

Jefferson County Public Schools
Policy and Procedures Project
Procedures - Set #13
July 21, 2020 Board Meeting

JCBE Policy	KSBA Procedure Name	Comment
KSBA Annual Procedure Update Existing procedures amended and new procedures created based on changes to state and federal law and regulation in the past year		
01.3 Board Vacancy	01.3 AP.2 Board Vacancy Forms	KSBA Update. Removes requirement for Charter School Training until an application has been received. JCPS adds language to per permit a “substantially equivalent” electronic form to be used in lieu of paper form.
01.3 Board Vacancy	01.3 AP.21 Application for Board Vacancies	KSBA Update. Makes clarifying and technical corrections. Requires an applicant to affirm the accuracy of information provided. JCPS adds language to per permit a “substantially equivalent” electronic form to be used in lieu of paper form.
03.21 Hiring (Classified)	03.21 AP.254 Driving Record Violations & Personnel Actions	KSBA Update. Changes to comply with changes to federal Motor Carrier Safety Administration regulations relating to driving record checks for bus drivers.
06.221 Bus Drivers’ Use of Tobacco and Other Substances	06.221 AP.2 Drug & Alcohol Testing Notification & General Consent	KSBA Update. Changes to comply with changes to federal Motor Carrier Safety Administration regulations requiring bus drivers to give consent for to driving record checks. JCPS adds language to per permit a “substantially equivalent” electronic form to be used in lieu of paper form.
09.14 Student Records	09.14 AP.232 Release of Records to State Child Welfare Agency	KSBA Update. Sets forth requirements under HB 132 (2020 RS) relating to cooperation between child welfare agencies and school districts regarding children in foster care. JCPS adds language to per permit a “substantially

		equivalent” electronic form to be used in lieu of paper form.
09.227 Child Abuse	09.227 AP.1 Child Abuse/Neglect/Dependency	KSBA Update. Sets forth requirement under SB 72 (2020 RS) for employees to report possible cases of female genital mutilation, as well as abuse, neglect, or human trafficking.
09.425 Assault & Threats of Violence	09.425 AP.22 Assault & Threats of Violence	KSBA Update. Amends the definition of terroristic threatening and provides a more complete description of criminal/juvenile penalties. This information is required to be distributed to students and parents/guardians each school year, which JCPS does in the Student Support & Behavior Intervention Handbook. JCPS adds language to per permit a “substantially equivalent” electronic form to be used in lieu of paper form.
Completion of JCPS Policy and Procedures Project Final procedures to complete the policy and procedures project to update and align JCPS procedures in the KSBA Policy and Procedures Manual.		
03.221 Salaries (Classified)	03.221 AP.23 Certification of Time (Classified)	Requires the recording of daily time to be done using the online time and attendance application. There are no changes to current practice
05.32 Public sales on School Premises	05.32 AP.1 Public Sales on School Premises	Establishes rules for public sales on school property.
03.221 Salaries (Classified)	03.221 AP.241 Change in Licensure (Classified)	Requires classified employees to submit changes to HR, and for placement on the salary schedule to be done in accordance with District Salary Placement Rules. There are no changes to current practice.
04.1 Budget Planning & Adoption	04.1 AP.2 Budget Planning Timeline	Requires the CFO to submit annually the comprehensive budget planning calendar to the Board for approval. There are no changes to current practice
03.121 Salaries (Certified)	03.121 AP.21 Personnel Data Form-Salaries	Establishes the procedure for collecting information for new hires and reassignments, and requires the use of the Board approved Salary Placement Rules to determine salaries. There are no changes to current practice.
03.121 Salaries (Certified)	03.121 AP.24 Change in Rank/Licensure (Certified)	Requires certified employees to submit changes to HR, and for

		placement on the salary schedule to be done in accordance with District Salary Placement Rules. There are no changes to current practice.
05.6 Property Insurance (Board approval of policy anticipated 8/4/2020)	05.6 AP.1 Property Insurance	Establishes procedures and parameters for insurance for District property. There are no changes to current practice.
09.15 Student Fees	09.15AP.23 Notice of Past Due Account	Requires notice of a past due account to be given in accordance with the provisions of "Redbook." There are no changes to current practice.
03.21 Hiring Classified	03. 21 AP.23 Interview Evaluation (Classified)	Sets forth the procedure for the evaluation in job interviews. There are no changes to current practice
09.15 Student Fees	09.15 AP.22 Notice of Returned Check	Requires notice of a returned check for student fees to be given in accordance with the provisions of "Redbook." There are no changes to current practice.
04.312 School Activity Funds	04.312 AP.1 Internal School Accounts	Requires accounting for internal school accounts to be done in accordance with "Redbook." There are no changes to current practice.
04.32 Purchasing	04.32 AP.21 Purchase Certification	Directs people to the Purchasing Department website for processes for purchasing and for the use of MUNIS for requisitions. There are no changes to current practice.
03.221 Salaries (Classified)	03.221 AP.24 Overtime Approval Form (Classified)	Requires the application and approval of overtime to be done using the online time and attendance application. There are no changes to current practice.
03.121 Salaries (Certified)	03.121 AP.23 Certification of Time (Certified)	Requires the recording of daily time to be done using the online time and attendance application. There are no changes to current practice.
09.224 Emergency Medical Treatment	09.224 AP.21 Nurse Office Consent for Treatment/Emergency Information	Amends exiting procedure to delete one medication from the form, and to permit the use of an equivalent electronic form.
03.11 Hiring (Certified)	03. 11 AP.23 Interview Evaluation (Certified)	Amends existing procedure for the evaluation in job interviews. Eliminates requirement for seven professional references, and retains the requirement for

		four references that have responded prior to an offer.
03.21 Vacancies (Classified)	03.21 AP.21 Vacancies (Classified)	Establishes procedures for notification of a vacancy. There are no changes to current practice.
Amendment of existing procedures to add the following sentence: “A substantially equivalent electronic form may be used by the District in lieu of this paper form.”		
01.44 Special Called Meetings	01.44 AP.21 Request to Receive Special Meeting Notice	There are no changes to current practice.
02.432 Waiver of Board Policies (SBDM)	02.432 AP.2 Request for Waiver of Board Policy (SBDM)	There are no changes to current practice.
02.42411 Appeal of Decisions (SBDM)	02.42411 AP.2 Council Decision Appeal Form	There are no changes to current practice.
03.24 Health & Safety (Classified)	03.24 AP.12 Health & Safety Training Forms	There are no changes to current practice.
03.112 Certification of Records (Certified)	03.112 AP.22 ESSA Qualification Notifications	There are no changes to current practice.
05.31 Rental Application & Contract	05.31 AP.21 Facilities & Grounds Use Application	There are no changes to current practice.
05.41 Fire Drills	05.41 AP 2 School Drill Log	There are no changes to current practice.
05.43 Bomb Threats	05.43 AP.2 Bomb Threat Documentation Form	There are no changes to current practice.
06.2 Safety (Transportation)	06.2 AP.2 Bus Evacuation Drill Report	There are no changes to current practice.
06.31 Bus Scheduling & Routing	06.31 AP.2 Route Schedule for Transported Students	There are no changes to current practice.
08.1131 Alternative Credit Options	08.1131 AP.2 Alternative Credit Options	There are no changes to current practice.
08.1131 Alternative Credit Options	08.1131 AP.21 Course & Assessment Rubric	There are no changes to current practice.
08.1132 Hardship Graduation	08.1132 AP.21 Hardship Application for Graduation	There are no changes to current practice.
08.2322 Review of Instructional Materials	08.2322 AP.21 Request for Reconsideration of Instructional Library Materials	There are no changes to current practice.
08.2322 Review of Instructional Materials	08.2322 AP.22 Staff-School Council Reconsideration of Instructional-Library materials	There are no changes to current practice.
08.2322 Review of Instructional Materials	08.2322 AP.23 Staff-School Council Reconsideration Decision	There are no changes to current practice.
08.2323 Access to Electronic Media	08.2323 AP.23 Consent for Online or Software Service	There are no changes to current practice.
09.12 Admissions & Attendance	09.12 AP.21 Nonresident Student Transfer Registration Form	There are no changes to current practice.
09.14 Student Records	09.14 AP.2 Juvenile Justice Agency Certification	There are no changes to current practice.
09.14 Student Records	09.14 AP.12 Student Directory Information Notification & Opt-out Form	There are no changes to current practice.

09.14 Student Records	09.14 AP.21 Request to Inspect, Amend, or Destroy Student Records	There are no changes to current practice.
09.14 Student Records	09.14 AP.24 Release-Inspection of Student Records	There are no changes to current practice.
09.14 Student Records	09.14 AP.251 Publication Consent Form	There are no changes to current practice.
09.22 Student Health & Safety	09.22 AP.22 Request for Student Health Services and Procedures	There are no changes to current practice.
09.33 Fundraising Activities	09.33 AP.23 Fundraising Activities – Letter to County Clerk	There are no changes to current practice.
09.111 Withdrawals	09.111 AP.21 Home Schooling Notification	There are no changes to current practice.
09.1221 Shortened School Day and/or Week	09.1221 AP.21 Request for 504 Shortened School Day	There are no changes to current practice.
09.1231 Dismissal from School	09.1231 AP.21 Student Entry and Exit Log	There are no changes to current practice.
09.2212 Use of Physical Restraint & Seclusion	09.2212 AP.21 Physical Restraint & Seclusion Forms	There are no changes to current practice.
09.2241 Student Medication	09.2241 AP.21 Permission Form for Prescribed or Over-the-Counter medication	There are no changes to current practice.
09.2241 Student Medication	09.2241 AP.22 Student Medication Logs	There are no changes to current practice.
09.2241 Student Medication	09.2241 AP.23 Medication Administration Incident Report	There are no changes to current practice.
10.5 Visitors to Schools	10.5 AP.24 Website Accessibility Complaint & Grievance Form	There are no changes to current practice.

KSBA Annual Procedure Update

Existing procedures amended and new procedures created based on changes to state and federal law and regulation in the past year.

EXPLANATION: SB 158 AMENDS KRS 160.1594 TO PROVIDE THAT CHARTER AUTHORIZER TRAINING SHALL NOT BE REQUIRED OF ANY BOARD MEMBER UNTIL A CHARTER APPLICATION IS SUBMITTED TO THE BOARD, AND SETS THE REQUIREMENT AT SIX (6) HOURS.

FINANCIAL IMPLICATIONS: FEWER HOURS REQUIRED MAY REDUCE TRAINING COSTS

[DRAFT 7/1/20](#)

POWERS AND DUTIES OF BOARD OF EDUCATION

01.3 AP.2

Board Vacancy Forms

FORM TO PROVIDE NOTICE THAT A VACANCY EXISTS:

Date: _____

To Whom it May Concern:

A vacancy exists on the Jefferson County Board of Education, as of _____,¹ for District [District # _____] formerly held by _____. The unexpired term for this seat is set to end on _____. The Board will proceed to appoint an individual to fill this seat for the unexpired term pursuant to KRS 160.190 and Board Policy 01.3.

Sincerely,

Superintendent/Board Secretary

cc: Secretary of State, State Capitol, 700 Capital Ave., Room #152, Frankfort, KY 40601
Jefferson County Clerk, 701 West Ormsby Avenue, Suite 301, Louisville, KY 40203
Commissioner of Education, Kentucky Department of Education, 300 Sower Blvd.,
Frankfort, KY 40601
Director of Board Team Development, KSBA, 260 Democrat Dr., Frankfort, KY 40601

REFERENCE:

¹OAG 81-316

Board Vacancy Forms

SAMPLE NEWSPAPER ADVERTISEMENT ANNOUNCING A BOARD VACANCY

NOTICE OF VACANT JEFFERSON COUNTY BOARD OF EDUCATION SEAT

The Jefferson County Board of Education (“Board”) is seeking applications for appointment to fill a vacancy on the Board representing District [District #_____].

]. This appointment will be effective until the November _____ regular election (use if the next November regular election is scheduled more than one [1] year prior to end of the remaining term) or the end of the term in _____ (use if the next November regular election is scheduled one [1] year or less prior to end of remaining term).

Responsibilities include: setting policy to govern the District; hiring/evaluating the Superintendent; and levying taxes and adopting the District budget. Board members must:

- Be at least 24 years old and a Kentucky citizen for the last three years;
- Be a registered voter in the particular District of the vacancy;
- Have completed the 12th grade or have a GED certificate;
- Meet all other legal qualifications (KRS 160.180); and
- Complete required annual in-service training.

Applications are available at Jefferson County Public Schools Superintendent’s Office, VanHoose Education Center, 3332 Newburg Road, Louisville, KY 40218, or online at <https://www.jefferson.kyschools.us/>. Mail applications to: Superintendent, ATTN: Board Vacancy, VanHoose Education Center, 3332 Newburg Road, Louisville, KY 40218.

Board Vacancy Forms

FORM TO PROVIDE NOTICE THAT VACANCY HAS BEEN FILLED BY THE BOARD:

Date: _____

To Whom it May Concern:

Pursuant to KRS 160.190, and Board Policy 01.3, the Jefferson County Board of Education, by vote of the Board on _____, has appointed _____ to fill the vacancy created on _____ in District [District # ____] formerly held by _____.

The appointment is effective immediately. _____'s address is _____
[and email address is](#) _____.

The term for this appointment will end on _____.

Sincerely,

Superintendent/Board Secretary

cc: Secretary of State, State Capitol, 700 Capital Ave., Room #152, Frankfort, KY 40601
Jefferson County Clerk, 701 West Ormsby Avenue, Suite 301, Louisville, KY 40203
Commissioner of Education, Kentucky Department of Education, 300 Sower Blvd.,
Frankfort, KY 40601
Director of Board Team Development, KSBA, 260 Democrat Dr., Frankfort, KY 40601

Board Vacancy Forms**FORM LETTER TO NEWLY APPOINTED MEMBER, ON DISTRICT LETTERHEAD:**

Date: _____

Mr./Ms. _____

_____, KY _____

Dear Mr./Ms. _____:

Pursuant to KRS 160.190, and Board Policy 01.3, the Jefferson County Board of Education, by vote of the Board on _____, has appointed you to fill the vacancy created on _____ in District [District # ____] District formerly held by _____. The appointment is effective immediately. Upon being duly sworn in, you may assume the duties of the office.

The term of this appointment is set to end _____. Pursuant to KRS 160.190, this seat will be open to election in the November _____ general election. The Jefferson County Clerk should be consulted for election and candidacy filing information regarding this seat.

All new local Board of Education members must receive a minimum of twelve (12) hours of in-service training annually, per KRS 160.180 and 702 KAR 1:115, on a calendar year basis. These hours shall include certain mandated topics of ethics, finance, and Superintendent evaluation, as well as on various other topics such as Board member roles and responsibilities, and the Board's role in student achievement. Additionally, when the Board, or a collaborative of local school boards including the Board, receives a charter school application, any member of the Board or boards who has not received charter authorization training within twelve (12) months immediately preceding the date the application was received shall receive six (6) hours of in-service training prior to evaluating the charter application~~per 701 KAR 8:020, local Board members are required to complete twelve (12) hours of in-service training annually in their capacity as charter school authorizers.~~ This requirement is separate from, and in addition to, the training required by KRS 160.180, ~~but certain hours may count towards both requirements.~~ Depending on the date of appointment, special provisions may apply.

The Kentucky School Boards Association (KSBA) provides local Board member in-service training, and maintains the legal records relating to required Board member training completion. KSBA makes efforts to offer training courses that will meet legal requirements for both general training and charter authorizer training. KSBA will contact you soon to begin scheduling training for the current calendar year. You may contact KSBA by calling 1-800-372-2962.

Sincerely,

Superintendent/Board Secretary

cc: Secretary of State, State Capitol, 700 Capital Ave., Room #152, Frankfort, KY 40601
Jefferson County Clerk, 701 West Ormsby Avenue, Suite 301, Louisville, KY 40203
Commissioner of Education, Kentucky Department of Education, 300 Sower Blvd.,
Frankfort, KY 40601
Director of Board Team Development, KSBA, 260 Democrat Dr., Frankfort, KY 40601

Board Vacancy Forms

Substantially equivalent electronic forms may be used by the District in lieu of these paper forms.

RELATED PROCEDURE:

01.3 AP.21

EXPLANATION: THIS CHANGE CLARIFIES THE QUESTION RELATING TO A POTENTIAL CANDIDATE'S EMPLOYMENT STATUS WITH THE SCHOOL DISTRICT AND MODIFIES A QUESTION ABOUT LONG RANGE BOARD GOALS TO REFLECT THAT APPOINTEES WILL SERVE LESS THAN FOUR (4) YEARS.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

DRAFT 7/1/20

POWERS AND DUTIES OF BOARD OF EDUCATION

01.3 AP.21

Application for Board Vacancy

Jefferson County Public Schools			
District # _____			
Name: _____			Birthdate: _____
_____	_____	_____	
Last	First	MI	
Address: _____			
_____		_____	_____
Street or Box #		State	Zip Code
Telephone: _____			
_____		_____	_____
Business		Home	Cell
Email Address: _____			

1. Have you been a citizen of Kentucky for a minimum of at least the last three (3) years? ☐ Yes ☐ No
2. Are you registered to vote in the District you wish to serve? ☐ Yes ☐ No
3. Are you an officer of, or employed by, any city, county, consolidated local government, or other municipality? ☐ Yes ☐ No
If yes, please identify. _____
4. Does the School District~~city or county Board~~ where you reside presently employ you? ☐ Yes ☐ No
5. Do you have any relatives employed by the District? ☐ Yes ☐ No
If yes, please indicate their relationship to you:
☐ Brother ☐ Sister ☐ Husband ☐ Wife ☐ Son ☐ Daughter ☐ Father ☐ Mother
☐ Other _____
6. Have you ever been a member of any local Board of Education in Kentucky? ☐ Yes ☐ No
If so, which District _____ and when _____?
7. Do you currently hold any elective federal, state, county, or city office? ☐ Yes ☐ No
If yes, please identify. _____
8. Do you own or are you a stockholder in a business involved in sales or other contracts with the Board or with individual schools of the District? ☐ Yes ☐ No
If yes, please identify. _____
9. Do you work for a company that provides any goods or services to the District or with the individual schools of the District? Do you receive any commissions or other benefits as a result of any contracts or business with the District? ☐ Yes ☐ No
If yes, please describe. _____

Application for Board Vacancy

10. Have you ever been fined or convicted for violation of any law? Are you now facing any charges for any violation of law? ☐ Yes ☐ No

If yes, please describe. _____

11. Do you serve on any county, city, or joint agency government boards? ☐ Yes ☐ No

If yes, please describe. _____

12. Do you currently hold a leadership position with any organization that provides financial support or raises funds in the name of the District, a school in the District, or students of the District?

☐ Yes ☐ No

13. Have you completed at least the twelfth (12th) grade or been issued a High School Equivalency Diploma? ☐ Yes ☐ No

14. Please circle the highest level of formal education you have completed:

GRADE SCHOOL HIGH SCHOOL COLLEGE GRADUATE SCHOOL

1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 1 2 3 4

Note: Application must include a transcript evidencing completion of the twelfth (12th) grade, or, if appropriate, the results of a twelfth (12th) grade equivalency examination. ~~A diploma is not acceptable.~~

High School Attended

Address

Dates Attended/Graduated

College/University Attended

Address

Dates Attended/Degree

Graduate Schools Attended

Address

Dates Attended/Degree

15. List schools or school related activities in which you are currently involved or with which you have had previous involvement: _____

16. Work Experience (Please provide employment history and attach current resume.)

a.

Current Employer

Address

Date of Employment

Duties

b.

Previous Employer

Address

Date of Employment

Duties

c.

Previous Employer

Address

Date of Employment

Duties

Application for Board Vacancy

17. Please describe why you are interested in serving on the local Board of Education:

18. Please describe the benefits that you believe strong public schools bring to a community:

Application for Board Vacancy

19. Please describe one (1) goal or objective that you think the local Board of Education should seek to complete during your service on the Board in the next four (4) years:

Note: Board members must complete annual in-service training as required by law.

This application constitutes my letter of intent to seek appointment to the Board under KRS 160.190, and I hereby affirm that to the best of my knowledge the information being submitted on this application and any required attachments thereto is accurate and that I am eligible to be appointed to the Board under law.

Signature: _____ Date: _____

Application for Board Vacancy
COUNTY CLERK'S CERTIFICATION

RESIDENCE AND VOTER REGISTRATION FOR SCHOOL BOARD APPOINTMENT

JEFFERSON COUNTY CLERK: Please complete this form as it applies to the legal residence status of the applicant for school board appointment.

_____ who resides at _____
Name Address

is a resident and registered voter in _____ School District.

Certified by: _____

Jefferson County Clerk's Office

Date: _____

NOTE: This form must be completed by the County Clerk and returned to Superintendent, ATTN: Board Vacancy, VanHoose Education Center, 3332 Newburg Road, Louisville, KY 40218, along with the other four (4) pages of the application.

Substantially equivalent electronic forms may be used by the District in lieu of these paper forms.

RELATED PROCEDURE:

01.3 AP.2

EXPLANATION: FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA) REGULATIONS REQUIRE THAT AS OF JANUARY 6, 2020 DISTRICTS ARE TO COMPLY WITH FEDERAL BUS DRIVER "CLEARINGHOUSE" RULES REQUIRING CHECKS ON APPLICANTS, ANNUAL CHECKS ON CURRENT DRIVERS, INFORMING DRIVERS OF REPORTABLE CONDUCT, AND REPORTING OF DISQUALIFYING INCIDENTS TO THE FMCSA DATABASE.

FINANCIAL IMPLICATIONS: COST OF CLEARINGHOUSE CHECKS

PERSONNEL

03.21 AP.254

Driving Record Violations and Personnel Actions

NEW/RETURNING BUS DRIVERS

The District shall perform a driving history check on school bus drivers prior to initial employment and after a break in service (excluding summers). Decisions to employ or re-employ an individual shall be contingent on receipt of records revealing no driving history convictions that would, as determined by the Superintendent, affect the individual's ability to perform the job. [Driver applicants and current drivers are subject to checks of the Federal Motor Carrier Safety Administration Clearinghouse \(FMCSA\) and related rules as described in Policy 06.221.](#)

A person shall not be employed as a school bus driver if convicted within the past five (5) years of driving a motor vehicle under the influence [or driving while intoxicated](#)~~of alcohol or any illegal drug.~~

CURRENT EMPLOYEES

Current bus drivers shall undergo driving records checks, controlled substance and alcohol use testing and medical examinations at intervals determined by Board policy and Department of Transportation (DOT) regulations. Those whose driving record checks reveal findings that are in violation of Board policy will be afforded due process and subject to termination in accordance with Board policy and applicable collective bargain agreements.

EXPLANATION: NEW FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA) REGULATIONS FOR ALL CDL OPERATORS CALL FOR CONSENTS FROM DRIVERS SO THAT DISTRICTS CAN CONDUCT REQUIRED SEARCHES OF THE CLEARINGHOUSE DATABASE. THIS AP COVERS WRITTEN CONSENT FOR A "LIMITED" INQUIRY AND POSSIBLE CONSEQUENCES OF REFUSAL TO CONSENT TO INQUIRIES MANDATED BY THE CLEARINGHOUSE REGULATION.
FINANCIAL IMPLICATIONS: COST OF CLEARINGHOUSE CHECKS

DRAFT 7/1/20

TRANSPORTATION

06.221 AP.2

Drug and Alcohol Testing Notification and General Consent
NOTIFICATION AND GENERAL CONSENT FOR LIMITED QUERIES OF THE
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA)
DRUG AND ALCOHOL CLEARINGHOUSE

NOTIFICATION

The Commercial Driver's License (CDL) Drug & Alcohol Clearinghouse is a federal database containing information about CDL drivers who have violated the Federal Motor Carrier Safety Administration's (FMCSA's) drug or alcohol regulations in 49 CFR Part 382. Whether you have committed a violation or not, the District or the District's Consortium/Third Party Administer (C/TPA) (as applicable) is required to check whether the Clearinghouse has any information about you at the time of employment and annually. When conducting an annual inquiry, the District or C/TPA will request a "limited" report that only indicates whether the Clearinghouse has any information about you. Before the District or C/TPA can request a limited report, your written authorization is required, per 49 CFR 382.701(b). If a limited query reveals that the Clearinghouse has information about you, you will then be asked to log in to the Clearinghouse website within twenty-four (24) hours to grant electronic consent to obtain your full Clearinghouse record. FMCSA will not disclose detailed information without first obtaining additional specific consent from you.

CONSENT AND ACKNOWLEDGEMENT

I, _____, hereby provide consent to the District
(Employee Name - please print)

and the District's Consortium/Third Party Administer (C/TPA) to conduct pre-hiring and annual limited queries of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This consent permits an unlimited number of such queries. My consent is valid from the date shown below until my employment with the District terminates or until I am no longer subject to the drug and alcohol testing rules in 49 CFR Part 382 for the District.

I understand that if I refuse to provide consent to conduct a limited query, or if I refuse to consent to a full query if requested by the District following a limited query, then the District must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations. I also understand that failure to provide cooperation to allow checking of the database as required by law may be grounds for personnel action based on loss of or legal inability to utilize licensure or certification required for the position.

Employee Signature	Date
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A substantially equivalent electronic form may be used by the District in lieu of this paper form.

RELATED POLICY:

03.27

EXPLANATION: HB 312 AMENDS KRS 159.170 AND KRS 158.140 TO ADDRESS SHARING EDUCATIONAL RECORDS INFORMATION RELATING TO CHILDREN PLACED IN FOSTER CARE BETWEEN THE CABINET, OTHER AGENCIES SERVING THE CHILD AT THE BEHEST OF THE CABINET, AND SCHOOL DISTRICTS "IN ACCORDANCE WITH" FERPA. CONSISTENT WITH THE "UNINTERRUPTED SCHOLARS ACT" WHICH AMENDED FERPA IN 2013 TO ALLOW SHARING OF EDUCATIONAL RECORDS WITH REPRESENTATIVES OF STATE WELFARE AGENCIES HAVING ACCESS TO THE AGENCY CASE PLAN AND RESPONSIBLE FOR CARING FOR SUCH CHILDREN, THIS UPDATE MODIFIES THE SUBJECT FORM WITH THE AIM OF OBTAINING CONFIRMATION FROM THE CABINET THAT CHILD PLACING OR CHILD CARE AGENCY/REPRESENTATIVES QUALIFY FOR ACCESS TO EDUCATIONAL RECORDS INFORMATION AS REPRESENTATIVES OF THE CABINET IN THE EVENT SUCH ACCESS IS NEEDED IN CONNECTION WITH PROPER TRANSFER, ENROLLMENT AND EDUCATIONAL PLACEMENT.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

DRAFT 7/1/20

STUDENTS

09.14 AP.232

Release of Records to State Child Welfare Agency

In order to facilitate the proper transfer, enrollment and educational placement of a child placed in foster care, authorized representatives of a child welfare agency (Cabinet for Health and Family Services) who must be authorized to access the child's case plan may be granted access to student records without parental consent if such agency presents to the District an official court order placing the student whose records are requested under the care and protection of said agency. This form provides access to student records that may be granted on a confidential basis to a child-caring facility or child-placing agency case manager for the same purposes where Cabinet officials with authorized access as stated above certify in writing that such persons or entities are acting in a representative capacity for the Cabinet, are responsible for care of the child, and are authorized to access the child's case plan. Any persons/agencies receiving access to education records as provided above are prohibited by federal law from releasing a child's education records to any individual or entity, except those engaged in addressing the child's educational needs. All applicable information in the below form must be provided/completed.

~~School district administrators may authorize release of protected student education record information to authorized representatives of a Kentucky state child welfare agency if such agency presents to the District an official court order placing the student whose records are requested under the care and protection of said agency. The state welfare agency representative receiving such records must be authorized to access the child's case plan. All information in the below form must be provided/completed.~~

On behalf of the _____ (agency), I am requesting access to and/or release of information in the educational records of the following student enrolled in the District:

Name of Student

School

SPECIFIC INFORMATION REQUESTED

☐ All cumulative records

☐ Grade records only

☐ Attendance record only

☐ Standardized test data only

☐ Other: _____

I understand that I and my agency are prohibited by federal law from releasing a child's education records to any individual or entity, except for those at my agency engaged in addressing that child's educational needs.

I also understand that if the United States Department of Education determines that a third party outside the educational agency or institution discloses educational record information in violation of the law, the educational agency or institution may not allow that third party access to personally identifiable information from education records for at least five (5) years.

By virtue of my signature, I certify:

- I am a representative/caseworker for the following state child welfare agency: _____;
- This agency is responsible under state law for care and protection of the student as provided in the court order referenced below;
- A case plan for the student has been established or is in process for the student; and
- As representative/caseworker I have the right to access such case plan.

CONTACT INFORMATION

Signature of Requesting Individual

Title

Date

Telephone Number

Email Address

Release of Records to State Child Welfare Agency**CERTIFICATION REGARDING CHILD CARING OR PLACING AGENCIES (IF APPLICABLE)**

On behalf of the Cabinet, I additionally confirm that the following individuals/agencies are serving the child as representatives of the Cabinet, are responsible for the care of the child, are authorized to access the child's agency case plan and that access to educational records as checked above is necessary in order to facilitate the transfer, enrollment and educational placement of the child.

Name: _____ Position: _____ Signature: _____
(on behalf of the Kentucky Cabinet for Health and Family Services)

Date: _____

Contact Information: _____

Telephone/Address/Email Address

☐ Child-caring facility _____

Name: _____ Position: _____ Signature: _____

Date: _____

Contact Information: _____

Telephone/Address/Email Address

☐ Child placing facility case manager _____

Name: _____ Position: _____ Signature: _____

Date: _____

Contact Information: _____

Telephone/Address/Email Address

Persons/agencies receiving access to education records as signing above acknowledge they are prohibited by federal law from releasing a child's education records to any individual or entity, except those engaged in addressing the child's educational need and that if the United States Department of Education determines that a third party outside the educational agency or institution discloses educational record information in violation of the law, the educational agency or institution may not allow that third party access to personally identifiable information from education records for at least five (5) years.

(THE SECTION BELOW TO BE COMPLETED BY DISTRICT RECORDS CUSTODIAN/DESIGNEE)

- _____
- ☐ The District has an attested or certified original court order placing the student whose records are released under the care and protection of the requesting agency, which order is still in effect.
 - ☐ The requesting individual presented appropriate credentials and identification.
 - ☐ Payment has been made for any copies requested.

The requesting individual was notified of the following on _____ (date):

- The request was ☐ approved ☐ not approved.
- If approved, the records will be available on _____ (date).

Signature of Records Custodian/Designee

Date

A substantially equivalent electronic form may be used by the District in lieu of this paper form.

LEGAL: SB 72 AMENDS KRS 620.030 TO ADD A VICTIM OF FEMALE GENITAL MUTILATION TO REQUIRED REPORTING.

FINANCIAL IMPLICATIONS: NONE ANTICIPATED

STUDENTS

09.227 AP.1

Child Abuse/Neglect/Dependency

MAKING AN OFFICIAL REPORT

District employees who receive information from or about a student that causes them to know or gives them reasonable cause to believe that a child is dependent, neglected, abused, or is a victim of human trafficking, [or is a victim of female genital mutilation](#), will promptly make an official report to the proper authorities listed in the *JCPS Safety and Emergency Procedures Manual, Child Abuse/Neglect/Dependency* in the manner provided in the manual. All employees who know or have reasonable cause to believe that a child is dependent, neglected, or abused have the responsibility to report. Any attempt to prevent such a report is illegal.

The individual making an official report should make a personal record of the report, including the date and time of report and name of the individual to whom the report was made.

The confidentiality of identifying information pertaining to individuals making a report is protected as provided by statute (KRS 620.050).

EXPLANATION: SB 8 AMENDS KRS 508.078 TO CHANGE THE DEFINITION OF TERRORISTIC THREATENING. THIS UPDATE ALSO INCLUDES A MORE COMPLETE DESCRIPTION OF CRIMINAL/JUVENILE PENALTIES.

FINANCIAL IMPLICATIONS: COST OF PROVIDING NOTICE

[DRAFT 7/1/20](#)

STUDENTS

09.425 AP.22

Assault and Threats of Violence - Notice of Penalties and Provisions

KRS 158.1559 requires written notice to all students, parents and guardians of students within ten (10) days of the first instructional day of the school of the provisions of KRS 508.078 (making it a crime to make the described threats against school-affiliated persons and persons lawfully on school property or against school operations). In compliance with this requirement, the text of KRS 508.078 is set forth below. ~~Please be advised that there are serious penalties for this second-degree terroristic threatening offense. Potential penalties upon conviction of this Class D felony include a term of imprisonment of not less than one (1) year nor more than five (5) years and a fine of not less than one thousand (\$1,000) and not greater than ten thousand (\$10,000) as provided in KRS 532.060 and KRS 532.030, respectively. In addition, a court in a juvenile case dealing with charges based on bomb threats or other criminal threats that disrupt school operations may order the child or his parent(s) to make restitution (pay expenses) caused by the threat to parties such as the District or first responders (KRS 635.060).~~

KRS 508.078 (TERRORISTIC THREATENING, SECOND DEGREE)

1. A person is guilty of terroristic threatening in the second degree when, other than as provided in KRS 508.075, he or she intentionally:
 - a) With respect to any scheduled, publicly advertised event open to the public, any place of worship, or any school function, threatens to commit any act likely to result in death or serious physical injury to any person at a place of worship, or any student group, teacher, volunteer worker, or employee of a public or private elementary or secondary school, vocational school, or institution of postsecondary education, or to any other person reasonably expected to lawfully be on school property or at a school-sanctioned activity, if the threat is related to their employment by a school, or work or attendance at school, or a school function. A threat directed at a person or persons or at a school does not need to identify a specific person or persons or school in order for a violation ~~of this section~~ to occur;
 - b) Makes false statements by any means, including by electronic communication, indicating that an act likely to result in death or serious physical injury is occurring or will occur for the purpose of:
 1. Causing evacuation of a school building, school property, or school sanctioned activity;
 2. Causing cancellation of school classes or school sanctioned activity; or
 3. Creating fear of death or serious physical injury ~~serious bodily harm~~ among students, parents, or school personnel;
 - c) Makes false statements that he or she has placed a weapon of mass destruction at any location other than one specified in KRS 508.075; or
 - d) Without lawful authority places a counterfeit weapon of mass destruction at any location other than one specified in KRS 508.075.

Assault and Threats of Violence - Notice of Penalties and Provisions**KRS 508.078 (TERRORISTIC THREATENING, SECOND DEGREE) (CONTINUED)**

2. A counterfeit weapon of mass destruction is placed with lawful authority if it is placed as part of an official training exercise by a public servant, as defined in KRS 522.010.
3. A person is not guilty of commission of an offense under this section if he or she, innocently and believing the information to be true, communicates a threat made by another person to school personnel, a peace officer, a law enforcement agency, a public agency involved in emergency response, or a public safety answering point and identifies the person from whom the threat was communicated, if known.
4. Terroristic threatening in the second degree is a Class D felony.
5. Terroristic threatening in the second degree is a Class C felony when, in addition to the violations above, the person intentionally engages in substantial conduct required to prepare for or carry out the threatened act, including but not limited to gathering weapons, ammunition, body armor, vehicles, or materials required to manufacture a weapon of mass destruction.

*****POTENTIAL PENALTIES UNDER KRS 532.060 AND KRS 534.030 UPON CONVICTION*****

Please be advised that there are serious penalties for this second degree terroristic threatening offense. Potential penalties for adults convicted of this offense include terms of imprisonment of not less than one (1) year nor more than five (5) (Class D felony) or not less than five (5) years nor more than ten (10) years (Class C felony) and a fine of not less than one thousand dollars (\$1,000) and not greater than ten thousand dollars (\$10,000) as provided in KRS 532.060 and KRS 532.030, respectively.

Juveniles face sanctions that may include fines up to five hundred dollars (\$500.00) (KRS 635.085): probation or supervision subject to court imposed conditions and graduated sanctions for violations (KRS 635.060); and more serious sanctions if they have prior adjudications or an offense is determined to involve a deadly weapon. In addition, a court in a juvenile case dealing with charges based on bomb threats or other criminal threats that disrupt school operations may order the child or his or her parent(s) to make restitution (pay expenses) caused by the threat to parties such as the District or first responders (KRS 635.060).

PRINCIPAL'S SIGNATURE: _____**DATE:** _____

A substantially equivalent electronic form may be used by the District in lieu of this paper form.

Completion of JCPS Policy and Procedures Project

Final procedures to complete the policy and procedures project to update and align JCPS procedures in the KSBA Policy and Procedures Manual.

Certification of Time

For a record of hours worked for each classified employee, District personnel should use existing Procedure 03.121 AP.23.

RELATED PROCEDURE:

03.121 AP.23

Public Sales on School Premises

Public sales on school premises must be approved in accordance with Procedure 05.3 AP.1.

The rules for conducting public sales are as follows:

1. The official application for use of school facilities must be completed.
2. No sales shall be scheduled during the school day or at any time that may interfere with the school program.
3. All sales activities shall be conducted in a manner that does not threaten the safety of participants or the security of District property.
4. All sales must be conducted within the time frame and at the location designated in the contract for usage.

RELATED PROCEDURES:

05.3 AP.1

05.31 AP.21

Change in Licensure

To report a change in licensure, use Procedure 03.121 AP.24.

Budget Planning Timeline

The Chief Finance Officer shall annually submit a Comprehensive Budget Planning Calendar to the Board for approval. The calendar shall set forth the activities and deadlines for action by the Board, Superintendent, and District staff in compliance with Board Policy 04.1 Budget Planning and Adoption.

- CERTIFIED PERSONNEL -**Personal Data Form Salaries**

The Department of Recruitment and Staffing shall complete the Action Entry Form (AEF) for new hires and reassignment actions which includes the following categories; demographics, education, certification, stipends, work experience, special comments and salary. The salary listed on the AEF shall be determined in accordance with the Board approved Salary Placement Rules enacted at the time a position is accepted.

Change in Rank/Licensure

Employees shall submit all changes in licensure to the Human Resources Department. The District Salary Placement Rules shall be used to place employees on the appropriate District salary schedule.

Property Insurance**REPLACEMENT COST**

Fire and extended coverage on all nonsurplus buildings shall be carried in the amount of the replacement cost.

APPRAISAL OF BUILDINGS

A professional appraiser shall estimate the replacement cost, and an adjustment will be made each year to compensate for any increased labor and material costs. The District shall work with the insurance company to get an appraisal replacement factor cost increase every year.

INVENTORY OF CONTENTS

When new contents are purchased, the Operations Division shall ensure that all property is tagged for inventory purposes.

CO-INSURANCE AND DEDUCTIBLE

Each building and its contents shall be insured for an amount equal to 100% of the replacement cost as shown on the schedule of values certified by the Kentucky Department of Education. The District shall have a \$25,000 deductible. The maximum allowable deductible per occurrence is five percent (5%) of the prior year's capital outlay allotment or \$25,000, whichever amount is smaller.

Notice of Past Due Account

Notice to an individual with a past due school account shall be sent in accordance with the provisions of the *Accounting Procedures for Kentucky School Activity Funds* “Redbook” incorporated by reference in 702 KAR 3:130.

- CLASSIFIED PERSONNEL -**Interview Evaluation**

Interview teams, as appointed by the Superintendent/designee, shall determine those applicants to be interviewed in accordance with the needs of the school system. Interview teams led by the school Principal, hiring manager, and/or the SBDM council, as appropriate under law, which may include subject area specialists and principals, shall review and evaluate only those applicants who meet minimum qualifications. Applicants may be requested to provide additional information or to undergo further interviews regarding position-specific qualifications. Classified applicants must provide contact information for five (5) references. Two (2) professional references from that contact list must respond prior to a job offer. Applicant interview screening forms are available in the Human Resources Department.

Notice of Returned Check

When a check provided to a school to pay for student fees is returned from a banking institution without payment, notice shall be sent to the check-writer in accordance with the provisions of the *Accounting Procedures for Kentucky School Activity Funds* “Redbook” incorporated by reference in 702 KAR 3:130.

Internal School Accounts

ACCOUNTING

Accounting for internal accounts shall be in accordance with the Department of Education's Manual, *Accounting Procedures for School Activity Funds*, "Redbook" incorporated by reference in 702 KAR 3:130.

Purchase Certification

Processes for purchasing and for the use of the MUNIS system for requisitions are available on the Finance Division Purchasing website.

- CLASSIFIED PERSONNEL -

Overtime Approval Form

The application for and approval of overtime shall be made using the District's online time and attendance application.

RELATED PROCEDURE:

03.121 AP.23

Certification of Time

Reporting of daily time worked shall be made using the District's online time and attendance application.

Nurse Office Consent for Treatment/Emergency Information

OVER THE COUNTER MEDICATIONS

The following are available to all students whose consent forms have been signed/returned:

Over the counter medications following assessment by School Nurse if available.

Cross out any over the counter medications below you DO NOT want your child to receive.

~~Albuterol Nebulizer Solution~~

Acetaminophen (Tylenol)

Ibuprofen (Motrin)

Midol (only for students age 12 and older)

Tums

Cough Drops/Throat Lozenges

Diphenhydramine (Benadryl) only for allergic reactions

Topical Antiseptic (Benzalkonium Chloride)

Hydrogen Peroxide

Lip Ointment (Chapstick/Carmex/Blistex/Vaseline, etc.)

Lotion

Hydrocortisone Cream 1%

Burn Cream

Sting Relief Swabs

Topical mouth/tooth pain relievers (Orajel/Anbesol)

Antibiotic Ointment (Neosporin/Bacitracin, etc.)

Eye Wash, Irrigating Solution

Reminders:

- The medications listed above will **only be given by licensed medical personnel** (Licensed Practical Nurse [LPN], Registered Nurse [RN], and/or Advanced Practice Registered Nurse [APRN]) **when they are available in the building.**
- Unlicensed school staff cannot give any of these medications, they may only be given by licensed medical staff.
- No other District employee may give these medications. These medications cannot be given for more than three (3) days in a row without a note from your child's health care provider.

OTHER SERVICES PROVIDED BY SCHOOL NURSES:

Health Assessments:

- Nursing assessment of health complaints, nursing management, and referral as needed.
- Hearing Screenings
- Dental Screenings
- Vision Screenings
- Immunization Outreach and Follow-Up
- Preventive Health Exam (APRN)

Health Education Services:

- Physical Health Conditions
- Physical and Dental Health Education
- Classroom Instruction per request as time allows
- School Health Plans:

PLEASE CONTACT YOUR SCHOOL NURSE IF NEEDED

(Check if your child has any of the following):

- | | |
|------------------------------------------------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Dietary Needs (including food allergies) | <input type="checkbox"/> G-Tube |
| <input type="checkbox"/> Allergy to something other than food | <input type="checkbox"/> Seizure |
| <input type="checkbox"/> Other Health Conditions (for other conditions not listed above) | |

School Nurses also provide care coordination by working with students, parents, and healthcare providers to manage chronic health needs.

CONFIDENTIALITY:

All medical records are the property of District and protected under FERPA. No other agency will have access to these records without your written consent. We protect the privacy of your child's health information by:

- Limiting how we use and disclose health information.
- Providing physical safeguards (secure offices and storage facilities, electronic protections, and procedures).
- Training employees about privacy policies and procedures.

Nurse Office Consent for Treatment/Emergency Information

Consent for School Health Services
Jefferson County Public Schools

Please Return to School

Reviewed by: _____
Entered: ☐

502-485-3387

CHILD/STUDENT INFORMATION

Grade _____ Team _____ Homeroom Teacher _____

Child's Last Name _____ First Name _____
(Please give child's complete legal name)

Child's Birth Date _____ ☐ Male ☐ Female

Street Address _____ City _____ Zip _____

Mother _____ Phone # 1 _____ Phone # 2 _____

Father _____ Phone # 1 _____ Phone # 2 _____

Legal Guardian _____ Phone # 1 _____ Phone # 2 _____

Emergency Contact Person **OTHER** than parent or guardian _____

Emergency Contact Person Phone # 1 _____ Phone # 2 _____

Has your child EVER attended a Jefferson County Public School? ☐ Yes ☐ No

If YES, what School (s) did student attend in the past? _____

My child HAS the following **life threatening condition** that may need EMERGENCY TREATMENT or MEDICATION (Epi-Pen, Glucagon, Emergency Seizure medications, Asthma Inhaler, etc.) at school:

☐ Diabetes ☐ Asthma ☐ Seizures ☐ severe allergies ☐ Other: _____

Is your child ALLERGIC to: (Check all that apply)

☐ **Medications:** Please LIST: _____

☐ **Peanuts:** EXPLAIN REACTION: _____

☐ **Tree Nuts:** EXPLAIN REACTION: _____

☐ **Bee/Wasp Sting:** EXPLAIN REACTION: _____

☐ **Other:** EXPLAIN REACTION: _____

CHILD'S Other Medical History (Heart Conditions, Cancer/Blood Disorders, Behavior Emotional, G-Tube, etc.):

Important medical history that staff should know about: _____

Medications taken every day: _____

CHILD'S MEDICAL Insurance:

Does your child have a KY Medicaid Card? ☐ Yes ☐ No Medicaid Number: _____

Other Health Insurance? ☐ Yes ☐ No No Insurance? ☐ Yes ☐ No

Child's Health Care Provider: _____ Phone # _____

Child's Dentist: _____ Phone # _____

CONSENT FOR HEALTH SERVICES

I consent to care for my child that may include screenings, exams, assessments, treatment, first aid, over-the-counter medications as listed on the Consent for Treatment form, and any other health services given to me/my child by staff/licensed volunteers of this School Health Office. I understand that no guarantees are being made as to the effect of any exam or treatment on me/my child. I authorize the School Health Office to receive and release medical/dental/immunization/vision information about my child to his/her individual school, healthcare provider, immunization registry, dental or vision provider as needed or requested.

Signature: _____
(Parent/Guardian)

Date: _____
(Expires in one [1] year)

A substantially equivalent electronic form may be used by the District in lieu of this paper form.

- CERTIFIED PERSONNEL -

Interview Evaluation

Interview teams, as appointed by the Superintendent/designee, shall determine those applicants to be interviewed in accordance with the needs of the District. Interview teams led by the school Principal, hiring manager, and/or the SBDM council, as appropriate under law, which may include subject area specialists and Principals, shall review and evaluate only those applicants who meet minimum qualifications.

Applicants may be requested to provide additional information or to undergo further interviews regarding position-specific qualifications. Certified applicants must provide contact information for ~~seven (7)~~ references. Four (4) professional references from that contact list must respond prior to job offer. Applicant interview screening forms are available in the Human Resources Department.

- CLASSIFIED PERSONNEL -**Vacancies**

The District personnel requisition notifies the Superintendent/designee of vacancies for purposes of posting, recruitment, and staffing and is available in the Human Resources Department. Vacant classified positions are posted on the District's Job List which is linked to the current applicant tracking software.

The District shall not discriminate in recruitment, employment, retention, promotion, demotion, transfer, or dismissal on the basis of race, color, national origin, age, religion, marital or parental status, political affiliations or beliefs, sex, sexual orientation, gender identity, gender expression, veteran status, genetic information, limitations due to pregnancy, childbirth, or related medical conditions, or disability.

Amendment of existing procedures to add the following sentence:

“A substantially equivalent electronic form may be used by the District in lieu of this paper form.”

Request to Receive Special Meeting Notification by Email

For those who wish to receive special meeting notification by email, the form below should be completed and emailed to: jcpscommunications@jefferson.kyschools.us.

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

This form shall be submitted to, and kept on file by, the Central Office.

[A substantially equivalent electronic form may be used by the District in lieu of this paper form.](#)

Request for Waiver of Board Policy

If an SBDM Council/Advisory Council would like to request a waiver of a Board Policy, the following form should be submitted.

School Council _____
Date

Name of Policy to Be Waived _____
Policy Number

Proposal:

Rationale:

School-based Decision Making (SBDM) Council or Advisory Council Approval

Please attach the minutes for the SBDM/Advisory Council meeting at which a request for this waiver was approved

Principal's Signature _____
Date

 (AREA BELOW THIS LINE IS TO BE COMPLETED BY THE SUPERINTENDENT)

Board Decision: _____

Rationale: _____

Superintendent's Signature _____
Date

Board Chairperson's Signature _____
Date

[A substantially equivalent electronic form may be used by the District in lieu of this paper form.](#)

Council Decision Appeal Form

Any District resident or a parent, student, or employee of the school may appeal Council decisions. An appeal must be filed within ten (10) working days following a Council decision.

(Check one)

NAME _____

☐ Resident ☐ Parent ☐ Student ☐ Employee

ADDRESS: _____

Street

City

State

ZIP

DAYTIME PHONE: _____

CELL PHONE: _____

To which School Council do you wish to address this appeal? _____

Briefly describe the Council decision you wish to appeal: _____

Date you became aware of the Council decision: _____

Date you are filing this appeal: _____

Describe how this decision affects you or state why you are appealing this decision. _____

What is the result you wish from this appeal? _____

LEVEL ONE: SCHOOL COUNCIL

The School Council shall first review the appeal and shall respond to the appealing party within ten (10) working days after receiving the appeal.

Date Appeal received: _____

Date(s) Council met to review appeal: _____

Council's Response *(Attach additional sheets as needed.)*

School Council Chair's Signature

Date

Council Decision Appeal Form**LEVEL TWO: SUPERINTENDENT**

*If not satisfied with the School Council's response, the appealing party may then appeal in writing to the Superintendent who must respond to the appealing party within ten (10) **working** days after receiving the appeal.*

Date Appeal received: _____

Superintendent's Response (*Attach additional sheets as needed.*)

Superintendent's Signature

Date

LEVEL THREE: BOARD

If not satisfied with the Superintendent's response, the appealing party may then appeal to the Board in writing and within twenty (20) working days after receiving the Superintendent's response. The Board shall afford the affected parties an opportunity to be heard within thirty (30) working days of the appeal to the Board and shall issue a final written decision on the appeal no later than sixty (60) working days from the date of presentation to the Board.

Date Appeal received: _____

Date of presentation to Board: _____

Date of final written decision: _____

Board's Response/Rationale (*Attach additional sheets as needed.*)

Board Chair's Signature

Date

A substantially equivalent electronic form may be used by the District in lieu of this paper form.

Health and Safety Training Forms – Fall Protection Plan

The District Fall Protection Plan is designed to enable employees who are in a role that requires working at heights to recognize fall hazards associated with certain projects and routine tasks. These forms are designed to track Fall Protection Training.

FALL PROTECTION TRAINING

Name of worker: _____

Fall Protection System	TRAINING RECEIVED				
	N/A	Installation	Maintenance	Inspection	Disassembly
Guardrail Systems					
Personal Fall Arrest Systems					
Safety Net Systems					
Controlled Access Zones					
Safety Monitoring Systems					
Warning Line Systems					
Aerial Lifts					

Health and Safety Training Forms – Fall Protection Plan**SAFETY TRAINING SIGN-IN**

TRAINING DATE:		
TRAINING TOPIC: FALL PROTECTION		
TRAINER NAME:		
PRINT NAME	SIGN NAME	SCHOOL/DEPT.
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

[A substantially equivalent electronic form may be used by the District in lieu of this paper form.](#)

- CERTIFIED PERSONNEL -**ESSA Qualification Notification Letter****ANNUAL NOTIFICATION - OPTION TO REQUEST PROFESSIONAL QUALIFICATIONS**

Date _____

Dear Parent/Guardian,

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 (4) 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.

Sincerely,

[Name], [Title]

[School Name]

[A substantially equivalent electronic form may be used by the District in lieu of this paper form.](#)

Facility and Grounds Use Application**PERMIT IS GOOD FOR DATES AND TIMES INDICATED BELOW.**

Date

Name of School: _____

Organization Applying: _____ For-Profit Organization? ☐ Yes ☐ No

Applicant's Name: _____ Phone Number: _____

Applicant's Address: _____
Address City State Zip Code

Facilities Needed

Specify room number(s), date(s), and time(s).

Applicant's Signature _____ Date _____

Date	Day	Time		Room/Area
		From	To	
		<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	
		<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	
		<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	
		<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	
		<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	
		<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	
		<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	

Read Carefully.

- A. Users may be charged a user fee for the use of the facility. Charges are determined by the room(s) rented and how many hours of overtime and how many custodians are used for an activity. If you have a question about possible overtime charges, direct those questions to building Principal or real estate department.**
- B. Permit is only valid if signed by the building Principal and the real estate manager.**
- C. No tobacco, alternative nicotine, or vapor products, alcoholic beverages, or drugs are permitted on the property.**

1. This activity is for:

☐ District Students Only ☐ Adults ☐ Other

2. Activity for which facility requested (Check appropriate boxes).

☐ Athletic or Recreation☐ Social Function☐ Instructional Class☐ Fundraiser☐ Performance or Rehearsal☐ Enrichment or Educational Program☐ Government Agency☐ Other☐ Equipment Request (List): _____

Describe activity: _____

3. Will Admission be charged? ☐ Yes ☐ No4. Will the kitchen be used? ☐ Yes ☐ No5. Certificate of insurance is included. ☐ Yes ☐ No6. Special Needs? ☐ Yes ☐ No

7. Additional Comments: _____

Number of custodians needed: _____

☐ Facilities are available as requested.

The above is hereby authorized to use the facility and grounds specified.

Building Principal's Signature_____
Real Estate Manager's Signature

By signing, applicant agrees to all additional terms and conditions of use as set forth below and on the following page, which are hereby incorporated herein by reference as though set forth in full. You should read these terms carefully. Your signature on this application signifies you have read and agree to all such terms and conditions. If permit is granted, applicant agrees to assume total liability for all damages or injury to persons or property arising from the negligent or intentional acts of the applicant, his or her employees, volunteers, or participants while using the approved facilities.

See Terms and Conditions on following page.

Facility and Grounds Use Application**TERMS AND CONDITIONS OF APPLICATION**

School: _____ Date: _____

If granted use of the facility, applicant, by signing this application, agrees as follows:

- Facilities will not be available for uses that the staff determines are not consistent with school purposes or District policies and regulations or that may have an adverse effect upon the facilities being available as needed for school activities and programs, such as uses which may result in damage to the facilities or unacceptable difficulty in cleaning and maintaining the facility.
- All uses and users must comply with established Board policies concerning nondiscrimination and use of facilities. No alcohol, drugs, or tobacco, alternative nicotine, or vapor products are permitted on the property. All meetings shall be open to the public. Meetings may not be secret, closed, or exclusive. If a fee is charged, anyone who pays the fee must be admitted.
- No use of building space will be permitted without the presence of a District employee. That is, groups will not be allowed in a building when it is closed and otherwise unoccupied.
- The applicant or any user shall not assign or sublet the facility or any part of the facility to any other user. Applicant and any user shall be responsible for using the facility for the purpose described in the Facility and Grounds Use Application Form.
- In the event that tickets are issued for any activity, they shall not be sold or disposed of in excess of the seating capacity of the facility being used.
- The concession facilities and equipment shall not normally be available for use and shall only be provided at the discretion of the building Principal/designee. Kitchen equipment will not normally be available. If the Principal/designee does grant the use of some kitchen facilities, the use shall require that a District food service employee be in attendance during the use of any such equipment and all costs and expenses incurred by the District in providing for such employee shall be borne by the user.
- The District will not be held liable for any damages, direct or consequential, if for any reason, the facilities agreed upon are not made available.
- Use of special lighting in the high schools is handled through the drama or music department. Applicants or users should make separate arrangements with the Principal/designee for any such stage lighting, which shall be provided only at the discretion of the Principal/designee. Likewise, separate arrangements may be necessary with regard to use of any other equipment, items, space, or personal property of the District.
- The school District, its Board Members, and its employees shall have no responsibility for any property brought onto or placed in the facilities by the applicant or any user.
- Applicant agrees to hold harmless, indemnify, and defend the Board, its Board members, agents, and employees, for all damage to the approved facilities and all claims or losses accruing or resulting from injury, damage, or death of any person, firm, or corporation, including the applicant himself, arising from the negligent or intentional acts of the applicant, his or her employees, volunteers, or participants while using the facilities. Proof of liability insurance may be required.
- If applicant is a for-profit organization, the organization must be registered with the Louisville Metro Revenue Commission.
- All charges for use of buildings or grounds are to be paid only to the Treasurer of the District through the Real Estate Department. Under no circumstances is anyone else to be paid.

Applicant's Signature_____
Date

[A substantially equivalent electronic form may be used by the District in lieu of this paper form.](#)

School Drill Log**School Year:** _____

Fire Drills: Each school is required to conduct two (2) Fire Drills within the first thirty (30) instructional days of school and one (1) per month for the remainder of the school year.

First 30 Days- Contact your local fire department to observe a minimum of one (1) fire drill per year.

DATE	TIME OF DRILL	WEATHER CONDITIONS	# OF OCCUPANTS	TOTAL EVACUATION TIME
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				

Disaster Drills: Each school is required to conduct at a minimum: (Additional drills are recommended)

First 30 Instructional days	Date	Month of January	Date
1. Severe Weather Drill		1. Severe Weather Drill	
2. Earthquake Drill		2. Earthquake Drill	
3. ALiCE Drill		3. ALiCE Drill	

It is recommended that other disaster drills be conducted throughout the school year, such as Chemical Release, Bomb Threat, etc. and/additional severe weather, earthquake, ALiCE, etc.

Record the type of drill and date below:

Type of Drill	Date	Type of Drill	Date

AED Automatic External Defibrillator Drills: Each school with AED (s) present must conduct an AED drill every six (6) months. Drills are recommended in August and February.

AED-Drill	Date	Employee currently trained Y/N	Pads checked for expiration Y/N
August			
February			

[A substantially equivalent electronic form may be used by the District in lieu of this paper form.](#)

NOTE: ALL SCHOOLS SHALL COMPLETE AND MAINTAIN THIS SCHOOL DRILL LOG. KENTUCKY FIRE PREVENTION CODE REQUIRES THIS LOG BE READILY ACCESSIBLE FOR INSPECTION.

THIS FORM IS TO BE USED WITH THE FOLLOWING PROCEDURES:

05.4 AP. 1; 05.41 AP.1; 05.42 AP.1; 05.47 AP.1

Bomb Threat Documentation Form

BOMB THREAT

Date of Call: _____

Time Call Received/Ended: _____

Operator's Name: _____

Person Who Received the Call: _____

INSTRUCTIONS

1. Attempt to keep the caller talking.
2. Calmly ask the caller the questions below.
3. Complete the form in as much detail as possible. Give initial impressions, and check off what applies as time and circumstance permit.

EXACT WORDS OF THE CALLER

QUESTIONS TO ASK

When is the bomb going to explode?

Where is the bomb right now?

What kind of bomb is it?

What does it look like?

Why did you place it?

DESCRIPTION OF CALLER'S VOICE

Initial Impression:

Male___ Female___ Young___ Old___ Loud Voice___ Soft Voice___ High Pitch___ Low Pitch___

Slow Talking___ Fast Talking___ Accent___ Intoxicated___ Concealed Voice___

Manner

Calm___ Rational___ Irrational___ Coherent___ Incoherent___

Deliberate___ Religious/Self-Righteous___ Angry___ Emotional___ Laughing___

Bus Evacuation Drill Report

COMPOUND _____ BUS # _____

**SCHOOL BUS EMERGENCY EVACUATION DRILL VERIFICATION
HIGH – MIDDLE – ELEMENTARY – EARLY CHILDHOOD**

Students riding this bus on the date below completed an emergency bus evacuation drill.

Signature of Driver _____ Date _____

Signature of Principal or Designee _____ School _____

**SCHOOL BUS EMERGENCY EVACUATION DRILL VERIFICATION
HIGH – MIDDLE – ELEMENTARY – EARLY CHILDHOOD**

Students riding this bus on the date below completed an emergency bus evacuation drill.

Signature of Driver _____ Date _____

Signature of Principal or Designee _____ School _____

**SCHOOL BUS EMERGENCY EVACUATION DRILL VERIFICATION
HIGH – MIDDLE – ELEMENTARY – EARLY CHILDHOOD**

Students riding this bus on the date below completed an emergency bus evacuation drill.

Signature of Driver _____ Date _____

Signature of Principal or Designee _____ School _____

Bus Evacuation Drill Report

*****REAR AND SIDE DOOR EVACUATION*****

COMPOUND _____ BUS # _____

**SCHOOL BUS EMERGENCY EVACUATION DRILL VERIFICATION
HIGH – MIDDLE – ELEMENTARY – EARLY CHILDHOOD**

Students riding this bus on the date below completed an emergency bus evacuation drill.

Signature of Driver _____ Date _____

Signature of Principal or Designee _____ School _____

**SCHOOL BUS EMERGENCY EVACUATION DRILL VERIFICATION
HIGH – MIDDLE – ELEMENTARY – EARLY CHILDHOOD**

Students riding this bus on the date below completed an emergency bus evacuation drill.

Signature of Driver _____ Date _____

Signature of Principal or Designee _____ School _____

**SCHOOL BUS EMERGENCY EVACUATION DRILL VERIFICATION
HIGH – MIDDLE – ELEMENTARY – EARLY CHILDHOOD**

Students riding this bus on the date below completed an emergency bus evacuation drill.

Signature of Driver _____ Date _____

Signature of Principal or Designee _____ School _____

Bus Evacuation Drill Report******REAR DOOR EVACUATION******

COMPOUND _____ BUS # _____

**SCHOOL BUS EMERGENCY EVACUATION DRILL VERIFICATION
HIGH – MIDDLE – ELEMENTARY – EARLY CHILDHOOD**

Students riding this bus on the date below completed an emergency bus evacuation drill.

Signature of Driver _____ Date _____

Signature of Principal or Designee _____ School _____

**SCHOOL BUS EMERGENCY EVACUATION DRILL VERIFICATION
HIGH – MIDDLE – ELEMENTARY – EARLY CHILDHOOD**

Students riding this bus on the date below completed an emergency bus evacuation drill.

Signature of Driver _____ Date _____

Signature of Principal or Designee _____ School _____

**SCHOOL BUS EMERGENCY EVACUATION DRILL VERIFICATION
HIGH – MIDDLE – ELEMENTARY – EARLY CHILDHOOD**

Students riding this bus on the date below completed an emergency bus evacuation drill.

Signature of Driver _____ Date _____

Signature of Principal or Designee _____ School _____

[A substantially equivalent electronic form may be used by the District in lieu of this paper form.](#)

TRANSPORTATION

06.31 AP.2

Route Schedule for Transported Students

SCHOOL: _____ DRIVER: _____ BUS NUMBER: _____

PARKING LOCATION: DAY _____ NIGHT _____ DEPART PARKING LOCATION AT _____ AM

TOTAL MILES TRAVELED ON ROUTE DAILY: _____

STOP #	NAME OF ROAD	AM STOP	PM STOP	STUDENT'S NAME	GRADE	SCHOOL

A substantially equivalent electronic form may be used by the District in lieu of this paper form.

Alternative Credit Options

VIRTUAL/ONLINE LEARNING OPPORTUNITIES

High School students may need to make up significant work for many reasons. To facilitate this need, the District offers multiple ways students can either get real-time support for content and skill development and credit recovery.

Content Supports are designed to provide “just-in-time” assistance to students who need additional learning opportunities to understand a unit of study. This assistance could be employed during a course or shortly after completion of a course. To be eligible for content support, a student must work with their teacher to identify the modules to be completed. A grade contract may be used if a grade change is requested.

Credit Recovery is used by students to make up a failing grade that has been recorded. To be eligible for credit recovery, a student must work with their counselor (if the student is no longer enrolled in the course to be recovered) to identify courses to be recovered. Credit recovery results in an additional entry on the student transcript.

Initial Credit is a course taken in an alternative setting (not a traditional classroom) for first-time credit. Students must work with their counselor to identify courses eligible for initial credit. Generally, students take initial credit to work ahead of their cohort or if a course is not available at their home school.

Below are some of the online opportunities (but not limited to) for content support or credit recovery:

JCPSeSchool

JCPSeSchool is a digital learning platform where students can take online, high school courses for initial credit, credit acceleration, credit recovery, and content recovery. Students are able to meet educational needs through a teacher-led online classroom that allows for the completion of coursework virtually. Highly qualified teachers grade coursework, encourage student achievement through regular communication, and monitor the successful completion of courses. A student may participate in *JCPSeSchool* while still enrolled in their home school under specific circumstances as approved by the student’s school administration.

Alternative Credit Options**STUDENTS ELIGIBLE FOR JCPS*eSchool***

- Homeschool or private school students;
- District homebound students or students who are physically unable to attend a regular District school;
- District students who need to repeat a course, who need a course that is not offered by their school, or who cannot take a course due to scheduling conflicts; or
- District students who desire noncredit enrichment.

The Principal/counselor must approve the student application for each credit or content recovery course a student takes. This approval serves as verification of the student's need to take the course and assurance that the school will accept the transfer of credits for and the grade earned in the course. There is a course fee and a cost for the textbook and/or other offline supplies.

TRANSITION CENTERS

If a middle, high, or special school houses a Transition Center, that Transition Center will have full technical access to a common digital learning platform and one teacher who coordinates the "success pathway" for individual students who are transitioning:

- From alternative schools;
- From numerous absences that put them in jeopardy of failure;
- From classroom settings where they are not successful;
- By transferring from one school to another school on a different schedule; or
- Into an accelerated program due to personal circumstances that require them to take advantage of the early graduation opportunity.

COMMON DIGITAL LEARNING PLATFORM

A common digital learning platform will be used by all District high schools and Transition Center classrooms to ensure that students are supported for content recovery, acceleration, credit recovery, and have no interruptions in instructional services. The Common Digital Learning Platform can be used to supplement individual classroom work, to recover credit after unsuccessful completion of a course, or as a stand-alone initial credit opportunity. The selection of a common digital learning platform will follow the Kentucky Digital Learning Guidelines from KDE.

Alternative Credit Options**ALTERNATIVE CREDIT APPLICATION FORM**

Student's Name _____	<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
Student's Address _____	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
School _____	Grade in the upcoming school year _____		

THE ABOVE NAMED STUDENT REQUESTS PRIOR APPROVAL TO EARN CREDIT THROUGH AN ALTERNATIVE ROUTE.

Course(s) requested: _____

☐ Summer School Course (approved by Superintendent/designee) ☐ Online Course

☐ College Credit ☐ Performance-Based Credit (provide information required on next page)

From what source _____

Total number of credits anticipated: _____

Reason for taking this course:

- ☐ Graduation with class
- ☐ Enrichment/Elective
- ☐ Course not available within the District
- ☐ Simultaneous high school/college credit
- ☐ Other, _____

I recommend this student be permitted to take the alternative credit option.

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

I understand that it is my responsibility to submit an official transcript of my grade to the school by the date specified by the counselor in order to receive credit toward graduation.

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

=====

Number of credits earned _____ Date grade received _____

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

Alternative Credit Options**PERFORMANCE-BASED CREDIT APPLICATION**

High school course for which credit is being requested: _____

NOTE: Requests will be accepted only for those courses the student has not yet

☐ enrolled in☐ passed

Credit may be granted to students demonstrating proficiency for learning taking place outside the normal classroom setting. Please describe the non-traditional and/or prior learning setting in which the learning occurred for credit being requested:

To be completed by Principal/designee

Request was ☐ Approved ☐ Denied Date _____

If approved, student performance will be assessed as follows:

ASSESSMENT METHOD	MINIMUM SCORE REQUIRED FOR CREDIT
Course exit exam	
State exam (_____)	
Other: _____	

Date of assessment: _____ Supervised by: _____

Student/Parent contacted ☐ Yes ☐ No Date __________
Principal/designee Signature_____
Date

A substantially equivalent electronic form may be used by the District in lieu of this paper form.

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 the District 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.

Course and Assessment Rubric**DIRECTIONS FOR COURSE CREATION OR REVISIONS (CONTINUED)**

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.

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 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: _____

[A substantially equivalent electronic form may be used by the District in lieu of this paper form.](#)

Request for Reconsideration of Instructional/Library Materials

THE FOLLOWING FORM SHOULD BE COMPLETED.

SCHOOL: _____

REQUEST INITIATED BY: _____

TELEPHONE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

COMPLAINANT REPRESENTS (SELECT ONE):

☐ THEMSELVES

☐ NAME OF ORGANIZATION _____

☐ IDENTIFY 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

Request for Reconsideration of Instructional/Library Materials

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.)

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

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

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

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.

[A substantially equivalent electronic form may be used by the District in lieu of this paper form.](#)

Staff/School Council Reconsideration of Instructional/Library Materials

CHECKLIST FOR THE REVIEW OF INSTRUCTIONAL/LIBRARY MATERIALS

THE SBDM/SCHOOL LEADERSHIP TEAM (SLT) MAY FILL OUT THE FOLLOWING FORM WHEN RECONSIDERING INSTRUCTIONAL/LIBRARY 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

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

[A substantially equivalent electronic form may be used by the District in lieu of this paper form.](#)

Staff/School Council Reconsideration Decision

THE SBDM COUNCIL/SCHOOL LEADERSHIP TEAM (SLT) WILL USE THE FOLLOWING FORM TO RESPOND TO A REQUEST FOR RECONSIDERATION.

(Date)

Dear _____:

The SBDM Council/SLT 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's Signature

School

[A substantially equivalent electronic form may be used by the District in lieu of this paper form.](#)

Consent for Software or Online Service

I am the parent or guardian of _____, a student under the age of eighteen (18) who is enrolled in the District at _____ School. I hereby authorize my student to use the following product or online service: _____ which will permit my student to accomplish the following task: _____. The purpose of this product/service is to help my student meet the following educational outcome:

However, I understand this product/service could result in the following risks associated with this product/service.

I agree that the District, its employees, and agents shall not be responsible, nor shall they incur any liability for any disclosure made by the student using this software or service. The Family Educational Rights and Privacy Act (FERPA) and similar state statutes (KFERPA) generally require parents to consent before the educational records relating to their student(s) are disclosed to third parties.

I understand that use of the above product/service is not itself a disclosure of education records, but it may enable my student to disclose confidential educational records information or have the associated risks stated above. I specifically authorize and give consent for my student to use the product/service as described above.

I understand that once this signed form is returned to the school, it will stay in effect as long as my child is enrolled in the school listed above (unless I or my child on turning 18 requests a change).

Signature of Parent/Guardian

Date

PLEASE COMPLETE AND RETURN THIS FORM TO YOUR CHILD'S SCHOOL BY _____ (DATE).

[A substantially equivalent electronic form may be used by the District in lieu of this paper form.](#)

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

A substantially equivalent electronic form may be used by the District in lieu of this paper form.

Student Directory Information Notification & Opt-Out Forms

Consistent with the Family Educational Rights and Privacy Act (FERPA), parents/guardians (or students 18 or older) may direct the District not to disclose directory information listed below. We are required to disclose a student's name, address, and telephone listing at the request of Armed Forces recruiters or institutions of higher education, unless a parent or student who has reached age 18, requests that this information *not* be disclosed. Information about the living situation of a homeless student is not considered directory information.

DIRECTORY INFORMATION OPT-OUT FORM**FOR ALL STUDENTS**

The District has designated a student's name, address, grade level, honors and awards, photograph (including use of student photographs in school District publications, in school District social media, on the school District's website, and in the news media), video or film of students when filmed by the District for educational purposes or for promotional use or filmed by news media, and major field of study as directory information. Photos and video that would generally be considered harmful or an invasion of privacy if disclosed are not directory information. The District has also designated a student's date of birth as directory information only for purposes of the U.S. Department of Education Free Application for Federal Student Aid (FAFSA) Completion Project. All Kentucky high schools report directory information plus course enrollment and student emails to the Kentucky Higher Education Assistance Authority (KHEAA) for students enrolled in dual-credit courses for financial aid purposes. If you do not want this information released to people requesting directory information, the parent/guardian or eligible student (18 years of age or older) must sign this form and return it to the school office within one (1) month after enrollment. This opt-out request will remain in effect for the current school year only.

I hereby exercise my rights under state and federal law and hereby request that the name, address, grade level, honors and awards, photograph (as outlined above), major field of study, and date of birth (for FAFSA Completion Project) of _____ (student name), currently a student at _____ (school name), not be released without prior written consent. I understand that this opt-out will remain in effect for the current school year only.

Signed by (Check one)

☐ Eligible Student ☐ Parent/Guardian

Signature _____

Name (Please print) _____

Address _____

City/State/Zip _____

This form is distributed to all students at the beginning of the school year in the *Student Support and Behavior Intervention Handbook*.

For an explanation of the state and federal laws applicable to this form, see the *Student Support and Behavior Intervention Handbook* and the *Student Bill of Rights*.

Student Directory Information Notification & Opt-Out Forms**MILITARY RECRUITER OPT-OUT FORM****FOR HIGH SCHOOL STUDENTS ONLY**

If you do not want the student's name, address, and telephone number released to military recruiters, the student (regardless of age) or parent/guardian must sign this form and return it to the school office within one (1) month after enrollment. If a Military Recruiter Opt-Out Form has been submitted at any time since August 2013, another submission is not necessary. District policy is to release the directory information of the current juniors and seniors one (1) month after the start of each school year. In order to be opted out, students must have submitted this form before that time in their junior year.

I hereby exercise my rights under state and federal law and hereby request that the name, address, and telephone number of _____ (student name), currently a student at _____ (school name), not be released to military recruiters without prior written consent. I understand that this opt-out request will remain in effect for my entire high school career and that I can revoke this option at any time by notifying my school and/or school District in writing of my decision.

Signed by (Check one)

☐ Eligible Student ☐ Parent/Guardian

Signature _____

Name (Please print) _____

Address _____

City/State/Zip _____

This form is distributed to all students at the beginning of the school year in the *Student Support and Behavior Intervention Handbook*.

For an explanation of the state and federal laws applicable to this form, see the *Student Support and Behavior Intervention Handbook* and the *Student Bill of Rights*.

[A substantially equivalent electronic form may be used by the District in lieu of this paper form.](#)

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.

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 education 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 records 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

Request to Inspect, Amend, or Destroy Student Educational Records**FOR OFFICIAL USE ONLY**Date Received: _____ ☐ Request Approved ☐ Request Denied

Reason 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 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:

[A substantially equivalent electronic form may be used by the District in lieu of this paper form.](#)

Release/Inspection of Student Records
TO THIRD PARTY

STUDENT EDUCATIONAL RECORDS REQUEST

The **single** use form provided below shall be used to request/grant one-time access to a student record.

EDUCATIONAL RECORDS AND INFORMATION RELEASE

The District Education Records and Information Release Form shall be used to grant ongoing access to student information which remains in effect until revoked by the parent/guardian.

STUDENT EDUCATIONAL RECORDS REQUEST

To: ☐ Principal: _____ School Name: _____

☐ Records/Transcript Office

I, as parent/guardian of the student listed below or the eligible student listed below:

☐ hereby request to view or copy the student's education records.

☐ hereby authorize the release of the student's education records to the person/entity listed below.

Student Name: _____

Birthdate: _____

Last JCPS School Enrolled: _____

Address: _____

Person/Entity Authorized to Receive Records: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

The records to be released are:

☐ All permanent records

☐ Grades and/or academic standing, credits/units

☐ Individual standardized achievement test results

☐ Health forms

☐ Key to grading system

☐ Exceptional child education records including Individual Education Programs (IEP)

☐ Due process forms and psychological evaluation

☐ Other (Please specify): _____

Purpose of Release: _____

This release is effective only for the specified records or types of records (including electronic) on hand as of the date you sign below. If you wish to authorize ongoing release of specified records or types of records to the entity/individual specified please complete the District Education Records & Information Release Form.

Parent/Guardian or Eligible Student, 18 or Older or Attending a Post-Secondary Institution:

Printed Legal Name: _____

Signature: _____

[A substantially equivalent electronic form may be used by the District in lieu of this paper form.](#)

Publication Consent Form

PLEASE COMPLETE THIS FORM AND SUBMIT IT TO THE SCHOOL.

Dear Parent/Guardian:

At some time during the school year, school/District personnel or other District-authorized persons may videotape or photograph classroom activities or special projects in which your child participates during or after the school day for public awareness or fund-raising purposes.

This form covers permission for the District to record and use the recorded image, voice, or work of the student (photographed, filmed, taped, or digitally recorded) for public awareness purposes, including publication on the school and/or District's web site and in school yearbooks.

Please review this form carefully, sign and date the form, and submit the form to the school.

Once signed and dated, this form shall remain in effect for your child's enrollment in the District schools. However, at any time during the school year, you may amend this form only for future uses/preferences by notifying the Principal in writing of your request.

As the parent(s)/guardians(s) of _____, I/we give the
Student's Name
_____ School District permission to release my/our child's name,
District's Name
photograph, work, and/or audio/video reproduction for publication to the general public concerning school functions and activities, including academic and athletic activities.

Name of Parent(s)/Guardian(s) (Please print.) _____

Parent/Guardian's Signature Date

NOTE: If the recorded image, voice, or work of a student is to be included in a publication as part of a commercial or for-profit fund-raising endeavor, affirmative authorization of the parent/guardian or eligible student must be obtained.

[A substantially equivalent electronic form may be used by the District in lieu of this paper form.](#)

Request for Student Health Services and Procedures
(NON-MEDICATION NEEDS ONLY)

The District provides health services to students so that their attendance and/or school-related program participation is not interrupted.

If your child requires a specific health service or procedure, please obtain the information below from your child's health care provider and return this completed form to: School Health Services 4309 Bishop Lane, Louisville KY 40218 or fax to (502) 485-3670. District School Health Plans may be used in place of this form.

Please be advised that District personnel will review the information provided for possible Section 504 or IDEA service considerations.

STUDENT'S NAME _____ **DOB** _____

STUDENT'S SCHOOL _____

Parent/Guardian or Student 18 or Older Signature

Date

TO BE COMPLETED BY PHYSICIAN/HEALTH CARE PROVIDER:

Duration of service/procedure: ☐ _____ school year ☐ until treatment is changed.

Describe the service/procedure in detail and include any specific instructions. (Please use the back of this form if needed, and sign at the end of your additional comments.) _____

Times to be administered: _____

Physician/Health Care Provider Signature

Date

Physician/Health Care Provider Address

Date

TO ASSURE COMPLIANCE WITH HIPAA REQUIREMENTS, SUBMIT THE ATTACHED "REQUEST FOR PROTECTED HEALTH INFORMATION" FORM TO YOUR HEALTH CARE PROVIDER OR USE THE HIPAA FORM REQUIRED BY THAT PROVIDER.

[A substantially equivalent electronic form may be used by the District in lieu of this paper form.](#)

RELATED PROCEDURES:

03.111 AP.21; 09.2241 (all medication-related procedures)

Home Schooling Notification

Home Schooling Notification Date _____

Jefferson County Public Schools
Pupil Personnel/Home School
PO Box 34020
Louisville, Kentucky 40232

Dear Superintendent,

This letter is to serve as notification to Jefferson County Public Schools that the child(ren) listed below will be homeschooled during the academic school year.

PLEASE PRINT

Student's Full Legal Name	Age	Birth Date:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Name _____

Name of Homeschool _____

Address _____ Zip Code _____

Phone Number _____

Email _____

I understand that I must send a letter of intent to homeschool each school year and notify the JCPS Home School office if I withdraw my student(s) from homeschool anytime during the current school year. This notice may be dissolved upon enrollment or re-enrollment of the above named child(ren) in a school in the District or any other public or private school. At such time a home-schooled child re-enrolls in the District, it is understood that certified personnel of the school system shall either place the student according to successful performance in courses that are sequential such as English, math, history, and science or conduct tests similar in nature and content to that used for other students receiving credit in that subject. Once assessment of the child's educational development is completed, a final determination of grade placement will be made. KRS 158.140, 704 KAR 3:307

Sincerely,

Parent / Guardian Signature

[A substantially equivalent electronic form may be used by the District in lieu of this paper form.](#)

Home Schooling Notification**PROCEDURE**

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

SUMMARY OF REQUIREMENTS

Those intending to homeschool their students must:

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

- Teach the child reading, writing, spelling, grammar, history, math, and civics. KRS 156.160
- Provide no fewer student attendance days than required in current state law.
- Maintain attendance records. KRS 159.040.
- Maintain academic records. It is suggested that you maintain a portfolio (compilation) of the child’s best work from year to year. KRS 159.040/KRS 156.160
- Make records available in case of inquiry. KRS 159.040
- Make sure that children between the ages of six (6) and eighteen (18) shall attend an educational institution as described in Kentucky compulsory attendance law. KRS 159.010

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

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

A current immunization certificate shall be required for home-schooled students prior to attending one (1) or more in-school classes or participating in sports or other school-sponsored extra-curricular activities.

Request for 504 Shortened School Day

SCHOOL YEAR _____

This form shall be kept on file as part of the student's permanent record for auditing purposes.

Requesting Party: _____

Phone Number: _____

Submitted to Principal: _____

On this Date: _____

STUDENT DATA:

Name: _____ Age: _____ Grade: _____

School: _____

SECTION 504 CHAIRPERSON/SUPERINTENDENT'S DESIGNEE:

Name: _____ Other Job Title(s): _____

PERSON(S) TO MONITOR PLAN:

Name: _____ Title: _____

LENGTH OF SCHOOL DAY

1. What are the typical beginning and ending times for students in this school?

BEGINNING TIME: _____ ENDING TIME: _____

2. What are the beginning and ending times the Section 504 team has determined for this student?

BEGINNING TIME: _____ ENDING TIME: _____

3. The student requires a shortened school day for the following reasons:

4. Is this student returning to school after being in a Home/Hospital Instruction Program?

☐ Yes

☐ No

If yes, please describe circumstances:

Request for 504 Shortened School Day

5. Identify steps the Section 504 Team will take to promote full attendance for this student in the future.

6. Has a shortened school day been requested for this student in previous school years?

☐ Yes ☐ No

If yes, list the previous school year(s): _____

7. Is there a signed physician statement? ☐ Yes ☐ No

The District shall maintain the following documentation for all shortened school days approved by the Board:

- Approval by the Board (Student confidentiality procedures must be followed when listing student information in Board minutes.);
- Minutes of the Section 504 Team meeting documenting the decision that a shortened school day is needed;
- A copy of the student's Section 504 Accommodation Plan documenting the shortened school day; and
- A copy of the physician statement of the supporting medical need.

=====

Board Approved Request: ☐ Yes ☐ No Date: _____ Order # _____

=====

[A substantially equivalent electronic form may be used by the District in lieu of this paper form.](#)

[illegible]

A substantially equivalent electronic form may be used by the District in lieu of this paper form.

Physical Restraint and Seclusion Forms
PHYSICAL RESTRAINT AND SECLUSION NOTICE TO PARENT/GUARDIAN

NOTICE TO PARENT/GUARDIAN

ADMINISTRATIVE NOTE: AS SOON AS POSSIBLE WITHIN TWENTY-FOUR (24) HOURS FOLLOWING EACH INCIDENT INVOLVING USE OF PHYSICAL RESTRAINT OR SECLUSION, NOTICE SHALL BE PROVIDED TO THE PARENT/GUARDIAN OF A STUDENT WHO IS NOT EMANCIPATED EITHER VERBALLY OR BY EMAIL, IF EMAIL IS AVAILABLE TO THE RECIPIENT. IF THE RECIPIENT CANNOT BE REACHED WITHIN TWENTY-FOUR (24) HOURS, A WRITTEN COMMUNICATION SHALL BE MAILED VIA U. S. MAIL. IN ANY EVENT, THIS FORM SHOULD BE COMPLETED AND KEPT ON FILE TO DOCUMENT THE NOTIFICATION.

Date

Dear parent/guardian,

On _____, authorized school personnel used the following with your child:
Date

☐ Seclusion

☐ Physical Restraint

The following is a summary description of the measure used:

This occurrence took place at _____
Location and Time Frame

and was necessary due to the following behavior by your child:

Because the safety of students, school personnel and visitors is our utmost concern, we did not take this action lightly.

Please contact me directly if you have questions about this information or if you want to request a debriefing session. The District must receive such request within five (5) school days from the date you received notice of the use of physical restraint or seclusion. We will do our best to schedule a meeting as soon as practicable, but no later than five (5) school days following receipt of your request, unless we mutually agree otherwise.

I can be reached at _____.
Telephone Number

Sincerely,

 Signature

 Position

Physical Restraint and Seclusion Forms
PHYSICAL RESTRAINT AND SECLUSION INCIDENT FORM

1. This form is to be utilized to document all incidents where a student was restrained or secluded.
2. The form shall be submitted to the Principal/designee to be entered into the student information system before the end of the day.
3. This confidential form shall be kept in a secure file.

Incident Detail Information

Staff Name _____ Date of Incident _____ Time of Incident _____

Student LName _____ Student FName _____

Per Code of Conduct: Event Type: _____ Law/Board Violation: _____

Location of Incident: _____ Room: _____

Infinite Campus Resolution Code (Check all that apply)

- | | |
|-------------------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> SSP3: Out of School Suspension | <input type="checkbox"/> SSP7: Restraint |
| <input type="checkbox"/> INSR: In School Removal (including ISAP) | <input type="checkbox"/> SSP8: Seclusion |

Response Type (Check all that apply):

Response Type	Examples of Response Type	Response Start Time	Response End Time
<input type="checkbox"/> BR01: Control position restraint	Side Assist		
<input type="checkbox"/> BR02: Kneeling position restraint	Bicep Assist, Cradle Transition to Floor, S/K Bicep Assist, S/K Cradle Assist		
<input type="checkbox"/> BR03: Other			
<input type="checkbox"/> BR04: Release/escape restraint			
<input type="checkbox"/> BR05: Seclusion			
<input type="checkbox"/> BR06: Standing position restraint	Extended Arm, Cradle Assist, MP Extended Arm, MP Upper torso Assist, Cross Arm Assist, MP S/K Upper Torso, Shoulder Assist, Upper Torso Assist		
<input type="checkbox"/> BR07: Transport position restraint	Extended Arm Transport, Hook Transport, Cradle Transport, Cradle Carry, Hook Carry		

Pre-Response Intervention

- | | |
|-------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> PRI01: Assigned seats | <input type="checkbox"/> PRI15: Provide reminders |
| <input type="checkbox"/> PRI02: Behavior momentum | <input type="checkbox"/> PRI16: Provide space |
| <input type="checkbox"/> PRI03: Communicate concerns with student | <input type="checkbox"/> PRI17: Provide warning and correction |
| <input type="checkbox"/> PRI04: Independent activities | <input type="checkbox"/> PRI18: Recognize and respond to behavior |
| <input type="checkbox"/> PRI05: Involve students in the plan | <input type="checkbox"/> PRI19: Redirect |
| <input type="checkbox"/> PRI06: Modify task | <input type="checkbox"/> PRI20: Relaxation strategies |
| <input type="checkbox"/> PRI07: Opportunities to respond | <input type="checkbox"/> PRI21: Schedules/routines |
| <input type="checkbox"/> PRI08: Physical arrangement | <input type="checkbox"/> PRI22: Speak privately to student |
| <input type="checkbox"/> PRI09: Positive direction and limits | <input type="checkbox"/> PRI23: Specific /concrete directions |
| <input type="checkbox"/> PRI10: Present options | <input type="checkbox"/> PRI24: Teach appropriate behavior |
| <input type="checkbox"/> PRI11: Problem solving | <input type="checkbox"/> PRI25: Teach standard consequence |
| <input type="checkbox"/> PRI12: Prompting/cueing | <input type="checkbox"/> PRI26: Teacher proximity |
| <input type="checkbox"/> PRI13: Provide a specific direction | <input type="checkbox"/> PRI99: Other – describe in pre-response text box |
| <input type="checkbox"/> PRI14: Provide choices | |

Physical Restraint and Seclusion Forms
PHYSICAL RESTRAINT AND SECLUSION INCIDENT FORM

Pre-Response Actions (attach additional pages as needed): Document an account of the actions by involved students and staff before the response. Describe events leading up to the response, including possible factors contributing to the dangerous behavior. Document the effectiveness of any Pre-Response Interventions. Describe how the student's behavior posed an imminent danger of physical harm to self or others.

Response Details: Document an account of the student's behavior during the response. Describe how school personnel responded to the dangerous behavior. Document interactions between the student and the school personnel during the response. Document the effectiveness of this response type.

Post-Response Action: Document an account of the student and staff following the response. Document the effectiveness this response had in deescalating the situation. Describe the planned positive behavioral interventions which shall be used to reduce the future need for restraint or seclusion of the student. Document a referral to Program 504 or IDEA, if student not previously identified. Describe basis for declining to refer the student to Program 504 or IDEA, if applicable.

Injury

To Student ☐ Yes ☐ No

☐ 01: Minor

☐ 02: Severe: Extreme Physical Pain

☐ 03: Severe: Loss or Impairment of Function

Injury type & description

☐ 04: Severe: Protracted & obvious disfigurement

☐ 05: Severe: Substantial Risk of Death

☐ 06: Death

To Participant (school employee) ☐ Yes ☐ No

☐ 01: Minor

☐ 02: Severe: Extreme Physical Pain

☐ 03: Severe: Loss or Impairment of Function

Injury type & description

☐ 04: Severe: Protracted & obvious disfigurement

☐ 05: Severe: Substantial Risk of Death

☐ 06: Death

Is the Workers Compensation Location Report Form is completed: ☐ Yes ☐ No

Physical Restraint and Seclusion Forms
PHYSICAL RESTRAINT AND SECLUSION INCIDENT FORM

Employees Involved: Add response participants defined as the people who are restraining the students, assisting in the restraint or observing the restraint or seclusion

Role	Staff Name	SCM Trained	SCM Cert. Date	Last Practice Attended	Pick roles from this list.	
					P1-Staff Primary/Lead	S3-SRO
					P2-Other Primary/Lead	Secondary
					P3-SRO Primary/Lead	O2-Other
					S1-Staff Secondary	Observer
					S2-Other Secondary	O3-SRO
						Observer
						O4-Student
						Observer

Guardian Contact: Complete if guardian is contacted.

Date: _____ **Time:** _____ **Contact Name:** _____ **Debriefing Date:** _____

Details: Enter any details discussed during the contact including the method of contact:

[A substantially equivalent electronic form may be used by the District in lieu of this paper form.](#)

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.

[A substantially equivalent electronic form may be used by the District in lieu of this paper form.](#)

DATE: _____

[illegible]

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 ADMINSTRATING MEDICATIONS		
DATE	AMOUNT PRESENT	INITIALS	DATE	EVENT DESCRIPTION	INITIALS

A substantially equivalent electronic form may be used by the District in lieu of this paper form.

Medication Administration Incident Report

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

- | | |
|-----------------------------------------------------------------------|--------------------------------------------------------------------|
| <input type="checkbox"/> Medication administered to incorrect student | <input type="checkbox"/> Medication administered at incorrect time |
| <input type="checkbox"/> Incorrect dosage of medication administered | <input type="checkbox"/> Incorrect medication administered |
| <input type="checkbox"/> Incorrect documentation provided | <input type="checkbox"/> 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: _____

[A substantially equivalent electronic form may be used by the District in lieu of this paper form.](#)

Website Accessibility Complaint and Grievance Form

DATE OF COMPLAINT/GRIEVANCE: _____

COMPLAINANT NAME: _____
(Please Print)

ADDRESS: _____

EMAIL: _____

PHONE: _____

WEBSITE ADDRESS (OR LOCATION) OF ACCESSIBILITY PROBLEM: _____

DESCRIPTION OF THE PROBLEM ENCOUNTERED: _____

SOLUTION DESIRED: _____

SIGNATURE: _____

Thank you for bringing this matter to the District's attention. You may be contacted if more information is needed to process your complaint/grievance. The investigation process is typically completed within fifteen (15) working days from the date it was received.

The complaint or grievance will be investigated by the Superintendent/designee. The complainant shall be contacted no later than five (5) working days following the date the District receives the information. The procedures to be followed are:

- An investigation of the complaint shall be completed within fifteen (15) working days. Extension of the time line may only be approved by the Superintendent.
- The investigator shall prepare a written report of the findings and conclusions within five (5) working days of the completion of the investigation.
- The investigator shall contact the complainant upon conclusion of the investigation to discuss the findings and conclusions and actions to be taken as a result of the investigation.

A record of each complaint and grievance shall be maintained at the District office. The record shall include a copy of the complaint or grievance filed, report of findings from the investigation, and the disposition of the matter.

Send a copy of this form or a description of the barrier when using our website or accessing information to the JCPS Webmaster:

jcps.webmaster@jefferson.kyschools.us

A substantially equivalent electronic form may be used by the District in lieu of this paper form.