

## Handbook Receipt

I, \_\_\_\_\_ enrolled in  
(Name of the Student)

\_\_\_\_\_ School and my  
(Name of the School)

parent/guardian hereby acknowledge by our signatures that we received and read the Student Handbook.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Student's Signature)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent's/Guardian's Signature)

GRADE \_\_\_ SECTION \_\_\_ HOMEROOM TEACHER \_\_\_\_\_

**Please detach this page after completion and have the student return it to his or her homeroom teacher.**

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## Demographic Information Form

Student's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_  
Where Mail is received City State Zip Code

Address \_\_\_\_\_  
911 Address (Do not use a Post Office Box) City State Zip Code

Parent/Guardian's Name \_\_\_\_\_  
Father's Name Mother's Name

Phone number(s) \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Number \_\_\_\_\_

Bus Driver's Name \_\_\_\_\_ Bus Number \_\_\_\_\_

Student's Grade \_\_\_\_\_ Section \_\_\_\_\_ Teacher's Name \_\_\_\_\_  
(Homeroom Teacher)

*Please detach this page after completion and have the student return it to his or her homeroom teacher.  
Teachers should forward this page to the school's main office.*



# Lowndes County Public Schools

Jason Burroughs  
Superintendent

Post Office Box 755 · Hayneville, Alabama 36040 · Telephone 334-548-2131 · Fax 334-548-2161

## BOARD MEMBERS

Donald J. Carter  
Ben Davis  
Steven T. Foster  
Robert J. Grant  
Travis Rogers

Dear Parent(s) or Legal  
Guardian(s):

Lowndes County Public School System is committed to providing the highest quality education for all students. In order to accomplish this mission, our district will be implementing a three-tiered approach to instruction known as Response to Instruction (RtI). RtI identifies and provides varying levels of support beyond the core curriculum for students who may be struggling in academic or behavioral areas. This process involves parents, general education teachers, principals, instructional specialists, coaches, speech and language pathologists, special education teachers, custodians, librarians, teacher consultants, reading specialists, etc.

The students will be administered a universal screening assessment that will help measure progress. All students will continue to receive core instruction as mandated by the Alabama State Department of Education. However, those students identified as struggling learners will receive additional support to address their individual needs. Your child's classroom teacher will provide individualized strategic interventions and use differentiated instructional strategies within the core curriculum to provide targeted instruction and/or behavioral intervention strategies to modify behavior. Student progress will be monitored, and his/her intervention status will be re-evaluated every four to six weeks. Students who show positive growth may transition out of strategic intervention (Tier 2) or continue to receive services as needed. Students who do not show positive growth during intervention will be referred to the Problem Solving Team (Tier 3) to determine if intensive interventions are necessary.

We believe it is important for families and schools to work together and share responsibility for student success. We appreciate your support as we work with your child to improve his/her academic and/or behavioral performance! Please contact your child's teacher(s) or administrator regarding any questions or concerns about RtI.

Professionally,

Handwritten signature of Kenneth E. Fair in black ink.

Kenneth E. Fair, Director of Operations  
Lowndes County Public Schools

Handwritten signature of Tiffany Martin in black ink.

Tiffany Martin, School Psychometrist  
Lowndes County Public Schools

**PARENTAL NOTIFICATION  
OF COMPULSORY SCHOOL ATTENDANCE LAWS**

**Dear Parents:**

**Alabama law requires all children between the ages of six and sixteen to attend school. If any child fails to attend school without legal excuse, that child and the person having custody of that child will be referred to the juvenile court.**

**Any child who is prosecuted for truancy may be placed in a juvenile facility or in long-term residential care. Any custodial adult who is prosecuted for failing to require a child to attend school may be jailed for up to one year or fined up to \$500 or both.**

**A free public education is one of the greatest benefits available to the children of our state. Please ensure that your child achieves his or her full potential by attending school regularly.**

**Sincerely,**

Dr. Tara Green

**Director of Student Services**

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**I have read the above letter and am fully aware of my responsibility to see that my child attends school daily and of the penalty for my failure to do so.**

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**Signature of Parent or Guardian**

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**Date**

# Lowndes County Public School System

Post Office Box 755 · Haineville, Alabama 36040 · Telephone 334-548-2131 · Fax 334-548-5513

## STUDENT PHOTO RELEASE FORM

Dear Parent/Guardian(s),

Students associated with Lowndes County Public Schools are occasionally photographed and their photographs are part of publications and/or public relations activities. In order to guarantee student privacy and ensure your agreement for your child to participate, we asked that you sign this form and return it to your child's school. Please indicate in the box below if your child's picture may or may not be used on the school or district's website, local newspapers, school newsletters, presentations, etc. For the safety and privacy of all students, if necessary, a first name only will be associated with students' pictures.

- I give permission for my child to be photographed and/or videotaped and for my child's photograph to be used in newspapers, school newsletters, presentations, and school or district's website in hopes of highlighting the school activity.
- I do not give permission for my child to be photographed and/or videotaped and for my child's photograph to be used in newspapers, school newsletters, presentations, and school or district's website in hopes of highlighting the school activity.

Student and Parent/Guardian understand and agree that:

1. No monetary consideration shall be paid for any photograph used;
2. Consent and release have been given without coercion or duress;
3. This agreement is binding upon heirs and/or future legal representatives;
4. The photo, video or student statements may be used in subsequent years.

If the Student and/or Parent/Guardian wish to rescind this agreement they may do so at any time with a written notice.

\_\_\_\_\_  
Student's Name (Please Print)

\_\_\_\_\_  
Parent/Guardian's Name (Please Print)

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## Lowndes County Public Schools Free Textbook Application

- |   |   |
|---|---|
| <input type="checkbox"/> Calloun High<br><input type="checkbox"/> Central Elementary<br><input type="checkbox"/> Central High<br><input type="checkbox"/> Fort Deposit Elementary<br><input type="checkbox"/> Hayneville Middle | <input type="checkbox"/> Jackson-Steele Elementary<br><input type="checkbox"/> Lowndes County Career Technical Center<br><input type="checkbox"/> Lowndes County Middle |
|---|---|

Name \_\_\_\_\_ Year \_\_\_\_\_

Grade \_\_\_\_\_ Section \_\_\_\_\_ Date of Entrance \_\_\_\_\_ Date of Withdrawal \_\_\_\_\_

Parent or Guardian:

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address of Parent(s): \_\_\_\_\_

Street Address

City

State

Zip Code

Name of Textbook	Condition of Textbook								Book Number	Cost of Book
	New		Good		Fair		Poor			
	1 <sup>st</sup>	2 <sup>nd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>		

### Loan Agreement

- I receive and promise to use these books under the following conditions:
1. I will return these books to the school when notified, or at the end of the term, in good condition as received, allowance being made for wear caused by careful use.
  2. If this book is lost or damaged by careless use, I will replace it.
  3. Marking, tearing, or defacing the book will be considered cause for replacement.

Student's Signature \_\_\_\_\_ Date Checked Out \_\_\_\_\_ In \_\_\_\_\_

Teacher's Signature \_\_\_\_\_ Date Checked Out \_\_\_\_\_ In \_\_\_\_\_

**Lowndes County Public Schools  
Jason Burroughs  
Superintendent**

**A STATEMENT IN REGARD TO STATE OWNED TEXTBOOKS**

The Board of Education of Lowndes County is eager for the pupils in this system to secure the greatest possible benefit from the textbooks furnished at State expense.

To that end, a pupil will be permitted to use State owned textbooks, if the parent or guardian has signed an agreement to be responsible for the books that are checked out to this pupil.

**EXCERPT FROM STATE LAW**

“... The parent, guardian or other person having custody of a child to whom... textbooks are issued shall be held liable for any loss, abuse, or damage in excess of that which would result from the normal use of such textbooks. In computing the loss or damage of a textbook, which has been in use for a year or more, the basis of computation shall be variable of the fifty to seventy-five per cent of the original cost of the book to the State. If such parent, guardian or person having custody of such child to whom the textbook was issued fails to pay such assessed damages within 30 days after notification, such student shall not be entitled to further use of such textbooks until remittance of the amount of loss or damage shall be made.”

**NOTE: THE ORIGINAL COST OF THE BOOK TO THE STATE SHALL BE CHARGED FOR LOSS OR DAMAGE BEYOND USE OF A BOOK WHICH HAS BEEN IN USE FOR LESS THAN A FULL SCHOOL YEAR.**

If you are willing to take this responsibility to avail your child the use of the State textbooks, please sign the statement below and return this entire sheet to the teacher or the principal of the school.

.....  
**Home  
Address**

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

**I desire that \_\_\_\_\_ be permitted to use State owned  
Name of Child  
textbooks and I agree to pay for any book, or books, which are lost, or ruined while in  
his/her possession.**

**Signed \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent or Guardian**

**Lowndes County Public Schools  
Home Language Survey  
(Elementary School Form)**

\_\_\_\_\_ School

Student: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
(Print)

**Please answer the following questions:**

1. What is the first language the student learned to speak? \_\_\_\_\_
2. What language do you speak to your child? \_\_\_\_\_
3. What language is most often spoken in your home? \_\_\_\_\_
4. Has the student, his/her parents, or guardians moved from one school district to another in the last three years to find agricultural or fishing employment?  
\_\_\_\_\_ Yes \_\_\_\_\_ No (Check One)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\* Administered as a part of the school registration process.*

**Note: A copy of this form should be returned to the Central Office-ELL Coordinator if the response to question 4 is yes, or if English is the second language. If the response to questions 1-3 is English the original form should be placed in the student's cumulative file.**



**Lowndes County Public Schools  
Home Language Survey  
(Secondary School Form)**

\_\_\_\_\_ School \_\_\_\_\_

Student \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
(Print)

**Please answer the following questions:**

1. What is the first language the student learned to speak? \_\_\_\_\_
2. What language does the student speak most often? \_\_\_\_\_
3. What language is most often spoke in the student's home? \_\_\_\_\_
4. In what language does the student read? \_\_\_\_\_
5. In what language does the student's parent(s) read? \_\_\_\_\_
6. Has the student, his/her spouse, parents, or guardians moved from one school district to another in the last three years to find agricultural or fishing employment?  
\_\_\_\_\_ Yes \_\_\_\_\_ No (Check One)

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature for any student in grade 6-12)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\* Administered as a part of the school registration process.*

**Note: A copy of this form should be returned to the Central Office-ELL Coordinator if the response to question 6 is yes, or if English is the second language. If the response to questions 1-5 is English the original form should be placed in the student's cumulative file.**











# ALABAMA STATE DEPARTMENT OF EDUCATION

## Parent Survey

### for Newly Enrolled Students











SCHOOL SYSTEM			
SCHOOL NAME			
<b>DIRECTIONS</b>			
<p>Please complete the following survey. Your child may be eligible for FREE additional educational services. If you answer yes to any of the questions below, an education representative may contact you to find out whether you, your child, or any member of your family is eligible for the migrant education program. All information will be kept confidential.</p> <p>Please return the completed questionnaire to your child's school.</p>			
<b>RELOCATION HISTORY</b>			
Have you ever traveled in or out of Alabama to work or find work in any of the pictures below in the past three (3) years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or your spouse currently working in agriculture, farming, fishing or any of the pictures below?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Mark all pictures of agriculture, farming, or fishing where you have worked in the past 3 years. See pictures below.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other work you have done that is not shown in a picture below: _____			
<b>Fruit or Tomato Farms</b> <input type="checkbox"/> Yes 	<b>Fish or Shrimp Farms</b> <input type="checkbox"/> Yes 	<b>Nursery, greenhouse, sod farm</b> <input type="checkbox"/> Yes 	<b>Planting / Harvesting Crops</b> <input type="checkbox"/> Yes 
<b>Cattle Farms; Milk Products</b> <input type="checkbox"/> Yes 	<b>Hatchery; feeding, processing chickens, gathering eggs</b> <input type="checkbox"/> Yes 	<b>Working on a worm farm</b> <input type="checkbox"/> Yes 	<b>Growing, tending, felling trees</b> <input type="checkbox"/> Yes 
<b>PARENT INFORMATION</b>			
<b>PARENT / GUARDIAN</b>			
ADDRESS	CITY	STATE	ZIP
<b>PHONE NUMBER</b>	PLACE OF EMPLOYMENT		
NUMBER OF CHILDREN IN HOME		DATE OF MOVE	



## Encuesta para padres de nuevos estudiantes inscritos



SISTEMA ESCOLAR			
NOMBRE DE LA ESCUELA			
<b>INDICACIONES</b>			
<p>Complete la siguiente encuesta. Puede que su hijo(a) sea elegible para recibir servicios educativos adicionales GRATIS. Si responde que sí a cualquiera de las preguntas de abajo, un representante de educación se podrá comunicar con usted para averiguar si usted, su hijo(a) o cualquiera de sus familiares es elegible para el programa de educación para migrantes. Toda la información se mantendrá bajo confidencialidad.</p> <p>Complete este cuestionario y entréguelo a la escuela de su hijo(a).</p>			
<b>ANTECEDENTES DE REUBICACIÓN</b>			
¿Ha viajado alguna vez dentro o fuera de Alabama para trabajar o buscar trabajo en cualquiera de las actividades de las imágenes de abajo en los últimos tres (3) años?		<input type="checkbox"/> Sí	<input type="checkbox"/> No
¿Se dedica usted o su cónyuge actualmente a la agricultura, el trabajo en granjas, la pesca o cualquiera de las actividades de las imágenes de abajo?		<input type="checkbox"/> Sí	<input type="checkbox"/> No
Marque todas las imágenes de agricultura, granjas o pesca donde haya trabajado en los últimos 3 años. Consulte las imágenes de abajo.		<input type="checkbox"/> Sí	<input type="checkbox"/> No
Otro tipo de trabajo que haya hecho y que no aparezca en las imágenes de abajo:			
Granjas de frutas o tomates <input type="checkbox"/> Sí 	Criaderos de peces o camarones <input type="checkbox"/> Sí 	Vivero, invernadero, granja de césped <input type="checkbox"/> Sí 	Plantación/cosecha de cultivos <input type="checkbox"/> Sí 
Granjas para ganado; productos lácteos <input type="checkbox"/> Sí 	Criadero para huevos; alimentación, procesamiento de pollos, recolección de huevos <input type="checkbox"/> Sí 	Trabajo en granjas de lombrices <input type="checkbox"/> Sí 	Plantación, cuidado, tala de árboles <input type="checkbox"/> Sí 
<b>INFORMACIÓN DEL PADRE/DE LA MADRE</b>			
<b>PADRE/MADRE/TUTOR</b>			
DIRECCIÓN	CIUDAD	ESTADO	CÓDIGO POSTAL
<b>NÚMERO DE TELÉFONO</b>		LUGAR DE EMPLEO	
CANTIDAD DE NIÑOS EN EL GRUPO FAMILIAR		FECHA EN QUE SE MUDARON	

**LOWNDESNET  
INTERNET ACCEPTABLE USE POLICY**

**PERMISSION FORM**

Dear Parents and Students:

The Lowndes County Public School System Internet Acceptable Use Policy is designed to provide guidelines for using Internet in the classrooms, school media center, and computer labs in the schools. Please take the time to read the policy. If you have any questions about it, please be sure to contact the principal of the school.

Please note that students, who violate the terms of this policy, may lose privileges or receive punishment as defined in the Lowndes County Public School System Code of Conduct. It is your responsibility to read and ask questions about this policy.

In order to make sure that all members of the Lowndes County Public Schools community understand and agree to these rules of conduct, all students are required to sign an agreement each academic school year. No computer use is allowed to any member of the Lowndes County Public Schools community without agreeing to these basic standards of acceptable computer use.

Each teacher will provide an in-class discussion of this policy.

Thank you,  
*Jason Burroughs*  
Jason Burroughs, Superintendent  
Lowndes County Public Schools

**Please return this completed form to the school. Students will not be given access to the Internet until you have agreed to this policy.**

*I acknowledge that I have read, understood and agree to all the school rules and terms as outlined in the LowndesNET Internet Acceptable Use Policy. I will abide by them in letter and spirit, and I understand that violating them will result in disciplinary action by the school system, up to and including payment for any and all damages incurred through any irresponsible or prohibited use of Lowndes County Public Schools' computer systems. I further understand that this agreement will be kept on file at the school for the academic year in which it was signed.*

**My child may use e-mail and the Internet while at school according to the rules outlined.**

**I would prefer that my child not use e-mail and the Internet while at school.**

\_\_\_\_\_  
Student's name (printed)

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Parent's name (printed)

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



**Lowndes County Public Schools**  
**Office of Technology Initiatives**  
**Digital Device Agreement**  
*Dr. Benitha D. Mathews, Director of Technology*  
*Mr. Jason D. Burroughs, Superintendent*

**Lowndes County Public Schools' Devices are only to be checked out by students currently enrolled in one of seven Lowndes County Schools.**

**1. Compliance**

Students will comply at all times with the District's Student Conduct Policy and Internet Safety and Use Policy incorporated herein by reference and made a part hereof for all purposes. Any failure to comply with these policies may terminate your rights of possession effective immediately and the District may repossess the property.

**2. Title**

The Legal Title to the property is vested in the District and shall at all times remain in the District. Your right of possession and use is limited to and conditioned upon your full and complete compliance with this Agreement.

**3. Device Ownership**

All student-assigned digital devices are the property of Lowndes County Public Schools and are considered "on-loan" when checked out to students/parents.

**4. Loss or Damaged**

If the property is damaged, lost, or stolen, you are responsible for the reasonable cost of repair or its fair market value on the date of loss. You must report loss or theft of the property to the District by the next school day after the occurrence.

**5. Repossession**

If you do not fully comply with all terms of this Agreement in a timely manner, including the timely return of the property, the District shall be entitled to declare you in default and take any and all measures reasonably necessary to take possession of the property.

**6. Terms of Agreement**

You have the right to use and possess the property as determined by each individual school's check-out and check-in date (the "Possession Period"). At the end of the Possession Period, you are required to return the property to the School by the date and time designated by the School at the location designated by the School.

**7. Appropriation**

Your failure to return the property in a timely manner and/or the continued use of it for non-school purposes without the School's consent may be considered unlawful appropriation of the District's property.

**8. Check-out Devices**

- a. If and when the district/school decides to allow devices to be checked out upon use at home, a parent/guardian, and the student must sign a release agreement. This must be done for each school year.
- b. A student will not receive a device if an agreement is not completed. In addition, a student's valid physical address must be on file at their respective school.

**9. Returning your device**

- a. The device, case, and charger condition must be assessed annually at a minimum, and may be reissued by a member of the school's administrative team.
- b. Students must turn their device in by the date set by the school's principal or their designee.
- c. At a minimum, the digital device and all associated items must be returned at the end of every school year by every student prior to the issuance of grading reports.
- d. Failure to return the device or any accessories will result in a report of theft being filed with the appropriate authorities, and final grades will be held.
- e. If a student withdraws or is expelled from the Lowndes County Public School District, the device, charger, case and any accessories must be immediately returned at the time of withdrawal or expulsion. When returned, each device will be inspected. If any damage has occurred, payment must be made in order for the item to be repaired or replaced at that time. Parents/guardians assume sole financial responsibility for damages.

**10. Penalty for lost or damaged student-assigned digital devices**

- a. The parent/guardian will pay according to a five year device life depreciation scale.
  - i. Full price- if new when issued
  - ii. 80 percent- 2nd year after purchased
  - iii. 60 percent- 3rd year after purchased
  - iv. 40 percent- 4th year after purchased
  - v. 20 percent-5th year after purchased
- b. No student-assigned digital device will be issued to any student while payment for a lost or damaged device is outstanding.
- c. The condition of the student-assigned digital device upon issue and return is determined solely by LCPS Office of Technology Initiatives.

**11. Device Inventory and Asset Tag**

- a. Each device is the property of Lowndes County Public Schools, and is individually labeled and inventoried (by asset number and device serial/service tag number) to the individual student to which it has been assigned/loaned.
- b. At no time should any LCPS inventory or asset number be tampered with or removed.
- c. Tampering with or removing an asset number constitutes damage and requires the device to be immediately returned to the school.

**12. Taking Care of Your Assigned/loaned Device**

- a. When not actively using the device, store the device in the provided protective case and away from heat in a cool location. The protective case is not intended to protect against droppage or pressure against the screen
- b. Carefully and considerably store your device in your bookbag while at home
- c. Protect the device at all times, even when not in use.
- d. Do not use the device around food, liquids or drinks. Avoid getting any moisture or crumbs in any opening.
- e. Do not use household cleaners to clean your device. Use only a soft, lint-free, clean cloth on the screen.
- f. Do not throw, slide , drop, or press harshly on the device
- g. Devices/Cases must stay free from all stickers, writing, drawings, and other marks. This is the property of Lowndes County Public Schools.
- h. Do not leave the device out in the sun or extreme weather conditions.
- i. Personalized screensavers and/or back/backgrounds are not permitted.
- j. Devices are not allowed in locker rooms, restrooms, or the cafeteria during lunch periods.
- k. **DO NOT** let anyone borrow or use the device assigned/loaned to you. You/your parents are responsible for any damage that may occur to the device.
- l. Damage(s) to a student assigned/loaned device are as follows, but not limited to:
  - i. Water damage
  - ii. Damaged from attempting to remove barcodes or asset tagging
  - iii. Any condition that will otherwise render the device unsuitable for reissue
  - iv. Damage by vandalism, use of improper cleaning solutions, leaving damaging substances on the device, the dropping of heavy objects on the device, or a device that has not been maintained with proper care and use.
  - v. “Acts of extreme nature” including, but not limited to, weather related damage and fire damage.

### 13. **Device Use When at School**

- a. Devices are intended for use at school each day. In addition to teacher expectation for their use, school message, announcements, calendars, and schedules may be accessed using the device. Students will be responsible for bringing their device to all classes, unless otherwise instructed by the teacher.
- b. If a student leaves his/her device at home, they are responsible for getting the coursework completed as if they had the assigned/loaned device present. If a student repeatedly leaves the assigned/loaned device at home, he/she may be subject to disciplinary action.
- c. Devices must come to school with a full battery charge.

If you have any questions or concerns regarding this device agreement, please feel free to contact **Dr. Benitha D. Mathews, Director of Technology**, at [bmathews@lowndesboe.org](mailto:bmathews@lowndesboe.org), or 334-548-2131, extension 1600.



**Lowndes County Public Schools**  
**Office of Technology Initiatives**  
**Student Checkout Device & User Agreement**  
*Dr. Benitha D. Mathews, Director of Technology*  
*Mr. Jason D. Burroughs, Superintendent*

**PLEASE PRINT ALL INFORMATION:**

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_ Grd \_\_\_\_\_  
 Parent/Guardian's Name \_\_\_\_\_  
 Physical Address \_\_\_\_\_  
 Parent's Email Address \_\_\_\_\_  
 Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

\*\*\*\*\*

**Device Information**

**Manufacturer:** \_\_\_\_\_ **Model:** \_\_\_\_\_  
**Service Tag:** \_\_\_\_\_ **Asset Tag:** \_\_\_\_\_

\*\*\*\*\*

Student and Parent agrees to abide by all rules and regulations established in this agreement by the Lowndes County Public Schools, Digital Device Agreement, Acceptable Use Agreement, and the Lowndes County Public School District's Student Handbook.

Student and Parent/Guardian agree that any inappropriate use of the assigned/loaned digital device will result in loss of privileges associated with using the device and appropriate disciplinary measures. Student and Parent/Guardian agree to accept full financial responsibility for any damage to the assigned digital device, including replacement costs.

**Repossession:** If you do not fully comply with the terms of this agreement in a timely manner, including the timely return of the device, the District/School shall be entitled to declare you in default and take any all measures reasonably necessary to take possession of the device.

\*\*\*\*\*

\_\_\_\_\_  
**Student's Signature** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signatures** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**School Personnel Signature** \_\_\_\_\_  
**Checked-Out Date**

\_\_\_\_\_  
**School Personnel Signature** \_\_\_\_\_  
**Checked-In Date**

**\*\* A copy of this agreement is to be kept on file at the location to which the device is assigned, and a copy must be sent to the Office of Technology Initiatives. \*\***





# Lowndes County Public Schools

Jason Burroughs  
Superintendent

Post Office Box 755 · Hayneville, Alabama 36040 · Telephone 334-548-2131 · Fax 334-548-2161

## BOARD MEMBERS

Travis Rogers  
Steven T. Foster  
Donald Carter Jr.  
Ben Davis  
Robert J. Grant

August 8, 2022

Dear Parents:

We are pleased to notify you that in accordance with the *Every Student Succeeds Act of 2015*, you have the right to request information regarding the professional qualifications of your child's teacher. Specifically, you may request the following:

- Whether the teacher has met State qualification and licensing criteria for the grade levels and subject areas in which the teacher provides instruction.
- Whether the teacher is teaching under emergency or other provisional status through which State qualification or licensing criteria has been waived.
- The baccalaureate degree major of the teacher and any other graduate certification or degree held by the teacher, and the field of discipline of the certification or degree.
- Whether the child is provided services by paraprofessionals and, if so, their qualifications.

If you would like to receive this information, please complete the top portion of the enclosed form, and return the form to your child's school. Should you have any questions, feel free to contact the Office of Federal Programs at [\(334-548-2131\)](tel:334-548-2131), and someone will be happy to assist you. Please mail your request to the following:

**Lowndes County Public Schools**  
**Attention: Mr. Darryl Washington, Director of Federal Programs**  
**P.O. Box 755**  
**Hayneville, Alabama 36040**

Sincerely,

A handwritten signature in blue ink that reads "Darryl Washington".

Darryl Washington  
Director of Federal Programs

**Lowndes County Public Schools**  
**Parents Right-To-Know • Request Teacher Qualifications**

Title I, Part A, Section 1112(c)(6), *Every Student Succeeds Act*, Public Law 114-95

I am requesting the professional qualifications of \_\_\_\_\_

who teaches my child, \_\_\_\_\_ at \_\_\_\_\_  
Child's Name (Please Print) School (Please Print)

My mailing address is \_\_\_\_\_  
Street (Please Print) City Zip

My telephone number is \_\_\_\_\_.

My name is \_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature Date

**This Section to be Completed by School/Central Office**

Date Form Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Subject: \_\_\_\_\_

Has the teacher met state qualifications and licensing criteria for the grade levels and subject areas in which he/she teaches? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is the teacher teaching under emergency or other provisional status?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Undergraduate Degree \_\_\_\_\_ (University/College)  
Major Discipline \_\_\_\_\_

Graduate Degree \_\_\_\_\_ (University/College)  
Major Discipline \_\_\_\_\_

Does a paraprofessional provide instructional services to the student?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what are the qualifications of the paraprofessional?

High School Graduate \_\_\_\_\_ (Year)

Undergraduate Degree \_\_\_\_\_ (University/College)  
Major/Discipline \_\_\_\_\_

College/University Credit \_\_\_\_\_ (Hours)  
Major/Discipline \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Completing Form Date Returned to Parent



ALABAMA STATE DEPARTMENT OF EDUCATION



HEALTH ASSESSMENT RECORD

School Year: \_\_\_\_\_

To Parent or Guardian: The purpose of this form is to provide the school nurse with additional information regarding your child's health needs. The school nurse may contact you for further information. The information requested is essential for the school nurse to meet the health needs of your child.

This information will be kept confidential.

PLEASE complete both sides of this form (Return to the School Nurse)

Name of Student (Last, First, Middle) Birth Date Sex School

Address (Street)

Home Telephone Number: Cell Phone Number: Additional Phone Number: Grade Teacher/Homeroom

Name of Parent/Guardian (Last, First Middle) Work Phone Number:

Transportation
Bus Rider Bus Number: Car Rider Special Needs Bus After School

Part I - Health Information

Place your child receives health care:

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

- Community Health Center
Health Department
Hospital Clinic
No Regular Place
Private Doctor /HMO

Your child's insurance information:

- ALL KIDS
Medicaid
No Insurance
Other
Private Insurance

Place your child receives dental care:

Dentist's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

- Community Health Center
Health Department
Hospital Clinic
No Regular Place
Private Dentist /HMO

Preferred Hospital: \_\_\_\_\_

Part II - Medical History Medical Equipment /Procedures Required at School

Catheter Gastric Tube Nebulizer Treatments Oxygen Supplement Tracheostomy
Vagal Nerve Stimulator (VNS) Ventilator Wheelchair Walker
Other Please explain:

Medications and Procedures at School require a Prescriber/Parent Authorization Form (one for each medication or procedure) Please see your school nurse.

Please Complete Back of Form (Signature Required)





ALABAMA STATE DEPARTMENT OF EDUCATION



HEALTH ASSESSMENT RECORD

School Year: \_\_\_\_\_

Name of Student \_\_\_\_\_

Part III – Medical History

<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>KNOWN HEALTH PROBLEMS</b> If NO, go directly to the bottom of the page and provide parent/guardian signature If YES, and diagnosed by a physician, answer each question below.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Attention Deficit Disorder (ADD)</b> <b>Attention Deficit Hyperactivity Disorder (ADHD)</b> Requires medication <input type="checkbox"/> At school <input type="checkbox"/> At Home
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Allergies:</b> <input type="checkbox"/> Food _____ <input type="checkbox"/> Insects _____ <input type="checkbox"/> Environmental _____ <input type="checkbox"/> Medications _____ <input type="checkbox"/> Hives/rash <input type="checkbox"/> Medications <input type="checkbox"/> Breathing difficulty <input type="checkbox"/> Epi-pen <input type="checkbox"/> Other: _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Asthma</b> <input type="checkbox"/> Uses an inhaler at school <input type="checkbox"/> Uses an inhaler at home
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Blood/Bleeding Problems:</b> <input type="checkbox"/> Hemophilia, <input type="checkbox"/> Von Willebrand's, <input type="checkbox"/> Other <input type="checkbox"/> Requires medication <i>Please explain:</i> _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Frequent Nose Bleeds:</b> <i>Please explain</i> _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Cancer/Leukemia:</b> <i>Please explain</i> _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Cerebral Palsy:</b> <i>Please explain</i> _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Cystic Fibrosis:</b> <i>Please explain</i> _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Dental Problems:</b> <i>Please explain:</i> _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Diabetes</b> <input type="checkbox"/> Type 1 Diabetes <input type="checkbox"/> Monitors Blood Sugars at school <input type="checkbox"/> Requires Insulin at school <input type="checkbox"/> Type 2 Diabetes <input type="checkbox"/> Managed with diet <input type="checkbox"/> Insulin pump <input type="checkbox"/> Glucagon order <input type="checkbox"/> Oral medication
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Emotional/Behavioral/Psychological:</b> <i>Please explain:</i> _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Gastrointestinal/Stomach Problems:</b> <i>Please explain:</i> _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Genetic / Rare Disorders:</b> <i>Please explain:</i> _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Headaches:</b> <i>Please explain:</i> _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Hearing Problems:</b> <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear <input type="checkbox"/> Both ears <input type="checkbox"/> Hearing loss <input type="checkbox"/> Hearing aid <input type="checkbox"/> Tubes <input type="checkbox"/> Cochlear Implant
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Heart Condition:</b> <input type="checkbox"/> Activity restrictions: _____ <input type="checkbox"/> Medications taken at home: _____ <i>Please explain:</i> _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Hypertension (High Blood Pressure):</b> <i>Please explain:</i> _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Juvenile Arthritis/Bone-Joint Problems:</b> <i>Please explain:</i> _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Kidney/ Bladder/ Urinary Problems:</b> <i>Please explain:</i> _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Scoliosis:</b> <input type="checkbox"/> No Treatment <input type="checkbox"/> Wears Brace <input type="checkbox"/> Surgery <input type="checkbox"/> Family History
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Seizures/Convulsions:</b> Type of seizure: _____ Medications: <input type="checkbox"/> Diastat <input type="checkbox"/> Klonopin <input type="checkbox"/> Versed <input type="checkbox"/> Medication taken at home <input type="checkbox"/> Other _____ <i>Please explain:</i> _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Sickle Cell:</b> <input type="checkbox"/> Anemia <input type="checkbox"/> Trait
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Shunt:</b> <input type="checkbox"/> VP shunt <i>Please explain:</i> _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Spina Bifida:</b> _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Special Diet:</b> <i>Please explain:</i> _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Vision Problems:</b> <input type="checkbox"/> Wears glasses <input type="checkbox"/> Wears contacts <input type="checkbox"/> Other
<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Other Medical Conditions:</b> <i>Please include any medications taken at home only.</i> _____

Required Signatures

(Electronic or Written) Parent(s) or Guardian Signature: _____	Date: _____
(Electronic or Written) School Nurse Signature: _____	Date: _____

## Diet Prescription for Meals at School

This file is to be maintained for use within the school cafeteria.

Student's Name: \_\_\_\_\_

Name of School: \_\_\_\_\_

**\*To be completed by a Licensed Physician, Licensed Physician's Assistant, or Nurse Practitioner\***

Student's Diagnosis(optional): \_\_\_\_\_

Major life activity affected by the disability \_\_\_\_\_

Diet Prescription- **please attach additional instructions if necessary.** Be specific with instructions. This form is used to provide guidance for cafeteria staff.

Foods to Omit (Due to Allergy or Sensitivity):

Food to Omit	Recommended Food(s) to Substitute

**\*\*If foods are listed to be omitted from the diet, specifics on foods to substitute MUST be provided.**

**Other Diet Modifications (Check All that Apply):**

Special Diet	Information Requested
<input type="checkbox"/> Modified Carbohydrate	Grams per meal (range)
<input type="checkbox"/> Increased Calorie	Calories per meal (range)
<input type="checkbox"/> Decreased Calorie	Calories per meal (range)
<input type="checkbox"/> Modified Texture	Textures Allowed (i.e. ground, pureed)
<input type="checkbox"/> Other (Please specify):	Instructions:
<input type="checkbox"/> Other (Please specify):	Instructions:

I certify that the above-named student needs special school meals prepared or served as described above because of the student's disability or chronic medical condition.

\_\_\_\_\_  
State Licensed Healthcare Professional Signature

\_\_\_\_\_  
Date

**\*It is recommended that the diet prescription be renewed annually.**

**Lowndes County Public Schools**

**Medication Self-Administration Documentation  
and/or  
Medication Authorized to Keep On Person Documentation**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Name of Medication \_\_\_\_\_ School \_\_\_\_\_

- ✓ Standardized Medication Authorization is complete with parent and prescriber affirmation signatures authorizing this student to self administer medication and keep his/her medication on person.
- ✓ Students Individual Health Care Plan is complete

\_\_\_\_\_ Parent/Prescriber Authorization matches prescription label and the label is intact.

\_\_\_\_\_ Medication is not expired: Product manufacturer expiration date \_\_\_\_\_

\_\_\_\_\_ Student has knowledge of medication administration and safety, including information addressed in his/her HCP.

\_\_\_\_\_ Student demonstrates knowledge, skill and experience of his/her chronic illness and medication. He/She verbalizes potential side effects and adverse reactions including when to contact the school nurse or prescriber.

**Parent Prescriber Authorization for Self Administration of Medication:**

\_\_\_\_\_ Student agrees he/she is accountable for safe and appropriate self administration of the authorized medication. He/ She has been informed of legal policies and requirements related to self administration of authorized medication and will not give or share medication with another person.

**Parent Prescriber Authorization for Medication to Keep on Person:**

\_\_\_\_\_ Student agrees he/she is accountable for safe and appropriate possession of the authorized medication. He/ She has been informed of legal policies and requirements related to possession of authorized medication and will not give or share medication with another person.

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Parent Prescriber Authorization request that this student be allowed to possess and/or self-administer his/her own medication. I am reasonably assured that this student will safely and appropriately possess and /or self administer his/her prescribed medication as ordered in the school setting. This student currently demonstrates knowledge, skill and experience of his/her chronic illness and medication.*

**Nurse Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ALABAMA STATE DEPARTMENT OF EDUCATION**  
**SCHOOL MEDICATION PRESCRIBER/PARENT AUTHORIZATION**

School Year: \_\_\_\_\_

**STUDENT INFORMATION**

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_  
 Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_  
 No known drug allergies---if drug allergies list: \_\_\_\_\_ Weight: \_\_\_\_\_ pounds

**PRESCRIBER AUTHORIZATION** (To be completed by licensed healthcare provider)

Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Route: \_\_\_\_\_  
 Frequency/Time(s) to be given: \_\_\_\_\_ Start Date: \_\_\_/\_\_\_/\_\_\_ Stop Date: \_\_\_/\_\_\_/\_\_\_  
 Reason for taking medication: \_\_\_\_\_  
 Potential side effects/contraindications/adverse reactions: \_\_\_\_\_  
 Treatment order in the event of an adverse reaction: \_\_\_\_\_  
**SPECIAL INSTRUCTIONS:**  
 Is the medication a controlled substance? Yes No  
 Is self-medication permitted and recommended? Yes No  
 If "yes" I hereby affirm this student has been instructed  
 On proper self-administration of the prescribe medication.  
 Do you recommend this medication be kept "on person" by student? Yes No  
**Emergency Drug required during Bus Transportation** Yes No  
**Cake Icing Gel ONLY for Diabetic Student during Bus Transportation** Yes No  
 Printed Name of Licensed Healthcare Provider: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax: \_\_\_\_\_  
 Signature of Licensed Healthcare Provider: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT AUTHORIZATION**

I authorize the School Nurse, the registered nurse (RN) or licensed practical nurse (LPN) to administer or to delegate to unlicensed school personnel the task of assisting my child in taking the above medication in accordance with the administrative code practice rules. I understand that additional parent/prescriber signed statements will be necessary if the dosage of medication is changed.  
**Prescription Medication** must be registered with School Nurse or trained Medication Assistants. Prescription medication must be properly labeled with student's name, prescriber's name, name of medication, dosage, time intervals, route of administration and the date of drug's expiration when appropriate.  
**Over the Counter Medication** must be registered with the School Nurse or Trained Medication Assistant, OTC's in the original, unopened and sealed container. Local Education Agency Policy for OTC medication to be followed:  
 Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Phone: ( ) \_\_\_\_\_

**SELF-ADMINISTRATION AUTHORIZATION**

**(To be completed ONLY if student is authorized to complete self-care by licensed healthcare provider.)**

I authorize and recommend self-medication by my child for the above medication. I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician. I shall indemnify and hold harmless the school, the agents of the school, and the local board of education against any claims that may arise relating to my child's self-administration of prescribed medication(s).  
 Signature of Parent: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Phone: ( ) \_\_\_\_\_

Revised 2019

## PARENTAL INVOLVEMENT EVALUATION (In accordance with ESSA 2015)

The intent of this survey is to better serve you the parent and your child. Please answer the following questions openly and honestly to help us help you, while we strengthen and increase Parental Involvement in our schools.

1=Unacceptable    2=Fair    3=Satisfactory    4=Excellent    N/A= Didn't attend

- 1. Assessment training (Scantron Assessment, ACT, Alternate Assessment, ACCESS)
- 2. Utilizing resources in the school to assist you and your child (Library Parent Section, etc.)
- 3. Intervention strategy workshops (CCRS ELA and Math, Writing, Social Studies, Science, etc.)
- 4. Parenting classes
- 5. PTA/PTO meetings
- 6. Meetings are offered at flexible times and dates that fit your schedule

Please respond in your own handwriting, how we might increase parental involvement in our school/district and how we could specifically assist you.

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### Parent Workshop Survey

**All parents are encouraged to visit the school as much as possible. Please come and see what your child has been doing.**

**We are looking forward to having parent workshops that will be hosted throughout the year. Information from our parents is an important part of identifying the needs of our students. Please check below the areas of content that you feel will meet the needs of your child.**

- |  |   |
|--|---|
| <input type="checkbox"/> Reading                           | <input type="checkbox"/> Help with Homework |
| <input type="checkbox"/> Counseling (Divorce, Death, etc.) | <input type="checkbox"/> Health             |
| <input type="checkbox"/> Study Habits                      | <input type="checkbox"/> CCRS Math          |
| <input type="checkbox"/> Self-esteem                       | <input type="checkbox"/> CCRS Language      |
| <input type="checkbox"/> Technology Training               | _____                                       |

Name of School: \_\_\_\_\_ Grade of Child: \_\_\_\_\_

**Please indicate the best time for you to attend a parent workshop by ranking the following time slots 1-4, with 1 being the time you are most available.**

- |  |   |
|--|---|
| <input type="checkbox"/> Day, 8am-noon | <input type="checkbox"/> Evening, after 5pm |
| <input type="checkbox"/> Day, noon-5pm | <input type="checkbox"/> Saturdays          |

*Please detach this page after completion and have the student return it to his or her homeroom teacher.  
Schools should forward this form to Mr. Darryl Wahington, Director of Federal Programs.*



**LOWNDES COUNTY PUBLIC SCHOOLS  
BULLYING/HARASSMENT COMPLAINT FORM**

If you are a student or a parent/guardian of a student who has been subjected to bullying or harassment, please complete this form and submit it to the school principal or place in designated area.

School Name \_\_\_\_\_ Student Name \_\_\_\_\_ Grade \_\_\_\_\_

I wish to register a complaint against: \_\_\_\_\_

Check all spaces below that apply:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Inappropriate Gesturing | <input type="checkbox"/> Damaging Property   | <input type="checkbox"/> Staring/Leering  | <input type="checkbox"/> Spitting      |
| <input type="checkbox"/> Inappropriate Touching  | <input type="checkbox"/> Taunting/Ridiculing | <input type="checkbox"/> Writing/Graffiti | <input type="checkbox"/> Stalking      |
| <input type="checkbox"/> Demeaning Comments      | <input type="checkbox"/> Flashing a Weapon   | <input type="checkbox"/> Hitting/Kicking  | <input type="checkbox"/> Cyberbullying |
| <input type="checkbox"/> Intimidation/Extortion  | <input type="checkbox"/> Shoving/Pushing     | <input type="checkbox"/> Threatening      | <input type="checkbox"/> Name Calling  |

Other: \_\_\_\_\_

Date of Alleged Incident: \_\_\_\_\_ Time of Alleged Incident \_\_\_\_\_

Location of Alleged Incident \_\_\_\_\_

Description of Incident (Be specific.) \_\_\_\_\_

Witnesses \_\_\_\_\_

The *Jamari Terrell Williams Student Bullying Prevention Act* No. 2018-472 and *Alabama Code* § 16-28B-3 defines bullying and harassment as a continuous pattern of intentional behavior that takes place on school property, on a school bus, or at a school-sponsored function including, but not limited to, written, electronic, verbal, or physical acts that are reasonably perceived as being motivated by any characteristic of a student, or by the association of a student with an individual who has a particular characteristic, if the characteristic falls into one of the categories of personal characteristics contained in the Board policy. To constitute bullying or harassment, a pattern of behavior may do any of the following:

- a. Place a student in reasonable fear of harm to his or her person or damage to his or her property.
- b. Have the effect of substantially interfering with the educational performance, opportunities, or benefits of a student.
- c. Have the effect of substantially disrupting or interfering with the orderly operation of the school.
- d. Have the effect of creating a hostile environment in the school, on school property, on a school bus, or at a school-sponsored function.
- e. Have the effect of being sufficiently severe, persistent, or pervasive enough to create an intimidating, threatening, or abusive educational environment for a student.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

OR

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please note that the submission of a complaint does not automatically substantiate that misconduct has occurred. The school administration has the prerogative to investigate any allegations of wrongdoing.

**Completed By School Principal/Administrator**

Complaint Received by: \_\_\_\_\_  
Name Title Date

Disposition: \_\_\_\_\_



## Lowndes County Public Schools Annual Notification Regarding School Provided or Sponsored Mental Health Services

### *Mental Health Services*

The school system provides or sponsors the following mental health services:

1. **Large group guidance** - includes school counselor or professional visiting the classroom to discuss topics such as bullying, class scheduling, stress management, test anxiety or guest speakers to discuss good choices, substance abuse prevention, etc.
2. **Small group guidance** - includes small group of students with school counselor or professional to discuss topics such as test anxiety, grief, healthy coping skills, etc.
3. **Mentoring** - Peer Helpers work with students in school on topics such as friendships, healthy relationships, anger management, and anxiety.
4. **Assessments or Surveys** - includes questionnaires provided to students related to social behaviors, feelings, etc.
5. **Crisis intervention** - short-term, immediate assistance by school counselor or professional for a specific situation.
6. **School-Based Mental Health** - On-going counseling services by school professionals or private practitioners in the school setting. Parent or legal guardian's permission will be obtained during an intake meeting before services are provided.

### *Review of Materials*

You may request to review any materials used in the guidance and counseling programs available to students by contacting the district's Mental Health Coordinator Dr. Tara Green at 334-548-2131 or [tgreen@lowndesboe.org](mailto:tgreen@lowndesboe.org).

### *Information Regarding How to Allow, Limit, or Prevent Your Child's Participation in Mental Health Services*

Under Alabama law, no student under the age of fourteen may participate in ongoing school counseling services including, but not limited to, mental health services, unless (1) the student's parent or legal guardian has submitted a written opt-in granting permission for the student to participate or (2) there is an imminent threat to the health of the student or others.

Therefore, if your child is under fourteen, they will only be allowed to participate in mental health services if you opt-in. **If you would like the school system to be able to offer and/or provide mental health services to your child, you must opt-in for each service listed for them to participate in that service.**

Even if you do not opt-in to mental health services, your child may be provided mental health services if there is an imminent threat to their health or others. School employees may determine in their discretion whether such an imminent threat exists and provide any mental health services they deem necessary under the circumstances.

**Parent of students with disabilities:** Please note that the opt-in process is not applicable to any school counseling services or "mental health services" contained in a student's IEP or §504 plan. Consent for those services will be obtained and information regarding your child's mental health services will be provided through the usual special education process.