LEGAL: HB 48 AMENDS KRS 161.031 REQUIRING A REPORT FROM EPSB IDENTIFYING SCHOOL DISTRICTS THAT DO NOT IMPLEMENT AN INDUCTION PROGRAM FOR NEW TEACHERS.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

PERSONNEL 03.19 AP.1

- CERTIFIED PERSONNEL -

Professional Development

DEFINITIONS

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

1. Aligns with Kentucky Academic Standards in 704 KAR Chapter 8, educator effectiveness standards, individual professional growth goals, and school, district, and state goals for student achievement;
2. Focuses on content and pedagogy, as specified in certification requirements, and other related job-specific performance standards and expectations;
3. Occurs among educators who share responsibility for student growth;
4. Is facilitated by school and district leaders, including curriculum specialists, principals, instructional coaches, competent and qualified third-party facilitators, mentors, teachers or teacher leaders;
5. Focuses on individual improvement, school improvement, and plan implementation; and
6. Is on-going.

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

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

PROFESSIONAL DEVELOPMENT PROGRAM

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

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

Professional Development

PROFESSIONAL DEVELOPMENT PROGRAM (CONTINUED)

5. A process for evaluating impact on student learning and improving professional learning, using evaluation results.

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

CERTIFIED STAFF RESPONSIBILITIES

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

NEW TEACHER ORIENTATION

Prior to the opening of school all teachers new to the District shall be required to attend a two (2) day orientation session to acquaint new personnel with Board policies, administrative procedures, Central Office staff, and the Principal(s) to whom they are assigned. In addition to the two (2) day session, all teachers new to the District will be required to attend ten (10) additional hours of professional development during the year-long New Teacher Cadre' as part of their contracts with the District. The Superintendent/designee will be responsible for the program and all arrangements.

The Education Professional Standards Board (EPSB) shall provide a report to the Legislative Research Commission that includes identification of districts that have not implemented an induction program for teachers in their first year of teaching that is aligned with the standards and guidance for districts developed by the EPSB.

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REQUIREMENT MUST BE FULFILLED

Professional development is ongoing. However the twenty-four (24) hours required by statute must be fulfilled by the end of each school year. If it is not, repayment for the appropriate hours will be deducted from the individual's paycheck.

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

RELATED PROCEDURES:

03.125 AP.21

EXPLANATION: HB 48 AMENDS KRS 156.095 REQUIRING DISTRICTS TO IMPLEMENT A FOUR (4) YEAR RECURRING PROFESSIONAL DEVELOPMENT TRAINING SCHEDULE THAT INCLUDES ALL REQUIRED PROFESSIONAL DEVELOPMENT TRAININGS, AND THAT ALL CERTIFIED SCHOOL EMPLOYEES COMPLETE DESIGNATED TRAININGS WITHIN TWELVE (12) MONTHS OF INITIAL HIRE AND AT LEAST ONCE EVERY FOUR (4) YEARS THEREAFTER. SOME PROFESSIONAL DEVELOPMENT REQUIREMENTS ARE BEING RELOCATED INTO OTHER POLICY AREAS.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

PERSONNEL

District Training Requirements

SCHOOL YEAR: _____

This form may be used to track completion of local and state employee training requirements that apply across the District and maintain a record for the information of the Superintendent and Board.

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED			DATE COMPLETED
			CERTIFIED	ALL	DESIGNATED	
District planning committee members.		01.111			✓	
Board member training hours.	KRS 160.180; 702 KAR 1:115; 701 KAR 8:020	01.83			✓	
Superintendent training program to be completed within two (2) years of taking office.	KRS 160.350	02.12			✓	
Certified Evaluation Training.	KRS 156.557; 704 KAR 3:370	02.14/03.18	✓		✓	
Supervisors shall receive appropriate training to equip them to meet the standards of Personnel Management.		02.3			✓	
All School Resource Officers (SROs) shall successfully complete forty (40) hours of annual in service training that has been certified or recognized by the Kentucky Law Enforcement Council for SROs.	KRS 158.4414	02.31			✓	
Council member training hours.	KRS 160.345	02.431			✓	
Employees authorized to use Criminal History Record Information (CHRI) will complete Security Awareness Training via Criminal Justice Information Services (CJIS)	KRS 160.380	03.11 AP.2521			✓	
Initial/follow-up training for coaches of interscholastic athletic activities or sports.	KRS 160.445; KRS 161.166; KRS 161.185; 702 KAR 7:065	03.1161 03.2141 09.311			✓	
Asbestos Containing Building Material (ACBM), Lockout/Tagout and personal protective equipment (PPE) training for designated employees.	40 C.F.R. Part 763 401 KAR 58:010 803 KAR 2:308 OSHA 29 C.F.R. 1910.132 29 C.F.R. 1910.147 29 C.F.R. 1910.1200	03.14/03.24			✓	
Bloodborne pathogens.	OSHA 29 C.F.R. 1910.1030	03.14/03.24		✓		
Behaviors prohibited/required reporting of harassment/discrimination.	34 C.F.R. 106.1-106.71, U.S. Department of Education Office for Civil Rights Guidance	03.162/03.262		✓		

District Training Requirements

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED			DATE COMPLETED
			CERTIFIED	ALL	DESIGNATED	
Title IX Sexual Harassment	34 C.F.R. § 106.45	03.1621/03.2621/09.428111		✓		
Teacher professional development/learning.	KRS 156.095	03.19	✓			
Active Shooter Situation training ~~each year by November 1.~~	KRS 156.095	03.19~~/03.29~~	✓		✓	
Student suicide prevention training for certified employees.	KRS 156.095	03.19	✓			
Self-study review of seizure disorder materials.	KRS 156.095	03.19	✓		✓	
Child abuse and neglect prevention, recognition, and reporting.	KRS 156.095	03.19	✓		✓	
Instructional leader training.	KRS 156.101	03.1912			✓	
The Superintendent may~~shall~~ develop and implement a program for continuing training for selected classified personnel.		03.29			✓	
Training of the instructional teachers' aide with the certified employee to whom s/he is assigned.	KRS 161.044	03.5			✓	
Orientation materials for volunteers.	KRS 161.048	03.6			✓	
Integrated Pest Management (7a) Certification.	302 KAR 29:060	05.11			✓	
Training for designated personnel on use and management of equipment.		05.4			✓	
Automated external defibrillators (AEDs), training on use of such.	KRS 158.162 KRS 311.667	03.1161/03.2241 05.4/09.311/09.224			✓	
School Safety Coordinator (SSC) training program developed by the Kentucky Center for School Safety (KCSS) School Principal training on procedures for completion of the required school security risk assessment.	KRS 158.4412	05.4			✓	
Fire drill procedure system.	KRS 158.162	05.41		✓		
Lockdown drill procedure system.	KRS 158.162 KRS 158.164	05.411		✓		
Severe Weather/Tornado drill procedure system.	KRS 158.162 KRS 158.163	05.42		✓		
Earthquake drill procedure system.	KRS 158.162 KRS 158.163	05.47		✓		
First Aid and Cardiopulmonary Resuscitation (CPR) Training.	702 KAR 5:080	06.221			✓	
Annual in-service school bus driver training.	702 KAR 5:030	06.23			✓	
Designated training for School Nutrition Program Directors and food service personnel.	KRS 158.852 7 C.F.R. §210.31	07.1 07.16			✓	

District Training Requirements

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED			DATE COMPLETED
			CERTIFIED	ALL	DESIGNATED	
Teachers of gifted/talented students required training on identifying and working with gifted/talented students. All other personnel working with gifted students shall be prepared through appropriate professional development to address the individual needs, interests, and abilities of the students.	704 KAR 3:285	08.132	✓		✓	
KDE to provide training to address the characteristics and instructional needs of students at risk of school failure and most likely to drop out of school.	KRS 156.095	08.141	✓		✓	
Student training on appropriate online behavior on social networking sites and cyberbullying awareness and response.	47 U.S.C. 254/Children's Internet Protection Act; 47 C.F.R. 54.520	08.2323			✓	
Confidentiality of student record information.	34 C.F.R. 300.623	09.14		✓		
Student suicide prevention training: Provide two (2) suicide prevention awareness lessons each school year. ~~Staff training for student suicide prevention training: Minimum of one (1) hour each school year. [Employees with job duties requiring direct contact with students in grades four (4) through twelve (12).]~~	KRS 156.095; KRS 158.070	09.22			✓	
Anonymous reporting tool: Develop and provide a comprehensive training and awareness program on the use of the chosen anonymous reporting tool for students, parents, and community members.	KRS 158.4451	09.22		✓		
~~At least one (1) hour of self-study review of seizure disorder materials required for all principals, guidance counselors, and teachers by July 1, 2019, and for all principals, guidance counselors, and teachers hired after July 1, 2019.~~	~~KRS 158.070~~	~~09.22~~			~~✓~~	
Training for school personnel authorized to give medication.	KRS 158.838 KRS 156.502 702 KAR 1:160	09.22 09.224 09.2241			✓	
Training on employee reports of criminal activity.	KRS 158.148; KRS 158.155; KRS 158.156; KRS 620.030	09.2211		✓		

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District Training Requirements

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED			DATE COMPLETED
			CERTIFIED	ALL	DESIGNATED	
Personnel training on restraint and seclusion and positive behavioral supports.	704 KAR 7:160	09.2212		✓	✓	
~~Personnel training child abuse and neglect prevention, recognition, and reporting.~~	~~KRS 156.095~~	~~09.227~~	~~✓~~		~~✓~~	
Age appropriate training for students during the first month of school on behaviors prohibited/required reporting of harassment/discrimination.	34 C.F.R. 106.1-106.71, U.S. Department of Education Office for Civil Rights Guidance	09.42811			✓	
Training to build capacity of staff and administrators to deliver high-quality services and programming in the District's Alternative Education Program.	704 KAR 19:002	09.4341			✓	
Student discipline code.	KRS 158.148; KRS 158.156; KRS 158.444; KRS 525.070; KRS 525.080	09.438		✓		
Intervention and response training on responding to instances of incivility.		10.21		✓		
Training for Supervisors of Student Teachers.	16 KAR 5:040				✓	
Career Tech – If funds available, High School teachers to receive training regarding embedding reading, math, and science in career tech courses.	KRS 158.818				✓	
Committee for Mathematics Achievement – training for teachers based on available funds.	KRS 158.842		✓			
KDE to provide or facilitate statewide training for teachers and administrators regarding content standards, integrating performance assessments, communication, and higher order thinking.	KRS 158.6453 (SB 1)		✓			
Grants regarding training for state-funded community education directors.	KRS 160.156				✓	
Local Board to develop and implement orientation program for adjunct instructors.	KRS 161.046				✓	
KDE shall provide technical assistance and training for multi-tiered system of supports upon District request.	KRS 158.305				✓	

District Training Requirements

THIS IS NOT AN EXHAUSTIVE LIST – CONSULT OSHA/ADA AND BOARD POLICIES FOR OTHER TRAINING REQUIREMENTS.

For training provided in person, participants should sign in at the end of the meeting to document their attendance. The sign-in sheet shall be maintained in paper or electronic format as required by the Kentucky *Records Retention/Public School District Schedule.*

EXPLANATION: REVISIONS TO 702 KAR 4:090 AMEND THE DISPOSITION PROCESS FOR REAL PROPERTY.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

Disposal of School Property

REAL PROPERTY

The Board shall follow the disposition process for real property as contained in 702 KAR 4:090.

~~School property that is no longer needed for school purposes will be disposed of as follows:~~

~~6. The latest Effective Facility Plan or amendment lists the property as surplus to educational need.~~

~~7. A request is made in writing to the Chief State School Officer to dispose of property.~~

~~8. Official approval is granted.~~

~~9. The property is appraised by qualified appraiser.~~

~~10. The Board now advertises the property for sale and disposes of it as directed by Policy 04.8.~~

~~11. The Board may accept or reject any or all bids.~~

FURNITURE, EQUIPMENT, VEHICLES

Furniture, equipment and vehicles will be disposed of as follows:

1. Designated personnel shall present in writing to the Superintendent a complete description of items no longer needed for school purposes.
2. The Superintendent shall advise the Board that certain furniture, equipment, and vehicles are no longer needed for public school purposes.
3. Once the Board declares the property surplus, the Superintendent/designee shall advertise the property for sale as directed in Policy 04.8.
4. The Board may accept or reject any and all bids.

EXPLANATION: SB 68 REPEALS KRS 158.856 REMOVING THE REPORTING REQUIREMENTS RELATING TO PARTICIPATION IN NUTRITION PROGRAMS AND PHYSICAL ACTIVITY.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

School and Community Nutrition Program

PROGRAM FUNDS

Because the District receives federal, state, and local funds to finance the school and community nutrition program, it is imperative that funds be properly safeguarded, that accurate records be kept, and that reports be made as required. In order to achieve this, the following procedures will be implemented:

1. All funds received as payment for meals (school nutrition program breakfast and/or lunch) and federal and state reimbursements shall be used only for food, labor, equipment, and supplies for the operation/improvement of the school nutrition program.
2. School nutrition program funds may not be used for:
   a. The purchase of land.
   b. The purchase or construction of buildings.
3. All schools shall make the required reports as required by the USDA and the Kentucky Department of Education.
4. A copy of all reports, financial records, and applications for free- and/or reduced-price meals shall be kept through the current fiscal year and the three (3) years that follow or through the completion of any unresolved audit issues, whichever is longer.

   It is recommended by KDE that if the school/District is operating under the Community Eligibility Provision, copies of Household Income Forms (HIF) be kept following the retention schedule above.
5. All meals receiving federal reimbursement are priced as a complete unit.
6. The school nutrition program is operated on a nonprofit basis. Actual cash balances shall be maintained in accordance with state/federal regulation, as appropriate.

~~**FOOD SERVICE/SCHOOL NUTRITION PROGRAM DIRECTOR REPORT**~~

~~Each year, the District/area Food Service/School Nutrition Program Director shall assess the school nutrition program and issue a written report to parents, the Board, and school-based decision making councils by a date specified by the Superintendent/designee. The annual report shall include requirements specified by state and federal regulations.~~

~~**REFERENCES:**~~

~~702 KAR 6:090~~
~~7 C.F.R. 245.6~~

EXPLANATION: REVISIONS TO 704 KAR 3:305 AMEND THE PERFORMANCE-BASED AND STANDARDS-BASED CREDIT REQUIREMENTS.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

Performance-Based Credit

The District mayshall award standards-based, performance-based credits towardfor 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 704 KAR 3:305Kentucky 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, projects,senior year or capstones projects;
- Standards-based online or other technology mediated courses;
- Standards-based dual credit or other equivalency courses; orand
- 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.).

EXPLANATION: SB 19 AMENDS KRS 158.175 REQUIRING LOCAL BOARDS TO ESTABLISH A POLICY AND PROCEDURE STATING THERE SHALL BE A MOMENT OF SILENCE OR REFLECTION AND INCLUDES SPECIFIC GUIDELINES FOR IMPLEMENTATION.
FINANCIAL IMPLICATIONS: COST ASSOCIATED WITH THE REQUIRED NOTIFICATION

Notice of Moment of Silence or Reflection

Dear Parent/Guardian,

A moment of silence or reflection is required in all schools and notification of such is required by KRS 158.175.

The moment of silence or reflection shall occur at the commencement of the first class of each day with the following guidelines included in the statute and Policy 08.1351:

1. The moment of silence or reflection shall be at least one (1) minute but not exceed two (2) minutes in duration;
2. Students are to remain seated and silent and make no distracting display so that each student may, in the exercise of his or her individual choice, meditate, pray, or engage in any other silent activity which does not interfere with, distract from, or impede other students' exercise of individual choice;
3. District personnel shall not provide instruction to any student regarding the nature of any reflection that a student may engage in during the moment of silence or reflection.

Parents are encouraged to review these guidelines and to provide guidance to your student(s) regarding the moment of silence or reflection.

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EXPLANATION: HB 208 AMENDS KRS 156.675 INCLUDING SOCIAL MEDIA IN PROHIBITED MATERIAL TO BE MADE INACCESSIBLE THROUGH SCHOOL TECHNOLOGY. THIS BILL CONTAINS AN EMERGENCY CLAUSE MAKING IT ALREADY IN EFFECT.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

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:

- Violating State and Federal legal requirements addressing student and employee rights to privacy, including unauthorized disclosure, use and dissemination of personal information.
- Sending or displaying offensive messages or pictures, including those that involve:
  - Profanity or obscenity; or
  - Harassing or intimidating communications.
- Damaging computer systems, computer networks, or school/District websites.
- Violating copyright laws, including illegal copying of commercial software and/or other protected material.
- Using another user's password, "hacking" or gaining unauthorized access to computers or computer systems, or attempting to gain such unauthorized access.
- Trespassing in another user's folder, work, or files.
- Intentionally wasting limited resources, including downloading of freeware or shareware programs.
- Using the network for commercial purposes, financial gain or any illegal activity.
- Accessing social media by a student unless authorized to do so by a teacher for an instructional purpose.
- 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~~.

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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

LEGAL: SB 181 PERMITS A PARENT TO SUBMIT WRITTEN CONSENT FOR A DESIGNATED SCHOOL DISTRICT EMPLOYEE OR VOLUNTEER TO COMMUNICATE ELECTRONICALLY WITH A STUDENT OUTSIDE OF THE TRACEABLE COMMUNICATION SYSTEM. EXCLUDES COMMUNICATIONS BETWEEN A PARENT THAT IS A SCHOOL DISTRICT EMPLOYEE OR VOLUNTEER AND HIS OR HER OWN CHILDREN.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

Consent for Outside Traceable Communications

A parent may authorize a designated District employee or volunteer, who is not a family member, to communicate electronically with his or her child outside of the traceable communication system.

A completed form for each designated District employee or volunteer shall be filed in the administrative office of the student's school prior to any outside electronic communication being sent and may be revoked by a parent at any time.

Name of Student: _____

I hereby consent to authorize the following to communicate with my child outside of the traceable communication system.

Name of employee/volunteer: _____

Reason(s) for the communication: _____

_____

_____

Is Parent to be included on all communications? ☐ Yes ☐ No

Expiration Date for this form's consent: _____

My consent does not authorize a District employee or volunteer to engage in inappropriate or sexual electronic communication with my student or be used as a basis of a defense for a District employee or volunteer that engages in inappropriate or sexual electronic communication.

_____

Signature of Parent Date

Any electronic communication with a student outside of the traceable communication system shall comply with all terms of this written consent.

_____

Signature of Employee or Volunteer Date

For administrative office use only:

_____

Received by Date

THIS DOCUMENT CONTAINS INSTRUCTIONS FOR CREATING YOUR DISTRICT PROCEDURE.
EXPLANATION: 704 KAR 3:535 AUTHORIZES AND ESTABLISHES MINIMUM REQUIREMENTS FOR THE OPERATION OF FULL-TIME ENROLLED ONLINE, VIRTUAL, AND REMOTE LEARNING PROGRAMS FOR GRADES KINDERGARTEN THROUGH GRADE TWELVE (K-12).
FINANCIAL IMPLICATIONS: ADDITIONAL SEEK FUNDING FOR ONLINE, VIRTUAL STUDENTS

Online, Virtual, and Remote Learning

Procedures shall include at a minimum:

a. The purpose of the program, including the ways the program supports the District's postsecondary readiness goals for students;

b. Student eligibility criteria;

c. The process for enrolling students in the program, including procedures to ensure voluntary placement;

d. Procedures for transitioning students out of the program;

e. Procedures for the regular, periodic monitoring of the program by the District;

f. Procedures for the development and implementation of student Individual Learning Plans; and

Implementation of an application and on-boarding process to ensure students and families understand the expectations for students in a full-time enrolled online, virtual, and remote learning program and a determination of candidacy.

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EXPLANATION: THE KENTUCKY DEPARTMENT OF EDUCATION MEDICATION ADMINISTRATION TRAINING MANUAL FOR NON-LICENSED SCHOOL PERSONNEL (2025) RECOMMENDS OVER THE COUNTER MEDICATIONS NOT BE ADMINISTERED IN THE SCHOOL SETTING WITHOUT BOTH A MEDICAL PRACTITIONER'S ORDER AND SIGNED PARENTAL CONSENT.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

Draft 5/22/2025

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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. The first dose of any new ~~M~~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 with the student's name on the outside and given to designated school personnel immediately upon arrival~~. The medication should be counted, and the number of pills received should be noted on the Medication Administration Record.

~~2. Prescribed oral medications in pill or tablet form shall be counted and the number recorded on the Medication Administration Record.~~

~~3.~~2. 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.~~3. Any use of opioid antagonist shall comply with KRS 217.186.

~~5.~~4. School personnel who administer medication shall arrange for the child to take the medication at the proper time.

~~6.~~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.

CONTROLLED/SCHEDULED MEDICATIONS

"Controlled/scheduled medications" are medications that are potentially addictive and are regulated under the Controlled/Scheduled Substance Act of 1970. The following are the procedures related to the administration and storage of controlled/scheduled medications:

- Kept under double lock and key
- Kept separate from other medications
- Signed out each time a dose is administered
- Trained staff shall count and record the number of remaining pills on the student's medication record each time a dose is administered.

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Student Medication Guidelines

~~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."~~

~~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~~

~~With prior written parental consent, authorized medical staff who have been trained as required by law, may provide students with medications for minor complaints, as designated by the student's parent/guardian.~~

~~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.

Student Medication Guidelines

DISPOSAL OF UNUSED MEDICATION

~~Notice shall be mailed to the p~~Parent/guardian will be notified by phone 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.
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.

REFERENCES:

KRS 158.834; KRS 158.836; 158.838
KRS 217.86
Kentucky Board of Nursing Advisory Opinion Statement #16 Roles of Nurses in the Administration of Medication Via Various Routes (2023)
Kentucky Department of Education Medication Administration Training Manual for Non-Licensed School Personnel (2025)
Controlled/Scheduled Substance Act of 1970

Student Medication Guidelines

RELATED POLICY:

09.2241

RELATED PROCEDURES:

09.2241 AP.21
09.2241 AP.22

EXPLANATION: THE KENTUCKY DEPARTMENT OF EDUCATION MEDICATION ADMINISTRATION TRAINING MANUAL FOR NON-LICENSED SCHOOL PERSONNEL (2025) RECOMMENDS OVER THE COUNTER MEDICATIONS NOT BE ADMINISTERED IN THE SCHOOL SETTING WITHOUT BOTH A MEDICAL PRACTITIONER'S ORDER AND SIGNED PARENTAL CONSENT.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

Administration of Over-the-Counter Medication Release

Students are required to bring their own personal medication, (in a bottle that is clearly labeled). Please do not send pills wrapped in foil. Medicines will be kept in a locked cabinet.

My child _____, requires that medication be given to him/her during the course of the school day. I hereby give my permission to the staff of the Health Care Unit to administer this medication. I likewise release the staff from any liability related to the administration of this drug to my child so long as the medication is administered according to the following instructions:

Name of Drug:
_____

Dosage:
_____

Intake Schedule:
_____

Additional Instructions:
_____

_____

Allergies:
_____

_____
Signature of Parent/Guardian

_____
Date

_____
Emergency Phone Number Where Parent/Guardian Can Be Reached

Permission Form for Prescribed or Over-the-Counter Medications

TO BE COMPLETED BY SCHOOL PERSONNEL

School: _____ School Year: _____ Date form received: _____

I/we acknowledge receipt of this Physician's Statement and Parent Authorization: _____

Student Name: _____ Student Age: _____ Date of Birth: _____

Grade: _____ Homeroom/Classroom: _____

TO BE COMPLETED BY PHYSICIAN OR AUTHORIZED PROVIDER

Name of medication: _____

Reason for medication: _____

Form of medication/treatment:

□ Tablet/capsule □ Liquid □ Inhaler ☐ Injection □ Nebulizer □ Other _____

Instructions (Schedule and dose to be given at school): _____

_____

Start: □ Date form received □ Other, as specified _____

Stop: □ End of school year □ Other date/duration _____

□ **For episodic/emergency events only**

Restrictions and/or important side effects: □ No restrictions

□ Yes. Please describe: _____

_____

Special storage requirements: □ None □ Refrigerate

Other: _____

Physician's Signature: _____ Physician's Name: _____

Date: _____ Phone: _____ Address: _____

*****For Self-Administration ONLY***For Self-Administration ONLY***For Self-Administration ONLY *****

Pursuant to KRS 158.832 to KRS 158.836, Menifee County Schools permits a student to posses and self-administer asthma or anaphylaxis medication at school and at school-related functions upon completion of the following information by the parent/guardian and the student's physician and waiver of liability by the parent/guardian.

This student has been **instructed** on self-administration of this medication: **to be completed for asthmatic, diabetic, or severe reaction (anaphylaxis) ONLY.**

□ No □ Supervision required □ Supervision not required

This student may carry this medication: □ No □ Yes

Please indicate if you have provided additional information:

□ On the back of this form □ As an attachment

Signature: _____ Date: _____

Physician or Authorized Provider

TO BE COMPLETED BY PARENT/GUARDIAN

I give my permission for (name of child) _____ to receive the above stated medication at school according to standard school policy. I release the Menifee County School Board and its employees from any claims or liability connected with its reliance on this permission.

(Parent/guardians to bring the medication in its original container.)

Date: _____ Signature: _____ Relationship: _____

Home phone: _____ Work phone: _____ Emergency phone: _____

EXPLANATION: AMENDMENT TO 704 KAR 3:095 REVISES RESPONSE TO INTERVENTION TO MULTITIERED SYSTEM OF SUPPORTS.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

Physical Restraint and Seclusion Forms

INCIDENT REPORT

Incident # _____

Individual _____ Age _____ Date of Incident _____

Staff Involved _____ Leader ☐ Assist ☐ Witness ☐

Staff Involved _____ Leader ☐ Assist ☐ Witness ☐

Staff Involved _____ Leader ☐ Assist ☐ Witness ☐

Staff Involved _____ Leader ☐ Assist ☐ Witness ☐

Time Incident Began _____ AM ☐ PM ☐

Time Incident Ended _____ AM ☐ PM ☐

Location(s) of incident: _____

Who was notified (internally) about this incident? _____

Who else was notified (external) about this incident? _____

Type of Incident (please check)

- ☐ Alleged Criminal Activity
- ☐ AWOL
- ☐ Leaving Without Permission
- ☐ Physical Aggression
- ☐ Possession of Weapon
- ☐ Property Destruction
- ☐ Self-Harm
- ☐ Sexual Acting-out
- ☐ Suicidal Ideations
- ☐ Suicide Attempt (required outside medial attention)
- ☐ _____

Type of Intervention (please check)

- ☐ Non-physical Intervention
- ☐ Physical Intervention

Length of Emergency Safety Physical Intervention (ESPI) in minutes _____

ESPI approved by _____

Approval received at _____ AM ☐ PM ☐

Did ESPI require more than an escort? Yes☐ No☐

Did any of the following systems appear to be experience distress during the intervention? ☐ See attached

☐ Respiratory system ☐ Musculoskeletal system ☐ Circulatory system

☐ Neurological system ☐ Gastrointestinal system

If any systems were checked, please describe _____

_____

Name of staff who visually monitored the intervention _____

If injured, please describe _____

If injured, what follow-up occurred? _____

Were there any injuries to the staff reported or assessed? Yes ☐ No☐ See Attached☐

Name of staff who performed injury assessment _____

If injured, please describe _____

If injured, what follow-up occurred? _____

Physical Restraint and Seclusion Forms

Describe the setting events that occurred prior to this incident (what type of situation or program routine that was occurring prior to the individual's escalation. ☐ See attached

Describe in detail the antecedent event (trigger/stimulus) that occurred immediately before the individual's behavior of concern. ☐ See attached

Describe in detail the incident that occurred including non-physical interventions that were attempted to de-escalate the situation, and indicate the individual's response to each. (Chronological narrative of the event): ☐ See attached

If the individual's behavior required physical intervention, describe in detail the reason for its use. Include all techniques that were utilized, staff's position, how long each was used, and reasons for any transitions that occurred. ☐ See attached

If physical intervention was utilized, indicate the reasons that the intervention was ended (what indicated that the individual was no longer a danger to himself/herself or others): ☐ See attached

What was the outcome of the incident? (check all the apply)

☐ Assessment for adjunctive	☐ Increased supervision	☐ Return to routine
☐ Medical attention/treatment	☐ Monitored time alone	☐ Psych. Hospitalization
☐ Increased positive reinforcement	☐ Therapeutic follow-up	☐ Other _____

Date of reporter's certification/recertification _____

Signature of reporter _____ Date: _____/_____/_____

Signature of Supervisor _____ Date: _____/_____/_____

Signature of Incident Reviewer _____ Date: _____/_____/_____

Physical Restraint and Seclusion Forms

DEBRIEFING SESSION CHECKLIST

PARTICIPANTS

☐ The implementer of the physical restraint or seclusion

Name: _____

☐ At least two (2) other school personnel who were in the proximity of the student immediately before or during the physical restraint or seclusion

Names: _____ _____

☐ The parent of an unemancipated student

Name: _____

☐ The student, if the parent requests the student participate, or if the student is an emancipated youth

Name: _____

☐ Appropriate supervisory and administrative school personnel, which may include appropriate ARC members, Section 504 team members, or Multitiered System of Supports (MTSS)~~RTI~~ team members.

Names: _____ _____

_____ _____

_____ _____

☐ Other, specify _____

SCHEDULING

Date of Physical Restraint/Seclusion _____ Date of Request for Debrief: _____

Date of Debrief Session _____

AGENDA

☐ Set out events leading up to the seclusion or physical restraint._____

_____

☐ What relevant information in the student's records and information from teachers, parents, other school district professionals, and the student was discussed?

☐ Plan to reduce/prevent the need to use seclusion or physical restraint, with consideration of recommended appropriate positive behavior supports and interventions to assist school personnel responsible for implementing the student's IEP, or Section 504 plan, or multitiered system of supports~~response to intervention~~ plan, if applicable, and consideration of whether positive behavioral supports and interventions were implemented with fidelity. (See attached plan.)

☐ For any student not identified as eligible for services under either Section 504 of the Rehabilitation Act or the Individuals with Disabilities Education Act, consider a referral under wither law and documentation of the referral or documentation of the basis for declining to refer the student.

_____ _____

Employee Completing Report *Date*

NOTE: All documentation utilized in the debriefing session shall become part of the student's education record.

EXPLANATION: THE KENTUCKY DEPARTMENT OF EDUCATION MEDICATION ADMINISTRATION TRAINING MANUAL FOR NON-LICENSED SCHOOL PERSONNEL (2025) RECOMMENDS OVER THE COUNTER MEDICATIONS NOT BE ADMINISTERED IN THE SCHOOL SETTING WITHOUT BOTH A MEDICAL PRACTITIONER'S ORDER AND SIGNED PARENTAL CONSENT.
FINANCIAL IMPLICATIONS: NONE ANTICIPATED

Consent For School Health Units

Menifee County Schools FY _____ - _____

The Menifee County Board of Education, through a contractual agreement with the Gateway District Health Department, offers School Health Units at each school site. As required by federal law, the School Health Units will not discriminate on the basis of race, color, national origin, sex, genetic information, disability or age. This includes student physicals and immunizations needed for school entry. This clinic is on hand to provide all students medicine for minor illnesses and emergency first aid when needed. The School Health Units are staffed with caring and professional registered nurses and support staff.

_____ ☐ Male ☐ Female _____ _____ _____
Student's Name Race Date of Birth Classroom Teacher/Grade

_____ _____ _____
Address Number in Household Social Security Number

_____ 1._____
Parent/Guardian/Custodian and Phone Number *Emergency Contact and Phone Number

2._____ 3._____
*Emergency Contact and Phone Number *Emergency Contact and Phone Number

Contact person name must also be listed on your child's Emergency Contacts/Check-Out Consent section of the Student Enrollment Form.

If we cannot do an assessment of your child's complaint, then we cannot dispense medication, including medical provider's order for over the counter meds. Please check yes or no, giving the health unit permission to conduct this assessment for illness. Your signature on page two (2) of this form serves as permission to complete this assessment and to administer other services and laboratory screenings, based on permissions you check below.

___Yes or No ___ Assessment for illness (without this, the health unit cannot serve your child in any capacity other than give meds prescribed by a health care professional.)

The following basic laboratory screen and services may be administered based on permissions you select below AND a signature on page two (2) of this Consent Form:

____Yes or No ____Evaluation and assessment of growth and development,
____Yes or No ____Preventative health counseling provided by registered nurse and health counselor
____Yes or No ____Diabetes screening (to check blood sugar levels)

Upon assessment of illness and according to current medical recommendations the School Health Unit staff have the following medications available in the School Health Units and will administer them based on your permission AND a signature on page two (2) of this Consent Form:
Please note: Generic medications are sometimes substituted.

___ Yes or No ___ Tylenol
___ Yes or No ___ Advil/Motrin
___ Yes or No ___ Cough Drops
___ Yes or No ___ Saline Eye Drops
___ Yes or No ___ First Aid Cream (such as: triple antibiotic, anti-itch cream, sunburn)
___ Yes or No ___ Tums, Rolaids, Mylanta
___ Yes or No ___ Oral Pain Reliever (Orajel)
___ Yes or No ___ Throat Spray
___ Yes or No ___ Skin Irritant Relief
___ Yes or No ___ Lotions

Any/all prescription medications must be delivered to the School Health Unit by the student's Parent/Guardian/Custodian. Prescription medications must be delivered in a clearly labeled prescription bottle and the student must have on file the completed administration of medication release form for the medication prescribed.

Please write N/A if question/information does not apply to your child.

LIST ALL ALLERGIES (Food, Medication, Bee Stings, etc.) _____
If allergic to BEE STINGS, type of treatment required (required by parent): _____
Current Medication(s) _____
Long-term illnesses or surgeries_____
Has your child had Chicken Pox? ___**Yes or No** ___ If so, when? _____
Family Doctor_____ Phone Number_____

Consent For School Health Units

Please complete or Check:

Medical insurance ___**Yes or No** ___ Policy name _____ ID number _____
Group number _____ Type_____ Name of subscriber_____
Medicaid: ___**Yes or No** ___ Medicaid ID Number_____ Annual Income _____
KCHIP: ___ **Yes or No** ___ KCHIP ID Number_____

Payment for Service/Assignment of Benefits:

Assignment of Benefits: I request that payment of authorized medical insurance benefits be made to Gateway District Health Department on my behalf for services my child received. I also authorize the local health department to release medical information about me to Medicaid, Insurance and other third party payors to determine payment for services.

Release of Information and Consent for Services:

I give permission for the staff of School Health Units of Menifee County Schools to share pertinent information, per professional discretion, with other school personnel to promote the personal health, safety and educational progress of my child during the school year. I have also received a Notice of Privacy Practices in my school packet, which describes how medical information about my child may be used and disclosed in addition to how I can get access to this information. I have read this information, have had an opportunity to ask questions and I understand the items as they apply to me. My signature below indicates that I do consent, authorize or declare as stated.

Please read carefully. This consent is for the 20_____ - 20_____ school year, and may be withdrawn by the parent/guardian/custodian at any time. Please contact a representative of your child's School Health Unit with any questions. Consent is **NOT** required for emergency first aid, health counseling and school health screenings, such as Scoliosis, height, weight, vision, hearing, and lice. I hereby release the Menifee County Board of Education and its employees from any claims or liabilities connected with their reliance on this permission and agree to indemnify, defend and hold them harmless from any claim or liability connected with such reliance. I further give consent for my child to be transported by Emergency Medical Services (EMS) for treatment at a health care facility, and will be responsible for all related fees.

_____ _____ _____
Signature of Parent/Guardian/Custodian Relationship to Child Date

Authorized representatives of the Department for Community Based Services (DCBS) must sign consent for foster children.

_____ _____
Signature of Authorized DCBS Representative Date

Please provide any comments and/or additional information pertinent to the care of your child below and attach a copy of extra information, if necessary:

_____
_____
_____
_____
_____
_____

*Please review the District FERPA Policy located in the Menifee County School District Code of Conduct.

Formatted: Centered

DRUG TESTING CONSENT FORM

STUDENT AND PARENT/GUARDIAN CONSENT TO PERFORM URINALYSIS FOR DRUG TESTING

DRIVER

School (Please Print) _____

Student Driver Name (Please Print) _____

Parent/Guardian Name (Please Print) _____

We have read and understand the Menifee County Schools Board policy 09.423 dealing with the *Use of Alcohol, Drugs and other Prohibited Substances for athletes/drivers*. I desire that _____ should be permitted to drive to school and use school parking facilities and I hereby voluntarily agree, individually and on behalf of _____, that my student is subject to the terms of Board Policy 09.423 for as long as he/she exercises driving privileges. On behalf of _____ and as a parent, I consent to the means and methods used to test under the policy and I waive any rights to nondisclosure of test records/information to the extent of disclosure is required under the program and policy. I understand by signing this consent form I agree to be bound by the terms and conditions contained in Menifee County School Board Policy 09.423.

Student Driver Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____

Return to School

DRUG TESTING CONSENT FORM

STUDENT AND PARENT/GUARDIAN CONSENT TO PERFORM URINALYSIS FOR DRUG TESTING

ATHLETE/EXTRA-CURRICULAR ACTIVITY PARTICIPANT

School (Please Print) _____

Student Athlete Name (Please Print) _____

Parent/Guardian Name (Please Print) _____

We have read and understand the Menifee County Schools Board policy 09.423 dealing with the *Use of Alcohol, Drugs and other Prohibited Substances for athletes/drivers*. I desire that _____ should be designated as a participant in the following athletic/extracurricular activity or activities: _____ or,

☐ Any and all extracurricular activities for the _____ school year

and I hereby voluntarily agree, individually and on behalf of _____, that my student is subject to the terms of Board Policy 09.423 for as long as he/she participates in a covered activity. On behalf of _____ and as a parent, I consent to the means and methods used to test under the policy and I waive any rights to nondisclosure of test records/information to the extent of disclosure is required under the program and policy. I understand by signing this consent form I agree to be bound by the terms and conditions contained in Menifee County School Board Policy 09.423.

Student Athlete Signature: _____ Date _____

Parent/Guardian Signature: _____ Date _____

Return to School