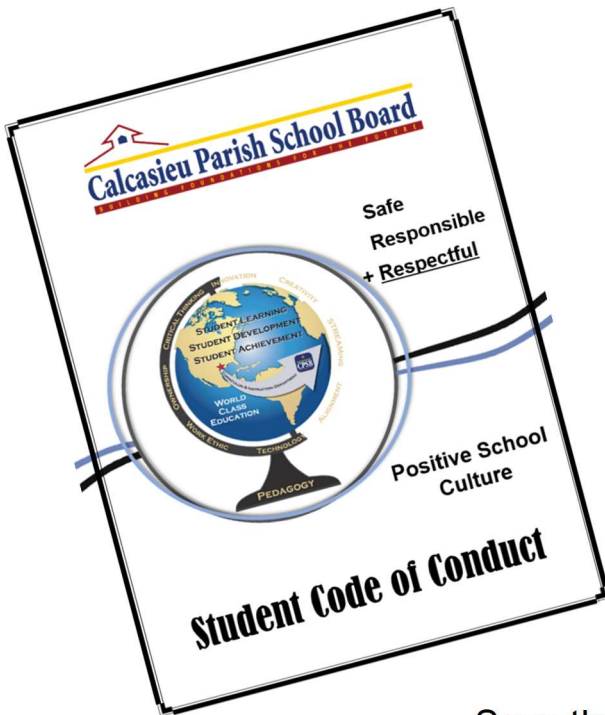




**Cover Sheet for the
Student Code of Conduct
Signature Packet**



Scan the QR code below to view the
Student Code of Conduct on our CPSB website.



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Student Code of Conduct

Student and Parent/Guardian Acknowledgement

The Student Code of Conduct is in place to help students gain the greatest possible benefit from their educational opportunities in the Calcasieu Parish School Board's Public School System. We encourage parents and students to review this Student Code of Conduct together and talk about the importance of being safe, responsible, and respectful at school and in everyday life. Your child will be held accountable for complying with discipline rules and subject to disciplinary action in accordance with the Student Code of Conduct for violations thereof. Parents/Guardians, please acknowledge that you have read and understand the Student Code of Conduct.

Please initial & have your child initial in the blanks, sign below and have your child sign below

RETURN THIS SHEET TO YOUR CHILD'S SCHOOL



I have reviewed, and understand the following:

PARENT
Initials:

STUDENT
Initials:

<i>Calcasieu Parish School Board's Student Code of Conduct.....</i>	_____	_____
<i>Calcasieu Parish School Board's Use of Electronic Device Policy.....</i>	_____	_____
<i>LA Department of Ed Rules for School Bus Riders Bulletin 1191.....</i>	_____	_____
<i>Acceptable/Responsible Use Policy for Internet and District Network Resources.....</i>	_____	_____
<i>School Attendance LA R. S. 17:233, Formally Act 745.....</i>	_____	_____
<i>Federal Programs Information for Parents.....</i>	_____	_____

Print Student's Name	Student's Signature	Date
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Print Parent/Guardian's Name	Parent/Guardian's Signature	Date
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I have received, reviewed, and understand the following:

PARENT INITIALS:

<i>Parent Referral-Concern/ (Response to Intervention) RTI Behavior / (Positive Behavior Interventions & Supports) PBIS.....</i>	_____
<i>Louisiana Annual Notice for Consent to Allow the School District to Access Louisiana Medicaid Benefits.....</i>	_____
<i>Rights of Students with Disabilities/Child Find Notice/504/IDEA.....</i>	_____

Print Parent/Guardian's Name	Parent/Guardian's Signature	Date
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Parent Referral / Concern Form

Response to Intervention – RTI Behavior PBIS (Positive Behavior Interventions and Supports)

Dear Parent,

In an effort to address behavioral and/or social/emotional concerns, the Calcasieu Parish School Board is utilizing a proactive approach to provide interventions to students. Factors such as number of office discipline referrals, poor academic performance with no indicators of academic weakness, parental input and staff recommendations are considered. Interventions would be provided to assist students in addressing social/emotional concerns that are obstacles to education or the learning environment.

Parent input is critical in early awareness of social and/or emotional concerns. If you believe your child has significant social or emotional difficulties, please complete this page and return it to your child's teacher. The information will be reviewed by school personnel to determine if further screening is recommended; no action will take place without parent notification.

 YES, I have concerns regarding my child's **social skills** or significant **emotional** or **behavioral** difficulties.
I am requesting that my child (name) _____
in grade _____, be screened for these concerns.

I can be reached at the following numbers:

(Daytime phone # _____) or (Evening phone # _____).

Additional information I would like the school to consider is: _____

Parent Signature: _____ Date: _____

Parent - **ONLY SIGN** & return this form
if you wish to hear from the school
regarding your concern for your child's behavior.

Louisiana Annual Notice for Consent to Allow the School District to Access Louisiana Medicaid Benefits

School District Name: Calcasieu Parish School Board

School District Contact Information: Hill, Wendy,

Administrative Director Special Education

wendy.hill@cpsb.org

PH: 337-217-4980, 2701 FAX: 217-4981

Special Services - Administration

1618 Mill St., Lake Charles LA 70601

Dear Parent/Guardian:

The purpose of this letter is to remind you that you have given your permission (also known as consent) to share information about your child with the Louisiana Department of Health Medicaid program. Schools in Louisiana have been approved to receive partial reimbursement from Louisiana Medicaid for the cost of certain health-related services provided by the district to your child. In order for your child's school to get back some of the money spent on services, the school district needed to share with Louisiana Medicaid the following types of information about your child: name; date of birth; gender; type of services provided, when and by whom; diagnosis (if any) and Louisiana Medicaid ID. If your child is eligible to receive services to meet his/her needs, the services may be provided by the school system and/or you may take your child to another provider that accepts Medicaid.

With your permission, the school district seeks partial reimbursement for services provided by Louisiana Medicaid including, among others, a hearing test or eye exam; occupational or speech or physical therapy; some school nurse visits; and counseling services.

The school district needed your consent to share information about your child with Louisiana Medicaid. Please be advised of the following:

The school district cannot require you to sign up for Louisiana Medicaid in order for your child to receive the health related and/or special education services to which your child is entitled.

The school district cannot require you to pay anything towards the cost of your child's health-related and/or special education services.

If you give the school district permission to share information with and request reimbursement from Louisiana Medicaid:

This will not affect your child's available lifetime coverage or other Louisiana Medicaid; nor will it in any way limit your own family's use of Louisiana Medicaid benefits outside of school.

Your permission will not affect your child's special education services or IEP rights in any way, if your child is eligible to receive them.

Your permission will not lead to any changes in your child's Louisiana Medicaid rights; and

Your permission will not lead to any risk of losing eligibility for other Medicaid funded programs.

If you give permission, you have the right to change your mind and withdraw your permission at any time.

If you withdraw your permission or refuse to allow the school district to share your child's records and information with Louisiana Medicaid for the purpose of seeking reimbursement for the cost of services, the school district will continue to be responsible for providing your child with the services, at no cost to you.

Please contact the district with any questions.

Rights of Students with Disabilities/Child Find Notice/504/IDEA

Child Find activities are undertaken for children who are suspected of having a disability and who may need special education services. The Individuals with Disabilities Education Act (**IDEA**) states: “The State must have in effect policies and procedures to ensure that—All children with disabilities residing in the State, including children with disabilities who are homeless children or are wards of the State, and children with disabilities attending private schools, regardless of the severity of their disability, and who are in need of special education and related services, are identified, located, and evaluated.”

Pursuant to **Section 504** of the Rehabilitation Act of 1973, the District has a duty to identify, refer, evaluate and if eligible, provide a free, appropriate public education to disabled students.

The CPSB utilizes a Response to Intervention (RTI) model of universal screening, intervention and progress monitoring to respond to the needs of the struggling student. Students who continue to demonstrate a lack of progress are considered for more intense intervention. For students who still struggle after more intensive interventions, they shall be referred to the School Building Level Committee (SBLC). The SBLC, with the parent's invited participation, will consider additional options, including continued interventions. If a student is suspected of having a disability under IDEA (and may need special education services) or Section 504, parental consent for evaluation shall be requested.

Students who are identified as having a disability under IDEA or Section 504 of the Rehabilitation Act of 1973 are afforded a Free Appropriate Public Education. The Calcasieu Parish School System does not discriminate based on disabilities and employs strict anti-retaliation practices towards any individual engaging in advocacy for protected groups, including students with disabilities under these Acts.

For additional information about the rights of parents of eligible children, or for answers to any questions you might have about identification, evaluation and placement into Section 504 or Special Education programs, please contact the District’s Section 504 Coordinator and Pupil Appraisal Administrative Coordinator, **Mike Hill at 337-217-4300** or mike.hill@cpsb.org.

Requests for evaluation may be mailed to:

Administrative Coordinator of Pupil Appraisal
565 North Crocker St.
Sulphur, LA 70663

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