STATE OF SOUTH CAROLINA )
COUNTY OF BEAUFORT )

CERTIFIED ADMINISTRATIVE
EMPLOYMENT CONTRACT

| | |
|---|---|
| **NAME OF EMPLOYEE:** | CONSTANCE GOODWINE-LEWIS |
| **POSITION ASSIGNMENT:** | PRINCIPAL |
| **SCHOOL YEAR:** | 2021-2022 |

This is to notify you of your employment as a/an **ADMINISTRATOR** for 260 days during the indicated school year. The following conditions of employment have been stipulated by the Beaufort County School District Board of Education and are hereby a part of this contract:

1. The Employee shall maintain throughout the life of this contract a valid and appropriate certificate for the position specified. Failure to maintain professional qualifications during the contractual period shall constitute grounds for termination of the contract. Proof of these qualifications shall be filed with the District Office.

2. The Employee agrees to discharge faithfully all duties and responsibilities imposed upon him/her by the rules and regulations of South Carolina and the District.

3. The District agrees to pay the Employee according to the salary schedule adopted by the Board. This salary schedule will be made available as soon as practicable. Loss or reduction in any amount of anticipated or appropriated state, local or federal funding may, at the discretion of the District, require a pro-rata reduction of salary, a reduction in the term of this contract and pro-rata reduction in salary, i.e., a furlough, a reduction in contract days in accord with state law, or a termination of this agreement. Furthermore, any decline in student enrollment, elimination or change in course programming, financial emergency, or temporary closing of school or District operations because of emergency circumstances may require a pro-rata reduction in salary. Any such reduction will take place only upon the recommendation of the Superintendent and approval by the Board after reasonable notice has been provided to the affected parties. Any position eliminations will be handled in accordance with **BCSD Administrative Regulation HRS-30: Professional Staff Reduction in Force.**

4. The Employee shall receive a performance evaluation in accordance with District policy. This evaluation, if conducted during the term of this contract, shall be conducted by the Superintendent or the Superintendent's representative and shall be based in part upon a written instrument approved by the Superintendent and reviewed with the Employee. The Superintendent or her representative shall confer with the Employee concerning the evaluation received and reasons therefor. The Employee shall be given an opportunity to respond to the evaluation in writing.

5. The District's administrative assignments are discretionary with the Superintendent. In the event of any change in the District's organizational chart, reduction in force, or whenever it is deemed in the best interest of the District, the Superintendent may reassign the Employee. Further, the District reserves the right to make reassignments, upon notice to and consultation with the affected employee, consistent with S.C. Code Ann. § 59-24-15, as amended.

6. This contract shall be terminated by:

   (a) mutual agreement of the parties;
   (b) discharge for cause consistent with S.C. Code Ann. § 59-25-410, et seq., as amended; or
   (c) death.

7. An initial offer of employment is subject to receipt of a criminal record history report from the South Carolina Law Enforcement Division, which reveals no good and just cause for its withdrawal.

8. If, during the term of this contract, it is found that a specific clause of the contract is illegal under either federal or state law, the remainder of the contract not affected by such ruling shall remain in force.

Please indicate your acceptance of this contract by signing below and returning the original to the Superintendent or his/her agent, pursuant to **S.C. Code § 59-25-420 by** 05/10/2021. This contract is not valid unless approved by the Board of Education and signed by the Superintendent

Constance Goodwine-Lewis
Employee's Signature

04/09/2021
Date

Francisco J. Rodriguez
Frank Rodriguez, Ph.D. Superintendent

STATE OF SOUTH CAROLINA )
COUNTY OF BEAUFORT )

CERTIFIED ADMINISTRATIVE
EMPLOYMENT CONTRACT

| | |
|---|---|
| **NAME OF EMPLOYEE:** | CONSTANCE GOODWINE-LEWIS |
| **POSITION ASSIGNMENT:** | PRINCIPAL |
| **SCHOOL YEAR:** | 2022-2023 |

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Constance Goodwine-Lewis
Employee's Signature

04/27/2022
Date

Frank Rodriguez, Ph.D. Superintendent

STATE OF SOUTH CAROLINA )
COUNTY OF BEAUFORT )

CERTIFIED ADMINISTRATIVE
EMPLOYMENT CONTRACT

| | |
|---|---|
| **NAME OF EMPLOYEE:** | CONSTANCE Goodwine-Lewis |
| **POSITION ASSIGNMENT:** | PRINCIPAL ELE |
| **SCHOOL YEAR:** | 2023-2024 |

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Constance Goodwine-Lewis
Employee's Signature

05/02/2023
Date

Frank Rodriguez, Ph.D. Superintendent

STATE OF SOUTH CAROLINA )
COUNTY OF BEAUFORT )

CERTIFIED ADMINISTRATIVE
EMPLOYMENT CONTRACT

| | |
|---|---|
| **NAME OF EMPLOYEE:** | Constance Goodwine-Lewis |
| **POSITION ASSIGNMENT:** | PRINCIPAL - ELE |
| **SCHOOL YEAR:** | 2024-2025 |

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Constance Goodwine-Lewis
Employee's Signature

04/30/2024
Date

Francisco J. Rodriguez
Frank Rodriguez, Ph.D. Superintendent

*Please complete this form and return to HR with your folders.*

Confidentiality Statement
Beaufort County School District
Employee Candidate Interview Process

The issues of confidentiality and ethics are extremely important when taking part in the selection of new staff. Each member of the interview or input team must make the commitment to have the process remain strictly confidential.

The following are *NOT* for public consumption:

- Documents developed and/or shared
- Statements made by the team or applicant
- Deliberations
- Impressions
- Opinions

Confidentiality should not be viewed as keeping information from anyone. It is our obligation to protect the rights and preserve the self-respect of each candidate.

All materials will be collected and filed. Remember that this is a professional process.

Confidentiality is the obligation of the team, not the candidate.

I participated in the process in the following way(s):

Paper screening
Interviewing
Observing
Other (please describe) _____

I agree to observe the confidentiality and ethic statement above.

Constance Goodwine-Lewis _____ 3/2/2024

Print Name Signature Date

Principal My Position/ Relationship to the school.

Document revised February 2016

**BEAUFORT COUNTY SCHOOL DISTRICT**

**CONFIDENTIALITY AGREEMENT**

I understand and agree as an employee of Beaufort County School District, I may have access to privileged and confidential information to include records, electronic records, emails, reports, payroll information, financial information, disciplinary information, and other information regarding employees, students, and parents, as well as any other information which Beaufort County School District deems to be confidential. Maintaining the confidentiality of information regarding our employees and our students is fundamental to our District. All personnel employed by or affiliated with the District are expected to conduct themselves in a professional and ethical manner at all times. Working in the District Office, particularly the Human Resources Office, may expose employees to information that is confidential and sensitive or private in nature.

In consideration of my employment with the District, which may provide me with access to such Confidential Information, I understand and agree not to disclose any Confidential Information to any person or entity, through any means, except as authorized by my supervisor. I agree not to discuss any employee-related matters or share any Confidential Information (through any means) with co-workers or with any other individuals who do not have a strict need-to-know, as determined by my supervisor. I agree not to engage in gossip or participate in or spread rumors to others (through any means) regarding matters that I learn of through my employment responsibilities with the District. I further agree to comply with all applicable federal and State laws, rules, regulations or other directives to maintain the confidentiality and security of such Confidential Information, including but not limited to the Family Educational Rights and Privacy Act and the Health Insurance Portability and Accountability Act.

My signature below confirms that I understand the District's expectations regarding maintaining Confidential Information and agree to strictly adhere to the District's policies and procedures and this agreement.

CONSTANCE GOODWINE-LEWIS
Name of Employee

06/02/2022
Date

Constance Goodwine-Lewis
Signature of Employee

BEAUFORT COUNTY SCHOOL DISTRICT

WHERE LEARNING LEADS THE WAY

**SUPPLEMENTAL AGREEMENT FOR ASSIGNMENT AS PRINCIPAL IN A TIER III SCHOOL**

**Name of Employee: Constance Goodwine-Lewis**

**School: Broad River Elementary School**

You are hereby offered a one-time supplemental agreement to receive a stipend for the 2021-22 school year to serve as the Principal at Broad River Elementary School. This is a supplemental agreement to your 2021-22 school year contract.

**Your assignment as a Principal at the designated school is for the stated school year only, and no expectations are created concerning the supplemental assignment for future years.**

All supplemental duty assignments are discretionary with the administration. You are eligible to be offered this supplemental assignment for up to two (2) additional school years beyond the 2021-22 school year at the discretion of the administration. However, any such supplemental agreement and stipend for this purpose will be limited to a maximum of three (3) school years.

Your stipend for the 2021-22 school year for your service as a Principal will be as follows:

| | |
|---|---|
| Base Annual Salary @ 260 days: | **$102,659.94** |
| Stipend Amount @ 15% of the Base Annual Salary: | **$15,398.99** |
| Total Annual Amount for the 2021-22 school year: | **$118,058.93** |

All amounts will be paid out over 26 pay periods, in accordance with the publish payroll pay schedule.

_____ 12/2/2021

**Employee's Signature** **Date**

_____ 11/16/2021

**District's Representative Signature** **Date**

# Beaufort County School District
## Administrative Staff Salary Calculation Worksheet

| EMPLOYEE and POSITION DATA | | | | |
|---|---|---|---|---|
| NAME | Constance Goodwine-Lewis [redacted] | HIRE DATE | 3/25/1997 | |
| POSITION TITLE | Principal | HOURS PER DAY | 8 | |
| POSITION PAY LEVEL | Level 209 | DAYS PER YEAR | 260 | FTE |
| LOCATION | BRE | HOURS PER YEAR | 2080 | 1.0000 |

**CHRONOLOGICAL WORK EXPERIENCE**

| START DATE MM/YYY | END DATE MM/YYYY | EMPLOYER | POSITION | TOTAL YEARS | SAME 1 pt. | SIMILAR .5 pt | GENERIC .25 pt |
|---|---|---|---|---|---|---|---|
| 07/2007 | 07/2009 | BCSD - BRES | Assistant Principal | 2 yrs, 0 mos | | 2.00 | |
| 07/2005 | 07/2007 | BCSD - HHSCA | Assistant Principal | 2 yrs, 0 mos | | 2.00 | |
| 10/2003 | 07/2005 | BCSD - CES | ESOL Teacher | 1 yrs, 9 mos | | | 1.75 |
| 07/2001 | 10/2003 | BCSD - SHES | 3rd Grade | 2 yrs, 3 mos | | | 2.25 |
| 07/2000 | 07/2001 | BCSD - Ses | 3rd Grade | 1 yrs, 0 mos | | | 1.00 |
| | | | | 0 yrs, 0 mos | | | |
| 07/2009 | 01/2023 | BCSD - BRES | Principal | 13 yrs, 6 mos | 13.50 | | |
| | | | | 0 yrs, 0 mos | | | |
| | | | | 0 yrs, 0 mos | | | |
| | | | | 0 yrs, 0 mos | | | |
| | | | | 0 yrs, 0 mos | | | |
| | | | | 0 yrs, 0 mos | | | |
| | | | | 0 yrs, 0 mos | | | |
| | | | | 0 yrs, 0 mos | | | |
| | | | | 0 yrs, 0 mos | | | |

| | | | |
|---|---|---|---|
| Experience | 13.50 | 2.00 | 1.25 |

**SERVICE CREDIT CALCULATION**

| | |
|---|---|
| Experience Credit Total: | 16.75 |
| Education Credit: BA = 1 point / BA+18 = 2 points / MA = 3 points / MA+30 = 4 points / PHD-EDD = 5 points | 4 |
| Total Service Credit: | 21 |

**EMPLOYEE'S SALARY CALCULATION AND ACKNOWLEDGEMENT**

| | | | | |
|---|---|---|---|---|
| Minimum hourly rate for position level: | | | $ | 47.26 |
| Service Credit Factor: | 0 = 1.00 | 11-15 = 1.15 | X | 1.25 |
| | 1-5 = 1.05 | 16-20 = 1.20 | | |
| | 6-10 = 1.10 | 21+ = 1.25 | | |
| Calculated Hourly Rate: | | | $ | 59.08 |

The calculated hourly rate will be used too determine an employee's placement on the pay scale.

The employee will be placed at the step closet (up or down) to the calculated hourly rate.

| | | |
|---|---|---|
| Approved Hourly Rate : | $ | 59.47 |
| Approved Hourly Step: | | 18 |
| Approved Daily Rate: | $ | 475.76 |
| Approved Annual Salary: | $ | 123,697.60 |
| Bi-Weekly Gross (Annual Salary Divided by 26 Pay Periods.) | $ | 4,757.60 |

By signing, I acknowledge that the calculation information on this worksheet is correct and will be paid in accordance with the district's published Payroll Pay Schedule.

EMPLOYEE SIGNATURE: _____ DATE: _____

**HUMAN RESOURCES APPROVAL**

APPROVED BY: _____

APPROVAL SIGNATURE: _____ DATE: _____

(Revised: September 12, 2022)

STATE OF SOUTH CAROLINA )
)
COUNTY OF BEAUFORT )

CERTIFIED ADMINISTRATIVE EMPLOYMENT CONTRACT

**CONSTANCE GOODWINE-LEWIS**

Name of Employee

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Employee

4/14/2020
Date

Frank Rodriguez, Ph.D, Superintendent

# BEAUFORT COUNTY SCHOOL DISTRICT
# PERSONNEL ACTION FORM

**DATE INITIATED:** 12/03/2021

**TYPE OF REQUST:** Stipend Payment

**Provide Additional Information If Needed:**

Stipend payment retro pay back to the beginning of the 2021-2022 school year.

**EMPLOYEE #:** [redacted]

**FIRST NAME:** CONSTANCE **LAST NAME:** GOODWINE-LEWIS

**POSITION TITLE:** Principal

**SCHOOL / LOCATION:** Broad River Elementary

**EMPLOYEE GROUP:** Administrative **EMPLOYMENT STATUS:** Full-Time

**EFFECTIVE DATE OF ACTION:** 07/01/2021

**HOURS PER DAY:** 8 **ORG #:** 21822401

**DAYS PER YEAR:** 260 **OBJ #:** 513200

**PROJ #:** 94000

**INITIATOR'S SIGNATURE:** Dale Crawford

**I HAVE REVIEWED THIS REQUEST AND ALL INFORMATION PROVIDED IS COMPLETE AND ACCURATE.**

**DATE APPROVED AND SUBMITTED:**

**APPROVER'S SIGNATURE:**

**THIS REQUEST HAS BEEN REVIEWED AND APPROVED BY THE HUMAN RESOURCES DEPARTMENT.**

**DATE:** 12/03/2021

**HUMAN RESOURCES APPROVER'S SIGNATURE:** Dale Crawford

**HUMAN RESOURCES and PAYROLL INFORMATION**

**POSITION #:** **JOB CLASS:** **GROUP:** Administrative **FTE:**

**HOURLY RATE:** **DAILY RATE:** **ANNUAL SALARY:** $15,398.99

**ADMIN STAFF SALARY LEVEL:** **ADMIN STAFF SALARY STEP:**

**CERT STAFF SALARY LEVEL:** **CERT STAFF YEARS EXPERIENCE:**

**CLASS STAFF SALARY LEVEL:** **CLASS STAFF SALARY STEP:**

**DATE ACTION COMPLETED IN MUNIS:** 12/03/2021

**PROCESSED BY SIGNATURE:** Dale Crawford

# BEAUFORT COUNTY SCHOOL DISTRICT
# PERSONNEL ACTION FORM

DATE INITIATED: 06/14/2024

TYPE OF REQUST: Reassigned By District

Provide Additional Information If Needed:

Reassigned to Principal @ SHE per HR Effective 07/01/2024

EMPLOYEE #: [redacted]

FIRST NAME: Constance LAST NAME: Goodwine-Lewis

POSITION TITLE: PRINCIPAL ELE

SCHOOL / LOCATION: St. Helena Elementary

EMPLOYEE GROUP: Administrative EMPLOYMENT STATUS: Full-Time

EFFECTIVE DATE OF ACTION: 07/01/2024

HOURS PER DAY: 8 ORG #: 10023339

DAYS PER YEAR: 260 OBJ #: 511100

PROJ #:

INITIATOR'S SIGNATURE: Ashley Crowley

I HAVE REVIEWED THIS REQUEST AND ALL INFORMATION PROVIDED IS COMPLETE AND ACCURATE.

DATE APPROVED AND SUBMITTED:

APPROVER'S SIGNATURE:

THIS REQUEST HAS BEEN REVIEWED AND APPROVED BY THE HUMAN RESOURCES DEPARTMENT.

DATE: 06/17/2024

HUMAN RESOURCES APPROVER'S SIGNATURE: MATTHEW D. HUNT

(HR)

HUMAN RESOURCES and PAYROLL INFORMATION

Annual Salary $133,365.43

POSITION #: 23900 1158 JOB CLASS: PRIN GROUP: ADMN FTE: 1.0

HOURLY RATE: DAILY RATE: ANNUAL SALARY: ~~131,039.15~~

ADMIN STAFF SALARY LEVEL: 209 ADMIN STAFF SALARY STEP: 12

CERT STAFF SALARY LEVEL: CERT STAFF YEARS EXPERIENCE:

CLASS STAFF SALARY LEVEL: CLASS STAFF SALARY STEP:

DATE ACTION COMPLETED IN MUNIS:

PROCESSED BY SIGNATURE:

verizon wireless

# CUSTOMER RECEIPT

**Please keep this important document for your records.**

Thank you for choosing Verizon Wireless! To activate your new wireless device with a new line of service, please refer to the enclosed yellow bordered instructions. To activate a new device for an existing line of service, please call (877) 807-4646 between the hours of 7:00 AM and 11:00 PM Eastern time, Monday through Friday. If you purchased a wireless modem, please refer to the instructions included with the device to activate and program it. For all other inquiries please contact customer service at (800) 922-0204, or *611 from your wireless phone, between the hours of 7:00 AM and 11:00 PM Eastern time, Monday through Friday.

**Ship To:**
ATTN:DONEANE DAISE
BEAUFORT COUNTY SCHOOL
2900 MINK POINT BL

BEAUFORT, SC 29902-5873

**Order No:** **000090082009**
**Location Code:** **P225401**
Order Process Date: 04/29/2013
Ship Date: 04/29/2013
Wrhs Order No: 0707377017

| Item Description | Item SKU | Retail Price / VZW Cost* | Ship Qty | Item Price | Item Subtotal |
|---|---|---|---|---|---|
| 2 BUS DAY SVC BY EOD | FEDEXSHP002 | | 1 | $ 0.00 | $ 0.00 |
| IPHONE 4 BLACK 8GB | MD439LL/A | $ 449.99 | 1 | $ 0.00 | $ 0.00 |
| | User: CONSTANCE GOODWINE-LEWIS | | | | |
| | **Mobile No:** 843-812-8421 | | | | |
| | ESN/MEID: A10000360EA76E | | | | |

| | |
|---|---|
| Order Subtotal: | $ 0.00 |
| Sales Tax: | $ 0.00 |
| Order Total: | $ 0.00 |

Payment Info: n/a

**Return/Exchange Policy:** New and Certified Pre-Owned merchandise may only be returned or exchanged within 14 days of purchase. You are permitted to make one exchange. A restocking fee of $35 ($70 for netbooks, notebooks and tablets) applies to any return or exchange of a wireless device (excluding Hawaii). Cancellations must occur within 3 days of activation for the Activation Fee to be refunded. If you return your merchandise after the return period, you will not receive a refund and your merchandise will not be returned to you. See verizonwireless.com/returnpolicy for complete details. BUSINESS AND GOVERNMENT CUSTOMERS: The terms and conditions for return and exchange, including the return period, may vary by contract. Please contact your Verizon Wireless Account Manager or refer to your contract.

**Return Instructions:** (1) If you return a wireless device, you MUST contact Customer Service if you want to disconnect service. Your wireless service and related access CHARGES WILL CONTINUE until the time you contact Customer Service to disconnect service. (2) Pack merchandise in original packaging and place in shipping box; (3) Include a copy of this receipt; (4) Attach the return label and keep a copy of the label; (5) Return your package using shipping carrier identified on return label. To reprint a copy of your return label, visit vzw.com/printreturnlabel

**Included Collateral:**

| Item Description | Item SKU | Qty |
|---|---|---|
| IPHONE ACTVTN GUIDE | OTA80178BI | 1 |
| VZW ACT FOLDER | PRO81258EN | 1 |

verizon wireless

# CUSTOMER RECEIPT

**Please keep this important document for your records.**

**Ship To:**
ATTN:DONEANE DAISE
BEAUFORT COUNTY SCHOOL
2900 MINK POINT BL

BEAUFORT, SC 29902-5873

| | |
|---|---|
| **Order No:** | **000090082009** |
| **Location Code:** | **P225401** |
| Order Process Date: | 04/29/2013 |
| Ship Date: | 04/29/2013 |
| Wrhs Order No: | 0707377017 |

## Cellular Service Information

**Mobile No: 843-812-8421** User Name: CONSTANCE GOODWINE-LEWIS

Price Plan Descr: AMERICAS CHOICE II 400 NATL SHARE EMAIL & DATA UNL $64.09 0308
Contract Term: 012 month(s)
EARLY TERMINATION FEE: UP TO $175

The monthly Federal Universal Service Charge is 15.50% of interstate and int'l telecom charges (varies quarterly). The monthly Regulatory Charge is $0.16 per line for voice or Email plans, or $0.02 per line for Mobile Broadband plans, and helps defray the costs of complying with regulatory mandates. The monthly Administrative Charge is $0.90 per line for voice or Email plans, or $0.06 per line for Mobile Broadband plans. These Charges are our charges, not taxes. Taxes, surcharges and other fees, such as E911 and gross receipt charges, can add between 12.00% and 22.00% to your monthly bill, and are added to your monthly access fees and airtime charges.

Features

| | |
|---|---|
| M2M NATIONAL UNLIMITED - $0 | BLOCK RBT DOWNLOADS |
| BLOCK VIDEO DOWNLOADS | UNL NIGHT & WEEKEND MIN $0 |
| BLOCK V CAST MUSIC | UNL PICTURE/VIDEO MSG |
| UNL TEXT MESSAGING | EMAIL & DATA UNLIMITED $0 |
| BLOCK PICTURE&VIDEO MESSAGING | DATA ROAM USA/CANADA |
| GENERAL IP NAT ADDRESS PDA $0 | VISUAL VOICEMAIL SPEC |
| BLOCK DUN | 3G DEVICE |
| CORPORATE PDA | TXT MSG W PER MSG CHARGES |
| STREAMLINED BILLING - $0 | BLOCK APP DOWNLOADS |
| DECLINE EQUIPMENT PROTECTION | |

Not all available Features and Services are compatible with all devices.

Acceptable Use and Responsibility Policy for Cellular Devices

## I. REASON FOR POLICY

This policy describes the assignment, use, and management of cellular devices (cellular phones, smartphones, MiFi devices, etc.) by employees of Beaufort County School District (BCSD). BCSD provides the use of cellular devices to those individuals whose duties and responsibilities require immediate or remote communication capabilities.

## II. POLICY STATEMENT

The Technology Services Department shall be responsible for the administration of cellular device use, including the acquisition of cellular devices and the specific service plan for cellular device use. The acquisition of cellular devices and service plans shall be in accordance with the BCSD Procurement Code.

A. The assignment of cellular devices must be approved by the district Superintendent or designee and should be only to employees whose duties and responsibilities require immediate communication capabilities. The Technology Services Officer must review the assignment of all cellular devices at least annually to assure compliance with this policy.
B. A current inventory of all cellular devices will be maintained by the Technology Services Department. Such inventory must include device make and model, serial number, telephone number, and the name of employee to which a device has been assigned.
C. Each employee assigned a cellular device must sign an acknowledgement of the *Acceptable Use and Responsibility Policy for Cellular Devices*, which is to be maintained in the employee's personnel file.
D. Each employee assigned a cellular device shall be primarily responsible for the security and maintenance of the unit, and must immediately report the theft, loss, or damage of the unit to the Technology Services Officer. Employees are personally responsible for any charges to replace or repair cellular devices that are lost, stolen, or damaged due to gross negligence.
E. Each employee is responsible for all incoming and outgoing calls, text messages (SMS/MMS) and data usage made against their cellular device. Assigned cellular devices are only to be used for official business related activities.
F. The responsibility for assigned cellular devices cannot be transferred to another employee without the approval of the Technology Services Officer. When an employee, to whom a cellular device has been assigned, terminates employment, the unit and all assigned accessories must be returned to the Technology Services Officer in appropriate working condition prior to the employee's last day of work.
G. All cellular use must be done so in accordance with the BCSD's Acceptable Use and Internet Safety Policies [See Administrative Rules and Procedures I-40, I-40-R(1), I-40-R(2), and I-40-R(4)]. Any employee assigned a cellular device, who fails to comply with the terms of these policies, may have their cellular privileges suspended or revoked and may be subject to disciplinary action.
H. All cellular phones must be used in accordance with all local and state driving laws.

**III. EMPLOYEE AGREEMENT** (To be completed for each assigned device)

**Assigned Cellular Device(s):**

☐ Cellular Phone ☒ Smartphone ☐ MiFi Device ☐ Other Cellular Device

Device Make/Model: Iphone 4

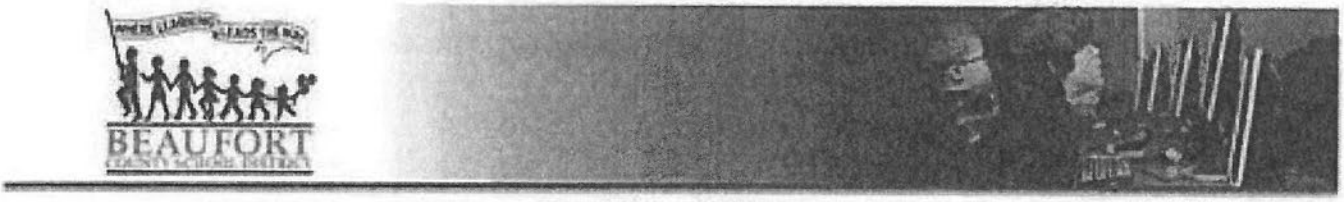
Device Serial Number: A10000360EA76E

Assigned Accessories: ~~Power Supply~~, Case, Carcharger, wired headset

My signature below acknowledges that I have read, understand, and accept the terms and conditions stated above.

Employee's Signature

5/14/13
Date




# Job Descriptions

## JOB DESCRIPTION

JOB CATEGORIES > Administrative POSITION TYPES > Asst Principal - Elem School POSITIONS

**JOB STATUS:** MASTER

**POSTING DATE:**

**CLOSING DATE:**

**POSTING NUMBER:** 00000047

**LOCATION:**

**POSITION TITLE:** ASSISTANT PRINCIPAL-ELEMENTARY SCHOOL

**QUALIFICATIONS:**

- A valid South Carolina Principal's Certificate is required.
- Excellent written and verbal communication skills;
- Ability to assume a leadership role;
- Demonstrated organizational skills to accomplish research projects and make solid recommendations for action;
- Interpersonal skills to interact effectively with a wide variety of people and to successfully support, encourage and challenge others to be the best that they can be;
- Ability to handle unforeseen situations in accordance with Board Policy;
- Ability to work with others

**JOB DESCRIPTION:** To use leadership, supervisory, and administrative skills to promote the educational development of each student. To assist and support the principal, as assigned.

**RESPONSIBILITIES:**

- Supports the implementation of the school's vision, goals and strategies;
- Assists with the orientation of newly assigned staff members and in their development;
- Serves as an instructional leader, utilizing data to assist with the development and monitoring of educational goals and initiatives that promote improved academic achievement for all students;
- Confers with teachers and students concerning educational and behavioral initiatives in the school;
- Assists the principal with interviewing, hiring, professional development and appraising the work performance of all employees;
- Assists the principal with planning and monitoring the school budgets;
- Assists in the establishment and implementation of a school-wide discipline plan;
- Assists the principal with the preparation of class schedules, cumulative records and attendance reports;
- Assists with the planning, organization and implementation of school activities;
- Assists in providing for the safety and security of all students and staff;
- Assists in the coordination and/or supervision of support services, including maintenance, security, food services, recreational programs and building maintenance;
- Assists with routine inspections of the school plant;
- Assists in planning and supervising fire drills and emergency preparedness programs;
- Develops and implements a personal professional growth plan as approved by the principal;
- Helps to promote good school and community relationships, including appropriate public relations activities;
- Acts for the principal in his/her absence.
- Supervisory Responsibilities
- Assists the principal with supervisory responsibilities in accordance with the school district's policies, procedures and applicable laws;
- Assists the principal with supervising the instructional program and assists teachers in personal growth.

**EXPERIENCE:**

- At least three years of successful experience as a classroom teacher and demonstrated supervisory and administrative abilities.

**OTHER INFORMATION:** While performing the duties of this job, the employee is occasionally required to climb, stoop, kneel, crouch, reach with hands and arms, and stand actively for extended periods of time. The employee must frequently walk; use hands and fingers to key data, handle, feel or operate objects, tools or controls; talk and hear; reach with hands and arms. The employee must occasionally lift and/or move up to 30 pounds. Specific vision abilities required by this job include close vision, distance vision, ability to adjust focus.

The Beaufort County School District is an Equal Opportunity Employer.

**APPLY TO:** Please visit our web site to complete an Administrative application. You must choose this specific position under the Employee Position section of the application to be considered.

**SALARY:** Salary is based on the Administrative Salary Schedule. Full time position includes benefits package.

**DAYS:** 210

FROM - TBD TO - TBD

**Employee Group** ASSISTANT PRINCIPAL

**START DATE:**

***There are currently 0 opening(s) for this Job Description ***
***Click here to view a list of these openings ***

For additional information on how to apply, click here

To: Payroll

From: Constance Goodwine-Lewis
BRES

WHERE LEARNING LEADS THE WAY

BEAUFORT
COUNTY SCHOOL DISTRICT

# BEAUFORT COUNTY SCHOOL DISTRICT

## SECURITY ID BADGE

## STATEMENT OF UNDERSTANDING

The Beaufort County School District **requires** all employees to wear, in a visible manner, a photo Security ID Badge at all times while on district premises. As a district employee you play an important role in creating an environment that is safe and secure for students, staff, and visitors to our school district.

**Please read and initial each of the following statements:**

CL I understand that the Security ID Badge is the property of the Beaufort County School District and will only be used for "official" use.

CL I understand that the Security ID Badge must be worn at or above my waist, on the front of my body, so that my photo and name are visible to others at all times.

CL I understand that the Security ID Badge will be worn properly while on district premises.

CL I understand that the Security ID Badge is for my use only and shall not be loaned or transferred to anyone else.

CL I understand that I will not alter, deface, or duplicate the Security ID Badge in any manner. This includes not placing stickers, pins or other objects on the badge.

CL I understand that I will immediately report the loss of my Security ID Badge to my principal/supervisor and Human Resources. I understand that a replacement badge will provided to me at cost.

CL I understand that I will return the Security ID Badge to the Human Resources Department when my employment with the school district has ended.

CL I understand that failure to comply with the above statements may result in disciplinary action.

CL I understand that the Security ID Badge has been issued, subject to the above statements and in accordance with the district's Access Control Operating Policy.

---

**By signing, I acknowledge and agree to adhere to the guidelines that have been established for the issue and use of the Security ID Badge.**

Print Name: Constance Goodwine-Lewis Badge #: 792

Signature: [signature] Date: 8/5/10

---

**HUMAN RESOURCES USE ONLY:**

This Security ID Badge was issued by:

Print Name: DALE F. CRAWFORD Badge #: 792

Signature: [signature] Date: 8/5/2010

# BEAUFORT COUNTY SCHOOL DISTRICT
## EMPLOYMENT RECOMMENDATION / PERSONNEL ACTION FORM

TYPE OF REQUEST:

___NEW HIRE ___RESIGNED ___TRANSFER ___TERMINATED X POSITION CHANGE

___RE-HIRE ___RETIRED ___TERI ___FUNDING CHANGE ___OTHER (ADD COMMENTS)

THIS SECTION IS FOR SCHOOL / DEPARTMENT USE ONLY

NAME: GOODWINE-LEWIS, CONSTANCE (LAST, FIRST, MI) SSN: [redacted]

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ EMAIL: _____

PHONE #: _____ CELL #: _____

DATE OF BIRTH: __/__/__ SCHOOL/LOCATION: BRES

POSITION TITLE: PRINCIPAL

EMPLOYMENT STATUS: X FULL-TIME ___ PART-TIME ___ TEMPORARY

REPLACEMENT FOR: GAIL WAGES or ___ NEW POSITION

FIRST DAY OF WORK: 7/1/09 HOURS PER DAY: 8.0

LAST DAY OF WORK: __/__/__ DAYS PER YEAR: 260

ORG: 10023340 OBJ: 511100 PROJ: _____

TRANSFER FROM: _____ TO: _____

REFERENCES CHECKED BY: _____ DATE: _____
(PLEASE PRINT NAME)

ADMINISTRATOR'S SIGNATURE: _____ DATE: _____

**DISTRICT OFFICE APPROVAL STATUS**

THIS EMPLOYMENT RECOMMENDATION / PERSONNEL ACTION HAS BEEN:

X APPROVED ___ DISAPPROVED

HUMAN RESOURCES SIGNATURE DATE 2/10/09

**HR PROCESSING INFORMATION:**

EMPLOYEE #: [redacted]

CONTRACT LEVEL: ADMINISTRATIVE

CERTIFICATION LEVEL: _____

YEARS EXPERIENCE: _____

HOURLY RATE: _____ POSITION #: 24000158

DAILY RATE: _____ JOB CLASS: PRIN

ANNUAL SALARY: $83,366.00 GROUP: ADMN

CLASSIFIED SALARY LEVEL: _____

CALCULATED POINTS: _____

EMPLOYEE'S SIGNATURE: _____ DATE: _____

PROCESSED BY: _____ DATE: _____

Form Revised: April 28, 2008
Human Resources

COMMENTS: _____

COPY DISTRIBUTION:

WHITE—PERSONNEL FILE YELLOW—PAYROLL PINK—BENEFITS GOLD—SCHOOL/DEPARTMENT

# BEAUFORT COUNTY SCHOOL DISTRICT
## ADMINISTRATIVE SALARY COMPUTATION WORKSHEET

Date: 6/3/09

Name: Goodwine-Lewis, Constance

Location: BRES

Administrative Classification: Principal, Elementary

Days Per Year: 260

---

EXPERIENCE CALCULATION SECTION
(Experience is determined by the Administrative Experience Calculation Matrix)

Number of years "SAME" job experience: 0 (Years Exp) = 0.00 (Points)
(1 point per year)

Number of years "SIMILAR" job experience: 9 (Years Exp) ÷ 2 = 4.50 (Points)
(1/2 point per year)

Education: BA=1pt / MA=2pts / MA+30 or Ed. Spec=3pts / PhD=4 pts — 3.00 (Points)

National Board Certification = 1pt — 0.00 (Points)

TOTAL POINTS: 7.50

---

SALARY CALCULATION SECTION

Minimum Salary Amount For Classification: $ 77,301.00

Total Points: X 1.0750

Move decimal left 2 places

Calculated Salary: $ 83,098.57

Note: The calculated salary will then be placed on the Administrative Salary at the proper classification and step. If the calculated salary amount is .5 or less then the employee will be placed at the lower salary step. If the calculated salary amount is .6 or higher then the employed will be placed at the next salary step.

---

APPROVAL SECTION

Approved Step: 7 Approved Salary Amount: $ 83,366.00

Human Resources Services Officer — Date: 7/10/09

By signing, I acknowledge that the information on the experience worksheet and salary calculation worksheet is correct. In addition, the salary calculation process was explained to me in detail and I was provided with a copy of all forms.

Document Revised: 3/17/09
Jacqueline M. Rosswurm, PhD
Human Resources Services Officer

Employee's Signature — Date

EXPERIENCE WORKSHEET FOR
NON-EDUCATOR ADMINISTRATORS

| | |
|---|---|
| NAME | Goodwine-Lewis, Constance |
| HIRE DATE | |
| LOCATION | Broad River Elementary |
| POSITION | Principal |
| DEGREE LEVEL | Master +30 |

## TEACHING EXPERIENCE

| FROM MM/YYYY | TO MM/YYYY | EMPLOYER / POSITION TITLE | | TOTAL YEARS |
|---|---|---|---|---|
| 08/2001 | 10/2003 | Third Grade, St. Helena Elementary, BCSD | 2 | 2 yrs, 2 mos |
| 10/2003 | 06/2005 | ESOL, Coosa Elementary, BCSD | 2 | 1 yrs, 8 mos |
| 06/2000 | 06/2001 | Third Grade, Shanklin Elementary, BCSD | / | 1 yrs, 0 mos |
| | | | | 0 yrs, 0 mos |
| | | | | 0 yrs, 0 mos |

## ASSISTANT PRINCIPAL EXPERIENCE

| FROM MM/YYYY | TO MM/YYYY | EMPLOYER / POSITION TITLE | | TOTAL YEARS |
|---|---|---|---|---|
| 06/2005 | 06/2007 | Hilton Head School for the Arts, BCSD | 2 | 2 yrs, 0 mos |
| 06/2007 | 06/2009 | Broad River Elementary, BCSD | 2 | 2 yrs, 0 mos |
| | | | | 0 yrs, 0 mos |
| | | | | 0 yrs, 0 mos |
| | | | | 0 yrs, 0 mos |

## PRINCIPAL EXPERIENCE

| FROM MM/YYYY | TO MM/YYYY | EMPLOYER / POSITION TITLE | | TOTAL YEARS |
|---|---|---|---|---|
| | | | | 0 yrs, 0 mos |
| | | | | 0 yrs, 0 mos |
| | | | | 0 yrs, 0 mos |
| | | | | 0 yrs, 0 mos |
| | | | | 0 yrs, 0 mos |

## DISTRICT / STATE LEVEL EXPERIENCE

| FROM MM/YYYY | TO MM/YYYY | EMPLOYER / POSITION TITLE | | TOTAL YEARS |
|---|---|---|---|---|
| | | | | 0 yrs, 0 mos |
| | | | | 0 yrs, 0 mos |
| | | | | 0 yrs, 0 mos |
| | | | | 0 yrs, 0 mos |
| | | | | 0 yrs, 0 mos |

# South Carolina State Board of Education
## Educator Certificate

Constance R Goodwine-Lewis
[redacted]

**Certificate Number**
[redacted]

**Social Security Number**
[redacted]

**Validity Period**
07/01/2009 - 06/30/2014

**Professional Certificate**

**Class**
Masters Plus 30

**Experience**
8

**Areas of Certification**
01 - Elementary
71 - Elementary Principal
73 - Elementary Supervisor

Jim Rex
State Superintendent of Education

Date Printed
06/03/2009

This is an unofficial copy printed from the Office of Educator Quality and Leadership website.

COPY - COPY - COPY

- Student use of the Internet must be supervised and adults must be aware that filtering does not guarantee that students will not access inappropriate sites
- All communications must be polite and use appropriate language. Swearing and vulgar language are considered inappropriate and are a violation of this agreement.
- Messages relating to, or in support of, illegal activities may be reported to local law enforcement authorities.
- Employees and students, under the direction of a teacher, may publish materials on the Internet on District approved sites that support the school district's Ends and are relevant to school-related activities. In publishing information on the Internet, users must adhere to all previously stated conditions and guidelines as well as the following:

    - An Internet web page may include pictures of students or items of student work, identified by first name only.
    - No web page will be linked to a personal web address on another server.
    - Copyright laws must be adhered to. Permission to copy or use materials must be obtained from the copyright owner and must be cited. The failure of a site to display a copyright notice may not be interpreted as permission to copy the materials.
    - The unauthorized installation, use, storage, or distribution of copyrighted software or materials on district systems is prohibited.

Some examples of unacceptable use of district systems include:

- Unauthorized or excessive personal use.
- Conducting commercial activities, product advertisement, political lobbying, or unethical/illegal solicitation.
- Supporting illegal activities, such as the illegal sale or use of drugs or alcohol, criminal gang activity or threats, intimidation or harassment of any other person, or for any activity prohibited by district policy.
- Accessing, distributing or selling files or web sites that contain pornographic or obscene pictures, videos, stories, or other material; or exposing others to such material.
- Purchasing goods or services, without authorization, that obligates the school or district to another party. The School District will not be held responsible for any financial obligations for goods or services purchased over the Internet or via telephone conversation without appropriate authorization.

**Limited Personal Use**
Occasional and incidental personal use of the district's IT resources and Internet access is allowed subject to limitations. By the allowance of such use, however, the Beaufort County School District does not grant any ownership, privacy, or expectation of privacy to any person in the contents of any messages or other Internet activities involving district resources or equipment.

Personal use of the Internet is prohibited if:
- It materially interferes with the use of IT resources by the district; or
- Such use burdens the district with additional costs; or
- Such use interferes with the staff member's employment duties or other obligations to the district; or
- Such personal use includes any activity that is prohibited under any district (including this rule), state or federal statute or policy.

**Consequences**
Violation of any of the conditions of this acceptable use policy may be cause for disciplinary action which may include the suspension of accounts for investigation, revocation of system privileges, or termination of contract or employment. Inappropriate conduct or misuse of Beaufort County technology systems may be subject to restitution for costs associated with hardware, software, and system restoration.

**Warranty**
The Beaufort County School District makes no warranties of any kind, whether expressed or implied, for the service it is providing. The Beaufort County School District will not be responsible for any damages you suffer. This includes loss of data resulting from delays, non-deliveries, misdirected deliveries, or service interruptions caused by system upgrade or repair, its own negligence, or your errors or omissions. Use of any information obtained via the Internet is at your own risk. The Beaufort County School District specifically denies any responsibility for the accuracy or quality of information obtained through its services.

The guidelines and conditions outlined in this policy in no way limit the school district's prerogative to manage its technology systems as it sees fit, or restrict its authority to take any actions it deems necessary to adequately supervise, protect, and, if necessary, discipline its users. The district reserves the right to revise this policy at any time, and all revisions will take effect immediately as per district governance.

The signatures in this Code of Conduct indicate the parties who have signed have read the terms and conditions carefully and understand their significance.

I have read and understand the Beaufort County School District Technology Systems Acceptable Use Policy. I am aware that district technology, including the Internet and network access, is designed for educational purposes. However, I also recognize it is impossible for the Beaufort County School District to restrict access to all controversial materials, and I will not hold the District responsible for materials acquired on the network. I further understand that the provisions of this policy are subordinate to local, state and federal statute and that violations are unethical and may constitute a criminal offense. Should I commit a violation my access privileges may be revoked and I may be subject to other disciplinary actions prescribed by law or other school policies.

Constance Goodwine-Lewis 7715 _____ 7/29/08
Print Name Last 4 # of SSN Signature Date

Our thanks are extended to Bellingham Public Schools, Washington, for allowing us to use parts of their Acceptable Use Policy in creating Beaufort County School District's Technology Systems Acceptable Use Policy for Adults.

**Beaufort County School District**
**Technology Systems Acceptable Use Policy for Adults – Revised 07/24/08**

## Purpose

The purpose of technology systems access, including computer, handheld, network, Internet access, email access, telecommunications, and media retrieval in the Beaufort County School District is to promote educational excellence. Access to technology systems supports the School Board's Ends by providing opportunities for communication, research, collaboration, professional development, and the sharing of successful programs, practices and materials.

## Users

These guidelines and conditions of use apply to all employees, contractors, board members, parents, guests, or anyone else with access to any technology resources owned and operated by the Beaufort County School District. The use of Beaufort County School District technology systems is a privilege, not a right, thus all users must submit a signed Acceptable Use Policy to gain access. **Individuals who gain access to technology systems without a signed Acceptable Use Policy may not claim ignorance of the policy as an excuse for violating the stated conditions and guidelines.** A student version of the Acceptable Use Policy is included in the Code of Conduct handbook.

## Responsibilities & Acceptable Use

As members of a networked community, users have specific responsibilities with regard to the efficient, ethical and legal utilization of computer devices and networked and Internet resources and must strictly adhere to the following guidelines and conditions of use.

### Security

Security on any technology system is a high priority.

- Users are responsible for the proper use of accounts issued to them, such as email, Internet or access to software, and must not provide or display their passwords and login information to anyone, nor leave an application open when unattended.
- Users should change their passwords regularly and make efforts to use passwords that are unique and not easily guessed.
- Users are responsible for all activity under their account.
- Attempts to compromise the security, integrity, or functionality of the system, or possession of tools, while on school or district property, designed to do so, is a violation of this policy. This includes, but is not limited to:
    - intentional uploading or creation of computer viruses
    - deletion or alteration of other user files or applications
    - removing protection to gain access to restricted areas
    - unauthorized blocking of access to information, applications, or areas of the network
- It is a federal offense to break into any security system. Financial and legal consequences of such actions are the responsibility of the user.
- If you feel you have identified a security problem on the network, notify a network system administrator. Do not demonstrate the problem to other users.
- Any user identified as a security risk may be subject to severe restriction of, or cancellation of, privileges.
- It is a violation of this policy to introduce or attach any software or hardware to technology used in the Beaufort County School District, which is not owned by the Beaufort County School District or specifically authorized by the system administrator at the school or district level.
- No modification to any hardware or software owned or managed by Beaufort County School District may be made without specific authorization by the system administrator at the school or district level.

### System Resources

System resources are limited and are intended to support the educational objectives of the Beaufort County School District.

- The use of technology systems must be consistent with, and support, educational objectives. Therefore activity on the network, such as Internet sites accessed, communications via email, listservs, forums or chat rooms must support the Board's Ends.
- File space has its limits and users should regularly review and delete unnecessary files, email messages, voicemail messages and content on SchoolNet sites.
- Users should make a conscientious effort to conserve district resources. Use of high bandwidth resources, such as video-conferencing, online music, or streaming video must be related to educational goals and authorized by the system administrator at the school or district level.
- Users are responsible for backing-up copies of documents that are important to their jobs. The District will not be responsible for loss of data.
- Using email to send chain letters, advertisements, personal notices, or engaging in "spamming" (sending an annoying or unnecessary message to large numbers of people) is in violation of this policy.

### Privacy

Communications, including voicemail messages, email, attached documents and images are not private. In theory, all records (except those specifically excluded by law), whether in electronic or hardcopy form, are subject to the Freedom of Information Act and open to public inspection.

- Beaufort County School District reserves the right for system administrators to examine, restrict, or remove any material that is on or passes through its technology systems.
- Users are asked to use judgment and caution in communications concerning students and staff to ensure that personally identifiable information remains confidential.
- Users may not reveal home addresses, personal e-mail addresses or personal phone numbers of colleagues or students.

### Internet

The Internet provides access to schools, people and informational sites all over the world. The educational potential is limitless, however, users must understand that neither the Beaufort County School District nor any Beaufort County School District employee controls the content of the information available on the systems. The school district does not condone the use of controversial or offensive materials and cannot be held responsible for such use. The Beaufort County School District is in compliance with the Children's Internet Protection Act (CIPA). Filtering services are in use on all computers with access to the Internet.

- Users are expected to take individual responsibility for their appropriate use of the Internet

Revised: June 13, 2005
HR Dept./DFC

EMPLOYEE #: [redacted]

BEAUFORT COUNTY SCHOOL DISTRICT
PERSONNEL ACTION FORM
*(PENDING FINAL APPROVAL FROM DISTRICT)*

___ New Hire ✓ Transfer ___ Resigned ___ Retired ___ Terminated ___ TERI ___ Other

SCHOOL / DEPARTMENT

Name: GOODWINE-LEWIS, CONSTANCE (LAST) (FIRST) (MI) SSN#: [redacted]

Address: [redacted] City: [redacted]

State: SC Zip: [redacted] Email: _____

Phone #: [redacted] Cell #: _____ Race: _____

Date of Birth: [redacted] School/Location: BRES

Position: ASSISTANT PRINCIPAL.

Status: ✓ Full-Time ___ Part-Time ___ Temporary

Replacement For: TERRY DINGLE or ___ New Position

First Day of Work: ___/___/___ Hours Per Day: _____

Last Day of Work: ___/___/___ Days Per Year: 210

ORG: 1002340 OBJ: 511101 PROJ: _____

Transferring From: HHSCH To: BRES

EFFECTIVE DATE OF CHANGE: 07/01/07

See attached letter
Administrator's Signature Date

Employee's Signature Date

*(THIS SECTION IS FOR DISTRICT USE ONLY)*

CALIBRATION APPROVAL: _____ Date: ___/___/___

Hourly Rate: _____ Daily Rate: _____ Annual Salary: $56,000.00

Position #: 240002164 Job Class: APRN Group: ADMN

Certificate: Class _____ Yrs. Exp. _____ Upgrade To: Class _____ Yrs. Exp. _____

Sue S. Elling 5-30-07
HUMAN RESOURCES APPROVAL DATE

Contract Level

Comments: Changed in Master.

White - HR Yellow - Payroll Pink - Benefits Gold - School/Department

Revised: June 13, 2005
HR Dept./DFC

EMPLOYEE #: [redacted]

# BEAUFORT COUNTY SCHOOL DISTRICT
## PERSONNEL ACTION FORM
## *(PENDING FINAL APPROVAL FROM DISTRICT)*

___ New Hire ✓ Transfer ___ Resigned ___ Retired ___ Terminated ___ TERI ___ Other

**SCHOOL / DEPARTMENT**

Name: GOODWINE-LEWIS, CONSTANCE (LAST) (FIRST) (M.I.) SSN#: [redacted]

Address: [redacted] City: [redacted]

State: SC Zip: [redacted] Email: _____

Phone #: [redacted] Cell #: _____ Race: _____

Date of Birth: [redacted] School/Location: BRES

Position: ASSISTANT PRINCIPAL

Status: ✓ Full-Time ___ Part-Time ___ Temporary

Replacement For: TERRY DUGLE or ___ New Position

First Day of Work: ~~7/30/07~~ 6/25/07 Hours Per Day: _____

Last Day of Work: ___/___/___ Days Per Year: 210

ORG: _____ OBJ: _____ PROJ: _____

Transferring From: HHSCA To: BRES

EFFECTIVE DATE OF CHANGE: 7/1/07

Cabinet Approved

Administrator's Signature Date Employee's Signature Date

*(THIS SECTION IS FOR DISTRICT USE ONLY)*

CALIBRATION APPROVAL: _____ Date: ___/___/___

Hourly Rate: _____ Daily Rate: _____ Annual Salary: 35,000.00

Position #: _____ Job Class: _____ Group: _____

Certificate: Class _____ Yrs. Exp. _____ Upgrade To: Class _____ Yrs. Exp. _____

Connie Lewis 6/25/07

HUMAN RESOURCES APPROVAL DATE Contract Level

Comments: No pay change associated with transfer

White - HR Yellow - Payroll Pink - Benefits Gold - School/Department

CHARLESTON SOUTHERN UNIVERSITY

SCHOOL OF EDUCATION

June 21, 2005

Office of Teacher Certification
State Department of Education
Rutledge Building
Columbia, SC 29201

Dear Sir:

I am writing to inform you that Constance Goodwine-Lewis presently is enrolled in our Masters of Educational Administration Program. She has an M.Ed. from Clemson University in Special Education.

Constance has completed 15 hours toward her educational administration certification. She presently is enrolled in two courses and will complete Internship I in Fall 2005. She also plans to take two courses during Summer II. By fall 2005, Constance should have completed 30 hours toward the certification. She is scheduled to complete all requirements by May 2006 at which time she will be fully certified as an elementary school principal and supervisor.

If you need additional information, please feel free to contact me.

Sincerely,

Patricia Bower, Ed.D
Professor of Educational Administration

CHARLESTON SOUTHERN UNIVERSITY

OFFICE OF THE REGISTRAR
9200 UNIVERSITY BOULEVARD
POST OFFICE BOX 118087
CHARLESTON, SOUTH CAROLINA 29423-8087

RETURN SERVICE REQUESTED

STUDENT MUST REQUEST AND PAY FOR ANOTHER TRANSCRIPT IF THE THIRD PARTY WILL NOT ACCEPT A HAND DELIVERED TRANSCRIPT IN A SEALED ENVELOPE

**UNOFFICIAL IF NOT RECEIVED IN SEALED ENVELOPE**

UNOFFICIAL IF NOT RECEIVED
IN SEALED ENVELOPE

Rex W. Nestor

UNOFFICIAL IF NOT RECEIVED
IN SEALED ENVELOPE

# South Carolina State Board of Education

## Educator Certificate

Constance R Goodwine-Lewis

[redacted]

**Certificate Number**

[redacted]

**Social Security Number**

[redacted]

**Validity Period**

07/01/2009 - 06/30/2014

---

**Professional Certificate**

**Class**
Masters Plus 30

**Experience**
8

**Areas of Certification**
01 - Elementary
71 - Elementary Principal
73 - Elementary Supervisor

Jim Rex
**State Superintendent of Education**

**Date Printed**
03/09/2009

*** Please refer to the back of this certificate for additional information.**

Print Certificate

# South Carolina State Board of Education

## Educator Certificate

**Constance R Goodwine-Lewis**

[redacted]

| Certificate Number | Social Security Number | Validity Period |
|---|---|---|
| [redacted] | [redacted] | 07/01/06 to 06/30/09 |

| Professional Certificate | Class | Experience |
|---|---|---|
| | Masters Plus 30 | 6.0 |

**Areas of Certification**

01 - Elementary
71 - Elementary Principal
73 - Elementary Supervisor

Copy - Copy - Copy - Copy

Inez Moore Tenenbaum

Inez Moore Tenenbaum
State Superintendent of Education

**Date Printed**
**09/25/2006**

THIS CERTIFICATE IS A COPY IF THE BLUE COLORED BACKGROUND IS ABSENT

# South Carolina State Board of Education

## Educator Certificate

**Constance R Goodwine-Lewis**
[redacted]

| Certificate Number | Social Security Number | Validity Period |
|---|---|---|
| [redacted] | [redacted] | 07/01/04 TO 06/30/09 |

**Professional Certificate**

| Class | Experience |
|---|---|
| Masters | 5 |

**Areas of Certification**

01 - Elementary

**Permit Area**

71 - Elementary Principal

**Permit Date**

07/01/05 TO 06/30/06

Inez Moore Tenenbaum

INEZ MOORE TENENBAUM
STATE SUPERINTENDENT OF EDUCATION

Date Printed
01/06/06

THIS CERTIFICATE IS A COPY IF THE BLUE COLORED BACKGROUND IS ABSENT

**It is the educator's responsibility to maintain certification and to stay informed of the current regulations required for credential renewal, modification and advancement. Information regarding certification requirements can be found at www.scteachers.org.**

## Type of Certificate

**National Board Certification:** The educator holds a National Board Certificate in the area(s) indicated. South Carolina certificate validity closely parallels the National Board Certification ten-year validity period for teachers holding both certificates.

**Professional:** The educator has met all requirements for full certification in accordance with State Board of Education regulations. The certificate is valid for a five-year period.

**Initial:** The educator holds an earned undergraduate or graduate degree from an accredited teacher education institution. One or more additional requirements must be met to advance to the Professional Certificate.

**Critical Need:** The educator is participating in the South Carolina alternative route to teacher certification program.

**Temporary:** The educator must complete one or more additional requirements for a Professional Certificate. After June 30, 2006, this type of certificate will no longer be issued to teachers who teach core academic subjects as defined by the No Child Left Behind Act of 2001.

**Graded (B,C or D), Warrant or Transitional:** The educator must complete additional requirements for the Professional Certificate. These types of certificates will no longer be valid after June 30, 2006.

**Special Subject:** A Special Subject certificate is issued at the request of the employing school district to someone considered to be expert in their field. It is valid in the requesting district only for restricted teaching, and must be renewed annually. The individual has not completed a teacher preparation program.

**Out-of-Field Permit:** A permit is issued at the request of the employing school district and is valid for the academic year in which it is requested. The educator has a valid South Carolina teaching certificate and a minimum of twelve semester hours of credit in the area for which the permit is requested.

**Endorsement:** The educator has completed specialized training in the identified area.

**Career and Technology Education Work-Based (CID#'s 90xxxx):** The level/class of the certificate reflects a combination of education and work experience related to the area of certification according to Regulation 43-63. Additional information can be found at http://www.scteachers.org/cert/careertech/tandi.cfm.

**International:** A certificate issued to visiting teachers from other countries who are teaching in South Carolina.

**Internship:** Educators who are enrolled in a State Board of Education approved program and have met all degree and certification requirements with the exception of the internship, which is currently being completed while the teacher is employed as teacher-of-record.

### Certificate Renewal

Certificate renewal is now being coordinated by many local school districts. Check our web site for information concerning renewal options at www.scteachers.org.

### Experience Credit

Experience credit for the current school year is not officially recorded in the educator's file until after September 1 of each year. Partial years of experience do not appear on the Educator Certificate.

### Duplicate Certificate

Duplicate certificates may be requested for a fee of $5.00 (payable by check or money order only).

### Educator Requests

**A Request for Change/Action must accompany all requests for evaluations, worksheets, duplicate certificates, change of name or address, renewal, etc. A downloadable form is located at http://www.scteachers.org/Cert/.**

Division of Teacher Quality
Office of Teacher Certification
3700 Forest Drive, Suite 500
Columbia, South Carolina 29204

STATE OF SOUTH CAROLINA

# DEPARTMENT OF EDUCATION

Inez Moore Tenenbaum
State Superintendent of Education

January 6, 2006

Constance R Goodwine-Lewis
[redacted]

Dear Educator:

The Office of Educator Certification has received a request for the enclosed out of field permit for you for the 2005-06 school year. A copy of this information is also being forwarded to the district requesting the permit.

_____ 1. **This out-of-field permit may not be renewed. To be eligible for certification in this area, all shortages for this certification must be satisfied.**

xxx 2. To renew the enclosed permit, it will be necessary for you to present a letter and official transcripts from a regionally accredited college documenting completion of six semester hours of coursework in a State Board of Education approved program in the subject field.

_____3. An additional six semester hours of credit from an accredited senior institution, which can be applied toward full certification in the above area, will be required for a renewal of this permit. Courses taken to add this area to an existing certificate must be taken at an institution that has a teacher education program approved for initial certification in this subject field.

____ 4. This out-of-field permit may not be renewed without further action of the General Assembly or State Board of Education. To be eligible for certification in the requested area, all shortages must be satisfied.

Sincerely yours,

Brenda Zwart
Senior Certification Analyst
Office of Educator Certification

**Note: After June 30, 2006, out-of-field permits may no longer be issued to teachers who teach core academic subjects as specified by the No Child Left Behind Act of 2001. The core academic subjects are English, reading or language arts, mathematics, sciences, foreign languages, civics, government, economics, history, geography, and the arts. This also includes early childhood, elementary education and special education areas. Permits may be issued, however, in other instructional or instructional support fields not considered to be core content subject areas under No Child Left Behind.**

cc: Dr. Connie Long

NAME: Constance R Goodwine-Lewis SSN: [redacted] DATE: August 30, 2004

## REQUIREMENTS FOR ELEMENTARY SCHOOL PRINCIPAL AND SUPERVISOR

| | On File | Needs |
|---|---|---|
| 1. Valid South Carolina Professional Certificate at the Elementary level. | ok | |
| 2. Master's Degree | ok | |
| 3. Applicants shall submit a minimum score of 590 on the N.T.E. Area Exam in Administration and Supervision. | ok | |
| 4. Verification of three years of teaching experience including at least one year of teaching in grades pre-K-8. **A letter verifying this information must be provided by your school district.** | ok | |
| 5. Completion of an advanced program approved by the State Board of Education for the training of elementary principals and supervisors. This college must be accredited for general collegiate purposes by a regional accreditation association, or from an institution that has programs approved for teacher education by the National Council for Accreditation of Teacher Education (NCATE). | | lacks |

**NOTE: Specific approved program course requirements may be obtained by contacting a regionally accredited college or university that has in place a State Board of Education approved program in Administration.**

**NOTE: This evaluation of your current status is valid until September 1, 2006, and may be subject to change after that date based on revisions in State Board of Education regulations. Prerequisite courses may be required in some cases based on policies of a particular college/university.**

**NOTE: When you complete all requirements, please submit a written request to receive certification in this area.**

Patricia Williams
Certification Analyst
Office of Teacher Certification

Revised: June 13, 2005
HR Dept./DFC

EMPLOYEE #: [redacted]

# BEAUFORT COUNTY SCHOOL DISTRICT
## PERSONNEL ACTION FORM
## *(PENDING FINAL APPROVAL FROM DISTRICT)*

___ New Hire ___ Transfer ___ Resigned ___ Retired ___ Terminated ___ TERI ✓ Other

SCHOOL / DEPARTMENT

Name: Goodwine-Lewis, Constance SSN#: ___/___/___
(LAST) (FIRST) (M.I.)

Address: City:

State: Zip: Email:

Phone #: Cell #: Race:

Date of Birth: ___/___/___ School/Location: HHE-SCA

Position: Asst. Principal

Status: ___ Full-Time ___ Part-Time ___ Temporary

Replacement For: or ___ New Position

First Day of Work: ___/___/___ Hours Per Day:

Last Day of Work: ___/___/___ Days Per Year:

ORG: OBJ: PROJ:

Transferring From: To:

EFFECTIVE DATE OF CHANGE: ___/___/___

Administrator's Signature Date Employee's Signature Date

*(THIS SECTION IS FOR DISTRICT USE ONLY)*

CALIBRATION APPROVAL: Date: ___/___/___

Hourly Rate: Daily Rate: Annual Salary: $51,853

Position #: Job Class: Group:

Certificate: Class Yrs. Exp. Upgrade To: Class Yrs. Exp.

Connie Love 12/1/05
HUMAN RESOURCES APPROVAL DATE Contract Level

Comments: REtro to July 1, 2005, or to hire date if after July 1, 2005.

White - HR Yellow - Payroll Pink - Benefits Gold - School/Department

EMPLOYEE # [redacted]

# BEAUFORT COUNTY SCHOOL DISTRICT
## PERSONNEL ACTION FORM

☐ New Hire ☑ Transfer ☐ Resigned ☐ Retired

Salary
~~47,526~~ 50,406
Elem

SCHOOL/DEPARTMENT

Name: Goodwin-Lewis, Constance
Address: [redacted]
Race: B Date of Birth: [redacted] School
Position: Assistant Principal
Status: Full-Time w/Benefits ☑ Part-Time ☐ Temp. ☐

REPLACEMENT FOR: ~~New position~~ Gar Underwood
First Day of Work: July 22, 2005 Hours Per Day _____
Last Day of Work: _____ Days Per Year 210

TRANSFER OF PERSONNEL AND/OR FUNDING SOURCE:

| TRANSFER FROM: | TRANSFER TO: |
|---|---|
| Primary ORG/OBJ/PROJ: _____ | Primary ORG/OBJ/PROJ: 10023363-511101 |
| School: ~~ESOL~~ | School: HHSCA |
| Effective Date: _____ | |

Administrator's Signature _____ Date _____
Employee's Signature Constance Goodwin-Lewis Date 6/24/05

(This Section Completed by the District Office)

Annual Salary 50,406 Daily Rate _____ Position # _____
Hourly Rate _____ Job Class # _____
Change From:
Certificate: Class _____ Yrs. Exp. _____ Class _____ Yrs. Exp. _____
Contract _____

Alice C Smith
Human Resources

Date

Comments: OK to process - Peggy Upton 7/5/05

White - HR ☐ Yellow - Payroll ☐ Pink - Benefits ☐ Gold - School/Department ☐

# *Constance R. Goodwine-Lewis, M.Ed*

[redacted]

## Objective

To obtain a position as an Assistant Principal.

## Professional Experience

**2003-present – Teacher: English for Speakers of Other Languages (ESOL)**
Instructing students who are acquiring English As a Second Language grades 1-5 at Coosa and Port Royal Elementary Schools to enhance their oral and written English as well as their ability to read English. Collaborating with mainstream teachers in effort to modify curriculum and instruction for ESL students. Acting as a liaison between parents and mainstream teachers. Assess students to determine level of ability and to prescribe an individualized modification plan and curriculum. Responsible for reporting growth and progress in ESL program and mainstream classes.

**2001-2003- Teacher: St. Helena Elementary School, St. Helena Island, SC**
Instructed third students in all academic areas. Responsible for assessing students' ability to determine levels and designing differentiated instruction that was aligned with the state standards. Acting as mainstream teacher for learning disabled students on an inclusion track. Other responsibilities include attending PTSO meetings, grade level chair, grade level Exemplary Writing Committee representative, curriculum planning committee, and Academic Challenge Coach (Science-1st)

**2000-2001- Teacher: Shanklin Elementary School, Burton, SC**
Instructed third students in all academic areas. Responsible for assessing students' ability to determine levels and designing differentiated instruction that was aligned with the state standards. Other responsibilities include attending PTSO meetings, School Improvement Council grade level representative, Planning Committee for Business Reading Partner Committee

## Education

In Progress – Coursework for Certification in Educational Administration
Charleston Southern University, Charleston, SC

May 2000- Masters of Education in Special Education with an emphasis in Mathematics Inclusion, Clemson University, Clemson, SC

May 1999- Bachelor of Arts in Elementary Education, Clemson University, Clemson, SC

## Professional Development

| | |
|---|---|
| Fall 2004 | ESOL Lead Teacher for the Instructional Capacity Development Team (District Initiative) |
| Summer 2004 | ESOL Lead Teacher for New Teacher Orientation (Cultural Diversity Presentation) |
| Summer 2004 | Lead Teacher for the ESOL Curriculum Planning Team |
| Fall 2004 | John Collins Writing Follow-up Training (2 days) |
| Spring 2004 | John Collins Writing Course |
| Spring 2004 | Reading and Writing Course for ESL students, College of Charleston |
| Spring 2003 | Spanish for School Personnel Part I, Winthrop University |
| Spring 2002 | Attended South Carolina Reading Conference, Hilton Head Island, SC |
| Spring 2000 | Presented at South Carolina Council for Exceptional Children Conference, Myrtle Beach, SC |
| Fall 1999 | Attended the South Carolina Conference for Teachers of Mathematics, Hilton Head Island, SC |

## Professional Organizations

Kappa Delta Pi (International Educational Honor Society)
Council for Exceptional Children
National Council for Teachers of Mathematics
TESOL

## Community Involvement

Youth Mentor
Coordinator for Christian Youth Leadership Program
Alpha Kappa Alpha Sorority, Inc.

EMPLOYEE # 111.92

# BEAUFORT COUNTY SCHOOL DISTRICT
## PERSONNEL ACTION FORM

☐ New Hire ☑ Transfer ☐ Resigned ☐ Retired ☐ Teri ☐ Terminated ☐ Other (Comments below)

SCHOOL/DEPARTMENT

Name: Gardner-Lewis, Corsten (Last) (First) (Middle) SS# [redacted]

Address: [redacted] Phone # [redacted]

Race: B Date of Birth: [redacted] School: Hilt. Head Elementary
H.H. SCA

Position: Assistant Principal

Status: Full-Time w/Benefits ☑ Part-Time ☐ Temp. ☐

REPLACEMENT FOR: Ann Hedgepeth

First Day of Work: July 22 '05 Hours Per Day _____

Last Day of Work: _____ Days Per Year 210

TRANSFER OF PERSONNEL AND/OR FUNDING SOURCE:

| TRANSFER FROM: | TRANSFER TO: |
|---|---|
| Primary ORG/OBJ/PROJ: _____ | Primary ORG/OBJ/PROJ _____ |
| School: ESOL | School: HHSCA |
| Effective Date: _____ | 100323-51101 |

Debra H Evans — Administrator's Signature — Date

Employee's Signature — Date

(This Section Completed by the District Office)

Annual Salary 62,406 Daily Rate _____ Position # _____

Hourly Rate _____ Job Class # _____

Change From:

Certificate: Class _____ Yrs. Exp. _____ Class _____ Yrs. Exp. _____

Contract _____

Human Resources — Date

Comments: _____

Cold - School/Department ☐

THIS CERTIFICATE IS A COPY IF THE BLUE COLORED BACKGROUND IS ABSENT

# South Carolina State Board of Education

## Educator Certificate

**Constance R Goodwine-Lewis**
[redacted]

**Certificate Number** [redacted]

**Social Security Number** [redacted]

**Validity Period**
07/01/04 TO 06/30/09

**Professional Certificate**

**Class**
Masters

**Experience**
4

**Areas of Certification**
01 Elementary

Inez Moore Tenenbaum
STATE SUPERINTENDENT OF EDUCATION

**Date Printed**
09/08/04

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**It is the educator's responsibility to maintain certification and to stay informed of the current regulations required for credential renewal, modification and advancement. Information regarding certification requirements can be found at www.scteachers.org.**

## Type of Certificate

National Board Certification: The educator holds a National Board Certificate in the area(s) indicated. South Carolina certificate validity closely parallels the National Board Certification ten-year validity period for teachers holding both certificates.

Professional: The educator has met all requirements for full certification in accordance with State Board of Education regulations. The certificate is valid for a five-year period.

Initial: The educator holds an earned undergraduate or graduate degree from an accredited teacher education institution. One or more additional requirements must be met to advance to the Professional Certificate.

Critical Need: The educator is participating in the South Carolina alternative route to teacher certification program.

Temporary: The educator must complete one or more additional requirements for a Professional Certificate. After June 30, 2006, this type of certificate will no longer be issued to teachers who teach core academic subjects as defined by the No Child Left Behind Act of 2001.

Graded (B,C or D), Warrant or Transitional: The educator must complete additional requirements for the Professional Certificate. These types of certificates will no longer be valid after June 30, 2006.

Special Subject: A Special Subject certificate is issued at the request of the employing school district to someone considered to be expert in their field. It is valid in the requesting district only for restricted teaching, and must be renewed annually. The individual has not completed a teacher preparation program.

Out-of-Field Permit: A permit is issued at the request of the employing school district and is valid for the academic year in which it is requested. The educator has a valid South Carolina teaching certificate and a minimum of twelve semester hours of credit in the area for which the permit is requested.

Endorsement: The educator has completed specialized training in the identified area.

Career and Technology Education Work-Based (CID#'s 90xxxx): The level/class of the certificate reflects a combination of education and work experience related to the area of certification according to Regulation 43-63. Additional information can be found at http://www.scteachers.org/cert/careertech/tandi.cfm.

International : A certificate issued to visiting teachers from other countries who are teaching in South Carolina.

Internship: Educators who are enrolled in a State Board of Education approved program and have met all degree and certification requirements with the exception of the internship, which is currently being completed while the teacher is employed as teacher-of-record.

## Certificate Renewal

Certificate renewal is now being coordinated by many local school districts. Check our web site for information concerning renewal options at www.scteachers.org.

## Experience Credit

Experience credit for the current school year is not officially recorded in the educator's file until after September 1 of each year. Partial years of experience do not appear on the Educator Certificate.

## Duplicate Certificate

Duplicate certificates may be requested for a fee of $5.00 (payable by check or money order only).

## Educator Requests

**A Request for Change/Action must accompany all requests for evaluations, worksheets, duplicate certificates, change of name or address, renewal, etc. A downloadable form is located at http://www.scteachers.org/Cert/.**

Division of Teacher Quality
Office of Teacher Certification
3700 Forest Drive, Suite 500
Columbia, South Carolina 29204

Print Certificate

# South Carolina State Board of Education
## Educator Certificate

**Constance R Goodwine-Lewis**
[redacted]

**Certificate Number** [redacted]

**Social Security Number** [redacted]

**Validity Period**
07/01/04 to 06/30/09

**Professional Certificate**

**Class**
Masters

**Experience**
5.0

**Areas of Certification**
01 - Elementary

Copy - Copy - Copy - Copy

Inez Moore Tenenbaum
Inez Moore Tenenbaum
State Superintendent of Education

**Date Printed**
**10/12/2005**

EMPLOYEE # 171690

# BEAUFORT COUNTY SCHOOL DISTRICT
# PERSONNEL ACTION FORM

☐ New Hire ☑ Transfer ☐ Resigned ☐ Retired ☐ Teri ☐ Terminated ☐ Other (Comments below)

SCHOOL/DEPARTMENT

Name: Lewis Constance Bradwine SS# [redacted]

Address: [redacted] Phone # [redacted]

Race: _____ Date of Birth: [redacted] School: Coosa Elem (Home)

Position: ESOL Teacher (Itinerant)

Status: Full-Time w/Benefits ☑ Part-Time ☐ Temp. ☐

REPLACEMENT FOR: New position

First Day of Work: _____

Last Day of Work: _____ Hours Per Day _____

Hourly Rate _____ Days per year _____

TRANSFER OF PERSONNEL AND/OR FUNDING SOURCE:

| TRANSFER FROM: | TRANSFER TO: |
|---|---|
| 3H611234 - 511000 ORG | |
| Primary ORG/OBJ/PROG: 10011239 511000 | Primary ORG/OBJ/PROG _____ |
| School: St. Helena Elem. | School: _____ |
| Effective Date: 10-2-03 | |

Valerie C. Cave 10/2/03 — 9/29/03
Administrator's Signature — Date

9-30-03 Constance Bradwine Lewis
Employee's Signature — Date

(This Section Completed by the District Office)

Annual Salary $36,393.00 Daily Rate $191.54 Position # 331033

Change From:

Certificate: Class _____ Yrs. Exp. _____ Class _____ Yrs. Exp. _____

Contract _____

RECEIVED
OCT 2 2003

Otis C. Smith — 10/2/03
Human Resources — Date

Comments: Constance will be an ESOL itinerant teacher with home base as Coosa Elem.

White - HR ☐ Yellow - Payroll ☐ Pink - Benefits ☐ Gold - School/Department ☐

Constance Goodwine EMPLOYEE # 171690

**BEAUFORT COUNTY SCHOOL DISTRICT**

# PERSONNEL ACTION FORM

☐ New Hire ☐ Transfer ☐ Resigned ☐ Retired ☐ Terri ☐ Terminated ☒ Other

SCHOOL/DEPARTMENT

Name: Goodwine (Regenia) Constance SS# [redacted]
(Last) (First) (Middle)

Address: _____ Phone # _____

Race: _____ Date of Birth: _____ School: _____

Position: _____

Status: Full-Time w/Benefits ☐ Part-Time ☐ Temp. ☐ Other ☐

Replacement for: _____

First Day of Work: _____

Last Day of Work: _____

Annual Salary 31,545 Grade/Step _____

Hours Per Day _____ Hourly Rate _____

Daily Rate 166.03 Days per year _____

Fund Sources:
- General ☐
- EIA ☐
- Title I ☐
- Special Revenue ☐
- Food Service ☐
- Special Ed. ☐

TRANSFER OF PERSONNEL AND/OR FUNDING SOURCE:

| TRANSFER FROM: | TRANSFER TO: |
|---|---|
| Grade/Subject: _____ | Grade/Subject: _____ |
| Funding Source: _____ | Funding Source: _____ |
| School: _____ | School: _____ |
| Effective Date: _____ | |

Administrator's Signature Date

Employee's Signature Date

Change From:

Certificate: Class BA Yrs. Exp. Ø Class MA Yrs. Exp. Ø

Contract

Otis C. Smith, Jr. 5/14/01

Human Resources Date

Comments: cut upgrade. Salary retro back to 8/10/00.

(154)

ACCOUNT NUMBER: _____

White: Benefits ☐ Yellow: Payroll ☐ Pink: Employee ☐ Gold: School/Dept ☐

[redacted]

Dr. LaVerne Lebby Davis
1025 Sea Island Pkwy.
St. Helena Island, SC 29920

Dear Dr. Davis,

I would like to thank you for your many years of support and encouragement. By having given me this employment opportunity, you have opened many doors for me, and afforded me many wonderful experiences that have strengthened me as an educator. I will forever utilize the knowledge and practices that I have acquired under your leadership.

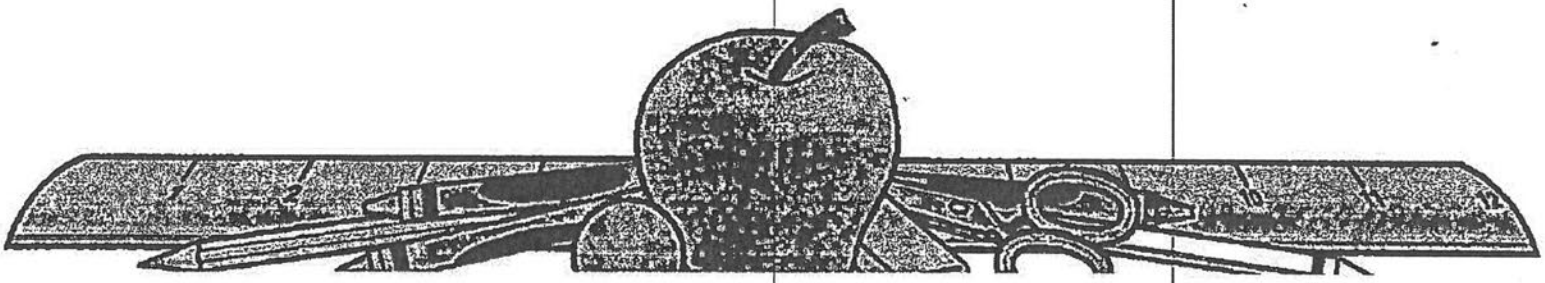
I am also very appreciative of the support you are giving me as I enter into a new career experience. I consider you a mentor, and it is extremely motivating to know that you also feel that I have made an excellent career choice.

Again, I thank you for all of your help and support, and it will be remembered and appreciated as I continue my journey as an educator.

Respectfully submitted,

Constance R. Goodwine-Lewis

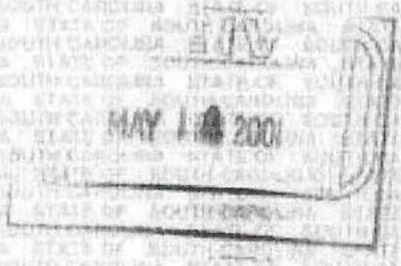
Constance R. Goodwine-Lewis



THIS CERTIFICATE IS A COPY IF THE BLUE COLORED BACKGROUND IS ABSENT

# South Carolina State Board of Education

## Educator Certificate




**CONSTANCE REGENIA GOODWINE**

[redacted]

| Certificate Number | Social Security Number | Validity Period |
|---|---|---|
| [redacted] | [redacted] | 07/01/00 TO 06/30/04 |

| Professional Certificate | Class | Experience |
|---|---|---|
| | Masters | 0 |

**Areas of Certification**

01 - Elementary

Inez Moore Tenenbaum

INEZ MOORE TENENBAUM
STATE SUPERINTENDENT OF EDUCATION

Date Printed
05/11/01

THIS CERTIFICATE IS A COPY IF THE BLUE COLORED BACKGROUND IS ABSENT

## MAINTAINING CERTIFICATION IS THE RESPONSIBILITY OF THE EDUCATOR.

### Type of Certificate

**Professional**. The educator holds an earned undergraduate or graduate degree from an accredited teacher education institution.

**Initial**. The educator holds an earned undergraduate or graduate degree from an accredited teacher education institution with less than one year of teaching experience. One or more additional requirements must be met to advance to the Professional Certificate.

**Critical Need**. The educator is participating in the South Carolina alternative route to teacher certification program.

**Temporary**. The educator must complete one or more additional requirements for a Professional Certificate.

**Graded**. The educator must complete additional requirements for the Professional Certificate.

**Warrant**. The educator must complete additional requirements for the Professional Certificate.

**Special Subject**. A Special Subject certificate is issued at the request of the employing school district, valid in the requesting district, and must be renewed annually. The individual is considered an Expert in the Field.

**Permit.** A permit is issued at the request of the employing school district and is valid for the academic year in which it is requested. The educator has a valid South Carolina teaching certificate and twelve semester hours of credit in the area for which the permit is requested.

**Endorsement**. The educator has completed specialized training in the identified area.

**Trade and Industry**. The educator meets training and experience requirements in a specialized trade and industry area. The level/class of the certificate reflects a combination of education and work experience according to Regulation 43-63.

**Provisional Trade and Industry**. The educator must complete professional education courses and test requirements according to Regulation 43-63.

### Renewal Certificate

A Professional Certificate is valid for five years and expires on June 30 of the expiration year. Renewal requires the educator to submit official transcript/documentation of six semester hours or the equivalent of renewal credit in a content area during the certification validity (five year) period. The semester hours must be earned through an accredited college/university or through South Carolina State Department of Education approved certificate renewal courses. Continuing Education Units (CEUs) are not accepted for renewal credit.

### Experience Credit

Experience credit for the current school year is not officially recorded in the educator's file until after September 1 of each year. Partial years of experience do not appear on the Educator Certificate.

### Duplicate Certificate

Duplicate certificates may be requested for a fee of $5.00 (payable by check or money order only).

### Educator Requests

**A Request for Change/Action must accompany all requests for evaluations, worksheets, duplicate certificates, change of name or address, renewal, etc.**

Office of Teacher Certification
1600 Gervais Street
Columbia, South Carolina 29201
803-734-8466
www.scteachers.org

[redacted]

Mr. Mark Seigal
Beaufort County School District
1300 King Street
Beaufort, S.C. 29906

Dear Mr. Seigal:

I expect to be residing on St. Helena Island at the opening of next school year. Therefore, I would like to transfer to a school that is located in the Beaufort Cluster that is in the island area.

Sincerely,

Constance R. Goodwine

Constance R. Goodwine, M.Ed

EMPLOYEE # [redacted]

# BEAUFORT COUNTY SCHOOL DISTRICT
# PERSONNEL ACTION FORM

☐ New Hire ☒ Transfer ☐ Resigned ☐ Retired ☐ Terri ☐ Terminated ☐ Other

SCHOOL/DEPARTMENT

Name: Goodwine (Last) Constance (First) R. (Middle) SS# [redacted]

Address: _____ Phone # _____

Race: BLK Date of Birth: _____ School: _____

Position: Pre-kindergarten Teacher

Status: Full-Time w/Benefits ☒ Part-Time ☐ Temp. ☐ Other ☐

Replacement for: Qiana Simmons

First Day of Work: August 9, 2001

Last Day of Work: _____

Fund Sources:
- General ☐
- EIA ☐
- Title I ☐
- Special Revenue ☐
- Food Service ☐
- Special Ed. ☐

Annual Salary _____ Grade/Step _____

Hours Per Day _____ Hourly Rate _____

Daily Rate _____ Days per year _____

TRANSFER OF PERSONNEL AND/OR FUNDING SOURCE:

| TRANSFER FROM: | TRANSFER TO: |
|---|---|
| Grade/Subject: _____ | Grade/Subject: _____ |
| Funding Source: _____ | Funding Source: _____ |
| School: Shanklin Elem. | School: St. Helena Elem. |
| Effective Date: 8/9/01 | |

Administrator's Signature 6/27/01 Date

Employee's Signature Date

Change From:

Certificate: Class _____ Yrs. Exp. _____ Class _____ Yrs. Exp. _____

Contract _____

Otis C. Smalls
Human Resources

6/29/01
Date

Comments: _____

ACCOUNT NUMBER: _____

White: Benefits ☐ Yellow: Payroll ☐ Pink: Employee ☐ Gold: School/Department ☐

# SOUTH CAROLINA STATE BOARD OF EDUCATION

## TEACHING CREDENTIAL

(TEACHER'S COPY)

VALID PERIOD: JUL 01 99 THRU JUNE 30 2004

YEARS EXPERIENCE AT DATE OF ISSUE: 00 JUL 16 1999

ENDORSEMENTS: 01 ELEMENTARY

3

TYPE OF CREDENTIAL: PROFESSIONAL CERTIFICATE

CLASS: BACHELORS DEGREE

CREDENTIAL NUMBER: [redacted]

GOODWINE CONSTANCE REGENIA [redacted]

SOCIAL SECURITY NO. [redacted]

Sandra S. Rowe
DIRECTOR, OFFICE OF TEACHER EDUCATION, CERTIFICATION AND EVALUATION

Carolyne S. Williams
CAROLYNE S. WILLIAMS
CHAIR, STATE BOARD OF EDUCATION

Inez Moore Tenenbaum
INEZ MOORE TENENBAUM
STATE SUPERINTENDENT OF EDUCATION


# SOUTH CAROLINA STATE BOARD OF EDUCATION

## TEACHING CREDENTIAL

(SUPERINTENDENT'S COPY)

VALID PERIOD: JUL 01 99 THRU JUNE 30 2004

YEARS EXPERIENCE AT DATE OF ISSUE: 00 JUL 16 1999

ENDORSEMENTS: 01 ELEMENTARY

3

TYPE OF CREDENTIAL: PROFESSIONAL CERTIFICATE

CLASS: BACHELORS DEGREE

CREDENTIAL NUMBER: [redacted]

GOODWINE CONSTANCE REGENIA [redacted]

SOCIAL SECURITY NO. [redacted]

Sandra S. Rowe
DIRECTOR, OFFICE OF TEACHER EDUCATION, CERTIFICATION AND EVALUATION

Carolyne S. Williams
CAROLYNE S. WILLIAMS
CHAIR, STATE BOARD OF EDUCATION

Inez Moore Tenenbaum
INEZ MOORE TENENBAUM
STATE SUPERINTENDENT OF EDUCATION

# BEAUFORT COUNTY SCHOOL DISTRICT
# EMPLOYMENT ACTION FORM

Employee # [redacted]

New Hire [X] Resigned [ ] Retired [ ] Terminated [ ] Change [ ]

## SCHOOL/DEPARTMENT

Name: GOODWINE (Last) CONSTANCE (First) REGENIA (Middle) SS# [redacted]

Address: [redacted] Phone # [redacted]

Race: BLACK Date of Birth: _____ School: SHANKLIN ELEMENTARY SCHOOL

Position: 3rd GRADE TEACHER

Fund Sources:

Status: Perm. [X] Temp. [ ] Other [ ]

General [ ]
EIA [ ]
Title I [ ]
Special Revenue [ ]
Food Service [ ]
Special Ed. [ ]

Replacement for: MARION LIDE

First Day of Work: AUGUST 2000

Last Day of Work: _____

Rita B. Smith
Administrator's Signature

4-18-00
Date

## HUMAN RESOURCES

Annual Salary 27,549 Category _____ Department _____

Hours Per Day _____ Hourly Rate _____

Daily Rate 144.99 Days per year _____

Change From:

Certificate: Class _____ Yrs. Exp. _____ Class BA Yrs. Exp. 0

Otha C. Smith, Jr
Administrator's Signature

5/12/2000
Date

Comments: Induction Contract

AUG 25 2000

ACCOUNT NUMBER: _____

TRANSFER OF PERSONNEL AND/OR FUNDING SOURCE:

TRANSFER FROM:

Grade/Subject: _____
Funding Source: _____
School: _____
Effective Date: _____

TRANSFER TO:

Grade/Subject: _____
Funding Source: _____
School: _____

_____
Administrator's Signature

White - Personnel [ ] Yellow - Payroll [ ] Pink - Benefits [ ] Gold - School/Department [ ]

# SOUTH CAROLINA LAW ENFORCEMENT DIVISION

DAVID M. BEASLEY
*Governor*

ROBERT M. STEWART
*Chief*

**CRIMINAL RECORD HISTORY FOR INITIALLY EMPLOYED TEACHERS**

**(PLEASE TYPE OR PRINT CLEARLY)**

A. NAME(S): Constance Regenia Goodwine

DATE OF BIRTH: [redacted]
RACE: B
SEX: F
SOCIAL SECURITY NUMBER: [redacted]
SCHOOL DISTRICT: BEAUFORT COUNTY

B. TO BE COMPLETED BY SLED: DATE: 7/25/00

The above individual, using the criteria listed above, has no conviction data in the Criminal Records Section of the South Carolina Law Enforcement Division as of the above date.

NO RECORD
NAME SEARCH ONLY
S C LAW ENFORCEMENT DIVISION

The above individual has the following conviction data listed in the Criminal Records Section of the South Carolina Law Enforcement Division as of the above date.

NOTE: Part A is to be filled out by the school district and a form for each teacher is to be sent to SLED. SLED will conduct the record check, fill out Part B and return it to the school district.

An Accredited Law Enforcement Agency
P.O. Box 21398 / Columbia, South Carolina 29221-1398 / (803) 737-9000 / Fax (803) 896-7041

INNOVATION
TOWARD EXCELLENCE
BEAUFORT COUNTY SCHOOL DISTRICT

**EMPLOYMENT CONFIRMATION**

April 25, 2000

Ms. Constance R. Goodwine
[redacted]

Dear Ms. Goodwine:

Congratulations on your acceptance of a teaching position at Shanklin Elementary School. We are now in the process of finalizing all of the necessary paperwork. A final contract and other paperwork will be mailed to you on or before May 12, 2000. If you should have questions, please contact me.

Again, congratulations.

Sincerely,

Otis C. Smith Jr

Otis C. Smith, Jr.

Cc: Principal
File

POST OFFICE DRAWER 309
1300 KING STREET
BEAUFORT, SOUTH CAROLINA
29901-0309

TELEPHONE
843•525•4200
1•800•763•1875

FAX
843•525•4324

EMAIL
bcsd@hargray.com

INNOVATION TOWARD EXCELLENCE
BEAUFORT COUNTY SCHOOL DISTRICT

BEAUFORT COUNTY SCHOOL DISTRICT
Post Office Drawer 309
Beaufort, South Carolina 29901-0309
(843) 322-2300
FAX (843) 322-2371
1-800-763-1875

Date 3/27/00

Dear Ms. Goodwine :

Please excuse the use of this form letter in response to your request for employment assistance. Unfortunately, the number of requests that we receive far exceeds our ability to personally respond.

_____ Please complete the enclosed application and return it at your earliest convenience (we do not process resumes/letters).

✓ This is to acknowledge receipt of your:

✓ Application

____ Resume

____ Letter

_____ At the present time, we do not have a vacancy in your area of interest.

✓ Your application has been processed and placed in our teacher applicant active section for consideration when suitable positions become vacant.

____ is complete because we received all of the information requested.

✓ is in need of the following information:

4/5/00 ✓ Copy of Transcript (s)

____ Copy of Teaching Certificate (s)

✓ Copy of NTE scores or you did not submit a copy because:

____ Your copy is on file with the SC State Dept.

____ You have not taken the test, not required in your state.

____ All of your letters of references (missing 1, 2, all 3)

(Received from: _____)

_____ Other _____

Thank you for considering Beaufort County School District in your career plans.

Sincerely,

Angie Lopatka

Angie Lopatka
Personnel Assistant

EMPLOYEE # [redacted]

# BEAUFORT COUNTY SCHOOL DISTRICT
# EMPLOYMENT ACTION FORM

☐ New Hire ☐ Resigned ☐ Retired ☐ Terminated ☒ Change

SCHOOL/DEPARTMENT

Name: Goodwine (Last) Constance (First) (Middle) SS# [redacted]

Address: _____ Phone # _____

Race: _____ Date of Birth: _____ School: _____

Position: _____

Status: Full-Time w/Benefits ☐ Part-Time ☐ Temp. ☒ Other ☐

Replacement for: _____

First Day of Work: _____

Last Day of Work: _____

Fund Sources:
- General ☐
- EIA ☐
- Title I ☐
- Special Revenue ☐
- Food Service ☐
- Special Ed. ☐

Annual Salary _____ Category _____ Department _____

Hours Per Day _____ Hourly Rate _____

Daily Rate _____ Days per year _____

TRANSFER OF PERSONNEL AND/OR FUNDING SOURCE:

| TRANSFER FROM: | TRANSFER TO: |
|---|---|
| Grade/Subject: _____ | Grade/Subject: _____ |
| Funding Source: _____ | Funding Source: _____ |
| School: _____ | School: _____ |
| Effective Date: _____ | |

Otis C. Smith, Jr. _____
Administrator's Signature

_____
Date

Change From:

Certificate: Class _____ Yrs. Exp. _____ Class _____ Yrs. Exp. _____

Contract _____

Otis C. Smith, Jr. _____
Human Resources

_____
Date

Comments: Change rate of pay from $50.00 day to $90.00 day - See attached teaching cert.

ACCOUNT NUMBER: _____

White - Personnel ☐ Yellow - Payroll ☐ Pink - Benefits ☐ Gold - School/Department ☐

# SOUTH CAROLINA STATE BOARD OF EDUCATION

## TEACHING CREDENTIAL

(TEACHER'S COPY)

| VALID PERIOD | YEARS EXPERIENCE AT DATE OF ISSUE | ENDORSEMENTS |
|---|---|---|
| JUL 01 99 THRU JUNE 30 2004 | 00 JUL 16 1999 | 01 ELEMENTARY 3 |

TYPE OF CREDENTIAL: PROFESSIONAL CERTIFICATE

CLASS: BACHELORS DEGREE

CREDENTIAL NUMBER: [redacted]

GOODWINE CONSTANCE REGENIA

SOCIAL SECURITY NO. [redacted]

Sandra G. Rowe
DIRECTOR, OFFICE OF TEACHER EDUCATION, CERTIFICATION AND EVALUATION

Carolyne S. Williams
CAROLYNE S. WILLIAMS
CHAIR, STATE BOARD OF EDUCATION

Inez Moore Tenenbaum
INEZ MOORE TENENBAUM
STATE SUPERINTENDENT OF EDUCATION

# SOUTH CAROLINA STATE BOARD OF EDUCATION

## TEACHING CREDENTIAL

(SUPERINTENDENT'S COPY)

| VALID PERIOD | YEARS EXPERIENCE AT DATE OF ISSUE | ENDORSEMENTS |
|---|---|---|
| JUL 01 99 THRU JUNE 30 2004 | 00 JUL 16 1999 | 01 ELEMENTARY 3 |

TYPE OF CREDENTIAL: PROFESSIONAL CERTIFICATE

CLASS: BACHELORS DEGREE

CREDENTIAL NUMBER: [redacted]

GOODWINE CONSTANCE REGENIA

SOCIAL SECURITY NO. [redacted]

Sandra G. Rowe
DIRECTOR, OFFICE OF TEACHER EDUCATION, CERTIFICATION AND EVALUATION

Carolyne S. Williams
CAROLYNE S WILLIAMS
CHAIR, STATE BOARD OF EDUCATION

Inez Moore Tenenbaum
INEZ MOORE TENENBAUM
STATE SUPERINTENDENT OF EDUCATION

# BEAUFORT COUNTY SCHOOL DISTRICT
# EMPLOYMENT ACTION FORM

Employee # [redacted]

New Hire ☐ Resigned ☐ Retired ☐ Terminated ☐ Change ☒

## SCHOOL/DEPARTMENT

Name: GOODWINE, CONSTANCE (Last) (First) (Middle) SS# [redacted]

Address: _____ Phone # _____

Race: _____ Date of Birth: _____ School: _____

Position: SUBSTITUTE TEACHER Fund Sources:

Status: Perm. ☐ Temp. ☒ Other ☐

Replacement for: _____

First Day of Work: _____

Last Day of Work: _____

| | |
|---|---|
| General | ☐ |
| EIA | ☐ |
| Title I | ☐ |
| Special Revenue | ☐ |
| Food Service | ☐ |
| Special Ed. | ☐ |

Otis C. Smith, Jr.
Administrator's Signature

3-16-98
Date

## HUMAN RESOURCES

Annual Salary _____ Category _____ Department _____

Hours Per Day _____ Hourly Rate _____

Daily Rate _____ Days per year _____

Change From:

Certificate: Class _____ Yrs. Exp. _____ Class _____ Yrs. Exp. _____

Otis C. Smith, Jr.
Administrator's Signature

3-16-98
Date

Comments: ADJUST RATE OF PAY FROM $42.00 A DAY TO $50.00 A DAY EFFECTIVE 3-16-98.

ACCOUNT NUMBER: _____

## TRANSFER OF PERSONNEL AND/OR FUNDING SOURCE:

**TRANSFER FROM:**

Grade/Subject: _____
Funding Source: _____
School: _____
Effective Date: _____

**TRANSFER TO:**

Grade/Subject: _____
Funding Source: _____
School: _____

Administrator's Signature

White - Personnel ☐ Yellow - Payroll ☐ Pink - Benefits ☐ Gold - School/Department ☐

BEAUFORT COUNTY SCHOOL DISTRICT
Post Office Drawer 309
Beaufort, South Carolina 29901-0309
(803) 525-4200
FAX (803) 525-4324
1-800-763-1875

# MEMORANDUM

TO: CONSTANCE GOODWINE

FROM: Velda Vaughn, Personnel Department

DATE: 3-21-97

SUBJECT: SUBSTITUTE STATUS

---

X SUBSTITUTE STATUS

Thank you for submitting the requested information in order to substitute with Beaufort County Schools. The information has been processed and your name will be added to our Substitute List. Please note that your classification is as follows:

_____ SUB AIDE ($4.25 AN HOUR) _____ SUB CLERK ($5.00 AN HOUR)

X SUB TEACHER (RATE OF PAY $62.00 /DAY) GROUP III

EFFECTIVE 3-21-97

X SUBSTITUTE HANDBOOK

If you are a substitute teacher and you have not received a Beaufort County School's Substitute Handbook or a List of Schools, enclosed is a copy for your review.

X MISSING INFORMATION ONLY

_____ FILE IS COMPLETE (ALL INFORMATION RECEIVED)

The following information has not been received and is missing from your file:

Received

X TB FORM
____ MEDICAL FORM
____ ID (COPY OF DRIVER'S LICENSE/MILITARY ID)
____ COPY OF SOCIAL SECURITY CARD/BIRTH CERTIFICATE
X REFERENCES (1 2 3)
____ OTHER _____

Please submit the form(s)/copies to Personnel as soon as possible.

# SOUTH CAROLINA LAW ENFORCEMENT DIVISION

DAVID M. BEASLEY
*Governor*

ROBERT M. STEWART
*Chief*

RECEIVED

*CRIMINAL RECORD HISTORY FOR INITIALLY EMPLOYED TEACHERS*

*(PLEASE TYPE OR PRINT CLEARLY)*

A. *NAME(S):* CONSTANCE R. GOODWINE

*DATE OF BIRTH:* [redacted]
*RACE:* B
*SEX:* F
*SOCIAL SECURITY NUMBER:* [redacted]
*SCHOOL DISTRICT:* BEAUFORT COUNTY

MAR 31 1997

B. *TO BE COMPLETED BY SLED:* *DATE:* _____

*The above individual, using the criteria listed above, has no conviction data in the Criminal Records Section of the South Carolina Law Enforcement Division as of the above date.*

NO CONVICTION DATA
IN ACCORDANCE WITH
SEARCH CRITERIA SUBMITTED
S. C. LAW ENFORCEMENT DIVISION

*The above individual has the following conviction data listed in the Criminal Records Section of the South Carolina Law Enforcement Division as of the above date.*

---

*NOTE: Part A is to be filled out by the school district and a form for each teacher is to be sent to SLED. SLED will conduct the record check, fill out Part B and return it to the school district.*

An Accredited Law Enforcement Agency
P.O. Box 21398 / Columbia, South Carolina 29221-1398 / (803) 737-9000 / Fax (803) 896-7041

DAVID M. BENDER

ROBERT M. STEWART

# BEAUFORT COUNTY SCHOOL DISTRICT
# EMPLOYMENT ACTION FORM

Employee # [redacted]

New Hire [X] Resigned [ ] Retired [ ] Terminated [ ] Change [ ]

## SCHOOL/DEPARTMENT

Name: GOODWINE, CONSTANCE (Last) (First) (Middle) SS# [redacted]

Address: _____ Phone # _____

Race: _____ Date of Birth: _____ School: _____

Position: SUBSTITUTE TEACHER Fund Sources:

Status: Perm. [ ] Temp. [X] Other [ ]

Replacement for: _____

First Day of Work: _____

Last Day of Work: _____

General [ ]
EIA [ ]
Title I [ ]
Special Revenue [ ]
Food Service [ ]
Special Ed. [ ]

Otis C. Smith Jr. 3-25-97
Administrator's Signature Date

## HUMAN RESOURCES

Annual Salary _____ Category _____ Department _____

Hours Per Day _____ Hourly Rate _____

Daily Rate $42.00 Days per year _____

Change From:

Certificate: Class _____ Yrs. Exp. _____ Class _____ Yrs. Exp. _____

Otis C. Smith, Jr. 3-25-97
Administrator's Signature Date

Comments: _____

ACCOUNT NUMBER: _____

## TRANSFER OF PERSONNEL AND/OR FUNDING SOURCE:

**TRANSFER FROM:**

Grade/Subject: _____
Funding Source: _____
School: _____
Effective Date: _____

**TRANSFER TO:**

Grade/Subject: _____
Funding Source: _____
School: _____

_____
Administrator's Signature

White - Personnel [ ] Yellow - Payroll [ ] Pink - Benefits [ ] Gold - School/Department [ ]

BEAUFORT COUNTY SCHOOL DISTRICT
SUBSTITUTE PROFILE SHEET

DATE: 03/21/97

NAME Ms. Constance R. Goodwine

SOCIAL SECURITY# [redacted]

ADDRESS [redacted]

STATE [redacted] ZIP [redacted] PHONE # [redacted]

WILL YOU WORK AT ALL SITES? YES _____ NO ✓

## IF NO, PLEASE MARK THE SITES WHERE YOU WILL WORK:

| | | | |
|---|---|---|---|
| ✓ | BATTERY CREEK HIGH | | HILTON HEAD HIGH |
| | BEAUFORT HIGH | | |
| ✓ | LADY'S ISLAND MIDDLE | | H.E. MCCRACKEN MIDDLE |
| ✓ | ROBERT SMALLS MIDDLE | | |
| ✓ | BEAUFORT ELEMENTARY | | DAUFUSKIE ELEMENTARY (Daufuskie Island) |
| ✓ | BROAD RIVER ELEMENTARY | | |
| | LADY'S ISLAND ELEMENTARY | | HILTON HEAD ELEMENTARY |
| | J.H. SHANKLIN ELEMENTARY | | HILTON HEAD PRIMARY |
| | JAMES J. DAVIS ELEMENTARY | | M.C. RILEY ELEMENTARY |
| | MOSSY OAKS ELEMENTARY | | |
| | PORT ROYAL ELEMENTARY | | |
| ✓ | SHELL POINT ELEMENTARY | | |
| ✓ | ST. HELENA ELEMENTARY | | |

ARE YOU CERTIFIED AS A TEACHER? no

IF SO, WHAT AREA(S)? _____

DO YOU HAVE A DEGREE? no IF SO, IN WHAT? _____

OVER PLEASE ⟶

LISTED BELOW ARE THE AREAS FOR WHICH WE NEED SUBSTITUTES. PLEASE CHECK YOUR PREFERENCES OR WHERE YOU ARE QUALIFIED.

_____ ART/DRAMA
_____ DANCE
__✓__ ELEMENTARY 1-5
_____ FOREIGN LANGUAGE
_____ HOME ECONOMICS
__✓__ KINDERGARTEN (PRE-K)
_____ MEDIA
_____ MUSIC/CHORUS
_____ PHYSICAL ED/HEALTH
_____ RESOURCE
__✓__ SOCIAL STUDIES
_____ STRINGS

_____ BUSINESS
_____ DRIVERS EDUCATION
__✓__ ENGLISH/READING
_____ GIFTED & TALANTED
_____ INDUSTRIAL ARTS
_____ MATH LAB
__✓__ MIDDLE 6-8
_____ OFFICE/BUSINESS ED
_____ READING LAB
__✓__ SCIENCE
_____ SPEECH THERAPIST
_____ VOCATIONAL EDUCATION

SPECIAL SERVICES:

_____ EMOTIONALLY HANDICAPPED
_____ LEARNING DISABLED
_____ SPECIAL SERVICES
_____ VISUAL HANDICAPPED

_____ HEARING HANDICAPPED
_____ ORTHOPEDICALLY HANDICAPPED
_____ TRAINABLE MENT. HAND.

BEAUFORT COUNTY SCHOOL DISTRICT
Post Office Drawer 309
Beaufort, South Carolina 29901-0309
(843) 525-4200
FAX (843) 525-4324
1-800-763-1875

# MEMORANDUM

TO: SUBSTITUTE TEACHERS/AIDES/NURSES

FROM: VELDA VAUGHN, PERSONNEL DEPARTMENT

DATE: JUNE 24, 1998

SUBJECT: APPROV[illegible]STITUTE LIST-UPDATE

---

Please check the appr[illegible]o to the Personnel Department by July [illegible]

Constance Goodwine last day subd 5/23/97

✓ Please keep n[illegible]st for the 1998-99 school year. [illegible]ur name on the list, please fi[illegible]oyment Form and return it [illegible]h this memo.

reactivated 3-16-98 College Student

_____ REMOVE M[illegible]E LIST.

_____ _____
(Please Print Your Name) (Date)

If your address/phone number has changed, please print the new information:

_____

_____

Attachment

Beaufort County Schools
P. O. Drawer 309
Beaufort, SC 29901-0309
(843)525-4200
FAX (843)525-4324
1-800-763-1875

# DECLARATION OF EMPLOYMENT FORM

NAME OF SUBSTITUTE: Constance R. Goodwine
(Please Print Name)

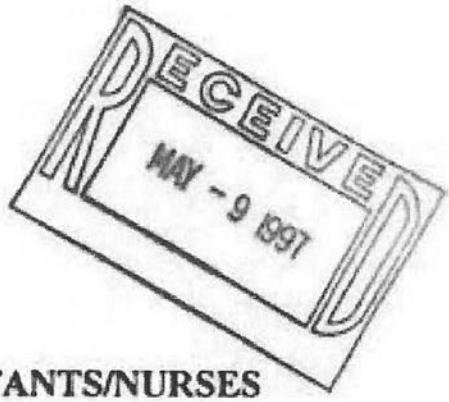
SUBJECT: DECLARATION OF EMPLOYMENT

I understand that being employed as a substitute for the Beaufort County School District, my employment will be limited to part time and on an "as needed" basis.

Constance R. Goodwine
(Substitute's Signature)

6/24/98
(Date)

**BEAUFORT COUNTY SCHOOL DISTRICT**
Post Office Drawer 309
Beaufort, South Carolina 29901-0309
(803) 525-4200
FAX (803) 525-4324
1-800-763-1875




# MEMORANDUM

**TO: SUBSTITUTE TEACHERS/CLERKS/ASSISTANTS/NURSES**

**FROM: VELDA VAUGHN, PERSONNEL DEPARTMENT**

**DATE: MAY 8, 1997**

**SUBJECT: APPROVED SUBSTITUTE LIST**

---

This memorandum will serve as our notice to you of keeping your name on our approved substitute list for the 1997-98 school year.

Please check the appropriate line below and return this form to the Personnel Department by June 13, 1997.

✓ I wish to remain on your approved substitute list for the FSY 1997-98.

____ Please take my name off of your substitute list.

CONSTANCE GOODWINE
(please print your name)

5-8-97
(date)

Please write your address, phone number or any other changes to your personnel file. no changes

PID: 10240

Application Date: 05/07/09 at 10:20 AM

# Beaufort County School District

P. O. Drawer 309
1300 King Street
843.322.2300
www.beaufort.k12.sc.us

## Administrative Application

### CONTACT INFORMATION

Social Security Number: [redacted]

Last Name: **Goodwine-Lewis** First Name: **Constance** Middle Initial: **R**

Former Last Name(s): **Goodwine**

Present Address: [redacted]

City: [redacted] State: **SC** Country: **USA** Zip Code: [redacted]

Home Phone: [redacted] School/Business Phone: **(843)322-8405** Cell Phone: [redacted]

E-Mail Address: **constance.goodwine-lewis@beaufort.k12.sc.us**

Permanent Address (if different than present address):

City: State: Country: Zip Code:

Permanent Phone:

Alternate / Emergency Contact:

Name: [redacted] Address: [redacted] Phone: [redacted]

How did you first learn about the Beaufort County School District? **Other**

### ADDITIONAL INFORMATION

Date available for employment: **02/11/2008**

**No**

If presently employed, why do you wish to change jobs? **I would like the opportunity to serve as a principal.**

Are you currently under contract in a certified position with another school district in South Carolina? **No**
If Yes, please state school/department, type of contract, and state if you can be released from your contract:

Have you ever been employed by the Beaufort County School District? **Yes**
If Yes, state position(s) and date(s): **June 2007-present- Assistant Principal Broad River Elementary July 2005-June 2007- Assistant Principal Hilton Head Island School for the Creative Arts October 203-June 2005- ESOL Teacher Coosa Elementary August 2001-October 2003- Third Grade Teacher St. Helena Elementary School June 2000- June 2001- Third Grade Teacher Joseph Shanklin Elementary School**

Are you legally authorized to work in the United States on a full-time basis? *(If employed, you will be required to complete an Employment Eligibility Verification Form (Form I-9) and produce documentation of your identity and authorization to work.)*
**Yes**

Can you perform the essential functions of the position? **Yes**
If no, what reasonable accommodations would be required to enable you to perform the job related responsibilities?

Do you have any relatives employed by the Beaufort County School District? **No**

If yes, please provide name(s) and work location(s):

### EMPLOYMENT PREFERENCE(S)

Administrative positions for which you have already applied in the last 30 days:

Administrative positions you are adding:

**00001173 - ELEMENTARY PRINCIPAL- BRES - Broad River Elementary**

### EDUCATION

Total number of Graduate Hours:

| Date From | Degree | Degree Date | College / University | Major | Minor |
|---|---|---|---|---|---|
| 08/2004 | Masters | 05/2006 | CHARLESTON SOUTHERN UNIVERSITY | EDUCATIONAL LEADERSHIP | |
| 05/1999 | Masters | 05/2000 | CLEMSON UNIVERSITY | SPECIAL EDUCATION | |
| 08/1994 | Bachelor | 05/1999 | CLEMSON UNIVERSITY | ELEMENTARY EDUCATION | |

## CERTIFICATION / LICENSURE

List any other last name used on an official document, i.e., last name in teaching certificate:

| Grade Level | Certification / Endorsement | Certification Type / Number | Issue Date | Expiration Date | State |
|---|---|---|---|---|---|
| Masters +30 | ELEMENTARY PRINCIPAL | Professional [redacted] | 07/01/2006 | 06/30/2009 | SC |
| Masters +30 | ELEMENTARY | Professional / [redacted] | 07/01/2006 | 06/30/2009 | SC |
| Masters +30 | ELEMENTARY SUPERVISOR | Professional / [redacted] | 07/01/2006 | 06/30/2009 | SC |

## WORK EXPERIENCE

Do you have ANY Teaching / Supervisory / Administrative work experience? **Yes**

**Teaching / Supervisory / Administrative Experience**

Date From - To: **06/2007 - 05/2009** Name of School & District: **Beaufort County** State: **SC**
Grade / Subjects / Title: **Assistant Principal** Supervisor Name: **Gail Wages**
Email: Phone Number: [redacted]
Accredited: **Yes**
Reason for Leaving: **still employed**

Date From - To: **06/2005 - 06/2007** Name of School & District: **Beaufort County** State: **SC**
Grade / Subjects / Title: **Assistant Principal** Supervisor Name: **Gretchen Keefner**
Email: Phone Number: [redacted]
Accredited: **Yes**
Reason for Leaving: **transferred to be closer to home**

Date From - To: **10/2003 - 06/2005** Name of School & District: **Beaufort County** State: **SC**
Grade / Subjects / Title: **ESOL Teacher** Supervisor Name: **Cindy Keener**
Email: Phone Number: [redacted]
Accredited: **Yes**
Reason for Leaving: **Accepted position as assistant principal**

Date From - To: **08/2000 - 10/2003** Name of School & District: **Beaufort County** State: **SC**
Grade / Subjects / Title: **Third Grade Teacher** Supervisor Name: **LaVerne Davis**
Email: Phone Number: [redacted]
Accredited: **Yes**
Reason for Leaving: **Accepted position as ESOL teacher**

Total Years Administrative Experience: **4**
Total Years Teaching Experience: **5**

Do you have ANY General work experience? **No**

**Non-Teaching Experience**

## PROFESSIONAL REFERENCES

Name: **Beverly Jenkins** Title: **Art Teacher**
School / University / Company: **HHI School for the Creative Ar**
Address:
Work Phone: [redacted] Home Phone:

Mobile Phone:
E-Mail Address: **beverly.jenkins@beaufort.k12.sc.us**

Name: **Gail Wages** Title: **Principal**
School / University / Company: **Broad River Elementary**
Address:
Work Phone: [redacted]
Home Phone:
Mobile Phone:
E-Mail Address: **gail.wages@beaufort.k12.sc.us**

Name: **Connie Long** Title: **Assistant Superintendent**
School / University / Company: **Kershaw County Schools**
Address:
Work Phone: [redacted]
Home Phone:
Mobile Phone:
E-Mail Address: **longc@kcsd.k12.sc.us**

Name: **Randy Wall** Title: **Academic Instructional Officer**
School / University / Company: **Beaufort County**
Address:
Work Phone: [redacted]
Home Phone:
Mobile Phone:
E-Mail Address: **randy.wall@beaufort.k12.sc.us**

## ADMINISTRATIVE EXPERIENCE / HONORS

DESCRIBE IN DETAIL THE NATURE AND LENGTH OF ANY EXPERIENCE OR TRAINING IN YOUR PROFESSIONAL DEVELOPMENT WHICH WOULD EXEMPLIFY YOUR QUALIFICATIONS FOR SERVICE IN THE Beaufort County School District, (i.e., business, industrial or military training courses, seminars, professional certifications, or licenses).
**2007-present- Developing Aspirning Principals Program: This program is offered through the SC Department of Education. 2007-present- Developed Project W.E. C.A.R.E.: This is an initiative for at-risk African-American males. 2006-2007- Boys and Girls Club of Hilton Head Island Board Member 2005-2007- Developed and advised the first student council at Hilton Head School for the Creative Arts 2005-2007- Initiated, facilitated the planning, and supervised the school-wide discipline plan at Hilton Head Island School for the Creative Arts 2005-present- Facilitator for Schools that Learn: This program is a Beaufort County School District initiative. 2004/2006- Presenter for Beaufort County School District's New Teacher Orientation: Presented on the cultural diversity of the district 2004- Member of the Instructional Capacity Development Team: The focus of this team was to address the issues of teacher recruitment and teacher retention. 2004- Member of the ESOL Curriculum Planning Team: The purpose of this team was to review and revise the distict's ESOL curriculum.**

LIST PROFESSIONAL MEMBERSHIPS (INCLUDING OFFICES HELD), HONORS RECEIVED, PUBLICATIONS, CIVIC AND COMMUNITY ACTIVITIES.
**Empire's Who's Who Among Professional Women ASCD(Association for Supervision Curriculum and Development) NAESP(National Association for Elementary School Principals) Chums, Inc. Boys and Girls Club Board Memeber 2006-2007**

## AGREEMENT

I declare that all statements contained in this application are true and that any misrepresentation or omission is cause for rejection of my application to be employed or volunteer.

In connection with my application for employment, my continued employment, or in connection with my desire to engage in volunteer activities, I have been advised and I hereby consent and authorize Beaufort County School District and its agent, at any time during or subsequent to my application process, to conduct an investigative consumer report that may include, but are not limited to, a criminal record check, employment and education verifications, personal references; personal interviews; my personal credit history; and driving record. I do hereby consent to Beaufort County School District's use of any information provided on this form or during the application process in performing the investigative consumer report. Beaufort County School District has informed me that I have the right to review and challenge any negative information that would adversely impact a decision to offer employment. I agree to release, indemnify and hold harmless Beaufort County School District and any reporting agency used with regard to any information reported by the reporting agency. According to the Fair Credit Reporting Act, I am entitled to know if employment or the opportunity to volunteer is denied because of information obtained from a consumer reporting agency. If so, I will be notified and given the name, address, and phone number of the agency which provided the information. In addition, I have been informed that I will have a reasonable opportunity to clear up any mistaken information reported within a reasonable time frame established within the sole discretion of Beaufort County School District. Under the Fair Credit Reporting Act, I have been advised that upon request I will be provided the name, address and telephone number of the reporting agency as well as the nature, substance and source of all information. I acknowledge that facsimile, copy or email shall be as valid as the original.

I hereby authorize Beaufort County Schools to conduct a personal and professional background check for the purposes of my application of employment/volunteering at Beaufort County Schools. Beaufort County Schools may contact any references, past and current employers, church, youth organizations, agencies where volunteer service has been completed, and any individual or organization which might be relevant to my desired position. I hereby release all of the above stated persons from any and all liability for damages that might occur during the Beaufort County Schools contact with the individuals for purposes of employment or volunteer services.

I understand that confidential information about a student may be shared with me. I further understand that any information about a student is not to be discussed with anyone other than teacher or other staff members responsible for the education of the student.

I also hereby give complete permission for Beaufort County Schools to conduct a criminal background check, arrest records check, abuse registry check, and driving record check for the purposes of volunteering.

I waive any right that I may have to inspect any information provided about me by the persons previously mentioned. I have also read and understood the above stated information within this release and am signing below of my own free will.

I understand that a criminal background check will be conducted prior to and during my service. I authorize investigations of all statements contained in the volunteer application.

I agree to observe all of Beaufort County School's guidelines and policies.

I ACKNOWLEDGE AND UNDERSTAND THAT BEAUFORT COUNTY SCHOOL DISTRICT HAS POLICIES AND PROCEDURES IN PLACE COMMUNICATING A "ZERO TOLERANCE FOR ABUSE AND/OR MISTREATMENT" TOWARDS STUDENTS, EMPLOYEES AND ALL PATRONS OF THE SCHOOL DISTRICT. I FURTHER UNDERSTAND THAT INTERACTIONS WITH STUDENTS ARE CLOSELY MONITORED AT ALL TIMES AND THAT THE DISTRICT WILL RESPOND IMMEDIATELY TO ALL ALLEGATIONS OF ABUSE AND/OR MISTREATMENT.

I declare that I have not perpetrated physical abuse, sexual abuse, emotional abuse, or neglect against a minor or a vulnerable adult and that I have never been accused of these acts.

I understand that I can withdraw from the volunteer application process at any time.

I understand and agree that false statements and/or omissions regarding past conduct and/or present situation may be grounds for denial to volunteer and that refusal to inform Beaufort County Schools of the contents of a sealed criminal record will result in the automatic denial of my volunteer application.

Type "YES" if you agree to the above: **yes**

*The Beaufort County School District is an equal opportunity employer.*

*CONSTANCE GOODWINE-LEWIS, M.ED* [redacted]
constance.goodwine-lewis@beaufort.k12.sc.us

Becky Randazzo
Supervisor of Recruitment/Retention
Beaufort County School District
1300 King Street
Beaufort, SC 29902

Dear Mrs. Randazzo:

It is with great excitement and anticipation that I submit this letter of interest to apply and interview for the position of principal.

I am currently the assistant principal at Broad River Elementary School and believe that my leadership abilities, instructional experiences, and understanding of various curriculum frameworks such as International Baccalaureate and arts-integrated curriculum would make me a valuable asset as an elementary school principal.

As a Beaufort County native and product of Beaufort County Schools, I have witnessed the extreme change in our community over the years. I possess an understanding of the need to respect the culture of our town as well as the need to implement changes that will empower us to move to the next level of excellence.

Each position that I have served in over the past seven years has provided me with the tools to inspire motivation, cultural awareness, and instructional leadership among teachers. My experiences have also taught me to encourage good character, self-advocacy, goal setting, and the desire to achieve in students.

When provided with the opportunity to serve as principal of a Beaufort County school, please be assured that I, along with my staff and students, will be a part of creating and implementing new, positive and innovative ideas that will move our school district toward reaching the ultimate goal of success for every child.

Thank you for your consideration. I look forward to meeting with you.

Respectfully,

Constance Goodwine-Lewis, M.Ed

*CONSTANCE R. GOODWINE-LEWIS, M.ED* [redacted]
constance.goodwine-lewis@beaufort.k12.sc.us

## *Professional Experience*

Broad River Elementary School
474 Broad River Blvd.
Beaufort, SC
Assistant Principal (June 2007-present)

Hilton Head Island School for the Creative Arts
10 Wilborn Road
Hilton Head Island, SC
Assistant Principal (July 2005-June 2007)

Coosa Elementary
45 Middle Road
Lady's Island, SC
Teacher, English for Speakers of Other Languages (October 2003- June 2005)

St. Helena Elementary School
861 Sea Island Parkway
St. Helena Island, SC
Teacher, Third Grade (August 2001-October 2003)

Shanklin Elementary School
121 Morrall Dr.
Beaufort, SC
Teacher, Third (June 2000- June 2001)

## *Education*

| | |
|---|---|
| May 2006 – | Masters of Education in Elementary Supervision<br>Charleston Southern University, Charleston, SC |
| May 2000- | Masters of Education in Special Education with an emphasis in Mathematics Inclusion<br>Clemson University, Clemson, SC |
| May 1999- | Bachelor of Arts in Elementary Education<br>Clemson University, Clemson, SC |

## *Leadership Development*

| | |
|---|---|
| 2007-2008 | Developing Aspiring Principal's Program Participant<br>(SC Department of Education) |
| Present | Developed Project W.E. C.A.R.E.<br>An Initiative for at-risk African-American males<br>Broad River Elementary School |
| 2006 | Boys and Girls Club Board Member<br>Hilton Head Island, SC |
| 2005-2007 | Developed and advised the first Student Council<br>Hilton Head Island School for the Creative Arts |
| 2005-2007 | Initiated and Facilitated Planning of School-wide Discipline Plan<br>Hilton Head Island School for the Creative Arts |
| 2005-Present | Facilitator for Schools That Learn<br>(District Initiative) |
| 2004/2006 | Cultural Diversity Presenter for New Teacher Orientation<br>(District Initiative) |
| 2004 | ESOL Lead Teacher for the Instructional Capacity<br>Development Team (District Initiative) |
| 2004 | Lead Teacher for the ESOL Curriculum Planning Team<br>(District Initiative) |

## Organizations

Empire's Who's Who Among Professional Women
ASCD (Association for Supervision Curriculum and Development)
NAESP (National Association for Elementary School Principals)
CHUMS, Inc

**Letters of Reference Available Upon Request**

BEAUFORT COUNTY SCHOOL DISTRICT
INNOVATION TOWARD EXCELLENCE

**BEAUFORT COUNTY SCHOOL DISTRICT**
Post Office Drawer 309
1300 King Street
Beaufort, South Carolina 29901-0309
(843) 525-4200
FAX (843) 525-4324
1-800-763-1875

**PERSONNEL USE ONLY**
Received:

# APPLICATION FOR EMPLOYMENT

POSITION(S) APPLIED FOR Elementary Teacher

NOTE: ALL INFORMATION REQUESTED ON THE APPLICATION MUST BE COMPLETE. References to other documents such as resumes will not be accepted in place of completing any portion of this application. This application will remain active for a period of twelve (12) months from date submitted.

[redacted] — SOCIAL SECURITY NUMBER

03 /20 /00 — DATE OF APPLICATION

05 /13 /00 — DATE AVAILABLE

NAME Goodwine (Last) Constance (First) Regenia (Middle) (Other)

PRESENT ADDRESS [redacted] (Street)
[redacted] (City) (State) (Zip)

HOME PHONE [redacted]

BUS. PHONE ( )

PERMANENT ADDRESS [redacted] (Street)
[redacted] (City) (State) (Zip)

EMER. PHONE [redacted]

Former Beaufort County School District employee? ☑ Yes ☐ No If "yes" when? _____

| High School and Location | Date of Attendance | Last Grade Completed | Graduation Date |
|---|---|---|---|
| Battery Creek High School Burton, SC | 8/90 – 6/94 | 12 | 6/94 |

| COLLEGE/UNIVERSITY AND LOCATION | DATES ATTENDED From | To | MAJOR | MINOR | DEGREE | DATE |
|---|---|---|---|---|---|---|
| Clemson University Clemson, SC | 8/94 | 5/99 | Elm. Ed | NA | BA | 5/7/99 |
| Clemson University Clemson, SC | 5/99 | Present | SpEd | NA | MEd | 5/12/00 |
| | | | | | | |

**An Equal Opportunity Employer**
**This District does not discriminate on the basis of age, race, religion, sex, marital status, disability or national origin.**

## PERSONAL DATA

Have you ever been dismissed from a position? *(Please check)* Yes ☐ No ☑

If yes, explain _____

Have you ever been asked to resign from a position ? *(Please check)* Yes ☐ No ☑

If yes, explain _____

Have you ever resigned rather than face disciplinary action and/or nonrenewal by an employer and/or disciplinary action against a license/certificate? *(Please check)* ☐ Yes ☑ No

If yes, explain _____

## REFERENCES

It is the **APPLICANT'S RESPONSIBILITY** to have the following information provided to the Beaufort County School District prior to being considered for employment: (1) A placement file which includes reference comments from principals and/or superintendent from all contracted educational experience, all student teaching experience reference(s) included with comments from Supervising Teacher and/or Principals; or (2) The names from at least three reference sources must be provided (if a placement file is not available).

| Name of Reference | Position/Relationship | Mailing Address | Phone Number |
|---|---|---|---|
| 1. Lynn Firsel | Advisor | 418-E Tillman Hall Clemson, SC | [redacted] |
| 2. Martha J. Hodge | Instructor | 418-G Tillman Hall Clemson, SC | [redacted] |
| 3. Donna Poston | Supervising Teacher | 1533 Enterprise Lane Seneca, SC | [redacted] |

Do you have a relative who is either a member of the Beaufort County Board of Education or who is employed in any capacity in the Beaufort County School District ? Yes ☐ No ☑

If " Yes," please give the following information:

| Name of Relative | Relationship | Position Held |
|---|---|---|
| | | |
| | | |

This district is required by South Carolina Law (S-59-26-90 Code of Laws, South Carolina, 1976, as amended) to obtain criminal history record information on applicants for employment.

Have you ever been convicted of a felony, misdemeanor, or a crime involving moral turpitude (including but limited to: theft, attempted theft, rape, murder, swindling, and indecency with a minor) and/or received probation or deferred adjudication?

Yes ☐ No ☑ If Yes, please explain. (If more space is needed, attach additional sheet.): _____

*(Conviction of a felony is not an automatic bar to employment. The district will consider the nature, date, and relationship between the offense and the position for which you are applying.)*

**Note:** Resume is not sufficient

**EMPLOYMENT EXPERIENCE:** List all employment (except U.S. Armed Forces) in chronological order, with present employment first. ANY VOIDS IN THE CHRONOLOGICAL ORDER MUST BE EXPLAINED ON A SEPARATE ATTACHMENT. Substitute teaching and/or part-time teaching should be clearly labeled under "Position Held." (Use additional paper if necessary.)

STAFF USE ONLY Yr. ___ Mo. ___

**PRESENT EMPLOYMENT** - Dates from: 5/__/99 to: present

Name and Address of Employer: Clemson University, Clemson, SC

Position Held: Graduate Asst. Duties clerical

Name of Supervisor/Principal: Lynn Finsel Telephone Number: [redacted]

Salary or Hourly Wage: $7,000.00 Reason for Leaving: presently employed

Did you receive any disciplinary action? ✓ No ___ Yes If yes, explain: ___

STAFF USE ONLY Yr. ___ Mo. ___

**NEXT MOST RECENT EMPLOYMENT** - Dates from: 6/__/98 to: 8/__/98

Name and Address of Employer: Beaufort County Recreation, Bft., SC

Position Held: Camp Counselor Duties lead activities & monitor children

Name of Supervisor/Principal: Alva Gadson Telephone Number: [redacted]

Salary or Hourly Wage: $6.50 hr. Reason for Leaving: program ended

Did you receive any disciplinary action? ✓ No ___ Yes If yes, explain: ___

STAFF USE ONLY Yr. ___ Mo. ___

**NEXT MOST RECENT EMPLOYMENT** - Dates from: 3/__/96 to: 3/__/98

Name and Address of Employer: Beaufort County School District

Position Held: Substitute Duties teach & monitor students

Name of Supervisor/Principal: ___ Telephone Number: [redacted]

Salary or Hourly Wage: $48.00 per day Reason for Leaving: went back to school

Did you receive any disciplinary action? ✓ No ___ Yes If yes, explain: ___

STAFF USE ONLY Yr. ___ Mo. ___

**NEXT MOST RECENT EMPLOYMENT** - Dates from: ___/___/___ to: ___/___/___

Name and Address of Employer: ___

Position Held: ___ Duties ___

Name of Supervisor/Principal: ___ Telephone Number: ( ) ___

Salary or Hourly Wage: ___ Reason for Leaving: ___

Did you receive any disciplinary action? ___ No ___ Yes If yes, explain: ___

**MILITARY EXPERIENCE:** (Copy of DD214 must be submitted for verification)

Active Duty Dates from: ___/___/___ to: ___/___/___ Branch of Service: ___

Position/Duties: ___

Signature ___

(To Be Completed By Teaching And Administrative Applicants)

**CERTIFICATION**

**List teaching certificates you hold or have previously held (submit copy):**

| State | Certificate Type | Date Issued | Date Expired | Field(s) |
|---|---|---|---|---|
| 1. SC | Professional | 7/16/99 | 7/01/04 | Elm. Ed |
| 2. | | | | |

Have you previously held a one-year certificate in S.C.? Yes ☐ No ☑ Explain.

Have you previously taught in South Carolina on a teaching permit? Yes ☑ No ☐ Explain.

Years of experience in state? 0

Years of experience out-of-state 0

Hightest degree BA ; MEd to be granted May 12, 2000

*Recent graduates without teaching certificate: Include a letter of certification status from the college certification office.

Have you taken the National Teacher's Examination? (If yes, please submit a copy of results)

☑ Yes ☐ No

Area Elm. Education Score _____ Professional Knowledge Score _____

NTE Scores: ☐ Enclosed ☑ On File with the S.C. State Department of Education

*(To Be Completed By Teaching And Administrative Applicants)*

**STUDENT TEACHING EXPERIENCE**

| School | Telephone Number | Location | Grade or Subject Taught | Semester Hour |
|---|---|---|---|---|
| 1. Ravenel Elm. | [redacted] | Seneca, SC | 1st / SpEd 4/5th | NA / 3 |
| 2. Kellet Elm. | [redacted] | Seneca, SC. | 4th | 12 |
| 3. | | | | |

Constance R. Hoyt
Applicant't Signature

3/20/00
Date

## SUPPORTING STATEMENTS

**If in your class you have a group of low achievers, what strategies or activities would you utilize to motivate them and maintain their interest?**

In my past and present experiences, I have found that the best way to motivate and maintain the interest of low-achieving students is to not allow them to feel like low achievers. Praise them for their accomplishments and create situations that allow them to be successful. Using instructional strategies that allow them to participate in whole class instruction and receive benefit. An example of this type of instruction is a combination of hands-on and direct instruction. I have successfully utilized this instructional method, and it is research based.

**Describe your approach to classroom management.**

The key to classroom management is to establish community. Children need to be aware of classroom and school behavioral and academic expectations. Once the expectations are introduced, they must be enforced in order to provide structure. A lack of structure and inconsistency in expectations are usually at the core of insufficient classroom management. Children must also be made aware that they are responsible for their behavior and any consequences as a result of misbehavior is their fault. The idea that "I am responsible for me and my actions control my consequences" are principles that can be generalized to situations outside of school.

*(To Be Completed By Teaching Applicants)*

**In the spaces provided, please provide answers to the three questions that follow. Your responses are to be handwritten.**

**1. Write a paragraph outlining noteworthy experiences you have had, or interesting activities in which you have been engaged, within the last three years.**

I am presently participating in a federal funded grant that was written by Clemson University professors. Upon completing this program, I will obtain a Master's degree in Special Education with Mathematic inclusion. Through participation in this grant I have been taught where to locate and how to impliment multiple instructional strategies, academic and behavioral interventions, as well as how to properly administer formal and informal assessments. As a component of this program, I am interning in a 1st grade general education program where I am primarily responsible for math instruction. In addition to this placement I am doing a practicum in a special education classroom where I have had the opportunity to shadow two of the students an hour a day in their general education math class. I provide additional instruction for them outside of the class as an intervention to increase their classroom performance. I have also had the privlege to present at the SCCEC convention this year.

My undergraduate program was elementary education. Through this program I also learned several instructional strategies and methods of evaluating curriculm and textbooks. I also attended several professional conventions.

The combination of these experiences has better prepared me for the diverse population of today's public schools.

**Beaufort County School District**
Post Office Drawer 309
Beaufort, South Carolina 29901-0309
(803) 525-4200
Fax (803) 525-4324
1-800-763-1875

RECEIVED
APR 10 2000

4-4-2000
(Date)

(Name and Address of Reference)

_____

_____

_____

Dear_____:

I have submitted an application for a position as_____ with Beaufort County Schools. Since I cannot be considered for employment until my references are on file, may I request that you complete the reference form on the reverse side. Please mail the completed form to Beaufort County Schools at the address listed below.

Personnel Department
Beaufort County Schools
P. O. Drawer 309
Beaufort, SC 29901

Sincerely,

Constance Goodwine
(Applicant's Signature)

_____
Social Security No.

_____
(Print Applicant's Name)

_____
Street#

_____
City State Zip

**Beaufort County School District**
Post Office Drawer 309
Beaufort, South Carolina 29901-0309
(803) 525-4200
Fax (803) 525-4324
1-800-763-1875

March 27, 2000
(Date)




(Name and Address of Reference)

Dr. Martha J. Hodge

Dear Dr. Hodge ;

I have submitted an application for a position as an elementary teacher with Beaufort County Schools. Since I cannot be considered for employment until my references are on file, may I request that you complete the reference form on the reverse side. Please mail the completed form to Beaufort County Schools at the address listed below.

Personnel Department
Beaufort County Schools
P. O. Drawer 309
Beaufort, SC 29901

Sincerely,

Constance R. Goodwine
(Applicant's Signature)

[redacted]
Social Security No.

Constance R. Goodwine
(Print Applicant's Name)

3043 Mink Point Blvd.
Street#

Beaufort SC 29902
City State Zip

**Beaufort County School District**
Post Office Drawer 309
Beaufort, South Carolina 29901-0309
(803) 525-4200
Fax (803) 525-4324
1-800-763-1875

March 27, 2000
(Date)




(Name and Address of Reference)

Dr. Lynne Firsel

Dear Dr. Firsel :

I have submitted an application for a position as an elementary teacher with Beaufort County Schools. Since I cannot be considered for employment until my references are on file, may I request that you complete the reference form on the reverse side. Please mail the completed form to Beaufort County Schools at the address listed below.

Personnel Department
Beaufort County Schools
P. O. Drawer 309
Beaufort, SC 29901

Sincerely,

Constance R. Goodwine
(Applicant's Signature)

[redacted]
Social Security No.

Constance R. Goodwine
(Print Applicant's Name)

3043 Mink Point Blvd.
Street#

Beaufort SC 29902
City State Zip

BEAUFORT COUNTY SCHOOL DISTRICT
Post Office Drawer 309
1300 King Street
Beaufort, South Carolina 29901-0309
(843) 525-4200
FAX (843) 525-4324
1-800-763-1875

PERSONNEL USE ONLY
Received:

# APPLICATION FOR EMPLOYMENT

POSITION(S) APPLIED FOR Elementary Teacher

NOTE: ALL INFORMATION REQUESTED ON THE APPLICATION MUST BE COMPLETE. References to other documents such as resumes will not be accepted in place of completing any portion of this application. This application will remain active for a period of twelve (12) months from date submitted.

[redacted] SOCIAL SECURITY NUMBER

03 /20 /00 DATE OF APPLICATION

05 /13 /00 DATE AVAILABLE

NAME Goodwine (Last) Constance (First) Regenia (Middle) (Other)

PRESENT ADDRESS [redacted] (Street, City, State, Zip)

HOME PHONE [redacted]

BUS. PHONE ( )

PERMANENT ADDRESS [redacted] (Street, City, State, Zip)

EMER. PHONE [redacted]

Former Beaufort County School District employee? ☑ Yes ☐ No If "yes" when? _____

| High School and Location | Date of Attendance | Last Grade Completed | Graduation Date |
|---|---|---|---|
| Battery Creek High School Burton, SC | 8/90 – 4/94 | 12 | 6/94 |

| COLLEGE/UNIVERSITY AND LOCATION | DATES ATTENDED From | To | MAJOR | MINOR | DEGREE | DATE |
|---|---|---|---|---|---|---|
| Clemson University Clemson, SC | 8/94 | 5/99 | Elm. Ed | NA | BA | 5/7/99 |
| Clemson University Clemson, SC | 5/99 | Present | SpEd | NA | MEd | 5/12/00 |
| | | | | | | |

An Equal Opportunity Employer
This District does not discriminate on the basis of age, race, religion, sex, marital status, disability or national origin.

## PERSONAL DATA

Have you ever been dismissed from a position? *(Please check)* Yes ☐ No ☑

If yes, explain _____

Have you ever been asked to resign from a position ? *(Please check)* Yes ☐ No ☑

If yes, explain _____

Have you ever resigned rather than face disciplinary action and/or nonrenewal by an employe. and/or disciplinary action against a license/certificate? *(Please check)* ☐ Yes ☑ No

If yes, explain _____

## REFERENCES

It is the **APPLICANT'S RESPONSIBILITY** to have the following information provided to the Beaufort County School District prior to being considered for employment: (1) A placement file which includes reference comments from principals and/or superintendent from all contracted educational experience, all student teaching experience reference(s) included with comments from Supervising Teacher and/or Principals; or (2) The names from at least three reference sources must be provided (if a placement file is not available).

| Name of Reference | Position/Relationship | Mailing Address | Phone Number |
|---|---|---|---|
| 1. Lynn Firsel | Advisor | 418-E Tillman Hall Clemson, SC | [redacted] |
| 2. Martha J. Hodge | Instructor | 418-G Tillman Hall Clemson, SC | |
| 3. Donna Poston | Supervising Teacher | 1533 Enterprise Lane Seneca, SC | |

Do you have a relative who is either a member of the Beaufort County Board of Education or who is employed in any capacity in the Beaufort County School District ? Yes ☐ No ☑

If " Yes," please give the following information:

| Name of Relative | Relationship | Position Held |
|---|---|---|
| | | |
| | | |

This district is required by South Carolina Law (S-59-26-90 Code of Laws, South Carolina, 1976, as amended) to obtain criminal history record information on applicants for employment.

Have you ever been convicted of a felony, misdemeanor, or a crime involving moral turpitude (including but limited to: theft, attempted theft, rape, murder, swindling, and indecency with a minor) and/or received probation or deferred adjudication?

Yes ☐ No ☑ If Yes, please explain. (If more space is needed, attach additional sheet.): _____

*(Conviction of a felony is not an automatic bar to employment. The district will consider the nature, date, and relationship between the offense and the position for which you are applying.)*

**Note:** Resume is not sufficient

**EMPLOYMENT EXPERIENCE:** List all employment (except U.S. Armed Forces) in chronological order, with present employment first. ANY VOIDS IN THE CHRONOLOGICAL ORDER MUST BE EXPLAINED ON A SEPARATE ATTACHMENT. Substitute teaching and/or part-time teaching should be clearly labeled under "Position Held." (Use additional paper if necessary.)

**PRESENT EMPLOYMENT** - Dates from: 5 / / 99 to: present

STAFF USE ONLY Yr. ___ Mo. ___

Name and Address of Employer: Clemson University, Clemson, SC

Position Held: Graduate Asst. Duties Clerical

Name of Supervisor/Principal: Lynn Fiesel Telephone Number: [redacted]

Salary or Hourly Wage: $7,000.00 Reason for Leaving: presently employed

Did you receive any disciplinary action? ✓ No ___ Yes If yes, explain: ___

**NEXT MOST RECENT EMPLOYMENT** - Dates from: 6 / / 98 to: 8 / / 98

STAFF USE ONLY Yr. ___ Mo. ___

Name and Address of Employer: Beaufort County Recreation, Bft., SC

Position Held: Camp Counselor Duties lead activities & monitor children

Name of Supervisor/Principal: Alva Gadson Telephone Number [redacted]

Salary or Hourly Wage: $6.50 hr. Reason for Leaving: program ended

Did you receive any disciplinary action? ✓ No ___ Yes If yes, explain: ___

**NEXT MOST RECENT EMPLOYMENT** - Dates from: 3 / / 96 to: 3 / / 98

STAFF USE ONLY Yr. ___ Mo. ___

Name and Address of Employer: Beaufort County School District

Position Held: Substitute Duties teach & monitor students

Name of Supervisor/Principal: ___ Telephone Number: [redacted]

Salary or Hourly Wage: $48.00 per day Reason for Leaving: went back to school

Did you receive any disciplinary action? ✓ No ___ Yes If yes, explain: ___

**NEXT MOST RECENT EMPLOYMENT** - Dates from: ___/___/___ to: ___/___/___

STAFF USE ONLY Yr. ___ Mo. ___

Name and Address of Employer: ___

Position Held: ___ Duties ___

Name of Supervisor/Principal: ___ Telephone Number: ( ) ___

Salary or Hourly Wage: ___ Reason for Leaving: ___

Did you receive any disciplinary action? ___ No ___ Yes If yes, explain: ___

**MILITARY EXPERIENCE:** (Copy of DD214 must be submitted for verification)

Active Duty Dates from: ___/___/___ to: ___/___/___ Branch of Service: ___

Position/Duties: ___

Signature ___

## SUPPORTING STATEMENTS

**If in your class you have a group of low achievers, what strategies or activities would you utilize to motivate them and maintain their interest?**

In my past and present experiences, I have found that the best way to motivate and maintain the interest of low-achieving students is to not allow them to feel like low achievers. Praise them for their accomplishments and create situations that allow them to be successful. Using instructional strategies that allow them to participate in whole class instruction and receive benefit. An example of this type of instruction is a combination of hands-on and direct instruction. I have successfully utilized this instructional method, and it is research based.

**Describe your approach to classroom management.**

The key to classroom management is to establish community. Children need to be aware of classroom and school behavioral and academic expectations. Once the expectations are introduced, they must be enforced in order to provide structure. A lack of structure and inconsistency in expectations are usually at the core of insufficient classroom management. Children must also be made aware that they are responsible for their behavior and any consequences as a result of misbehavior is their fault. The idea that "I am responsible for me and my actions control my consequences" are principles that can be generalized to situations outside of school.

(To Be Completed By Teaching And Administrative Applicants)

**CERTIFICATION**

**List teaching certificates you hold or have previously held (submit copy):**

| State | Certificate Type | Date Issued | Date Expired | Field(s) |
|---|---|---|---|---|
| 1. SC | Professional | 7/16/99 | 7/01/04 | Elm. Ed |
| 2. | | | | |

Have you previously held a one-year certificate in S.C.? Yes ☐ No ☑ Explain.

Have you previously taught in South Carolina on a teaching permit? Yes ☑ No ☐ Explain.

Years of experience in state? 0

Years of experience out-of-state 0

Hightest degree BA ; MEd to be granted May 12, 2000

*Recent graduates without teaching certificate: Include a letter of certification status from the college certification office.

Have you taken the National Teacher's Examination? (If yes, please submit a copy of results)

☑ Yes ☐ No

Area Elm. Education Score_____ Professional Knowledge Score_____

NTE Scores: ☐ Enclosed ☑ On File with the S.C. State Department of Education

*(To Be Completed By Teaching And Administrative Applicants)*

**STUDENT TEACHING EXPERIENCE**

| School | Telephone Number | Location | Grade or Subject Taught | Semester Hour |
|---|---|---|---|---|
| 1. Ravenel Elm. | [redacted] | Seneca, SC | 1st / Sped 4th/5th | NA / 3 |
| 2. Keiet Elm. | | Seneca, SC | 4th | 12 |
| 3. | | | | |

Constance R Hodge
Applicant's Signature

3/20/00
Date

*(To Be Completed By Teaching Applicants)*

**In the spaces provided, please provide answers to the three questions that follow. Your responses are to be handwritten.**

1. **Write a paragraph outlining noteworthy experiences you have had, or interesting activities in which you have been engaged, within the last three years.**

I am presently participating in a federal funded grant that was written by Clemson University professors. Upon completing this program, I will obtain a Master's degree in Special Education with Mathematic inclusion. Through participation in this grant I have been taught where to locate and how to impliment multiple instructional strategies, academic and behavioral interventions, as well as how to properly administer formal and informal assessments. As a component of this program, I am interning in a 1st grade general education program where I am primarily responsible for math instruction. In addition to this placement I am doing a practicum in a special education classroom where I have had the opportunity to shadow two of the students an hour a day in their general education math class. I provide additional instruction for them outside of the class as an intervention to increase their classroom performance. I have also had the privilege to present at the SCCEC convention this year.

My undergraduate program was elementary education. Through this program I also learned several instructional strategies and methods of evaluating curriculm and textbooks. I also attended several professional conventions.

The combination of these experiences has better prepared me for the diverse population of today's public schools.

**Beaufort County School District**
Post Office Drawer 309
Beaufort, South Carolina 29901-0309
(803) 525-4200
Fax (803) 525-4324
1-800-763-1875

RECEIVED
APR 10 2000

4-4-2000
(Date)

(Name and Address of Reference)

_____

_____

_____

Dear_____:

I have submitted an application for a position as_____ with Beaufort County Schools. Since I cannot be considered for employment until my references are on file, may I request that you complete the reference form on the reverse side. Please mail the completed form to Beaufort County Schools at the address listed below.

Personnel Department
Beaufort County Schools
P. O. Drawer 309
Beaufort, SC 29901

Sincerely,

Constance Goodwine
(Applicant's Signature)

_____
Social Security No.

_____
(Print Applicant's Name)

_____
Street#

_____
City State Zip

**Beaufort County School District**
Post Office Drawer 309
Beaufort, South Carolina 29901-0309
(803) 525-4200
Fax (803) 525-4324
1-800-763-1875

March 27, 2000
(Date)




(Name and Address of Reference)

Dr. Martha J. Hodge

Dear Dr. Hodge :

I have submitted an application for a position as an elementary teacher with Beaufort County Schools. Since I cannot be considered for employment until my references are on file, may I request that you complete the reference form on the reverse side. Please mail the completed form to Beaufort County Schools at the address listed below.

Personnel Department
Beaufort County Schools
P. O. Drawer 309
Beaufort, SC 29901

Sincerely,

Constance R. Goodwine
(Applicant's Signature)

[redacted]
Social Security No.

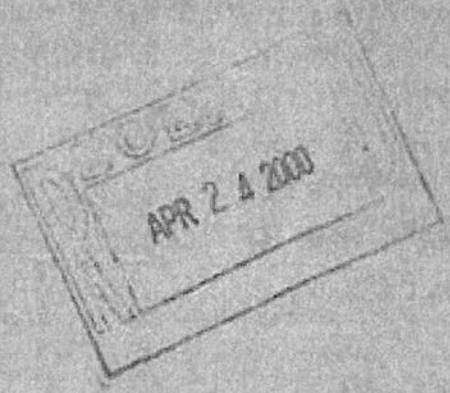
Constance R. Goodwine
(Print Applicant's Name)

3043 Mink Point Blvd.
Street#

Beaufort SC 29902
City State Zip

**Beaufort County School District**
Post Office Drawer 309
Beaufort, South Carolina 29901-0309
(803) 525-4300
Fax (803) 525-4324
1-800-763-1875

March 27, 2000
(Date)




(Name and Address of Reference)

Dr. Lynne Firsel

Dear Dr. Firsel:

I have submitted an application for a position as an elementary teacher with Beaufort County Schools. Since I cannot be considered for employment until my references are on file, may I request that you complete the reference form on the reverse side. Please mail the completed form to Beaufort County Schools at the address listed below.

Personnel Department
Beaufort County Schools
P. O. Drawer 309
Beaufort, SC 29901

Sincerely,

Constance R. Goodwin
(Applicant's Signature)

[redacted]
Social Security No.

Constance R. Goodwin
(Print Applicant's Name)

3043 Mink Point Blvd.
Street#

Beaufort SC 29902
City State Zip

BEAUFORT COUNTY SCHOOL DISTRICT
INNOVATION TOWARD EXCELLENCE

**BEAUFORT COUNTY SCHOOL DISTRICT**
Post Office Drawer 309
1300 King Street
Beaufort, South Carolina 29901-0309
(843) 525-4200
FAX (843) 525-4324
1-800-763-1875

**PERSONNEL USE ONLY**
Received:

# APPLICATION FOR EMPLOYMENT

POSITION(S) APPLIED FOR Elementary Teacher

NOTE: ALL INFORMATION REQUESTED ON THE APPLICATION MUST BE COMPLETE. References to other documents such as resumes will not be accepted in place of completing any portion of this application. This application will remain active for a period of twelve (12) months from date submitted.

[redacted] 03/20/00 05/13/00
SOCIAL SECURITY NUMBER | DATE OF APPLICATION | DATE AVAILABLE

NAME Goodwine (Last) Constance (First) Regenia (Middle) (Other)

PRESENT ADDRESS [redacted] (Street)
[redacted] (City State Zip)
HOME PHONE [redacted]
BUS. PHONE ( )

PERMANENT ADDRESS [redacted] (Street)
[redacted] (City State Zip)
EMER. PHONE [redacted]

Former Beaufort County School District employee? ☑ Yes ☐ No If "yes" when? _____

| High School and Location | Date of Attendance | Last Grade Completed | Graduation Date |
|---|---|---|---|
| Battery Creek High School Burton, SC | 8/90 – 6/94 | 12 | 6/94 |

| COLLEGE/UNIVERSITY AND LOCATION | DATES ATTENDED From | To | MAJOR | MINOR | DEGREE | DATE |
|---|---|---|---|---|---|---|
| Clemson University Clemson, SC | 8/94 | 5/99 | Elm. Ed | NA | BA | 5/7/99 |
| Clemson University Clemson, SC | 5/99 | Present | SpEd | NA | MEd | 5/12/00 |
| | | | | | | |

**An Equal Opportunity Employer**
**This District does not discriminate on the basis of age, race, religion, sex, marital status, disability or national origin.**

## PERSONAL DATA

Have you ever been dismissed from a position? *(Please check)* Yes ☐ No ☑

If yes, explain _____

Have you ever been asked to resign from a position ? *(Please check)* Yes ☐ No ☑

If yes, explain _____

Have you ever resigned rather than face disciplinary action and/or nonrenewal by an employer and/or disciplinary action against a license/certificate? *(Please check)* ☐ Yes ☑ No

If yes, explain _____

## REFERENCES

It is the **APPLICANT'S RESPONSIBILITY** to have the following information provided to the Beaufort County School District prior to being considered for employment: (1) A placement file which includes reference comments from principals and/or superintendent from all contracted educational experience, all student teaching experience reference(s) included with comments from Supervising Teacher and/or Principals; or (2) The names from at least three reference sources must be provided (if a placement file is not available).

| Name of Reference | Position/Relationship | Mailing Address | Phone Number |
|---|---|---|---|
| 1. Lynn Firsel | Advisor | 418-E Tillman Hall Clemson, SC | [redacted] |
| 2. Martha J. Hudge | Instructor | 418-G Tillman Hall Clemson, SC | |
| 3. Donna Poston | Supervising Teacher | 1533 Enterprise Lane Seneca, SC | |

Do you have a relative who is either a member of the Beaufort County Board of Education or who is employed in any capacity in the Beaufort County School District ? Yes ☐ No ☑

If " Yes," please give the following information:

| Name of Relative | Relationship | Position Held |
|---|---|---|
| | | |
| | | |

This district is required by South Carolina Law (S-59-26-90 Code of Laws, South Carolina, 1976, as amended) to obtain criminal history record information on applicants for employment.

Have you ever been convicted of a felony, misdemeanor, or a crime involving moral turpitude (including but limited to: theft, attempted theft, rape, murder, swindling, and indecency with a minor) and/or received probation or deferred adjudication?

Yes ☐ No ☑ If Yes, please explain. (If more space is needed, attach additional sheet.): _____

*(Conviction of a felony is not an automatic bar to employment. The district will consider the nature, date, and relationship between the offense and the position for which you are applying.)*

**Note:** Resume is not sufficient

**EMPLOYMENT EXPERIENCE:** List all employment (except U.S. Armed Forces) in chronological order, with present employment first. ANY VOIDS IN THE CHRONOLOGICAL ORDER MUST BE EXPLAINED ON A SEPARATE ATTACHMENT. Substitute teaching and/or part-time teaching should be clearly labeled under "Position Held." (Use additional paper if necessary.)

STAFF USE ONLY Yr.____ Mo.____

**PRESENT EMPLOYMENT** - Dates from: 5 / 99 to: present

Name and Address of Employer: Clemson University, Clemson, SC

Position Held: Graduate Asst. Duties clerical

Name of Supervisor/Principal: Lynn Firsel Telephone Number: [redacted]

Salary or Hourly Wage: $7,000.00 Reason for Leaving: presently employed

Did you receive any disciplinary action? ✓ No __ Yes If yes, explain:____

STAFF USE ONLY Yr.____ Mo.____

**NEXT MOST RECENT EMPLOYMENT** - Dates from: 6 / 98 to: 8 / 98

Name and Address of Employer: Beaufort County Recreation, Bft., SC

Position Held: Camp Counselor Duties lead activities & monitor children

Name of Supervisor/Principal: Alva Gadson Telephone Number: [redacted]

Salary or Hourly Wage: $6.50 hr. Reason for Leaving: program ended

Did you receive any disciplinary action? ✓ No ___ Yes If yes, explain:____

STAFF USE ONLY Yr.____ Mo.____

**NEXT MOST RECENT EMPLOYMENT** - Dates from: 3 / 96 to: 3 / 98

Name and Address of Employer: Beaufort County School District

Position Held: Substitute Duties teach & monitor students

Name of Supervisor/Principal: ____ Telephone Number: [redacted]

Salary or Hourly Wage: $48.00 per day Reason for Leaving: went back to school

Did you receive any disciplinary action? ✓ No ___ Yes If yes, explain:____

STAFF USE ONLY Yr.____ Mo.____

**NEXT MOST RECENT EMPLOYMENT** - Dates from: __/__/__ to: __/__/__

Name and Address of Employer: ____

Position Held: ____ Duties ____

Name of Supervisor/Principal: ____ Telephone Number: ( ) ____

Salary or Hourly Wage: ____ Reason for Leaving: ____

Did you receive any disciplinary action? ___ No ___ Yes If yes, explain:____

**MILITARY EXPERIENCE:** (Copy of DD214 must be submitted for verification)

Active Duty Dates from: __/__/__ to: __/__/__ Branch of Service: ____

Position/Duties:____

Signature____

(To Be Completed By Teaching And Administrative Applicants)

**CERTIFICATION**

**List teaching certificates you hold or have previously held (submit copy):**

| State | Certificate Type | Date Issued | Date Expired | Field(s) |
|---|---|---|---|---|
| 1. SC | Professional | 7/16/99 | 7/01/04 | Elm. Ed |
| 2. | | | | |

Have you previously held a one-year certificate in S.C.? Yes ☐ No ☑ Explain.

Have you previously taught in South Carolina on a teaching permit? Yes ☑ No ☐ Explain.

Years of experience in state? 0

Years of experience out-of-state 0

Hightest degree BA ; MEd to be granted May 12, 2000

*Recent graduates without teaching certificate: Include a letter of certification status from the college certification office.

Have you taken the National Teacher's Examination? (If yes, please submit a copy of results)

☑ Yes ☐ No

Area Elm. Education Score_____ Professional Knowledge Score_____

NTE Scores: ☐ Enclosed ☑ On File with the S.C. State Department of Education

*(To Be Completed By Teaching And Administrative Applicants)*

**STUDENT TEACHING EXPERIENCE**

| School | Telephone Number | Location | Grade or Subject Taught | Semester Hour |
|---|---|---|---|---|
| 1. Ravenel Elm. | [redacted] | Seneca, SC | 1st / SpEd 4th/5th | NA / 3 |
| 2. Kelet Elm. | [redacted] | Seneca, SC | 4th | 12 |
| 3. | | | | |

Constance R. Hooks
Applicant't Signature

3/20/00
Date

## SUPPORTING STATEMENTS

**If in your class you have a group of low achievers, what strategies or activities would you utilize to motivate them and maintain their interest?**

In my past and present experiences, I have found that the best way to motivate and maintain the interest of low-achieving students is to not allow them to feel like low achievers. Praise them for their accomplishments and create situations that allow them to be successful. Using instructional strategies that allow them to participate in whole class instruction and receive benefit. An example of this type of instruction is a combination of hands-on and direct instruction. I have successfully utilized this instructional method, and it is research based.

**Describe your approach to classroom management.**

The key to classroom management is to establish community. Children need to be aware of classroom and school behavioral and academic expectations. Once the expectations are introduced, they must be enforced in order to provide structure. A lack of structure and inconsistency in expectations are usually at the core of insufficient classroom management. Children must also be made aware that they are responsible for their behavior and any consequences as a result of misbehavior is their fault. The idea that "I am responsible for me and my actions control my consequences" are principles that can be generalized to situations outside of school.

**(To Be Completed By Teaching Applicants)**

**In the spaces provided, please provide answers to the three questions that follow. Your responses are to be handwritten.**

1. **Write a paragraph outlining noteworthy experiences you have had, or interesting activities in which you have been engaged, within the last three years.**

I am presently participating in a federal funded grant that was written by Clemson University professors. Upon completing this program, I will obtain a Master's degree in Special Education with Mathematic inclusion. Through participation in this grant I have been taught where to locate and how to impliment multiple instructional strategies, academic and behavioral interventions, as well as how to properly administer formal and informal assessments. As a component of this program, I am interning in a 1st grade general education program where I am primarily responsible for math instruction. In addition to this placement I am doing a practicum in a special education classroom where I have had the opportunity to shadow two of the students an hour a day in their general education math class. I provide additional instruction for them outside of the class as an intervention to increase their classroom performance. I have also had the privlege to present at the SCCEC convention this year.

My undergraduate program was elementary education. Through this program I also learned several instructional strategies and methods of evaluating curriculm and textbooks. I also attended several professional conventions.

The combination of these experiences has better prepared me for the diverse population of today's public schools.

# SOUTH CAROLINA STATE BOARD OF EDUCATION

## TEACHING CREDENTIAL

(TEACHER'S COPY)

VALID PERIOD: JUL 01 99 THRU JUNE 30 2004

YEARS EXPERIENCE AT DATE OF ISSUE: 00 JUL 16 1999

ENDORSEMENTS: 01 ELEMENTARY 3

TYPE OF CREDENTIAL: PROFESSIONAL CERTIFICATE

CLASS: BACHELORS DEGREE

CREDENTIAL NUMBER: [redacted]

SOCIAL SECURITY NO: [redacted]

GOODWINE CONSTANCE REGENIA
3043 MINK POINT BLVD
BEAUFORT SC 29902

Sandra G. Rowe
DIRECTOR, OFFICE OF TEACHER EDUCATION, CERTIFICATION AND EVALUATION

Carolyne S. Williams
CAROLYNE S WILLIAMS
CHAIR, STATE BOARD OF EDUCATION

Inez Moore Tenenbaum
INEZ MOORE TENENBAUM
STATE SUPERINTENDENT OF EDUCATION


# SOUTH CAROLINA STATE BOARD OF EDUCATION

## TEACHING CREDENTIAL


(SUPERINTENDENT'S COPY)


VALID PERIOD: JUL 01 99 THRU JUNE 30 2004

YEARS EXPERIENCE AT DATE OF ISSUE: 00 JUL 16 1999

ENDORSEMENTS: 01 ELEMENTARY 3

TYPE OF CREDENTIAL: PROFESSIONAL CERTIFICATE

CLASS: BACHELORS DEGREE

CREDENTIAL NUMBER: [redacted]

SOCIAL SECURITY NO: [redacted]

GOODWINE CONSTANCE REGENIA
3043 MINK POINT BLVD
BEAUFORT SC 29902

Sandra G. Rowe
DIRECTOR, OFFICE OF TEACHER EDUCATION, CERTIFICATION AND EVALUATION

Carolyne S. Williams
CAROLYNE S WILLIAMS
CHAIR, STATE BOARD OF EDUCATION

Inez Moore Tenenbaum
INEZ MOORE TENENBAUM
STATE SUPERINTENDENT OF EDUCATION

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# APP
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POSITION(S) APPLIED FOR Substi

**SUB TEACHER REQUIREMENTS**

NAME CONSTANCE GOODWINE

EMPLOYEE NUMBER [redacted]

RATE ~~50.00~~ 40.00 CLASS III

- ✓ RECEIVED SUB TEACHER HANDBOOK 3-21-97
- ✓ 30 OR MORE COLLEGE CREDITS/AA DEGREE
- BA/MA/PHD DEGREE
- ✓ COPY OF TRANSCRIPTS/REPORT CARD/DEGREE
- ✓ S. C. TEACHING CERT. EXPIRES 6/30/___
- ✓ REFERENCES ✓, ✓
- ✓ W4 (sent to Payroll 3-25-97)
- ✓ MEDICAL
- ✓ I-9
- ✓ ID ✓ SFS Info.
- ✓ SOCIAL SECURITY CARD ~~or LETTER~~.
- ✓ TB TEST
- ✓ SLED MAILED 3-26-97 & RECEIVED 4-3-97
- ATTENDED SUB TEA. WORKSHOP
- COPY OF SUB. TEA. WORKSHOP CERT.
- ☒ FILE COMPLETE

✓ DEF

NOTE: ALL INFORMATION REQUESTED ON THE APPLICATION MUST BE COMPLETE. References to other documents such as resumes will not be accepted in place of completing any portion of this application. This application will remain active for a period of twelve (12) months from date submitted.

[redacted]
SOCIAL SECURITY NUMBER

03 /21 /97
DATE OF APPLICATION

05 / /97
DATE AVAILABLE

NAME Goodwine (Last) Constance (First) R. (Middle) (Other)

PRESENT ADDRESS [redacted] (Street, City, State, Zip)

HOME PHONE [redacted]

BUS. PHONE ( )

PERMANENT ADDRESS [redacted] (Street, City, State, Zi)

IN CASE OF EMERGENCY [redacted]

HOME PHONE

Former Beaufort County School District employee?

If "yes" when?

| High School and Location | Date | Graduation Date |
|---|---|---|
| Battery Creek High School | 8/ | 6/01/94 |

| COLLEGE/UNIVERSITY AND LOCATION | DATES A From | DEGREE | DATE |
|---|---|---|---|
| Clemson University Clemson, SC | 8/94 | - | — |
| | | | |
| | | | |
| | | | |

Last day worked 5/11/95

An Equal Opportunity Employer

This District does not discriminate on the basis of age, race, religion, sex, marital status, disability or national origin.

## PERSONAL DATA

Have you ever been dismissed from a position? *(Please check)* Yes ☐ No ☑

If yes, explain _____

Have you ever been asked to resign from a position? *(Please check)* Yes ☐ No ☑

If yes, explain _____

Have you ever resigned rather than face disciplinary action and/or nonrenewal by an employer and/or disciplinary action against a license/certificate? *(Please check)* ☐ Yes ☑ No

If yes, explain _____

_____

## REFERENCES

It is the **APPLICANT'S RESPONSIBILITY** to have the following information provided to the Beaufort County School District prior to being considered for employment: (1) A placement file which includes reference comments from principals and/or superintendent from all contracted educational experience, all student teaching experience reference(s) included with comments from Supervising Teacher and/or Principals; or (2) The names from at least three reference sources must be provided (if a placement file is not available).

| Name of Reference | Position/Relationship | Mailing Address | Phone Number |
|---|---|---|---|
| 1. James Terry | church Deacon | ——— | [redacted] |
| 2. Ronald Spears | Board member - Family Friend | ——— | |
| 3. Jacquline Richardson | Beaufort County Teacher | ——— | |

Do you have a relative who is either a member of the Beaufort County Board of Education or who is employed in any capacity in the Beaufort County School District ? Yes ☑ No ☐

If " Yes," please give the following information:

| Name of Relative | Relationship | Position Held |
|---|---|---|
| Joyce Goodwine | Mother | advisory board member |
| | | |

This district is required by South Carolina Law (S-59-26-90 Code of Laws, South Carolina, 1976, as amended) to obtain criminal history record information on applicants for employment.

Have you ever been convicted of a felony, misdemeanor, or a crime involving moral turpitude (including but limited to: theft, attempted theft, rape, murder, swindling, and indecency with a minor) and/or received probation or deferred adjudication?

Yes ☐ No ☑ If Yes, please explain. (If more space is needed, attach additional sheet.): _____

_____

*(Conviction of a felony is not an automatic bar to employment. The district will consider the nature, date, and relationship between the offense and the position for which you are applying.)*

# NOTICE TO SUBSTITUTE TEACHERS WHO UTILIZE THE SUB FINDER SYSTEM

---

THE SUB FINDER SYSTEM UNDERWENT SOME RECENT UPGRADES. PLEASE BE MADE AWARE OF THE FOLLOWING CHANGE:

IF A TEACHER ASKS YOU FOR YOUR PIN NUMBER IN ORDER TO REQUEST YOU FOR AN ASSIGNMENT IN HER/HIS CLASSROOM, YOU WILL GIVE THAT TEACHER YOUR NEW ASSIGNED ID NUMBER INSTEAD OF YOUR TELEPHONE NUMBER.

NAME Constance R. Goodwine

YOUR ID NUMBER IS 233

(* PLEASE NOTE THAT ALL OF THE SCHOOL SECRETARIES IN CHARGE OF SECURING SUBSTITUTES ALREADY HAVE A LISTING OF SUBSTITUTE TEACHERS ID NUMBERS.)

FROM: VELDA VAUGHN, PERSONNEL DEPARTMENT
MAY 6, 1997

**Note:** Resume is not sufficient

**EMPLOYMENT EXPERIENCE:** List all employment (except U.S. Armed Forces) in chronological order, with present employment first. ANY VOIDS IN THE CHRONOLOGICAL ORDER MUST BE EXPLAINED ON A SEPARATE ATTACHMENT. Substitute teaching and/or part-time teaching should be clearly labeled under "Position Held." (Use additional paper if necessary.)

**PRESENT EMPLOYMENT** - Dates from: __/__/__ to: __/__/__ STAFF USE ONLY Yr.____ Mo.____

Name and Address of Employer: _____

Position Held: _____ Duties _____

Name of Supervisor/Principal: _____ Telephone Number: ( ) _____

Salary or Hourly Wage: _____ Reason for Leaving: _____

Did you receive any disciplinary action? ___No ___Yes If yes, explain: _____

**NEXT MOST RECENT EMPLOYMENT** - Dates from: 05 / 95 to: 12 / 96 STAFF USE ONLY Yr.____ Mo.____

Name and Address of Employer: New Yorker's, Cross Creek Shopping Center, Bft, SC

Position Held: Sales Clerk Duties Helping customers

Name of Supervisor/Principal: Angie Fernandes Telephone Number: [redacted]

Salary or Hourly Wage: $5.00 Reason for Leaving: went to school

Did you receive any disciplinary action? ✓No ___Yes If yes, explain: _____

**NEXT MOST RECENT EMPLOYMENT** - Dates from: 08 / 96 to: 08 / 96 STAFF USE ONLY Yr.____ Mo.____

Name and Address of Employer: Winn-Dixie, Greenville Hwy, Clemson, SC

Position Held: cashier Duties checking customers

Name of Supervisor/Principal: Donnie Collie Telephone Number: [redacted]

Salary or Hourly Wage: $4.85 Reason for Leaving: came home from college

Did you receive any disciplinary action? ✓No ___Yes If yes, explain: _____

**NEXT MOST RECENT EMPLOYMENT** - Dates from: 06 / 93 to: 08 / 94 STAFF USE ONLY Yr.____ Mo.____

Name and Address of Employer: Piggly Wiggly, Boundary St. Bft., SC

Position Held: cashier Duties checking customers

Name of Supervisor/Principal: Donald Goodwine Telephone Number: [redacted]

Salary or Hourly Wage: $4.50 Reason for Leaving: went to college

Did you receive any disciplinary action? ✓No ___Yes If yes, explain: _____

**MILITARY EXPERIENCE:** (Copy of DD214 must be submitted for verification)

Active Duty Dates from: __/__/__ to: __/__/__ Branch of Service: _____

Position/Duties: _____

Signature Ms. Constance L Rookmore

BEAUFORT COUNTY SCHOOL DISTRICT

Date: December 12, 2022

To: CONSTANCE GOODWINE-LEWIS

From: Human Resources

Re: Salary Study Implementation Effective January 2023

As you are aware, the Beaufort County School District, Board of Education commissioned MGT Consulting to conduct an independent compensation and classification study for all classified and administrative staff. The Board approved the implementation of the recommended pay plans and salary adjustments for current classified and administrative staff. If applicable, you will see the new salary adjustment in the January 13, 2023 paycheck.

The **objectives of the study** and implementation plan were to:

- Conduct an analysis of all BCSD job classifications
- Gather salary and compensation data from similar/competitor organizations
- Ensure fair and consistent pay practices
- Develop a revised classification plan
- Develop a revised compensation and pay plan

The following pay information is provided for your review:

| | CURRENT INFORMATION | NEW INFORMATION |
|---|---|---|
| Position Title | PRINCIPAL | PRINCIPAL |
| Pay Level | 208 | 209 |
| Pay Step | 15 | 18 |
| Hourly Rate | 53.07 | 59.47 |
| Bi-Weekly Gross | 4,245.98 | 4,757.60 |
| Annual Salary | 110,395.51 | 123,697.60 |

The new salary pay levels can be found in the **"Salary and Stipend Schedules"** booklet. The updated salary information will be on the website by January 13, 2023.

Also, you can review your salary calculation worksheet by logging into Frontline Central and then accessing the "Personnel Documents" tab in your profile.

There will be **no appeal process** for newly assigned salaries. No employee will have a reduction in salary; therefore, **no grievances** will be considered for this process.

**Sincerely,**

Alice W. Walton

**Alice W. Walton**
**Chief Administrative and Human Resources Services Officer**

**Employee's Information**

| | |
|---|---|
| Name: | CONSTANCE GOODWINE-LEWIS |
| Employee #: | [redacted] |
| Assignment: | PRINCIPAL |
| Location: | BROAD RIVER ELEMENTARY |

On September 9, 2022, the Board of Education approved the Administrative and Classified Staff Salary Study. The implementation plan submitted by the Human Resources and Finance Departments was part of the Board's approval as well.

The next phase of this study is to collect educational and chronological work history information on each employee in order to place them on the correct salary level and step. We ask that you provide a complete history of your "Full-Time" work experience. This information will then be reviewed against your employment application and resume that was submitted at the time you were hired.

Please provide your education level information and complete work history in the following fields and table.

You will need to complete and submit this information by September 30, 2022.

A. Education Information

| | |
|---|---|
| Highest Education Level | Masters + 30 |

B. Chronological Work History (Only Full-Time Work History Will Be Accepted)

| START DATE | END DATE | PRIOR ORGANIZATION | POSITION |
|---|---|---|---|
| 07/2007 | 06/2009 | Broad River Elementary | Assistant Principal |
| 07/2005 | 06/2007 | Hilton Head School for | Assistant Principal |
| 10/2003 | 06/2005 | Coosa Elementary/Port | ESOL Teacher |
| 07/2001 | 10/2003 | St. Helena Elementary | Third Grade Teacher |
| 07/2000 | 06/2001 | Joseph Shanklin | Third Grade Teacher |
| 12/1996 | 07/2000 | Beaufort County School | Substitute Teacher |
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