Exhibit B—Employee Agreement for Electronic Communications with Students

Employee's name *(print)*: _____

Indicate the electronic communications tool(s) that you would like to use:

☐ I do not use any type of electronic communication with students.

☐ Text (must include parent receipt)

☐ E-mail

☐ Messages through District approved websites, including social media or social networking websites

☐ Other
   If other, please describe here:

   _____

Provide a brief description of the class/group that will be using the electronic communication tool and the purpose of the intended use.

_____

Indicate whether the electronic communications tool listed above will be open to the school community, limited to a particular class or particular grade or group within the school, or open to a larger community.

(check only one)

☐ Open within the school community

☐ Limited *(indicate which class, grade, or group has access)*

   _____

☐ Open to larger community

   Explain: _____

Please verify that the electronic communications tool indicated above and your use of the tool complies with relevant District policies and regulations and that you have reviewed these policies and regulations to determine whether it is appropriate for use by your intended audience. In addition, verify that you have reviewed with your students the policies and guidelines relating to acceptable use of electronic communications. [See CQ and DH]

Employee's signature: _____

Employee's mobile number that will be used for this purpose: _____

Date: _____

For Office Use Only

☐   Approved

☐   Denied

Reason if denied: _____

Principal's signature: _____

Date: _____