

Pike County Schools District Lau Plan

Revised May 2016

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I. INTRODUCTION

English Language Learners (ELLs) are a richly heterogeneous group bringing a wide variety of life situations and a wide range of educational experiences. The paths they take to acquire a new language and to adjust to their new cultural environment are varied and in keeping with their unique needs and experiences. Within the safe and welcoming school environment, administrators and teachers are given rare opportunities to tap the rich resource of knowledge and perspectives that ELLs bring to school, and which, in turn, enrich the learning of all students in the classroom. The role of the school and teachers is critical in supporting students' identity development as learners, and in helping students shape a vision of the future in which they will take their place in a global economy. The Pike County School system is committed to providing appropriate placement, along with curricular, instructional, and other related services to ensure that ELLs are able to participate effectively in the schools' educational programs. To accomplish this, the Pike County Schools' LAU Plan, details the procedural requirements and services provided to ELLs, including identification, assessment, placement, and exit from English Language Development (ELL) services, and referral procedures to ensure appropriate identification of ELLs requiring special education and gifted and talented services.

I.A Responsibility for Lau Plan Implementation

The Superintendent and designated staff will be responsible for:

- Overseeing the implementation of the district's Lau Plan;
- Developing appropriate services to assist ELLs in acquiring English language skills and achieving the Learning Results content standards;
- Overseeing initial school registration, health screening, language assessment, and placement for all students with limited English language proficiency;
- Offering training and support for teachers and other educational support personnel;
- Providing professional development programs focused on educating linguistically and culturally diverse students;
- Coordinating the delivery of federal and state assessments to determine ELLs' progress;
- Consulting with School ELL Team (SET) as needed;
- Monitoring program effectiveness with the Lau Advisory Committee;
- Overseeing compliance with recordkeeping requirements;
- Providing translation and interpretation services of school related activities; and
- Implementing parent outreach programs to involve multilingual parents in the district's education activities and programs.

II. IDENTIFICATION AND INITIAL PLACEMENT OF ELLS

II.A General Procedures for Registration and Screening

An English Language Learner (ELL) is a student who's primary or home language is other than English and who lacks the necessary academic English language skills to perform at grade level in one or more of the skill areas of listening, speaking, reading or writing. Schools are required to identify students who have limited English proficiency and develop appropriate services for them.

1. Parents registering their children first complete a **Home Language Survey** (See Appendix A).
2. This survey identifies students whose first language is not English. If the answer to any of the questions on the survey indicates a language other than English, the school contacts the district ELL Coordinator to make arrangements for a screening. (W-APT).
3. School staff, with the assistance of the ELL Teacher, and/or an interpreter as needed or requested, complete the forms necessary for registration (See Appendix B).

4. Trained personnel use multi-criteria assessments to identify a student's eligibility for English Language Development (ELL) services. Objective, standardized measures of English proficiency and achievement testing are used, as well as information from less formal assessments, as follows:

- Home Language Survey
- W-APT
- Parent and/or student interviews
- Review of academic performance, student works and education records

5. Following registration and assessment, parents are notified of ELL services eligibility within 30 days as required by the No Child Left behind Act using the **ELL Initial Program Eligibility** form (See Appendix C). Decisions regarding ELL services implementation are made by the school.

6. The district ELL staff will contact the designated receiving school at the elementary, middle, or high school level. An appointment is made with the receiving school for entry.

7. A student, who is recommended for placement in elementary and middle school ELL services, attends the appropriate neighborhood school.

8. If at any point the parents decline program recommendations, the parent must sign a **Decline ELL Program** form (See Appendix D). Notifications are allowed to be translated into home language through online translator program if requested.

9. A language minority student who has not been previously identified as eligible for ELL services but who is experiencing difficulties in a classroom in any Pike County Schools, may be tested at any time to determine eligibility. Requests maybe made by parents or school staff.

II.B Grade Placement Guidelines

The student ages listed below guide placement of all students in the Pike County Schools in conjunction with other relevant factors including English proficiency level and prior education.

Kindergarten - 5 years old by October 1 of that year (This is the minimum age requirement established by Kentucky Law)

Grade 1

6 or 7 years old - (Developmental readiness and prior schooling experiences are considered in the placement decision)

Grade 2-5 – 7-10 years old (prior schooling experiences are considered in the placement decision)

Middle School, Grade 6 – 11 or 12 years old

Grade 7-8 – 12-14years old (prior schooling experiences are considered in the placement decision)

High School, Grade 9 – 14 or 15 years old

Grade 10-12 AGES: 16- Kentucky Legal Age Limit (prior schooling experiences are considered in the placement decision)

III. Defining and Measuring English Language Proficiency

The English language proficiency and academic achievement of ELLs is monitored using multi-criteria assessments. One of these assessments is the ACCESS for ELLs®, an English language proficiency test administered annually in Kentucky to all ELLs from kindergarten through grade 12. ACCESS for ELLs® meets the federal requirements of assessing ELL's proficiency levels and provides reliable, valid, and useful information on the proficiency levels and progress of ELLs in acquiring academic English.

1. State law requires that the ACCESS for ELLs® only be administered by an individual trained in its administration.

2. This test was developed based on the English Language Proficiency Standards as developed by WIDA (World-Class Instructional Design and Assessment) within five grade clusters. These are:

Kindergarten

Grades 1-2

Grades 3-5

Grades 6-8

Grades 9-12

3. *ACCESS for ELLs*® assesses the domains of Speaking, Listening, Reading, Writing, and Comprehension skills of English language learners in Math, Language Arts, Social Studies, Science, and Social and Instructional language. It identifies five levels of English language proficiency (See Appendix E):

Level 1 - Entering

Level 2 - Beginning

Level 3 - Developing

Level 4 - Expanding

Level 5 – Bridging (EXIT LEVEL)

Level 6 – Attained

4. In the State of Kentucky a student whose composite score [35% reading, 35% writing, 15% speaking, and 15% listening] is below Level 5.0, is classified as an English Language Learner (LEP is the federal term) and is eligible for ELL services.

5. A student receiving a composite level of 5.0 on a Tier B or C test will be **exited** from ELL Services, be classified as FLEP (Former Limited English Proficient), and will no longer take *ACCESS for ELLs*®. The district will monitor a student's academic progress for two years to ensure that he/she is continuing to be successful without ELL services.

6. Under Title III the district is responsible for meeting three **Annual Measurable Achievement Objectives** (AMAOs) based on a student's composite score [35% reading, 35% writing, 15% speaking, and 15% listening]. (See Appendix F)

- AMAO I: Making progress in proficiency
- AMAO II: Attaining proficiency
- AMAO III: Adequate Yearly Progress (AYP) for ELLs

IV. English Language Development Services K-12

IV.A Monitoring Student Progress and Responding to Student Needs

Learning a new language for school (academic language proficiency) involves taking many steps along the language acquisition continuum. The length of time to develop the level of proficiency in English that supports academic success will vary from student to student. Because the district is accountable for how long a student requires ELL services, all teachers share the responsibility for supporting the English language proficiency of ELLs and for communicating with parents about academic achievement.

The overall focus of ELL services is for ELLs to reach parity with native English-speaking peers. Because students spend a portion or all of their day in general education classrooms, ELL teachers work together with general education teachers to develop and implement Structured English Immersion (SEI) instructional strategies that facilitate the development of English language proficiency.

1. Each school will develop a SET or (SET). Membership on the SET is fluid and its composition depends on the activities that must be accomplished by the team. The SET will include the district ELL Teacher and may include any of the following: classroom/content-area teacher, literacy specialist, parent, social worker, school counselor, and administrator or designee. A school-based student assistance team responsible for Response to Intervention (RTI) may share some of the responsibility of the SET as long as **a certified teacher/administrator/district ELL teacher** is a member of that team. A specific person should have the overall responsibility for the SET. The SET responsibilities include: a. making ELL services decisions for newly registered ELL students. monitoring individual student academic language acquisition and academic achievement, and recommending interventions and ELL services c. discussing student achievement patterns and the overall effectiveness of ELL services d. tracking progress of students whose parents have declined ELL services e. discussing transition of students from grade 5 to grade 6 and grade 8 to grade9, before class schedules are constructed
2. Once a student is identified as eligible for ELL services, the SET makes ELL services recommendations within 30 days in compliance with parent notification and involvement requirements using the **SET ELL Services** form (See Appendix G).
3. For students currently enrolled in school, parents shall be notified of their child's ELL services annually using the **SET ELL Services** form (See Appendix G) and **Continued ELL Program Eligibility** form (See Appendix H) as required by the No Child Left Behind Act. School SET teams are responsible for notifying parents of ELL services and continued ELL program eligibility.
4. Parents shall be invited to attend and participate in all SET meetings pertaining to their child. Parents have a right to decline any program changes. If a parent declines ELL services, the school still must provide meaningful education (See Appendix I: Administrative Letters 18 & 19). Parent notices and information will be provided in the major languages. In addition, an interpreter will be provided to assist parents in communicating with school staff and at SET meetings to discuss the student's services and progress in attaining English proficiency. Any staff member who works with an ELL, a parent, or the student, may request a SET meeting **at any time** to assess student progress by completing a **SET Referral Form** (See Appendix J).

5. Individual student instruction is modified or accommodated as necessary, and the supports to be provided change as language proficiency increases. The kinds of support required for one subject may be different from the kinds of support required for other subjects. Additionally, students may not require support in all subject areas at any given time. When making program decisions the SET uses current and historical qualitative and quantitative data including:

- ACCESS for ELLs™
- District-approved Curriculum-Based Measurements
- Assessments of general and emotional readiness, as measured by daily classroom performance, attendance, behavior, and mastery of basic learning strategies
- Standardized District Writing prompts
- Common Performance Indicators (WIDA English Language Proficiency Standards)
- Educational Background
- Classroom grades and academic performance
- Kentucky State Testing System Performance Data

6. All SET meetings about individual student services **must** be documented using appropriate forms and documentation placed in the student's cumulative file.

7. A language minority student who is experiencing classroom difficulties may be tested for English language proficiency at any time during the school year. Test results will be reviewed by the SET and recommendations will be made.

IV.B English Language Development (ELL) Program

ELL services provide ELLs with access to the general education curriculum through a continuum of instructional options. Information gathered from parents, academic records, and assessments informs services placement in age appropriate classrooms and determines the amount and type of language instruction and/or services. Program oversight is provided by a certified teacher designated as the district ELL teacher. Program delivery is provided by a team of educators which may include an ELL teacher, a general education teacher, a native language facilitator/educational technician, or a volunteer, depending on individual student needs as determined by a SET team. (See Appendix K: ELL Program Definitions and Goals)

General Program Service Recommendations

ACCESS for ELLs™

Proficiency Levels

(Composite Score)

Recommended

ELL Program

Placement

(K-12)

Recommended level of language support:

☐ Overseen by an ESL teacher, endorsed specialist or ESL endorsed administrator;

☐ Provided by a team of educators, and;

☐ Determined and monitored by the

School ELL Team(SET)

Level 1 – Entering

Level 2 – Beginning

Intensive English Language Development (IELL)

Intensive Literacy Academy (ILA)

(Grades 9-12)

3-4 hours per day

Language services may include:

Elementary:

☐ IELL instruction

☐ In class academic language support

Middle School:

☐ One or more IELL class periods

☐ Sheltered English Content Instruction

☐ In class academic language support

High School:

☐ Intensive Literacy Academy (ILA)

☐ One or more IELL class periods

☐ Sheltered English Content Instruction

☐ In class academic language support

Level 3 – Developing

Cognitive Academic Language Support

1-2 hours per day

Language services may be a combination of

Level 2 – 4 services based on student need

Level 4 – Expanding

Cognitive Academic Language Support

Level 5 – Bridging

No longer assessed on *ACCESS for ELLs*

Officially exited from LEP designation and

coded FLEP

☐ Differentiated instruction as needed

☐ Academic progress Monitored for two years

by SET. Eligible for re-entry into ELL Services

☐ Academic tutoring as needed

Level 6 –ENGLISH Attained

IV.C Accommodations for Assessment in Accountability Testing Systems

The district adheres to the NCLB requirement that all students with limited English language proficiency participate in state mandated assessment system; however, test scores of ELLs who have lived in the United States for less than two years prior to taking these assessments are not counted for performance on Annual Yearly Progress (AYP). The district also observes the use of Kentucky Department of Education-approved accommodations for ELLs taking these state-wide mandated assessments and national assessments.

IV.D Record-Keeping and Parent Notification

1. The following documents will be placed in a student's cumulative file:

a. Intake forms (See Appendix B)

b. Parental notification of **Initial ELL Program Eligibility** (See Appendix C)

c. Annual ACCESS testing results

d. Annual letter of **Continued ELL Program Eligibility** (See Appendix H)

e. **SET ELL Services Form** (See Appendix G).

f. **Decline ELL Program** form (See Appendix D)

2. In accordance with Federal guidelines, parents are notified of ACCESS test results and eligibility for ELL Services on an annual basis. Notifications are translated into major languages and sent to parents if requested. Parents can also choose receive translated notification in major languages of educational programs and activities provided to other parents. The district, in agreement with the Office of Civil Rights, translates important documents such as report cards and student handbook, in a language other than English spoken by at least 50 students.

IV.E Periodic Program Evaluation

Using the English Language Learners (ELL) **District Self-Study Guide** (See Appendix L), a review of district ELL services and services are completed every three years by the Pike County School District in the context of current law (See Appendix M). Results are used to improve services so that the needs of ELLs are met. The ELL Coordinator will oversee the district's ELL Program Evaluation with input and guidance from the district's Lau Advisory Committee. The Lau Advisory Committee includes the ELL Coordinator and at least one representative from each school in the district that have ELL students enrolled currently, or have had an ELL student(s) enrolled (for any amount of time) in the past three (3) years. Membership on the committee may represent parents and school staff in various roles such as ELL teachers, content-area teachers, general education teachers, special education teachers, and administrators. The Committee will meet in May or June, before the end of the school term, of each year. Reports on the program are made to the Superintendent by ELL Coordinator.

V. SPECIAL NEEDS PLACEMENT

ELLs may be intellectually gifted, have a learning disability or a behavioral disorder, or multiple exceptionalities like any other student. Determining special needs services is a complex process. The screening and diagnosing of at-risk ELL students is part of Pike County School System's RTI Process. The ELL Program includes a number of pre-referral steps to determine whether there exist temporary learning and behavior characteristics shared by students with disabilities and ELL students, or whether referral to special education is warranted.

Limited English proficiency is not a disability and is not covered by IDEA or Kentucky special education regulations. **ELLs should not be placed in any special education program unless exceptionality is well-documented (including assessment of a student's native language skills).** To assist in determining the appropriateness of a referral to special education or gifted and talented programs, the district's established pre-referral process for interventions will be followed, independent of the ELL identification. The process documents approaches utilized to provide positive supports for a student's learning.

PIKE COUNTY SCHOOLS

HOME LANGUAGE SURVEY ENGLISH VERSION

Student Information

Student Name:

Last

Middle

First

School Name:

Age at
Enrollment

Grade Level at
Enrollment

Date of
Enrollment

Directions to Parents and Guardians:

The U.S. Department of Education and Kentucky Department of Education requires schools to determine the language(s) spoken in the home of each student. This information is essential in order for the school to provide adequate instructional programs and services.

As parents or guardians, your cooperation is requested in complying with this legal requirement. Please respond to each of the four questions listed below as accurately as possible. For each question, write the name(s) of the language(s) that apply in the space provided. Please do not leave any question unanswered.

| | | |
|----|--|--|
| 1. | Which language did your child learn when he/she first began to talk? | |
| 2. | Which language does your child most frequently speak at home? | |
| 3. | Which language do you (the parents or guardians) most frequently use when speaking with your child? | |
| 4. | Which language is most often spoken by adults in the home? (parents, guardians, grandparents, or any other adults) | |

Please sign and date this form in the spaces provided below, then return this form to your child's teacher. Thank you for your cooperation.

Signature of Parent or Guardian

Date

Appendix B

SCHOOL REGISTRATION

When registering a new student in Pike County, we complete the following forms:

CHECK-OUT AUTHORIZATION

I, _____, the legal parent or guardian of _____, hereby authorize or give my permission for the following person(s) to check my son/daughter out of school in case of an emergency or when I am not available to do so. I fully understand that my son/daughter will not be released to leave school unless a person who is authorized in this note or the legal parent or guardian officially signs the entry/exist log and checks the student out of school. I further understand that the student will not be released on their own to check-out of school and that no other student, boyfriend, or girlfriend will be allowed to check a student out of school.

Adults Authorized To Check Out My Son/Daughter

Parent/Legal Guardian

Date

Subscribed and sworn before me this _____, day of _____, _____. This being the parent/legal guardian of _____ a student at Pike County Central High School.

My commission expires _____, _____.

Date

County/State at Large

Notary



Release of Student Records

Last School _____

Date of Request _____

Name of Student _____

Date of Birth _____ Social Security Number _____

Student Currently Enrolled in Grade _____

This student has enrolled in our school. Please send the following items for his/her enrollment to be complete:

- | | |
|--|---|
| 1. Immunization Certificate | 6. Withdrawal Grades with grading scale |
| 2. Physicals (Entrance & 6 th) | 7. Special Education Records |
| 3. Copy of Birth Certificate | 8. Transcript |
| 4. Copy of Social Security Card | 9. Writing Portfolio (if applicable) |
| 5. Standardized Test Data | 10. IEP or 504 records (if applicable) |

This student was placed or was being considered for Special Services - ☐ Yes ☐ No

Special Education ☐ Speech ☐ ESL ☐ Migrant ☐ Other _____

Indicate on transcript accelerated, remedial or special education courses.

Parent/Guardian Signature

Your prompt assistance in forwarding this information will be greatly appreciated.

SEND ALL RECORDS TO:

Attention: Guidance Department

**Pike County Central High School
100 Winners Circle Drive
Pikeville, KY 41501
606-432-4352 phone
606-432-7733 fax**

Heather Birchfield
Heather Birchfield, Counselor

Pike County Central High School

Student Enrollment /Emergency Information

Office Use Only

School: _____

Start Date: _____

Legal Name of Student (Please Print) _____
 _____ (Last) _____ (First) _____ (Middle) _____ Suffix _____
 _____ (Jr., III, etc.)

Nickname (Preferred Name): _____

Grade: _____ Date of Birth: _____ ☐ Male ☐ Female SS#: _____

Birthplace: (Country) _____ County _____ (State) _____ Phone #: () _____

Student Address: (Street) _____ (Apt #) _____ (City) _____ (State) _____ (Zip) _____

(Check only if applicable) ☐ Shelter ☐ Motel ☐ House or apartment shared with friends or family members

Student Mailing Address: (if different) _____ (City) _____ (State) _____ (Zip) _____
 (Street or PO Box and Apt #)

RACE: (Check box at right): ☐ White ☐ Black ☐ Hispanic ☐ Asian/Pacific Islander ☐ American Indian/Alaskan Native

U.S. Citizen: ☐ Yes ☐ No If no, country of residence: _____ ☐ Migrant ☐ Immigrant ☐ Refugee: (Country) _____

Last School Attended: _____ Kentucky School: ☐ Yes ☐ No

Last Date Attended: _____ School Telephone #: () _____

School Address: (City) _____ (County) _____ (State) _____

Race/Ethnic Group Categories

- White (not Hispanic)-A person having origins in any of the original peoples of Europe, North Africa, or the Middle East
- Black (not Hispanic)-A person having origins in any of the black racial groups of Africa
- Hispanic-A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture of origin regardless of race
- Asian/Pacific Islander-A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands
- American Indian or Alaskan Native-A person having origins in any of the original peoples of North America and who maintains culture identification through tribal affiliation or community recognition
- Other

Parents/Guardians Living In Same Household as Student

Legal Name: _____
 _____ (Last) _____ (First) _____ (M.I.)

Relationship to Student: _____

Phone: Home: () _____
 Work: () _____

Cell Phone: () _____ E-Mail: _____

Legal Name: _____
 _____ (Last) _____ (First) _____ (M.I.)

Relationship to Student: _____

Phone: Home () _____
 Work: () _____

Cell Phone: () _____ E-Mail: _____

Siblings Living in Same Household as Student

Legal Name: _____

Birth Date _____ Sex: _____

Grade: _____

Name of Pike County School: _____

Legal Name: _____

Birth Date _____ Sex: _____

Grade: _____

Name of Pike County School: _____

Legal Name: _____

Birth Date _____ Sex: _____

Grade: _____

Name of Pike County School: _____

Legal Name: _____

Birth Date _____ Sex: _____

Grade: _____

Name of Pike County School: _____

Parents/Guardians Living at an Address Different from Student

| | |
|---|---|
| <p>Does this parent/guardian have joint custody? _____</p> <p>Should this parent/guardian receive school information? _____</p> <p>Is this person legally restricted access to this student? _____ <small>(A copy of the court order MUST be provided to the school.)</small></p> <p>Legal Name: _____</p> <p>Relationship to Student: _____</p> <p>Address: _____</p> | <p>Does this parent/guardian have joint custody? _____</p> <p>Should this parent/guardian receive school information? _____</p> <p>Is this person legally restricted access to this student? _____ <small>(A copy of the court order MUST be provided to the school.)</small></p> <p>Legal Name: _____</p> <p>Relationship to Student: _____</p> <p>Address: _____</p> |
|---|---|

Special Education Services

Does this student have special needs, or receive special education services? ☐ Yes ☐ No

Does this student have a 504 plan? ☐ Yes ☐ No Does this student receive Title I services? ☐ Yes ☐ No

Has this student been formally identified as Gifted/Talented? ☐ Yes ☐ No

Transportation

Legal Name of Student _____
(Last) (First) (Middle)

Primary Transportation to School (check all that applies): ☐ Car Rider ☐ Walker ☐ School Bus Bus #: _____ (assigned school district staff)

Transportation by bus: ☐ A.M. ☐ P.M. ☐ Both A.M. & P.M. ☐ More Than 1 Mile ☐ Less Than 1 Mile ☐ None

Language

What is the language most frequently spoken at home?

In which language did this student learn when he or she first began to talk?

What language does this student most frequently speak?

What languages do the parents of this student speak?

(If any answers above are other than English, please complete the "Home Language Survey".)

Medical Information

Identify problems and/or medical conditions (such as allergies and/or allergies to medications):

Under state regulation, any student with a health condition (such as asthma, allergies, diabetes, seizures, etc.) must have "Primary Care Authorization" form on file. For more information or to obtain a form, please contact the attendance counselor or attendance clerk.

Regular Medication: _____ Dosage: _____
"Authorization to Give Medication" form must be on file for any medication to be given to a student during the school day.

Emergency Information

Needed, what hospital should this student be taken to?

IN EMERGENCY, if parent/guardian cannot be contacted, please call and/or release my child to one of the following:

Name: _____ Relationship to student _____ Telephone No: () _____
DOB: _____ ☐ Home ☐ Work ☐ Cell

Name: _____ Relationship to student _____ Telephone No: () _____
DOB: _____ ☐ Home ☐ Work ☐ Cell

Are there anyone NOT ALLOWED access to this student, list their name and relationship: (Legal documentation MUST be provided to the school.)

Name: _____ Relationship to student _____

If there are changes made during the year, please contact the school office IMMEDIATELY.

Parent/Guardian Signature _____ Date: _____

1/3/2009

Office Use Only

New Enrollment _____
Revised Enrollment _____
Office Personnel _____
Date _____

HOMEROOM: _____

SCHOOL YEAR: _____

CONSENT FOR SCHOOL HEALTH SERVICES/MEDICATION ADMINISTRATION**PIKE COUNTY HEALTH DEPARTMENT**

CHILD'S NAME: _____ BIRTHDATE: _____ GENDER _____ RACE: _____

ADDRESS: _____

CHILD'S SOCIAL SECURITY NUMBER _____ HOME PHONE: _____ WORK PHONE: _____

EMERGENCY CONTACT NAME: _____ PHONE _____
(Other than Parent)

KY MEDICAID ID# (if applicable): _____ NUMBER IN HOUSEHOLD: _____

MANAGED CARE ORGANIZATION: (circle one) COVENTRY CARES KY SPIRIT WELLCARE

MCO POLICY NUMBER: _____

STUDENT'S DOCTOR: _____ DOCTOR'S PHONE: _____

STUDENT'S DENTIST: _____ DENTIST'S PHONE: _____

SEIZURES _____

ALLERGIES/ASTHMA (food, insects, medication, other) _____

CURRENT MEDICATIONS _____

CHRONIC MEDICAL ILLNESSES _____

SIGNIFICANT MEDICAL / SOCIAL HISTORY (Including Injuries) _____

SIGNIFICANT FAMILY MEDICAL HISTORY Hypertension ☐ High Cholesterol ☐ Diabetes ☐ Other ☐

Please check any of the following, which you will allow your child to be given, and state dosage if necessary. All doses not specified will be given according to the child's age and weight using manufacturer's guidelines.

| | | |
|--|--|---|
| <input type="checkbox"/> Advil/Motrin (Ibuprofen Tablets or Children's Liquid) | <input type="checkbox"/> Diarrhea Medication | <input type="checkbox"/> Ear Drops (for ear ache) |
| <input type="checkbox"/> Aloe Vera (for burns) | <input type="checkbox"/> Eye Drops (Visine, Murine, etc.) | |
| <input type="checkbox"/> Antacids (Maalox, Tums, etc.) | <input type="checkbox"/> Hall Mentholyptus cough drops (if age appropriate) | |
| <input type="checkbox"/> Antibiotic Ointment (Neosporin) | <input type="checkbox"/> Hydrocortisone Cream (for itching) | |
| <input type="checkbox"/> Anti Nausea/Anti Vomiting | <input type="checkbox"/> Orajel (For toothache) or Chloraseptic (For sore throat) | |
| <input type="checkbox"/> Anti-Itch Spray or Lotion (insect bites, etc.) | <input type="checkbox"/> Sun Screen (SPF 15 or above) | |
| <input type="checkbox"/> Benadryl | <input type="checkbox"/> Topical Antiseptics (Alcohol, Hydrogen Peroxide, etc) | |
| <input type="checkbox"/> Cold Remedies (cough syrup, decongestant, etc.) | <input type="checkbox"/> Tylenol (Acetaminophen tablets or children's chewable/liquid) | |

Additional instructions of consideration: _____

The following information will aid the School Nurse in making an accurate assessment of your child in case of illness or emergency. Please check the appropriate space if your child has ever had any of the following:

| | | |
|--|--|--|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Seizures | <input type="checkbox"/> Stomach or Bowel Problems |
| <input type="checkbox"/> Birth Defects | <input type="checkbox"/> Unexplained Weight Loss | <input type="checkbox"/> Joint or Muscle Pain or Stiffness |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Unexplained Tiredness | <input type="checkbox"/> Exposed to Tuberculosis |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Persistent Cough | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Unexplained Weight Gain | <input type="checkbox"/> Head, Eyes, Ears, Throat Problems |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Leukemia | <input type="checkbox"/> Blood Transfusion |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Sleep Problems | <input type="checkbox"/> Anaphylactic Episodes |

IF THIS INFORMATION SHOULD CHANGE, PLEASE NOTIFY THE SCHOOL NURSE, IMMEDIATELY!!!

I consent to care at the school provided by the Pike County Health Department which may include screenings such as Scoliosis screening, vision and hearing exams, assessments, lab tests, treatment, first-aid, over the counter medicine, and any other health service given to me/my child by staff or agents of the Pike County Health Department. I understand that no guarantees are being made as to the effect of any exam or treatment on me/my child. I like-wise release the staff from any liability related to the administering of the above medications to my child so long as the treatment is provided according to the above instructions. I authorize the school health clinic to release medical information about my child, as permitted by the Health Insurance and Portability and Accountability Act of 1996 (HIPPA), to his/her primary care provider and to share pertinent medical information (history of allergies or significant medical history) with school staff who may need to provide care to my child in an emergency. I understand that the sharing of this information is on a need to know basis only. I also understand that the information obtained for the school physical, including immunization information, will be released to my child's school. If my child has Medicaid or KCHIP, I also authorize the school clinic to release this information to those agencies so that the Medicaid or KCHIP can be billed for visits to the school clinic. I also understand by signing this consent, I acknowledge that I have access to a copy of the Pike County Health Department's Privacy Notice located at www.pikecountyhealth.com/PDF/HIPAA_privacy_practice.pdf or I may request a copy by calling Pike County Health Department's main office at 437-5500. This permission can be revoked at any time. No services will be provided unless the signed form is returned. I agree to provide the agency nurse an order from my child's physician for any prescription medications before they can be given.

Signed: X _____ Printed: _____ Date: _____
(Parent or Guardian) (Parent or Guardian)

PIKE COUNTY SCHOOLS

Your child **CANNOT** enter kindergarten for the 2016-2017 school year unless he/she has met the following requirements:

1. Five (5) years old by October 1st

Children five or six years old by October 1st are required to attend kindergarten before they can enter first grade.

2. Medical Examination

A medical examination on the KY Department of Education Initial Entry form must be performed within TWELVE (12) months prior to the first day of kindergarten. (We will accept a physical done during head start or preschool that is dated within the 12 month period.) The exam must be signed by a Physician/Nurse practitioner/Physician Assistant/Local Health Department.

3. Official copy of student's Birth Certificate

You must present the certified copy with the seal pressed into the paper to the school. Once confirmed it is the certified birth certificate, a copy will be placed in the students permanent file and the original will be returned to the parent/guardian.

4. Social Security Card

Only the original social security card or the application for a replacement card will be accepted. Once the card is verified, a copy will be placed in the permanent file and the original will be returned to the parent/guardian.

5. KY Immunization Certificate

All immunizations must be up to date by age requirement and listed on the certificate. The certificate must be signed by the physician or health department along with a completed expiration date.

6. Kentucky Eye Examination for school entry

Kentucky requires all students entering kindergarten for the first time have a vision (eye) exam by an optometrist or ophthalmologist on the KY Eye Exam form from KDE (We will accept exams done in head start or preschool.)

7. Kentucky Dental Screening/Examination

Kentucky law (KRS 156.160) requires proof of a dental screening or examination of a five or six year old that is enrolling in public school. This exam may be performed by a dentist, dental hygienist, physician, registered nurse, nurse practitioner, or physician assistant. **MUST BE DATED THAT CALENDER YEAR FROM JANUARY TO THE FIRST DAY OF SCHOOL.**

8. Proof of Residency

Parents must provide either a copy of their electric, gas, or water statement. The statement must show the name, physical address, and be current. If either of the above mentioned companies would like to fax us this information our fax number is (606) 353-7092.

Southside Elementary School Registration Packet

Student Name _____

Teacher's Name _____

| |
|-----------------------------------|
| Name (first, middle, last): |
| Student's Grade Level: |
| Student's Gender: |
| Student's Race/Ethnicity: |
| Student's Social Security Number: |
| Student's Birthday: |
| Student's Home Phone: |
| Student's Mailing Address: |
| Student's Physical Address: |

| |
|---|
| Male Legal Guardian's Name: |
| (first, middle, last) (Father, Step Father, Other Male Guardian) |
| Male Guardian's Social Security Number: |
| Male Guardian's Birthday: |
| Male Guardian's Email address: |
| Male Guardian's Work Number: |
| Male Guardian's Cell Number: |

| | |
|---|--|
| Female Legal Guardian's Name: | |
| (first, middle, last) (Mother, Step Mother, Other Female Guardian) | |
| Female Guardian's Social Security Number: | |
| Female Guardian's Birthday: | |
| Female Guardian's Email address: | |
| Female Guardian's Work Number: | |
| Female Guardian's Cell Number: | |
| List any medical problems: | |
| For Office Use Only | |
| Date and Time Received: | |

Southside Elementary School Enrollment Form Page 1

| | |
|---------------------------|-----------------------------|
| Student Name _____ | Teacher's Name _____ |
| Tuition: Yes or No | |
| Name: | |
| Grade: | Birthdate: |
| Social Security Number: | |
| Race/Ethnicity: | |
| Gender: | |
| Mother's Maiden Name: | |

| | |
|---|-------------|
| Father/Step Father/Legal Male Guardian Information: | |
| Full Name: | |
| Social Security Number: | |
| Email: | Home Phone: |
| Cell Phone: | Work Phone: |
| Mailing Address: | |
| Physical Address: | |
| Birthdate: | |
| Place of Employment: | |
| Student Lives With This Person: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If not the parent, do we have documents on file? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|-------------|
| Mother/Step Mother/Legal Female Guardian Information: | |
| Full Name: | |
| Social Security Number: | |
| Email: | Home Phone: |
| Cell Phone: | Work Phone: |
| Mailing Address: | |
| Physical Address: | |
| Birthdate: | |
| Place of Employment: | |
| Student Lives With This Person: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If not the parent, do we have documents on file? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Southside Elementary School Enrollment Form - Page 2

Student Name

Teacher's Name

| Household Members Full Names | Relationship to Student | Gender | Birthdate | Grade | School Attending |
|------------------------------|-------------------------|--------|-----------|-------|------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |

Emergency Contacts

To ensure your child's safety, please list those individuals who may be contacted in case of an emergency situation and who are authorized to sign your child out from school besides the parent or guardian.

| Full Name | Relationship to Student | Gender | Work Number | Cell Number | Home Number |
|-----------|-------------------------|--------|-------------|-------------|-------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |

Is there anyone who is **NOT** allowed to pick up the student? If so, list their name below.

Southside Elementary School Enrollment Form - Page 3

Student Name _____ **Teacher's Name** _____

Transportation

Student transportation will not be changed without written notification from parent/guardian.

To school: Student rides bus # _____
To school: Driver's Name _____
To school: Student is transported by parent _____

From school: Student rides bus # _____
From school: Driver's Name _____
From school: Student is transported by parent _____

Transferring from Another School

School Attended: _____

School Address: _____

School Phone: _____

If transferring to Southside, has your child been previously evaluated, identified or received services in any of the following:

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Special Education | <input type="checkbox"/> 504 Plan |
| <input type="checkbox"/> Gifted and Talented | <input type="checkbox"/> Speech |
| <input type="checkbox"/> ESL | <input type="checkbox"/> Vision |

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____

Southside Elementary School Enrollment Form - Page 4

Student Name _____ Teacher's Name _____

Publication Consent Form-Student Release Form (Video/Photograph/Tapes (09.1AP.251))

☐ I, the undersigned, hereby consent to the use of any videotape, photographs, slides, audiotapes, or any other visual or audio reproductions by the Pike County School System in which my child may appear. I understand that these materials may be used for promotion for the District or School through the news media, District website, newspaper, etc. I release the District from any liability connected with the use of a picture or voice recording as part of my promotion involving the Pike County School System.

☐ No, I **DO NOT** consent to the use of any videotape, photographs, slides, audiotapes, or any other visual or audio representations by the Pike County School System in which my child may appear.

Electronic Media Agreement Form (08.2323AP.21)

Student User Contract: Directions: After reading the Terms and Conditions for this Acceptable Use document, please fill out the appropriate portions of the following contract completely and legibly. Your signature is required to use Electronic Media, Interactive Video, Internet, Web Page, or E-Mail.

| | |
|-------------------------------------|-----------------|
| First Name: _____ | Last Name _____ |
| School: <u>Southside Elementary</u> | Teacher: _____ |
| Grade: _____ | Login ID: _____ |
| Address: _____ | Phone: _____ |
| Age: _____ | Gender: _____ |

Access Requested:

Check all that apply:

☐ Internet ☐ E-Mail ☐ Electronic Media ☐ Interactive Video ☐ Web Page

Student:

I have read the Acceptable Use Policy Terms and Conditions. I understand and will abide by the stated Terms and Conditions and further understand that a violation of the rules and regulations is unethical and may constitute a criminal offense. I agree that should I commit any violation my access privileges may be revoked and school disciplinary action may be taken and/or appropriate legal action.

Student's Name (please print) _____

Student's Signature _____

Date _____

NOTE: Federal Law requires the District to monitor online activities of minors.

This document is to be kept on file at the school.

Southside Elementary School Enrollment Form - Page 5

Student Name _____

Teacher's Name _____

Electronic Media Agreement Form (08.2323AP.21)

Parent and Guardian – Parental Consent to Child's use of Microsoft Online Service

When your child provides information to Microsoft, the information is used to enable and customize Microsoft services and for the purposes described in the Microsoft online privacy statement available online at <http://privacy.microsoft.com/en-us/default.aspx>. Some Microsoft online services, such as e-mail and instant messaging allow people of all ages to share personal information with others and that the permission granted hereunder will allow your child to sign in and use these services. Giving or denying permission for your child to sign in and use Microsoft services will not affect his or her ability to use other websites.

Parent or Guardian's Name _____

Signature _____

Daytime phone number _____ Evening phone number _____

As the parent or guardian of this student I have read the Terms and Conditions for the Use of the District's Electronic Media, Internet, Web Pages, and E-Mail. I understand that this access is designed for educational purposes and the Pike County Schools will not condone access to controversial materials, and I will not hold them responsible for materials this student may acquire on the network. Further, I accept full responsibility for supervision if and when my child's use is not in a school setting. I hereby give my permission for the student named above to use Pike County's Electronic Media, Interactive Video, Internet, Web Page, and E-Mail and certify that the information contained on this form is correct.

Parent or Guardian's Name _____

Signature _____

Daytime phone number _____ Evening phone number _____

We are pleased to offer the students and staff of the Pike County School System access to telephones, the District's computer network for electronic, web pages, interactive video, e-mail, and Internet. To gain access, all student and staff must sign and return a user agreement. Students must have parent or guardian permission form signed and returned to the Principal each year unless a student is eighteen(18) years of age. If a student is eighteen(18) years of age, he/she may sign his/her own permission form. Access to telephones, electronic media, including interactive video, e-mail, web pages, and Internet, will enable students/staff to explore thousands of libraries, databases, and bulletin boards while exchanging messages with Internet users throughout the world. Families should be warned that some materials accessible via the Internet may contain items that are illegal, defamatory, inaccurate or potentially offensive to some people. The District is using Proxy servers to filter Internet sites as cited in KRS156.475; however, filtering is not 100%reliable. While our intent is to make Internet access available to further educational goals and objectives, students may find ways to access other materials as well. For this reason, the Board has adopted an acceptable use policy and approved these procedures to address the human dimension of information access issues. We believe that the benefits to students and staff from access to the Internet, in the form of information resources and opportunities for collaboration, exceed any disadvantages. But ultimately, parents/guardians of minors are responsible for setting and conveying the standards that children should follow when using media and information sources. To that end, the District supports and respects each family's right to decide whether or not to apply for access. At the lower grade levels(k-4th grades) an Internet or e-mail session should be conducted with small groups and always supervised by a teacher or someone the teacher has designated. Students in middle level grades(5th-8th)who are familiar with the network, and generally demonstrate good conduct may be provided with limited independent access in a location where the session can be monitored. In the high school,(9th-12th)students with good standing who have proven their ability to be responsible network users may be provided with independent, unsupervised access for research purposes.

Southside Elementary School Enrollment Form - Page 6
Student Name _____ **Teacher's Name** _____

FERPA Notice

The Family Educational Rights and Privacy Act (FERPA), a federal law, requires that the Pike County School District, with certain exceptions, obtain your written consent to the disclosure of personally identifiable information from your child's educational records. However, the Pike County Board of Education may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with the District procedures. The primary purpose of directory information is to allow Pike County Board to include this type of information from your child's educational records in certain school publications. Examples include:

- a playbill, showing your child's role in a drama production
- the annual yearbook
- honor roll or other recognition lists
- graduation programs
- sports activity sheets

If you **do not** want Pike County Board to disclose directory information from your child's educational records without your prior written consent, **you must notify the school, in writing, by September 1.**

Behavior and Discipline Policy

I have received a copy of District Code of Acceptable Behavior and Discipline, the Attendance Policy, and the Acceptable Use Policy and a copy of Southside Elementary School's Code of Conduct. **Parent Initial** _____

My child and I have read, understand and agree to abide with the contents in this Code Book. (One option must be marked)

- ☐ I **DO** want corporal punishment.
- ☐ I **DO NOT** want corporal punishment.

used as a discipline option for my child. I understand that in place of corporal punishment, a one-day suspension will be used.

Student Printed Name _____ Date _____
Student Signature _____

Parent Printed Name _____ Date _____
Parent Signature _____

Southside Elementary School Enrollment Form - Page 7
Student Name _____ **Teacher's Name** _____

School Related-Student Trip Permission Slip and Medical Release

From time to time during the school year, various classes will go on field trips in connection with their class work. In order to avoid repetition in securing your permission for these trips, this form will cover **all trips** to be taken throughout the school year.

In addition, in the event of accident or sudden illness while on the school-related student trip, I authorize school personnel to contact the physician(s) listed on my child's school enrollment data forms and authorize those physician(s) to render such treatment as may be deemed necessary in an emergency, for the health of the said child. In the event, the physician(s), parent, or other persons designated by the parent cannot be contacted, school personnel are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the said child. I will not hold the school district financially responsible for the emergency care and/or transportation of the said child.

Mode of Transportation: **School Bus**

Cost to Student if applicable: **\$ Varies Per Trip Taken**

☐ I hereby give permission for my child to participate in the above mentioned school-related student trip(s).

☐ I DO NOT give permission for my child to participate in the above mentioned school-related student trip(s).

Known allergies to Drugs or Anesthetics: _____

Emergency Information Form

In case of an emergency and neither you nor the people you have listed on the emergency contacts on your school enrollment forms can be contacted, your child will be taken to the nearest health care facility.

Is your child on any routine medication? ☐ Yes ☐ No

If yes, what condition: _____

List all routine medications: _____

Does your child have a history of diabetes, heart disease, T.B., nervous disorder, epilepsy, bee sting, ear infection, seizures, asthma, allergies, etc? Please describe:

Student's Physician: _____ Phone: _____

I give my permission for my child to be taken by ambulance/school personnel to a health care provider for emergency treatment in the event I cannot be located. I will be responsible for any fees.

Parent's Initials: _____

Parent/Guardian Name Printed: _____

Parent/Guardian Signature _____

Date: _____

HOMEROOM: _____

SCHOOL YEAR: _____

CONSENT FOR SCHOOL HEALTH SERVICES/MEDICATION ADMINISTRATION**PIKE COUNTY HEALTH DEPARTMENT/PIKE COUNTY SCHOOL SYSTEM**

CHILD'S NAME: _____ BIRTHDATE: _____ GENDER: _____ RACE: _____

ADDRESS: _____

CHILD'S SOCIAL SECURITY NUMBER: _____ HOME PHONE: _____ WORK PHONE: _____

EMERGENCY CONTACT NAME: _____ PHONE: _____

(Other than Parent)

KY MEDICAID ID# (if applicable): _____ NUMBER IN HOUSEHOLD: _____

MANAGED CARE ORGANIZATION: (circle one) COVENTRY CARES KY SPIRIT WELLCARE

MCO POLICY NUMBER: _____

STUDENT'S DOCTOR: _____ DOCTOR'S PHONE: _____

STUDENT'S DENTIST: _____ DENTIST'S PHONE: _____

SEIZURES _____

ALLERGIES/ASTHMA (food, insects, medication, other) _____

CURRENT MEDICATIONS _____

CHRONIC MEDICAL ILLNESSES _____

SIGNIFICANT MEDICAL / SOCIAL HISTORY (Including Injuries) _____

SIGNIFICANT FAMILY MEDICAL HISTORY Hypertension ☐ High Cholesterol ☐ Diabetes ☐ Other ☐

Please check any of the following, which you will allow your child to be given, and state dosage if necessary. All doses not specified will be given according to the child's age and weight using manufacturer's guidelines.

| | | |
|--|--|---|
| <input type="checkbox"/> Advil/Motrin (Ibuprofen Tablets or Children's Liquid) | <input type="checkbox"/> Diarrhea Medication | <input type="checkbox"/> Ear Drops (for ear ache) |
| <input type="checkbox"/> Aloe Vera (for burns) | <input type="checkbox"/> Eye Drops (Visine, Murine, etc.) | |
| <input type="checkbox"/> Antacids (Maalox, Tums, etc.) | <input type="checkbox"/> Hall Mentho-lyptus cough drops (if age appropriate) | |
| <input type="checkbox"/> Antibiotic Ointment (Neosporin) | <input type="checkbox"/> Hydrocortisone Cream (for itching) | |
| <input type="checkbox"/> Anti Nausea/Anti Vomiting | <input type="checkbox"/> Orajel (For toothache) or Chloraseptic (For sore throat) | |
| <input type="checkbox"/> Anti-Itch Spray or Lotion (insect bites, etc.) | <input type="checkbox"/> Sun Screen (SPF 15 or above) | |
| <input type="checkbox"/> Benadryl | <input type="checkbox"/> Topical Antiseptics (Alcohol, Hydrogen Peroxide, etc) | |
| <input type="checkbox"/> Cold Remedies (cough syrup, decongestant, etc.) | <input type="checkbox"/> Tylenol (Acetaminophen tablets or children's chewable/liquid) | |

Additional instructions of consideration: _____

The following information will aid the School Nurse in making an accurate assessment of your child in case of illness or emergency.

Please check the appropriate space if your child has ever had any of the following:

| | | |
|--|--|--|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Seizures | <input type="checkbox"/> Stomach or Bowel Problems |
| <input type="checkbox"/> Birth Defects | <input type="checkbox"/> Unexplained Weight Loss | <input type="checkbox"/> Joint or Muscle Pain or Stiffness |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Unexplained Tiredness | <input type="checkbox"/> Exposed to Tuberculosis |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Persistent Cough | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Unexplained Weight Gain | <input type="checkbox"/> Head, Eyes, Ears, Throat Problems |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Leukemia | <input type="checkbox"/> Blood Transfusion |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Sleep Problems | <input type="checkbox"/> Anaphylactic Episodes |

IF THIS INFORMATION SHOULD CHANGE, PLEASE NOTIFY THE SCHOOL NURSE, IMMEDIATELY!!!

I consent to care at the school provided by the Pike County Health Department which may include screenings such as vision and hearing exams, assessments, lab tests, treatment, first-aid, over the counter medicine, and any other health service given to me/my child by staff or agents of the Pike County Health Department. I understand that no guarantees are being made as to the effect of any exam or treatment on me/my child. I like-wise release the staff from Pike County health department and Pike County Schools from any liability related to the administering of the above medications to my child so long as the treatment is provided according to the above instructions. I authorize the school health clinic to release medical information about my child, as permitted by the Health Insurance and Portability and Accountability Act of 1996 (HIPPA), to his/her primary care provider and to share pertinent medical information (history of allergies or significant medical history) with school staff who may need to provide care to my child in an emergency. I understand that the sharing of this information is on a need to know basis only. I also understand that the information obtained for the school physical, including immunization information, will be released to my child's school. If my child has Medicaid or KCHIP, I also authorize the school clinic to release this information to those agencies so that the Medicaid or KCHIP can be billed for visits to the school clinic. I also understand by signing this consent, I acknowledge that I have access to a copy of the Pike County Health Department's Privacy Notice located at www.pikecountyhealth.com/v3/uploads/documents/pchd_hipaa_pp.pdf or I may request a copy by calling Pike County Health Department's main office at 437-5500. This permission can be revoked at any time. No services will be provided unless the signed form is returned. I agree to provide the agency nurse an order from my child's physician for any prescription medications before they can be given.

Signed: X _____ Printed: _____ Date: _____

(Parent or Guardian)

(Parent or Guardian)

PCHD 126

(Rev. 5/20/15)

REGULATIONS FOR STUDENTS & PARENTS

I PREVIOUS TO LOADING - (On the road and at School)

1. Be on time at the designated school bus stop; the bus cannot wait for those who are not on time.
2. Stay off the road at all times while waiting for the bus. Bus riders conduct themselves in a safe manner while waiting.
3. Respect other peoples property. If bus stop is in front of someone's home, stay off their property.
4. Wait until the bus comes to a complete stop before attempting to enter the school bus.
5. Bus riders are not permitted to move toward the bus at the school bus loading zone until the buses have been brought to a complete stop.

II WHILE ON THE BUS

1. Keep hands and head inside the bus at all times.
2. Assist in keeping the bus safe and clean at all times.
3. Remember that loud talking and laughter or unnecessary confusion diverts the driver's attention and may result in a serious accident.
4. Treat bus equipment as you would valuable furniture in your own home. Damage to seats, windows, etc., must be paid for by the offender.
5. Seats may be assigned by the driver.
6. Bus riders should never tamper with the bus or any of it's equipment.
7. Leave no books, lunches or other articles on the bus.
8. Nothing is to be thrown about on the bus.

* * * * *

SHOULD ANY PUPIL PERSIST IN VIOLATING ANY OF THESE REGULATIONS, IT SHALL BE THE DUTY OF THE DRIVER TO NOTIFY THE PRINCIPAL AND AFTER DUE WARNING HAS BEEN GIVEN TO THE PUPIL, THE PRINCIPAL SHALL THEN FORBID THE DISOBEDIENT PUPIL THE PRIVILEGE OF RIDING ANY SCHOOL BUS FOR WHATEVER TIME THAT HE FEELS NECESSARY. Written notice of the action of the principal shall be furnished the parent, but such notice need not precede action by the principal.

9. Keep books, packages, coats and all other objects out of the aisles.
10. Help look after the safety and comfort of small children.
11. Do not throw anything out of the bus windows.
12. Bus riders are not permitted to leave their seats while the bus is in motion.
13. Horseplay is not permitted around or on the school bus.
14. Bus riders are expected to be courteous to fellow pupils, and the driver.
15. Absolute quiet when approaching a railroad crossing stop.
16. In case of a road emergency involving vehicles other than the school bus, children are to remain on the bus.
17. Absolutely no smoking on the school bus.
18. Absolutely no eating on the school bus.
19. Abstain from the use of foul language.

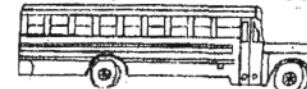
III AFTER LEAVING THE BUS

1. Cross the road, when necessary, after getting off the bus (at least ten feet in front of the bus) but only after looking to be sure that no traffic is approaching from either direction. Never cross the road from behind the bus.
2. Be alert to the danger signal from the driver.
3. The driver will not discharge riders at other places than the regular bus stop at home or at school unless by proper authorization from parent signed by the principal of the child's school.

IV EXTRA - CURRICULAR TRIPS

1. The above rules and regulations would apply to any trip under school sponsorship.
2. Pupils shall respect the wishes of a competent chaperone appointed by the school.

PIKE COUNTY BOARD OF EDUCATION
316 SOUTH MAYO TRAIL
PIKEVILLE, KENTUCKY 41501



RULES AND REGULATIONS

TO: PARENTS AND CHILDREN RIDING SCHOOL BUSES
FROM: THE PIKE COUNTY BOARD OF EDUCATION,
TRANSPORTATION DEPARTMENT

DEAR PARENT:

In order for you to understand the regulations covering the conduct of your child riding a school bus, we are sending you a copy of regulations for pupils riding a school bus. It is requested that YOU AND YOUR CHILD read these Regulations.

This will be used as a permanent record throughout your child's enrollment in the Pike County Schools. Your cooperation with us will make it possible to provide a SAFER and MORE EFFICIENT Transportation Program.

PLEASE SIGN AND RETURN TO THE PRINCIPAL. IN ORDER FOR YOUR CHILD TO CONTINUE RIDING THE SCHOOL BUS.

FOR JR. & SR. HIGH SCHOOL PUPILS
I have read and understand the REGULATIONS FOR PUPILS RIDING SCHOOL BUSES and agree, as a passenger, to abide by said regulations:

PUPIL SIGNATURE

SCHOOL

GRADE

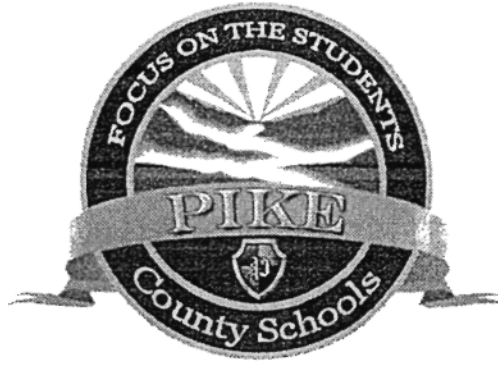
FOR PARENT OF GUARDIAN

I have read and understand the REGULATIONS and agree, to assume full responsibility for my child's conduct on said buses:

PARENT OR GUARDIAN SIGNATURE

A PUBLICATION OF THE
DEPARTMENT OF TRANSPORTATION

CUT OFF AND RETURN TO SCHOOL PRINCIPAL



Your child's health is very important to us, as we know it is to you. Therefore, we request your permission to screen for vision, hearing, height and weight. It is required by the Kentucky Department of Education that height and weight be done from kindergarten to 6th grade, vision be done in the 3rd and 5th grades, with hearing to be done from kindergarten through 3rd grade. Please sign and return to your child's teacher *as soon as possible*. We appreciate your cooperation in this matter. ***This information is confidential.***

Student Name: _____

Student's Birthday: _____

Grade: _____

Teacher: _____

_____ I do not give permission for my child to receive any health screenings.

Parent/Guardian Signature

Date

School

Kentucky Department of Education

Home Language Survey

Student Name: _____ Birth Date: _____

Male/Female _____

School: _____ Grade: _____ Date: _____

1. Was your child born in the United States? _____ Yes _____ No

If "NO, in what other country? _____

2. Has your child attended another school for three (3) years or more?

_____ Yes _____ No

School: _____ State: _____ Dates Attended: _____

School: _____ State: _____ Dates Attended: _____

3. What language is spoken in your home most of the time? _____

4. If available, what language would you prefer to receive communication from the school? _____

5. Please circle if your child is: Native American Indian, Alaska Native, Native Pacific Islander, or Native US Virgin Islander.

6. Is your child's first learned or home language anything other than English?

_____ Yes _____ No. If "Yes", answer the following:

What language did your child learn when he/she began to talk? _____

What language does your child mostly speak at home? _____

What language do you mostly speak to your child?

Mother _____ . Father _____ .

7. Please describe the language understood by your child. Check only 1.

A. _____ Understands only the home language and no English.

B. _____ Understands mostly the home language and some English.

C. _____ Understands the home language and English equally.

D. _____ Understands mostly English and some of the home language.

E. _____ Understands only English.

Parent/Guardian's Signature: _____ Date: _____

Kindergarten Enrollment Prior Setting Data

Name: _____

Date of Birth: _____

Address: _____

Please provide information about every early learning environment your child attended during the year prior to kindergarten.

Setting 1

- ☐ State Funded Preschool
- ☐ Head Start
- ☐ Child Care
- ☐ Home
- ☐ Other

Facility/School Name: _____

Address: _____

Start Date: _____

End Date: _____

Setting 2

- ☐ State Funded Preschool
- ☐ Head Start
- ☐ Child Care
- ☐ Home
- ☐ Other

Facility/School Name: _____

Address: _____

Start Date: _____

End Date: _____

Kentucky law, KRS 156.160(i), requires proof of a dental screening or examination by a dentist, dental hygienist, physician, registered nurse, advanced registered nurse practitioner, or physician assistant. This evidence shall be presented to the school no later than January 1 of the first year that a five (5) or six (6) year old is enrolled in public school.

| | | |
|---|---|--|
| Student Name: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Last First Middle </div> | | Test Type (check one) <input type="checkbox"/> Screening <input type="checkbox"/> Exam |
| Birth date: ____/____/____ Gender: <input type="checkbox"/> 0 Male <input type="checkbox"/> 1 Female Parent or Guardian: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Name Relationship </div> Address: _____ City: _____ Phone Number: _____ School: _____ <div style="text-align: center;">Date of Exam/Screening ____/____/____</div> | | |
| Untreated Decay: (Check one) <input type="checkbox"/> 0 No untreated cavities <input type="checkbox"/> 1 Untreated cavities | Treated Decay: (Check one) <input type="checkbox"/> 0 No treated cavities <input type="checkbox"/> 1 Treated cavities | Screener's Name: _____ Screener's Address: _____ Phone Number: _____ Screening Date: _____ Screener's Signature: _____ Professional affiliation: (Please check one) <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Dentist <input type="checkbox"/> Dental Hygienist <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Registered Nurse <input type="checkbox"/> APRN <input type="checkbox"/> Physician </div> |
| Pattern of Early Childhood Cavities: (Check one) <input type="checkbox"/> 0 No Early Childhood Cavities <input type="checkbox"/> 1 Early Childhood Cavities Present | Treatment Urgency: (Check one) <input type="checkbox"/> 0 No obvious problem <input type="checkbox"/> 1 Early dental care needed <input type="checkbox"/> 2 Referral for Urgent Care NOTE: Comment required if marked. | |
| | | Comments: |

Appendix C

English Language Development Program for English Language Learners (ELLs)

Initial Eligibility Parental Notification

To the Parents of: _____

Date: _____

School: _____ Grade: _____ Date of Birth: _____ Student

ID#: _____

Pike County Schools provides English Language Development (ELL) services for English language learners to support their access to general education curriculum, which is designed to meet age appropriate State and local academic standards for grade promotion and graduation. Based on English language fluency test scores and review of school records, we have determined your child's eligibility. Further assessment and services decisions will be completed at your child's school.

- ____ Eligible for participation in English Language Learner (ELL) services
____ English Language Learner (ELL) services is not recommended at this time.
____ Other _____

This recommendation is based on the following criteria as marked below:

1. ____ WIDA-MODEL (Screener) Score: _____
2. ____ Prior education and social experience
3. ____ Other tests Test: _____ Score: _____

Test: _____ Score: _____

Test: _____ Score: _____

Parental Notification

I understand that after using multiple criteria, it is recommended that my child participate in ELL services. School personnel have discussed this recommendation with me and I understand the following:

1. My child will participate in the ELL services, which help him/her, learn English and other academic skills by improving reading, writing, and oral language skills.
2. Teacher(s) will discuss my child's progress with me throughout the school year.
3. Any information about my child's progress will be made available to me upon request.
4. I am free to visit my child's class by appointment.
5. If, at any time, I have questions about ELL services, I will be able to contact the principal at the school.
6. I will be invited to participate in any meetings regarding changes to my child's ELL services.
7. My child will be given the ACCESS for ELLs ® annually to determine his/her progress in English acquisition. I will receive notification of test scores. Once my child is considered a fluent English speaker (ACCESS composite level 5), he/she will be exited from ELL services. My child's progress will be monitored, and if he/she continues to need support, assistance will be provided.
8. I have the right to refuse ELL services at any time.

Parent/Guardian Signature

Date

Original: Student Cumulative Folder
Copy 1: Parent
Copy 2: District ELL Folder

Appendix D

DECLINE ENGLISH LANGUAGE PROGRAM FOR DEVELOPMENT

I, _____, decline TITLE III English Language Development (ELL) services for my son/daughter _____, although I understand that his/her English language proficiency test scores indicate that he/she would benefit from this program. I also understand that I can at any time request a review of this decision.

SIGNATURE

DATE

School Personnel Present:

| NAME | POSITION/SCHOOL | COMMENTS: |
|------|-----------------|-----------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Original: Student Cumulative Folder
Copy 1: Parent
Copy 2: District ELL Folder

Appendix E

WIDA Performance Definitions

6- Reaching

- A variety of sentence lengths of varying linguistic complexity in extended oral peers

5- Bridging

- Specialized or technical language of the content areas
- A variety of sentence lengths of varying linguistic complexity in extended oral or written discourse, including stories, essays or reports
- oral or written language approaching comparability to that of English-

4- Expanding

- A variety of sentence lengths of varying linguistic complexity in oral discourse or multiple, related sentences or paragraphs
- oral or written language with minimal phonological, syntactic or semantic errors that do not impede the overall meaning of the communication when presented with oral or written connected discourse with sensory, graphic or interactive support

3- Developing

- expanded sentences in oral interaction or written paragraphs
- oral or written language with phonological, syntactic or semantic errors that may impede the communication, but retain much of its meaning, when presented with oral or written, narrative or expository descriptions with sensory, graphic or interactive support

2- Beginning

- General language related to the content areas
- Phrases or short sentences
- oral or written language with phonological, syntactic, or semantic errors that often impede the meaning of the communication when presented with one- to multiple-step commands, directions, questions, or a series of statements with sensory, graphic or interactive support

1- Entering

- Pictorial or graphic representation of the language of the content areas
- words, phrases or chunks of language when presented with one-step commands, directions, WH-, choice or yes/no questions, or statements with sensory, graphic or interactive support
- oral language with phonological, syntactic, or semantic errors that often impede meaning when presented with basic oral commands, direct questions, or simple statements with sensory, graphic or interactive support

Appendix F

Annual Measurable Achievement Objectives (AMAOs) Summary

AMAO I: Making progress in proficiency *(AMAO that evaluates annual increase in the number of percentage of children making progress in learning English (P.L. 107-110, Title III, Part A, Subpart 2, §3122(a)(#)(A)(i)).*

- Are ELLs progressing toward proficiency?
- One out of three ELLs move 0.5 (scaled score)
- Weighted system that accounts for amount of progress an ELL student makes over time
- Missing or invalid data has negative impact

Code Used for

AMAO I

**Calculation Length of Time as ELL
(Years administered ACCESS)**

Category

- 0 0-2 years Short-term
- 1 3-4 years Typical
- 2 5 or more years Long-term
- 3 Data missing or invalid Unknown

AMAO II: Attaining proficiency *(AMAO that evaluates annual increase in the number or percentage of children attaining English proficiency by the end of each school year, as determined by a valid and reliable assessment of English proficiency consistent with Section 1111(b)(7) of NCLB (P.L. 107-110, Title III, Part A, Subpart 2, §3122(a)(3)(A)(ii)).*

- Are ELLs attaining proficiency?
- Number of ELLs with composite score level (5-6)
- Threshold targets established for the baseline year (6.67%) and increased by 2.87% each subsequent year [2008 (15.3%) 2009 (18.2%) 2010 (21.0%)]

AMAO III: Adequate Yearly Progress (AYP) for ELLs *(AMAO that measures adequate yearly progress for limited English proficient children (LEP/ELL) as described in the Section 1111 (b)(2)(B) of NCLB (P.L. 107-110, Title III, Part A, subpart 2, §3122(a)(3)(A)(iii)).*

- Are ELLs making AYP?
- AYP data for reading and mathematics used to determine if district made AYP in ELL subgroup (participation and proficiency)
- AMAO III is not SET when the only sub-group that doesn't make AYP is ELL

Appendix G

School ELL Team (SET) ELL Services Form

Student: _____

School: _____ Grade: _____ Date: _____

Team Members Present (type or write names):

- ☐ Administrator:
- ☐ Counselor/Social Worker:
- ☐ General Ed. Teacher:
- ☐ ELL Teacher:
- ☐ Parent/Guardian:
- ☐ Interpreter:
- ☐ Other(s):

Recommended level of language support based on ELL program placement guidelines based on multiple measures (Check all services options that apply)

Program Placement for school year 20____ to 20____

- ☐ Intensive English Language Development (IELL)
- ☐ Intensive Literacy Academy (ILA) (grade 9-12)
- ☐ Academic Language Support
- ☐ Monitor Year 1
- ☐ Monitor Year 2

Support ____ hours per _____ provided by: _____

- ☐ Sheltered Language Instruction
- ☐ RTI Strategies: _____
- ☐ Other: _____
- ☐ Academic Support
- ☐ In class academic language support
- ☐ Tutoring:
- ☐ Other: _____

Structured English Immersion (SEI) provided by general education teachers

Lesson Preparation

- Clearly defined content and language objectives for students
- Use of a variety of techniques to make content concepts clear
- Understand levels of language proficiency (Can Do Descriptors)

Build Background Knowledge

- Make clear links between students' past learning and new concepts
- Emphasize academic vocabulary (e.g., word sorts)

Comprehensible Input

- Use a variety of techniques to make content concepts clear to various language proficiency levels (e.g., visuals, demos, film clips, modeling)

Strategies

- Provide multiple opportunities for students to practice and use strategies (e.g., reciprocal teaching, pre-during-post reading)
- Consistently use scaffolding techniques throughout a lesson (e.g., think-aloud, partnering)
- Employ a variety of question types (Bloom's taxonomy)

Interaction

- Provide frequent opportunities for interaction and discussion for "oral rehearsal"
- Use various grouping structures
- Consistently afford sufficient wait time

Assessment

- Comprehensive review of vocabulary and key concepts
- Regularly give descriptive feedback

Original: Student Cumulative Folder
Copy 1: Parent;
Copy 2: District ELL Folder;
Copy 3: ELL and General Education teachers

Appendix H

English Language Development Program for English Language Learners (ELLs) Continued Eligibility Parental Notification

Student: _____

School: _____ Grade: _____ Date: _____

Pike County Schools provides English Language Development (ELL) services for English language learners to support their access to general education curriculum, which is designed to meet age-appropriate State and local academic standards for grade promotion and graduation. Your child's English academic language proficiency is assessed annually on the ACCESS for ELLs® to determine his/her continued eligibility for ELL Programs. Parents have the right to decline ELL services at any time during the school year. Parents/guardians must sign a "Decline ELL Program Form," available at the student's school. The following decision was made based on your child's ACCESS for ELLs® score. Please refer to the attached parent report for test score details.

_____ Continued participation in English Language Development (ELL) services

_____ Exit from English Language Development (ELL) services

(Attained level 5 on composite score)

If you have any questions, please contact your child's school.

Original: Student Cumulative Folder

Copy 1: Parent

Copy 2: District ELL Folder

Appendix J

School ELL Team (SET) Referral Form

Student: _____

School: _____ Grade: _____ Date: _____

Team Members Present (type or write names):

- Administrator:
- Counselor/Social Worker:
- General Ed. Teacher:
- ELL Teacher:
- Parent/Guardian:
- Interpreter:
- Other:

Reason for referral:

Summary of discussion:

Decision and follow-up:

Parental participation and notification of referral:

- In person • phone call • written summary

Original: Student Cumulative Folder

Copy 1: Parent

Copy 2: District ELL Folder

Appendix K

ELL Program Definitions and Goals

Intensive English Language Development (K-12 ACCESS levels 1-2):

Instruction that focuses on basic conversational fluency and literacy skills, including: Pronunciation, phonemic awareness, vocabulary and grammar, in all language domains (speaking, listening, reading and writing) associated with school and community life. The goals of the program are to accelerate the acquisition of English for students by focusing on foundational language proficiency skills in all language domains needed **to participate and make progress in** mainstream content classes, and to provide cross cultural information and strategies for success in negotiating the American school system.

Intensive Literacy Academy (9-12 ACCESS levels 1-2): This program is for select high school students who have had limited opportunities to develop language and literacy skills because schooling in their countries of origin has been severely disrupted or unavailable. The goal of this specialized language program is to accelerate the acquisition of early literacy skills in English.

Cognitive Academic Language Support (K-12 ACCESS levels 3-5): Instruction that focuses on the language proficiency skills associated with academic content and abstract language abilities, such as analysis, synthesis and evaluation, in all language domains (speaking, listening, reading and writing) required for academic discourse. The goals of the program are to accelerate the acquisition of English and academic content for students in the areas of language arts, math, science and social studies in order **to meet** grade level expectations, and to provide cross-cultural information and strategies for success in negotiating the American school system.

Appendix L

ENGLISH LANGUAGE LEARNERS (ELL)

DISTRICT SELF-STUDY GUIDE

This Guide is designed to provide the district/building with a comprehensive overview of its practices and procedures. Please mark the answer by each statement that best describes your school district. In this district self-study guide, the term English Language Learners (ELLs) will be used instead of Limited English Proficiency (LEP). For definitions of terms please see attachments.

Reviewer Team Member: _____

School Affiliation: _____

District: _____ Date: _____

| Indicator | Yes | No |
|---|-----|----|
| ELL IDENTIFICATION | | |
| 1. The district has a procedure to identify all students who have a primary or home language other than English. Please attach a copy of the procedures. | | |
| 2. District staff is knowledgeable of the procedures for identifying students who have a primary language other than English. | | |
| 3. School/district staff that works directly with parents and students in the identification of students, who have a primary of home language other than English, speak and understand the appropriate language(s). | | |
| 4. Documentation regarding each student's primary or home language is maintained in student's file. | | |
| 5. The district assesses on a yearly basis the English language proficiency of all students identified as having a primary or home language other than English in the four language areas (oral/speaking, reading, writing, and listening). | | |
| 6. The district conducts language proficiency assessments for students who have a primary or home language other than English, using: _____ | | |
| 6a. Formal assessments (e.g., tests). Name of test(s) used: _____ | | |
| 6b. Informal assessments (e.g., teacher interviews, observations). | | |
| 7. Students who have a primary or home language other than English are assessed for language proficiency in their primary or home language. | | |
| 8. The district has developed procedures to determine the effectiveness of its informal assessment procedures. Please attach a copy of it. | | |

Reviewer Initials: _____

Appendix L

ENGLISH LANGUAGE LEARNERS (ELL)

DISTRICT SELF-STUDY GUIDE

This Guide is designed to provide the district/building with a comprehensive overview of its practices and procedures. Please mark the answer by each statement that best describes your school district. In this district self-study guide, the term English Language Learners (ELLs) will be used instead of Limited English Proficiency (LEP). For definitions of terms please see attachments.

| ASSESSMENT AND EVALUATION | | |
|--|-----|----|
| Indicator | Yes | No |
| 9. The district has determined the level of English-language proficiency at which students are considered English proficient. Please attach copy of description. | | |
| 10. The district assesses ELL academic skills in relation to their grade or age level. Name(s) of instrument(s) used to assess ELL academic skills: | | |
| 11. ELL who have been in the U.S. for 3 consecutive years are tested in English in reading/language arts. | | |
| 12. The district assesses ELL in the language and form most likely to yield accurate and reliable results. Language(s) used: | | |
| 13. The district uses the “ <i>Guidelines for the Inclusion of English Language Learners in Your District-wide Assessment Program</i> ” or similar documents to guide decision-making. | | |
| ELL PROGRAM SERVICES | | |
| 13a. Total number of ELL included in your district wide assessment | | |
| 13b. Number of ELL included in the district wide assessment with <input type="checkbox"/> NO accommodations <input type="checkbox"/> With accommodations | | |
| 13c. Number of ELL NOT included in your district-wide assessment. | | |
| 14. The district has established qualifications for individuals who administer language or academic assessments to ELL. | | |
| 15. Programs are available for ELL at each grade level. | | |
| 16. There are no substantial delays (e.g., more than 30 days) in placing ELL into an appropriate educational program. | | |

Reviewer Initials: _____

Appendix L

ENGLISH LANGUAGE LEARNERS (ELL)

DISTRICT SELF-STUDY GUIDE

This Guide is designed to provide the district/building with a comprehensive overview of its practices and procedures. Please mark the answer by each statement that best describes your school district. In this district self-study guide, the term English Language Learners (ELLs) will be used instead of Limited English Proficiency (LEP). For definitions of terms please see attachments.

| PROGRAM (e.g., ESL, Bilingual, etc.) | | |
|--|--|--|
| 17. There is coordination of curriculum between teachers for ELL and teachers in the regular program. | | |
| 18. ELL in the high school program earn credits toward graduation. | | |
| 19. Instructional materials are adequate to meet the English language and academic needs of ELL. | | |
| 20. Parents are involved in the process of placing ELL in an appropriate educational program | | |
| 21. The district has a system to evaluate the success of their ELL program. | | |
| 22. Label the program(s) at each level or attach a copy of description. | | |
| 23. The district has established qualifications for teachers who teach ELL. | | |
| Please attach a copy of the description of the evaluation plan. Please attach documentation on accommodations used. Level Program (See definitions) Teachers/Paraprofessionals Elementary Middle school High school | | |

Reviewer Initials: _____

Appendix L

ENGLISH LANGUAGE LEARNERS (ELL)

DISTRICT SELF-STUDY GUIDE

This Guide is designed to provide the district/building with a comprehensive overview of its practices and procedures. Please mark the answer by each statement that best describes your school district. In this district self-study guide, the term English Language Learners (ELLs) will be used instead of Limited English Proficiency (LEP). For definitions of terms please see attachments.

| STAFF | | |
|---|--|--|
| 24. The district has established qualifications that the teachers' aides and/or paraprofessionals must meet. | | |
| 25. The district has teachers with permissions/endorsement to teach ELL. | | |
| 25a. Number of ELL | | |
| 25b. Number of teachers with ESL permissions | | |
| 26. The district provides high-quality professional development to classroom teachers and other district personnel. | | |
| 26a. Number of mainstream teachers that participated. | | |
| 26b. Number of ESL teachers that participated. | | |
| 26c. Number of paraprofessionals/teacher aides that participated | | |
| 27. The district provides training for interpreters and translators. | | |
| 28. Professional development activities are designed to improve instruction and assessment of ELL; enhance teachers' ability to understand and use curricula, assessment measures, and instructional strategies for ELL; are based on scientifically based research; and are of sufficient intensity and duration to have a lasting impact on teachers' performance | | |
| 29. Teachers of ELL are fluent in English and, when appropriate, in any other language(s) used for instruction, including having written and oral communication skills. | | |
| 30. The district has provided training to staff who administer, evaluate, and interpret the results of the assessment that was used. | | |

Reviewer Initials: _____

Appendix L

ENGLISH LANGUAGE LEARNERS (ELL) DISTRICT SELF-STUDY GUIDE

This Guide is designed to provide the district/building with a comprehensive overview of its practices and procedures. Please mark the answer by each statement that best describes your school district. In this district self-study guide, the term English Language Learners (ELLs) will be used instead of Limited English Proficiency (LEP). For definitions of terms please see attachments.

| EXIT CRITERIA | | |
|---|--|--|
| 31. The district has established an exit criterion. Please attach a description of it. | | |
| 31a. How many ELL exit the program after: less than 1 year | | |
| 31b. How many ELL exit the program after 1 to 3 years | | |
| 31c. How many ELL exit the program after 3 to 5 years | | |
| 31d. How many ELL exit the program after 5 years or more | | |
| 32. The exit criteria ensures that ELL can: | | |
| 32a. Speak English sufficiently well to participate in the district's general educational program. | | |
| 32b. Read English sufficiently well to participate in the district's general educational program | | |
| 32c. Write English sufficiently well to participate in the district's general educational program. | | |
| 32d. Comprehend English sufficiently well to participate (meaningfully) in the district's general educational program | | |
| 33. The district monitors the academic progress of ELL who have exited the program. | | |
| 33a. Average years of monitoring | | |
| 34. The school district determines whether ELL are performing at a level comparable to their English-speaking peers? Please attach documentation (Work Samples) – Teacher anecdotal records | | |
| 35. The district has established procedures for responding to deficient academic performance of ELL. Please attach a copy of procedures. | | |
| 36. ELL re-enter the alternative language program if they experience academic difficulties in the regular program. | | |
| 37. Achievements, honors, awards, or other special recognition rates of ELL are similar to those of their peers. | | |
| 37a. Percent of English-monolingual students in Talented and Gifted programs | | |
| 37b. Percent of ELL in Talented and Gifted programs | | |
| 37c. Percent of ELL in district | | |

Reviewer Initials: _____

Appendix L

ENGLISH LANGUAGE LEARNERS (ELL)

DISTRICT SELF-STUDY GUIDE

This Guide is designed to provide the district/building with a comprehensive overview of its practices and procedures. Please mark the answer by each statement that best describes your school district. In this district self-study guide, the term English Language Learners (ELLs) will be used instead of Limited English Proficiency (LEP). For definitions of terms please see attachments.

| PROGRAM EVALUATION | | |
|--|--|--|
| 38. The district conducts a formal evaluation of its program for ELL to determine its effectiveness. Please attach a copy of the report. | | |
| 39. The district examines data of ELL? | | |
| 39a. grade retention | | |
| 39b. graduation | | |
| 39c. dropout rates | | |
| 39d. gender | | |
| 39e. English proficiency | | |
| 39f. economically disadvantaged | | |
| 39g. KPREP achievement levels satisfactory to goals? | | |
| 39h. multiple measures of academic achievement Please attach copies of disaggregated data | | |

Reviewer Initials: _____

Appendix L

ENGLISH LANGUAGE LEARNERS (ELL)

DISTRICT SELF-STUDY GUIDE

This Guide is designed to provide the district/building with a comprehensive overview of its practices and procedures. Please mark the answer by each statement that best describes your school district. In this district self-study guide, the term English Language Learners (ELLs) will be used instead of Limited English Proficiency (LEP). For definitions of terms please see attachments.

| EQUITABLE ACCESS | | |
|--|--|--|
| 40. The quality of facilities and services available to ELL are comparable to those available to all other students. Please describe under what conditions. | | |
| 41. The quality and quantity of instructional materials in the program are comparable to the instructional materials provided to all other students. | | |
| 42. ELL participate in classes, activities, and assemblies with all the other students | | |
| 43. ELL have access to the full school curriculum (both required and elective courses, including vocational education) while they are participating in the language program. | | |
| 44. Counseling services provided to ELL are comparable to those available to all other students | | |
| 45. ELL have opportunities for full participation in special opportunity programs, (e.g., Gifted & Talented, Advanced Classes, Title I, Special Education programs, etc.) | | |
| 46. ELL are not segregated while taking their classes | | |
| 47. In general, ELL are integrated in classes such as P.E. music, arts, etc. | | |
| SPECIAL EDUCATION | | |
| 48. The district utilizes procedures for identifying ELL who may be in need of special education services. Please attach copy. | | |
| 49. The district's procedures for identifying and assessing ELL for special education takes into account language and cultural differences. Please attach copy. | | |
| 50. Testing instruments used to assess ELL for special education placement are valid and reliable for these specific students. | | |
| 51. Persons who administer special education assessment tests to ELL are specially trained in administering the tests. | | |
| 52. Staff who conducts special education assessments for ELL are fluent in the student's primary language | | |
| 53. The instructional program for ELL in special education takes into account the student's language needs. | | |
| 54. The district ensures coordination between the regular and the special education programs in meeting the particular needs of ELL who are in special education | | |
| 55. The district identifies and places all ELL who need special education services in a timely manner. | | |
| 56. The parents or guardians of special education ELL are notified of their rights and responsibilities in a language they can best understand. | | |

Reviewer Initials: _____

Appendix L

ENGLISH LANGUAGE LEARNERS (ELL)

DISTRICT SELF-STUDY GUIDE

This Guide is designed to provide the district/building with a comprehensive overview of its practices and procedures. Please mark the answer by each statement that best describes your school district. In this district self-study guide, the term English Language Learners (ELLs) will be used instead of Limited English Proficiency (LEP). For definitions of terms please see attachments.

| NOTICES TO PARENTS | | |
|---|--|--|
| 57. The district communicates with parents/guardians of students with a primary home language other than English, in a meaningful way (a form that parents can understand). For example, school forms are translated. Please attach copies of translated forms. | | |
| Yes 58. Parents of ELL are notified no later than 30 days after the beginning of the school year of their child identification, participation, and students and parental rights. | | |
| 59. The district uses interpreters or translators to assist in communicating with parents/guardians who do not speak English. | | |
| 60. Parents/guardians of ELL are well informed of the district's special educational programs | | |

This self-study is based on data from _____ academic year.

Completed by: _____ **Date** _____

District or Building: _____

Address: _____

Administrator: _____

Title: _____

Phone #: _____

E-mail: _____

Reviewer Initials: _____

Appendix M

Legal References Related to the Education of ELLs

Federal Legislation

No Child Left Behind (NCLB) Act of 2001 provides for strong accountability for the education of all children and for certain provisions specific to limited English proficient students, especially under Titles I and III of the Act. NCLB also provides funds to states and local schools and universities to carry out the intent of the Act.

<http://www.ed.gov/policy/elsec/leg/esea02/index.html> (full text)

<http://www.ed.gov/nclb/> (U.S. Department of Education's official NCLB Web site)

Title VI of the Civil Rights Act of 1964 prohibits discrimination on the basis of national origin (and other civil rights).

<http://www.usdoj.gov/crt/cor/coord/titlevistat.htm> (full text)

Equal Education Opportunities Act of 1974 requires schools to "take appropriate steps" to ensure equal access as stipulated in the Lau opinion below.

<http://www.law.cornell.edu/topics/education.html> (full text)

Court Decisions

Lau vs. Nichols (1974) ruled that providing the same access to curriculum, instruction, and materials for students of limited English proficiency as is provided to English dominant students is not in effect equitable.

Plyler vs. Doe (1981) ruled that all students in public schools must be appropriately served, including any students who may not be documented as legal immigrants.

Castañeda vs. Pickard (1981) case precedent requires schools to use a three pronged approach to assure that they are following the spirit of the above decisions vis-à-vis: a practice grounded in sound educational theory; effective implementation of an appropriate program; assurance that the program is working through an evaluation and subsequent program modification to meet this requirement.

Office of Civil Rights Policy Update on Schools' Obligations Toward National Origin Minority Students With Limited English Proficiency (1991) adopted the three prongs of Castañeda above and required that all language minority students be assessed for fluency, that parents be provided school information in a language they understand, and that instruction to limited English proficient students be carried out by qualified staff.

Executive Order 13166: Improving Access to Services for Persons With Limited English Proficiency (2000)

<http://www.usdoj.gov/crt/cor/13166.htm> (full text)