

**Office of Career and Technical Education
Codification Outline**

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09**Students**

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Powers and Duties

01.5 AP.1

Kentucky TECH Policies and Procedures

Kentucky TECH Policies and Procedures**DISSEMINATION**

Distribution of the Policy and Procedures Manual makes it readily accessible to staff, students, and the public. When feasible policies and procedures will be disseminated during staff/student meetings.

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

MAINTENANCE

The Associate Commissioner's designee shall maintain a hard copy of the Policy and Procedures Manual.

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

The Update Checklist in the manual shall be marked accordingly when the changes resulting from the KSBA annual policy update have been inserted.

The Policy Manual was adopted by the Board of Education on June 4, 2014, Order #XXIII.B.2.

Review/Revised:

03**Personnel**

03.111 AP.21	Request for Protected Health Information
03.1235 AP.2	Staff Exchange Application and Work Agreement
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03.17 AP.1	Notice of Personnel Actions

Request for Protected Health Information

This form may be used to grant release of a patient’s protected health information by the health care provider for an employee or student for purposes other than treatment, payment or health care operations.

I, _____, hereby authorize _____
Name of Employee, Student 18 or older, or Parent/Guardian *Name of Physician/Practice*
to use and/or disclose my protected health information described below to _____.
School District

My protected health information will be used or disclosed upon request for the following purposes (name and explain each purpose): _____

This authorization for use and/or disclosure applies to the following information (please mark those that apply):

- Any and all records in the possession of the above-named physician or physician’s practice, including mental health, HIV, and/or substance abuse records. (Please cross out any item you do not authorize to be released.)
- Records regarding treatment for the following condition or injury _____ on or about _____.
- Records covering the period of time _____ to _____.
- Other (Specify and include dates.) _____.

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to above-named physician/practice. I also understand that my revocation is not effective to the extent that the persons I have authorized to use and/or disclose my protected health information have acted in reliance upon this authorization.

I understand that I do not have to sign this authorization and that the above-named physician/practice may not condition treatment or payment on whether I sign this authorization.

I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by federal laws and regulations regarding the privacy of my protected health information. **NOTE:** Redisclosure of HIV information shall comply with KRS 214.181 and KRS 214.625, which impose additional limitations on release of such information.

This authorization expires on the following date or event: _____

I certify that I have received a copy of this authorization.

Signature of Patient or Legally Recognized Representative

Date

Name of Patient or Legally Recognized Representative

Legally Recognized Representative's Authority

Review/Revised:

- CERTIFIED PERSONNEL -

Staff Exchange Application and Work Agreement

Full Name: _____ School: _____

Program Area: _____ Total Hours Worked: _____

Do you wish to receive college credit? If yes, what institution? _____

Business/Industry	
Name:	
Contact Person:	
Phone:	
Address:	
Date(s) of exchange:	

Estimated Expenses		Actual Expenses	
Substitute:	\$	Substitute:	\$
Travel:	\$	Travel:	\$
Total Expense:	\$	Total Expense:	\$

WORK AGREEMENT

The business/industry agrees to:

- Provide the educator with opportunities to reach staff exchange competencies outlined in the work agreement.
- Make an honest appraisal of the educator's performance on the job at the end of the agreed specified period.
- Complete evaluation and attendance sections.
- Avoid subjecting the educator to unnecessary or unusual hazards.
- Notify the emergency contact and school in case of accident, sickness, or any other serious problem which arises.
- Permit and expect the immediate supervisor to confer with the educator to set a reasonable time for the supervisor to visit the business.
- Notify immediate supervisor when there is a change in work schedule.
- Not compensating staff exchange participants.

Signature: _____ Date _____

The educator agrees to:

- Act in the employer's best interest and to be punctual, dependable, and loyal.
- Follow instructions, avoid unsafe acts, and be alert to unsafe conditions.
- Be courteous and considerate of the employer, co-workers, and others.
- Inform industrial contact person, regional contact person, teacher educator, and immediate supervisor of any work schedule changes.
- Be paid by the Kentucky Department of Education or local education agency and receive no compensation from participating business/industry.
- Prior to exchange, notify industry of coverage of health, life, and workman's compensation insurance.
- Complete evaluation forms and incorporate work experience into instructional program.
- Develop a lesson plan for competencies listed in the Work Agreement.
- Keep all production procedures confidential.

Signature: _____ Date _____

Staff Exchange Application and Work Agreement

COMPETENCIES/EVALUATION FORM

No.	COMPETENCIES	COMPLETION		
		A	PA	NA

COMMENTS:

APPROVAL – *I have reviewed the competencies to be mastered and approve this request.*

ATC PRINCIPAL SIGNATURE: _____ DATE: _____
or Immediate Supervisor

ATTENDANCE RECORD	
Date(s) worked at training site:	
Hours worked:	Hours absent:

Review/Revised:

Health and Safety - Contagious Diseases

POST IN APPROPRIATE LOCATIONS THROUGHOUT THE SCHOOL BUILDING OR WORKSITE.
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In order to reduce the risk of the transmission of infectious diseases the following procedures will be followed in cleaning up body fluids. Body fluids include: blood, drainage from scrapes and cuts, feces, respiratory secretions, saliva, semen, urine, and vomitus.

1. Avoid direct skin contact with body fluids, when possible. Disposable gloves should be worn when direct hand contact with body fluids is anticipated (e.g. treating bloody noses, handling clothes soiled by bodily discharges, cleaning up small spills by hand).
2. When direct skin contact occurs, vigorously wash hands and other affected skin areas with soap under a stream of water for at least ten (10) seconds.
3. Contaminated disposable items such as paper towels, tissues, plastic gloves, and diapers should be secured in plastic bags and placed in the garbage.
4. A custodian should be called to clean and disinfect all soiled surfaces.
5. The spilled body fluids and accompanying material should be cleaned up by:
 - a) Using sanitary absorbent agents specifically intended for cleaning body fluid spills or using a wet mop with proper disinfectant.
 - b) Placing the contaminated material in a plastic bag and putting it in the garbage or, if suitable flushing it down the drain.
 - c) Vacuuming or sweeping up the dry absorbent material that was applied to the area. The vacuum bag or sweepings should be disposed of in a plastic bag. The broom, dust pan and/or mop should be rinsed in a disinfectant. No special handling is required for vacuuming equipment.
 - d) Promptly applying a disinfectant such as household bleach (diluted 1 part bleach and 10 parts water) to hard surfaces that have to be disinfected.
 - e) Applying a sanitary absorbent agent to carpets that are to be disinfected and vacuumed after the carpet has been allowed to dry. A germicidal rug shampoo should be applied with a brush and the carpet revacuumed.
6. Food that may be contaminated with body fluids shall be discarded.
7. Nondisposable cleaning equipment (dust pans, mops, buckets, brushes etc.) should be thoroughly rinsed in the disinfectant (see 5-d). Clothing, towels and other launderable items may be secured in plastic bags until items can be washed in the hot water cycle in the washing machine.
8. Disposable gloves and plastic bags are available in elementary classrooms, the Principal's office, the food service office, or the custodian's storage area.

THIS INFORMATION AND THESE RECOMMENDED PROCEDURES WERE ADAPTED FROM THOSE DEVELOPED AND COMPILED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION, THE U.S. PUBLIC HEALTH SERVICE, AND THE KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES.

Review/Revised:

- CERTIFIED PERSONNEL -

Title IX Sexual Harassment Grievance Procedures

Refer to Procedure 09.428111 area for Title IX Sexual Harassment Notices, Grievance Procedures, and Reporting Forms.

RELATED PROCEDURES:

03.2621 AP.2; 09.428111 (all procedures)

Review/Revised:

- CERTIFIED PERSONNEL -

Notice of Personnel Actions

The Principal shall provide written notification to an employee of personnel actions, including but not limited to, termination, nonrenewal, reduction in force, sanctions, suspension, and reinstatement.

Review/Revised:

05

School Facilities

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05.5 AP.1	Building Security

Maintenance Request Form

EMPLOYEE'S NAME _____ DATE _____

POSITION/TITLE _____ SCHOOL/WORKSITE _____

IDENTIFY BELOW THE NEED FOR MAINTENANCE. INCLUDE LOCATION (ROOM NUMBER, STAIRWELL, SPECIFIC PIECE OF EQUIPMENT, ETC.). SUBMIT TO APPROPRIATE LOCAL SCHOOL DISTRICT STAFF.

Employee's Signature _____ *Date* _____

Principal/Site Supervisor or designee's Signature _____ *Date* _____

=====

For Office Use

Approved by: _____ Date _____

Return this form to: _____

Order of Importance:

- Must do now.
- As soon as possible.
- As time permits.

Maintenance Personnel Assigned: _____

=====

For School/Site Use

Date Work Completed _____

Principal/Site Supervisor or designee's Signature _____ *Date* _____

Review/Revised:

Use of Automated External Defibrillators (AEDs)

Each school's emergency plan shall include procedures to be followed in case of a medical emergency, a written cardiac emergency response plan, and a diagram that clearly identifies the location of each AED. Procedures for the use and training of AEDs shall be included in the emergency response plan.

Review/Revised:

Emergency Telephone Numbers

SCHOOL: _____ SCHOOL YEAR: _____

POLICE			
CONTACT:		PHONE:	

FIRE			
CONTACT:		PHONE:	

AMBULANCE			
CONTACT:		PHONE:	

COUNTY DIRECTOR OF EMERGENCY MANAGEMENT			
CONTACT:		PHONE:	

SHERIFF			
CONTACT:		PHONE:	

STATE POLICE			
CONTACT:		PHONE:	

COUNTY HEALTH DEPARTMENT			
CONTACT:		PHONE:	

BACKUP			
CONTACT:		PHONE:	

Equal Education and Employment Opportunities M/F/D

Review/Revised:

Compliance with Automated External Defibrillator (AED) Requirements

Name of Employee: _____ Date of Training: _____

Having completed the required AED training, I hereby confirm that I have read and understand the policies and procedures for use of AEDs for the Area Technology Center.

Should I have questions at any time while serving as an Expected AED User, I shall contact the designated AED contact for clarification. I agree to follow the terms and guidelines set forth in policy and procedures for the Area Technology Center.

Expected AED User's Signature

Date

Principal/designee's Signature

Date

Review/Revised:

Automated External Defibrillator (AED) Reporting Form

Submit this form to Principal/designee within forty-eight (48) hours of AED use.

AED USER: _____

LOCATION OF AED USE: _____

NAME: _____ **DATE OF INCIDENT:** _____

Staff Member

Student

Parent/Visitor

Condition upon arrival (check all that apply)

unconscious

not breathing

no pulse and/or shows signs of circulation such as normal breathing, coughing or movement

NUMBER OF DEFIBRILLATIONS: _____

Please describe the incident from the beginning of the emergency until its conclusion:

Were efforts terminated? Yes No If yes, please explain.

Signature of AED User

Date

Review/Revised:

Violent Incident Report

SCHOOL: _____

Incident date: _____ Incident time: _____

Person completing report: _____ (name and title) ON
_____ (date) at _____ (time)

Violence directed toward:

Name of individual(s): _____

Title: _____
(student, employee, visitor, volunteer, administrator, parent, etc.)

Violence from:

Name of individual: _____

Title: _____
(student, employee, visitor, volunteer, administrator, parent, etc.)

Specifics on incident: Physical abuse:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Verbal abuse:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Physical abuse:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Injuries:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If applicable, the extent of the injuries: _____

Detailed description of the incident: _____

Witnesses present at time of incident: _____

Authorities contacted: Yes No

Name: _____ Department: _____

Copies of report sent to the Associate Commissioner of the Office of Career and Technical Education (OCTE) and to the ATC Regional Supervisor on _____ (date)

Review/Revised:

Fire Drills

DRILLS

The Principal shall schedule fire drills according to Policy 05.41 and shall complete Procedure 05.41 AP.2.

RESPONSIBILITIES OF PRINCIPAL/DESIGNEE

The Principal/designee shall:

1. Plan/coordinate all drills to minimize disruption of the educational process.
2. Provide plan of predrill and pretraining instruction, including but not limited to, warning signals and safe areas, for all staff and students.
3. Use a distinctive fire alarm for fire drills only and an “all-clear” signal to indicate a return to the classroom.
4. Designate an outdoor evacuation area for each classroom at least 100 feet away from the building and out of doorways.
5. Prepare and keep on file a report on all drills and forward a copy to the _____/designee, as required.
6. Implement the following procedures when reporting fires:
 - a) Ring alarm, evacuate building, and call Fire Department.
 - b) Notify _____/designee.
 - c) In conjunction with Fire Department personnel, ascertain whether or not building is safe to re-enter. Immediately notify _____/designee of any damage.
 - d) Notify _____/designee if transportation or evacuation to another facility may be necessary.
7. Determine, in conjunction with the _____, the need for schools to be dismissed early.

FACULTY/STAFF RESPONSIBILITIES

Faculty/staff shall:

1. Post in each room and discuss with each class rules for fire evacuation, including student responsibilities. These will include directions on the exits, alternative exits, and the outdoor evacuation area(s).
2. Close all classroom windows and doors before leaving.
3. Turn off all lights and gas jets in the room.
4. Maintain order during the evacuation and arrange assistance for students with disabilities.
5. Take roll book and check roll when the class is in its evacuation area. No person is to remain in the building during a fire drill.
6. Report to the Principal any student who is missing.

RELATED PROCEDURE:

05.41 AP.2

Review/Revised:

Fire, Earthquake, Tornado, & Lockdown Drill Record

School:			School Year:				
Fire Drill Monthly	Date	Time Alarm Sounded	Time Building Cleared	Weather Conditions	Number Of Occupants	Irregularities Noted	Principal Signature
July							
August							
September							
October							
November							
December							
January							
February							
March							
April							
May							
June							

Date	Time	EARTHQUAKE Drill Required One Each Year	Time to Evacuate	Time to Return	Remarks	Principal's Signature
		Same Month as Local District				

Date	Time	TORNADO Drill Required One Each Year	Time to Evacuate	Time to Return	Remarks	Principal's Signature
		Same Month as Local District				

Date	Time	LOCKDOWN Drill Required One Each Year	Time to LOCKDOWN	Time to Return	Remarks	Principal's Signature
		Same Month as Local District With the first month of school				

THIS FORM IS TO BE USED WITH THE FOLLOWING PROCEDURES:

- 05.41 AP.1
- 05.42 AP.1
- 05.43 AP.1
- 05.47 AP.1

Review/Revised:

Severe Weather Drills

DRILLS

The Principal/designee shall schedule severe weather drills according to Policy 05.42 and shall complete Procedure 05.41 AP.2.

DEFINITIONS

Severe weather - Tornadoes, destructive winds, severe thunderstorms, severe snow or freezing rain shall be considered to be severe weather.

Drop procedure – an activity during which each student and staff member takes cover under a table or desk, dropping to his or her knees, with the head protected by the arms, and the back to the windows.

Safe area – a designated space including an enclosed area with no windows, a basement or the lowest floor using the interior hallway or rooms, or taking shelter under sturdy furniture.

RESPONSIBILITIES OF PRINCIPAL/DESIGNEE

Implementation of the school building disaster plan shall be the responsibility of the Principal or designee. As part of the implementation process, the Principal/designee shall:

1. Plan/coordinate all evacuation drills to minimize disruption of the educational process.
2. Provide plan of predrill and pretraining instruction, including but not limited to, warning signals, the approved drop procedure, and safe areas, for all staff and students.
3. Assure that the school can receive and understand communications for severe weather watches and warnings.
4. Sound the severe weather alert signal that is different from the fire alarm and the “all-clear” signal.
5. Designate, mark, and post assigned and alternate safe areas as follows:
 - a) Students/personnel who are housed in one-story buildings, shops, and in portable buildings shall be brought into interior halls or corridors of the main buildings.
 - b) Students/personnel who are housed in two-story buildings should be evacuated from the top floor to interior halls of the lower floor.
 - c) Students/personnel shall not be placed in auditoriums, gymnasiums, cafeterias, or other large areas with a wide, free span roof or in boiler or furnace rooms.
6. Maintain in the Principal’s office a master chart of the safe areas.
7. Prepare and keep on file a report on all drills and forward a copy to the _____, as required.
8. Notify _____/designee if transportation or evacuation to another facility may be necessary.
9. Determine, in conjunction with the _____, the need for schools to be dismissed early.

Severe Weather Drills**FACULTY/STAFF RESPONSIBILITIES**

The faculty and staff shall:

1. Utilize designated safe areas during a severe weather drill or warning.
2. Instruct students in the procedures to be used during a severe weather drill, watch, or warning.
3. Maintain order during the drill, watch, or warning and arrange assistance for students with disabilities.
4. Require students to use one of the following positions, as appropriate:¹
 - a) Rest on knees, lean forward, cover face by crossing arms above face.
 - b) Sit on floor, cross legs, cover face with folded arms.
 - c) If space does not permit use of the first or second suggested position, stand and cover face with crossed arms. Wraps or coats, when readily available, should be used as a covering.
5. Remain in the assigned safety area with students until the “all-clear” signal or recall signal is given.
6. Report to the Principal any student who is missing.

CUSTODIANS’ RESPONSIBILITIES

When a tornado warning has been received, the Principal/designee shall notify the head custodian/designee to:

1. Turn off all gas and electrical appliances.
2. Turn off all motor-operated equipment and pilot lights to hot water heaters or stoves in furnace rooms, cafeterias, home economics rooms, and shops.

BUS DRIVERS’ RESPONSIBILITIES

If the bus is en route to or from school when a severe weather warning is issued, drivers shall:

1. If available, take shelter in a substantially strong, weather proof building in the immediate vicinity.
2. Otherwise, stop the bus near a depression or cut in the road where possible and keep the students in the bus, except when a tornado or destructive winds occur, in which case lead students away from the bus and power lines and instruct them to lie flat in a ditch.

¹ Kneeling and sitting positions should be maintained for only a short period of time. If the alert must be kept for a longer time, students should be permitted to stand for a brief period and then resume kneeling or sitting positions.

RELATED PROCEDURE:

05.41 AP.2

Review/Revised:

Bomb Threat Drills/Response**DRILLS**

The Principal shall schedule bomb threat drills one two three time(s) during each school year and shall complete Procedure 05.41 AP.2.

RESPONSIBILITIES OF PRINCIPAL/DESIGNEE

The Principal/designee shall:

1. Plan/Coordinate all drills to minimize disruption of the educational process.
2. Provide a plan of pre-drill and pre-training instruction, including but not limited to, warning signals, assessment of threat protocol, and designation of safe areas for all staff and students.
3. Prepare and keep on file a report on all drills and forward a copy to the _____, as required.
4. Put into action the following procedures when a bomb threat has been received:
 - a) Implement assessment process to determine whether to evacuate the building.
 - b) Evacuate building if so indicated by the assessment process, and call 911/local emergency, fire department, and law enforcement personnel, as appropriate.
Make building accessible to agency representatives who respond by providing the search team with a floor plan and keys to unlock rooms.
 - c) Notify _____/designee.
 - d) If the decision is made to evacuate the building, ascertain in conjunction with law enforcement officials whether or not building is safe to re-enter. Immediately notify _____/designee if any damage occurs.
 - e) Notify _____/designee if transportation or evacuation to another facility may be necessary.
5. If an actual bomb is discovered on school grounds:
 - a) Immediately report the bomb by calling 911, local/state police and the fire department.
 - b) Evacuate the bomb site to at least 850 feet away; do not permit re-entry by employees or students until each device has been removed or disarmed by the bomb squad.
 - c) Remind all persons that cell phones or radios are not to be used as this may cause detonation.
6. Determine, in conjunction with the _____, the need for schools to be dismissed early.

Bomb Threat Drills/Response

FACULTY/STAFF RESPONSIBILITIES

The faculty and staff shall:

1. Post in each room and discuss with each class rules for bomb threat evacuation, including student responsibilities. These will include directions on the designated exits, alternative exits, assigned evacuation area(s), and designated safety precautions such as a ban on cell phone or radio use during a bomb threat drill or evacuation.
2. If a written bomb threat is received, the employee receiving it should preserve it for investigation by the police for possible fingerprints by handling it as little as possible while placing it in a protective envelope.
3. Maintain order during the evacuation and arrange for the assistance of students with disabilities. Leave doors and windows open.
4. Scan the area noting any items that appear to be out of place, and report same to Principal/designee. Do not touch or move any unusual items, but notify the head of the search team.
5. Take roll book and check roll when the class is in its evacuation area. Other than adults authorized to check the premises, no person shall remain in the building during a bomb threat or bomb threat drill.
6. Report to the Principal any student who is missing.

RELATED PROCEDURES:

05.41 AP.2
05.43 AP.2

Review/Revised:

Bomb Threat Checklist**EVACUATION PROCEDURES**

In the event a bomb threat is received, school staff shall adhere to the following procedures. The person receiving the call shall:

1. Keep the caller on the phone as long as possible and do not hang up.
2. Call an adult to the phone if possible, if a student took the call.
3. Signal to someone nearby to alert the Principal's office.
4. Write down everything the caller says. Attempt to find out:
 - a. When the bomb is going to explode
 - b. Where it is right now
 - c. What it looks like
 - d. What kind it is
 - e. What will cause it to explode
 - f. Did the person place the bomb
 - g. Why was the bomb placed
 - h. What is the name and address of the caller
5. Call the police (911 or local police).
6. Pass information and instructions to teachers, orally or by messenger, as directed by the Principal or designee.
7. Complete the necessary documentation.

The Principal or designee will be responsible for the following:

- Directing occupants to evacuate the building. (Staff and students shall move far enough away from the building to protect against debris in the event of an explosion.)
- Calling the Office of Career and Technical Education to notify the necessary administrators.
- Announcing when staff and students may return to the building only after advised to do so by police.

Bomb Threat Checklist

(Print on color-coded paper and keep at main receptionist's desk at each school.)

INSTRUCTIONS: If a recording device has been put in place and the threat is received by telephone, start the recorder immediately. Don't hang up the phone. If the caller hangs up, leave the phone off the hook. Be calm. Be courteous. Listen, do not interrupt the caller, notify colleagues of your activity by prearranged signal while caller is on the line; ask to have message repeated.

Date call received _____ Time _____

Exact words of person placing call _____

If the threat is received via email, tell another employee to alert Central Office immediately as you record information and correspond with the sender using the questions below. **ASK** the following questions:

What time is the bomb set to explode? _____ How many devices are involved? _____ Where is each located? _____ Floor _____ Area _____

What does the bomb look like? _____ Is it Disguised Concealed/Hidden In the open?

What kind of bomb is it? _____ What will cause it to explode? _____

Why was it placed? _____ How did it get into the school? _____

Did you place the bomb (s) Yes No If not, who did? _____

Are you a current student? Yes No Are you a former student? Yes No Where are you calling from? _____

What is your address? _____ What is your name? _____

VOICE CHARACTERISTICS			BACKGROUND NOISE		NOTIFY THE FOLLOWING
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Rapid	<input type="checkbox"/> Music	<input type="checkbox"/> Television	<input type="checkbox"/> State Police <input type="checkbox"/> Local Law Enforcement/Emergency <input type="checkbox"/> Superintendent* <input type="checkbox"/> Fire Department <input type="checkbox"/> building Principal/site administrator <input type="checkbox"/> Other, specify
<input type="checkbox"/> Adult	<input type="checkbox"/> Juvenile - Age _____	<input type="checkbox"/> Giggling	<input type="checkbox"/> Children	<input type="checkbox"/> Restaurant	
<input type="checkbox"/> Intoxicated	<input type="checkbox"/> Accent	<input type="checkbox"/> Deep	<input type="checkbox"/> Conversation	<input type="checkbox"/> Shopping Mall	
<input type="checkbox"/> Loud	<input type="checkbox"/> Calm	<input type="checkbox"/> Crying	<input type="checkbox"/> Airplane	<input type="checkbox"/> Train	
<input type="checkbox"/> Disguised	<input type="checkbox"/> Nasal	<input type="checkbox"/> Squeaky	<input type="checkbox"/> Traffic	<input type="checkbox"/> Office	
<input type="checkbox"/> Angry	<input type="checkbox"/> Broken	<input type="checkbox"/> Excited	<input type="checkbox"/> Machinery	<input type="checkbox"/> Other, specify	
<input type="checkbox"/> Slow	<input type="checkbox"/> Sincere	<input type="checkbox"/> Stressed			
<input type="checkbox"/> Normal	<input type="checkbox"/> Speech Problem (stutter, lisp)	<input type="checkbox"/> Other, specify			

**Consultation with the Superintendent shall be required prior to dismissal for the remainder of the school day.*

Additional Information _____

Signature of Person Receiving Call

Date

Review/Revised:

Earthquakes

DRILLS

The Principal shall schedule a minimum of two (2) earthquake and safe area evacuation drills during each school year. Drills shall be held during the first thirty (30) instructional days of the school year and in January. Whenever possible, first responders shall be invited to observe emergency response drills. After each drill, Procedure 05.41 AP.2 shall be completed and submitted to the _____.

RESPONSIBILITIES OF PRINCIPAL/DESIGNEE

The Principal/designee shall:

1. Provide a plan of pre-drill and pretraining instruction, including but not limited to, warning signals and safe areas for all staff and students.
2. Plan/coordinate all drills to minimize disruption of the educational process.
3. Prepare and keep on file a report on all drills and forward a copy to the _____, as required.
4. Notify _____/designee if transportation or evacuation to another facility may be necessary.
5. Determine, in conjunction with the _____, the need for schools to be dismissed early.

FACULTY/STAFF RESPONSIBILITIES

Faculty/staff shall post in each room and discuss with each class rules for earthquake preparedness, including student responsibilities; maintain order during the drill or quake and arrange for the assistance of students with disabilities; and report to the Principal any student who is missing.

If indoors

1. Drop and take cover under desks, tables, or other heavy furniture, in interior doorways or narrow halls, or against weight-bearing inside walls.
2. Stay away from windows, light fixtures, and suspended objects.
3. Under no circumstances should persons rush through or outside the building, exposing themselves to falling debris, live wires, etc.
4. After the tremors have ceased, evacuate the building and move all personnel to safe areas.

If outdoors

1. As appropriate, move away from building.
2. Avoid utility poles and over-head wires.
3. Do not enter any building that has sustained damage until competent personnel have examined the building and declared it safe.
4. Before students and staff are permitted to re-enter a building, the building must be checked for structural soundness, including but not limited to, the integrity of electrical wiring, heating and fuel systems, and water distribution system.

RELATED PROCEDURE:

05.41 AP.2

Review/Revised:

Building Security

In order to address reasonable security of School property the following practices (Items 1-3) are required in all schools and shall be implemented as soon as practicable but no later than July 1, 2022):

1. Controlling access to the main entrance of the school with electronically locking doors, a camera, and an intercom system. No other entrances shall be left open to outside access during the school day.

Windows and outside doors will be properly secured after the close of the school day.

All entrances All, but the main entrance, will be locked at that time.

2. Classroom doors are to be equipped with hardware that allows the door to be locked from the outside but opened from the inside. Classroom doors are to remain closed and locked during instructional time.
3. Classroom doors with windows are to be equipped with material to quickly cover the window during a building lockdown.
4. The number of keys or other means of access to outside doors will be limited and issued only to those persons required to enter the building after hours on a regular basis.
5. Outside security lights will be placed in strategic locations.
6. Inside lighting, in corridors, administrative areas, and other strategic locations, will be turned on when custodians complete their schedule.
7. The work schedules of custodians will be arranged to have them work in the building as late as possible.
8. Money shall not be left in classrooms or vending machines overnight.
9. Principals will see that bank deposits are made daily and night deposits are utilized when feasible.
10. The local police and/or sheriff will be requested to place the school buildings on their security rounds.

ADDITIONAL SECURITY MEASURES

With approval of the Office of Career and Technical Education, the _____ may direct the installation of a security system and/or the employment of security personnel.

Review/Revised:

07

07.12 AP.1

Support Services

Vending Machines

Vending Machines

FACULTY ACCESS

The Principal shall designate responsibility for maintenance of vending machines for faculty use, including receipts, supplies, and stocking. The person(s) responsible shall be:

- Certified staff member designated by Principal
- Classified staff member designated by Principal
- Principal
- Other _____.

STUDENT AND PUBLIC ACCESS

Vending machines approved for limited student and public use will be placed in a controlled access area. Student access to vending machines shall be in compliance with current District policy/procedures relative to competitive foods. Vending machines may be used by the public when the building is open to the public after regular school hours.

The Principal shall designate responsibility for maintenance of these vending machines, including receipts, supplies, and stocking. The person(s) responsible shall be:

- Certified staff member designated by Principal
- Classified staff member designated by Principal
- Principal
- Other _____.

Review/Revised:

08

Curriculum and Instruction

08.1 AP.1	Advisory Committee Forms
08.1131 AP.1	Performance-Based Credit
08.1131 AP.22	Work Order Forms
08.23 AP.21	"Harmful to Minors" Compliant Resolution Process
08.232 AP.1	Instructional Resource Procedures
08.232 AP.2	Textbook Assignment Sheet
08.232 AP.21	Waiver Application for Instructional Resource Rental
08.232 AP.22	Rental/Late Payment Application Form
08.2321 AP.1	Copyrighted Materials/Notice of Use
08.2321 AP.2	Copyright Release for Student Work
08.2322 AP.1	Review of Challenged Instructional Materials
08.2322 AP.21	Request for Reconsideration of Instructional/Library Materials
08.2322 AP.23	Reconsideration Decision
08.2323 AP.1	Access to Electronic Media
08.2323 AP.21	Electronic Access/User Agreement Form
08.2323 AP.22	Application for Remote User Account
08.2323 AP.23	Individual Learning Plan Web Release
08.4 AP.2	Withdrawal and Request for Refund Form

Advisory Committee Forms

ADVISORY COMMITTEE RECOMMENDATIONS FOR PROGRAMS

School: _____ Program: _____

Instructor: _____ Date: _____

RECOMMENDATIONS	ACTION PLAN

Equal Education and Employment Opportunities M/F/D

Review/Revised:

Performance-Based Credit

The District shall award standards-based, performance-based credits for high school subjects to be applied toward graduation. Credit shall be awarded for:

- Standards-based course work that constitutes satisfactory demonstration of learning in any high school course approved for performance-based credit, consistent with Kentucky Administrative Regulation;
- Standards-based course work that constitutes satisfactory demonstration of learning in a course for which the student failed to earn credit when the course was taken previously;
- Standards-based portfolios, senior year or capstone projects;
- Standards-based online or other technology mediated courses;
- Standards-based dual credit or other equivalency courses; and
- Standards-based internship, cooperative learning experience, or other supervised experience in the school and the community.

Students requesting performance-based credit to apply toward graduation shall make application to the Principal/designee.

COURSE DESCRIPTION AND ASSESSMENT

Performance-based course descriptions shall be developed by teachers in areas for which they are certified and reflect needs indicated in the student's Individual Learning Plan (ILP). The content standards of performance-based courses shall be documented to align with the Kentucky Summative Assessment, Kentucky Academic Standards, and Kentucky Academic Expectations.

WORK-BASED LEARNING

Work-based learning experiences provided by the District shall be conducted consistent with provisions of the Kentucky Department of Education's Work-Based Learning Manual. Prior to a student being assigned to a work-based learning experience, a Work-Based Learning Agreement/Plan shall be completed for the student. Site supervisors are considered volunteers subject to Policy 03.6.

COUNCIL RESPONSIBILITY

Performance-based credits will only be accepted by the Board if previously approved by the high school SBDM Council. It is also the responsibility of the high school SBDM Council to determine the appropriateness of content and courses for performance-based credit. The council shall determine what information must be submitted. Required information may include, but is not limited to the following:

- A description of the proposed course;
- Proposed assessment method(s) (e.g., performance tasks, open-response questions, descriptions of expected products);
- How proficiency will be determined;
- Sample papers, projects or other products that would represent work deserving of credit;
- Proposed check points to track progress.

Performance-Based Credit

COUNCIL RESPONSIBILITY (CONTINUED)

The Council may determine whether the teacher must request additional authorization when a previously approved course must be revised (description, assessment, proficiency determination, checkpoints, etc.).

Review/Revised:

Work Order Forms

WORK ORDER APPROVAL REQUEST

SCHOOL:		SCHOOL YEAR:
DATE:		PROGRAM:
COURSE NUMBER:		TASK NUMBERS:
	DESCRIPTION OF JOB:	

Instructor's Signature: _____

Reviewed by: _____

	Approved	Issue work order to:
	Not Approved	Reason:

(Complete prior to initiating Work Order)

“Harmful to Minors” Complaint Resolution Process

This parent or guardian complaint must be submitted in writing to the Principal of the school where the student is enrolled alleging that material, a program, or an event that is “harmful to minors” has been provided or is currently available to the child of the parent or guardian.

“Harmful to minors” is defined in KRS 158.192 and Policy 08.23.

COMPLAINANT (PARENT OR GUARDIAN)

Complainant Name _____ Date _____

Home Address _____ Phone _____

Student Name(s) _____

Home Address _____ Phone _____

School _____ Grade Level _____

COMPLAINT(S)

A reasonably detailed description of the material, program, or event that is alleged to be “harmful to minors,” and how the material, program, or event is believed to be “harmful to minors.” (Use additional sheet if necessary.)

Complainant’s Signature Date

LEVEL ONE: SCHOOL PRINCIPAL NAME: _____

Within seven (7) business days of receiving a written complaint, the Principal shall review the complaint and take reasonable steps to investigate the allegations in the complaint, including but not limited to reviewing the material, program, or event that is alleged to be “harmful to minors;”

Per **KRS 158.192**, the Principal shall determine whether:

- The material, program, or event that is the subject of the complaint is “harmful to minors;”
- Student access to material that is the subject of the complaint shall remain, be restricted, or be removed;
- A program or event that is the subject of the complaint shall be eligible for future participation by students in the school.
- Within ten (10) business days of receiving the complaint, unless another schedule is mutually agreed to by the parent or guardian and the Principal, the Principal shall confer with the parent or guardian and inform him or her whether the material, program, or event that is the subject of the complaint was determined to be “harmful to minors” and what the resolution will be.

“Harmful to Minors” Complaint Resolution Process

PRINCIPAL’S DETERMINATION (USE ADDITIONAL SHEET IF NECESSARY.)

Principal’s Signature

Date

A parent or guardian not having filed the appeal may request in writing access to the appealed materials, programs, or events for review and shall abide by the school's and District's policies and procedures when requesting and reviewing such information.

=====

LEVEL TWO: APPEAL OF THE PRINCIPAL’S DETERMINATION TO THE BOARD

Complainant Name: _____

Date appeal received at this level: _____

The parent or guardian shall make any appeal within ten (10) days. The appeal shall:

- Be subject to full administrative and substantive review by Board and shall not be delegated;
- Include an opportunity for the parent or guardian to provide input during public comment at a Board meeting;
- Be completed within thirty (30) calendar days of receiving the written appeal unless another time frame is mutually agreed upon by the parent or guardian and the Board; and
- Be discussed and voted on during a meeting of the Board subject to the open records and open meeting requirements under KRS Chapter 61.

LEVEL TWO: APPEAL OF THE PRINCIPAL’S DETERMINATION TO THE BOARD (CONTINUED)
(USE ADDITIONAL SHEET IF NECESSARY.)

Complainant’s Signature

Date

“Harmful to Minors” Complaint Resolution Process

LEVEL TWO: APPEAL OF THE PRINCIPAL’S DETERMINATION TO THE BOARD (CONTINUED)
(USE ADDITIONAL SHEET IF NECESSARY.)

The Board's final disposition of the appeal shall be made in writing and shall state whether the material, program, or event was determined to be “harmful to minors” and whether student access to the material will remain, be restricted, or be removed and whether the program or event shall be eligible for future participation by students in the school.

Within fifteen (15) business days from the date of a final disposition, the title of the material or a description of the program or event submitted for appeal, whether the material, program, or event was determined to be “harmful to minors,” whether student access to the material will remain, be restricted, or be removed or whether the program or event shall be eligible for future participation by students in the school, and the vote cast by each individual Board member shall:

- Be published on the website of the Board where it shall remain available for review; and
- Be published in the newspaper with the largest circulation in the county.

BOARD’S FINAL DISPOSITION (USE ADDITIONAL SHEET IF NECESSARY.)

Board Member Name: _____ Vote: _____

Board Member Name: _____ Vote: _____

Board Member Name: _____ Vote: _____

Board Member Name: _____ Vote: _____

Board Member Name: _____ Vote: _____

Board Chair’s Signature

Date

Review/Revised:

Instructional Resource Procedures

School personnel shall comply with requirements established in Kentucky Administrative Regulations and other documents and forms prepared and distributed by the Kentucky Department of Education.

For waiver of student fees for students who qualify, see Procedure 09.15 AP.21.

RELATED PROCEDURES:

09.15 AP.21

Review/Revised:

Waiver Application for Instructional Resource Rental

APPLICATION FOR ASSISTANCE WITH INSTRUCTIONAL RESOURCE PAYMENTS ONLY

Kentucky School Law (KRS 157.110) permits parents of students who qualify for free/reduced-price lunch to apply for assistance with instructional resource rentals.

I wish to apply for assistance with rental fees for _____

Student's Name

I have completed a Free/Reduced Lunch application form. YES NO

OR

I have completed a Household Income Form (HIF). YES NO

INSTRUCTIONAL RESOURCE	PERIOD	TEXTBOOK/CLASS	AMOUNT DUE

TOTAL _____

Parent's Signature

Date

Review/Revised:

Rental/Late Payment Application Form

Students in Grades 9-12 shall rent instructional resources, based on a fee schedule adopted by the local board of education. Because teaching supplies have been ordered based on projected enrollment; we must collect fees as soon as possible. In order to demonstrate to the auditor that we can account for all monies, we must have a receipt for payment or a signed statement from a parent indicating when the fees will be paid.

I wish to pay the following fees for _____ late.
Student's Name

Homeroom Teacher _____

Division _____

INSTRUCTIONAL RESOURCES	PERIOD	TEXTBOOK/CLASS	Amount Due	Paid	Not Paid

TOTAL _____

Parent's Signature

Date

Review/Revised:

Copyrighted Materials/Notice of Use**RESPONSIBILITY TO INFORM**

The Principal/designee shall inform school personnel of the following procedures regarding the duplication of copyrighted materials:

1. Material including, but not limited to, the following may be subject to copyright protection:
 - a) Musical
 - b) Dramatic
 - c) Literary (including workbooks, tests, etc.)
 - d) Pictorial
 - e) Sound recordings
 - f) Audiovisual works
 - g) Computer software
 - h) Architectural works
 - i) Choreographic works
2. Copyrighted materials that are copied shall not be used for profit.
3. The teacher may make a single copy of copyrighted material in preparation for class.
4. Except for computer software, the "Fair Use" allowance permits limited reproduction and use of copyrighted materials for classroom use.
5. Except for computer software, if the teacher needs multiple copies, the number shall not exceed one (1) copy per student.
6. In the case of computer software, a single copy may be made to be used only for "back-up" or archival purposes.

DIGITAL TECHNOLOGY/DISTANCE LEARNING

The District may use instructional transmissions as part of any distance learning classes, provided use complies with guidelines set forth in federal regulations and the following criteria are met:

1. The performance and/or display is a regular part of instruction; and
2. Technical measures are utilized to reasonably prevent keeping material beyond the class session and distributing it.

Review/Revised:

Copyright Release for Student Work

SCHOOL: _____ **COURSE:** _____

STUDENT NAME: _____ **DATE:** _____

In consideration for the opportunity to enroll in the above course, and for other valuable consideration, receipt of which is acknowledge, I hereby grant the Kentucky Department of Education, Office of Career and Technical Education (the “KDE”), permission to use the copyrighted materials I create during the above class (the “Work”). I am granting the KDE permission for non-exclusive rights to use the written work(s), image(s), and/or art object(s) created in this course for educational and promotional purposes. Such use may include incorporating my materials into an interactive media project or web-based instructional and promotional materials.

I irrevocably assign and transfer to the KDE, its successors and assigns all rights, title, and interest in the Work and in the copyright thereon, together with the right to secure renewals, reissues, and extension of the copyright.

The KDE may revise and use the Work as it deems appropriate without further notice to or review or approval by me. I waive all statutory moral rights in the Work which I may have, arising under 17 U.S.C. § 106(a), as well as any rights arising under any other federal, state, or foreign law that conveys any other type of moral right. I consent to the use of my name, likeness, voice, and biographical material in connection with the Work and any revisions.

I am the sole creator and owner of the Work and the copyright and have the legal right and authority to grant this assignment and release. I have read this assignment and release, prior to its execution, and I am fully familiar with its contents.

I hereby certify and covenant that I am of legal age.

A parent or legal guardian must sign for a minor.

Name (print): _____ Date: _____

Address (street, city, state, zip): _____

_____ Phone Number: _____

Signature: _____ Date: _____

Review/Revised:

Review of Challenged Instructional Materials

REQUEST FOR REVIEW

The review of instructional materials, including textbooks, supplementary materials, library books, audiovisual media, class content, and technology on the basis of citizen concerns will be conducted in response to a properly filed request. Forms for such requests will be made available in the Principal's Office. The request shall include a statement of reason for objection and a statement of desired action regarding the material.

In the event of a citizen complaint regarding instructional materials, freedom of information and professional responsibility shall be the guiding principles. The use of challenged material may be restricted until final disposition has been made. However, individuals may be assigned other materials in lieu of those being challenged.

REVIEW

Employees receiving a written request for review of instructional materials shall notify the Principal of the complaint who shall then notify the Associate Commissioner. The Associate Commissioner shall notify the Commissioner of Education/designee of all complaints filed and the Principal's response.

The following steps shall be taken by the Principal:

1. Review the specific written complaint.
2. Read and/or examine the materials in question.
3. Determine general acceptance of the challenged materials in the community, other school systems and professional media.
4. Discuss the complaint and merit of the challenged material; make a value judgment based on the materials as a whole, and not on parts taken out of context.
5. Determine the merit of potential alternative instructional materials.
6. Prepare a recommendation for disposition of the complaint.
7. File a written decision, as appropriate, and send a copy to the Associate Commissioner/designee.

The Principal shall inform the complainant in writing of the decision within ten (10) school days after receipt of the completed form.

APPEAL

Within ten (10) school days after the complainant has been informed of the committee's decision, the complainant may appeal the decision, in writing, to the Associate Commissioner/designee.

Upon receipt of the appeal, the Associate Commissioner/designee will review the challenged material and the decision of the Review Committee and, within ten (10) school days, notify the complainant and Principal of his/her determination.

Within ten (10) school days after the complainant has been informed of the decision of the Associate Commissioner/designee, the complainant may appeal the decision, in writing, to the Commissioner of Education/designee.

The Commissioner of Education/designee will consider the appeal and so notify the complainant of the final decision regarding the challenged material.

Review/Revised:

Request for Reconsideration of Instructional/Library Materials

SCHOOL _____ TEACHER _____

<p>Please indicate the format of the material (book, DVD, magazine, CD, etc.):</p> <p>_____</p> <p>TITLE _____</p> <p>AUTHOR _____</p> <p>PUBLISHER/PRODUCER _____</p>
--

Request initiated by _____

Telephone _____ Street Address _____

City _____ State _____ ZIP Code _____

Complainant represents himself herself organization, specify _____

Please answer the following questions after you have read, viewed, or listened to the school instructional/library material in its entirety.

1. Have you read, viewed, or listened to the material in its entirety? YES NO
2. Have you discussed this work with the teacher/librarian who assigned/ordered it? YES NO
3. What do you find objectionable in the material? (Please be specific, cite page(s), scenes, etc.)

4. What do you believe is the theme or purpose of this material? _____

5. What do you feel might be the result of a student's using this material? _____

6. For what age group would you recommend this material? _____

7. Is there anything good in this material? Please comment. _____

8. Would you care to recommend other school library material of the same subject and format as a replacement? _____

9. What action do you desire school personnel to take as a result of this written request for reconsideration? _____

If sufficient space is not provided, attach additional sheets. Please sign your name to each additional attachment.

Complainant's Signature

Date

PLEASE RETURN COMPLETED FORM TO THE SCHOOL PRINCIPAL.

Review/Revised:

Reconsideration Decision

(Date)

Dear _____:

The Review Committee has reviewed your request to reconsider _____ . We have decided to:

- Retain
- Replace
- Reassign (alternative)
- 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 the District’s schools and the instructional materials used.

Sincerely yours,

Principal/designee’s Signature

School

Review/Revised:

Access to Electronic Media

ELECTRONIC MAIL/INTERNET

The District offers students, staff, and members of the community access to the District's computer network for electronic mail and Internet. Because access to the Internet may expose users to items that are illegal, defamatory, inaccurate, or offensive, we require all students under the age of eighteen (18) to submit a completed Parent Permission/User Agreement Form to the Principal/designee prior to access/use. All other users will be required to complete and submit a User Agreement Form.

Except in cases involving students who are at least eighteen (18) years of age and have no legal guardian, parents/guardians may request that the school/District:

- Provide access so that the parent may examine the contents of their child(ren)'s email files;
- Terminate their child(ren)'s individual email account and/or Internet access; and
- Provide alternative activities for their child(ren) that do not require Internet access.

In addition, parents wanting to challenge information accessed via the District's technology resources should refer to Policy 08.2322/Review of Instructional Materials and any related procedures.

GENERAL STANDARDS FOR USERS

Standards for users shall be included in the District's handbooks or other documents, which shall include specific guidelines for student, staff, and community member access to and use of electronic resources.

Access is a privilege—not a right. Users are responsible for good behavior on school computer networks. Independent access to network service is given to individuals who agree to act in a responsible manner. Users are required to comply with District standards and to honor the access/usage agreements they have signed. Beyond clarification of user standards, the District is not responsible for restricting, monitoring, or controlling the communications of individuals utilizing the network independently.

The network is provided for users to conduct research and to communicate with others. Within reason, freedom of speech and access to information will be honored. During school hours, teachers of younger children will guide their students to appropriate materials. Outside of school, families bear the same responsibility for such guidance as they exercise with information sources such as television, telephones, movies, radio, and other media that may carry/broadcast information.

NO PRIVACY GUARANTEE

The Superintendent/designee has the right to access information stored in any user directory, on the current user screen, or in electronic mail. S/he may review files and communications to maintain system integrity and insure that individuals are using the system responsibly. Users should not expect files stored on District servers or on District provided or sponsored technology services, to be private.

Access to Electronic Media**RULES AND REGULATIONS**

Violations of the Acceptable Use Policy include, but are not limited to, the following:

1. Violating State and Federal legal requirements addressing student and employee rights to privacy, including unauthorized disclosure, use and dissemination of personal information.
2. Sending or displaying offensive messages or pictures, including those that involve:
 - Profanity or obscenity; or
 - Harassing or intimidating communications.
3. Damaging computer systems, computer networks, or school/District websites.
4. Violating copyright laws, including illegal copying of commercial software and/or other protected material.
5. Using another user's password, "hacking" or gaining unauthorized access to computers or computer systems, or attempting to gain such unauthorized access.
6. Trespassing in another user's folder, work, or files.
7. Intentionally wasting limited resources, including downloading of freeware or shareware programs.
8. Using the network for commercial purposes, financial gain or any illegal activity.
9. Using technology resources to bully, threaten or attack a staff member or student or to access and/or set up unauthorized blogs and online journals, including, but not limited to MySpace.com, Facebook.com or Xanga.com.

Additional rules and regulations may be found in District handbooks and/or other documents. Violations of these rules and regulations may result in loss of access/usage as well as other disciplinary or legal action.

RELATED POLICIES AND PROCEDURES:

08.2322

09.14

Review/Revised:

Electronic Access/User Agreement Form

User's Name _____		
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
User's Address _____		
<i>City</i>	<i>State</i>	<i>Zip Code</i>
User's Age ____	Date of Birth _____	Sex ____ Phone Number _____ School _____
If applicable, User's Grade _____		Homeroom/Classroom _____

Please check if you are a student certified employee classified employee member of the community.

As a user of the _____ District's computer network, I hereby agree to

District Name

comply with the District's Internet and electronic mail rules and to communicate over the network in a responsible manner while abiding by all relevant laws and restrictions. I further understand that violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary action and/or legal action may be taken.

User's Name (Please print) _____

User's Signature

Date

PRIOR TO THE STUDENT'S BEING GRANTED INDEPENDENT ACCESS PRIVILEGES, THE FOLLOWING SECTION MUST BE COMPLETED FOR STUDENTS UNDER 18 YEARS OF AGE:

As the parent or legal guardian of the student (under 18) signing above, I grant permission for my child to access networked computer services such as electronic mail and the Internet. I understand that this access is designed for educational purposes; however, I also recognize that some materials on the Internet may be objectionable, and I accept responsibility for guidance of Internet use by setting and conveying standards for my child to follow when selecting, sharing, researching, or exploring electronic information and media.

CONSENT FOR USE

By signing this form, you hereby accept and agree that your child's rights to use the electronic resources provided by the District and/or the Kentucky Department of Education (KDE) are subject to the terms and conditions set forth in District policy/procedure. Please also be advised that data stored in relation to such services is managed by the District pursuant to policy 08.2323 and accompanying procedures. You also understand that the e-mail address provided to your child can also be used to access other electronic services or technologies that may or may not be sponsored by the District, which provide features such as online storage, online communications and collaborations, and instant messaging. Use of those services is subject to either standard consumer terms of use or a standard consent model. Data stored in those systems, where applicable, may be managed pursuant to the agreement between KDE and designated service providers or between the end user and the service provider. Before your child can use online services, he/she must accept the service agreement and, in certain cases, obtain your consent.

Name of Parent/Guardian (Please print) _____

Signature of Parent/Guardian

Date

Daytime Phone Number: _____ Evening Phone Number: _____

**NOTE: FEDERAL LAW REQUIRES THE DISTRICT TO MONITOR
ONLINE ACTIVITIES OF MINORS.**

Review/Revised:

Application for Remote User Account

PLEASE PRINT WHEN COMPLETING THE FOLLOWING APPLICATION.

PERSONAL INFORMATION

First name _____ Middle Initial ____ Last Name _____

Work Address _____

Number and Street

City, State and ZIP Code

Home Address _____

Number and Street

City, State and ZIP Code

Daytime Phone Number _____ Evening Phone Number _____

Check one of the following: Staff Member Community Member

COMPUTER INFORMATION

Brand _____

Model _____

RAM Memory _____

Hard Disk Drive (size) _____

Modem Speed _____

DISTRICT RESPONSIBILITIES

The District does not provide commercial software programs for use at home. It is the responsibility of the user to legally acquire the necessary software for remote network or Internet access. A list of appropriate software programs and sources will be provided with each account.

While the technical staff in the District will make every effort to assist private citizens in their efforts to access the District’s electronic resources, their primary responsibility is the students and teachers of the District. A list of KETS approved workstations and minimum workstation configuration will be provided with each account.

Review/Revised:

Individual Learning Plan Web Release

I am the parent or guardian of _____, a student under the age of eighteen (18) who is enrolled in grades six through twelve (6-12) in the _____ school district. I hereby authorize the District to enable a feature of web based Individual Learning Plan (“ILP”) software, which will permit my student to invite third parties to have access to his/her ILP information or portions of such information via the web (internet). The purpose of this feature is to help my student with career and college plans by permitting him/her to share ILP information with persons or organizations such as college admissions officers, organizations offering scholarships, and potential employers. However, I understand this feature could permit my student to release ILP information to other third parties. 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 feature. 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 the above software feature is not itself a disclosure of education records, but it will enable my student to disclose confidential educational records information. I specifically authorize and give my consent to the disclosure of ILP educational records information to third parties by my student through the use of the software feature 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 District (unless I or my child on turning 18 requests a change).

I also understand that the sharing feature will not be enabled for my child unless this completed form is returned to the school.

Signature of Parent/Guardian *Date*

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

Review/Revised:

Withdrawal and Request for Refund Form

POSTSECONDARY STUDENTS ONLY

School:			
Student Name:		Social Security Number:	
Address (Street):		City:	
State:		Zip:	
Phone Number:		Cell Phone Number:	
Date Enrolled (Month, Day & Year):			

To Be Completed by School Personnel	
	Certificate Program
	Continuing Education Course
	Other (Please Specify):

Original Payment Collected		Amount Refund Due	
Tuition:		% Tuition:	
Registration:		Registration:	
Application:			
Total		Total	

Original Receipt Number:	
Pay-In Voucher Number:	
Reason for Request:	

Student Signature:		Date:	
School Representative Signature:		Date:	

Original: Frankfort
 Copy: ATC
 Copy: Student

Review/Revised:

09

Students

09.1231 AP.2	Student Release Form
09.1231 AP.21	Student Entry and Exit Log
09.14 AP.1	Family Educational Rights and Privacy Act Definitions
09.14 AP.11	Family Educational Rights and Privacy Act
09.14 AP.111	Notification of FERPA Rights
09.14 AP.112	Notification of PPRA Rights
09.14 AP.12	Student Directory Information Notification
09.14 AP.122	PPRA Forms
09.14 AP.21	Request to Inspect, Amend, or Destroy Student Educational Records
09.14 AP.22	Student Record Logs
09.14 AP.23	Request for Educational Records
09.14 AP.231	Designation and Agreement for Disclosure to Authorized Representatives
09.14 AP.232	Release of Records to State Child Welfare Agency
09.14 AP.24	Release/Inspection of Student Records
09.14 AP.251	Publication Consent Form
09.15 AP.1	Student Fees
09.15 AP.21	Application for Waiver of Fees
09.15 AP.22	Notice of Returned Check
09.15 AP.23	Notice of Past Due Account
09.22 AP.2	Student Statement of Safety Instruction
09.22 AP.22	Request for Student Health Services and Procedures
09.221 AP.1	Supervision of Students
09.2211 AP.21	Documentation of Reporting Required by Law
09.2212 AP.21	Physical Restraint and Seclusion Forms
09.223 AP.2	Student Driving Permit
09.224 AP.1	Emergency Medical Care Procedures
09.224 AP.21	Emergency Information Form
09.2241 AP.1	Student Medication Guidelines
09.2241 AP.21	Permission Form for Prescribed or Over-the-Counter Medication
09.2241 AP.22	Student Medication Logs
09.2241 AP.23	Medication Administration Incident Report
09.227 AP.1	Child Abuse/Neglect/Dependency
09.33 AP.21	Fund-Raising Activities-Proposal
09.33 AP.22	Fund-Raising Activities-Approval of Schoolwide Fund-Raising Projects

09**Students**

09.36 AP.1	School-Related Student Trips
09.36 AP.21	School-Related Student Trip Request Form
09.36 AP.211	Field Trip Permission Form
09.36 AP.212	Vehicle Request Form
09.36 AP.23	School-Related Student Trip Evaluation Form
09.422 AP.21	Bullying Reporting Form
09.423 AP.2	Prohibited Substances-Violation Referral Form
09.425 AP.21	Record of Removal
09.425 AP.22	Assault and Threats of Violence - Notice of Penalties and Provisions
09.426 AP.1	Disrupting the Educational Process
09.42811 AP.1	Notice to Individuals Complaining of Harassment/Discrimination
09.42811 AP.2	Harassment/Discrimination Reporting Form
09.42811 AP.21	Harassment/Discrimination Investigation and Appeals
09.42811 AP.22	Witness Disclosure Form
09.42811 AP.24	Resolution Response
09.428111 AP.1	Notice to Individuals Regarding Title IX Sexual Harassment/Discrimination
09.428111 AP.11	Title IX Sexual Harassment Grievance Procedures
09.428111 AP.21	Title IX Sexual Harassment Reporting Form
09.43 AP.1	Juvenile Court Records
09.43 AP.21	Teacher Report of Student Conduct
09.43 AP.22	Juvenile Court Records Confidentiality Statement
09.434 AP.2	Notice of Suspension
09.4361 AP.21	Record of Student Arrest at School

Student Release Form

AREA TECHNOLOGY CENTER (ATC): _____

STUDENT: _____ **SCHOOL YEAR:** _____

Carefully read and complete this form. No student will be released from the ATC to anyone that is not listed on this form.

Please list the name and contact of individuals who may pick up the student:

Name	Relationship <i>(to student)</i>	Phone Number	Parent Initial

Student's regular mode of transportation *(check all that apply)*:

Bus Car _____ Other *(specify)*

As the parent(s) or legal guardian(s) of the student, I hereby grant permission for the student to be released to any of the individuals listed above. I understand that the student may not be released to any individual who is not listed on this form. To change or add to this form I will contact the ATC office.

Parent/Guardian Name _____ Phone Number _____

Signature _____ Date _____

Parent/Guardian Name _____ Phone Number _____

Signature _____ Date _____

Review/Revised:

Family Educational Rights and Privacy Act Definitions

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

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

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

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

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

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

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

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

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

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

Family Educational Rights and Privacy Act Definitions

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

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

REFERENCES:

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

Review/Revised:

Family Educational Rights and Privacy Act

The following rules and procedures shall be complied with relative to disclosure of student records:

1. The School shall annually notify parents of students currently in attendance, or eligible students currently in attendance, of their rights under the Family Educational Rights and Privacy Act (FERPA).

The notification also shall be furnished to parents of all new students and to all new eligible students by the Principal at the time of enrollment.

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

Subject to federal opt-out rights, directory information shall be made available to Armed Forces recruiters and institutions of higher education on the same basis as it is provided to the public.

3. Parents or eligible students who wish to review educational records may make a request on the appropriate form. Forms are available at the school and in the Central Office. Access shall be provided within a reasonable time frame, not to exceed forty-five (45) calendar days of School receipt of the request. Because, a shorter timeline is required in certain situations involving IDEA students, staff shall adhere to the School's special education procedures for responding to such requests.

If circumstances effectively prevent a parent or eligible student from exercising inspection rights, copies of the requested records shall be provided within the above stated time frame.

Until any questions are resolved, no student record held by the School shall be discarded when the record is under an outstanding request to inspect or review.

4. School authorities shall make a documented effort to notify the parent or eligible student prior to complying with a court order or subpoena that directs the disclosure of information concerning the student. In compliance with FERPA, notice to the parent is not required when a court order directs that the parent/eligible student is not to be notified, or when the order is issued in the context of a dependency, neglect, or abuse proceeding in which the parent is a party.

As noted in the School's annual FERPA notice, parent consent/notification is not required to release student records to another school district or post-secondary institution in which a student seeks or intends to enroll or is already enrolled.

5. The School shall disclose personally identifiable student information to an organization designated to conduct a study for or on behalf of the School only when a written agreement has been established with the organization. Such disclosure does not require parent/eligible student consent.
6. The parent or eligible student must sign a request and consent form before a student's records are to be transferred to an agency or individual not authorized under law to receive them.

Family Educational Rights and Privacy Act

7. A log shall be maintained of student records requests and disclosures, including emergency disclosures in response to an actual, impending, or imminent articulable and significant health/safety threat. The log requirement does not apply to the following:
 - a. Disclosures made to parents or eligible students,
 - b. Records released pursuant to written consent,
 - c. Access by school officials and others having a legitimate educational interest under FERPA,
 - d. Disclosure to a party with written consent from a parent or eligible student,
 - e. Disclosures of directory information, or
 - f. Disclosures of records made pursuant to a subpoena or court order where a court order or other law provides that the parent or student are not to be notified.
8. A challenge to the records may take the form of an informal discussion among the parents, student, and school officials. Any agreement between these parties shall be reduced in writing, signed by all parties, and placed in the student's records.
9. Upon request, the Principal/designee shall, arrange for a record amendment hearing in compliance with 702 KAR 1:140.

RELATED PROCEDURES:

All 09.14 procedures

Review/Revised:

Notification of FERPA Rights

Distribute this notice annually to parents and students.

The Family Educational Rights and Privacy Act (FERPA) affords parents and “eligible students” (students 18 years of age or older or students who are attending a postsecondary institution) certain rights with respect to the student’s education records. They are:

1. ***The right to inspect and review the student’s education records within forty-five (45) days of the day the School receives a request for access.***

Parents or eligible students should submit to the school Principal/designee a written request that identifies the record(s) they wish to inspect. The Principal will make arrangements for access and notify the parent or eligible student of the time and place where the record(s) may be inspected.

2. ***The right to inspect and review logs documenting disclosures of the student’s education records.***

Except for disclosure to school officials, disclosures related to some judicial orders or lawfully issued subpoenas, disclosures of directory information, and disclosure to the parent or eligible student, FERPA regulations require the School to record the disclosure.

3. ***The right to request the amendment of the student’s education records that the parent or eligible student believes are inaccurate, misleading, or in violation of the student’s privacy or other rights.***

Parents or eligible students may ask the School to amend a record that they believe is inaccurate, misleading, or in violation of privacy or other rights. They should write the school Principal, clearly identify the part of the record they want changed, and specify why it is inaccurate, misleading, or in violation of their privacy or other rights.

If the School decides not to amend the record as requested by the parent or eligible student, the School will notify the parent or eligible student of the decision and advise him/her of the right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

4. ***The right to provide written consent prior to disclosure of personally identifiable information contained in the student’s education records, except to the extent that FERPA authorizes disclosure without consent.***

Exceptions that permit disclosure without consent include:

- a. Disclosure to school officials with legitimate educational interests. A “school official” is a person employed by the School as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the school Board; a volunteer, or an outside person or company with whom the School has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist); or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his/her tasks.

A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his/her professional responsibility to the School.

This may include contractors, consultants, volunteers, and other parties to whom the School has outsourced services or functions.

Notification of FERPA Rights

- b. Upon request, disclosure of education records without parent/eligible student notice or consent to officials of another school district or post-secondary institution in which a student seeks or intends to enroll or is already enrolled or to other entities authorized by law so long as the disclosure is for purposes related to the student's enrollment or transfer.
- c. Disclosure of information to those whose knowledge of such information is necessary to respond to an actual, impending, or imminent articulable and significant health/safety threat.
- d. Disclosure to state and local educational authorities and accrediting organizations, subject to requirements of FERPA regulations.

Designated Kentucky State agencies may be permitted access to student record information, which will depend on the authority granted to their particular agency.

5. ***The right to notify the School in writing to withhold information the Board has designated as directory information as listed in the annual directory information notice the School provides to parents/eligible students.***

To exercise this right, parents/eligible students shall notify the School by the deadline designated by the School.

6. ***The right to prohibit the disclosure of personally identifiable information concerning the student to recruiting representatives of the U. S. Armed Forces and its service academies, the Kentucky Air National Guard, the Kentucky Army National Guard and institutions of higher education.***

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

7. ***The right to file a complaint with the U.S. Department of Education concerning alleged failures by the School to comply with the requirements of FERPA.*** The name and address of the Office that administers FERPA is:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-4605

Review/Revised:

Notification of PPRA Rights

Distribute this notice annually to parents and students.

The Protection of Pupil Rights Amendment (PPRA) affords parents and eligible students (those who are 18 or older or who are emancipated minors) certain rights regarding conduct of surveys, collection and use of information for marketing purposes, and certain physical examinations. These include the right to:

- ◆ **Consent before minor students are required to submit to a survey, analysis, or evaluation** that concerns one (1) or more of the following protected areas (“protected information survey”) if the survey is funded in whole or in part by a program of the U.S. Department of Education:
 1. Political affiliations or beliefs of the student or student’s parent;
 2. Mental or psychological problems of the student or student’s family;
 3. Sex behavior or attitudes;
 4. Illegal, anti-social, self-incriminating, or demeaning behavior;
 5. Critical appraisals of others with whom respondents have close family relationships;
 6. Legally recognized privileged relationships such as with lawyers, physicians, or ministers;
 7. Religious practices, affiliations, or beliefs of the student or the student’s parents; or
 8. Income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program).
- ◆ **Receive notice and an opportunity to opt a student out of:**
 1. Any other protected information survey, regardless of funding;
 2. Any non-emergency, invasive physical exam or screening required as a condition of attendance, administered by the school or its agent, and not necessary to protect the immediate health and safety of a student (except for any physical exam or screening permitted or required under state law); and
 3. Activities involving collection, disclosure, or use of personal information obtained from students for marketing or to sell or otherwise distribute the information to others. **NOTE:** If the parent/eligible student has indicated no directory information is to be provided to third parties or if the marketing activity involves provision of social security numbers, consent form 09.14 AP.122 should be used.
- ◆ **Inspect, upon request and before administration or use:**
 1. Protected information surveys to be used with students;
 2. Instruments used to collect personal information from students for any of the above marketing, sales, or other distribution purposes; and
 3. Instructional material used as part of the educational curriculum.

Notification of PPRA Rights

The School shall annually provide parents and eligible students notice of these rights under law in the Student Handbook, the School *Code of Acceptable Behavior and Discipline*, or other avenue designated by the Principal/designee.

The School shall also notify parents and eligible students at least annually at the start of each school year of the specific or approximate dates of the activities listed above. A new or supplemental notice shall be given as necessary to provide the opportunity to consent or opt out under the standards set forth above. Parents/eligible students who believe their rights have been violated may file a complaint with:

***Family Policy Compliance Office
U.S. Department of Education
400 Maryland Ave., SW
Washington, D. C. 20202-8520***

Review/Revised:

Student Directory Information Notification

Consistent with the Family Educational Rights and Privacy Act (FERPA), parents (or students 18 or older) may direct the School 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.

Date

Dear Parent/Eligible Student,

This letter informs you of your right to direct the School to withhold release of student directory information for _____ . Following is a list of items that the School considers

Student's Name

student directory information. If you wish information to be withheld, please choose one (1) of the two (2) options below in both Sections I and II. Choose Option 1 if the School may not release any item of directory information; Option 2, if the School may release only selected items of information. Then check those items that may be released. Please be advised that parents cannot prevent the school from using directory information on School-issued ID cards or badges.

If we receive no response within thirty (30) days of the date of this letter, all student directory information will be subject to release without your consent. If you return this signed form on time, we will withhold the directory information consistent with your written directions, unless disclosure is otherwise required or permitted by law. Once there has been an opt-out of directory information disclosure, the School will continue to honor that opt-out until the parent or the eligible student rescinds it, even after the student is no longer in attendance.

<i>Student Directory Information Listing</i>	
<p style="text-align: center;">Section I Release to Third Parties other than Armed Forces Recruiters and Institutions of Higher Education (Parent or student who has reached age 18 may sign below to direct the School to withhold information in this section.)</p>	<p style="text-align: center;">Section II Armed Forces Recruiters & Institutions of Higher Education (Parent or student who has reached age 18 may sign below to direct the School to withhold information in this section.)</p>
<p>CHOOSE ONE OF THE OPTIONS BELOW: <input type="checkbox"/> Option 1: The School MAY NOT RELEASE ANY information listed below. <input type="checkbox"/> Option 2: The School MAY RELEASE ONLY the information checked below.</p>	<p>Choose one of the Options below: <input type="checkbox"/> Option 1: The School MAY NOT RELEASE ANY information listed below. <input type="checkbox"/> Option 2: The School MAY RELEASE ONLY the information below.</p>
<p><i>If you choose Option 2, check the item(s) of information listed below that the School may release.</i></p>	
<input type="checkbox"/> Student's name <input type="checkbox"/> Student's address <input type="checkbox"/> Student's school email address <input type="checkbox"/> Student's telephone number <input type="checkbox"/> Student's date and place of birth <input type="checkbox"/> Student's major field of study <input type="checkbox"/> Information about the student's participation in officially recognized activities and sports	<input type="checkbox"/> Student's weight and height (if a member of an athletic team) <input type="checkbox"/> Student's dates of attendance <input type="checkbox"/> Degrees, honors and awards the student has received <input type="checkbox"/> Student's photograph/picture <input type="checkbox"/> Most recent educational institution attended by the student <input type="checkbox"/> Grade level
<ul style="list-style-type: none"> • Student's name • Student's address • Student's telephone number (if listed) 	

NOTE: IF DIRECTED TO WITHHOLD A STUDENT'S NAME, GRADE LEVEL, OR PHOTOGRAPH, THAT INFORMATION WILL NOT BE INCLUDED IN ANY SCHOOL PUBLICATION RELEASED TO THE PUBLIC. A PARENT WISHING TO PERMIT SUCH INFORMATION ABOUT HIS/HER CHILD (NAME, PICTURE, ETC.) TO BE INCLUDED IN A SCHOOL OR SCHOOL PUBLICATION (YEARBOOK, SPORTS PROGRAM, ETC.) THAT IS SOLD FOR FUND-RAISING PURPOSES MUST PROVIDE WRITTEN CONSENT FOR SUCH PURPOSES.

Parent/Student Signature

Date

Review/Revised:

PPRA Forms

OPT-OUT FOR SPECIFIC ACTIVITIES

(For activities **not** funded in whole or in part by the United States Department of Education)

Dear Parent/Guardian,

For your convenience you will find attached a copy of our School’s “Notification of Protection of Pupil Rights Amendment” (PPRA) procedure 09.14 AP.112.

On _____ at _____
Date Name of School/Site

there will be a protected information survey conducted. This activity consists of:

Description: _____

If you do **not** want your child(ren) to participate, please sign below and return the form to your Principal/designee by _____
Five (5) days before activity or as directed

OPTIONAL: You may also opt out of the activity by calling or e-mailing your Principal/designee no later than _____ at _____ or _____
Five (5) days before activity or as directed Phone

E-mail Address

If you do not indicate your decision to opt out by the date set forth above, the student will be permitted to participate in the activity.

If you wish to review any survey instrument or instructional material used in connection with any protected information or marketing survey, please submit a request to your Principal/designee. You will be notified of the time and place where you may review these materials. You may review a survey and/or instructional materials before survey is administered to a student.

As the parent/guardian, I do not want my child(ren), as noted below, to participate in the activity designated above and, by signing and returning this form, indicate my decision to opt them out of the activity.

STUDENT (PRINT NAME)	SCHOOL	GRADE

Parent Signature Date

PPRA Forms

CONSENT FOR SPECIFIC ACTIVITIES

(For activities funded in whole or in part by the United States Department of Education)

Dear Parent/Guardian,

For your convenience you will find attached a copy of our School’s “Notification of Protection of Pupil Rights Amendment” (PPRA) procedure 09.14 AP.112.

On _____ at _____
Date Name of School/Site

there will be a survey, analysis, or evaluation, and your consent is required so that your child(ren) may participate. This activity consists of:

Description: _____

Please sign below in the event you consent to your child(ren)’s participation and return this form to your Principal/designee by _____.
Five (5) days before activity or as directed

If you would like to review any survey instrument or instructional material used in connection with any protected information or marketing survey, please submit a request to your Principal/designee. You will be notified of the time and place where you may review these materials. You may review a survey and/or instructional materials before the survey is administered to a student.

As the parent/guardian, I give my consent for my child(ren), as noted below, to participate in the activity designated above.

STUDENT (PRINT NAME)	SCHOOL	GRADE

Parent Signature

Date

Review/Revised:

Request to Inspect, Amend, or Destroy Student Educational Records

CHECK ONE:

- Request to inspect and review educational records
- Request amendment of educational records
- Request hearing to challenge 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 am am not satisfied with the accuracy of the record(s). I realize I may request that records which are inaccurate, misleading, or violative of other rights of the student be amended.

Describe below the specific information in the records for which amendment/hearing is requested and the reason for the request: _____

(USE BACK OF PAGE IF ADDITIONAL SPACE IS REQUIRED.)

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*

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

You may review the records of _____ at _____

Student's Name *Location*

between the hours of _____ AM and _____ PM on _____
Month & Day *Year*

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.

Custodian of Records/designee's Signature *Title* *Date*

NOTE: Except when individuals designated by the **Principal** are reviewing student records, an authorized school employee shall provide appropriate supervision while records are being inspected.

Review/Revised:

Student Record Logs

INSPECTION/RELEASE TO OTHER AGENCIES/DISTRICTS

Student's Name: _____	Date of Birth: _____
------------------------------	-----------------------------

NOTES:

- Any agency or individual inspecting, reviewing, or receiving copies of any student records under the authority of the Family Educational Rights and Privacy Act, is cautioned that the Act provides that personal information shall only be transferred to a third party on the condition that such party will not permit any other party to have access to such information except as allowed by law.
- This form need not be completed for disclosures made to parents or eligible students, records released to School employees having a legitimate educational interest under FERPA, records released pursuant to written parent or eligible student consent, release of directory information, or disclosures of records made pursuant to a subpoena or court order where a court order, issuing agency, or other law provides that other individuals are not to be notified.
- KDE uploads School student records on a daily basis.

Date of Request	Name of Requesting Agency/District/Individual	Legitimate Interest	Records Accessed/Released	SCHOOL RESPONSE:			Employee Initials/Date
				#1 Copied Provided	#2 Records Inspected/Reviewed	#3 Request Denied	
				<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	/
				<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	/
				<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	/
				<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	/
				<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	/
				<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	/
				<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	/
				<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	/
				<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	/

Student Record Logs**EMERGENCY RELEASE DOCUMENTATION**

As required by the Family Educational Rights and Privacy Act (FERPA), for each instance of employee disclosure of information from this student's educational record made in response to an actual, impending, or imminent articulable and significant health/safety threat, documentation shall be made as follows:

INFORMATION DISCLOSED	EMPLOYEE INITIALS/DATE	BASIS FOR DISCLOSURE	RECEIVING PARTY(IES)
	/		
	/		
	/		
	/		
	/		
	/		
	/		

Review/Revised:

Designation and Agreement for Disclosure to Authorized Representatives

This designation and agreement form shall be completed prior to School release of personally identifiable student record information to outside individuals/entities concerning Federal or State supported programs.

AUTHORIZED REPRESENTATIVE: _____

PERSONALLY IDENTIFIABLE INFORMATION (PII) TO BE DISCLOSED:

PURPOSE:

The purpose of records release is to carry out activities in connection with Federal or State supported education programs as indicated below:

- Audit

 Evaluation

 Enforcement

 Compliance

DESCRIPTION OF THE ACTIVITY FOR WHICH RECORDS WILL BE USED: DESCRIPTION OF HOW THE INFORMATION WILL BE USED:

NOTE: The authorized representative designated herein shall not release the subject information to anyone other than its authorized representatives who have a legitimate interest in the activity set out in this agreement.

RECORDS DESTRUCTION:

The authorized representative shall destroy the PII when no longer needed for the purpose specified herein.

- The method used to destroy records shall be by physical destruction.
- The subject information shall be destroyed by: _____ (date)

Please sign, date and return to our School a copy of this document, which shall signify your individual or your entity’s agreement with all terms set out in this document.

Signature of Custodian of School Records

Date

Signature of Individual/Entity Representative

Date

Review/Revised:

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 School 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.

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 School:

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 School 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

Review/Revised:

Release/Inspection of Student Records
TO THIRD PARTY

Date: _____

Name of School: _____

The _____ Schools are hereby authorized to:

Release or copy

Permit the inspection of

the records listed below for _____, who was born on

Student's Name

_____. The individual or agency to whom this information is to be released is _____.

I understand that the records affected are checked below, along with the reason(s) for the requested release or authorization to inspect.

RECORDS (including electronic)	PURPOSE
<input type="checkbox"/> All cumulative records	
<input type="checkbox"/> Attendance record only	
<input type="checkbox"/> Grade records only	
<input type="checkbox"/> Standardized test data only	
<input type="checkbox"/> Special education records only	
<input type="checkbox"/> Other: _____	

This release is effective only for the specified records or types of records (including electronic) on hand as of the date you sign below UNLESS you specifically authorize further release of the specified records or types of records as follows. (Check and initial ONE of the following.)

- I authorize **on-going release** of the specified records or types of records to the entity/individual specified until student reaches age of 18 unless earlier revoked in writing. (Initials _____)
- I authorize release of the specified records or types of records until the end of the present school year (June 30th) unless earlier revoked in writing. (Initials _____)

*Signature of Parent/Guardian or Individual Acting as Parent under FERPA**

Date

Signature of Student, 18 or Older or Attending Post-secondary Institution

Date

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

Review/Revised:

Publication Consent Form

PLEASE COMPLETE THIS FORM AND SUBMIT IT TO THE SCHOOL.

Dear Parent/Guardian:

At some time during the school year, school/School personnel or other School-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 School 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'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 School 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 permission to release my/our child's name,
School'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.
--

Review/Revised:

Student Fees**NO CHILD DENIED**

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

PRINCIPAL'S RESPONSIBILITY

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

1. Principals shall use the guidelines of the free and reduced-price lunch program to determine the inability of students to rent instructional resources, pay fees, and purchase necessary school supplies.*
2. During the first week of school, the Principal shall send to the parents of each student the eligibility guidelines for free and reduced-price lunches. The eligibility guidelines form shall include a statement that if the student qualifies for free or reduced-price lunches, s/he also qualifies for free necessary school supplies.
3. Parents shall be informed that they must complete the required documentation to be eligible for exemption from payment of fees for necessary school supplies.

*If a school participates in the Community Eligibility Provision (CEP) meal program, the Principal shall use the Household Income Form (HIF) to determine the inability of students to rent instructional resources, pay fees, and purchase necessary school supplies.

Review/Revised:

Application for Waiver of Fees

Student's Name _____			
<i>Last Name</i>		<i>First Name</i>	
Student's Address _____			
<i>City</i>		<i>State</i>	
<i>ZIP Code</i>			
Student's Age _____	Date of Birth _____	Sex _____	Student's Phone Number _____
School _____	Grade _____	Homeroom/Classroom _____	

Name of Parent/Guardian _____

Address of Parent/Guardian _____

Home Telephone _____ If none, number of nearest neighbor _____

In the chart below, list the Name, Birthdate, School, and Grade for **all other** children in the home:

NAME	BIRTHDATE	GRADE	SCHOOL ATTENDING

Employment Status of Parent/Guardian:

Mother: Employed Unemployed

Employer's Name _____ Address _____

Father: Employed Unemployed

Employer's Name _____ Address _____

Gross Family Income from last Income Tax Return _____

1. Is the family presently receiving or eligible to receive any type of financial aid from the Kentucky Cabinet for Health & Family Services? YES NO

2. If your child is granted free/reduced price meal status, do you grant permission for school food service personnel to disclose that information to the following School personnel for the sole purpose of determining if your child is eligible for a fee waiver for such activities as textbook rental and field trip fees, etc.?
 - School administrators
 - Other School personnel, such as activity sponsors, who do not otherwise have access to information in connection with the School Nutrition program. YES NO

Application for Waiver of Fees

3. If your child is eligible under the Community Eligibility Provision (CEP), do you grant permission for the FRAM coordinator to disclose that information to the following School personnel for the sole purpose of determining if your child is eligible for a fee waiver for such activities as textbook rental and field trip fees, etc.?

- School administrators
- Other School personnel, such as activity sponsors, who do not otherwise have access to information in connection with the Community Eligibility Provision. YES NO

- Failure to sign this consent statement will not affect your child’s eligibility or participation for the program.
- The recipient will be required to maintain confidentiality of the information.

Comments:

Parent/Guardian’s Signature

Date

APPLICATION APPROVED DENIED

Principal/designee’s Signature

Date

Review/Revised:

Notice of Returned Check

Date: _____

Dear _____

Name of parent/guardian

This is to inform you that the check you submitted for payment of your child’s fee(s), check number _____, dated _____, drawn on account number _____ with the following banking institution, _____, has been returned for the following reason:

- Insufficient funds
- Uncollected Funds
- Closed account
- Other, as specified _____

We have submitted this check for payment on two (2) different occasions, and the check was returned both times. Please send cash or a money order in the amount of \$ _____ to clear the bill. We will return your check upon receipt of this amount. If you have any questions, please contact me at the following number: _____

School telephone number

If you have not contacted me or submitted the amount indicated in this correspondence within ten (10) working days from the date of this letter, I will recommend to our attorney to pursue appropriate action.

Sincerely,

Principal’s Signature

xc: Other as specified _____

Review/Revised:

Notice of Past Due Account

First Notice Second Notice*

Date: _____

Dear _____
Name of parent/guardian

This is to inform you that the _____ has been past due since
Account Name/Number
_____ and the fee(s) amounting to _____
Inclusive Dates *Amount*
need to be submitted to my office as soon as possible.

If you have any questions regarding this matter, please contact me at the following number:

School telephone number

*If you have not contacted me or submitted the amount indicated in this correspondence within ten (10) working days from the date of the second notice, I will recommend to our attorney to pursue appropriate action.

Sincerely,

Principal's Signature

xc: Other as specified _____

Review/Revised:

Student Statement of Safety Instruction

I have read the safety instructions regarding the operation of the power-driven machines listed below and related devices in my instructional program. I fully understand the importance of the rules and regulations, and I am aware that the violation of any one of them is likely to cause injury to myself and/or others.

_____ (*teacher*) has demonstrated to me the proper method of using each machine/device listed on this safety record and has pointed out the dangers of violating any of the safety instructions. He/she has taught me how to avoid injury by observing the safety instructions and using the machines properly.

I have demonstrated my ability to use each of the machines listed below in the presence of _____ (*teacher*). I understand how to avoid injury through the proper use of the machines. I am confident that I can operate these machines without injury to others or myself. I have passed the written test(s) covering the material related to these machines or devices. The results of each test are recorded in my permanent record.

I hereby agree to observe the safety instructions and to follow the instruction given in demonstrations.

I have read the above statements and I understand that my signature is proof that I have fulfilled all the requirements mentioned.

LIST OF EQUIPMENT, MACHINES, DEVICES				
TYPE OF EQUIPMENT, MACHINE, DEVICE	DATE		TYPE OF EQUIPMENT, MACHINE, DEVICE	DATE

Print Teacher Name: _____

Teacher Signature: X _____ Date: _____

Print Student Name: _____

Student Signature: X _____ Date: _____

NOTE: File in student's permanent record along with copies of written safety tests.

Review/Revised:

Request for Student Health Services and Procedures

(NON-MEDICATION NEEDS ONLY)

The School 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 physician/health care provider and return this completed form to:

_____.

Please be advised that School 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.

RELATED PROCEDURES:

09.2241 (all medication-related procedures)

Review/Revised:

Supervision of Students

RESPONSIBILITY

Principals shall develop and implement a system of supervision to address students as they enter and leave the bus at school.

Schools may use authorized personnel in supervisory capacities in the following areas:

1. Bus loading and unloading;
2. Meals;
3. Halls, restrooms, and playgrounds;
4. Time before and after the school day;
5. Field trips and other school activities; and
6. Other as needed.

REFERENCE:

702 KAR 5:030

Review/Revised:

Documentation of Reporting Required by Law

(FOR INTERNAL ADMINISTRATIVE TRACKING PURPOSES ONLY)

PARENTAL NOTIFICATION

If their child is involved in an incident related to KRS 158.156, the Principal shall notify parents/guardians in writing.

KBE NOTIFICATION

For an incident related to KRS 158.156, the Principal shall report only the following information to the Associate Commissioner of Career and Technical Education to share with KBE:

On _____, _____ students were involved in an incident	
<i>Date</i>	<i>Number</i>
reportable under KRS 158.156.	
_____ <i>Name of School</i>	_____ <i>Signature of Principal</i>

Review/Revised:

Physical Restraint and Seclusion Forms**DOCUMENTATION OF USE**

Please attach additional sheets as needed.

STUDENT NAME:	DATE OF USE:
Description of Physical Restraint or Seclusion Measure Used:	
Beginning Time of Measure Used:	Ending Time of Measure Used:
School Personnel Involved:	
Student Behavior Prompting Use:	
How Student Behavior Posed Imminent Danger of:	
<input type="checkbox"/> Physical harm to self/others _____	
<input type="checkbox"/> Property damage, destruction, criminal mischief, theft, or a felony involving use of force _____	
<input type="checkbox"/> Disruption of reasonable discipline/order _____	
School Personnel Response to Behavior and Techniques Used:	
Events Leading Up to Use of Measure:	
Student's Behavior During Restraint or Seclusion and Interactions During Use:	
Behavioral Interventions Used Just Prior to Physical Restraint/Seclusion:	
Injuries to Student(s), School Personnel or Others:	
Effectiveness of Restraint/Seclusion in De-escalating the Situation:	
Student Post-Incident Interview Comments:	
Planned Future Positive Behavioral Interventions:	
Documentation of Referral for Section 504 or IDEA Services (OR BASIS FOR NOT DOING SO):	
Date Notice Sent to Parent/Guardian/Authorized Individual Acting as Parent:	

Check as applicable:

Parent Emancipated Youth notified on _____ (date) of the five (5) school day timeline to request debriefing session.

*Signature of Staff Member Completing Report*_____
Date Report Provided to Principal

Physical Restraint and Seclusion Forms

NOTICE TO PARENT

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

Review/Revised:

Student Driving Permit

*This form must be completed, signed by all parties, and returned to the Area Technology Center (ATC) office and a parking permit must be obtained prior to the student driving to the ATC. **No passengers may ride with the student to the ATC.***

ATC NAME:		HIGH SCHOOL:	
STUDENT NAME:		DATE:	
LICENSE NUMBER:		INSTRUCTOR:	
VEHICLE MAKE, MODEL AND COLOR:			

REASON FOR REQUEST TO DRIVE TO THE ATC: _____

DATE TO DRIVE TO THE ATC: _____

REQUIRED SIGNATURES:

	SIGNATURE	DATE
ATC Instructor:		
Parent/Guardian:		
High School Principal:		
ATC Principal:		

Review/Revised:

Emergency Medical Care Procedures

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

EMERGENCY INFORMATION

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

1. Student's name, address, and date of birth.
2. Parents' names, addresses, and home, work, and emergency phone numbers.
3. Name and phone number of family physician and permission to contact health care professionals in case of emergency.
4. Name and phone number of "emergency" contact (person other than parent/guardian) to reach, if necessary.
5. Unusual medical problems, if any.

MEDICAL EMERGENCY PROCEDURES

The following procedures shall be used in a medical emergency:

1. Administer first aid by a school employee trained in first aid and CPR in accordance with state regulation.
2. Contact the child's parent or other authorized person(s) listed on the school emergency card to:
 - a) Inform parent or authorized contact that the child is not able to remain at school.
 - b) Indicate the apparent symptoms; however, do not attempt to diagnose.
 - c) Advise the contact that s/he may want to contact a health care practitioner regarding the child's condition.
3. Take care of child until parent, health care practitioner, or ambulance arrives.
4. Use emergency ambulance service if needed.
5. Administer medication in accordance with School policy and procedure when ordered by the student's personal health care practitioner.
6. Keep the student in a first aid area if s/he appears to be unable to return to the classroom.
7. Do not allow the student to leave school with anyone other than the parent/guardian/designee after an accident or when ill.
8. After a child has an accident or becomes ill at school, arrange transportation home with the parent/guardian/designee.
9. Report all emergency situations to the building administrator.
10. Treat students with contagious diseases, including AIDS, according to state guidelines.
11. Employees shall follow the School's Exposure Control Plan when clean-up of body fluids is required.

Emergency Medical Care Procedures**SUPPLIES/PERSONNEL**

1. Each school shall have an approved first-aid kit and designated first-aid area.
2. Each school shall maintain epinephrine in a minimum of two (2) locations in the school, including but not limited to the school office and the school cafeteria for administration to students who may have a life-threatening allergic reaction but have no written individual health plan in place, and shall have at least two (2) employees in addition to the school nurse trained to administer epinephrine by auto-injector.
3. At least two (2) adult employees in each school shall have completed and been certified in a standard first-aid course, including but not limited to, CPR.
4. As provided by Policy 09.224, any school that has a student enrolled with diabetes or seizure disorders, including seizure action plans, shall have on duty during the school day or during any school-related activities in which the student is a participant, at least one (1) school employee who is a licensed medical professional, or has been appropriately trained to administer or assist with the self-administration of glucagon, insulin or seizure rescue medication or medication prescribed to treat seizure disorder symptoms approved by the FDA and administered pursuant to a student's seizure action plan, as prescribed by the student's health care practitioner. The training shall also include recognition of the signs and symptoms of seizures and the appropriate steps to be taken to respond to these symptoms.
5. The parent or guardian of each student diagnosed with a seizure disorder shall collaborate with school personnel to implement a seizure action plan, prepared by the student's treating physician, which shall be kept on file in the office of the school nurse or school administrator.
6. Any school personnel or volunteers responsible for the supervision or care of a student diagnosed with a seizure disorder shall be given notice of the seizure action plan, the identity of the school employee or employees trained in the administration of seizure medication, and how they may be contacted in the event of an emergency.

DOCUMENTATION

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

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

RELATED POLICIES:

09.224
09.2241

STUDENTS

09.224 AP.1
(CONTINUED)

Emergency Medical Care Procedures

RELATED PROCEDURES:

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

Review/Revised:

Emergency Information Form

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

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

MOTHER'S NAME _____
Last Name
First Name
Middle Initial

Mother's Employer _____ Phone # _____

FATHER'S NAME _____
Last Name
First Name
Middle Initial

Father's Employer _____ Phone # _____

GUARDIAN'S NAME _____
Last Name
First Name
Middle Initial

Guardian's Employer _____ Phone # _____

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

Name	Phone Number	Relationship
------	--------------	--------------

Name	Phone Number	Relationship
------	--------------	--------------

Doctor's Name: _____ Phone # _____

Address: _____

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

Signature of Parent/Guardian	Date
------------------------------	------

Emergency Information Form

Is your child on any routine medication? Yes No If yes, please list below:

Medication	Dosage

Is your child allergic to medication(s)? Yes No If yes, please specify _____

Is your child allergic to insect bites? Yes No

Does your child have allergies? Yes No

Does your child have a history of heart disease diabetes T.B nervous disorder
 epilepsy ear infection seizure asthma Other _____?

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

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

Signature of Parent/Guardian

Date

Log of Attempts to Contact Parent/Guardian

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

Review/Revised:

Student Medication Guidelines

STUDENT SELF-MEDICATION

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

ALL OTHER MEDICATIONS

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

PRESCRIPTION MEDICATIONS

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

Prescription medications shall be administered only as prescribed on the physician/health care provider's written authorization. Prescription medications shall be sent to school in one (1) week increments unless otherwise approved by the Principal or designee. Parent/guardian shall have the ultimate responsibility to provide the school with an adequate supply of medication to enable the orders to be followed.

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

Student Medication Guidelines

PRESCRIPTION MEDICATIONS (CONTINUED)

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

NONPRESCRIPTION MEDICATIONS

Nonprescription (over-the-counter) medications may be accepted on an individual basis as provided by the parent or legal guardian when a completed authorization to give medication form is on file. The medication should be in the original container, dated upon receipt, and given no more than three (3) consecutive days without an order from the physician/health care provider. OTC medication shall not be administered beyond its expiration date.

DOCUMENTATION OF ADMINISTRATION

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

DISPOSAL OF UNUSED MEDICATION

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

MEDICATION REFUSAL

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

MEDICATION ERROR

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

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

Student Medication Guidelines

MEDICATION ERROR (CONTINUED)

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

RELATED POLICY:

09.2241

RELATED PROCEDURES:

09.2241 AP.21

09.2241 AP.22

Review/Revised:

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 Unsupervised

Student has been instructed in self-administering the medication: No Yes

Student must carry this medication on his/her person: No Yes

Please 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

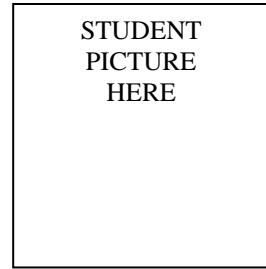
I/we acknowledge receipt of the foregoing statement and authorization.

Administrator/designee _____ *Date* _____

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

Review/Revised:

STUDENTS



09.2241 AP.22
(CONTINUED)

Student Medication Logs
STUDENT MEDICATION ADMINISTRATION RECORD

SCHOOL YEAR: _____

NAME OF STUDENT: _____	DATE OF BIRTH: _____	GENDER: _____	GRADE: _____
ALLERGIES: _____		NAME AND DOSE OF MEDICATION: _____	
ROUTE: _____	TIME(S) GIVEN AT SCHOOL: _____	POSSIBLE SIDE EFFECTS: _____	
Classroom teacher when medication is due: _____		Health Care Provider Name/Phone #: _____	
Emergency Contact Names/Phone #s: _____			

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

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

Authorized person(s) administering or counting medication: Signature/Initials _____/_____ _____/_____ _____/_____ _____/_____	<p align="center">Documentation Codes:</p> <p> (A) Absent (R) Refused* (W) Dosage withheld* (E) Early dismissal (F) Field trip (X) No school (N) No medication available* (S) Self-administered </p> <p>*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.</p>
---	---

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: _____

Review/Revised: _____

Child Abuse/Neglect/Dependency**MAKING AN ORAL REPORT**

School 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 oral report to the proper authorities listed in Policy 09.227 and may assist the student in making such a report. 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 oral 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).

Review/Revised:

Fund-Raising Activities-Proposal

Please refer to the KDE document, Accounting Procedures for School Activity Funds, which includes the forms and process required for approval of fund-raising projects.

Review/Revised:

Fund-Raising Activities - Approval of Schoolwide Fund-Raising Projects

Please refer to the KDE document, *Accounting Procedures for School Activity Funds*, which includes the forms and process required for approval of fund-raising projects.

Review/Revised:

School-Related Student Trips

TEACHERS' RESPONSIBILITIES

1. Field trips shall be related to the course of study and have educational value.
2. Teacher(s) shall complete a School-Related Trip Request Form (09.36 AP.21) and submit to the Principal for approval.
3. Prior to the trip, the teacher(s) shall prepare the students by:
 - a) Explaining the purpose of the trip.
 - b) Developing background and reference materials, including materials to be used on the trip, if applicable.
 - c) Pointing out highlights to observe on the trip.
 - d) Instructing students to observe safety precautions while on the bus and while at the field trip destination.
4. Students shall not be denied the trip because of an inability to pay.
5. The teacher(s) shall secure prior written permission for the trip and a medical release (09.36 AP.211) from each student's parent(s) or guardian.
6. Prior to the trip, a list of students taking the trip shall be provided to the Principal bus driver, if applicable school's Food Service staff, if applicable School Nurse, if applicable.

TRANSPORTATION

Transportation requests shall be made by the teacher the Principal Other _____ by completing a Vehicle Request Form (09.36 AP.212).

Discipline on the bus shall be the responsibility of the teacher or administrator in charge. Drivers are responsible for enforcement of bus rules and regulations. The sponsoring group will be charged for extra cleaning time if the bus is left in exceptionally dirty condition after the trip.

No items may be transported on a school bus that are not secure in underframe storage or empty seats (i.e., lunches, cooler, sporting equipment). Aisles must be kept clear.

EVALUATION

Following a field trip, the teacher(s) shall complete the School-Related Student Trip Evaluation Form (09.36 AP.23).

RELATED PROCEDURES:

- 09.2241 (all procedures)
- 09.36 (all procedures)

Review/Revised:

School-Related Student Trip Request Form

SUBMIT THIS FORM ONE WEEK TWO WEEKS OTHER, SPECIFY _____ PRIOR TO THE TRIP.

SCHOOL _____ FACULTY MEMBER(S) SPONSORING TRIP _____

TYPE OF TRIP (CHECK ONE):

- Classroom Field Trip Class Trip (i.e., junior, senior), specify _____
- Organization/Club Trip, specify _____ Other _____

DESTINATION _____ ADDRESS _____ PHONE _____

- Out of State Out of County Within County
- Overnight; give name, address, phone of lodging _____

DATE(S) OF TRIP _____ DEPARTURE TIME _____ RETURN TIME _____

PURPOSE/EDUCATIONAL VALUE _____

SOURCE OF FUNDING FOR TRIP _____

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO: SPONSORING ORGANIZATION SCHOOL OTHER, SPECIFY _____

NUMBER OF: STUDENTS _____ FACULTY SPONSORS _____ OTHER CHAPERONES _____
TOTAL # OF PARTICIPANTS _____

MODE OF TRANSPORTATION

- IS LOCAL DISTRICT TRANSPORTATION NEEDED? NO YES. SEE PROCEDURE 09.36 AP.212.
- CERTIFICATED COMMON CARRIER; SPECIFY _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? Yes No

Signature of Faculty Sponsor _____
Date

Trip has been approved disapproved. Reason for disapproval _____

Signature of Superintendent/Designee _____
Date

For overnight and/or out-of-state trips, approval of the Superintendent and/or Board may be required by policy 09.36.

RELATED PROCEDURES:

09.36 AP.211, 09.36 AP.212, 09.36 AP.23

Review/Revised:

Field Trip Permission Form

The completion and return of this form constitute legal parental/guardian consent for the student to participate in a school sponsored and chaperoned event. Verbal consent will not be accepted.

To be completed by school.

A field trip is planned for _____ (date(s)) to _____
 _____ (location) for _____
 _____ (event or activity). Transportation will be provided by
 _____ (bus/van/etc.), which will depart on
 _____ (time/date of departure) from _____
 _____ and return on _____ (time/date of
 return) to the above location.

To be completed by parent/guardian.

I hereby give my permission for my student, _____ (student name)
 to participate in the field trip described in the above section.

I understand that the necessary arrangements, plans, and precautions will be taken for the care and supervision of my student during the trip. I acknowledge that, as a condition of my student's participation in this activity, I agree to hold harmless and waive all claims against _____ (school name), its staff and/or volunteers.

Parent/Guardian: _____ (printed name)

Signature: X _____ (of parent/guardian)

Review/Revised:

Vehicle Request Form

School _____ Faculty Member(s) sponsoring trip _____

Date trip was approved _____ By whom _____

Destination _____ Address _____ Phone _____

- Out-of-State
- Out-of-County
- Within-County
- Overnight (Give name, address, phone # of lodging) _____

Date(s) of Trip _____ Departure Time _____ Return Time _____

Number of Students _____ Faculty Sponsors _____ Chaperones _____ Total # of Participants _____

THE SPONSORING GROUP IS RESPONSIBLE FOR ALL TRANSPORTATION COSTS ASSOCIATED WITH THE TRIP, INCLUDING THE DRIVER'S SALARY, PLUS ANY APPLICABLE OVERTIME WAGES AND DEDUCTIONS REQUIRED BY LAW.

Charge trip expenses to:

- Sponsoring organization School Local District
- Other (specify) _____

Mode of Transportation (CHECK ONE):

- Local District-owned school bus; number needed _____
- State-owned vehicle, other than bus; specify _____
- Certificated common carrier; specify _____
- Check here if luggage, equipment, projects, etc., will be transported. (Specify) _____

Faculty Sponsor's Signature

Date

Bus Number(s) _____ Driver(s) Name(s) _____	
Estimated Expenses: Driver(s) \$ _____ Fuel \$ _____ Mileage \$ _____	
Meals, if applicable \$ _____ Lodging, if applicable \$ _____	
Actual Expenses: Driver (s) \$ _____ Fuel \$ _____ Mileage \$ _____	
Meals, if applicable \$ _____ Lodging, if applicable \$ _____	
Driving Time _____ Layover Time _____ Actual Miles _____	
_____ <i>Transportation Supervisor's Signature</i>	_____ <i>Date</i>

RELATED PROCEDURES:

- 09.36 AP.21
- 09.36 AP.211
- 09.36 AP.23

Review/Revised:

Bullying Reporting Form

(FOR INTERNAL ADMINISTRATIVE TRACKING AND DOCUMENTATION PURPOSES ONLY)

- When additional room is needed for a section entry, please attach a separate sheet.
- Use of information documented on this form shall comply with confidentiality requirements of applicable privacy law including, but not limited to, state and federal Family Educational Rights and Privacy Act (FERPA) laws.

REPORTER INFORMATION:

DATE: _____

Anonymous

Staff Member

Name: _____

Parent/guardian

Name: _____

Student

Name: _____

STUDENT(S) REPORTED AS COMMITTING ACTS:

Name: _____

School: _____

Name: _____

School: _____

STUDENT(S) REPORTED AS VICTIM(S):

Name: _____

School: _____

Name: _____

School: _____

DESCRIPTION OF ALLEGED ACTS: _____

TIMES AND PLACES: _____

NAMES OF POTENTIAL WITNESSES:

Name: _____

School: _____

Name: _____

School: _____

ACTION TAKEN BY REPORTER (IF ANY): _____

ADMINISTRATIVE INVESTIGATION NOTES: _____

BULLYING VERIFIED? YES NO

CORRECTIVE ACTION(S) TAKEN: _____

If the act of bullying is such that it must be reported as required by KRS 158.154, KRS 158.155, or KRS 158.156, see policy 09.2211 and related procedures.

If bullying is related to a federally protected harassment/discrimination area, see policy 09.42811 and related procedures.

IF BULLYING VERIFIED, REPORT SENT TO PARENTS OF STUDENTS? YES NO

Parent Name: _____

Date Sent: _____

Parent Name: _____

Date Sent: _____

Bullying Reporting Form

PARENT NOTIFICATION OF ALLEGED BULLYING

Date

Dear Parent/Guardian,

On _____, your child, _____,
Date *Student's Name*

was reportedly involved in a bullying incident that took place at _____.
Location

Because student safety is our utmost concern, we take this information very seriously and have taken appropriate action.

BULLYING VERIFIED? **YES** **NO**

If yes, we have taken appropriate disciplinary action and measures to assure your student's well-being.

Please contact me directly if you have questions about this information. I can be reached at

Telephone Number

Sincerely,

_____, Principal

Review/Revised:

Record of Removal

An employee who removes a student, or causes a student to be removed, from a classroom setting or transportation system shall complete and submit this form to the Principal/designee as soon as practicable following the removal. Per KRS 158.150, a student who is removed from the same classroom three (3) times within a thirty (30) day period shall be considered “chronically disruptive” and may be suspended from school and no other basis for suspension shall be deemed necessary.

Student's Name _____			
_____	_____	_____	_____
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
School _____	Grade (if known) _____	Date of Removal _____	
Classroom/vehicle from which the student was removed: _____			
Site to which the student was removed: _____			
Employee who removed the student: _____			
Position: _____			

CAUSE(S) FOR REMOVAL

- Disrupting the classroom environment and educational process or challenging the authority of a supervising adult.
- Threatening behavior, such as verbal or written statements or gestures by the student indicating intent to harm themselves, others or property.

Describe (*Use additional sheet(s) if necessary.*):

- Violent behavior, such as a physical attack by the student so as to intentionally inflict harm to himself/herself, others or property.

Describe (*Use additional sheet(s) if necessary.*):

WITNESS(ES) (*Use additional sheet(s) if necessary.*)

Name *Note if student/employee/other (specify)*

Name *Note if student/employee/other (specify)*

Employee's Signature *Date*

Review/Revised:

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.

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 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 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.
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.

Assault and Threats of Violence - Notice of Penalties and Provisions

KRS 508.078 (TERRORISTIC THREATENING, SECOND DEGREE) (CONTINUED)

- 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 School or first responders (KRS 635.060).

PRINCIPAL’S SIGNATURE: _____

DATE: _____

Review/Revised:

Disrupting the Educational Process

The following procedures shall be used when an individual or a group is disrupting the educational process:

1. The Principal/designee shall notify the Associate Commissioner of Career and Technical Education, as appropriate.
2. The Principal and staff shall make every effort to keep the disturbance isolated and keep uninvolved students from the scene.
3. A staff member should accompany the Principal/designee to the area in which the disturbance is occurring. If the students involved do not respond to the Principal's directions, the staff member is to telephone for additional staff assistance or for the police as directed by the Principal.
4. School schedules and operations shall be maintained at a normal level.
5. Teachers shall continue normal classroom activities unless otherwise instructed.
6. Teachers shall not permit students to leave the room; however, teachers should not try to physically restrain students from leaving the room.
7. The staff shall avoid physical involvement except for self-protection or protection of students.
8. The staff shall cooperate with the Principal and shall identify those involved in the disruption.
9. Normal disciplinary action shall be administered to those involved in the disturbance.

Review/Revised:

Notice to Individuals Complaining of Harassment/Discrimination

The School prohibits all forms of improper conduct, including sexual harassment and discrimination. A copy of the School’s policy is attached for your information. Please be aware of the following provisions:

The School’s Title IX/Equity Coordinator is _____. If you have any questions pertaining to sexual harassment or sexual discrimination, you may contact this person as follows:

Address

Telephone Number

The School will investigate the allegations of harassment/discrimination that you have brought to its attention. The investigation will be conducted by a School administrator or other individual with specific training and/or experience in this area. If you have any questions for the School’s investigator, you may contact him/her at the address listed above.

During the investigation, you have the right to: (a) provide the School with information and documentation concerning the alleged improper conduct; (b) advise the School of the identity and location of any possible witness(es); and (c) exercise all other rights set forth in law or in School policy.

The School is interested in knowing what actions you are seeking in response to your complaint. Although law does not require the School to comply with all requested actions in order to eliminate harassment/discrimination, a collaborative dialogue may be a useful tool in insuring that it is eliminated.

The School will take reasonable steps to preserve confidentiality and will make every effort to prevent public disclosure of the names of the parties involved, except to the extent necessary to carry out the investigation. The School is interested in knowing your views about confidentiality issues and will try to accommodate them, subject to the School being able to fulfill its commitment to eliminate harassment/discrimination.

School employees and students who are alleged perpetrators of harassment/discrimination misconduct may be entitled to due process and may be protected by certain confidentiality rights. Subject to the rights of students or employees, the School will make an effort to keep you advised of the progress of its investigation and of any decisions it reaches concerning the situation. If you have any questions concerning the progress of the investigation or the actions taken by the School to remediate any harassment/discrimination that may have occurred, please feel free to contact the Title IX/Equity Coordinator or the individual assigned to investigate a complaint.

If you are dissatisfied with the progress of the investigation, the progress of rendering a decision, or the decision itself, you have the right to appeal to the Board of Education.

If it is concluded following the investigation that the allegations have merit and that action will be taken to remediate the situation, the School may follow up with you to make sure that there is not a recurrence of the improper conduct. If there is any repeat of any improper conduct, we ask you to notify immediately the Title IX/Equity Coordinator and/or a School administrator.

Notice to Individuals Complaining of Harassment/Discrimination

The School will make every effort to correct the effects of any improper conduct on the complainant and others. Please advise us of the actions you believe the School should take to correct the discriminatory effects of the improper conduct.

Retaliation against an individual who has reported improper conduct by faculty, staff or students, including sexual harassment/discrimination, is strictly forbidden. If you believe that any of those parties is retaliating against you in any way, please notify the Title IX/Equity Coordinator and/or a School administrator immediately. If you are not satisfied with the School's response, you have the right to file a complaint with the Office of Civil Rights at the following address:

Wanamaker Building, Suite 515
100 Penn Square East
Philadelphia, PA 19107

Review/Revised:

Harassment/Discrimination Grievances Reporting Form**TITLE VI – TITLE IX – SECTION 504 – ADA – HARASSMENT****STUDENT GRIEVANCE PROCEDURE**

Students who feel they have been discriminated against, harassed by students or employees, denied reasonable accommodations, and/or denied an opportunity to enroll in a vocational program, or participate in activities because of their race, color, national origin, sex, disability, age, religion, or marital status have the right to file an informal and/or formal complaint as follows:

NOTE: Regulations require notification of one-hundred-eighty (180) days for filing with the Office for Civil Rights and/or filed within sixty (60) days after the institution or other agency has completed its investigation and notified the complainant that it will take no further action. Extension can be granted for good reason.

INSTITUTION EEO/GRIEVANCE COUNSELOR(S)

NAME _____

ADDRESS _____ PHONE _____

STUDENT INFORMAL GRIEVANCE PROCEDURE

Step 1: If a complainant feels that he/she has been discriminated against, the student must first bring the problem to the attention of the EEO/Grievance Counselor within five (5) days of the knowledge or alleged cause for grievance occurs. The EEO Counselor will conduct a preliminary investigation of the alleged complaint.

Step 2: The complainant, EEO/Grievance Counselor, and other involved parties will work informally to negotiate a solution within five (5) school days (or a total of ten (10) days from filing a grievance).

Step 3: If the grievance cannot be satisfactorily resolved by working informally, the student may want to proceed to file a formal written grievance within five (5) school days. (A total of fifteen (15) school days from filing a grievance)

Step 4: A formal written grievance may be filed within fifteen (15) days of starting the Informal Grievance Process by completing the *Formal Grievance Process Form*, which is available from the Harassment Coordinator or any of the following:

<https://www2.ed.gov/about/offices/list/ocr/docs/hq43e4.html>

<https://www.justice.gov/crt/fcs/TitleVI-Overview>

Title IX

Section 504

ADA

NOTE: Days given are to keep the process moving and can be changed by agreement of all parties.

In the following Formal Grievance Procedure, the reference to the EEO/Grievance Counselor is the person assigned the duties of Title VI, Title IX, Section 504, ADA, and Harassment at the various levels in the procedure.

Harassment/Discrimination Grievances Reporting Form**TITLE VI – TITLE IX – SECTION 504 – ADA – HARASSMENT****STUDENT GRIEVANCE PROCEDURE**

Step 1: Within fifteen (15) school days of the alleged discrimination or denial of service, a student will file written notice to the appointed institution EEO/Grievance Counselor. The student's written notice shall identify the nature of the alleged discrimination, the date(s) of occurrence, expected outcomes, and be signed and dated by the student filing the grievance. The appointed EEO/Grievance Counselor shall respond in writing regarding the process followed, persons involved, and other investigative steps taken to try and resolve the alleged grievance. The EEO/Grievance Counselor's response will be given to the complainant within five (5) school days from the date of initiation of Step 1 of the formal grievance process. (*See Form, Formal Grievance Response to the Student.*) The proposed solution to resolving the alleged grievance will have to be approved by the Kentucky TECH administrator and other parties involved. (Within a total of twenty (20) school days from the initiation of the grievance process)

Step 2: If the complainant is not satisfied with the proposed solution, the complainant may appeal in writing by notifying the Kentucky TECH administrator within five (5) school days of the proposed solution to be taken in Step 1. (*See Form, Formal Grievance Appeal Form for Students.*) The Step 2 appeal written notice must contain all written documentation from Step 1 and the student's written reasons for not accepting the proposed solution to be taken. The Kentucky TECH administrator will respond in writing to the complainant within five (5) school days from the date of the Step 2 written appeal as to the action to be taken (or within a total of thirty (30) school days from the initiation of the grievance process).

Step 3: If the complainant is not satisfied with the recommended action to be taken by the Kentucky TECH administrator, the complainant may appeal in writing within five (5) school days to the attention of the EEO/Grievance Coordinator, Office of Career and Technical Education, 300 Sower Blvd., 5th Floor, Frankfort, KY 40601. Mark the envelope "CONFIDENTIAL". The Step 3 written appeal must contain all written documentation related to Step 1 and Step 2 of this Formal Grievance Process. The complainant must include their written statement as to the reasons for not accepting the proposed solution to their alleged grievance. The EEO/Grievance Coordinator for the Office of Career and Technical Education will respond in writing, within twenty (20) school days of the date of the Step 3 appeal as to the recommended action to be taken, or within fifty-five (55) school days from the initiation of the grievance process.

A complainant may withdraw a complaint at any time during Step 1, 2, and 3 by completing the Complaint Withdrawal Form for Students. (*See Form, Complaint Withdrawal Form for Students.*)

The following is another option for resolving a complaint that can be used by students, parent/guardian of a minor student, or employees:

In the event that the complainant is not satisfied with the action taken at any point in the grievance process or upon completion of Step 3, the complainant may call or write for technical assistance to the Director of the Office of Civil Rights, Eastern Division, in Philadelphia, PA. If the complainant wants to file a grievance with OCR it must be in writing, signed, and dated and include any information collected or used in the attempt to resolve the complaint at the local level. The complainant has 180 days to file with OCR from the date of the incident or within 60 days after completion of the local grievance process.

Harassment/Discrimination Grievances Reporting Form

TITLE VI – TITLE IX – SECTION 504 – ADA – HARASSMENT

STUDENT GRIEVANCE PROCEDURE

Grievance – Student Formal Appeal (or parent/guardian of a minor student)

Complainant’s Name: _____

Date of Alleged Violation: _____

I do not accept the response to: Step (1) Step (2) Step (3)

For the following reasons: _____

This appeal has all prior written information and responses attached.

Complainant’s Signature: _____
Date Appeal Filed: _____

Received by: _____ Date: _____

EEO Grievance Counselor Bldg. Administrator EEO Coordinator Frankfort

Step (1)	File formal grievance in writing with fifteen (15) days of alleged cause	- Total 15 School Days
	Five (5) School days for EEO/Grievance Counselor’s response	- Total 20 School Days
Step (2)	File an appeal within five (5) school days	- Total of 25 School Days
	Five (5) School days for Building Administrator to respond	- Total of 30 School Days
Step (3)	File an appeal with five (5) school days	- Total of 35 School Days
	Twenty (20) working days for EEO Coordinator, Office of Career and Technical Education, Frankfort, KY to respond	- Total of 55 School Days
Step (4)	File an appeal within one-hundred-eighty (180) days, or within sixty (60) days of last action, to OCR, Philadelphia, PA at any time in the process (Only for Title IX, Title VI, and Section 504 grievances)	

Note: for ADA, an appeal would be filed with the US Justice Department, Washington, DC within one-hundred-eighty (180) days of alleged discrimination.

NOTE:

- Students/parents wishing to initiate a complaint concerning discrimination in the delivery of benefits or services in the School’s nutrition program should go to the link below or mail a written complaint to the U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410, or email, program.intake@usda.gov.

http://www.ascr.usda.gov/complaint_filing_cust.html

Review/Revised:

Harassment/Discrimination Investigation and Appeals

(FOR INTERNAL ADMINISTRATIVE TRACKING PURPOSES ONLY)

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

The Principal shall appoint an investigator who is not an alleged party in the complaint to investigate allegations of harassment/discrimination. The investigator shall be trained in this area, and her/his duties shall be assigned by the Principal/designee or, for contractors, set out in a contract, as appropriate. If the Principal is the alleged party, the Associate Commissioner of Career and Technical Education shall designate an outside investigator and, after presentation of the final investigative report, determine when and how it is to be released. All instances involving suspected child abuse or criminal conduct shall be reported as required by law.

ALLEGED HARASSER/DISCRIMINATING PARTY: _____

Investigator: _____ Date Complaint Form is Received: _____

INFORMAL PROCEDURE

If both parties agree, prior to a formal grievance process an administrator may facilitate a conversation between the complainant and the party alleged to have harassed or discriminated against the complainant. Both the complainant and the accused party may be accompanied by a person of their choice. If both parties feel that a resolution has been achieved, no further action need be taken. The results of an informal resolution shall be reported by the facilitator, in writing, to the Principal, along with a signed agreement, if one is reached. If any of the interested parties choose not to utilize the informal procedure, or feel that it has been unsuccessful, s/he may opt to proceed to the formal grievance procedure. However, any complaints directed at School employees or alleging criminal acts must be formally investigated and/or reported to state authorities as required by law.

Was this complaint resolved informally, as indicated by an agreement signed by both parties?

Yes No Date: _____ Facilitator _____

FORMAL PROCEDURE

Students should make their complaint to their Principal or other designated administrator, who shall immediately, without screening or beginning an investigation, inform the Associate Commissioner of Career and Technical Education (OCTE) of receipt of the complaint. Otherwise, the complaint can be filed directly with the Title IX/Equity Coordinator in cases involving sexual harassment/discrimination. Employees who have knowledge of alleged or observed student harassment/discrimination shall immediately notify the alleged victim's Principal. The Principal shall designate an individual to investigate the complaint. If necessary, the investigator will seek assistance from OCTE administrators. In some instances it may be necessary to involve legal counsel, when authorized by the Principal, or by the Associate Commissioner of Career and Technical Education if the Principal is the subject of the complaint.

TIMELINE

The investigator shall provide the complainant and the accused with a copy of the School's Policy 09.42811 and Notice to Individuals Complaining of Harassment/Discrimination and inform the complainant and the accused of required timelines that have been established for initiation and completion of an investigation.

Harassment/Discrimination Investigation and Appeals

CORRECTIVE ACTION

If corrective action is needed, the investigator shall recommend to the Principal/designee the type of corrective action and methods to prevent reoccurrence of the harassment/discrimination.

USING THE DESIGNATED FORM (09.42811 AP.24), A RESPONSE SHALL BE PRESENTED TO THE COMPLAINANT AND THE ACCUSED (AND TO THEIR PARENTS/GUARDIANS IF STUDENT IS UNDER AGE EIGHTEEN OR IF STUDENT HAS REACHED AGE EIGHTEEN AND HAS A LEGAL GUARDIAN) WITHIN TWENTY (20) SCHOOL DAYS OF COMPLETION OF THIS LEVEL OF INVESTIGATION.

=====

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

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

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

FIRST APPEAL LEVEL

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

ALLEGED HARASSER/DISCRIMINATING PARTY: _____

Principal/designee who will consider appeal: _____

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

In some instances it may be necessary to involve legal counsel at the appeal level, when authorized by the Principal or by the Associate Commissioner of Career and Technical Education if the Principal is the subject of the complaint.

CORRECTIVE ACTION

If corrective action is needed, the investigator shall recommend to the Principal/designee the type of corrective action and methods to prevent reoccurrence of the harassment/discrimination.

USING THE DESIGNATED FORM (09.42811 AP.24), A RESPONSE SHALL BE PRESENTED TO THE COMPLAINANT AND THE ACCUSED (AND TO THEIR PARENTS/GUARDIANS IF STUDENT IS UNDER AGE EIGHTEEN OR IF STUDENT HAS REACHED AGE EIGHTEEN AND HAS A LEGAL GUARDIAN) WITHIN TWENTY (20) SCHOOL DAYS OF COMPLETION OF THIS LEVEL OF INVESTIGATION.

School policy allows for appeal of the decision made at this level and the opportunity to address the complaint to the Kentucky Board of Education (KBE). An appeal must be made within ten (10) school days of receipt of a response at this level.

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

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

Harassment/Discrimination Investigation and Appeals

SECOND APPEAL LEVEL

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

ALLEGED HARASSER/DISCRIMINATING PARTY: _____

Board Chairperson: _____

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

CORRECTIVE ACTION

If corrective action is needed, the investigator shall recommend to the Principal/designee the type of corrective action and methods to prevent reoccurrence of the harassment/discrimination.

USING THE DESIGNATED FORM (09.42811 AP.24), A RESPONSE SHALL BE PRESENTED TO THE COMPLAINANT AND THE ACCUSED (AND TO THEIR PARENTS/GUARDIANS IF STUDENT IS UNDER AGE EIGHTEEN OR IF STUDENT HAS REACHED AGE EIGHTEEN AND HAS A LEGAL GUARDIAN) WITHIN TWENTY (20) SCHOOL DAYS OF COMPLETION OF THIS LEVEL OF INVESTIGATION.

GUIDELINES

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

RELATED POLICIES:

09.2211; 09.227

RELATED PROCEDURES:

09.227 AP.1, 09.42811 (all procedures)

Review/Revised:

Witness Disclosure Form

Witness' Name _____			
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>	
Witness' Address _____			
<i>City</i>	<i>State</i>	<i>Zip Code</i>	
Witness' Phone Number _____			
Is witness a <input type="checkbox"/> student, <input type="checkbox"/> school employee, or <input type="checkbox"/> other? If other, specify _____			
School (if a student): _____ Grade _____ Homeroom/Classroom _____			
Witness' relationship, if any, to the complainant: _____			
Witness' relationship, if any, to the accused: _____			

On the date(s) of _____, a student has claimed to be the target of harassment or discrimination on the basis of _____. Did you observe or are you aware of such an incident? Yes No

If yes, describe the incident(s) that you witnessed as clearly as possible, including such information as the following:

- What verbal statements, if any, were made (i.e. slurs, threats, demands, other verbal or physical abuse or prohibited requests)?
- What physical contact, if any, was involved?
- What force, if any, was used?
- Did other actions occur? If so, please describe.

(Use additional sheets if necessary.) _____

LIST ANY OTHER WITNESSES TO THESE EVENTS: _____

- *I understand that School policy prohibits retaliation against witnesses who assist or participate in an investigation.*
- *I agree that all information reported here is accurate and true to the best of my knowledge and, by my signature, agree to its release.*

Signature of Witness _____
Date

Received by _____
Date

Review/Revised:

Notice to Individuals Regarding Title IX Sexual Harassment/Discrimination

This notice shall be provided to applicants for admission and employment, students, parents or legal guardians of students, employees, and all unions or professional organizations holding collective bargaining or professional agreements.

The School’s Title IX Coordinator (TIXC) is _____

_____	_____
Address	City, State, Zip
_____	_____
Email Address	Telephone Number

Any person may report sex discrimination, including sexual harassment (whether or not the person reporting is the person alleged to be the victim of conduct that could constitute sex discrimination or sexual harassment), in person, by mail, by telephone, or by electronic mail, using the contact information listed for the TIXC, or by any other means that results in the TIXC receiving the person’s verbal or written report. Such a report may be made at any time (including during non-business hours) by using the telephone number or electronic mail address, or by mail to the office address, listed for the TIXC.

The School must prominently display the contact information required to be listed for the TIXC and Policies 03.113, 03.212 Equal Employment Opportunity, 09.13 Equal Educational Opportunity, 03.1621, 03.2621, 09.428111 Title IX Sexual Harassment and 09.428111 AP.11 Title IX Grievance Procedures on its website, if any, and in each handbook or catalog that it makes available to persons entitled to a notification listed above.

The School must ensure that the TIXC(s), Investigators, Decision Makers, and any person who facilitates an informal resolution process, receive training on the regulatory definition of sexual harassment; the scope of the School’s educational program or activities; how to conduct an investigation; the grievance process (including informal resolutions and appeals); and impartial service, conflict of interest, and bias standards.

The School must make these training materials publicly available on its website, or if the School does not maintain a website the School must make these materials available upon request for inspection by members of the public.

REFERENCES:

Title IX of the Education Amendments of 1972 (20 USC § 1681, et seq.); 34 C.F.R. Part 106

RELATED POLICIES:

03.113; 03.1621; 09.313; 09.428111

RELATED PROCEDURES:

03.1621 (all procedures)
09.428111 (all procedures)

Review/Revised:

Title IX Sexual Harassment Grievance Procedures

**THIS PROCEDURE APPLIES TO “TITLE IX SEXUAL HARASSMENT”
UNDER POLICIES 03.1621, AND 09.428111.**

REPORTING

1. School employees who have reason to believe that a student has been subjected to Title IX Sexual Harassment are required to promptly make a report to the Title IX Coordinator (TIXC).
2. Students, parents/legal guardians or other individuals who believe a student has been sexually harassed may make a report to the TIXC.
3. If the individual making the report is the alleged victim (“Complainant” as defined in the Title IX Sexual Harassment regulation), or if the Complainant is identified by the individual making the report, the TIXC will meet with the Complainant to discuss supportive measures that may be appropriate in the particular circumstances and explain the process for filing a formal complaint.
4. The School cannot provide an informal resolution process for resolving a report unless a formal complaint is filed.
5. The Principal/designee shall be informed of all reports and formal complaints of sexual harassment.

FORMAL COMPLAINT

1. A Complainant and/or their parent/legal guardian may file a formal written complaint requesting investigation of alleged Title IX Sexual Harassment. The written complaint must include basic information concerning the allegation of sexual harassment (i.e., date, time, location, individual(s) who allegedly engaged in sexual harassment, description of allegation).

Students who need assistance in preparing a formal written complaint, may consult with the TIXC.

2. In accordance with the Title IX regulations, the TIXC must dismiss a formal complaint under this Title IX procedure if:
 - a) the conduct alleged in the formal complaint does not constitute sexual harassment as defined under the Title IX regulations and the Title IX Sexual Harassment policy; or
 - b) the conduct alleged did not occur within the scope of the School’s education programs and activities, or
 - c) did not occur in the United States.
3. In accordance with the Title IX regulations, the TIXC may dismiss a formal complaint if:
 - a) a Complainant withdraws the formal complaint, or withdraws particular allegations within the complaint;
 - b) the Respondent is no longer employed by or enrolled in the School; or

Title IX Sexual Harassment Grievance Procedures**FORMAL COMPLAINT (CONTINUED)**

- c) there are specific circumstances that prevent the School from gathering evidence sufficient to reach a determination regarding the formal complaint. However, if the conduct potentially violates other policies or laws, it may be addressed through other applicable OSTE policy/procedure.
4. If a formal complaint is dismissed under this Title IX procedure, the TIXC will promptly and simultaneously send written notices to the parties explaining the reasons. The parties have the opportunity to appeal dismissals as outlined below.
5. In certain circumstances, the TIXC may file a formal complaint even when the alleged victim chooses not to. Examples could include instances where the Respondent (person alleged to have engaged in sexual harassment) has been found responsible for previous sexual harassment; a safety threat within the School, or other alleged serious violations where pursuit of a complaint is warranted.
6. If the conduct alleged in a formal complaint potentially violates other laws or policies, the School may address the conduct under another applicable OSTE policy/procedure.

EMERGENCY REMOVAL/SUSPENSION

The Principal may direct the removal of a student from education programs and activities on an emergency basis during the complaint procedure:

1. If there is a determination, following an individualized safety and risk analysis which may be performed as provided in Policy 09.429 (Threat Assessment), that there is an immediate threat to the physical health or safety of an individual arising from the allegations of sexual harassment. Examples of such circumstances might include, but are not limited to, a continued threat of violence against a Complainant by a Respondent, or a Respondent's threat of self-harm due to the allegations.¹
2. The Respondent and parent/legal guardian will be provided notice of the emergency removal, and will be provided an opportunity to challenge the decision either before or following the removal (this is an opportunity to be heard, not a hearing) utilizing the procedure applicable to student suspensions per Policy 09.434 Suspension.
3. Any such decision shall be made in compliance with any applicable disability laws, including the Individuals with Disabilities Education Act, Section 504 of the Rehabilitation Act and the Americans with Disabilities Act.

Title IX Sexual Harassment Grievance Procedures**EMPLOYEE SUSPENSION WITH PAY**

An employee may be suspended with pay during the complaint procedure as provided in OCTE policies.²

NOTICE TO PARTIES FOLLOWING A FORMAL COMPLAINT

1. The TIXC will provide to the parties written notice of the formal complaint and allegations of sexual harassment potentially constituting Title IX Sexual Harassment. The notice shall include:
 - Notice regarding the complaint procedure and the availability of an informal resolution process;
 - Sufficient details known at the time (including identities of parties, if known; the conduct alleged; and the date and location of the alleged incident[s], if known), allowing sufficient time to prepare before any initial interview (not less than ten [10] calendar days);
 - A statement that the Respondent is presumed not responsible for the alleged conduct and that a determination of responsibility will be made at the conclusion of the grievance process;
 - The parties may inspect and review evidence directly related to the allegations of Title IX Sexual Harassment;
 - Notice that the parties may each have an advisor of their choice (who may be an attorney);
 - Notice that knowingly making false statements or submitting false information in bad faith during the complaint process is prohibited and may result in disciplinary action;
 - Notice of the name of the investigator, with sufficient time (no less than three [3] calendar days) to raise concerns of conflict of interest or bias.
2. If additional allegations become known at a later time, notice of the additional allegations will be provided to the parties.
3. The TIXC will discuss supportive measures with each party and oversee implementation of such measures as appropriate.

INFORMAL RESOLUTION PROCESS

After a formal complaint has been filed, and if the TIXC believes the circumstances are appropriate, the TIXC may offer the parties the opportunity to participate in an informal resolution process to resolve the complaint without completing the investigation and determination process. Informal resolutions cannot be used to resolve a formal complaint where a student is the Complainant and the Respondent is an employee.

Title IX Sexual Harassment Grievance Procedures**INFORMAL RESOLUTION PROCESS (CONTINUED)**

Informal resolutions can take many forms, depending on the particular case. Examples include, but are not limited to, facilitated discussions between the parties; restorative justice; acknowledgment of responsibility by a Respondent; apologies; disciplinary actions against a Respondent or a requirement to engage in specific services; or supportive measures. Both parties must voluntarily agree in writing to participate in an informal resolution process, and either party can withdraw from the process at any time. The Principal/designee must agree to the terms of any informal resolution reached between the parties. If an informal resolution agreement is reached, it must be signed by both parties and the School. Any such signed agreement is final and binding according to its terms.

If an informal resolution process does not resolve the formal complaint, nothing from the informal resolution process may be considered as evidence in the subsequent investigation or determination. The parties will be advised that engagement in the informal resolution process is grounds for extension of the investigation timeline.

INVESTIGATION

1. The complaint will be investigated by a trained internal or external individual designated by the Principal, who should consult with Office of Career and Technical Education (OCTE) legal counsel concerning the handling and investigation of the complaint.
2. The Investigator may consult with the TIXC as agreed during the investigation process.
3. If the complaint is against an employee of the School, rights conferred under an applicable collective bargaining agreement shall be applied, to the extent they do not conflict with the Title IX regulatory requirements.
4. The Investigator will:
 - a. Meet with each party after they have received appropriate notice of any meeting and its purpose, with sufficient time to prepare.
 - b. Allow parties to have their advisor at all meetings related to the complaint, although advisors may not speak on behalf of a party or interfere with the process.
 - c. Allow parties a reasonable opportunity to identify witnesses and submit favorable and unfavorable evidence.
 - d. Interview witnesses and conduct such other activities that will assist in ascertaining facts (site visits, review of documents, etc.).
 - e. Consider evidence that is relevant and directly related to the allegations in the formal complaint.
 - f. During the course of the investigation, provide both parties with an equal opportunity to inspect and review any evidence that is obtained in the investigation that is directly related to the allegations in the formal complaint (including evidence which the School does not intend to rely upon in reaching a determination of responsibility), and favorable and unfavorable evidence.

Title IX Sexual Harassment Grievance Procedures**INVESTIGATION (CONTINUED)**

- g. Prior to completion of the investigation report, provide each party and advisor (if any) the evidence subject to inspection and review, and provide the parties with ten (10) calendar days to submit a written response. Access to such evidence may be provided via file sharing software that does not permit copying or downloading. The Investigator shall advise the parties that evidence is not to be publicly disseminated.
 - h. Consider the parties' written responses to the evidence prior to completing the investigation report.
 - i. Create an investigative report that fairly summarizes relevant evidence including the Investigator's recommendation on whether or not the evidence supports a finding that the Respondent engaged in conduct constituting Title IX Sexual Harassment. The Investigator shall send the report to the parties and advisors (if any) for their review and written responses which must be filed with the Investigator within ten (10) calendar days of their receipt of the report.
 - j. After receipt of the parties' written responses (if any), forward the investigation report and party responses to the assigned Decision Maker. The Decision Maker shall immediately inform the parties of the date of his or her receipt of the report and of the deadline for submission of questions as provided below.
 - k. The Investigator's report shall be non-binding on the Decision Maker.
5. The investigation shall be concluded within forty (40) calendar days from the date of the TIXC Notice to the Parties Following a Formal Complaint as referenced above, but reasonable extension of time for good cause shall be allowed.

DETERMINATION OF RESPONSIBILITY

The Principal shall assign a trained Decision Maker to arrive at a determination of responsibility. The Decision Maker cannot be the Investigator, Informal Resolution Facilitator, or the TIXC.

1. The Decision Maker shall have authority to preside over the pre-decision process in a manner that allows the Complainant and Respondent an equal opportunity to participate, including setting reasonable equally applicable limits on the number of questions and excluding questions on relevancy grounds or that seek privileged or confidential medical treatment information. The Decision Maker shall provide the parties with the opportunity to submit written, relevant questions that the party wants asked of another party or witness within five (5) calendar days of when the Decision Maker received the investigation report and party responses.

The Decision Maker shall provide a written explanation to a party proposing questions if the Decision Maker excludes a question on grounds that it is not relevant.

Title IX Sexual Harassment Grievance Procedures**DETERMINATION OF RESPONSIBILITY (CONTINUED)**

2. Each party shall be provided the opportunity to review the responses of another party and/or witness, and to ask limited written follow-up questions within five (5) calendar days of receiving the answers.
3. Each party will receive a copy of the responses to any follow-up questions.
4. The Decision Maker shall review the investigation report, the parties' responses and other relevant materials, applying the preponderance of the evidence standard ("more likely than not").
5. The Decision Maker shall issue a written determination, which shall include the following:
 - a) Identification of all the allegations potentially constituting Title IX Sexual Harassment;
 - b) A description of the procedural steps taken from receipt of the formal complaint through the determination;
 - c) A determination regarding responsibility as to each allegation and findings of fact supporting the determinations;
 - d) A statement of, and rationale for, the result as to each allegation, including a determination regarding responsibility, any disciplinary sanctions to be imposed on the Respondent, and whether remedies designed to restore or preserve equal access to the School's programs and activities will be provided to the Complainant. In order to preserve confidentiality, remedies provided to the Complainant are not to be described in the determination report;
 - e) If applicable, a statement that disciplinary sanctions may require additional hearings or proceedings under separate law and OCTE policy: e.g. student expulsion; classified or certified employee public reprimand, suspension without pay, termination; or student alternative education program placement proceedings;
 - f) The School's appeal procedure and permissible bases for the parties to appeal the determination.
6. The written determination shall be provided to the parties simultaneously. The determination concerning responsibility becomes final either on the date that the School provides the parties with the written determination of the results of the appeal, if an appeal is filed, or if an appeal is not filed, the date on which the appeal would no longer be considered timely.
7. The implementation of measures or sanctions shall be made subject to and in compliance with applicable disability laws included the Individuals with Disabilities Education Act, Section 504 of the Rehabilitation Act and the Americans with Disabilities Act.
8. The determination shall be issued with thirty (30) calendar days of the Decision Maker's receipt of the Investigator's report and recommendation, but reasonable extension of time for good cause shall be allowed.

Title IX Sexual Harassment Grievance Procedures

REMEDIES, DISCIPLINE AND OTHER ACTIONS

Range of Remedies to Allow Equal Access to Complainant

1. Remedies are measures used to ensure that the Complainant has equal access to the School's education programs and activities following the Decision Maker's determination. Such remedies may include supportive measures, and may include other appropriate measures, depending upon the determination and the needs of the Complainant. The TIXC is responsible for implementing remedies and providing needed assistance to the Complainant.

2. Range of Disciplinary Sanctions (Students)

The following is a non-exhaustive range of disciplinary sanctions that may be imposed when there is a determination that students are responsible for one or more violations involving sexual harassment: In or out of school suspension; expulsion; assignment to alternative education programs; requirement to engage in education or counseling program; disqualification or modification of privileges to participate in sports or extracurricular programs; unilateral no-contact orders, school assignment alteration, or schedule changes; prohibitions or limitations on presence on school property or at school-related events; and other disciplinary sanctions and interventions set forth in the Code of Acceptable Behavior and Discipline.

3. Range of Disciplinary Sanctions (Employees)

The following is a non-exhaustive range of disciplinary sanctions that may be imposed when there is a determination that employees are responsible for one or more violations involving sexual harassment: Requirement to engage in education or counseling program; unilateral no-contact orders, school assignment alteration; prohibitions or limitations on presence on school property or at school-related events; private reprimand; public reprimand; suspension without pay; termination.

APPEALS

The Principal may serve as the Appellate Decision Maker and shall assign or arrange for the services of a trained Appellate Decision Maker if s/he does not serve in that role. The Appellate Decision Maker cannot be the Initial Decision Maker, Informal Resolution Facilitator, Investigator, or TIXC.

The Appellate Decision Maker shall have authority to preside over the appeal process in a manner that allows Complainant and Respondent an equal opportunity to participate, including setting reasonable page limits, enforcing timelines, and limiting review on the record to allowable grounds.

The parties (Complainant and Respondent) have the opportunity to appeal a responsibility determination and dismissals of formal complaints. Appeals will be considered only on the following grounds:

1. A procedural irregularity that affected the outcome;
2. New evidence that was not reasonably available as of the date of the determination regarding responsibility or dismissal of the formal complaint, that could affect the outcome; or

Title IX Sexual Harassment Grievance Procedures**APPEALS (CONTINUED)**

3. The TIXC, Investigator, or Decision Maker had a conflict of interest or bias for or against Complainants or Respondents generally, or the individual Complainant or Respondent that affected the outcome.

APPEAL STEPS

1. An appeal must be filed in writing within five (5) calendar days of the receipt of the determination decision. Appeals after that deadline will not be considered. The written appeal must state the grounds and arguments for reversal or modification of the determination.
2. Appeals must be filed with the Principal, who will submit the appeal to the Appellate Decision Maker or engage in further appellate steps if the Principal is the Appellate Decision Maker. Parties initiating an appeal or seeking reversal or modification of a responsibility determination must explain the impact of any asserted error on the outcome and, in the case of new evidence, are to explain why such evidence was not available, summarize the evidence and explain how the party contends such evidence would have affected the outcome.
3. The Appellate Decision Maker shall notify the other party in writing of the appeal and include copies of the document setting forth the grounds and arguments in support of the appeal. The other party shall have the option to file with the Appellate Decision Maker written arguments in response to the opposing party's appeal within five (5) calendar days of receipt of the appeal document. An untimely response will not be considered.
4. The Appellate Decision Maker shall conduct an impartial review of the appeal including consideration of arguments of the parties and the written record and may consult with School legal counsel in the decision-making process.
5. The Appellate Decision Maker shall issue a written decision describing the result of the appeal and rationale for the result and provide notice of the written decision simultaneously to the parties. The Decision may: affirm the determination, reverse the determination, or modify the determination in whole or in part.
6. The Title IX grievance determination of responsibility is final when there is no timely appeal or on the date when the Appellate Decision Maker sends his or her decision to the parties. A determination that conduct is not Title IX Sexual Harassment does not prevent the imposition of sanctions consistent with other law or policy where the conduct is determined to be in violation of such other law or policy.

RECORDS

Records in connection with sexual harassment reports and the complaint process shall be maintained for a minimum of seven (7) years.

Title IX Sexual Harassment Grievance Procedures

REFERENCES:

¹KRS 158.4410; KRS 158.150; KRS 158.153

704 KAR 19:002

Individuals with Disabilities Education Act

Section 504 of the Rehabilitation Act

The Americans with Disabilities Act

RELATED POLICIES:

²03.173

09.434

RELATED PROCEDURES:

03.1621 AP.2; 09.428111 (all procedures)

Review/Revised:

Title IX Sexual Harassment Reporting Form

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

INFORMATION CONCERNING SEXUAL HARASSMENT

DATE: _____ **TIME:** _____ AM PM **LOCATION:** _____

INDIVIDUAL(S) WHO ALLEGEDLY ENGAGED IN TITLE IX SEXUAL HARASSMENT:

DESCRIPTION OF ALLEGATION: _____

NAME OF PERSON FILLING OUT THIS FORM (PLEASE PRINT): _____

SIGNATURE: _____

DATE: _____

Review/Revised:

Juvenile Court Records

RECEIPT BY PRINCIPAL

When the Principal receives juvenile court records or other information as permitted by KRS 610.345, s/he shall ascertain that the student named in the confidential record is currently enrolled in his/her school.

The Principal receiving this information shall retain the information in a locked file. Records or information disclosed to the Principal pursuant to this procedure shall not be disclosed to any other person, including school personnel, except the following:

1. School administrative, transportation, and counseling personnel,
2. Any teacher to whose class the student has been assigned,
3. Any school employee with whom the student may come in contact, or
4. Others as may be permitted by law.

The Principal is required by law to release the information to employees of the school having responsibility for classroom instruction or counseling of the child.

Those persons receiving this confidential information shall sign a confidentiality statement (09.43 AP.22).

STUDENTS NOT ENROLLED IN THE SCHOOL

If the juvenile is not currently enrolled in the school, the Principal shall return the records to the court and notify the clerk that the child is not enrolled.

In addition, the Principal shall return the records to the court and notify the clerk if the juvenile is changing school assignment within the District, transferring to a school in another district, graduating, or withdrawing from school.

RELATED PROCEDURES:

09.14 AP section
09.43 AP.22

Review/Revised:

Teacher Report of Student Conduct

Date: _____

To: _____

Principal's Name

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 _____	Sex _____	Student's Phone Number _____
School _____	Grade _____	Teacher/Classroom _____	

STATEMENT OF MISCONDUCT: The student named above has violated the following rule or standard of conduct and has demonstrated the behavior described below which constitutes cause for discipline including, but not limited to, assignment to an alternative classroom setting.

Incident reported by: _____ on _____ at approximately ____ AM PM

Incident investigated by: _____ on _____ at approximately ____ AM PM

Signature of Teacher *Date*

DISCIPLINARY ACTION TAKEN:

The above disciplinary action shall begin on _____

The above disciplinary action shall end on _____

Signature of Principal/Designee *Date*

Review/Revised:

Juvenile Court Records Confidentiality Statement

THIS FORM SHALL BE SIGNED ANNUALLY BY ALL SCHOOL PERSONNEL WITH WHOM JUVENILE COURT INFORMATION MAY BE SHARED.

I understand that all information related to me by the Principal or received from any other source concerning any juvenile court proceeding or records is to be held in strictest confidence and that the law prohibits me from passing such information along to any other individual.

I also understand that the law prohibits me from punishing a student in any way based upon information concerning the student’s juvenile court proceedings or records, whether received from the Principal or from any other source, inside or outside the school.

I further understand that the law prohibits me from obtaining or attempting to obtain information contained in juvenile court records in this state, unless I obtain a court order to do so.

_____ *District Employee’s Signature* _____ *Date*

Employee is Principal Teacher Counselor Other (specify) _____.

RELATED PROCEDURE:

09.12 AP.1

Review/Revised:

Notice of Suspension

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 _____	Sex _____	Student's Phone Number _____
School _____	Grade _____	Homeroom/Classroom _____	

To: _____
Name of Parent/Guardian *Date*

STATEMENT OF REASONS FOR SUSPENSION: The student named above has violated the following rule or standard of conduct and has demonstrated the behavior described below which constitutes cause for suspension. _____

Incident reported by: _____ on _____ at approximately ____ AM PM

Incident investigated by: _____ on _____ at approximately ____ AM PM

This student has a disability under Section 504 IDEA (Individuals with Disabilities Act).

School officials have determined that this offense does does not warrant a recommendation for expulsion.

SUSPENSION SHALL BE ASSIGNED AS FOLLOWS:

The suspension shall start on _____ AM PM

The suspension shall end on _____ AM PM

NOTE: If the day of suspension is not an actual school day (snow, ice, etc.), the day of suspension automatically extends to the next day school is in session.

Signature of Principal/Designee *Date*

DUE PROCESS

Due process was afforded as evidenced by <input type="checkbox"/> oral <input type="checkbox"/> written notice of the charges. If the student denied the charges, s/he was given the opportunity to present his/her version and these comments <input type="checkbox"/> are <input type="checkbox"/> are not on file. The parent should call to schedule a conference that is a prerequisite to readmission.
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Review/Revised:

10**Community Relations**

10.5 AP.1

Visitors to the School

10.5 AP.21

Registrant Offender Request

10.5 AP.22

Request for Activity/Program Accommodation

10.5 AP.24

Website Accessibility Complaint and Grievance Form

Visitors to the Schools

REPORT TO FRONT OFFICE

All visitors to the School are to report to the front office of the building, provide valid identification, and state the purpose of the visit. The School shall provide a visitor's badge to be visibly displayed on a visitor's outer garment.

CLASSROOM VISITATION

Requests for classroom observation by parents, educators, or other local citizens with legitimate educational interests pertaining to the School's public school program shall be made to the Principal with reasonable notification. The Principal may grant the request if:

1. The teacher involved is notified in advance of the arrangement.
2. The number in the group is small enough to be accommodated in the classroom without interfering with the class.
3. The frequency of the visits does not interfere with the scheduled instructional program in the classroom.

LUNCH WITH FAMILY MEMBER

Parents, guardians, grandparents, or other immediate family members as approved by the Principal/designee may request to have lunch with their child/grandchild. Otherwise, except for authorized School personnel, each school shall observe a closed campus at lunch.

SPECIAL INVITATION

A special invitation for parents and other interested persons to visit the School may be extended during appropriate school programs or activities and special occasions.

OBSERVATION BY OUTSIDE AGENCIES

These procedures are established for the purposes of observation only.

NOTE: Unless an outside provider has been sought out and contracted for a needed service by the School, no private therapy or service shall be provided to a student during the school day, within the School.

The following information/documentation is required by the School before a private, outside therapist/service provider can observe its private client within the School. Information must be sent to the Director of Special Education (special education students) or to the Director of Health and Family Resource Youth Service Center (FRYSC) Services (regular education students):

- Background check clearance on file with the School;
- Individual liability insurance certificate or worker's compensation insurance certificate;
- A copy of credentials in the form of certification/license for the purpose of the observation; and

Visitors to the Schools**OBSERVATION BY OUTSIDE AGENCIES (CONTINUED)**

- A signed release (form can be requested from the School) by the parent/guardian noting that the therapist/outside service provider has been given permission to observe their child during the school day.

Once this information is received, the therapist/service provider may be allowed to come and observe the identified student as follows:

- At a time/day designated and assigned by the Principal/designee (to cause as little disruption to the class or school/learning environment as possible);
- The therapist is to observe only during these designated times, in an education setting (or activity such as lunch or social gathering) and only if confidentiality of other students/parents and disruption of the educational process in these settings can be adequately addressed by the Principal/designee;
- At any time the School needs to cancel an appointment or not allow an outside agency/therapist/service provider to return to the school setting, the outside agency will be notified; and
- The outside service providers MUST provide a photo I.D. as well as sign in and out at the School office any time they are on School property during a school day.

Review/Revised:

Registrant Offender Request

- This form shall be used to document the Principal’s response to a registrant offender request to come onto school grounds.
- If a registrant’s child becomes ill or injured during the school day, the registrant shall arrange to pick up the child with the Principal prior to coming to the school. For all other situations, requests shall be made to the Principal prior to the date of an authorized visit.
- Requests will be considered only from registrants who are the parent/legal guardian of a student or the person designated by the parent/legal guardian to have access to the student.
- Individuals whose request is granted shall keep a copy of this completed form with them each time they come onto school grounds.

TO BE COMPLETED BY REGISTRANT

<i>Full Name (first, middle, last)</i>	<i>Phone Number</i>
<i>Address</i>	<i>eMail Address</i>
<i>Date of Request</i>	<i>Requested Visit Date</i>

Reason for request (check at least one):

- Confer with school staff concerning my child’s academic, disciplinary or placement, including matters required by federal or state law
- Attend a school activity in which my child is participating
- Vote in a designated polling place on school grounds

PRINCIPAL’S RESPONSE
<input type="checkbox"/> Registrant is required to provide additional information as follows:
<input type="checkbox"/> Registrant must follow check-in and check-out requirements as follows:
<input type="checkbox"/> Registrant must be directly supervised while on school grounds by the following individual(s) designated by the Principal:
<input type="checkbox"/> Registrant is restricted to the following designated location(s) on schools grounds:
<input type="checkbox"/> Registrant may only be on school grounds during the following time period:
<input type="checkbox"/> Request by registrant to be on school grounds is denied.

<i>Principal’s Signature</i>	<i>Date</i>
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The completed form shall be kept on file at school. A copy of this completed form shall be provided to the Associate Commissioner of Career and Technical Education/designee and to the registrant.

Review/Revised:

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 School’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 Principal/designee. The complainant shall be contacted no later than five (5) working days following the date the School 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 Principal.
- 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 School 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.

Review/Revised: