructional Lead(s) work together to fill out JCPS Course Request Form.

Form should include the following information:

- Proposed Course name
- State Code (Uniform Academic Code – KDE Website)
- Proposed District Course number (Infinite Campus)
- Target Audience (Special Population and/or Grade level)

Attach typed documentation for the following:

- Course Description
- Alignment with Common Core Standards and/or identified discipline standards
- Course Syllabus
- Recommended Course Text or Resources Used
- Rationale for Course Addition or Change

**Step 2:** Form should be signed by school personnel requesting the course (i.e. counselor/assistant principal and principal) and sent to the appropriate Instructional Lead(s). The Principal's signature is required.

**Step 3:** The appropriate Instructional Lead verifies the following, and the form is sent to the Director of Curriculum Design & Learning Innovation.

1. Determine if District course number is already in use.
2. Determine if state code is correct and how it is being used (not a title number, matches content, etc.).
3. Make sure description includes information from the state description.

**Step 4:** Form signed by the Director of Curriculum Design & Learning Innovation. The Office of Curriculum Design & Learning Innovation enters the course into Infinite Campus (including all course number permutations, course descriptions, and grade tasks); then, notifies the following personnel that course has been created:

- Zone and Teaching & Learning Assistant Superintendents;
- Appropriate Instructional Lead(s);
- Master Schedulers; and
- School personnel at originating school.

# JCPS Course Request Form

For Local School Use

Proposed Name of Course: \_\_\_\_\_

Level: High Middle Elem

Maximum Credits (HS Only): \_\_\_\_\_1\_\_\_\_\_

Proposed JCPS Base Number: \_\_\_\_\_

State Content Area: \_\_\_\_\_

Aligned with State Code: \_\_\_\_\_

Available to the following populations: Comp \_\_\_\_ HNR \_\_\_\_ ECE \_\_\_\_ ESL \_\_\_\_ ADV \_\_\_\_

Course Description (attach):

Alignment with Kentucky Core Academic Standards and/or identify specific discipline standards (attach):

Course Syllabus (attach):

Recommended Course Text or Resources Used (attach):

Rationale for Course Addition or Change (attach):

Counselor/Assistant Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_

## For District Office Use Only

\_\_\_\_ Course Request APPROVED

Approved BASE JCPS Course number: \_\_\_\_\_

\_\_\_\_ Course Request DENIED

\_\_\_\_ Duplicate Course, use Course #: \_\_\_\_\_

\_\_\_\_ Does not exist on KY State File

\_\_\_\_ Does not exist in the Program of Studies

**REQUIRED SIGNATURES**

Instructional Lead: \_\_\_\_\_

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

Director of Curriculum Design & Learning Innovation: \_\_\_\_\_

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

Assistant Superintendent of Teaching & Learning: \_\_\_\_\_

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

## Hardship Application for Graduation

To apply for graduation assistance due to a hardship, the student must complete the following application, attach all required documentation, and submit to the Principal. A conference with the Principal; parent(s)/guardian(s), if appropriate; and the student is required to determine eligibility for graduation assistance for reasons of hardship. Submission of this application does not guarantee the student that graduation assistance due to hardship will be granted.

|   |                            |   |                       |
|---|----------------------------|---|-----------------------|
| <b>Student's Name</b> _____                           |                            |   |                       |
| <i>Last Name</i>                                      |                            | <i>First Name</i>                           | <i>Middle Initial</i> |
| <b>Student's Address</b> _____                        |                            |   |                       |
| <i>City</i>   |                            | <i>State</i>                                | <i>Zip Code</i>       |
| <b>Student's Age</b> _____                            | <b>Date of Birth</b> _____ | <b>Student's Phone Number</b> _____         |                       |
| <b>District High School presently attending</b> _____ |                            |   |                       |
| <b>Parent/Guardian Name</b> _____                     |                            | <b>Parent/Guardian's Phone Number</b> _____ |                       |

State below the reason(s) for requesting graduation assistance due to hardship. Be very specific in your application, including your plans for the future and how such graduation assistance will help you achieve your goals. Attach additional page(s), if necessary.

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In addition to the above statement, attach the required documentation specified.

- For military enlistment, attach a letter from an Armed Services recruiter indicating your intent of enlistment.
- For family hardship, a letter of need must accompany this application, and documentation must be provided at the conference with the Principal.
- For medical emergency, attach a letter from a certified physician.

|                              |      |
|------------------------------|------|
| Signature of Applicant       | Date |
| Signature of Parent/Guardian | Date |

I \_\_\_\_\_ do \_\_\_\_\_ do not recommend this student for graduation assistance due to hardship.

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date

**Juvenile Justice Agency Certification Form**

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

Name of Agency Receiving Records: \_\_\_\_\_

The \_\_\_\_\_ Schools have released education records of

\_\_\_\_\_, who was born on \_\_\_\_\_

*Student's Name*

to the above named agency. On behalf of the above named agency, I certify that the student records received shall not be released to anyone except those authorized by law to receive them without the written consent of the parent of the above named child.

\_\_\_\_\_  
*Printed Name of Agency Representative*\_\_\_\_\_  
*Signature of Agency Representative*\_\_\_\_\_  
*Date*

**Request to Inspect, Amend, or Destroy Student Educational Records**

Under the Federal Educational Rights and Privacy Act (FERPA), an eligible student, or parent/guardian if the student is under the age of 18, has the right to request that inaccurate or misleading information in the student's education records be amended. While a school is not required to amend education records as requested, the school is required to consider the request. If the school decides not to amend a record as requested, the school must inform the student or parent/guardian of their right to a hearing on the matter. If, as a result of the hearing, the school still decides not to amend the record, the eligible student or parent/guardian has the right to insert a statement in the record setting forth their views. That statement must remain with the contested part of the eligible student's record for as long as the record is maintained.

This form may not be used to challenge a grade, an opinion, or a substantive decision made by a school about an eligible student. If the request is for a name change without legal documentation, remember that some permanent documents in the record will remain under the legal name until a legal name change is procured. Until then, the student's preferred name will be shown on all teacher rosters, report cards and attendance reports. Legal names will show on standardized test results, official transcripts and diploma.

STUDENTS

09.14 AP.21

(CONTINUED)

**Request to Inspect, Amend, or Destroy Student Educational Records**

To: [School Name] \_\_\_\_\_

Please check one:

☐ Request to inspect and review educational records ☐ Request hearing to challenge educational records ☐ Request amendment of educational records ☐ Request destruction of records

Specify the educational record(s):

\_\_\_\_\_

I hereby make the above request concerning the educational records of:

Student's Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I have reviewed this student's education record and believe it contains information that is inaccurate, misleading, or violates other rights of the student.

Describe below the specific information in the record for which amendment/hearing is requested and the reason for the request.

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

I certify that I am the parent, legal guardian or am acting as a parent under FERPA\* of the student named above, or that I am at least 18 years of age making the above request concerning my own school records.

Parent/Guardian's or Student's Signature:

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

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\*Living in the student's home in the absence of the parent on a day-to-day basis

.....

.....

**FOR OFFICIAL USE ONLY:**

Date Received: \_\_\_\_\_ ☐ Request Approved ☐ Request Denied

Reason(s) for denial:

\_\_\_\_\_

\_\_\_\_\_

☐ You may review the records of the above named student at

\_\_\_\_\_ between the  
hours of \_\_\_\_\_ and \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_. Failure to appear at  
the time and place designated above will require the requesting party to make arrangements to  
view record(s) at an alternate time and place. NOTE: Except when individuals designated by  
the Superintendent are reviewing student records, an authorized school employee shall  
provide appropriate supervision while records are being inspected.

☐ Date and time of hearing scheduled: \_\_\_\_\_

Location: \_\_\_\_\_

Date of notification sent: \_\_\_\_\_

Signature of Official approving/denying request:

\_\_\_\_\_

**Prevention/Control of Head Lice and Nits in Schools**

**School personnel shall actively pursue the prevention and control of head lice in the District's schools by developing a consistent education, screening and follow-up program for all students.**

Principals and school personnel trained to identify live lice shall adhere to the following guidelines:

- 1) When students are observed/reported to have live head lice any time during the school year:
  - a. Other students closely associated with the student and possibly siblings of the student that attend the same school may be checked for live lice, which are defined by the Centers for Disease Control and Prevention as crawling lice. In general, school-wide checks are not necessary.
  - b. Parents of each student identified as having live lice will be contacted by a school/District representative advising them of the finding.
- 2) Principals or school/District personnel shall offer parents of students identified as having live lice:
  - a. Visual evidence of live lice in the student's hair.
  - b. Verbal and/or written information/direction for hair treatment and household procedures.
- 3) Students should not be excluded from school. When personnel identify live lice, they shall confirm with the student and/or parent/guardian that the following have occurred:
  - a. The parent/guardian has combed the student's hair with an actual lice/nit comb or applied special lice killing shampoo on the same or next day.
  - b. When the student returned to school after treatment, designated school personnel rechecked the student before s/he returned to the classroom. If live lice remained, steps 2 and 3 above were re-established. When it has been confirmed that no treatment has been administered, the parent/guardian will ensure that treatment will be provided or in the event the parent does not have access to treatment they will be referred to the Family Resource and Youth Service Center (FRYSC) for a nit comb and/or the school nurse/nurse practitioner for treatment assistance.
  - c. 7-10 days after the student has received treatment, trained school personnel will recheck the student. If live lice remain, steps 2 and 3 above should be repeated.
- 4) School personnel shall follow up with students found with a second and subsequent cases of live head lice to assure that:
  - a. Prescribed medical treatment for live lice has been applied to the student's hair no later than the next day.
  - b. Any second application required is applied within the recommended time frame.
- 5) The Superintendent/designee shall:
  - a. Establish education/information programs on head lice control methods for school personnel, community members, students and parents.
  - b. Provide each school with written materials on head lice control and prevention.

Nits- Nits are not transferrable from one student to another. If a student is observed to have nits, parents should be notified and nit combing/removal of nits be recommended.

### **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. Each school shall maintain epinephrine in a minimum of two (2) locations in the school, including but not limited to the school office and the school cafeteria for administration to students who may have a life-threatening allergic reaction but have no written individual health plan in place.
3. 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.
4. As provided by Policy 09.224, any school that has a student enrolled with diabetes or seizure disorders, including seizure action plans, 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 seizure rescue medication or medication prescribed to treat seizure disorder symptoms approved by the FDA and administered pursuant to a student's seizure action plan, as prescribed by the student's health care practitioner. The training shall also include recognition of the signs and symptoms of seizures and the appropriate steps to be taken to respond to these symptoms.
5. The parent or guardian of each student diagnosed with a seizure disorder shall collaborate with school personnel to implement a seizure action plan, prepared by the student's treating physician, which shall be kept on file in the office of the school nurse or school administrator.
6. Any school personnel or volunteers responsible for the supervision or care of a student diagnosed with a seizure disorder shall be given notice of the seizure action plan, the identity of the school employee or employees trained in the administration of seizure medication, and how they may be contacted in the event of an emergency.

**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.

STUDENTS

09.224 AP.1  
(CONTINUED)

**Emergency Medical Care Procedures**

**RELATED POLICIES:**

09.224; 09.2241

**RELATED PROCEDURES:**

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

**Emergency Information Form**

|                                |   |                                     |                 |
|--------------------------------|---|-------------------------------------|-----------------|
| <b>Student's Name</b> _____    |   |                                     |                 |
| <i>Last Name</i>               | <i>First Name</i>                         | <i>Middle Initial</i>               |                 |
| <b>Student's Address</b> _____ |   |                                     |                 |
| <i>Street Address/Apt. #</i>   | <i>City</i>                               | <i>State</i>                        | <i>Zip Code</i> |
| <b>Student's Age</b> _____     | <b>Date of Birth</b> _____                | <b>Student's Phone Number</b> _____ |                 |
| <b>Grade</b> _____             | <b>Teacher (Homeroom)/Classroom</b> _____ | <b>Bus #</b> _____                  |                 |

TO BE COMPLETED BY PARENT/GUARDIAN: TO SERVE YOUR CHILD IN CASE OF ACCIDENT OR SUDDEN ILLNESS, IT IS NECESSARY THAT YOU FURNISH THE FOLLOWING INFORMATION:

**MOTHER'S NAME** \_\_\_\_\_

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

Mother's Employer \_\_\_\_\_ Phone # \_\_\_\_\_

**FATHER'S NAME** \_\_\_\_\_

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

Father's Employer \_\_\_\_\_ Phone # \_\_\_\_\_

**GUARDIAN'S NAME** \_\_\_\_\_

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

Guardian's Employer \_\_\_\_\_ Phone # \_\_\_\_\_

In case of emergency, accident, or serious illness of the above named child, I request the school to contact me. If school personnel are unable to contact me, I hereby authorize them to call the following people who are authorized to pick up my child from school or a school-sponsored activity:

| <i>Name</i> | <i>Phone Number</i> | <i>Relationship</i> |
|-------------|---------------------|---------------------|
| _____       | _____               | _____               |
| _____       | _____               | _____               |

| <i>Name</i> | <i>Phone Number</i> | <i>Relationship</i> |
|-------------|---------------------|---------------------|
| _____       | _____               | _____               |

Healthcare provider's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_

If it is impossible to contact the provider named above, I hereby authorize the school to take action necessary to maintain the student's health.

|                                     |             |
|-------------------------------------|-------------|
| <i>Signature of Parent/Guardian</i> | <i>Date</i> |
| _____                               | _____       |

**Emergency Information Form**Is your child on any routine medication? ☐ Yes ☐ No If yes, please list below:

| Medication | Dosage |
|------------|--------|
|            |        |
|            |        |
|            |        |
|            |        |

Is your child allergic to medication(s)? ☐ Yes ☐ No If yes, please specify \_\_\_\_\_Is your child allergic to insect bites? ☐ Yes ☐ NoDoes your child have allergies? ☐ Yes ☐ NoDoes your child have a history of ☐ Heart disease ☐ Diabetes ☐ T.B ☐ Nervous disorder  
☐ Epilepsy/Seizures ☐ Ear infection ☐ Asthma ☐ Life threatening allergy  
☐ Other \_\_\_\_\_

If so, please check and describe any special emergency treatment that may be required:

Please list any other conditions that might require emergency medical treatment: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent/Guardian*\_\_\_\_\_  
*Date***Log of Attempts to Contact Parent/Guardian**

| Date | Time | Phone # Called | Answered? |    | Person Answering Phone/Response |
|------|------|----------------|-----------|----|---------------------------------|
|      |      |                | Yes       | No |                                 |
|      |      |                |           |    |                                 |
|      |      |                |           |    |                                 |
|      |      |                |           |    |                                 |
|      |      |                |           |    |                                 |
|      |      |                |           |    |                                 |
|      |      |                |           |    |                                 |
|      |      |                |           |    |                                 |

## **Student Medication Guidelines**

### **STUDENT SELF-MEDICATION**

Students may be authorized to carry on their person and independently take their own medication (prescription or nonprescription), provided the parent/guardian has written approval on file with school personnel. Such approval shall assure school personnel that the child has been properly instructed in self-administering the medication. If prescription medication is involved, written authorization of the student's health care **practitioner** also is required.

### **ALL OTHER MEDICATIONS**

1. Medication should be given at home when possible. Medication that must be given at school should be brought to school by the parent/guardian whenever possible. Medication that is sent to school with the student should be transported in the original container placed in a sealed envelope and given to designated school personnel immediately upon arrival.
2. Prescribed oral medications in pill or tablet form shall be counted and the number recorded on the Medication Administration Record.
3. Except for emergency medications (including, but not limited to **FDA** approved seizure rescue medications and EpiPens) and medications approved for students to carry for self-medication purposes all medications shall be kept in a safe, locked, secure place accessible only to the responsible authorized school personnel. Medications requiring refrigeration shall be stored in a separate refrigerator in a supervised area.
4. School personnel who administer medication shall arrange for the child to take the medication at the proper time.
5. Unless otherwise approved to self-medicate, students are to be supervised by an authorized individual when taking medication. The person supervising the administration of medication must keep a written record or document in the student data system.

### **PRESCRIPTION MEDICATIONS**

Parents/guardians and health care providers shall complete the required forms before any person administers prescription medication to a student or before a student self-medicates.

Prescription medications shall be administered only as prescribed on the physician/health care provider's written authorization. Parent/guardian shall have the ultimate responsibility to provide the school with an adequate supply of medication to enable the orders to be followed.

All prescription medication, original or refill, should be sent to school in a pharmacy labeled container that includes the student's name, date dispensed, medication, dosage, strength, date of expiration, and directions for use including frequency, duration, and route of administration, prescriber's name, and pharmacy name, address, and phone number. Labels that have been altered in any way will not be accepted. Per KRS 218A.210, "A person to whom or for whose use any controlled substance has been presented, sold, or dispensed by a practitioner or other persons authorized under this chapter, may lawfully possess it only in the container in which it was delivered to him by the person selling or dispensing the same."

## **Student Medication Guidelines**

### **PRESCRIPTION MEDICATIONS (CONTINUED)**

Changes in the dosage and/or times of administration must be received in the form of a written order from the physician/health care provider OR a new prescription bottle from the pharmacy indicating the change and a note from the student's parent/guardian.

### **NONPRESCRIPTION MEDICATIONS**

Nonprescription (over-the-counter) medications may be accepted on an individual basis as provided by the parent or legal guardian when a completed authorization to give medication form is on file. The medication should be in the original container, dated upon receipt and labeled with the student's name.

### **DOCUMENTATION OF ADMINISTRATION**

Except for medications approved for self-administration, all medication given must be **immediately** documented on a medication log or in the student data system. Records must be kept on file in the student's cumulative record. Documentation should be complete, reflecting beginning and ending dates and notations of missed doses and absences. Subject to confidentiality requirements in Policy 09.14 and accompanying procedures, medication recording sheets shall be filed in the student's cumulative record when completed or when the medication is changed/discontinued.

### **DISPOSAL OF UNUSED MEDICATION**

Notice shall be sent to the parent/guardian prior to the end of the school year informing them that their child has medication remaining and that it must be picked up by the parent/guardian. If the medication is not retrieved, the school nurse or designated staff member, with a witness present, shall count the number of any pills or tablets remaining and document the amount on the Medication Log. Leftover prescription medication **may** then be mixed with a designated substance, such as glue for pills and kitty litter for liquids, and placed in a trash receptacle **or destroyed in accordance with current health care standards**. Both parties shall sign the Medication Log when this is completed. All medications shall be destroyed if the parent/guardian does not pick them up.

### **MEDICATION REFUSAL**

If a child refuses to take medication or is uncooperative during medication administration, documentation shall be made, the parent/guardian and school nurse (if appropriate) will be contacted and medication administration may be omitted. If necessary, a conference may be scheduled with the parent/guardian to resolve the conflict.

### **MEDICATION ERROR**

If an error in the administration of medication is recognized, initiate the following steps:

1. Keep the student in the first-aid location. If the student has already returned to class when the error is recognized, have the student accompanied to the first-aid location.
2. Assess the student's status and document.

**Student Medication Guidelines**

**MEDICATION ERROR (CONTINUED)**

3. Identify the incorrect dose/type of medication taken by the student.
4. Immediately notify the school administrator and school nurse, if appropriate, of the error, who shall notify the student's parent/guardian.
5. Notify the student's physician/health care provider.
6. If unable to contact the physician/health care provider, contact the Poison Control Center for instructions.
7. Carefully record all circumstances and actions taken, including instructions from the Poison Control Center or physician/health care provider, and the student's status.
8. Complete a "Medication Administration Incident Report" form.

**RELATED POLICY:**

09.2241

**RELATED PROCEDURES:**

09.2241 AP.21

09.2241 AP.22

**Permission Form for Prescribed or Over-the-Counter Medication**

School: \_\_\_\_\_ Date form received by the School: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom/Classroom: \_\_\_\_\_

Student's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**TO BE COMPLETED BY THE PHYSICIAN OR HEALTH CARE PROVIDER FOR PRESCRIPTION MEDICATION**

Name of medication: \_\_\_\_\_ Reason for medication: \_\_\_\_\_

Form of medication/treatment: ☐ Tablet/capsule ☐ Liquid ☐ Inhaler ☐ Injection ☐ Nebulizer ☐ Other \_\_\_\_\_

Describe schedule and dose to be given at school: \_\_\_\_\_

Starting Date: ☐ date form received ☐ Other, as specified: \_\_\_\_\_Stopping Date: ☐ for episodic/emergency events only ☐ end of school year ☐ Other date/duration: \_\_\_\_\_Restrictions and/or important effects: ☐ Yes. Please describe: \_\_\_\_\_

**NOTE: In the event the Principal/designee is notified of the possibility of an adverse or extreme reaction to a medication, s/he shall inform the student's teacher(s) of such a possibility before the student begins the medication schedule.**

Special storage requirements: ☐ None ☐ Refrigerate ☐ Other \_\_\_\_\_Student is capable of/responsible for self-administering this medication: ☐ No ☐ Yes ☐ Supervised ☐ UnsupervisedStudent has been instructed in self-administering the medication: ☐ No ☐ YesStudent must carry this medication on his/her person: ☐ No ☐ YesPlease indicate additional information: ☐ On the back side of this form ☐ As an attachment\_\_\_\_\_  
*Physician/Health Care Provider Signature*\_\_\_\_\_  
*Date*\_\_\_\_\_  
*Signature of Parent/Guardian*\_\_\_\_\_  
*Date*

Name of Physician/Health Care Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**To the school:** Please report concerns about medications or the student's condition to the above physician/health care provider.

**TO BE COMPLETED BY PARENT/GUARDIAN FOR NON-PRESCRIPTION MEDICATIONS**

As the parent or legal guardian of the student named below, I authorize my child to take the following over-the-counter medication as noted:

Name of Medication: \_\_\_\_\_ Dosage/Schedule: \_\_\_\_\_

Other Information: \_\_\_\_\_

**Permission Form for Prescribed or Over-the-Counter Medication****FOR ALL MEDICATIONS**

I give permission for \_\_\_\_\_ to receive the above medication(s) at school according

*Student's Name*

to standard school policy and expressly hold harmless, and waive any liability on behalf of, the school or its employees and agents concerning any injuries or reactions resulting from administration of the above medication unless such is the result of negligence or misconduct on behalf of the school or its employees. For on-going medications, I understand that I have the ultimate responsibility for providing the school with an adequate supply of medication to enable orders from a physician or health care provider to be followed.

*Date:* \_\_\_\_\_ *Signature:* \_\_\_\_\_ *Relationship:* \_\_\_\_\_

*Home Phone:* \_\_\_\_\_ *Work Phone* \_\_\_\_\_ *Emergency Phone* \_\_\_\_\_

**TO BE COMPLETED BY SCHOOL PERSONNEL**

I/we acknowledge receipt of the foregoing statement and authorization.

*Administrator/designee* \_\_\_\_\_ *Date* \_\_\_\_\_

For student health services/procedures not involving medication only,  
please refer to 09.22 AP.22.

**Student Medication Logs****DAILY SUMMARY OF MEDICATION ACTIVITIES****DATE:** \_\_\_\_\_

| STUDENT'S NAME | GRADE | PERSON WHO ADMINISTERED MEDICATION | NAME OF MEDICATION |  |  | TIME |
|----------------|-------|------------------------------------|--------------------|--|--|------|
|                |       |                                    |                    |  |  |      |
|                |       |                                    |                    |  |  |      |
|                |       |                                    |                    |  |  |      |
|                |       |                                    |                    |  |  |      |
|                |       |                                    |                    |  |  |      |
|                |       |                                    |                    |  |  |      |
|                |       |                                    |                    |  |  |      |
|                |       |                                    |                    |  |  |      |
|                |       |                                    |                    |  |  |      |
|                |       |                                    |                    |  |  |      |
|                |       |                                    |                    |  |  |      |
|                |       |                                    |                    |  |  |      |
|                |       |                                    |                    |  |  |      |
|                |       |                                    |                    |  |  |      |
|                |       |                                    |                    |  |  |      |
|                |       |                                    |                    |  |  |      |
|                |       |                                    |                    |  |  |      |

STUDENTS

STUDENT  
PICTURE  
HERE09.2241 AP.22  
(CONTINUED)**Student Medication Logs****STUDENT MEDICATION ADMINISTRATION RECORD**

SCHOOL YEAR: \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_\_\_ GRADE: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_ NAME AND DOSE OF MEDICATION: \_\_\_\_\_

ROUTE: \_\_\_\_\_ TIME(S) GIVEN AT SCHOOL: \_\_\_\_\_ POSSIBLE SIDE EFFECTS: \_\_\_\_\_

Classroom teacher when medication is due: \_\_\_\_\_ Health Care Provider Name/Phone #: \_\_\_\_\_

Emergency Contact Names/Phone #s: \_\_\_\_\_

**DIRECTIONS:** Initial administration or use codes below. A complete signature and initials of each person administering medication should be included below.

|      | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Aug  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Sept |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Oct  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Nov  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Dec  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Jan  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Feb  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Mar  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Apr  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| May  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| June |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| July |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

Authorized person(s) administering or counting  
medication: Signature/Initials
 \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_
**Documentation Codes:**
 (A) Absent                      (R) Refused\*                      (W) Dosage withheld\*                      (E) Early dismissal  
 (F) Field trip                      (X) No school                      (N) No medication available\*                      (S) Self-administered

\*Documentation required in student's health file and parent/guardian to be contacted. Please notify teachers if medication is withheld for any reason. Documentation of medication count is on the back of this form.

STUDENTS

STUDENT  
PICTURE  
HERE

09.2241 AP.22  
(CONTINUED)

**Student Medication Logs**

**STUDENT MEDICATION ADMINISTRATION RECORD**

NAME OF STUDENT: \_\_\_\_\_

| MEDICATION COUNT |                |          | NOTES ON ADMINISTRATING MEDICATIONS |                   |          |
|------------------|----------------|----------|-------------------------------------|-------------------|----------|
| DATE             | AMOUNT PRESENT | INITIALS | DATE                                | EVENT DESCRIPTION | INITIALS |
|                  |                |          |                                     |                   |          |
|                  |                |          |                                     |                   |          |
|                  |                |          |                                     |                   |          |
|                  |                |          |                                     |                   |          |
|                  |                |          |                                     |                   |          |
|                  |                |          |                                     |                   |          |
|                  |                |          |                                     |                   |          |
|                  |                |          |                                     |                   |          |
|                  |                |          |                                     |                   |          |
|                  |                |          |                                     |                   |          |
|                  |                |          |                                     |                   |          |
|                  |                |          |                                     |                   |          |
|                  |                |          |                                     |                   |          |
|                  |                |          |                                     |                   |          |
|                  |                |          |                                     |                   |          |

**Medication Administration Incident Report**

|                         |                     |                              |                |
|-------------------------|---------------------|------------------------------|----------------|
| 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 _____ |                |
| Grade _____             |                     | School Name _____            |                |

TO BE COMPLETED IN INK BY SCHOOL PERSONNEL IN THE EVENT THAT AN ERROR IS MADE IN ADMINISTRATION OF MEDICATION

Name of person administering medication: \_\_\_\_\_

Name of medication/dosage/route prescribed: \_\_\_\_\_

Time(s) to be given: \_\_\_\_\_

Type of medication error: (check all that apply)

☐ Medication administered to incorrect student

☐ Medication administered at incorrect time

☐ Incorrect dosage of medication administered

☐ Incorrect medication administered

☐ Incorrect documentation provided

☐ Other

Description of error: \_\_\_\_\_

Date and time of error: \_\_\_\_\_ ☐ AM ☐ PM

Dosage given: \_\_\_\_\_

Describe circumstances leading to error: \_\_\_\_\_

Explain action taken: \_\_\_\_\_

Reaction(s): \_\_\_\_\_

Persons notified of error: ☐ School Principal ☐ School nurse, if appropriate ☐ Physician

☐ Poison Control Center ☐ Parent/Guardian

☐ Other, \_\_\_\_\_

\_\_\_\_\_  
*Signature of Person Completing the Report*

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

\_\_\_\_\_  
*Principal's Signature*

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

Follow-up notes, if applicable: \_\_\_\_\_