

## **BOARD OF EDUCATION**

# Board Work Session **AGENDA**

February 22, 2018

#### BOARD OF EDUCATION February 22, 2018

Regular Board Meeting / Work Session – 6 p.m.

#### Large Conference Room Public Safety and Schools Building 1331 NW Eastman Parkway, Gresham, OR

I.	CALL TO ORDER	
II.	ROLL CALL	
	Sharon Garner, Vice-Chair Carla Piluso, Director John Hartsock, Director	Kathy Ruthruff, Director Blake Petersen, Director A. Katrise Perera, Superintendent
III.	APPROVE MEETING AGENDA	
IV.	<u>INFORMATION ITEM</u>	
	<ol> <li>School-Based Health Center Business Plan Upda</li> <li>Bond: Owner Controlled Insurance Program (Och</li> <li>Options for Paperless Board Meeting Software</li> <li>The Leader in Me School Site Visits</li> </ol>	CIP) Schofield DeWitz
V.	ACTION ITEMS	
	First Reading	
	<ul><li>5. Policy Review</li><li>6. Bond: HVAC Direct Digital Controls</li><li>7. Bond: Playground Replacement/Upgrade Proje</li></ul>	Ketelsen Schofield cts Schofield
VI.	INFORMATION ITEMS	
	8. Board Committee Assignments	Howatt
VII.	DISCUSSION ITEMS	
	MESD Budget Committee Appointment     Board Agenda Review	Howatt Howatt
	RECESS INTO EXECUTIVE SESSION	

Gresham-Barlow School District No. 10 Jt. Agenda - Board Meeting / Work Session February 22, 2018 Page 2

> The Gresham-Barlow School District Board of Directors will now meet in executive session to review and evaluate the employment-related performance of the chief executive officer (Superintendent) pursuant to ORS 192.660 (2)(i)

> Executive sessions are closed to the public. Representatives of the news media and designated staff shall be allowed to attend. All other members of the audience are asked to leave the room. Representatives of the news media are specifically directed not to report on any of the deliberations during the executive session, except to state the general subject of the session as previously announced. No decision may be made in executive session.

11. Superintendent Evaluation Hartsock/Garner

#### RECONVENE INTO REGULAR WORK SESSION

#### VIII. ANNOUNCEMENTS

Board Work Session - 6 p.m. Mar. 1, 2018:

> Council Chambers Conference Room Public Safety and Schools Building

Mar. 1, 2018: Regular Board Meeting - 7 p.m.

Council Chambers

Public Safety and Schools Building

IX. ADJOURN

AKP:sa:2/16/18:4:46 PM

## GRESHAM-BARLOW SCHOOL DISTRICT 1331 NW Eastman Parkway Gresham, OR 97030-3825

TO: Board of Directors

FROM: A. Katrise Perera

April Olson

DATE: February 22, 2018

RE: No. 1 – School-Based Health Center Business Plan Update

EXPLANATION: The Gresham-Barlow School District, along with consultant Oregon

School-Based Health Alliance (OSBHA), has been conducting a

School-Based Health Center (SBHC) planning process.

A Steering Committee has met twice to review data and determine services and supports that the SBHC should provide, and how the district can use existing and new resources and partnerships to realize this vision for the school community.

Student and parent focus groups and surveys were also conducted. The results of both were very positive.

The school district is using this input to inform development of a business plan draft that was presented to the Multnomah County Commissioners, Multnomah County Community Health Council and the School Board on February 15, 2018. A final draft is due in June. It would be ideal to make this a formal action item at a March work session for a Board statement of support for the SBHC.

PRESENTER: April Olson, Director of Federal Programs

SUPPLEMENTARY

MATERIALS: 1. Business Plan Draft

2. Gresham-Barlow School-Based Health Center Steering Committee:

List of Members

RECOMMENDATION: This report is being provided as information only.

REQUESTED ACTION: No formal action is required at this time.

AO:sa

## Gresham SBHC Business Plan Draft\*

Date approved: [insert date here]

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#### I. Executive Summary

There is a clear need for a school-based health center (SBHC) at Gresham High School. This is not only evident by the inadequacy of current local resources, but also through multiple data sources. On the Oregon Health Teens (OHT) Survey, one in six students rated their physical health as fair or poor and one in three reported that their mental health is fair or poor. Almost half of parents surveyed said that expense was a reason they did not take their child to receive health services. Community risk factors in Gresham continue to grow. The GHS SBHC Steering Committee identified current gaps in health services, including lack of culturally-specific access points and language barriers.

Through the community engagement process with multiple opportunities for feedback, the consistent message was very supportive of a SBHC. Students ranked mental health and reproductive healthcare as the most important services they'd like at the SBHC. Parents rated mental health and access to services as the biggest needs facing students. 83% of non-neutral survey responses were positive, with support or thanks for consideration of a SBHC.

The building for the SBHC is identified and owned by GBSD. Architects will be working jointly so that renovations to the existing building will receive interior upgrades per specifications to meet the needs of a SBHC.

The GBSD SBHC Steering Committee is in the process of selecting a medical sponsor. Once a sponsor is in place, we will make plans for a certification process and address funding.

Our SBHC will be located at the high school but will serve students from the entire district. Further conversations with the medical sponsor and steering committee will help identify if it is feasible to serve other age groups from community.

#### II. Needs Statement

The Gresham School District's mission is "Every student prepared for a lifetime of learning, career opportunities, and productive contributions to the community," As a district, we are doing all we can to support those efforts academically but if students are not healthy it becomes challenging for them to access the opportunities provided by schools. SBHCs support student success by bringing essential physical, preventive, and mental health services to students where they are, in school. Simply put, healthy students are better able to learn.

We know that there are existing health concerns of the students in our community. In 2017, Gresham High School (GHS) 11th grade students participated in the Oregon Healthy Teens (OHT) survey. Data from that survey provide us with insight into health concerns and risky behavior.

- 16% rate their physical health as fair or poor.
- An alarming 33% report that their emotional and mental health is fair or poor.
- 29% of 11th grade students were reported as obese. 35% of students reported on the OHT survey that they have not had a physical exam in the last 12 months.
- 19.4% of students surveyed have physical health care needs not being met and 18.4% report mental or emotional health care needs not being met.
- 22% of surveyed students reported that because of a physical, mental or emotional condition they have serious difficulty concentrating, remembering or making decisions.

- 28.4% of surveyed students felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities in the past 12 months.
- 11.7% seriously considered attempting suicide, while 4% have made at least one attempt.

Additionally, a recent student survey of all Gresham 10th and 12th grade health students found that over a third report it is too expensive to access health services, and 43% of parents echoed this barrier on a parent survey. Of parents who participated in the survey, 36% reported that their child has gone to urgent care in the last 12 months, 14% have gone to the emergency room, and 17% have gone to health clinics. Least accessed health services reported by parents are mental health/counseling (20%), reproductive healthcare (5%) and alcohol and drug counseling (3%). Adolescents have the lowest access to health care service use of any age group, and they are the least likely to seek care through traditional office-based settings. SBHCs see young people who otherwise would not get care, help students get back in the classroom faster, lessen the demand on parents to take time off to coordinate their children's care, and decrease emergency room and urgent care visits. Students who have SBHCs inside their schools are more likely to seek services they need.

Students' health impacts attendance, test scores, and the ability to pay attention in class. In the 2016-17 school year, 43.5% of Gresham 11th graders reported missing three or more days of school for physical health reasons; 20.4% for mental or emotional health reasons. Additionally, 31% of all GHS students were chronically absent, missing at least 10% of the school year. 105 Gresham-Barlow School District students were excluded from school in 2016-17 due to not having required immunizations. SBHCs allow students to receive services at school, decreasing the amount of seat time lost, and addressing the underlying health issues that are the cause of many absences, thereby improving school attendance.

In 2016-17, 67.9% of Gresham 11th graders met the standard for English Language Arts on the Smarter Balanced Assessment. In Mathematics, only 25.5% met the standard. Half of students met the standard in Science. In all success measures the district tracks, there is a consistent discrepancy when looking at outcomes for white students compared to students of color, or those who are economically disadvantaged. Only 71.8% of freshman GHS students are on track to graduate within 4 years. This is lower than the state average of 83.4% The 4-year graduation rate at GHS is 80% with 3.3% of students dropping-out during the school year.

In Multnomah County, there are enduring and large differences to receiving effective in health outcomes for people of color compared to the white population. Communities of color experience barriers healthcare, education, prevention, and education. In Oregon, SBHCs reduce health disparities by reducing access barriers for all. Reducing health disparities reduces education disparities as well.

SBHCs provide whole-person care that includes education, prevention, wellness and treatment services. Evidence-informed and culturally attuned approaches are used to reduce risky behaviors, prevent illness and disease and strengthen healthy behaviors and resilience.

Adolescents typically engage in risky behaviors. Based on the most recent OHT survey, 41.8% of 11th graders are sexually active and 58.6% have had more than one partner. Based on data from *www.oregon.gov*, 1% of 10-14 year olds in Multnomah County had Chlamydia over the last 10 years. As well as 13% of boys and 28% of girls aged 15-19. Additionally, 5% of boys and 23% of girls aged 15-19 had Gonorrhea. From 2014-16, there were 222 births to teen mothers

(age 10-19) living in the two primary zip codes of Gresham. At Gresham High School, 22.4% of 11th graders reported they have used alcohol in last 30 days, with 13% of those reporting bingedrinking (5 or more drinks within a couple hours). 20.4% of 11th graders have used marijuana in last 30 days, and 6.5% used rx drugs without doctor's orders in last 30 days. SBHCs help identify and address risky behaviors and can make referrals to appropriate community providers as needed.

A SBHC is desperately needed at Gresham High School due to inadequacy of current resources. At the first SBHC Steering Committee Meeting, the members identified twelve current gaps in services, including increase in mental health needs, lack of insurance, lack of adult support and lack of culturally-specific access points. The resource gap increased significantly when the School-Linked Health Center was relocated from downtown Gresham to Centennial High School. The district has partnered with other local agencies, providing health referrals to local clinics, like Wallace Medical Concern, and contracting with other partners like Western Psychological to provide mental health services. Yet we are still seeing a need for services, especially in mental health.

It has long been recognized that schools are the heart of health in a community. Schools play a crucial role in the health of young people and healthy kids are more likely to attend school ready to learn. SBHCs can be a one-stop location for primary care, mental health and health prevention services. They provide comprehensive health services to youth and adolescents in a setting that is trusted, familiar and immediately accessible: their schools..

#### A. Demographics

Our community is the City of Gresham, the fourth largest city in Oregon. In the last two decades, the City of Gresham has undergone a dramatic change in population:

- 1) <u>Poverty</u> In Gresham, families with children under age 18 who are in poverty grew from 14% in 2000, to 24.6% in 2016 (*https://factfinder.census.gov*). The number of GHS students who are eligible for free and reduced lunch has tripled since 2000, while the number of homeless GHS students has is steadily increasing. 100% of students at the six feeder elementary schools receive free breakfast and lunch and 53% of GHS students are economically disadvantaged.
- 2) <u>Language barriers/ minority status</u> Among people at least five years old living in Gresham in 2012, 28% spoke a language other than English at home. Of those speaking a language other than English at home, 63% spoke Spanish and 37% spoke some other language; 48% reported that they did not speak English "very well." In Gresham, the Latino population has increased by 86% from 2000 (11.9%) to 2010 (18.9%). In addition, the African American population is gradually increasing, from 3.5% in 2010 to 5.1% in 2016 (https://factfinder.census.gov). Latino students represented 7.2% of the GHS population in 2002-03, and 16.3% in 2007-08, to a current rate of 33% of the student body. (ODE School Report Cards).

The trends in poverty and LEP growth suggest risk factors will continue to increase over the next five years.

Among the civilian noninstitutionalized population in Gresham city, Oregon in 2012, 82% percent had health insurance coverage and 18% did not have health insurance coverage. For those under 18 years of age, 6% had no health insurance coverage. The

civilian noninstitutionalized population had both private and public health insurance, with 58% having private coverage and 35% having public coverage.

Our school is located centrally in downtown Gresham. While secondary education started in 1902 in Gresham, the actual Gresham High building was erected in 1940. There are currently 1511 Gresham Gophers enrolled; 48% female-identifying and 52% male-identifying. 53% of the students are eligible for free or reduced lunch. The mobility rate is 16%.

The demographics of GHS students are: 1% American Indian/Alaska Native, 4% Asian, 5% Black/African American, 33% Hispanic/Latino, 5% Multi-Racial, 1% Native Hawaiian/Pacific Islander, and 51% White (49% of GHS students are non-white). There are 33 languages spoken, and 31% of students are currently or have been an English Language Learner.

Our SBHC will be located at the high school but will serve students from the entire district. Further conversations with the medical sponsor and steering committee will help identify if it is feasible to serve other age groups from community.

#### B. SBHC Outcomes

The SBHC is an appropriate health care delivery model for our community because the SBHC model is evidence-based and effective at improving both health and educational outcomes.

SBHCs increase access to healthcare, especially for those who experience the highest barriers to care. The U.S. <u>Community Preventive Services Task Force (CPSTF) recommends</u> the implementation and maintenance of SBHCs in low-income communities to **improve educational** (school performance, grade promotion and high school completion) **and health outcomes**. Data reviewed support the following health outcomes as improving: delivery of vaccinations and other recommended preventive services, asthma morbidity, emergency department and hospital admissions, contraceptive use among sexually active females, prenatal care and birth weight, and other health risk behaviors. If targeted to low-income communities, SBHCs are likely to reduce gaps in education and improve health equity (<u>The Community Guide</u>, 2015).

#### **Healthcare Access**

A number of other studies have shown that SBHCs increase access to healthcare (Soleimanpour, Geierstanger, Kalley et al, 2010; Guo, Wade & Keller, 2008; Wade, Mansour, Guo, et al, 2008; Allison, Crane & Beaty et al, 2007; Kaplan, Brindis & Phibbs et al, 1999), that SBHC users are more likely to use primary care more consistently (Allison, Crane & Beaty et al, 2007; Kaplan, Brindis & Phibbs et al, 1999; Anglin, Naylor & Kaplan, 1996; Santelli, Kouzis & Newcomer, 1996), that SBHC users are more likely to have yearly dental and medical checkups (Allison, Crane & Beaty et al, 2007, Kaplan, Brindis & Phibbs et al, 1999) and SBHC users are less likely to go to the emergency room or be hospitalized (Allison, Crane & Beaty et al, 2007).

SBHC mental health services have shown some ability to reduce mental health care disparities (Larson, Chapman, Spetz and Brindis, 2017).

#### **Academic Performance**

SBHCs have a positive impact on absences, dropout rates, disciplinary problems and other academic outcomes (Geierstanger & Amaral, 2005). Students who received SBHC mental health services improve their grades more quickly than their peers (Walker, Kerns, Lyon etal, 2010). States with SBHCs that serve as Medicaid providers have higher student achievement results (Vinciullo & Bradley, 2009).

#### **Oregon SBHCs**

Two 2017 studies on Oregon populations have explored the impact of SBHCs on mental and reproductive health.

One study used 2013 and 2015 Oregon Healthy Teen data to evaluate the influence of increased SBHC mental health services capacity on student mental health (Paschall & Bersamin, 2017.) Youth at SBHCs with increased mental health services capacity were:

- •12% less likely to report a depressive episode;
- •16% less likely to report suicidal ideation, and
- •18% less likely to report a suicide attempt.

A second Oregon study looked at the association between SBHCs and 11<sup>th</sup> grader sexual behavior and contraceptive use, relying on a sample of 11,840 students who participated in the 2015 OR Healthy Teens Survey. Positive associations were found between the presence of SBHCs and healthy sexual behavior and contraceptive use. These associations were strongest in schools with at least 50% of students receiving free or reduced price lunch. Findings suggest that exposure to SBHCs and availability of specific reproductive health services may be effective population-based strategies to support healthy sexual behavior (Bersamin, Paschall & Fisher, 2017).

#### III. Community Engagement

#### A. Steering/Advisory Committee

A steering committee was created to gather input from people participating in the school community that will inform development of the SBHC business plan. The steering committee includes district and high school staff, a school board member, county health professionals, the SUN site manager, and representatives from community organizations that partner with the school or that represent specific populations within the school, including El Programa Hispano Católico, Lifeworks Northwest, Western Psychological & Counseling Services, and The Urban League. It also includes representatives of the groups that will be receiving services when the SBHC is open, i.e. several students and a parent. A list of all steering committee members is attached to this plan.

As of February 15, 2018, the steering committee has been convened twice, on November 6, 2018, and December 18, 2018. The framing statement for the group is as follows: "The Gresham-Barlow School District is exploring the feasibility of developing a student health center at Gresham High School. What kinds of services and supports should the Gresham-Barlow SBHC provide, and how can we use existing and new resources and partnerships to realize this vision for our school community?"

The first meeting focused on building a shared understanding of steering committee responsibilities, providing information on what SBHCs do and an overview of Multnomah County Health Department Student Health Centers, and identifying current health resources as well as gaps in the Gresham-Barlow School District.

Current health gaps identified by participants during the first steering committee meeting are as follows: an increase in mental health needs, lack of insurance, lack of culturally-specific access points, lack of adult support, lack of resources in school, addiction issues, access issues with medication and medication management, lack of access to vision and dental services, transportation issues, language barriers, early childhood SPED testing, and an increase in undiagnosed fetal alcohol syndrome in addition to a lack of prenatal care.

At the second steering committee meeting, participants identified desired services, and were provided with a presentation from Multnomah County Health Department on SBHC parent involvement with sensitive services, including mental health services and reproductive healthcare.

During the second steering committee meeting, participants identified preferred services they would like to see during the initial implementation stage of the SBHC. In addition to the basic primary care services required for state certification, the additional services in order of priority included: 1) Individual, group, and family counseling; 2) Condom and contraceptive medication availability; 3) Crisis mental health support; and 4) Care for ages 0-5, especially for student parents.

A third meeting that was scheduled for January 11, 2018 was postponed pending more information of medical sponsor options. The meeting was planned to discuss medical sponsor options, if relevant, and identify community resources available to help support SBHC services that were listed as priorities. The steering committee will reconvene for this meeting once one or more potential medical sponsors have been identified.

#### B. Parent, Student, and Partner Engagement

The steering committee was supplemented by additional community engagement processes to ensure opportunities for participation from all stakeholders.

Youth listening sessions were conducted with students from the high school. Approximately 174 students participated. The listening sessions involved providing information about what an

SBHC is, and asking students to identify reasons they don't go to the doctor when they need to, in addition to what the most common health issues at Gresham High School are. During the listening sessions, students identified cost, transportation, lack of time, and stigma/judgement as reasons that they don't receive health services when they need them.

Students who participated in these listening sessions were also given an opportunity to participate in an anonymous survey to help understand student health needs. 174 students participated in the survey. When asked to identify current obstacles to accessing health services, 35% of students responded that health services are too expensive, 19% said they don't have enough time, 15% stated they don't have insurance, 14% said that they don't want their parents to know, and 8% stated that it was too far away. Other identified obstacles included the healthcare provider not respecting or understanding the student's views and/or culture (3%), a bad experience in the past (2%), transportation (2%), and stigma or bad perception of the service (1%).

Students were asked to rank services they would like to see at an SBHC, and the following services were identified as their most preferred health services: 1) mental health and counseling; 2) reproductive healthcare (family planning, contraception, STD/STI tests, pregnancy tests); 3) nutrition; and 4) immunizations.

When asked what the #1 biggest health concern facing students at Gresham High School is, 171 of the 174 students responded to the open-ended question. 36% of students stated that mental health was the #1 health concern, 31% of students stated that sexual health was the #1 concern, and 13% of students stated that drugs and alcohol was the #1 concern. Other needs that were listed were general wellness (10%), access to care (4%), nutrition (4%), confidentiality (4%), and dental care (2%).

Similar to the youth engagement process, parents were engaged through a survey that was given in English and Spanish, and a parent listening session took place during the January Latino Parent Night.

Overall, parents are very supportive of a SHBC. When asked what is the #1 biggest health need facing students in the Gresham-Barlow School District, 228 of the 363 survey participants responded. 78 of them (34%) responded that mental health was the biggest need. Access to services was reported by 62 (27%), with nutrition being the third biggest need (14%). Other needs that were listed were drug & alcohol related care (10%), reproductive health care (9%), money/insurance (6%) and dental care (6%).

When asked to provide written feedback or questions at the end of the survey, nearly half of respondents answered. Responses were coded as neutral, positive or negative. 83% of non-neutral responses were positive, with support or thanks for consideration of an SBHC. Of the negative responses, a majority related to feeling that health care services was not a school district responsibility.

Future plans for community engagement include:

- Conducting a final steering committee meeting to discuss medical sponsorship and resources for priority services.
- The district is currently updating the high school using bond funds, and is periodically updating parents. SBHC information will be included with bond updates.
- As SBHC development moves forward, continuing to engage students in the process through creation of a diverse Youth Advisory Committee that will work with the district and medical sponsor to ensure that the SBHC is youth-friendly. Three of the five Gresham High School students on the steering committee attended the Oregon School-Based Health Alliance's School Health Advocacy Day at the Oregon State Capitol on February 6, 2018, where they received training on advocating for SBHCs and spoke with their legislators about funding for SBHCs. These students have demonstrated themselves to be engaged and excited about this process, and will help to build a strong foundation for a future Youth Advisory Council.
- As SBHC development moves forward, continuing to engage culturally specific partners and clients to ensure that the SBHC feels welcoming to all students and families.
- Prior to opening the SBHC, parents will be invited to tour the facility and learn more about services offered.

#### IV. Operations and Management Plans

#### A. Locations and Facilities

The proposed location for the Gresham Barlow School District is on Main Street, in the heart of the Gresham Community, and across from Gresham High School. The District owns a double-lot with an approximately 2850 square foot home on it. The home is being renovated in spring and summer of 2018, including full utilities. The home will be a temporary location for the Gresham High School Child Development Center (CDC) during bond construction of the entire High School campus. The intent is that in the process of renovating the CDC, the home will receive interior upgrades per specifications to meet the needs of a SBHC after the CDC no longer needs the space.

A pre-application meeting with the City of Gresham occurred in December to include parking lot improvements, structural upgrades and ADA access to the building. The site plan for the existing home is complete, and a meeting with the architects and district staff to review possibilities for the CDC's needs and requirements is set up for the week of February 12, 2018. GBSD has the names of the county-recommended potential architects for the SBHC plans and will work with County Project Managers when the initial CDC drawings are completed to align the plans with the needs of both programs. In preparation for the CDC to vacate the building, GBSD will work with the City on any land use issues and other preparation to convert to an SBHC will be addressed at that time.

#### B. Operating Procedures

In 2014, Oregon Administrative Rules 333-028-0200 through 333-028-0250 were adopted to establish the procedures and criteria the Oregon Health Authority shall use to certify,

suspend and decertify SBHCs. Certification of a SBHC by the SBHC State Program Office (SPO) is voluntary; an operating clinic is free to operate without participating in SPO certification. However, only certified SBHCs are eligible for funding from the Oregon Health Authority. Benefits of certification include:

- Inclusion in the SPO funding formula, as available
- Access to grant projects and funding through the SPO
- Access to technical assistance through the SPO
- Increased capacity to leverage money from other sources (such as federal grants)
- Access to the statewide network of SBHCs
- Representation of data in SPO materials and access to SBHC data by request

Medical sponsorship will determine concretely how the certification process will proceed. However,regardless of which entity is the medical sponsor, the Multnomah County SBHC Program will work to ensure that the SBHC will be eligible for certification per State standards in order to assure quality services and eligibility for future State funding, should it become available. It is possible that SBHC services will be implemented in stages. The initial implementation stage will include the minimum hours, staffing, and service requirements.

#### V. Medical Sponsor and School District Partnership

Two medical sponsors are currently determining the feasibility of sponsoring one or more SBHCs in East Multnomah County. Wallace Medical Center has been working with Multnomah County and has completed their budget process. They will presenting to their Board at the end of February. Multnomah County just finished the budgeting process.

Once complete, the District will reconvene the Steering Committee to provide information about medical sponsor availability and make a determination. The proposal will be taken to the School Board and once approved, an Intergovernmental Agreement (IGA) will be developed.

#### VI. Fundraising Plan

The fundraising plan for many start up costs, including planning, logistics, and initial staffing will need to be done in conjunction with the medical sponsor so is currently on hold. However, there is a plan for facilities development to be primarily done in conjunction with the child development center construction. Most of the core components, including but not limited to plumbing, electrical, handicapped access, will be incorporated into the design of the child development center with little to no extra cost. When it is time to convert the child development center into the SBHC, it is expected that there will be minimal renovations. Funding needs will be determined at that time and based on needs.

## VII. Timeline

Activity	2018			2019		2020						
	Feb	Apr	Jun	Aug	Oct	Dec	Apr	Aug	Dec	Apr	Aug	Dec
IGA with School Districts												
School Districts contract w/ consultant												
Business plan	X draft		х									
Present business plan to Community Health Council & County Commissioners	х											
Medical sponsorship determined		х										
Architectural plans			х									
Fundraising Complete										TBD		
Child Development Center Construction Begins		х										
SBHC Renovation Begins (if needed)											Spring 2020	

SBHC Facility Complete						X	
SBHC Opens							х

#### **Gresham-Barlow School District School-Based Health Center Steering Committee**

#### **List of Members:**

- Tony Broadus, Metropolitan Family Service SUN Program Manager
- Karina Bruzzese, Gresham-Barlow School District Director of English Language Learners
- Solen Chu, Gresham HS Attendance Liaison/Latino Community Liaison
- Lisa Cline, Wallace Medical Concern CEO
- Flavio Cornejo, El Programa Hispano Católico
- Ady Cortes, Gresham High School Student
- Sandra Dornfeld, Gresham HS School Nurse
- Raene Dorotiss, Gresham High School Student
- Shanaquewa Finney, The Urban League Community Education Worker
- Tyson Gradwahl, Gresham High School Student
- Elizabeth Hakala, Gresham HS English Teacher
- Laurel Hess, Metropolitan Family Service SUN Site Manager
- Teresa Ketelsen, Gresham-Barlow School District Deputy Superintendent of Secondary Education
- Lexy Kliewer, Lifeworks Northwest Integrated Behavioral Health Program Director
- Amaya Lacey, Gresham HS Student
- Shamai Larsen, Gresham High School Counselor
- Alexandra Lowell, Multnomah County Health Department Student Health Centers Manager
- Mary Monnat, Lifeworks President/CEO
- April Olson, Gresham-Barlow School District Director of Federal Programs and Homeless
- Blake Peterson, Gresham-Barlow School District Board Member
- Kate Poland, Gresham HS Social Worker
- Sylwia Quick, Western Psychological & Counseling Services, Director of School-Based Program
- Cristina Ramirez, Gresham High School Parent
- Katrina Ratzlaff, Wallace Medical Concern Director of Advancement
- Lilliana Rekdahl, Gresham High School Student
- Michael Schaefer, Gresham HS Principal
- Julianne Standish, Gresham High School Early Childhood Education Instructor

## GRESHAM-BARLOW SCHOOL DISTRICT 1331 NW Eastman Parkway Gresham, OR 97030-3825

TO: Board of Directors

FROM: A. Katrise Perera

Mike Schofield

DATE: February 22, 2018

RE: No. 2 – Bond: Owner Controlled Insurance Program (OCIP)

EXPLANATION: Over the last several months, the administration and representatives

from our agent of record, Brown & Brown, have been discussing insurance needs and opportunities for our upcoming capital

construction projects.

Representatives from Brown & Brown will attend the work session to

share information about an owner controlled insurance program.

PRESENTER: Mike Schofield

**SUPPLEMENTARY** 

MATERIALS: None

RECOMMENDATION: After hearing the information regarding the OCIP program, discuss

the merits and potential drawbacks of the program.

REQUESTED ACTION: No action is required at this time.

MS:mh:sa

## GRESHAM-BARLOW SCHOOL DISTRICT 1331 NW Eastman Parkway Gresham, OR 97030-3825

TO: Board of Directors

FROM: A. Katrise Perera

Bill DeWitz

DATE: February 22, 2018

RE: No. 3 – Options for Paperless Board Meeting Software

EXPLANATION: In October 2017, the administration began researching possible

software options to allow the board to have paperless meetings. Five paperless board meeting software options were reviewed which included BoardDocs, BoardBook, EduPortal by TransACT,

BoardPaq, and Simbli by eBOARDsolutions.

Each option was graded using a rubric scoring system. The rubric looked at aspects of cross platform compatibility, ease of use for the board, administration, and public, and system features including agenda creation, training, minutes creation, electronic voting,

annotations, etc.

Time has been reserved on this evening's agenda to provide an

overview of the options and to receive input from the board.

PRESENTER: Bill DeWitz

SUPPLEMENTARY

MATERIALS: 1. Electronic Board Documents Scoring Rubric

2. Electronic Board Documents Scoring Rubric Notes

RECOMMENDATION: This report is being provided as information only.

REQUESTED ACTION: No action is required at this time.

:sa

Requirements or Feature Requests (0=N/A, 1=Poor - 10=Excellent)	BoardDocs	BoardBook	EduPortal	BoardPaq	Simbli
Cross Platform Compatible (User Level)	7	7	7	7	7
Chrome OS	7	7	7	7	7
Windows	7	7	7	7	7
OS X	7	7	7	7	7
iOS	7	8	7	7	8
Android	7	7	7	7	7
Web Browser Compatibility	9	4	5	9	9
Ease of use - Management and packet setup	9	4	4	7	6
Ease of use - Board Members	7	2	2	6	4
Ease of use - Public	9	6	6	6	6
Ease of Deployment (Stand up System)	9	7	7	7	7
Permissions and Security Mgmt (User and Group Mgmt)	8	8	8	8	8
Transaction Layer & Data Storage Security	8	8	8	8	8
Cloud Based (Hosted) or Internal Hosting	8	8	8	8	8
Agenda Creation, Managment and Approval Tools	9	6	6	9	6
Minutes Creation and Management Tools	9	6	6	9	6
Electronic Publishing Capability	9	9	7	9	8
Electronic Repository Capability and Features	9	8	8	8	8

Requirements or Feature Requests (0=N/A, 1=Poor - 10=Excellent)	BoardDocs	BoardBook	EduPortal	BoardPaq	Simbli
Policies Creation and Management Tools	8	1	1	1	7
Ordinance and Resolution Management Tools	8	5	5	8	8
Annotations Tools	8	5	2	8	6
Electronic Voting	8	1	1	8	8
Board Member Notes Capability	9	5	1	9	8
Training and Support Resources	10	4	6	6	6
References	5	5	5	5	5
* Additional Feature or Need	0	0	0	0	0
	201	145	138	181	175
Cost Information					
Licensing or Pricing Model - (O)rganization, (D)evice or (U)ser	20 (u)	20 (u)	20 (u)	20 (u)	20 (u)
Initial Purchase Price, (S)ubscription or (P)erpetual	\$12,000	\$2,500	\$3,190	\$3,588	\$2,300
Intial Training Costs	\$1,000	\$0	\$0	\$0	\$1,000
Support and Maintenance Contracts (1 year)	\$12,000	\$2,500	\$3,190	\$3,588	\$2,300
Total Startup Cost	\$13,000	\$2,500	\$3,190	\$3,588	\$3,300
Total Annual Maintenance and Support Cost	\$12,000	\$2,500	\$3,190	\$3,588	\$2,300

#### Electronic Board Documents Scoring Rubric Notes February 22, 2018 – Board Work Session

#### **Board Docs**

- Web browser compatibility All currently supported browsers
- Ease of deployment (Stand up System) No Idap integration
- Cloud Based (Hosted) or Internal Hosting Cloud Based SaaS, 99.99 uptime rating
- Agenda Creation, Management, and Approval Tools (including distribution of agenda and agenda content) – Private notes for members and staff; strong video component to consider for future meetings
- Electronic Repository Capability and Features MetaSearch has items from across the nation
- Policies Creation and Management Tools Part of the primary package, can still work with OSBA and some tools for policy creation and management
- Training and Support Resources 2 day onsite training for super users and local users; Additional online training available
- References Battle Ground SD uses successfully
- Cost Information (for 20 users) Initial training cost and setup fee of \$1,000 covers website setup and 2-day training; Annual cost of BoardDocs Pro is \$12,000
- BoardDocs Lite Cost Information BoardDocs Lite has a cost of \$5,000 annually
  with a one-time setup fee of \$1,000; fewer features are included with this
  purchase

#### **BoardBook**

- Cross Platform Compatible: iOS There is an iPad app
- Web Browser Compatibility Have not yet made the move to HTML5
- Cloud Based setup
- Policies Creation and Management Tools They do not have policy creation or management tools
- Training and Support Resources 1.5 to 2 hour webinar/screen share training for administrators and compilers; those trained would then have to train the board
- Cost Information \$2,500 includes setup, training and unlimited users

Electronic Board Documents Scoring Rubric Notes February 22, 2018 – Board Work Session Page 2

#### **EduPortal by TransACT**

- Policies Creation and Management Tools They do not have policy creation or management tools
- Annotations Tools Users can add notes or comments to the agenda item in the system, but everyone would be able to see their notes; they suggested downloading it to Adobe Acrobat and using that program to take notes.
- Training and Support Resources Training is offered through screen sharing (webinar); they also offer a support tab with webinars, a video library, resource center, and FAQs
- Cost Information (for 20 users) \$3,190 annually

#### BoardPaq

- Ease of deployment (Stand up System) The district can get access to the system quickly, however, the district would be responsible for setting up all users, importing logos, and entering all district information into the system
- Policies Creation and Management Tools The district could upload policies to the system but there are not tools to create or manage policies in the system
- Training and Support Resources They provide live training sessions through screen sharing (webinar); they also have training videos for setup along with a full manual and user guides
- Cost Information (for 20 users) volume package cost of \$299 per month, includes up to 50 users.

#### Simbli by eBOARDsolutions

- Cross Platform Compatible: iOS There is an app for iOS
- Policies Creation and Management Tools There is a separate module for policy management that can be purchased
- Training and Support Resources 1 to 1.5 hour training sessions via webinar; they offer unlimited training and support
- Cost Information (for 20 users) One-time setup fee of \$1,000; modules range in price, cost could range from \$2,300 \$10,000 per year depending on the modules selected

## GRESHAM-BARLOW SCHOOL DISTRICT 1331 NW Eastman Parkway Gresham, OR 97030-3825

TO: Board of Directors

FROM: A. Katrise Perera

Sharon Garner Blake Petersen

DATE: February 22, 2018

RE: No. 4 – The Leader in Me School Site Visits

EXPLANATION: Board members Sharon Garner and Blake Petersen made site visits in

February 2018 to schools utilizing The Leader in Me program. These schools included Highland Elementary School in the Gresham-Barlow School District, Robertson Elementary School in the Yakima (Washington) School District, and Goldendale Primary School in the

Goldendale (Washington) School District.

Directors Petersen and Garner will present on the observations they made during their visit to classrooms at Highland and provide an overview of their visits to Robertson Elementary and Goldendale Primary. Amanda Jensen and Krista Pannell, teachers from Highland Elementary School, will share what they are already doing in the classroom, what they learned at the leadership schools, and how that

will impact the students and their teaching.

PRESENTER: Sharon Garner

Blake Petersen

Amanda Jensen, 3<sup>rd</sup> Grade, Highland Elementary School Krista Pannell, 4<sup>th</sup>/5<sup>th</sup> Grade, Highland Elementary School

**SUPPLEMENTARY** 

MATERIALS: None

RECOMMENDATION: This report is being provided as information only.

REQUESTED ACTION: No action is required at this time.

:sa

## GRESHAM-BARLOW SCHOOL DISTRICT 1331 NW Eastman Parkway Gresham, OR 97030-3825

TO: Board of Directors

FROM: A. Katrise Perera

Teresa Ketelsen

DATE: February 22, 2018

RE: No. 5 – Policy Review

EXPLANATION: At the work session this evening, board members will be asked to

provide input regarding the recommended revisions to policies from the Oregon School Boards Association and the district Policy

Review Committee.

Policy	Title
GBMA	Whistleblower
GCA	License Requirements
GCN/GDN	Evaluation of Staff
IGBA	Students with Disabilities – Child Identification
	Procedures
IGBAH	Special Education – Evaluation Procedures
IKF	Graduation Requirements
IKFB	Graduation Exercises
JEA	Compulsory Attendance
JECA	Admission of Resident Students
JFCG/JFCH/JFCI	Use of Tobacco Products, Alcohol, Drugs or
	Inhalant Delivery Systems
JGAB	Use of Restraint and Seclusion
JHCD/JHCDA	Prescription and Nonprescription Medication
	(Delete)
JHCD/JHCDA	Medications (Proposed)
KL	Public Complaints

PRESENTER: Teresa Ketelsen

SUPPLEMENTARY MATERIALS.

MATERIALS: 1. Revised policies (13) with recommended changes.

RECOMMENDATION: The administration recommends that the board review policy

revisions, additions and/or deletions as presented for first

reading.

REQUESTED ACTION: No formal action is required at the time.

TK:ph:sa

## Gresham-Barlow School District Board Policies

## First Reading February 22, 2018

Policy	Title
GBMA	Whistleblower
GCA	License Requirements
GCN/GDN	Evaluation of Staff
IGBA	Students with Disabilities – Child Identification Procedures
IGBAH	Special Education – Evaluation Procedures
IKF	Graduation Requirements
IKFB	Graduation Exercises
JEA	Compulsory Attendance
JECA	Admission of Resident Students
JFCG/JFCH/JFCI	Use of Tobacco Products, Alcohol, Drugs or Inhalant
	Delivery Systems
JGAB	Use of Restraint and Seclusion
JHCD/JHCDA	Prescription and Nonprescription Medication (Delete)
JHCD/JHCDA	Medications (Proposed)
KL	Public Complaints

## Gresham-Barlow SD 10

Code: **GBMA** Adopted: 10/06/16

#### Whistleblower

When an employee has good faith and reasonable belief the employer has violated any federal, state or local, law, rule or regulation; has engaged in mismanagement, gross waste of funds or abuse of authority; or created a substantial and specific danger to public health and safety by its actions, and an employee then discloses or plans to disclose such information, it is an unlawful employment practice for an employer to:

- 1. Discharge, demote, transfer, reassign or take disciplinary action against an employee or threaten any of the previous actions.
- 2. Withhold work or suspend an employee.
- 3. Discriminate or retaliate against an employee with regard to promotion, compensation or other terms, conditions or privileges of employment.
- 4. Direct an employee or to discourage an employee to not disclose or to give notice to the employer prior to making any disclosure.
- 5. Prohibit an employee from discussing, either specifically or generally, the activities of the state or any agency of or political subdivision in the state, or any person authorized to act on behalf of the state or any agency of or political subdivision in the state, with:
  - a. Any member of the Legislative assembly;
  - b. Any Legislative committee staff acting under the direction of any member of the Legislative assembly; or
  - c. Any member of the elected governing body of a political subdivision in the state or any elected auditor of a city, county or metropolitan service district.

An employee's good faith and reasonable belief shall serve as an affirmative defense to civil or criminal charges related to the employee's disclosure of lawfully accessed information related to the violation, including information that is exempt from disclosure by public records law.

The district will use the complaint process in administrative regulation KL-AR - Public Complaints Procedure to address any alleged violations of this policy.

The district shall deliver a written or electronic copy of this policy to each staff member.

END OF POLICY

#### Legal Reference(s):

ORS 192.501 to -192.505 ORS 659A.199 to -659A.224

Anderson v. Central Point Sch. Dist., 746 F.2d 505 (9th Cir. 1984). Connick v. Myers, 461 U.S. 138 (1983).

## Gresham-Barlow SD 10

Code: **GCA**Adopted: 5/02/02
Readopted: 10/02/14

#### **License Requirements**

All applicants requiring licensure shall hold a valid Oregon license as a condition of employment and shall meet any other condition required by Teacher Standards and Practices Commission (TSPC). Those offered employment in the district must present their original license to the superintendent's office before the Board will consider approving their employment. Applicants not presenting their license prior to the beginning of school or the first day employment is to begin, will not be employed until such license is presented to the superintendent's office.

The Board, in adhering to Oregon Revised Statutes, shall require all applicants selected for employment for positions that require licensing, to hold a valid Oregon license issued by the Teacher Standards and Practices Commission (TSPC) as a condition of employment. The district must be able to verify the current license of applicants offered employment.

If an applicant's teaching license application with the TSPC is pending, the applicant may teach for 90 calendar days after the date of submission of the application, if the applicant has:

- 1. Submitted an application in the manner and form required by the TSPC, including payment of all required fees;
- 2. Completed a background clearance conducted by the TSPC that includes having:
  - a. Furnished fingerprints, if required;
  - b. Provided satisfactory responses to character questions in the form and manner required by the TSPC; and
  - c. Completed a criminal records check pursuant to state law and a background check through the interstate clearinghouse for revoked or suspended licenses, and is eligible for a teaching license.

The district will complete a review of the applicant's employment history prior to beginning employment.

This 90-day teaching option will only be applied to those positions of high need, specialty areas or emergency assignments as determined by the district.

The district requires licensed staff to submit a copy of all license endorsements to the human resources office. The verification of licensure includes all license endorsements. It shall be each licensed staff member's responsibility to keep all endorsements current and to submit them to the superintendent's  $\bullet O$  ffice of Human Resources.

#### END OF POLICY

#### Legal Reference(s):

ORS 339.374 ORS 342.120 to-342.203 OAR 584-050-0035 OAR 584-200-0020

## Gresham-Barlow SD 10

Code: GCN/GDN Adopted: 7/11/13 Readopted: 10/02/14

#### **Evaluation of Staff**

An effective evaluation program is essential to a quality educational program. It is an important tool to determine the current level of a teacher's performance of the teaching responsibilities. It is also an important assessment of classified employees and current performance of their job assignments. Under Board policy, a Administrators are charged with the responsibility of evaluating the staff. An evaluation program provides a tool for supervisors who are responsible for making decisions about promotion, demotion, contract extension, contract nonextension, contract renewal or nonrenewal, dismissal and discipline.

#### **Licensed Staff**

Evaluation of licensed staff shall be conducted to conform with applicable Oregon Revised Statutes and any applicable collective bargaining provisions.

Teachers' The evaluations for licensed staff shall be based on the core teaching standards adopted by the Oregon State Board of Education. The standards shall be customized based on collaborative efforts and include the core teaching standards adopted by the State Board of Education with teachers and any exclusive representatives of the licensed staff.

Evaluation and support systems established by the district for teachers must be designed to meet or exceed the requirements defined in the Oregon Framework for Teacher and Administrator Evaluation and Support Systems, including:

- 1. Four performance level ratings of effectiveness;
- 2. Classroom-level student learning and growth goals set collaboratively between the teacher and the evaluator;
- 3. Consideration of multiple measures of teacher practice and responsibility which may include, but are not limited to:
  - a. Classroom-based assessments including observations, lesson plans and assignments;
  - b. Portfolios of evidence:
  - c. Supervisor reports; and
  - d. Self-reflections and assessments.
- 4. Consideration of evidence of student academic growth and learning based on multiple measures of student progress, including performance data of students, that is both formative and summative. Evidence may also include other indicators of student success;

- 5. A summative evaluation method for considering multiple measures of professional practice, professional responsibilities and student learning and growth to determine the teacher's professional growth path;
- 6. Customized by each district, which may include individualized weighting and application of standards.

An Eevaluations using the core teaching standards must attempt to:

- 1. Strengthen the knowledge, skills, disposition and classroom practices of teachers;
- 2. Refine the support, assistance and professional growth opportunities offered to a teacher, based on the individual needs of the teacher and the needs of the students, the school and the district;
- 3. Allow the teacher to establish a set of classroom practices and student learning objectives that are based on the individual circumstances of the teacher, including the classroom and other assignments;
- 4. Establish a formative growth process for each teacher that supports professional learning and collaboration with other teachers;
- 5. Use evaluation methods and professional development, support and other activities that are based on curricular standards and are targeted to the needs of the teacher; and
- 6. Address ways to help educators strengthen their culturally responsive practices.

Evaluation and support systems established by the district must evaluate teachers on a regular cycle. The superintendent shall regularly report to the Board on implementation of the evaluation and support systems and educator effectiveness.

Each probationary teacher shall be evaluated at least annually, but with multiple observations. The purpose of the evaluation is to aid the teacher in making continuing professional growth and to determine the teacher's performance of the teaching responsibilities. Evaluations shall be based upon at least two observations and other relevant information developed by the district.

#### **Classified Staff**

All classified employees will be formally evaluated by their immediate supervisor at least once during their first year of employment and at least once every two years thereafter.

#### END OF POLICY

#### Legal Reference(s):

ORS 243.650	<u>ORS 342</u> .856	OAR 581-022-2410
ORS 332.505		OAR 581-022-2415
ORS 342 850	OAR 581-022-2405	

## Gresham-Barlow SD 10

Code: **IGBA** Adopted: 7/11/94

Revised/Readopted: 1/04/01; 5/02/02; 4/10/08;

6/14/12; 11/06/14

#### **Students with Disabilities - Child Identification Procedures**

The district implements an ongoing system to locate, identify and evaluate all children birth to age 21 residing within its jurisdiction who have disabilities and need Early Intervention, Early Childhood Special Education (EI/ECSE) or special education services. For preschool children the district is responsible for the evaluation(s) used to determine the eligibility of children for EI/ECSE services in accordance with Oregon Administrative Rule (OAR) 581-015-2100. The district identifies all children with disabilities, regardless of the severity of their disabilities, including those who are:

- 1. Highly mobile, such as migrant and homeless children;
- 2. Wards of the state;
- 3. Indian preschool children living on reservations;
- 4. Suspected of having a disability even though they have not failed, been retained in a course or a grade, and are advancing advance from grade to grade;
- 5. Home schooled;
- 6. Resident and nonresident students, including residents of other states, attending a private school (religious or secular) school located within the boundaries of the district;
- 7. Attending a public charter school located in the district;
- 8. Below the age of compulsory school attendance; or
- 9. Above the age of compulsory school attendance who have not graduated from high school with a regular or modified diploma and have not completed the school year in which they reach their 21st birthday.

The district determines residency in accordance with Oregon Revised Statues (ORS) Chapter 339 and, for the purposes of charter school students with disabilities, in accordance with ORS Chapter 338 and ORS Chapter 339. The district enrolls all students who are five by September 1 of the school year. Students with disabilities are eligible to enroll in the district through the school year in which they reach the age of 21 if they have not graduated with a regular or modified diploma.

The district shall annually submit data to the Oregon Department of Education (ODE) regarding the number of resident students with disabilities who have been identified, located, and evaluated are receiving special education and related services. The district conducts an annual count of the total number of private school children attending private schools located within the boundaries of the district, and a count of all children with disabilities attending private schools located within the boundaries of the district, in

accordance with OAR 581-015-2465. The district reports any additional data to ODE as required by the ODE to meet the requirements of federal or state law and the applicable reporting dates.

#### **END OF POLICY**

#### Legal Reference(s):

ORS 332.075	ORS 343.517	OAR 581-015-2190
ORS 338.165	ORS 343.533	OAR 581-015-2195
ORS 339.115 to -137		OAR 581-015-2315
ORS 343.151	OAR 581-015-2040	OAR 581-015-2480
ORS 343.157	OAR 581-015-2045	OAR 581-021-0029
ORS 343.193	OAR 581-015-2080	OAR 581-022-2315
ORS 343.221	OAR 581-015-2085	

Individuals with Disabilities Education Act (IDEA), 20 U.S.C. § 1412 (a)(3) (2017). Early Intervention Program for Infants and Toddlers with Disabilities, 34 C.F.R. Part 303 (2017). Assistance to States for the Education of Children with Disabilities, 34 C.F.R. § 300.111 (2017).

## Gresham-Barlow SD 10

Code: **IGBAH** Adopted: 1/04/01

Readopted: 5/02/02; 4/10/08; 7/09/09;

6/14/12; 11/06/14

#### **Special Education - Evaluation Procedures**

Consistent with its child find and parent consent obligations, the district responds promptly to requests initiated by a parent or public agency for an initial evaluation to determine if a child is a child with a disability.

A full and individual evaluation of a student's educational needs that meets the criteria established in the Oregon Administrative Rules will be conducted before determining eligibility and before the initial provision of special education and related services to a student with a disability. The district implements an ongoing system to locate, identify and evaluate all children birth to 21 residing within its jurisdiction who have disabilities and need eEarly iIntervention, eEarly eChildhood sSpecial eEducation (EI/ECSE) or special education services.

The district identifies all children with disabilities, regardless of the severity of their disabilities, including children who are:

- 1. Highly mobile, such as migrant and homeless children;
- 2. Wards of the state:
- 3. Indian preschool children living on reservations;
- 4. Suspected of having a disability even though they advance from grade to grade;
- 5. Home schooled;
- 6. Resident and nonresident students, including residents of other states, Aattending private school (religious or secular) school located within the boundaries of the district;
- 7. Attending a public charter school located in the district;
- 8. Below the age of compulsory school attendance; or
- 9. Above the age of compulsory school attendance who have not graduated from high school with a regular or modified diploma and have not completed the school year in which they reach their 21st birthday.

The district is responsible for evaluating and determining eligibility for special education services for school age children. The district is responsible for evaluating children who may be eligible for Early Intervention/Early Childhood Special Education (EI/ECSE) services. The district's designated referral and evaluation agency is responsible for determining eligibility.

Before conducting any evaluation or re-evaluation, the district:

- 1. Plans the evaluation with a group that includes the parent(s);
- 2. Provides prior written notice to the parent(s) that describes any proposed evaluation procedures the agency proposes to conduct as a result of the evaluation planning process; and
- 3. Obtains informed written consent for evaluation.

The district conducts a comprehensive evaluation or re-evaluation before:

- 1. Determining that a child has a disability;
- 2. Determining that a child continues to have a disability;
- 3. Changing the child's eligibility;
- 4. Providing special education and related services;
- 5. Terminating the child's eligibility for special education, unless the termination is due to graduation from high school with a regular or modified diploma or exceeding the age of eligibility for a free appropriate public education.

Upon completion of the evaluation, the district provides the parent or eligible child a copy of the evaluation report at no cost. The evaluation report describes and explains the results of the evaluation. Upon completion of the eligibility determination, the district provides the parent or eligible child documentation of eligibility determination at no cost.

The district ensures that assessments and other evaluation materials, including those tailored to assess specific areas of education need, used to assess a child:

- 1. Are selected and administered so as not to be racially or culturally discriminatory;
- 2. Are provided and administered in the child's native language or other mode of communication and form most likely to yield accurate information on what the child knows and can do academically, developmentally, and functionally unless it is clearly not feasible to do so;
- 3. Are used for purposes for which assessments or measures are valid and reliable;
- 4. Are administered by trained and knowledgeable personnel; and
- 5. Are administered in accordance with any instructions provided by the producer of such assessments.

Materials and procedures used to assess a child with limited English proficiency are selected and administered to ensure that they measure the extent to which the child has a disability and needs special education, rather than measuring the child's English language skills.

A student must meet the eligibility criteria established in the Oregon Administrative Rules.

The district conducts re-evaluations:

- 1. When the educational or related services needs, including improved academic achievement and functional performance of the children warrant a re-evaluation;
- 2. When the child's parents or teacher requests a re-evaluation; and
- 3. At least every three years, unless that parent and the district agree that a re-evaluation is unnecessary.

The district does not conduct re-evaluation more than once a year, unless the parent and district agree otherwise.

If a parent has previously revoked consent for special education and related services and subsequently requests special education and related services, the district will conduct an initial evaluation of the student to determine eligibility for special education.

#### **END OF POLICY**

#### Legal Reference(s):

ORS 343.155 ORS 343.157

ORS 343.164

OAR 581-015-2000

OAR 581-015-2095

OAR 581-015-2105 to -2190

Assistance to States for the Education of Children with Disabilities, 34 C.F.R. §§ 300.300, 300.530-300.534, 300.540-300.543, 300.7 (2017).

Code: **IKF** Adopted: 9/12/02

Readopted: 5/06/04; 4/12/07; 3/06/08;

6/11/09; 6/11/09; 1/06/11; 2/02/12; 11/06/14; 4/07/16;

12/01/16; 11/02/17

### **Graduation Requirements\*\***

The district adopts the policy statements contained herein in compliance with Oregon Administrative Rule 581-022-1130. The Board will review Board policy IKF - Graduation Requirements and its administrative regulations annually.

The Board will establish graduation requirements for the awarding of a high school diploma, a modified diploma, an extended diploma and an alternative certificate which meet or exceed state requirements. A student may satisfy graduation requirements in less than four years. The district will award a diploma to a student fulfilling graduation requirements in less than four years if written consent is given by the student's parent or guardian or by the student if 18 years of age or older or emancipated.

If the district requires diploma requirements beyond the exceed state requirements, the district shall grant a waiver for those requirements to any student who, at any time from grade 9 to 12, was:

- 1. A foster child<sup>1</sup>;
- 2. Homeless;
- 3. A runaway;
- 4. A child in a military family covered by the Interstate Compact on Educational Opportunity for Military Children;
- 5. A child of a migrant worker; or
- 6. Enrolled in the Youth Corrections Education Program or the Juvenile Detention Education Program.

For any student identified above, the district shall accept any credits earned by the student in another district or public charter school, applying those credits toward the state requirements for a diploma if the credits satisfied those requirements in that other district or public charter school<sup>2</sup>.

The district will ensure that students have onsite access to the appropriate resources to earn a diploma, a modified diploma, an extended diploma or an alternative certificate at each high school. The district will provide age-appropriate and developmentally appropriate literacy instruction to all students until graduation. A student who receives a modified diploma, an extended diploma or an alternative certificate will have the option of participating in a high school graduation ceremony with the student's class.

<sup>2</sup>For a high school diploma awarded on or after January 1, 2018.

<sup>&</sup>lt;sup>1</sup>As defined in ORS 30.297.

#### **Essential Skills**

Students are required to demonstrate proficiency in Essential Skills before they are awarded their diploma. Essential Skills are process skills that can be applied in a variety of courses, subjects, experiences and settings:

- 1. Read and comprehend a variety of text;
- 2. Write clearly and accurately;
- 3. Apply mathematics in a variety of settings;
- 4. Any additional Essential Skills adopted by the State Board of Education.

### Essential Skills and English Language Learner (ELL) Students

The district will allow ELL students to demonstrate proficiency in the Essential Skill of Applied Mathematics, in a variety of settings, in the student's language of origin for those ELL students who by the end of high school:

- 1. Are on track to meet all other graduation requirements; and
- 2. Are unable to demonstrate proficiency in the Essential Skills of English.

The district will allow ELL students to demonstrate proficiency in Essential Skills other than Applied Mathematics, in a variety of settings, in the student's language of origin for those ELL students who by the end of high school:

- 1. Are on track to meet all other graduation requirements;
- 2. Are unable to demonstrate proficiency in the Essential Skills in English;
- 3. Have been enrolled in a U.S. school for five years or less; and
- 4. Have demonstrated sufficient English language skills using the English Language Proficiency Assessment for the 21st Century (ELPA21)<sup>3</sup>.

The district will develop procedures to provide assessment options as described in the *Essential Skills and Local Performance Assessment Manual*, in the ELL student's language of origin for those ELL students who meet the criteria above, and will develop procedures to ensure that locally scored assessment options administered in an ELL student's language of origin are scored by a qualified rater.

#### Modified Diploma, Extended Diploma and Alternative Certificate

The district may not deny a student, who has the documented history of an inability to maintain grade level achievement due to significant learning and instructional barriers, or of a medical condition that creates a

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<sup>&</sup>lt;sup>3</sup>This criteria does not apply to students seeking a diploma in 2017-2018.

barrier to achievements, the opportunity to pursue a diploma with more stringent requirements than a modified diploma or an extended diploma for the sole reason the student has the documented history.

The district may award a modified diploma or an extended diploma to a student only upon the written consent of the student's parent or guardian. The district shall receive the written consent during the school year in which the modified diploma or the extended diploma is awarded. A student who is emancipated or has reached the age of 18 at the time the modified diploma or the extended diploma is awarded may sign the consent.

A student shall have the opportunity to satisfy the requirements for a modified diploma, an extended diploma or an alternative certificate in either four years after starting the ninth grade, or until the student reaches the age of 21, if the student is entitled to a public education until the age of 21 under state or federal law.

A student may satisfy the requirements for a modified diploma, an extended diploma or an alternative certificate in less than four years but not less than three years. In order to satisfy the requirements for a modified diploma, an extended diploma or an alternative certificate in less than four years, the student's parent or guardian or a student who is emancipated or has reached the age of 18 must provide written consent which clearly states the parent, guardian or student is waiving the fourth year and/or years until the student reaches the age of 21. A copy of the consent will be forwarded to the district superintendent who will annually report to the Superintendent of Public Instruction the number of such consents.

Beginning in grade five or after a documented history to qualify for an extended diploma has been established, the district will annually provide to the parents or guardians of the student information about the availability and requirements of a modified diploma, an extended diploma and an alternative certificate.

A student who qualifies to receive or receives a modified diploma, an extended diploma or an alternative certificate will have the option of participating in a high school graduation ceremony with the student's class.

A student who receives a modified diploma, an extended diploma or an alternative certificate shall have access to individually designed instructional hours, hours of transition services and hours of other services that equals at least the total number of instructional hours that is required to be provided to students who are attending a public high school, unless reduced as determined by the individualized education program (IEP) team.

A student who qualifies to receive a modified diploma but has not yet been awarded the modified diploma shall continue to have access to individually designed instructional hours, hours of transition services and hours of other services that are designed to meet the unique needs of the student.<sup>4</sup>

The district will award to students with disabilities a document certifying successful completion of program requirements. No document issued to students with disabilities educated in full or in part in a special education program shall indicate that the document is issued by such a program. When a student

<sup>&</sup>lt;sup>4</sup>A student who received a modified diploma prior to July 1, 2018, shall continue to have access to instructional hours, hours of transition services and hours of other services that are designed to meet the unique needs of the student.

who has an IEP completes high school, the district will give the student an individualized summary of performance.

Eligible students with disabilities are entitled to a Free Appropriate Public Education (FAPE) until the age of 21, even if they have earned a modified diploma, an extended diploma, an alternate alternative certificate or completion of a General Education Development document. The continuance of services for students with disabilities for a modified diploma, an extended diploma or an alternative certificate is contingent on the IEP team determining the student's continued eligibility and special education services are needed.

Students and their parents will be notified by grade five of graduation and diploma requirements.

#### **District Attendance Requirement**

In order to earn a diploma, students must be in attendance a minimum of half time status during the last semester of their senior year. Exceptions may be granted by the district for students who have been in previous attendance and approved for early graduation or approved for graduation under Board policy IHGA - Alternative Instructional Programs.

### **Diploma Options**

The district believes that all students should be provided a rigorous and relevant curriculum that will prepare them for success in the 21st century workforce. With this belief as a foundation to our graduation policy, the Board also recognizes that diploma options are important to address all students' needs in our district. As such, the district will make available the following diploma options with the requirements as follows:

- 1. Gresham-Barlow School District Diploma: Must meet all district and state requirements as defined in administrative regulation IKF-AR;
- 2. Gresham-Barlow School District Scholars' Diploma: See administrative regulation IKF-AR;
- 3. Oregon Diploma: See administrative regulation IKF-AR;
- 4. Modified Diploma: See policy administrative regulation IKF-AR;
- 5. Extended Diploma: See policy administrative regulation IKF-AR;
- 6. Alternative Certificate: See policy administrative regulation IKF-AR.

The district may not deny a diploma to a student who has opted out of the Smarter Balanced or alternate Oregon Extended Assessment statewide assessments if the student is able to satisfy all other requirements for the diploma. Students who opt out will need to meet the Essential Skills graduation requirement using another approved assessment option.

The district will issue a high school diploma, upon request and pursuant to Oregon law (ORS 332.114), to a person or a representative of a deceased person who served in the U.S. Armed Forces<sup>5</sup>, as specified in Oregon law, if and the person was discharged or released under honorable conditions and has received either a General Education Development, a post-secondary degree or has received a minimum score on the Armed Services Vocational Aptitude Battery.

The district shall establish conduct and discipline consequences for student-initiated test impropriety. "Student-initiated test impropriety" means student conduct that is inconsistent with the *Test Administration Manual* or accompanying guidance; or results in a score that is invalid.

#### **END OF POLICY**

### Legal Reference(s):

ORS 329.095	ORS 343.295	OAR 581-022-2025
ORS 329.451		OAR 581-022-2030
ORS 329.479	OAR 581-022-1910	OAR 581-022-2115
ORS 332.107	OAR 581-022-2000	OAR 581-022-2120
ORS 332.114	OAR 581-022-2010	OAR 581-022-2505
ORS 339.115	OAR 581-022-2015	
ORS 339.505	OAR 581-022-2020	

Test Administration Manual, published by the Oregon Department of Education (February 4, 2016). Essential Skills and Local Performance Assessment Manual, published by the Oregon Department of Education (March 17, 2016).

#### Cross Reference(s):

IKFA - Early Graduation

<sup>5</sup> The policy applies to any person who:

- 1. Served in the Armed Forces of the U.S. at any time during:
  - a. World War I:
  - b. World War II;
  - c. The Korean Conflict; or
  - d. The Vietnam War;
- 2. Served in the Armed Forces of the U.S. and was physically present in:
  - a. Operation Urgent Fury (Grenada);
  - b. Operation Just Cause (Panama);
  - c. Operation Desert Shield/Desert Storm (Persian Gulf War);
  - d. Operation Restore Hope (Somalia);
  - e. Operation Enduring Freedom (Afghanistan); or
  - f. Operation Iraqi Freedom (Iraq);
- 3. Served in the Armed Forces of the U.S. in an area designated as a combat zone by the President of the U.S.

Code: **IKFB** Adopted: 5/02/02

Readopted: 2/03/05; 5/01/08; 2/04/10;

11/06/14

### **Graduation Exercises**

Because tThe Board believes that completion of the requirements for a diploma, a modified diploma, an extended diploma or an alternative certificate from the public schools is an achievement that improves the community as well as the individual, tThe Board wishes to recognize that this achievement in a publicly celebrated graduation exercise.

Accordingly, appropriate graduation programs may be planned by the principal and designated staff on the date selected. Principals will take steps to help ensure that appropriate decorum and safety are maintained during the ceremony.

The district's valedictorian(s), salutatorian(s) or others at the discretion of the principal or designee may be permitted to speak as part of the district's planned graduation program. All speeches will be reviewed and approved in advance by the principal or designee.

All students in good standing who have successfully completed the district requirements for a district diploma, scholars diploma, state diploma, qualifies to receive or receives a modified diploma, extended diploma, alternative certificate or honorary diploma may participate in graduation exercises.

#### END OF POLICY

#### Legal Reference(s):

ORS 329.451	ORS 339.505	OAR 581-022-2015
ORS 332.105	ORS 343.295	OAR 581-022-2010
ORS 332.107		OAR 581-022-2020
ORS 332.114	OAR 581-021-0071	OAR 581-022-2505
ORS 339.115	OAR 581-022-2000	

#### 31 OR. ATTY. GEN. Op. 428 (1964)

Title IX of the Education Amendments of 1972, 20 U.S.C. §§ 1681-1683 (2017); Nondiscrimination on the Basis of Sex in Education Programs or Activities Receiving Federal Financial Assistance, 34 C.F.R. Part 106 (2017).

Kay v. David Douglas Sch. Dist. No. 40,1987); cert. den., 484 U.S. 1032 (1988).

Doe v. Madison Sch. Dist. No. 321, 177 F.3d 789 (9th Cir. 1999).

Lee v. Weisman, 505 U.S. 577 (1992).

Hazelwood Sch. Dist. v. Kuhlmeier, 484 U.S. 260 (1988).

Code: **JEA**Adopted: 9/13/01

Readopted: 5/02/02; 12/04/14; 4/07/16;

11/02/17

### Compulsory Attendance\*\*

Except when exempt by Oregon law, all students between ages 6 and 18, who have not completed the 12th grade, are required to regularly, attend a public, full-time school during the entire school term.

All students five years of age who have been enrolled in a public school are required to attend regularly while enrolled in the public school.

Persons having legal control of a student between ages 6 and 18, who has not completed the 12th grade, are required to have the student attend school and maintain the child in regular attendance during the entire school term. Persons having legal control of a student who is five years of age and has enrolled the child in a public school are required to have the student attend and maintain the child in regular attendance during the school term.

Under the superintendent's direction and supervision, a Attendance supervisors shall monitor and report any violation of the compulsory attendance law to the superintendent or designee. Failure to send a student and maintain a student in regular attendance is a Class C violation.

The district will develop administrative regulations procedures for issuing compulsory attendance notices and citations.

A parent who is not supervising his/her student by requiring school attendance may also be in violation of Oregon Revised Statute (ORS) 163.577 (1)(c). Failing to supervise a child is a Class A violation.

In addition, under Board policy JHFDA - Suspension of Driving Privileges, the district may report students with 10 consecutive days of unexcused absences or 15 cumulative days unexcused absences in a single semester to the Oregon Department of Transportation.

#### **Exemptions from Compulsory School Attendance**

In the following cases, students shall not be required to attend public, schools full-time schools:

- 1. Students being taught in a private or parochial school in courses of study usually taught in kindergarten through grade 12 in the public schools, and in attendance for a period equivalent to that required of students attending public schools.
- 2. Students proving to the Board's satisfaction that they have acquired equivalent knowledge to that acquired in the courses of study taught in kindergarten through grade 12 in the public schools.
- 3. Students who have received a regular or modified high school diploma.
- 4. Students being taught by a private teacher the courses of study usually taught in kindergarten through grade 12 in the public school for a period equivalent to that required of students attending public schools.

- 5. Students being educated in the home by a parent or guardian:
  - a. When a student is taught or is withdrawn from a public school to be taught by a parent or private teacher, the parent or teacher must notify the Multnomah Education Service District (ESD), as the district's ESD of record, in writing within 10 days of such occurrence. In addition, when a home-schooled student moves to a new ESD, the parent shall notify the new ESD in writing, within 10 days, of the intent to continue home schooling. The ESD superintendent shall acknowledge receipt of any notification in writing within 90 days of receipt of the notification. The ESD is to notify, at least annually, school districts of home-schooled students who reside in their district;
  - b. Each student being taught by a parent or private teacher shall be examined no later than August 15, following grades 3, 5, 8 and 10:
    - (1) If the student was withdrawn from public school, the first examination shall be administered at least 18 months after the date the student withdrew;
    - (2) If the student never attended public or private school, the first examination shall be administered prior to the end of grade 3;
    - (3) Procedures for home-schooled students with disabilities are set out in Oregon Administrative Rule (OAR) 581-021-0029.
  - c. Examinations testing each student shall be from the list of approved examinations from the State Board of Education;
  - d. The examination must be administered by a neutral individual qualified to administer tests on the approved list provided by the Oregon Department of Education;
  - e. The person administering the examination shall score the examination and report the results to the parent. Upon request of the ESD superintendent, the parent shall submit the results of the examination to the ESD;
  - f. All costs for the test instrument, administration and scoring are the responsibility of the parent;
  - g. In the event the ESD superintendent finds that the student is not showing satisfactory educational progress, the ESD superintendent shall provide the parent with a written statement of the reasons for the finding, based on the test results and shall follow the guidelines in Oregon Revised Statutes and Oregon Administrative Rules.
- 6. Children whose sixth birthday occurred on or before September 1 immediately preceding the beginning of the current school year, if the parent or guardian notified the child's resident district in writing that the parent or guardian is delaying the enrollment of their child for one school year to better meet the child's needs for cognitive, social or physical development, as determined by the parent or guardian.
- 7. Children who are present in the United States on a nonimmigrant visa and who are attending a private, accredited English language learner program in preparation for attending a private high school or college.
- 8. Students excluded from attendance as provided by law.
- 9. An exemption may be granted to the parent or guardian of any student 16 or 17 years of age who is lawfully employed full-time, or who is lawfully employed part-time and enrolled in school, a community college or an alternative education program as define in ORS 336.615.

10. An exemption may be granted for any child who is an emancipated minor or who has initiated the procedure for emancipation under ORS 419B.550 to 419B.558.

### END OF POLICY

### Legal Reference(s):

ORS 153.018	ORS 339.257	OAR 581-021-0026
ORS 163.577	ORS 339.990	OAR 581-021-0029
ORS 336.615 to -336.665	ORS 419B.550 to -419B.558	OAR 581-021-0071
ORS 339.010 to -339.090	ORS 807.065	OAR 581-021-0077
ORS 339.095	ORS 807.066	

Code: **JECA**Adopted: 9/05/96

Readopted: 5/02/02; 12/04/14

Orig. Code(s): JECA

### Admission of Resident Students\*\*

A Sschool-age students who lives within the district attendance area between the age of 5 and 19 shall be allowed to may attend school without paying tuition.

- 1.—A Satudents who turns 19 years of age during the school year shall continue to be eligible for a free and appropriate public education for the remainder of the school year.
- 2. The Board may admit an otherwise eligible students who are is not receiving special education and who have has not yet attained 21 years of age prior to the beginning of the current school year if they are shown to be in need of additional education in order to receive a diploma or a modified diploma and the These students may attend school without paying tuition for the remainder of the school year.
- 3. The Board shall admit an otherwise eligible students who have has not yet attained age 21 prior to the beginning of the current school year if the student is receiving special education services and:
  - a. Has not yet received a regular or modified high school diploma; or
  - b. Has received a modified diploma, an extended diploma or an alternative certificate.

A student with disabilities shall be considered a resident in which the child's parent or guardian resides under criteria identified in Oregon Revised Statute (ORS) 339.134.

- 4.—Students with disabilities voluntarily placed outside the home by their parent(s) or guardian may continue to attend the school the student was attending prior to the placement as a district resident, when the student's parent(s) or guardian and school staff can demonstrate it is in the student's best interest.
- 5. The Board may deny regular school admission to a students who have has become a residents student and who are is under expulsion from another school district for reasons other than a weapons policy violation.
- 6. The Board shall deny, for at least one calendar year from the date of the expulsion, regular school admission to a students who have has become residents student and who are is under expulsion from another school district for a weapons policy violation.
- 7.—The Board may, based on district criteria, provide alternative programs of instruction to a students expelled for a weapons policy violation.

END OF POLICY

### Legal Reference(s):

ORS 109.056 ORS 327.006 ORS 339.115 ORS 339.133 ORS 339.134 ORS 433.267

Code: JFCG/JFCH/JFCI

Adopted: 5/02/02

Readopted: 12/04/14; 4/07/16

### Use of Tobacco Products, Alcohol, Drugs or Inhalant Delivery Systems\*\*

Student substance abuse, possession, use, distribution or sale of tobacco products or inhalant delivery systems, alcohol or unlawful drugs, including drug paraphernalia or any substance purported to be an unlawful drug, on or within 1000 feet of any district property or grounds, including parking lots, or while participating in school-sponsored activities is prohibited and will result in disciplinary action. If possession, use, distribution or sale occurred within 1000 feet of district grounds, students will be subject to progressive disciplinary action up to and including expulsion. Denial and/or removal from any or all extracurricular activities and/or forfeiture of any school honors or privileges may also be imposed. A student may be referred to law enforcement officials. Parents will be notified of all violations involving their student and subsequent action taken by the school.

A referral to community resources and/or cessation programs designed to help the student overcome tobacco product, inhalant delivery system, alcohol or unlawful drug use may also be made. The cost of such programs are the individual responsibility of the parent and the private health care system.

Clothing, bags, hats and other personal items used to display, promote or advertise tobacco products, inhalant delivery systems, alcohol or unlawful drugs are prohibited on all district grounds, including parking lots, at school-sponsored activities and in district vehicles.

Any person under age 18 21 possessing a tobacco product or inhalant delivery system product on district property, in a district facility or while attending a district-sponsored activity is in violation of state law and is subject to a court-imposed fine.

Any person who distributes, sells or allows to be sold, tobacco products or any substance sold for the purpose of being smoked, vaporized or aerosolized, in any form, a tobacco-burning or inhalant delivery system device, to a person under 18 21 years of age is in violation of state law and is subject to a courtimposed fine.

An "unlawful drug" is any drug as defined by the <u>federal</u> Controlled Substances Act including, but not limited to, marijuana, cocaine, opiates, amphetamines and phencyclidine (PCP). As used in this policy, unlawful drug also means possession, use, sale or supply of prescription and nonprescription drugs in violation of Board policy and any accompanying administrative regulation.

Unlawful delivery of a controlled substance to a student or minor within 1,000 feet of school property is a Class A felony as provided by ORS 475.999.

**END OF POLICY** 

### Legal Reference(s):

ORS 153.018 ORS 161.605	ORS 339.883 ORS 431.840	OAR 581-053-0230(9)(s) OAR 581-053-0330(1)(m)-(o)
ORS 161.625	ORS 431.845	OAR 581-053-0430(12)-(14)
ORS 163.575	ORS 431A.175	OAR 581-053-0531(11)-(13)
ORS 332.107	ORS 433.835 to -433.990	OAR 581-053-0630
ORS 336.067	ORS Chapter 475	OAR 584-020-0040
ORS 336.222		
ORS 336.227	OAR 581-021-0050 to -0075	SB 754 (2017)
ORS 339.240	OAR 581-021-0110	
ORS 339.250	OAR 581-022-2045	

 $Controlled \ Substances, 21\ C.F.R.\ \S\ 1308.11-1308.15\ (2017).$   $Pro-Children\ Act\ of\ 1994,\ 20\ U.S.C.\ \S\ 6081-6084\ (2017).$ 

Safe and Drug-Free Schools and Communities Act, 20 U.S.C. §§ 7101-7117 (2017).

Code: **JGAB**Adopted: 11/01/07

Readopted: 6/14/12; 12/04/14

#### Use of Restraint and Seclusion

The Board is dedicated to the development and application of best practices within the district's public educational/behavioral programs. It is the intent of the Board to establish a policy that defines the circumstances that must exist and the requirements that must be met prior to, during and after the use of physical restraint and/or seclusion as an intervention with district students.

The use of physical restraint and/or seclusion is only permitted as a part of a behavioral support plan when other less restrictive interventions would not be effective and the student's behavior poses a threat of imminent, serious physical harm to the student or others. The following definitions are not in any order.

#### **Definitions**

- 1. "Physical restraint" means the restriction of a student's movement by one or more persons holding the student or applying physical pressure upon the student. "Physical restraint" does not include touching or holding a student without the use of force for the purpose of directing the student or assisting the student in completing a task or activity. The definition of "physical restraint" does not include the use of mechanical, chemical or prone restraint of a student as these methods are prohibited by Oregon law.
- 2. "Seclusion" means the involuntary confinement of a student alone in a room from which the student is physically prevented from leaving. Seclusion does not include the removal of a student for a short period of time to provide the student with an opportunity to regain self-control, in a setting from which the student is not physically prevented from leaving.
- 3. "Serious bodily injury" means any significant impairment of the physical condition of a person, as determined by qualified medical personnel, whether self-inflicted or inflicted by someone else.
- 4. "Mechanical restraint" means a device used to restrict the movement of a student or the movement or normal function of a portion of the body of a student. "Mechanical restraint" does not include:
  - a. A protective or stabilizing device ordered by a licensed physician; or
  - b. A vehicle safety restraint when used as intended during the transport of a student in a moving vehicle.
- 5. "Chemical restraint" means a drug or medication that is used on a student to control behavior or restrict freedom of movement that has not been prescribed by a licensed health professional or other qualified health care professional acting under the professional's scope of practice.
- 6. "Prone restraint" means a restraint in which a student is held face down on the floor.

The use of physical restraint and/or seclusion is only permitted as a part of a behavioral support plan when other less restrictive interventions would not be effective and the student's behavior poses a threat of imminent, serious physical harm to the student or others.

Except in the case of an emergency, only staff current in the required training in accordance with the district-designated physical restraint and seclusion training program will implement physical restraint or seclusion with a student. In an emergency, physical restraint and/or seclusion may also be used by a school administrator, teacher or other school employee, as necessary, when the student's behavior imposes a reasonable threat of imminent, serious bodily injury to the student or to others. The use of physical restraint or seclusion under these circumstances is only allowed so long as the student's behavior poses a threat of imminent, serious physical harm to themselves or to others. Any student being restrained or secluded within the district whether in an emergency or as a part of a plan shall be constantly monitored by staff for the duration of the intervention. Any room used for seclusion of a student must meet the standards as outlined in Oregon Administrative Rule (OAR) 581-021-0568.

The district shall utilize the Oregon Intervention System (OIS) training program of physical restraints and seclusion for use in the district. As required by state regulation, the selected program shall include: behavioral support, prevention, de-escalation and crisis response techniques. Any program selected by the district must be in compliance with state and federal law with respect to the use of restraint and/or seclusion.

An annual review of the use of physical restraint and seclusion during the preceding school year shall be completed and submitted to the Superintendent of Public Instruction to ensure compliance with district policies and procedures.

The results of the annual review shall be documented and shall include at a minimum:

- 1. The total number of incidents of physical restraint;
- 2. The total number of incidents of seclusion:
- 3. The total number of seclusions in a locked room;
- 4. The total number of students placed in physical restraint;
- 5. The total number of incidents that resulted in injuries or death to students or personnel as a result of the use of physical restraint or seclusion;
- 6. The total number of students placed in seclusion;
- 7. The total number of students placed in physical restraint and/or seclusion more than 10 times in a school year and an explanation of what steps have been taken by the district to decrease the use of physical restraint and seclusion for each student;
- 8. The total number of physical restraint and seclusion incidents carried out by untrained individuals;
- 9. The demographic characteristics of all students upon whom physical restraint and/or seclusion was imposed;

10. The total number of rooms available for use by the district for seclusion of a student and a description of the dimensions and design of the rooms.

This report shall be made available to the Board and to the public at the district's main office and on the district's website.

At least once each school year the public shall be notified as to how to access the report.

The district shall investigate all complaints regarding the use of restraint and/or seclusion practices according to the procedures outlined in Board policy KL - Public Complaints and KL-AR - Public Complaints Procedure. The complaint procedure is available at the district's administrative office and is available on the home page of the district's website.

A complainant, who is a student, is a parent or guardian of a student attending school in the district or is a person who resides in the district, may appeal a final decision by the Board to the Deputy Superintendent of Public Instruction as provided in OAR 581-002-0040.

The superintendent shall develop administrative regulations to carry out the requirements set forth in this policy and to meet any additional requirements established by law related to the use, reporting and written documentation of the use of physical restraint or seclusion by district personnel.

#### **END OF POLICY**

#### Legal Reference(s):

ORS 161.205	OAR 581-021-0550	OAR 581-021-0568
ORS 339.250	OAR 581-021-0553	OAR 581-021-0569
ORS 339.285	OAR 581-021-0556	OAR 581-021-0570
ORS 339.288	OAR 581-021-0559	OAR 581-022-2370
ORS 339.291	OAR 581-021-0563	
OAR 581-021-0061	OAR 581-021-0566	

#### **Cross Reference(s):**

JGA - Corporal Punishment JGDA/JGEA - Discipline of Students with Disabilities

Code: **JHCD/JHCDA**Adopted: 10/01/15
Readopted: 11/03/16
Orig. Code(s): JHCD; JHCDA

### Prescription and Nonprescription Medication\*\*

The district recognizes that administering prescription and nonprescription medication to students and/or self-medication may be necessary when the failure to take such medication during school hours would prevent the student from attending school, and recognizes a need to ensure the health and well-being of students who require regular doses or injections of medication as a result of experiencing a life-threatening allergic reaction or adrenal crisis<sup>1</sup>, or have a need to manage hypoglycemia, asthma or diabetes. Consequently, the district may administer or students may be permitted to take prescription (injectable and noninjectable) and nonprescription (noninjectable) medication at school. When a licensed health care professional is not immediately available, a designated trained staff member may administer to a student, epinephrine, glucagon or other medications as prescribed and allowed by Oregon law.

The superintendent will require that an individualized health care plan is developed for every student with a known life-threatening allergy and for every student for whom the district has been given proper notice of a diagnoses of adrenal insufficiency. Such a plan will include provisions for administering medication and/or responding to emergency situations while the student is in school, at a school-sponsored activity, under the supervision of school personnel, in before- or after-school care programs on school-owned property and in transit to or from school or school-sponsored activities.

A request to the district to administer or allow a student to self-administer prescription or nonprescription medication shall include an Oregon licensed health care professional<sup>2</sup> written and signed prescription and treatment plan. A written request and permission form signed by a parent/guardian is required and will be kept on file. This request will be on a Parent Authorization for Specialized Health Care form.

The district shall designate staff authorized to administer medications to students. Training shall be provided to designated staff as required by law in accordance with approved protocols established by the Oregon Health Authority. Staff designated to receive training shall also receive bloodborne pathogens training. Current first-aid and CPR cards are strongly encouraged for designated staff.

Prescription and nonprescription medication will be handled, stored, monitored, disposed of and records maintained in accordance with established district regulations governing administering noninjectable or injectable and prescription or nonprescription medicines to students, including procedures for the disposal of sharps and glass.

Students may be allowed to self-administer medications for asthma, diabetes, hypoglycemia, or severe allergies as prescribed by an Oregon licensed health care professional upon written and signed request of the parent, and subject to age-appropriate guidelines. This self-administration provision also requires a written and signed confirmation the student has been instructed by the Oregon licensed health care

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<sup>&</sup>lt;sup>1</sup>Under proper notice given to the district.

<sup>&</sup>lt;sup>2</sup>A registered nurse who is employed by a public or private school may accept an order from a physician licensed to practice medicine or osteopathy in another state or territory of the U.S. if the order is related to the care or treatment of a student who has been enrolled at the school for not more than 90 days.

professional on the proper use of and responsibilities for the prescribed medication. A meeting between the principal, parent/guardian and student to discuss the student's self-medication needs will follow the submission of the appropriate documents described above.

The district reserves the right to reject a request to administer or allow self-administration of a medication when such medication is not necessary for the student to remain in school.

A process shall be established by which, upon parent written request, a back-up prescribed auto-injectable epinephrine is kept at a reasonable, secured location in the student's classroom as provided by state law. A meeting between the principal, parent/guardian and student, when appropriate, to discuss the student's urgent medication needs and most readily available storage location will follow the submission of the appropriate documents described above.

A premeasured dose of epinephrine may be administered by designated, trained district staff to any student or other individual on school premises who the staff member believes, in good faith, is experiencing a severe allergic reaction, regardless of whether the student or individual has a prescription for epinephrine.

The school administrator, teacher or other school employee designated by the school administrator is not liable in a criminal action or for civil damages as a result of the administration of prescription medication, if the school administrator, teacher or other school employee is in compliance with the instructions of a physician, physician assistant, nurse practitioner or clinical nurse specialist, in good faith, administers prescription medication to a student following written permission and instructions of the student's parents/guardian. A school administrator, teacher or other school employee, designated by the school administrator, is not liable in a criminal action or for civil damages as a result of the administration of nonprescription medication, if the school administrator, teacher or other school employee, in good faith, administers nonprescription medication to a student following written permission and instructions of the student's parent/guardian.

This policy shall not prohibit, in any way, the administration of recognized first aid to students by district employees in accordance with established state law, Board policy and procedures.

The superintendent shall develop administrative regulations as needed to meet the requirements of law, Oregon Administrative Rules and the implementation of this policy, including regulation for student self-medication. The superintendent and/or designee will ensure student health management plans are developed as required by training protocols, maintained on file, and pertinent health information is provided to district staff as appropriate. Such plans will include provisions for administering medication and/or responding to emergency situations while the student is in school, at a school-sponsored activity, under the supervision of school personnel, in before- or after-school care programs, on school-owned property and in transit to or from school or school-sponsored activities.

#### **END OF POLICY**

#### Legal Reference(s):

ORS 109.610	ORS 433.800 to -433.830	OAR 581-021-0037
ORS 109.640	ORS 475.005 to -475.285	OAR 581-022-2220
ORS 109.675	OAR 166-400-0010(17)	OAR 851-047-0030
ORS 332.107	OAR 166-400-0060(29)	OAR 851-047-0040
ORS 339.866 to -339.871	OAR 333-055-0000 to -0035	

Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g (2017); Family Educational Rights and Privacy, 34 C.F.R. Part 99 (2017).

OREGON HEALTH AUTHORITY AND OREGON DEPARTMENT OF EDUCATION, *Medication Administration in Oregon Schools: A Manual for School Personnel* (2016).



Code: JHCD/JHCDA

Adopted:

### Medications\*\*/\* (Version 2)

The district recognizes that Aadministering a medication to a student and/or permitting a student to self-administer a medication to themself, may be necessary when the failure to take such medication during school hours would prevent the student from attending school, and recognizes a need to ensure the health and well-being of a student who requires regular doses or injections of a medication as a result of experiencing a life-threatening allergic reaction or adrenal crisis<sup>1</sup>, or a need to manage hypoglycemia, asthma or diabetes. Accordingly, the district may administer or a student may be permitted to self-administer to themself prescription (injectable and noninjectable) and/or nonprescription (noninjectable) medication at school.

The district shall designate personnel authorized to administer medications to students. Training shall be provided to designated personnel as required by law in accordance with guidelines approved by the Oregon Department of Education (ODE).

A current first-aid and CPR eard certification is required for designated personnel.

When a licensed health care professional is not immediately available, personnel designated by the district may administer to a student, epinephrine, glucagon or another medication to a student as prescribed and/or allowed by Oregon law.

The district reserves the right to reject a request for district personnel to administer, or to permit a student to <u>self-administer to themself</u>, a medication when such medication is not necessary for the student to remain in school.

The superintendent and/or designee will require that an individualized health care plan and allergy plan is developed for every student with a known life-threatening allergy, and an individualized health care plan for every student for whom the district has been given proper notice of a diagnosis of adrenal insufficiency. Such a plan will include provisions for administering medication and/or responding to emergency situations while the student is in school, at a school-sponsored activity, under the supervision of school personnel, in a before-school or after-school care program on school-owned property and in transit to or from school or a school-sponsored activity.

A student may be allowed to self-administer a medication for asthma, diabetes, hypoglycemia or severe allergies as prescribed by an Oregon licensed health care professional, upon written and signed request of the parent or guardian and subject to age-appropriate guidelines. This self-administration provision also requires a written and signed confirmation the student has been instructed by the Oregon licensed health care professional on the proper use of and responsibilities for the prescribed medication.

<sup>1</sup>Under proper notice given to the district by a student or student's parent or guardian.

Medications\*\*/\* - JHCD/JHCDA

A request to the district to administer or allow a student to self-administer prescription medication or a nonprescription medication that is not approved by the Food and Drug Administration (FDA) shall include a signed prescription and treatment plan from a prescriber<sup>2</sup> or an Oregon licensed health care professional.

A written request and permission form signed by a student's parent or guardian, unless the student is allowed to access medical care without parental consent under state law<sup>3</sup>, is required and will be kept on file.

If the student is deemed to have violated Board policy or medical protocol by the district, the district may revoke the permission given to a student to self-administer medication.

Prescription and nonprescription medication will be handled, stored, monitored, disposed of and records maintained in accordance with established district administrative regulations governing the administration of prescription or nonprescription medications to students, including procedures for the disposal of sharps and glass.

A process shall be established by which, upon parent or guardian written request, a back-up prescribed autoinjectable epinephrine is kept at a reasonably, secure location in the student's classroom as provided by state law.

A premeasured dose of epinephrine may be administered by designated personnel to any student or other individual on school premises who a staff member believes, in good faith, is experiencing a severe allergic reaction, regardless of whether the student or individual has a prescription for epinephrine.

This policy shall not prohibit, in any way, the administration of recognized first aid to a student by district employees in accordance with established state law, Board policy and administrative regulation.

A school administrator, teacher or other district employee designated by the school administrator is not liable in a criminal action or for civil damages as a result of the administration of prescription and/or nonprescription medication, subject to state law.

A school administrator, school nurse, teacher or other district employee designated by the school administrator is not liable in a criminal action or for civil damages as a result of a student's self-administration of medication, when that person in good faith assisted the student in self-administration of the medication, subject to state law.

A school administrator, school nurse, teacher or other district employee designated by the school administration is not liable in a criminal action or for civil damages, when that person in good faith administers autoinjectable epinephrine to a student or other individual with a severe allergy, who is unable to self-administer the medication, subject to state law.

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<sup>&</sup>lt;sup>2</sup>A registered nurse who is employed by a public or private school, ESD or local public health authority to provide nursing services at a public or private school may accept an order from a physician licensed to practice medicine or osteopathy in another state or territory of the U.S. if the order is related to the care or treatment of a student who has been enrolled at the school for not more than 90 days.

<sup>&</sup>lt;sup>3</sup>Subject to ORS 109.610, 109.640 and 109.675.

The district and the members of the Board are not liable in a criminal action or for civil damages when a student or individual is unable to self-administer medication, when any person in good faith administers autoinjectable epinephrine to a student or individual, subject to state law.

The superintendent shall develop administrative regulations as needed to meet the requirements of law, Oregon Administrative Rules and the implementation of this policy.

#### END OF POLICY

#### Legal Reference(s):

ORS 109.610	ORS 433.800 to -433.830	OAR 333-055-0000 to -0035
ORS 109.640	ORS 475.005 to -475.285	OAR 581-021-0037
<u>ORS 109</u> .675		OAR 581-022-2220
ORS 332.107	OAR 166-400-0010(17)	OAR 851-047-0030
ORS 339.866 to -339.871	OAR 166-400-0060(29)	OAR 851-047-0040

Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g (2017); Family Educational Rights and Privacy, 34 C.F.R. Part 99 (2017).

OREGON HEALTH AUTHORITY AND OREGON DEPARTMENT OF EDUCATION, Medication Administration in Oregon Schools: A Manual for School Personnel (2016).

Code: **KL** Adopted: 7/11/94

Revised/Readopted: 5/02/02; 12/04/14; 10/01/15;

1/07/16; 4/07/16

Orig. Code(s): KL

### **Public Complaints**

There is a process and procedure for complaints such as instruction, discipline, learning materials, retaliation against a student or a student's parent who in good faith reported information that the student believes is evidence of a violation of state and federal law, rule or regulation, or other matters related to the district's schools.

Community members, staff, parents and students who have a complaint are encouraged to start at the lowest level in the organization to attempt to resolve the complaint.

The following order will be used unless otherwise identified (see administrative regulation KL-AR - Public Complaint Procedure for specific procedures and timelines):

- 1. Teacher/Employee;
- 2. Principal/Supervisor;
- 3. District administrator;
- 4. Superintendent;
- 5. Board.

Any complaint about school personnel other than the superintendent will be investigated by the administration before consideration and <u>potential</u> action by the Board. The Board will not hear charges against employees in a session open to the public, unless the employee requests an open session.

A complaint of retaliation against a student or a student's parent who in good faith reported information that the student believes is evidence of a violation of state and federal law, rule or regulation, should be reported to the administrator.

Complaints against the principal or supervisor shall be filed with the district administrator responsible for the level or area. Complaints against a district administrator other than the superintendent may start at step 4 and shall be filed with the superintendent.

Complaints against the superintendent may start at step 5 and shall be referred to the Board chair on behalf of the Board.

Complaints against the Board as a whole or against an individual Board member may start at step 5 and shall be made to the Board chair on behalf of the Board.

Complaints against the Board chair may start at step 5 shall be made directly to the Board vice chair on behalf of the Board

A complainant must file a complaint within the later of either time limit set below, in accordance with state law:

- 1. Within two years after the alleged violation or unlawful incident occurred or the complainant discovered the alleged violation or unlawful incident. For incidents that are continuing in nature, the time limitation must run from the date of the most recent incident; or
- 2. Within one year after the affected student has graduated from, moved away from or otherwise left the district.

The superintendent will develop and administer the general complaint process, as appropriate.

No staff, student, parent or community member will be denied the right to petition the Board for redress of an issue, complaints will be referred through the proper administrative channels for resolution before investigation or action by the Board. Exceptions are complaints that concern the superintendent or involve Board actions or Board operations.

If a complainant, who is a parent or guardian of a student who attends school in the district, is a student or a person who resides in the district alleges a violation of state standards Oregon Administrative Rule (OAR), Chapter 581, Division 22 (Standards), ORS 339.285 to 339.383 or OAR 581-021-0550 to 581-021-0570 (Restraint and Seclusion) or ORS. 659.852 (Retaliation) or a violation of other statutory or administrative rule for which the State Superintendent of Public Instruction has appeal responsibilities, and the complaint is not resolved at the local level, the district will supply the complainant with appropriate information to file an direct through the complaint process, the complainant may have appeal rights towith the State Deputy Superintendent as outlined in Oregon Administrative Rule (OAR) 581-022-1940.581-002-0040.

If the complaint alleges discrimination pursuant to ORS 659.850 (Discrimination) and the complaint is not resolved at the local level through administrative regulation AC-AR - Discrimination Complaint Procedure, the complaint may meet the criteria to file an appeal with the Superintendent of Public Instruction as outlined in OAR 581-021-0049.

#### **END OF POLICY**

#### **Legal Reference(s):**

ORS 192.610 to -192.690 ORS 332.107 ORS 559.852 OAR 581-022-2370

Anderson v. Central Point Sch. Dist., 746 F.2d 505 (9th Cir. 1984). Connick v. Myers, 461 U.S. 138 (1983).

#### Cross Reference(s):

IIA - Instructional Resources/Instructional Materials

TO: Board of Directors

FROM: A. Katrise Perera

Mike Schofield

DATE: February 22, 2018

RE: No. 6 – Bond: HVAC Direct Digital Controls

EXPLANATION: As a part of the 2016 capital construction bond, controls systems for

heating, ventilation and air conditioning (HVAC) at a number of schools were identified for replacement. In July of 2017, the administration presented findings identifying certain purchases that qualified for exemption from traditional purchasing methods. Heating, ventilation and air conditioning controls systems were a part of those findings. The administration has determined that Alerton Controls best meets the needs of schools and support

facilities throughout our district.

The district recently received quotes for replacement and new controls at Clear Creek Middle School and Sam Barlow High School. These schools were selected based on immediate needs. Clear Creek controls are primarily an upgrade of the existing system. The controls system work at Sam Barlow High School includes a mix of upgrades as well as controls for new construction and portable facilities located on the site during construction.

Targeted construction dates are March 2018 through August 2018 for significant portions of the work. Amounts quoted are within the

original budget estimate.

PRESENTER: Mike Schofield

SUPPLEMENTARY

MATERIALS: None

RECOMMENDATION: Authorize Environmental Controls Corp. to provide HVAC controls

and installation for Clear Creek Middle School and Sam Barlow High School based on quotes received at an amount not to exceed

\$1,115,000.

REQUESTED ACTION: Move to approve Environmental Controls Corp. to provide HVAC

controls and installation for Clear Creek Middle School and Sam Barlow High School at an amount not to exceed \$1,115,000 pending

successful contract negotiations.

MS:mh:sa

TO: Board of Directors

FROM: A. Katrise Perera

Mike Schofield

DATE: February 22, 2018

RE: No. 7 – Bond: Playground Replacement/Upgrade Projects

EXPLANATION: As a part of the 2016 capital construction bond, upgrades and

replacement of surface and equipment at our elementary schools were identified. The administration has spent a number of months identifying the location, surfaces and types of equipment that best meet the needs of our students and community. Executive director of elementary education, Julie Evans, facilities director Terry Taylor and elementary principal Debra James from Hollydale Elementary met to establish standards with a playground consultant. Once the standards were established, affected elementary school principals helped in reviewing location, surface and equipment selections.

Upgrade and replacement projects including new surface and equipment for this spring are scheduled for the following:

Hollydale Elementary East Orient Elementary Highland Elementary Hogan Cedars Elementary Powell Valley Elementary

Targeted construction dates are March 2018 through June 2018 for significant portions of the work and will be somewhat weather dependent.

PRESENTER: Mike Schofield

SUPPLEMENTARY

MATERIALS: 1. Example Playground – East Orient Elementary

RECOMMENDATION: Authorize playground surface and equipment purchases for select

elementary schools with a not-to-exceed amount of \$1.37 million

using the KCDA contract for targeted delivery in Spring 2018.

REQUESTED ACTION: Move to approve playground surface and equipment purchases for

select elementary schools with a not-to-exceed amount of \$1.37 million using the KCDA contract for targeted delivery in Spring

2018.

MS:mh:sa





TO: Board of Directors

FROM: A. Katrise Perera

Kris Howatt

DATE: February 22, 2018

RE: No. 8 – Board Committee Assignments

EXPLANATION: Members of the board serve on many district and community

committees. In order to ensure a more even distribution of committee responsibilities, board members are assigned to specific committees. Committee assignments for the 2017 – 2018 school year were discussed and made at the September 7, 2017

work session.

PRESENTER: Kris Howatt

SUPPLEMENTARY

MATERIALS: 1. Board Committee Assignments 2017-18

RECOMMENDATION: Review the assignments made at the September 7, 2017 board

work session of board members to designated committees for

2017-18.

REQUESTED ACTION: Move to approve the board committee assignments for 2017-18.

:sa

# 2017-18 Board Committee Assignments

Committee	Number	Carla Piluso	Sharon Garner	John Hartsock	Kathy Ruthruff	Blake Petersen	Kris Howatt	Matt O'Connell	Other / Appointed	Advisory to Superintendent	Advisory to Board
Audit Involvement Team	2		•				•				
Board Evaluation Committee	1						•				
Board Leadership	2		•				•				
Bond	1			•							
Communications Project	2			•		•					
District Data Team (On Hold)	2					•	•				
District Equity Focus Team	2	•	•								
Federal Relations Network (FRN) (AKA Advocacy Institute)	1						•				
GBEA CBA Negotiations	2	•	•								
Gresham-Barlow Education Foundation	2	Back Up		•							
MESD Budget Committee (A 3-year commitment)	1			•							
Metro Policy Advisory Committee (MPAC)	1										
OSBA Board of Directors	1						•				
OSBA Legislative Policy Committee (LPC)	1										
OSEA CBA Negotiations	1						•				
OSEA/GBSD Contract Review Team	1						•				
Policy Review Committee	3			•		•	•				
Superintendent's Evaluation	2		•	•							
City Council Committee	3	•		•				Back Up			

TO: Board of Directors

FROM: A. Katrise Perera

Kris Howatt

DATE: February 22, 2018

RE: No. 9 – MESD Budget Committee Appointment

**EXPLANATION:** 

The administration received email correspondence dated January 29, 2018, from the Multnomah Education Service District (MESD) asking for a Gresham-Barlow School Board representative to be assigned to the MESD Budget Committee. The structure of the MESD Budget Committee is described below.

The MESD budget committee shall consist of the MESD Board (7), along with an equal number of electors, plus one (8), who are appointed by the MESD Board from among members of component district boards or designees of component district boards. The nomination and appointment process of component district board members will be determined by the MESD Board and will assure equitable representation. If only a portion of component districts submit names for consideration or if no candidates are submitted, the MESD Board will serve as the Budget Committee.

To be eligible for appointment, the appointive member must: '

- (1) live and be registered to vote in the district;
- (2) not be an officer, agent or employee of the education service district;
- (3) serve for a term of three years

The following dates have been set for budget committee meetings to be held at the MESD:

Date	Topic
Tues., April 3, 2018	Budget Committee Orientation
Fri., April 6, 2018	Access to Proposed Budget
Tues., April 10, 2018	Budget Committee Meeting
Wed., April 18, 2018	Budget Committee Meeting (if necessary)
Tues., April 24, 2018	Budget Committee Meeting (if necessary)

Board member John Hartsock has been the district representative for the past three years. His term ended last spring.

**Board of Directors** Re: No. x – MESD Budget Committee Appointment February 22, 2018 Page 2

PRESENTER: Kris Howatt

SUPPLEMENTARY

MATERIALS: None

The MESD is requesting that the Gresham-Barlow School District RECOMMENDATION:

Board make an appointment for representation on the MESD

budget committee.

1. Move to appoint \_\_\_\_\_ to serve on the Multnomah Education Service District's budget committee for a term of REQUESTED ACTION:

three years.

:sa

TO: **Board of Directors** 

FROM: A. Katrise Perera

Kris Howatt

February 22, 2018 DATE:

RE: No. 10 – Board Agenda Review

Time has been set-aside on this evening's agenda for the board to discuss upcoming agenda topics and meeting needs. EXPLANATION:

PRESENTER: Kris Howatt

**SUPPLEMENTARY** 

MATERIALS: None

RECOMMENDATION: This report is being provided as information only.

No action is required. REQUESTED ACTION:

:sa

# Executive Session Review and Evaluate Public Officer ORS 192.660 (2)(i)

TO: Board of Directors

FROM: A. Katrise Perera

John Hartsock Sharon Garner

DATE: February 22, 2018

RE: No. 11 – Superintendent Evaluation

EXPLANATION: Board Policy CBG states that the Board will formally evaluate the

superintendent's job performance at least once a year. The evaluation will be based on the administrative job description, any applicable standards of performance, Board policy and progress in attaining any goals for the year established by the superintendent and/or the

Board.

At the January 18, 2017 board work session, the board reviewed the

superintendent evaluation worksheet responses.

Time has been reserved on tonight's agenda to review material gathered by the Board to facilitate the superintendent annual

evaluation process.

PRESENTER: John Hartsock, Sharon Garner

**SUPPLEMENTARY** 

MATERIALS: None

RECOMMENDATION: This report is being provided as information only.

REQUESTED ACTION: No action is required at this time. (Note: No decision may be made in

executive session.)