Subpoena

SUBJECT: _____

The _____Board of Education commands you to appear before
District Name

the Board at _____, _____, KY
Street Address *City*

on _____ at _____ □ AM □ PM to testify concerning
Month/Day/Year *Time*

the following matter: _____
Description of Matter

_____ _____
Signature of Board Chairperson ***Signature of Board Secretary***

Upon approval of the Board, the Board Secretary may issue subpoenas and the Superintendent may direct them to be served. Subpoenas may be served to any person eighteen (18) years of age or greater. When a student under the age of eighteen (18) is to be served a subpoena, then a parent of that student must be notified prior to serving the student the subpoena. A parent of the student must also be served.

Affidavit

Comes the affiant and after first being duly sworn states as follows:

That I am over 18 years of age, and this subpoena was served by delivery of a true copy to

_____ this _____.
Name of Person Being Subpoenaed ***Month/Day/Year***

_____
Affiant's Signature

STATE OF KENTUCKY, COUNTY OF _____

Subscribed and sworn to before me by _____ _____
Affiant's Name ***Month/Day/Year***

My commission expires: _____ _____
Month/Day/Year ***Notary Public***

NOTE: OAG 05-006 states that a Board cannot issue a subpoena in a classified employee personnel hearing.

Review/Revised:9/5/2017

District Planning Committee

SCHOOL YEAR _____

MEMBERS APPOINTED BY THE SUPERINTENDENT:

Student(s)	Parent(s)[1]	Community Representative(s)[1]	Board Member(s)[2]	Council Member(s)	Other School Leader(s)[3]	Teacher(s)	Paraprofessional(s)[3]	Principal(s)	Central Office Administrator(s)	Other Administrator(s)[3]	Classified Staff

[1]The Board may propose to the Superintendent candidates to serve as community and parent representatives.
[2]The Board shall select its representative(s) to the committee.
[3]Additional input as required by Every Student Succeeds Act.

COMMITTEE APPOINTMENTS APPROVED BY THE BOARD ON _____
Date

ORIENTATION/TRAINING

Orientation and/or training was provided to committee members on the following topics:

Areas	Facilitator/Trainer	Date(s) Provided
☐ Appropriate stakeholder input into the development and review of the plan		
☐ Planning skills to assist in developing required plan provisions		
☐ Identifying sources of assistance to address reduction of physical and mental health barriers to learning and established gap targets		
☐ Including plan elements required by ESSA		
☐ Other:		

As appropriate, the Superintendent shall provide the committee with pertinent District data, including but not limited to: student academic performance and noncognitive data, the school facilities plan prepared by the Local Planning Committee, and the most recent annual school report card.

District Planning Committee

PROCESS GUIDELINES

Consistent with requirements of 703 KAR 005:225 and ESSA, the Committee shall:

1. *Identify data to be collected and analyzed to determine causes and contributing factors*, which must include an annual review of disaggregated student assessment data and a standards-based process for measuring organizational effectiveness.
2. *Review gap targets* established by the Board.
3. *Conduct a needs assessment* between October 1 and November 1 that includes, but is not limited to:
   - A description of the data reviewed and process used to develop the needs assessment;
   - A review of the previous plan and its implementation to inform development of the new plan;
   - Perception data gathered from the administration of a valid and reliable measure of teaching and learning conditions; and
   - Any additional requirements made necessary by the receipt of federal funds authorized by the Elementary and Secondary Education Act.
4. *Use the reporting structure required* by Kentucky Administrative Regulation.
5. *Develop goals, objectives, strategies, and activities* to enhance student achievement based on the needs assessment and analysis, which shall include targets or measures of success, timelines, persons responsible, and a budget that addresses funding and other resources needed.
6. *Schedule a public meeting* at which the information is discussed by various stakeholders (Board and council members, students, District staff, and citizens).
7. *Conduct required implementation and impact checks* each year to evaluate plan activities and achievement of plan goals and objectives, with results to be reported to the Board.

   The Committee also shall provide information and updates, as directed by the Superintendent/designee, to promote communication and coordination between the District Planning Committee and school councils.
8. *Schedule a review and update* of the plan at least once a year.
9. *Submit updated plan* to Superintendent and Board, school staff, school councils, and the community for review and comment as directed by Policy 01.111.
10. *Maintain copies of the plan* permanently and other documentation to illustrate compliance with state and federal requirements.

The format of the District plan shall be consistent with parameters set forth in the eProve platform.

Review/Revised:8/5/2022

Board Vacancy Forms

FORM TO PROVIDE NOTICE THAT A VACANCY EXISTS:

Date: _____

To Whom it May Concern:

A vacancy exists on the _____ Board of Education, as of _____,[1] in the seat [Division # ____ (*for county school systems*) or the District at large (*for independent school systems*)] formerly held by _____. The unexpired term for this seat is set to end on _____. The Board will proceed to appoint an individual to fill this seat for the unexpired term pursuant to KRS 160.190 and Board Policy 01.3.

Sincerely,

_____
Superintendent/Board Secretary

cc: Secretary of State, State Capitol, 700 Capital Ave., Room #152, Frankfort, KY 40601
_____ County Clerk
Commissioner of Education, Kentucky Department of Education, 300 Sower Blvd., Frankfort, KY 40601
Director of Board Team Development, KSBA, 260 Democrat Dr., Frankfort, KY 40601

REFERENCE:

[1]OAG 81-316

Board Vacancy Forms

SAMPLE NEWSPAPER ADVERTISEMENT ANNOUNCING A BOARD VACANCY

NOTICE OF VACANT _____ BOARD OF EDUCATION SEAT

The _____ Board of Education ("Board") is seeking applications for appointment to fill a vacancy on the Board representing seat [Division # ____ (*for county school systems*) or the District at large (*for independent school systems*)]. This appointment will be effective until the November _____ regular election (use if the next November regular election is scheduled more than one [1] year prior to end of the remaining term) or the end of the term in _____ (use if the next November regular election is scheduled one [1] year or less prior to end of remaining term).

Responsibilities include: setting policy to govern the District; hiring/evaluating the Superintendent; and levying taxes and adopting the District budget. Board members must:

- Be at least 24 years old and a Kentucky citizen for the last three years;
- Be a registered voter in the particular District of the vacancy;
- Have completed the 12th grade or have a GED certificate;
- Meet all other legal qualifications (KRS 160.180); and
- Complete required annual in-service training.

Applications are available at _____ or online at _____. Mail applications to: Superintendent, ATTN: Board Vacancy, _____, _____, KY _____.

Board Vacancy Forms

FORM TO PROVIDE NOTICE THAT VACANCY HAS BEEN FILLED BY THE BOARD:

Date: _____

To Whom it May Concern:

Pursuant to KRS 160.190, and Board Policy 01.3, the _____ Board of Education, by vote of the Board on _____, has appointed _____ to fill the vacancy created on _____ in the seat [Division # ____ (*for county school systems*) or the District at large (*for independent school systems*)] formerly held by _____.

The appointment is effective immediately. _____'s address is _____

and email address is _____.

The term for this appointment will end on _____.

Sincerely,

_____
Superintendent/Board Secretary

cc: Secretary of State, State Capitol, 700 Capital Ave., Room #152, Frankfort, KY 40601
_____ County Clerk
Commissioner of Education, Kentucky Department of Education, 300 Sower Blvd., Frankfort, KY 40601
Director of Board Team Development, KSBA, 260 Democrat Dr., Frankfort, KY 40601

Board Vacancy Forms

FORM LETTER TO NEWLY APPOINTED MEMBER, ON DISTRICT LETTERHEAD:

Date: _____

Mr./Ms. _____

_____

_____, KY _____

Dear Mr./Ms. _____:

Pursuant to KRS 160.190, and Board Policy 01.3, the _____ Board of Education, by vote of the Board on _____, has appointed you to fill the vacancy created on _____ in the seat [Division # ____ (*for county school systems*) or the District at large (*for independent school systems*) formerly held by _____. The appointment is effective immediately. Upon being duly sworn in, you may assume the duties of the office.

The term of this appointment is set to end _____. Pursuant to KRS 160.190, this seat will be open to election in the November _____ general election. The _____ County Clerk should be consulted for election and candidacy filing information regarding this seat.

All new local Board of Education members must receive a minimum of twelve (12) hours of in-service training annually, per KRS 160.180 and 702 KAR 001:115, on a calendar year basis. These hours shall include certain mandated topics of ethics, finance, and Superintendent evaluation, as well as on various other topics such as Board member roles and responsibilities, and the Board's role in student achievement. Additionally, when the Board, or a collaborative of local school boards including the Board, receives a charter school application, any member of the Board or boards who has not received charter authorization training within twelve (12) months immediately preceding the date the application was received shall receive six (6) hours of in-service training prior to evaluating the charter application. This requirement is separate from, and in addition to, the training required by KRS 160.180. Depending on the date of appointment, special provisions may apply.

The Kentucky School Boards Association (KSBA) provides local Board member in-service training, and maintains the legal records relating to required Board member training completion. KSBA makes efforts to offer training courses that will meet legal requirements for both general training and charter authorizer training. KSBA will contact you soon to begin scheduling training for the current calendar year. You may contact KSBA by calling 1-800-372-2962.

Sincerely,

_____

Superintendent/Board Secretary

cc: Secretary of State, State Capitol, 700 Capital Ave., Room #152, Frankfort, KY 40601
_____ County Clerk
Commissioner of Education, Kentucky Department of Education, 300 Sower Blvd., Frankfort, KY 40601
Director of Board Team Development, KSBA, 260 Democrat Dr., Frankfort, KY 40601

Board Vacancy Forms

RELATED PROCEDURE:

01.3 AP.21

Review/Revised:8/18/2020

Application for Board Vacancy

Name of School District: _____

[Division # ____ (*for county school systems*) or the District at large (*for independent school systems*)]

Name: _____ Birthdate: _____
Last First MI

Address: _____
Street or Box # State Zip Code

Telephone: _____
Business Home Cell

Email Address: _____

1. Have you been a citizen of Kentucky for a minimum of at least the last three (3) years? ☐ Yes ☐ No
2. Are you registered to vote in the Division (in the case of a county school District) or District (in the case of an independent school District) you wish to serve? ☐ Yes ☐ No
3. Are you an officer of, or employed by, any city, county, consolidated local government, or other municipality? ☐ Yes ☐ No

   If yes, please identify. _____
4. Does the School District where you reside presently employ you? ☐ Yes ☐ No
5. Do you have any relatives employed by the District? ☐ Yes ☐ No

   If yes, please indicate their relationship to you:

   ☐ Brother ☐ Sister ☐ Husband ☐ Wife ☐ Son ☐ Daughter ☐ Father ☐ Mother

   ☐ Other _____
6. Have you ever been a member of any local Board of Education in Kentucky? ☐ Yes ☐ No

   If so, which District _____ and when _____?
7. Do you currently hold any elective federal, state, county, or city office? ☐ Yes ☐ No

   If yes, please identify. _____
8. Do you own or are you a stockholder in a business involved in sales or other contracts with the Board or with individual schools of the District? ☐ Yes ☐ No

   If yes, please identify. _____
9. Do you work for a company that provides any goods or services to the District or with the individual schools of the District? Do you receive any commissions or other benefits as a result of any contracts or business with the District? ☐ Yes ☐ No

   If yes, please describe. _____
10. Have you ever been fined or convicted for violation of any law? Are you now facing any charges for any violation of law? ☐ Yes ☐ No

    If yes, please describe. _____

Application for Board Vacancy

11. Do you serve on any county, city, or joint agency government boards? ☐ Yes ☐ No

    If yes, please describe. _____

12. Do you currently hold a leadership position with any organization that provides financial support or raises funds in the name of the District, a school in the District, or students of the District?
    ☐ Yes ☐ No

13. Have you completed at least the twelfth (12th) grade or been issued a High School Equivalency Diploma? ☐ Yes ☐ No

14. Please circle the highest level of formal education you have completed:

GRADE SCHOOL	HIGH SCHOOL	COLLEGE	GRADUATE SCHOOL
1 2 3 4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4

Note: Application must include an affidavit signed under penalty of perjury certifying completion of the twelfth (12th) grade, a transcript evidencing completion of the twelfth (12th) grade, or if appropriate, the results of a twelfth (12th) grade equivalency examination.

_____

High School Attended Address Dates Attended/Graduated

_____

College/University Attended Address Dates Attended/Degree

_____

Graduate Schools Attended Address Dates Attended/Degree

15. List schools or school related activities in which you are currently involved or with which you have had previous involvement: _____

    _____

16. Work Experience (Please provide employment history and attach current resume.)

    a. _____
    Current Employer Address

    _____
    Date of Employment Duties

    b. _____
    Previous Employer Address

    _____
    Date of Employment Duties

    c. _____
    Previous Employer Address

    _____
    Date of Employment Duties

Application for Board Vacancy

17. Please describe why you are interested in serving on the local Board of Education:

18. Please describe the benefits that you believe strong public schools bring to a community:

Application for Board Vacancy

19. Please describe one (1) goal or objective that you think the local Board of Education should seek to complete during your service on the Board:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Note: Board members must complete annual in-service training as required by law.

This application constitutes my letter of intent to seek appointment to the Board under KRS 160.190, and I hereby affirm that to the best of my knowledge the information being submitted on this application and any required attachments thereto is accurate and that I am eligible to be appointed to the Board under law.

Signature: _____ Date: _____

Application for Board Vacancy

COUNTY CLERK'S CERTIFICATION

RESIDENCE AND VOTER REGISTRATION FOR SCHOOL BOARD APPOINTMENT

COUNTY CLERK: Please complete this form as it applies to the legal residence status of the applicant for school board appointment.

_____ who resides at _____
Name Address

is a resident and registered voter in _____ School District [Division # ____ (*for county school systems*) or the District at large (*for independent school systems*).]

Certified by: _____

_____ County Clerk's Office Date: _____

NOTE: This form must be completed by the County Clerk and returned to Central Office along with the other four (4) pages of the application.

RELATED PROCEDURE:

01.3 AP.2

Review/Revised:7/19/2024

Board-Appointed Committees

The Board will function and act as a body of the whole. However, the Board may be helped or aided by special committees.

The chairperson may recommend, with the approval of the majority of the Board, committee(s) to perform various functions.

1. Committee(s) may be terminated at any time by a majority vote of the membership of the Board.
2. Committee(s) will follow instructions given to them by the Board.
3. If the committee is required by state or federal law, its composition and appointment shall meet all the guidelines established for that purpose.
4. Committees shall be instructed as to:
   a) The purpose to be served.
   b) The length of time each member is being asked to serve.
   c) The resources the Board will provide.
   d) The date the Board wishes to receive the report.

RELATED POLICY:

10.2

Review/Revised:9/5/2017

Job Description for Secretary to the Board

Reports to Board of Education

QUALIFICATIONS

1. Holds certificate, license, or other credentials, as appropriate.
2. Has general knowledge of Kentucky school law and Kentucky Board of Education regulations.
3. Works well in stressful situations and ethically handles confidential material.

JOB RESPONSIBILITIES

The Secretary shall be custodian of all securities, documents, title papers, and other papers of the Board under such conditions as the Board may direct.

ADDITIONAL RESPONSIBILITIES

The Secretary shall:

1. Give and publish all legal and public notices as required by law.
2. Attend all meetings of the Board except when the Secretary's tenure, salary, or the administration of the office is under consideration.
3. Keep full and accurate minutes of all meetings of the Board and distribute a copy of such minutes to each member of the Board prior to the next regular meeting.
4. Assist in the preparation of agenda items and supporting documents to be considered at each Board meeting and distribute both to Board members prior to each meeting.
5. Communicate with legal advisors, consultants, and staff members as directed.
6. Perform other tasks assigned by the Board.

RELATED POLICIES:

01.42
01.45

Review/Revised:9/5/2017

Job Description for Treasurer of the Board

Reports to Board of Education

QUALIFICATIONS

1. Has bookkeeping/accounting work experience and/or education.
2. Has education and/or work experience in electronic data processing.
3. Has a working knowledge of the SEEK funding program.
4. Has a working knowledge of tax, social security, and retirement laws applicable to the District and its employees.

JOB RESPONSIBILITIES

The treasurer shall be responsible for all District funds under such conditions as the Board may direct.

ADDITIONAL RESPONSIBILITIES

1. Attends all meetings of the Board when financial matters are to be discussed.
2. Acts as custodian of all monies belonging to the District and provides accounting services essential to the preparation, administration, supervision, and control of the budget.
3. Receives, records, and reconciles all monies belonging to the District and distributes them to the appropriate accounts.
4. Deposits funds in a timely manner in the properly designated depository.
5. Gives a bond in such sum as shall be required, the premium on such bond to be paid by the Board.
6. Pays out District monies on written order of designated officials of the Board.
7. Gives detailed accounts of monies received and disbursed at least once a month at the regular meeting of the Board.
8. Renders a full annual report at the end of each fiscal year and provides information to auditors as requested.
9. Is responsible for the payroll of all District employees.
10. Keeps a full and complete account of all funds and makes such reports concerning them as required by the Board or by the State Board or other government agencies.
11. When necessary, serves as Treasurer of the District Financial Corporation.
12. Performs other tasks assigned by the Board.

Review/Revised:9/5/2017

Request to Receive Special Meeting Notification by Email

Name: _____

Agency: _____

Address: _____

Telephone number: _____

Email address: _____

Check if you are: ☐ Member of Board or Council or of Board/Council Committee
☐ Media Organization (with written request on file)

I prefer to receive and specifically authorize the furnishing of electronic mail notification of special called meetings in lieu of notice by personal delivery, facsimile machine, or mail.

_____ _____
Signature *Date*

This form shall be submitted to, and kept on file by, the Central Office or School Office, as appropriate.

Review/Revised:9/5/2017

Request to Place an Item on the Agenda

Name: _____

Address: _____

Telephone number: _____

Name of school children attend, if applicable: _____

Group represented: _____

Check if request was submitted to: ☐ Superintendent ☐ Board Chairperson

Conferred with following administrators (names): _____

_____

_____

Description of Issue: _____

_____

_____

_____

_____

_____

Specific Action Requested: _____

_____

_____

_____

_____

Check if you are: ☐ Board Member ☐ District Employee ☐ Community Member

All requests for items to be placed on the agenda must be submitted to the Superintendent prior to the Board meeting as specified in Board Policy 01.45. Items submitted shall require prior approval of the Superintendent.

Review/Revised:9/5/2017

School Board Policies

DISSEMINATION

Distribution of the Policy Manual makes it readily accessible to staff, students, Board members and the public. When feasible school Board policy will be disseminated during staff/student meetings.

Each site administrator shall notify employees and/or students under his/her supervision, either orally or in writing, when the Board makes a policy change that applies to them. In addition, the Superintendent shall designate an employee or committee to review related documents such as, but not limited to, the student code of conduct and employee/student handbooks to assure consistency with Board policies that are new or that have been revised.

MAINTENANCE

The Superintendent's designee shall maintain a list of numbered hard copies of the Policy Manual and shall distribute manuals and revised policies accordingly.

The Policy Manual will be kept current by periodic revision. It shall be the responsibility of the Superintendent's designee to see that copies of new and revised policies as approved by the Board are placed in proper sequence in the manuals. The Superintendent/designee shall direct that all Policy Manuals be returned to the Central Office where updated pages will be inserted and outdated pages removed before the manual is returned to the designated holder.

The Update Checklist in each manual shall be marked accordingly when the changes resulting from the KSBA annual policy update have been inserted.

DISTRIBUTION

The Policy Manual was adopted by the Board of Education on March 29, 1990 order number 82.

Review/Revised:9/5/2017

Inspection of Board Records

INSPECTION OF RECORDS

Residents* of the Commonwealth desiring to examine records that are not exempt from public disclosure may do so during regular working hours. Regular working hours shall be posted at the main entrance of the Central Office.

The principal office of the District is located at _____.

The official custodian/designee to whom requests for access to records should be submitted is at _____ and email address is _____.

Fees for hard copies shall be 10 cents a page. Fees for other media (if applicable) shall be based on actual cost to the District.

The requesting party shall submit a written application that shall:

- be signed;
- include the applicant's name printed legibly;
- include mailing address (and email address if applicable); and
- include a statement of the manner in which the applicant is a resident of the Commonwealth of Kentucky.*

The applicant shall hand deliver, mail, send via facsimile, or send via email the written application to the custodian/designee at the above address describing the records the applicant wishes to access. Written requests comporting with the above or the written form set forth in regulation by the Kentucky Attorney General may be utilized by the requesting party.

Unless a longer period applies under state law or Executive Order, a response by or on behalf of the District is due within five (5) days (not including weekends or holidays) of receipt of the request. If records are in active use or storage or otherwise unavailable, the District response will explain in detail the cause for a delay beyond five (5) days and state the earliest date on which the records will be available. Requests may be denied if the records are exempt from disclosure under KRS 61.878 or if the request imposes an unreasonable burden or is intended to disrupt essential functions of the District as provided in KRS 61.872.

A resident of the Commonwealth may inspect public records during regular office hours. If s/he resides outside the county and precisely describes the responsive records, s/he may receive responsive, nonexempt records by mail upon the District's receipt of copying fees and costs of mailing.

Inspection of Board Records

INSPECTION OF RECORDS (CONTINUED)

Applicants requesting copies of public records for a commercial purpose (KRS 61.874) shall provide a certified statement to the District stating the commercial purpose for which the records shall be used and shall be required to enter into a contract with the District. The contract shall state the fee required by the District to produce copies to be used for a commercial purpose.

*Resident is defined under KRS 61 870(10) as: an individual residing in the Commonwealth; a domestic business entity with a location in the Commonwealth; a foreign business entity registered with the Kentucky Secretary of State; an individual that is employed and works at a location or locations within the Commonwealth; an individual or business entity that owns real property within the Commonwealth; any individual or business entity that has been authorized to act on behalf of an individual or business entity described above; or a news-gathering organization as defined in KRS 189.635(8)(b)1.a. to e.

Review/Revised:8/3/2021

Records Management

RETENTION AND DISPOSAL OF SCHOOL RECORDS

The Superintendent's designated Records Officer shall implement the procedures listed in the *Records Retention/Public School District Schedule*. Any deviation from these procedures shall be submitted in writing by the Superintendent/designee to the Director of Archives and Records. The request must be approved in writing by the State Librarian prior to the disposal or destruction of school records. The following procedures shall be followed in records management:

1. The Superintendent/designee shall notify the Public Records Division in the Department for Libraries and Archives of the name of the District Records Officer who shall represent the District in its relations with that Division.
2. The Records Officer shall prepare a records retention and disposal schedule for the District that is compatible with state statutes and regulations.
3. The Records Officer shall review this schedule with all staff members responsible for school records.
4. Records that have met the retention schedule shall be disposed of by shredding or burning within six (6) months after the required retention period.
5. The disposal or destruction of school records shall be under the supervision of the Records Officer who shall keep a log of all disposed records.
6. Records listed as "permanent" on the schedule shall be kept in a secure location.
7. Both active and inactive records shall be filed in locations that offer reasonable security and accessibility.
8. Electronically received records such as, but not limited to, e-mail, diskettes, CDs, and faxes shall be handled in accordance with the procedures used in the storage, retention, and disposal of other Board records.

Review/Revised:9/5/2017

Notice of Security Breach & Investigation Procedures

PROTECTION AND PREVENTION

The District will take reasonable security measures in accordance with KRS 61.931 - KRS 61.933, to guard against the foreseeable loss or exposure of personal information that it maintains or possesses.

"Personal information" is defined as an individual's first and last name or first initial and last name; personal mark; or unique biometric or genetic print or image, along with any data element listed below:

- Account number, credit or debit card number, that, in combination with any required security code, access code, or password would permit access to an account;
- Social Security number;
- Taxpayer identification number that incorporates a Social Security number;
- Driver's license number, state identification card number, or other individual identification number issued by any agency;
- Passport number or other identification number issued by the United States government; or
- Individually identifiable health information as defined in 45 C.F.R. sec. 160.103 except for education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. sec. 1232g.

Personal information does not include information that is lawfully made available to the general public pursuant to state or federal law or regulation.

A "security breach" refers to:

- an unauthorized acquisition, distribution, disclosure, destruction, manipulation, or release of unencrypted or unredacted records or data that compromises or is reasonably believed to compromise the security, confidentiality, or integrity of personal information and results in the likelihood of harm to one (1) or more individuals; or
- an unauthorized acquisition, distribution, disclosure, destruction, manipulation, or release of encrypted records or data containing personal information along with the confidential process or key to unencrypt the records or data that compromises or is reasonably believed to compromise the security, confidentiality, or integrity of personal information and results in the likelihood of harm to one (1) or more individuals.
- A security breach does not include the good-faith acquisition of personal information by an employee, agent, or nonaffiliated third party of the agency for the purposes of the agency if the personal information is used for a purpose related to the agency and is not disclosed to others without authorization.

INITIAL ASSESSMENT/INVESTIGATION OF SECURITY INCIDENT AND NOTICE

When the District receives information or notice prompting a reasonable belief that an event compromising the security of personal information maintained by the District or nonaffiliated third party on behalf of the District may have occurred, the District shall conduct a reasonable initial assessment or investigation to determine whether the event constitutes a "security breach" under the above definition.

Notice of Security Breach & Investigation Procedures

INITIAL ASSESSMENT/INVESTIGATION OF SECURITY INCIDENT AND NOTICE (CONTINUED)

Once it is determined that a security breach relating to personal information has occurred, the District shall within seventy-two (72) hours: 1) notify the Commissioner of the Kentucky State Police, the Auditor of Public Accounts, the Kentucky Attorney General and the Education Commissioner and 2) begin a reasonable and prompt investigation to determine whether the security breach has resulted or is likely to result in the misuse of personal information.

FOLLOW-UP INVESTIGATION/ASSESSMENT IF SECURITY BREACH CONFIRMED

If it is determined after initial investigation that a security breach has occurred, the District shall complete an investigation and assessment of the incident to determine whether the security breach has resulted or is likely to result in the misuse of personal information, which may include the following:

- Depending on the nature of the breach and sensitivity of information, take reasonable near-term steps to mitigate further unauthorized disclosure of personal information and risk of harm.
- Consider designating a lead investigator and investigative team with expertise keyed to the event (e.g. utilization of available District IT professionals if breach involves electronically maintained information, internet, or web resources).
- Interview relevant individuals to learn about the circumstances surrounding the incident and review logs, tapes or other resources.
- Identify individual(s) affected by the breach.
- Determine what personal information has been compromised and how disclosed.
- If applicable, identify affected machines, devices, and IT resources and preserve backups, images and hardware where possible.
- Estimate the likely impact of the compromised data's exposure.
- Utilize professional assistance and consultation as necessary, analyze the likely cause of the breach.
- Coordinate internal and external communications related to the incident. Emphasize maintaining confidentiality during investigative stages of response activities.
- Seek involvement of law enforcement if there is reason to believe criminal activity has occurred.

Notice of Security Breach & Investigation Procedures

NOTIFICATION

Upon conclusion of the investigation, if it is determined that a security breach has occurred and that misuse of personal information has occurred or is likely to occur, the District shall within forty-eight (48) hours notify the Commissioner of the Kentucky State Police, the Auditor of Public Accounts, the Attorney General, the Commissioner of Education, and the Commissioner of the Department of Libraries and Archives. Within thirty-five (35) days of providing these notices, the District shall notify all individuals impacted by the security breach as provided by law.[1]

These notices shall be delayed upon written request of a law enforcement agency that the notices would impede an investigation. Security Breach Forms are located on the Kentucky Finance & Administration Cabinet website:

https://finance.ky.gov/office-of-the-secretary/Pages/finance-forms.aspx

If the investigation determines that misuse of personal information has not occurred or is not likely to occur, the above agency contacts shall be provided notice of the determination. In this case, notice to affected individuals is not required, but the District should maintain records reflecting and supporting the determination.

CONTRACTS WITH NONAFFILIATED THIRD PARTIES - INFORMATION SECURITY

On or after January 1, 2015, agreements calling for the disclosure of "personal information" to nonaffiliated third parties shall require the third party contracting with the District to follow information breach and security standards at least as stringent as those applicable to the District.

Contracts with such third parties shall specify how costs of data breach investigations and notices are to be apportioned.

OTHER PRIVATE INFORMATION

In the case of breach of information made private by law that does not fall within the definition of "personal information", the District may engage in similar investigative, response, or notification activities as provided above. Alternatively, the District may, after reasonable investigation, provide notice to the individual whose restricted personal information has been acquired by an unauthorized person. Notification will be made in the most expedient time frame possible and without unreasonable delay, except when a law enforcement agency advises the District that notification will impede criminal investigation. Notification should be provided to the individual within three (3) working days of discovery of the breach but no later than thirty (30) working days.

Depending on the number of people to be contacted, notification may be in the form of a face-to-face meeting, phone call, posting on a Web site or sending a written notice to each affected person's home. Notice should include the specific information involved and, when known, an estimate of how long it has been exposed, to whom the information has been released and how the breach occurred. In addition, the individual should be advised whether the information remains in the physical possession of an unauthorized person, if it has been downloaded or copied, and/or, if known, whether it was used by an unauthorized person for identify theft or fraud purposes.

Notice of Security Breach & Investigation Procedures

REFERENCES:

[1]KRS 61.933
KRS 61.931; KRS 61.932
702 KAR 001:170
Data Security and Breach Notification Best Practice Guide

Review/Revised:9/5/2017

Job Description for Board Attorney

REPORTS TO BOARD OF EDUCATION

QUALIFICATIONS

1. Is licensed to practice law in Kentucky.
2. Has specialization in school law (preferred).
3. Has the ability to handle stressful situations regarding parents, students, faculty, and administrators.
4. Has had successful experience as an attorney.

JOB RESPONSIBILITIES

The Board Attorney shall provide direct, professional legal counsel and representation to the Board, Superintendent, and staff on school District matters.

ADDITIONAL RESPONSIBILITIES

1. Attends and provides legal advice at Board meetings and other meetings, when requested.
2. Prepares and conducts litigation and administrative law hearings as directed by the Superintendent and authorized by the Board.
3. Prepares and renders legal opinions upon request to the Superintendent and/or the Board.
4. Prepares or reviews for the Board all invitations to bid, job specifications, and legal contracts.
5. Advises the Board in matters of a legal or technical nature relating to the interpretation of statutes, charters, ordinances, contracts, etc.
6. Assists in the drafting of legal documents.
7. Performs other tasks assigned by the Board.

Review/Revised:9/5/2017

Board Member Expense Reimbursement

Approval of and reimbursement for travel expenses shall be accomplished by the completion of the "Travel Request Form" and the "Travel Expense Voucher." Both forms are found in Chapter 3 and are coded 03.125 AP.21 and 03.125 AP.22.

Review/Revised:9/5/2017

Charter School Authorization

AUTHORIZER DUTIES

Under KRS 160.1594, a public charter school authorizer shall establish an annual timeline consistent with statutory guidelines to:

- Solicit, invite, accept, and evaluate applications;
- Approve new and renewal applications that meet statutory requirements;
- Decline applications that:
    1. Fail to meet statutory requirements; or
    2. Are for a school that would be under the direction of any religious denomination; and
- Negotiate and execute in good faith contracts with each authorized charter school;
- Monitor the performance and compliance of charter schools in accordance with contract terms;
- Determine whether each charter merits renewal or revocation;
- Establish and maintain practices consistent with professional standards for authorizers, including:
    1. Organizational capacity and infrastructure;
    2. Soliciting and evaluating applications;
    3. Performance contracting;
    4. Ongoing public charter school oversight and evaluation; and
    5. Charter approval, renewal, and revocation decision making.

Pursuant to KRS 160.1592, an authorizer shall semiannually consider for approval a charter school's proposed amendments to the contract.

- Authorizers. may consider requests more frequently upon mutual agreement with the charter.
- Denials of amendment requests are appealable under KRS 160.1595.

KRS 160.1596 requires authorizers to collect, analyze, and report to the KBE all state required assessment and achievement data for each charter it oversees.

By August 31, 2023, and annually thereafter, each authorizer must submit to the (1) Commissioner, (2) Education and Workforce Development Secretary, and (3) Interim Joint Committee on Education a report that includes:

- Number of applications received, reviewed, and approved;
- Authorizing duties performed by the authorizer;
- Summary of the academic and financial performance of each charter school;
- Names of each charter school that have not yet begun to operate; and

Charter School Authorization

AUTHORIZER DUTIES (CONTINUED)

- Names of each charter school during the prior academic year that:
  1. Closed during or after the year; and
  2. Had their contract nonrenewed or revoked.

701 KAR 008:020 requires authorizers to publicly report on oversight and services provided to charter schools under its authority and authorizing functions provided by the authorizer, including operating costs and expenses as detailed in an annual audited financial statement.

Review/Revised:8/5/2022

Charter School Application

The charter school application shall include the following:

1. Performance information, financial information, and closure information for any charter school under the applicant or board of directors;
2. Details and documentation of the outreach the applicant or proposed board of directors has had with the students or community that is the focus of the charter school application;
3. Details of whether the charter application replicates or substantially replicates:
    a. A charter application that the applicant, proposed board of directors, or another entity previously withdrew from consideration and the reasons it was withdrawn;
    b. A charter application that was rejected by an authorizer and the reasons the charter application was rejected; or
    c. A charter school that was previously closed and the reasons for the closure.

The Board shall request and secure a certificate of existence from the Secretary of State for any business entity or its designee included as an applicant or in the proposed board of directors and, if the applicant or board of directors includes a foreign entity, request and secure a certificate of authorization for the entity from the Secretary of State.

The Board shall publish on the District website the names of all persons, and their roles, who are involved in the review of charter applications. Review of charter applications shall be conducted pursuant to requirements of the Open Meetings Act.

The required application is incorporated by reference in regulation and can be accessed via the Kentucky Department of Education's website.

REFERENCE:

701 KAR 008:020

Review/Revised:7/24/2018

Charter School Contracts

CONTRACT PERFORMANCE

The District will use academic, financial, operational measures, and performance frameworks for public charter school oversight and evaluation with which the District shall evaluate the charter school's performance under the charter contract.

CONTRACT REQUIREMENTS FOR SCHOOL PRE-OPENING

The Board shall include mutually agreed upon pre-opening requirements or conditions to:

1. Monitor the start-up progress of the newly approved public charter school;
2. Ensure that the charter school is prepared to open timely and smoothly on an agreed upon date; and
3. Ensure that the charter school meets all benchmarks related to facilities, health, safety, insurance, school personnel, enrollment, curriculum and instruction, operations and fiscal management, governance, and other legal requirements for the charter school opening.

Failure by the charter school to comply with these requirements or conditions may result in the immediate revocation of the charter contract. Such failure may result in the delay in the charter school opening by up to one (1) year if the Board does not determine that the charter school is more likely than not to close during the school year. Such failure shall result in the delay in the opening of the charter school by up to one (1) year if the Board does determine that the charter school is more likely than not to close during the school year.

CONTRACT FINANCIAL REQUIREMENTS

The Board shall include the following provisions for charter school financial solvency and sustainability:

1. Requirement that no member of the charter school board of directors, no education service provider, and no charter school employee shall knowingly recommend and no member of the charter school board shall knowingly vote for an expenditure in excess of the charter school's income and revenue of any fiscal year, as shown by the budget adopted the charter school board of directors and approved by the local Board;
2. Requirement that a member of the charter school board of directors, an education service provider, or a charter school employee who knowingly expends or authorizes such an expenditure of charter school funds or who knowingly authorizes or executes any employment, purchase, or contract in violation of these requirements, shall be jointly and severally liable in person and upon any official fidelity bond given to the local Board to the extent of any payments on the void claim;

Charter School Contracts

CONTRACT FINANCIAL REQUIREMENTS (CONTINUED)

3. Requirement that, if at any time during any fiscal year of the charter school's existence, a member of the charter school board of directors, an education service provider, or a charter school employee, knows or reasonably should know that the charter school has or will become unable to pay in full its projected expenses as they fall due, the charter school shall immediately advise the Kentucky Department of Education and the local Board and provide the Department and the local Board with all financial information relating to revenues and expenses of the charter school necessary to determine the extent and cause of any potential operating deficit.

   Failure to provide the notice to or cooperate with the Department and the local Board as required in this section in the production of financial information pursuant to this section shall result in:

   a. The local Board shall determine whether grounds exist to revoke the charter contract;

   b. The knowingly acting member of the charter school board of directors, the education service provider, or the charter school employee may be subject to liability;

4. Requirement that the charter school board of directors maintain separate accountings of all funds received and disbursed by each charter school under the charter school board of directors.

CONTRACT REQUIREMENTS FOR SCHOOL CLOSURE

The local Board shall include specific, exclusive reasons and timelines for closure initiated by the charter school board of directors, closure protocol including policies and procedures applicable to the school closure, as well as requirements pursuant to state statutes or regulations.

CONTRACT ENROLLMENT REQUIREMENTS

The Board shall require that the charter school shall not prohibit a student from attending and shall not unenroll or withdraw a student unless the charter school has complied with KRS 158.150.

CONTRACT REQUIREMENTS FOR EDUCATION SERVICE PROVIDERS

The Board shall require in the charter contract that any contract between a charter school board of directors and an education service provider (ESP) shall be approved by the local Board prior to execution of the contract between the charter board and the ESP. The contract between the charter board and the ESP shall comply with the following:

1. Clear establishment of the primacy of the charter contract with the local Board over the contract between the charter board and the ESP;

2. Clearly identifies the charter school board of directors as the party ultimately responsible for success or failure of the charter school and defines the ESP as a vendor of services;

Charter School Contracts

CONTRACT REQUIREMENTS FOR EDUCATION SERVICE PROVIDERS (CONTINUED)

3. Prohibits the ESP from selecting, approving, employing, compensating, or serving as members of the charter school board of directors;
4. Requirement that the charter school board of directors directly select, retain, and compensate the charter school's legal counsel, finance staff, audit firm, and school leader;
5. Provision for payments to the charter school to made to an account controlled by the charter school board of directors, not the ESP;
6. All instruction materials, furnishings, and equipment purchased or developed with charter school funds be the property of the charter school, not the ESP;
7. Identification and description of roles and responsibilities of the charter school board of directors and the ESP, including all services to be provided under the contract between the charter school board of directors and the ESP;
8. Identification and description of performance measures and consequences by which the charter school board of directors shall hold the ESP accountable for performance, aligned with the performance measures in the contract between the local Board and the charter school board of directors;
9. Identification and specific description of all compensation to be paid to the ESP, including all fees, bonuses, and conditions, consideration, and restrictions on such compensation;
10. Identification and description of terms of any facility agreement that may be part of any relationship between the charter school board and the ESP;
11. Identification and description of financial reporting requirements and provisions for the charter school board of directors' financial oversight of the ESP and the charter school;
12. Identification and description of all other financial terms of the contract, including disclosure and documentation of all loans or investments by the ESP to the charter school board, and provision for the disposition of assets upon closure;
13. Assurances that the charter school board shall maintain independent fiduciary oversight and authority over the charter school budget and ultimate responsibility for the charter school's performance including that:
    a. The charter school board of directors shall be structurally independent from the ESP and shall set and approve charter school policies;
    b. The terms of the contract between the charter school board and the ESP are reached through arm's-length negotiations in which the charter school board is represented by legal counsel that does not also represent the ESP;

Charter School Contracts

CONTRACT REQUIREMENTS FOR EDUCATION SERVICE PROVIDERS (CONTINUED)

14. Provisions for contract termination without penalties for the charter school without costs beyond the pro-rated value of the services provided by the education service provider; and
15. Respective responsibilities of the charter school board and the ESP in the event of school closure.

The contract between the local Board and the charter school board shall prohibit delegation of the charter school board of directors' responsibilities in this section to the ESP.

CONTRACT APPROVAL BY THE COMMISSIONER OF EDUCATION

The local Board shall not enter a charter contract for start-up, conversion, renewal of a charter school, or agree to any charter contract or contract amendment unless submitted to the Commissioner of Education who shall approve or deny but include reasons and any suggestions for remedy of those reasons. Failure to meet the Commissioner's requirements for approval shall render the contract or amendment void.

Review/Revised:7/24/2018

Evaluation of the Superintendent

PROCESS

1. At the beginning of each contract year, the Board reviews the plan and expectations with the Superintendent prior to implementing the evaluation plan.
2. The Board and Superintendent collaboratively determine the evaluation process, timelines, and forms including the type of performance rating system to be used – numerical (4-1), descriptive (Exemplary, Accomplished, Developing, Improvement Required), or both. The Board will get more effective evaluation data through thoughtful discussions in determining a descriptive performance rating, but using and averaging numbers is an option.
3. Using the following Superintendent Evaluation instrument, the Superintendent conducts a self-assessment and reflects on his/her own performance levels in terms of the standards, indicators, and local District goals.
4. Each Board member uses the following Superintendent Evaluation instrument to reflect on Superintendent progress and performance levels on standards, indicators and District goals. Board members should also consider areas of emphasis on previous evaluations.
5. Each Board member should rate all the performance standards to create a comprehensive evaluation of the job, keeping in mind that factors such as experience and organizational structure may determine the level of focus on each standard. Performance indicators are listed below every standard. These performance indicators suggest objective measures to consider. Do not rate each performance indicator separately; only rate the overall performance standard.
6. Written comments in support of your rating are recommended as they provide clarity and are helpful during the Board discussions of the evaluation.
7. Each Board member's forms should be returned to the Board Chair or designee for compiling.
8. The entire Board and Superintendent meet to discuss individual and/or compiled reflection/assessment results. This conversation shall be held in a closed session and may include identifying commonalities and differences as well as developing and agreement on performance expectations.
9. The Board and Superintendent determine expectations relating to performance standards and District goals. Throughout the year the Superintendent collects and retains evidence of performance for areas of emphasis as well as standards and District goals. S/he shares evidence with the Board throughout the year to demonstrate efforts toward increased competencies in these areas.
10. The Board considers and incorporates Superintendent evidences into the Superintendent annual performance evaluation and collectively, with one voice, determines the Superintendent performance level for each standard and goal.
11. The final evaluation (summative) of the Superintendent shall be discussed and adopted in an open meeting of the Board and reflected in the meeting minutes.

Evaluation of the Superintendent

PERFORMANCE RATING LEVELS

The following performance levels will be used to indicate the progress of a Superintendent toward the seven standards and District goals.

(4) Exemplary: Exceeds the standard

(3) Accomplished: Meets the standard

(2) Developing: Making progress toward meeting the standard

(1) Improvement Required: Progress toward meeting the standard/goal is unacceptable; standard/goal is required to be addressed with Performance Expectations agreed upon by the Board and Superintendent.

Comments are recommended to support performance levels for each standard and District goal and necessary when performance is determined to be Improvement Required.

Evaluation of the Superintendent

EVALUATION INSTRUMENT

STANDARD 1: STRATEGIC LEADERSHIP

The Superintendent leads the development and implementation of District vision, mission, and goals while creating conditions to ensure that every student graduates high school with the knowledge and skills necessary to be successful in the 21st century.

PERFORMANCE INDICATORS:

(Do not rate individual indicators. These are listed only to help demonstrate the types of activities that may occur within this standard when assessing the Superintendent's performance.)

1.1 With direction from the Board, the Superintendent facilitates a community process to develop and implement a shared vision that focuses on improving student achievement.

1.2 Empowers all stakeholders to reach high levels of performance and achieve the District's vision.

1.3 Communicates high expectations for student achievement while promoting academic rigor that focuses on learning and excellence.

1.4 Develops, implements, promotes, and monitors continuous improvement processes.

1.5 Assists the Board in developing, implementing, and monitoring District goals.

1.6 Understands and demonstrates that District and school improvement goals are connected to student learning goals.

The Superintendent's performance for this standard:

☐ **(4) Exemplary:** Exceeds the standard

☐ **(3) Accomplished:** Meets the standard

☐ **(2) Developing:** Making progress toward meeting the standard

☐ **(1) Improvement Required:** Progress toward meeting the standard is unacceptable; standard is required to be addressed with Performance Expectations agreed upon by the Board and Superintendent. Comments to support this performance level are required.

Comments & Evidence to support the Superintendent's performance for this standard:

Evaluation of the Superintendent

STANDARD 2: INSTRUCTIONAL LEADERSHIP

The Superintendent supports and builds a system to effectively use District resources and research-based best practices for curriculum, instruction, and assessment in reducing achievement gaps and continuously improving teaching, learning, and student achievement.

PERFORMANCE INDICATORS:

(Do not rate individual indicators. These are listed only to help demonstrate the types of activities that may occur within this standard when assessing the Superintendent's performance.)

2.1 Communicates student achievement expectations to staff and stakeholders.

2.2 Demonstrates the need to identify and remove barriers to student learning.

2.3 Proposes appropriate recommendations for programs and curricula in anticipating adjustments of occupational trends and school-to-career needs.

2.4 Develops, implements, promotes, and monitors continuous improvement processes with faculty and stakeholders to ensure alignment of curriculum, instruction and assessment.

2.5 Encourages the use of technology in educational programming.

2.6 Using a variety of techniques, work with principals and administrators to formulate plans to assess and analyze the effectiveness of instruction through student progress. These may include monitoring, evaluating and reporting student achievement and performance gaps; observing teaching methods and classroom management; and research, assessments, feedback, and reflection.

2.7 Understands data analysis, including how it applies to school and District student achievement goals, how to address curricular gaps and how to use data to prioritize decisions and drive change that will improve student learning.

2.8 Ensures school and District progress in the areas of: proficiency, growth, graduation rate, closing achievement gaps, transition readiness, opportunity, and access.

The Superintendent's performance for this standard:

☐ **(4) Exemplary:** Exceeds the standard

☐ **(3) Accomplished:** Meets the standard

☐ **(2) Developing:** Making progress toward meeting the standard

☐ **(1) Improvement Required:** Progress toward meeting the standard is unacceptable; standard is required to be addressed with Performance Expectations agreed upon by the Board and Superintendent. Comments to support this performance level are required.

Comments & Evidence to support the Superintendent's performance for this standard:

Evaluation of the Superintendent

STANDARD 3: CULTURAL LEADERSHIP

The Superintendent understands the history, tradition, and multicultural differences of the District. S/he empowers all stakeholders to assist in shaping District culture and climate as they support efforts to improve teaching and learning for all.

PERFORMANCE INDICATORS:

(Do not rate individual indicators. These are listed only to help demonstrate the types of activities that may occur within this standard when assessing the Superintendent's performance.)

3.1 Creates and supports a community of learners that empowers others to reach high levels of performance to achieve the school's vision.

3.2 Promotes understanding and celebrating of school/community cultures.

3.3 Promotes and expects a school-based climate of tolerance, acceptance and civility.

3.4 Advocates, nurtures and sustains school culture and instructional programming conducive to student learning.

3.5 Models and demonstrates multicultural and ethnic practices and is responsive to the needs of diverse populations.

3.6 Encourages instructional strategies that include cultural diversity and differences in learning styles.

The Superintendent's performance for this standard:

☐ **(4) Exemplary:** Exceeds the standard

☐ **(3) Accomplished:** Meets the standard

☐ **(2) Developing:** Making progress toward meeting the standard

☐ **(1) Improvement Required:** Progress toward meeting the standard is unacceptable; standard is required to be addressed with Performance Expectations agreed upon by the Board and Superintendent. Comments to support this performance level are required.

Comments & Evidence to support the Superintendent's performance for this standard:

Evaluation of the Superintendent

STANDARD 4: HUMAN RESOURCE LEADERSHIP

The Superintendent leads the District in developing professional learning communities among a highly effective and diverse staff. S/he assists in the planning of professional development opportunities for all staff and develops and implements an effective staff performance evaluation system. If applicable, the Superintendent provides technical advice to the Board to administer and negotiate labor contracts.

PERFORMANCE INDICATORS:

(Do not rate individual indicators. These are listed only to help demonstrate the types of activities that may occur within this standard when assessing the Superintendent's performance.)

4.1 Demonstrates use of system and staff evaluation data for personnel policies, decision-making, career growth and professional development.

4.2 Understands and demonstrates that professional development needs to be aligned to the analysis of test data.

4.3 Demonstrates understanding of continual improvement processes for teacher and principal effectiveness systems, and implements them.

4.4 Identifies and applies appropriate policies, criteria, and processes for the recruitment, selection, induction, compensation, support, evaluation, development, and retention of a high-performing, diverse staff.

4.5 Mentors and coaches' administrators throughout the District.

If applicable:

4.6 Develops bargaining strategies based upon collective bargaining laws and processes.

4.7 Identifies contract language issues and proposes modifications.

4.8 Participates in the collective bargaining processes as determined by the Board, establishing productive relationships with bargaining groups while effectively managing contracts.

The Superintendent's performance for this standard:

☐ **(4) Exemplary:** Exceeds the standard

☐ **(3) Accomplished:** Meets the standard

☐ **(2) Developing:** Making progress toward meeting the standard

☐ **(1) Improvement Required:** Progress toward meeting the standard is unacceptable; standard is required to be addressed with Performance Expectations agreed upon by the Board and Superintendent. Comments to support this performance level are required.

Comments & Evidence to support the Superintendent's performance for this standard:

Evaluation of the Superintendent

STANDARD 5: MANAGERIAL LEADERSHIP

The Superintendent uses data analysis in budgeting, staffing, and problem solving to make recommendations to the Board as they effectively and efficiently allocate resources and establish support systems for all District stakeholders.

PERFORMANCE INDICATORS:

(Do not rate individual indicators. These are listed only to help demonstrate the types of activities that may occur within this standard when assessing the Superintendent's performance.)

5.1 Demonstrates understanding and comprehends the importance of managing the District budget, including financial forecasting, planning, cash-flow management, account auditing, and monitoring that results in the following:

- A balanced operational budget for school programs and activities.
- Utilization of District resources to attain the highest and most efficient use to improve student learning, while maintaining compliance with legal, ethical and policy standards.
- Effective communication of the District's budget and resource allocation to the Board and constituents.
- Meeting reporting deadlines as required by statute, regulatory agency, local policy or Board action.

5.2 Ensures sound management of the organization, operations, and resources for a safe, efficient, and effective learning environment.

5.3 Secures and uses a variety of appropriate school and community resources to support learning.

5.4 Understands and monitors the District technology plan, making informed decisions about computer hardware and software, as well as related staff development and training needs.

5.5 Demonstrates knowledge of school facilities and develops a process that builds internal and public support for facility needs, including bond issues.

5.6 Establishes procedures and practices to assist all stakeholders in implementing and monitoring emergency plans for District safety and security practices for weather, threats, violence and trauma in collaboration with local, state, and federal agencies.

The Superintendent’s performance for this standard:

☐ **(4) Exemplary:** Exceeds the standard

☐ **(3) Accomplished:** Meets the standard

☐ **(2) Developing:** Making progress toward meeting the standard

☐ **(1) Improvement Required:** Progress toward meeting the standard is unacceptable; standard is required to be addressed with Performance Expectations agreed upon by the Board and Superintendent. Comments to support this performance level are required.

Comments & Evidence to support the Superintendent's performance for this standard:

Evaluation of the Superintendent

STANDARD 6: COLLABORATIVE LEADERSHIP

The Superintendent maintains a positive relationship with Board members as they work together to establish community support for the District's goals through effective two-way communications with students, staff, parents, business representatives, government leaders, community members, and the media.

PERFORMANCE INDICATORS:

(Do not rate individual indicators. These are listed only to help demonstrate the types of activities that may occur within this standard when assessing the Superintendent's performance.)

6.1 Understands and articulates the system of public school governance and differentiates between policy-making and administrative roles.

6.2 Develops effective Superintendent/Board interpersonal and working relationships.

6.3 Understands and interprets the role of federal, state and regional governments, policies, and politics and their relationships to local Districts and schools.

6.4 Effectively uses legal resources (e.g. local Board attorney) to protect the District from civil and criminal liabilities.

6.5 Collaboratively develops, implements and monitors processes to improve student learning and teaching.

6.6 Uses formal and informal techniques to gain perceptions of District from all stakeholders, internal and external.

6.7 Demonstrates effective communication skills (written, verbal and non-verbal), in formal and informal settings, large and small group and one-on-one environments.

6.8 Establishes effective school/community relations, school/business partnerships and a positive working relationship with the media; and promotes involvement of all stakeholders to fully participate in the process of education.

The Superintendent's performance for this standard:

☐ **(4) Exemplary:** Exceeds the standard

☐ **(3) Accomplished:** Meets the standard

☐ **(2) Developing:** Making progress toward meeting the standard

☐ **(1) Improvement Required:** Progress toward meeting the standard is unacceptable; standard is required to be addressed with Performance Expectations agreed upon by the Board and Superintendent. Comments to support this performance level are required.

Comments & Evidence to support the Superintendent's performance for this standard:

Evaluation of the Superintendent

STANDARD 7: INFLUENTIAL LEADERSHIP

The Superintendent uses his/her position in the District and community to work with local, state and federal officials to influence policies affecting the political, social, economic, legal, cultural, and ethical governance of public education.

PERFORMANCE INDICATORS:

(Do not rate individual indicators. These are listed only to help demonstrate the types of activities that may occur within this standard when assessing the Superintendent's performance.)

7.1 Understands and interprets the role of federal, state and regional governments; policies; and politics and their relationships to local Districts and schools.

7.2 Provides input on critical education issues at the local, state and federal levels.

7.3 Continually models a professional code of moral and ethical standards, and demonstrates personal integrity.

7.4 Explores and develops ways to find common ground in dealing with difficult and divisive issues.

7.5 Promotes the establishment of moral and ethical practices in every classroom, every school, and throughout the District.

The Superintendent's performance for this standard:

☐ **(4) Exemplary:** Exceeds the standard

☐ **(3) Accomplished:** Meets the standard

☐ **(2) Developing:** Making progress toward meeting the standard

☐ **(1) Improvement Required:** Progress toward meeting the standard is unacceptable; standard is required to be addressed with Performance Expectations agreed upon by the Board and Superintendent. Comments to support this performance level are required.

Comments & Evidence to support the Superintendent's performance for this standard:

Evaluation of the Superintendent

DISTRICT GOALS

Part of the Superintendent's job is to guide the District toward successful completion of District goals collaboratively developed by the Board and Superintendent and to report progress toward goals on a regular, prescribed basis. Goals may also be developed as part of the Superintendent's performance expectations.

1. Attached are the forms to be completed by each Board member rating the Superintendent's performance in meeting the goals agreed to by the Superintendent and the Board at the beginning of the year. Each goal statement should be inserted into a separate page for completion.
2. Each Board member should rate the performance level for each goal.
3. Written comments in support of your rating are recommended as they provide clarity and are helpful during the Board discussions of the evaluation.
4. Each Board member's forms should be returned to the Board Chairperson or designated Board member for compiling.

Evaluation of the Superintendent

GOAL 1:

The Superintendent's performance for this standard:

☐ **(4) Exemplary:** Exceeds the standard

☐ **(3) Accomplished:** Meets the standard

☐ **(2) Developing:** Making progress toward meeting the standard

☐ **(1) Improvement Required:** Progress toward meeting the goal is unacceptable; goal is required to be addressed with Performance Expectations agreed upon by the Board and Superintendent. Comments to support this performance level are required.

Comments & Evidence to support the Superintendent's performance for this goal:

Evaluation of the Superintendent

GOAL 2:

The Superintendent's performance for this standard:

☐ **(4) Exemplary:** Exceeds the standard

☐ **(3) Accomplished:** Meets the standard

☐ **(2) Developing:** Making progress toward meeting the standard

☐ **(1) Improvement Required:** Progress toward meeting the goal is unacceptable; goal is required to be addressed with Performance Expectations agreed upon by the Board and Superintendent. Comments to support this performance level are required.

Comments & Evidence to support the Superintendent's performance for this goal:

Evaluation of the Superintendent

GOAL 3:

The Superintendent's performance for this standard:

☐ **(4) Exemplary:** Exceeds the standard

☐ **(3) Accomplished:** Meets the standard

☐ **(2) Developing:** Making progress toward meeting the standard

☐ **(1) Improvement Required:** Progress toward meeting the goal is unacceptable; goal is required to be addressed with Performance Expectations agreed upon by the Board and Superintendent. Comments to support this performance level are required.

Comments & Evidence to support the Superintendent's performance for this goal:

Review/Revised:8/5/2022

School Council Records

To request access to School Council records, use Procedure 01.6 AP.2/Inspection of Board Records.

Review/Revised:9/5/2017

Nondisclosure Agreement (SBDM)

This Nondisclosure Agreement (the "Agreement") is entered into by and between the members of the _____ School Based Council ("SBDM") and _____ School District, for the purpose of preventing the unauthorized disclosure of Confidential Information as defined below.

For purposes of this Agreement, "Confidential Information" shall include all information, written material whether hardcopy or digital, media, communications, other files, or discussions that are part of the consultation between the Superintendent and the SBDM related to the hiring of the school Principal.

For purposes of this Agreement, "Confidential Information" shall NOT include information that is publicly known at the time of disclosure, or information that is publicly disclosed by the Superintendent.

For purposes of this Agreement, "Consultation" means the act of discussing or deliberating together where information is exchanged between the Superintendent and the SBDM and its members.

SBDM MEMBER

By: _____

Printed Name: _____

Title: _____

Dated: _____

Review/Revised:8/5/2022

Request for Waiver of Board Policy

_____ _____

School Council *Date*

_____ _____

Name of Policy to Be Waived *Policy Number*

Proposal:

_____

_____

_____

_____

Rationale:

_____

_____

_____

_____

_____

Principal's Signature

(AREA BELOW THIS LINE IS TO BE COMPLETED BY THE SUPERINTENDENT)

Board Decision: _____

_____

Rationale: _____

_____

_____ _____

Superintendent's Signature *Date*

_____ _____

Board Chairperson's Signature *Date*

Review/Revised:9/5/2017

Comprehensive School Improvement Plan Reports

The council, or Principal in a school without a council, shall organize the school improvement planning process in accordance with Board policy and the following procedures. Selection of committee members shall reflect reasonable minority representation and encourage active minority participation and include input from parents, faculty and staff.

PROCESS GUIDELINES

Consistent with requirements of 703 KAR 005:225and the Every Student Succeeds Act of 2015 (ESSA), the council/committee shall:

1. *Analyze performance data* for the school's students, including an annual review of disaggregated assessment data.
2. *Review gap targets* established by the Board. (Upon agreement of the Superintendent and SBDM council, or the Principal if there is not a council, the Board shall establish an annual target for the school for reducing identified gaps in achievement.)
3. *Conduct a comprehensive needs assessment for the school*.
4. *Document progress notes* to evaluate plan activities and achievement of plan goals and objectives, with results to be reported to the council/committee and to the Board via the Superintendent.

   The council/committee also shall provide information and updates, as directed by the Superintendent/designee, to promote communication and coordination between the District Planning Committee and school councils.
5. *Schedule a review and update* of the plan by the council/committee at least once a year, as determined by the committee.
6. *Submit updated plan* to Superintendent, Board and community for review and comment.
7. *Submit school's Section 7 allocation requests* to the Board, aligned with the CSIP and as approved by the council/committee or Principal.
8. *Maintain copies of the plan* permanently and other documentation to illustrate compliance with state and federal requirements.

Comprehensive School Improvement Planning

FORMAT OF WRITTEN PLAN

COMPONENT	PERSON(S) RESPONSIBLE	TARGET DATE	DATE COMPLETED
MISSION STATEMENT			
GOALS (FOCUSING ON STUDENT PERFORMANCE AND ACHIEVEMENT GAPS)			
OBJECTIVES (SCHOOL CHANGES NEEDED TO REACH GOALS)			
PRIORITY NEEDS: ▪ addressing student performance weaknesses ▪ closing achievement gaps			
ACTION COMPONENTS (STRATEGIES & ACTIVITIES) CONSISTENT WITH BOARD/COUNCIL ROLES			
PLAN ACTIVITIES/METHOD TO EVALUATE PLAN			
SCHEDULED IMPLEMENTATION & IMPACT CHECK(S) INCLUDING REPORTS TO COUNCIL/COMMITTEE AND BOARD – RECOMMENDED AT LEAST ONCE ANNUALLY			
ASSURANCE OF PROCESS USED TO DEVELOP PLAN			
OTHER PROCESS COMPONENTS REQUIRED BY 703 KAR 005:225 OR ESSA:			

Review/Revised:9/5/2017

Hiring

The following procedures shall apply in the recruitment, selection, and employment of all classified and certified personnel hired in the District.

RECRUITMENT

Recruiting shall be the responsibility of the Superintendent/designee. Efforts shall be made to recruit a quality staff to include, but not be limited to:

1. Working through placement bureaus of regional and state colleges and universities;
2. Conducting orientation meetings with students at the high school relating to future employment opportunities with the District;
3. Working with state educational associations and the state department of education;
4. Conducting recruitment programs through parent-teacher organizations; and
5. Advertising through appropriate media.

POSTING

Vacancies shall be posted in the Central Office, in each school building during the school year, on the District's website and with the Kentucky Department of Education.

All postings at the local level shall be made within five (5) working days of each certified vacancy opening. The closing date for receiving applications shall be listed when vacancies are posted.

CERTIFIED VACANCIES

The Superintendent/designee shall notify the Chief State School Officer of the vacancy at least fifteen (15) days prior to filling the position. When such a vacancy needs to be filled in fewer than fifteen (15) days to prevent disruption of necessary instructional or support services, a waiver may be requested from the Chief State School Officer. If the waiver is approved, the appointment shall not be made until the person selected has been approved by the Chief State School Officer.

APPLICATIONS

Completed applications should be filed in the Superintendent's office and accompanied by transcripts and certificates, as appropriate.

The Superintendent/designee shall review each application for completeness and shall send a notice to each applicant indicating (a) the date of the review and (b) any additional materials requested.

SELECTION FACTORS

The Superintendent/designee shall screen applicants based on the following factors:

1. Certification (when required for the position)
2. Educational background
3. Previous work experience
4. Recommendations

Hiring

SELECTION FACTORS (CONTINUED)

5. Personal characteristics exhibited during the interview process:
    a. Ability to communicate
    b. Ability to work cooperatively with others
    c. Applicant's educational philosophy
    d. Knowledge of work area or subject matter
6. Results from required testing

EMPLOYMENT

For SBDM schools, hiring shall follow statutory guidelines and the provisions of Policy 02.4244, and the Superintendent shall complete the hiring process. Decisions on Central Office and District-wide personnel shall be made by the Superintendent/designee. The Superintendent shall inform the Board of the appointment of all personnel.

CONTRACT

Personnel hired by the Superintendent shall be notified of their contractual obligations by letter. The contract must be signed and returned to the Personnel Office within two (2) weeks. If not returned within this time frame, the contract may be considered null and void.

Review/Revised:7/24/2018

- CERTIFIED PERSONNEL -

Vacancy Notice for Certified Positions

I. VACANCY

_____ _____
School Position Vacant (Code & Title)

II. Hiring (Recommendation of Employment)

_____ _____
School Position to be filled

_____ _____
Applicant Name Date position needs to be filled

Yes ___ No ___ Was a crime check done on this applicant?

Yes ___ No ___ Letter from the Cabinet for Health & Family Services been received (for applicants on or after April 4, 2018)?

Yes ___ No ___ Has their pre-employment drug test been done? (Employment contingent upon passing drug screen)

Yes ___ No ___ Was this position posed in the office of the Superintendent?

Yes ___ No ___ Was this position posted in the above school?

Yes ___ No ___ Is the applicant in compliance with KRS 160.380? (nepotism)

Yes ___ No ___ Was the applicant placed from a pool of applicants?

Yes ___ No ___ Does this school have a Site Based Council? District Wide Position.

Yes ___ No ___ If yes was the Site Based Council consulted on the employment?

Yes ___ No ___ Is the person properly certified for this position?

Please return to: Superintendent Fax: 672-4224
Leslie County Board of Education
P.O. Box 949
Hyden, KY 41749

(Please send this form to the Superintendent when a vacancy occurs filling out number I only. After the position is filled, send in this form completed.)

_____ _____
Principal/Coordinator/Supervisor Date

_____ _____
Superintendent Date

Review/Revised:7/24/2018

- **CERTIFIED PERSONNEL –**

Application Evaluation

NAME OF APPLICANT _____ **POSITION** _____

The Superintendent/designee shall:

1. rate the application.
2. determine the need for further action based on the outcome of the application evaluation.
3. sign and date the application evaluation document.
4. file the application evaluation in the applicant's folder located in the Central Office.

Certification		
Concentration in area to be taught	5 points	
Highly Qualified	5 points	
Major in vacancy areas/supportive major	4 points	
National Board Certification	4 points	
Two or more related minors	3 points	
One related minor	0 points	
TOTAL		

COMMENTS/SUGGESTIONS _____

Transcript		
3.5+ Overall	10 points	
3.0 Overall	8 points	
2.5 Overall	6 points	
2.0 Overall	0 points	
TOTAL		

COMMENTS/SUGGESTIONS: _____

Professional Improvement/In-Service		
Strongly related to position	5 points	
Moderately related to position	4 points	
Somewhat related to position	3 points	
Not related/no experience	0 points	
TOTAL		

COMMENTS/SUGGESTIONS: _____

Application Evaluation

Work Experience		
Experience strongly related to position	5 points	
Experience somewhat related to position	4 points	
Unrelated experience	3 points	
No experience	0 points	
TOTAL		

COMMENTS/SUGGESTIONS: _____

Experience Competency Statement		
Outstanding content and style	5 points	
Outstanding content and acceptable style	4 points	
Acceptable content and style	3 points	
Unacceptable content and style	0 points	
TOTAL		

COMMENTS/SUGGESTIONS: _____

References		
Majority are superior	5 points	
Majority are excellent	4 points	
Majority are good	3 points	
Majority are poor	0 points	
TOTAL		

TOTAL SCORE _____

COMMENTS/SUGGESTIONS: _____

_____ _____

Signature of Evaluator ***Date***

Review/Revised:9/5/2017

- CERTIFIED PERSONNEL -

Interview Evaluation

NAME OF APPLICANT _____ POSITION _____

Rating Description - 1) Unsatisfactory 2) Barely Satisfactory 3) Satisfactory Performance 4) Better Than Average Performance 5) Superior Performance

		1	2	3	4	5
1.	**Stability/Rapport** - Appears poised, mature, kind, cheerful, and positive and capable of promoting warm, open, honest, and candid relationships with students, fellow staff and administrators					
2.	**Attitude Toward Work** - Appears to be dedicated to and enthusiastic, positive, and creative toward the demands of teaching					
3.	**Attitude Toward Schools** - Displays a willingness to involve parents and resource people					
4.	**Attitude Toward Community Relations** - Projects positive attitude toward promoting the school programs within the community					
5.	**Ability to Motivate Students** - Has knowledge of techniques and the ability to motivate students to want to learn					
6.	**Classroom Management** - Demonstrates knowledge of effective discipline procedures					
7.	**Attitude Toward Extra-Curricular Activities -** Demonstrates a desire to sponsor/provide leadership in extra-curricular activities					
8.	**Personal Appearance -** Well-groomed and dressed appropriately					
9.	**Communication Skills -** Uses proper English, responses stated clearly and succinctly					
10.	**Grade Point Average in Undergraduate Studies: 2.5 - 2.7 = 1; 2.8 - 3.0 = 2; 3.1 - 3.3 = 3; 3.4 - 3.6 = 4; 3.7 - 4.0 = 5**					
	Total Points					

Length of Interview _____ **Interviewer's Signature/Date _____**

COMMENTS/SUGGESTIONS:

Review/Revised:9/5/2017

- CERTIFIED PERSONNEL -

Application/Interview Summary

POSITION_____ DATE_____

Applicant's Name	Application Evaluation Score	Interview Evaluation	PRAXIS other test scores, if applicable	Comments/Recommendations

RELATED PROCEDURES:

03.11 AP.22, 03.11 AP.23

Review/Revised:9/5/2017

Verification of Employment

Date: _____

The following individual, who has applied for employment in the _____ School District, has reported that s/he was formerly employed by your school district/agency:

_____ _____

Name of Former Employee ***Social Security #***

We request that you verify years of experience and provide other information as noted below. Please return this form in the postage-paid envelope provided.

_____

Signature of Person Requesting Information

_____

Position/Title

This is to certify that the employee listed above was employed by:

- ☐ _____ Schools
- ☐ _____ College/University
- ☐ Kentucky Department of Education, Department of _____
- ☐ Other; please specify: _____

Beginning Date (Month/Day/Year)	**Ending Date (Month/Day/Year)**	**Part-time or Full-time Status**	**Position(s) Held**

Continuing Contract Status (if applicable): ☐ YES ☐ NO

OPEN RECORDS REQUEST

Please provide any information contained in this individual's personnel record evidencing any disciplinary action taken while s/he was employed by your district/agency.

☐ Information enclosed/attached ☐ No disciplinary action on record for this individual

_____ _____ _____

Name & Title of Person Completing Form ***(Please Print/Type)*** *Signature* *Date*

Review/Revised:9/5/2017

Criminal Records Release Authorization

In order to obtain required state and national background checks, District employees and student teachers assigned within the District must complete the Kentucky State Police Criminal Records Release Authorization form, which is available from the Kentucky State Police. The District will submit the required payments.

Student teachers may submit and provide a copy of a national and state criminal background check by the Kentucky State Police and the Federal Bureau of Investigation through an accredited teacher education institution in which the student teacher is enrolled and who have a clear CA/N check.

Review/Revised:8/5/2022

Criminal History Record Information

PURPOSE

The District may use Criminal History Record Information (CHRI) obtained from the Kentucky State Police (KSP) to check qualification for employment or service as provided in KRS 160.380 and related policies and for authorizing personnel who will make fitness determinations. CHRI may not be used for any other purpose.

AUTHORITY

The District has the authorization to submit fingerprints to KSP for a fee-based state and federal background check pursuant to KRS 160.380.

NONCRIMINAL JUSTICE AGENCY CONTACT (NAC) & LOCAL AGENCY SECURITY OFFICER (LASO)

The Superintendent will designate employee(s) to serve as the NAC and LASO points of contact with KSP through which communication regarding audits, District personnel changes, training, and security are conducted. The NAC and LASO will receive and disseminate communication from KSP to all authorized District personnel. Additionally, the LASO shall where applicable:

1. Identify who is using the Criminal Justice Information Services (CJIS) Systems Agency (CSA) approved hardware, software, and firmware and ensure no unauthorized individuals or processes have access to the same.
2. Identify and document how the equipment is connected to the state system.
3. Ensure that personnel security screening procedures are being followed as stated.
4. Ensure approved and appropriate security measures are in place and working as expected.
5. Support policy compliance and ensure the CSA Information Security Officer is promptly informed of security incidents.

AUTHORIZED PERSONNEL

Authorized personnel will be given access to view and handle CHRI after completing the required Security Awareness Training and any additional training required by KSP. Only authorized personnel may access, discuss, use, possess, disseminate, or destroy CHRI.

The District will keep an updated list of authorized personnel that will be available to the KSP Auditor during the audit process.

TRAINING OF AUTHORIZED PERSONNEL

The District will ensure all persons authorized to have CHRI access will complete Security Awareness Training via CJIS Online immediately upon hire or appointment to access CHRI. The NAC will keep on file the Security Awareness Training certificate on all authorized personnel.

The District will ensure authorized users complete recertification of Security Awareness Training every twelve (12) months.

Authorized personnel will review the KSP website Noncriminal Justice Agency (NCJA) section for policies, procedures, and forms necessary for CHRI handling and fitness determination.

Criminal History Record Information

FINGERPRINT CARD PROCESSING

The District requires that all covered persons for whom fingerprint check is required must provide a valid, unexpired form of government-issued photo identification prior to fingerprinting to verify their identity.

A copy of the FBI Privacy Rights Notification will be provided to the covered persons prior to fingerprinting. Covered persons will also be advised of the process regarding a challenge of the criminal history record.

Covered persons that have disclosed a conviction must still be fingerprinted. Proper reason for fingerprinting must be documented in the "Reason for Fingerprinting" box.

Proper chain of custody procedures protecting the integrity of the covered person's fingerprints prior to submission will include maintaining fingerprints in a secure environment, in a sealed envelope.

COMMUNICATION

Authorized personnel may discuss the CHRI results with covered persons in a secure, private area. Extreme care will be taken to prevent overhearing, eavesdropping, or interception of communication.

The District will not allow a covered person to have a copy of their record or take a picture of it with an electronic device.

The District will provide the covered person with required forms and options to obtain their record if a record is to be challenged.

PHYSICAL SECURITY

The District will ensure that information system hardware, software, and media are physically protected through access control measures by ensuring the perimeter of a physically secured location shall be prominently posted and separated from non-secure locations by physical controls. The District will control all access points (except for those areas within the facility officially designated as publicly accessible) and will verify individual access authorizations before granting access. The District will control physical access to information system distribution and transmission lines within the physically secure location. The District will control physical access to information system devices that display Criminal Justice Information (CJI) and will position information system devices in such a way as to prevent unauthorized individuals from accessing and viewing CJI. The District will monitor physical access to the information system to detect and respond to physical security incidents. The District will control physical access by authenticating visitors before authorizing escorted access to the physically secure location (except for those areas designated as publicly accessible) and will escort visitors in a secured location.

Criminal History Record Information

STORAGE AND RETENTION OF CHRI

The fingerprint results from KSP should only be handled by authorized personnel.

During the fitness determination:

- CHRI will be stored in a locked drawer/container at the Central Office and only accessible to authorized personnel.
- CHRI will be stored in a separate file that cannot be released for any public records request and will not be archived in a publicly accessible location.
- CHRI results will be stored electronically the agency using proper security and encryption methods.
- If stored electronically, the District will ensure compliance of CJIS Security Policy for the Network Infrastructure to include the following:
    1. Network Configuration
    2. Personally Owned Information Systems
    3. Publicly Accessible Computers
    4. System Use Notification
    5. Identification/User ID
    6. Authentication
    7. Session Lock
    8. Event Logging
    9. Advance Authentication
    10. Encryption
    11. Dial-up Access
    12. Mobile Devices
    13. Personal Firewalls
    14. Bluetooth Access
    15. Wireless (802.11x) Access
    16. Boundary Protection
    17. Intrusion Detection Tools and Techniques
    18. Malicious Code Protection
    19. Spam and Spyware Protection
    20. Security Alerts and Advisories
    21. Patch Management
    22. Voice over Internet Protocol (VoIP)
    23. Partitioning and Virtualization
    24. Cloud Computing
- Per KRS 61.878, CHRI is not subject to disclosure under the Kentucky Open Records Act and will not be archived in a publicly accessible location.

Criminal History Record Information

MEDIA TRANSPORT

The District will protect and control digital and physical media during transport outside of controlled areas and will restrict the activities associated with transport of such media to authorized personnel.

DISPOSAL OF MEDIA CHRI

The District will properly sanitize or destroy physical or electronic CHRI per the Kentucky Department of Libraries and Archives (KDLA) Public School District Records Retention Schedule. If a third party performs the destruction, an authorized person shall accompany the CHRI through the destruction process. For electronic media, the District shall overwrite three (3) times or degauss digital media prior to disposal or release, inoperable digital media shall be destroyed; cut up, shredded, etc. The District shall ensure the sanitation or destruction is witnessed or carried out by authorized personnel.

MISUSE OF CHRI

In the event of deliberate or unintentional misuse of CHRI, the District will subject the employee to disciplinary action per Board policy and procedures, up to and including termination, or request for criminal investigation/charges.

Review/Revised:7/21/2023

Driving Records Release Authorization

Name _____ _____ _____
Last Name *First Name* *Middle Initial*

Address _____ _____ _____
Street/Apartment #/P.O. Box *City* *State* *Zip Code*

Maiden Name, if applicable _____

Birthdate _____ **Social Security Number** _____

Position to be filled in the School District _____

In accordance with policy 03.1321, I hereby authorize the Kentucky Department of Transportation to release the results of a Driving Records Check to school district personnel.

_____ _____
Signature of Applicant *Date*

==========

Subscribed and sworn to before me by _____*this* ____*day of* _____, *2*___.
Applicant's Signature

My commission expires: _____
Month/Day/Year *Notary Public*

This form shall be completed annually.

District personnel should ensure that all information is complete.

Forward a check made payable to the Kentucky State Treasurer in the amount of **$3.00** for each submitted form. Send this form and check to **Kentucky Department of Transportation, Division of Driver Licensing, 200 Mero Street, Frankfort, KY 40622.**

Review/Revised:9/5/2017

- CERTIFIED PERSONNEL -

Letter of Intent

ANNUAL SURVEY

Each employee must complete the following Letter of Intent signifying his/her desire to be reemployed for the coming school year and return it to the building Principal/designee, who will forward it to the Superintendent/designee, as appropriate. This should be completed by March 1.

DISTRICT SUPERINTENDENT/DESIGNEE:

To assist in staffing personnel for the _____ school year, I hereby notify the District of the following:

- ☐ I plan to return to the school district for the next year.
- ☐ I do not plan to return to the school district for the next year.
- ☐ My rank will remain the same.
- ☐ My rank will change to _____, and I will submit the appropriate documentation.

_____ _____

Employee's Signature ***Date***

RELATED PROCEDURE:

03.121 AP.22

Review/Revised:9/5/2017

Medical Examination Form

Medical examinations for District employees, including substitute teachers, must be completed using the form required by Kentucky Administrative Regulation ("Medical Examination of School Employees") or an electronic medical record that includes all of the data equivalent to that on the Medical Examination of School Employees form.

Review/Revised:9/5/2017

Request for Protected Health Information

This form may be used to grant release of a patient's protected health information by the health care provider for an employee or student for purposes other than treatment, payment or health care operations.

I, _____, hereby authorize _____
Name of Employee, Student 18 or older, or Parent/Guardian *Name of Physician/Practice*

to use and/or disclose my protected health information described below to _____.
School District

My protected health information will be used or disclosed upon request for the following purposes (name and explain each purpose): _____

_____

This authorization for use and/or disclosure applies to the following information (please mark those that apply):

- ☐ Any and all records in the possession of the above-named physician or physician's practice, including mental health, HIV, and/or substance abuse records. (Please cross out any item you do not authorize to be released.)
- ☐ Records regarding treatment for the following condition or injury _____ on or about_____.
- ☐ Records covering the period of time _____ to _____.
- ☐ Other (Specify and include dates.)_____.

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to above-named physician/practice. I also understand that my revocation is not effective to the extent that the persons I have authorized to use and/or disclose my protected health information have acted in reliance upon this authorization.

I understand that I do not have to sign this authorization and that the above-named physician/practice may not condition treatment or payment on whether I sign this authorization.

I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by federal laws and regulations regarding the privacy of my protected health information. **NOTE:** Redisclosure of HIV information shall comply with KRS 214.181 and KRS 214.625, which impose additional limitations on release of such information.

This authorization expires on the following date or event: _____

I certify that I have received a copy of this authorization.

_____ _____
Signature of Patient or Legally Recognized Representative *Date*

_____ _____
Name of Patient or Legally Recognized Representative *Legally Recognized Representative's Authority*

Review/Revised:9/5/2017

- CERTIFIED PERSONNEL -

Salaries

SALARY SCHEDULE DEVELOPED AND APPROVED

The Board shall approve a single-salary schedule, a separate salary schedule or index system for extra services and supervision, and a salary schedule for substitute teachers during or before the June Board meeting.

The single-salary schedule shall meet state requirements for Ranks I, II, III, IV, and V, provide employment for the school term as set by the Board in keeping with statutory requirements, and contain experience categories.

Extra services compensation shall be based on expanded duties and responsibilities, time demands and expertise, and shall be paid only upon documentation of services rendered.

A District may provide monetary compensation, in addition to that provided through the single salary schedule, to all classroom teachers employed in a school that is identified by the Kentucky Department of Education as being in targeted or comprehensive support and improvement status.

The substitute salary schedule shall be a per-diem schedule based on rank and experience but may be lower than the rate of pay for regular full-time teachers. Checks shall be issued on paydates designated in the salary schedule.

SALARY FOR PERSONNEL WHO RESIGN

Certified personnel who resign during the school year or at the end of the school year will be paid in full on the regular payday of the month following the resignation. Final payment will be calculated as follows: Annual salary divided by the number of days of employment times number of days taught minus salary previously received, equals balance due at time of resignation. Staff may be paid only for those holidays occurring prior to resignation.

EXTENDED EMPLOYMENT

Extended employment is defined as the number of days certified personnel are contracted to work in addition to the minimum school term. Extended employment will be approved only for those activities that are necessary to improve the educational programs in the school district. The length of employees' regular work day shall be established by the Board and reflected in the job description for each position. Saturday and Sunday will be placed on the calendar as workdays only with approval of the Superintendent.

EXTENDED CALENDAR WORK PLAN

An individual calendar and extended work plan shall be prepared by the employee who has been employed by the Board for a period exceeding the minimum school term. The plan shall be approved by the Principal (if applicable) and submitted to the Superintendent.

AMENDMENT TO EXTENDED CALENDAR WORK PLAN

Amendments to the extended employment calendar and/or the work plan for teachers must be approved by the building Principal. Changes for all other personnel must be approved by the Superintendent.

Review/Revised:7/24/2018

Payment Request/Agreement for Extracurricular Service

NAME _____ **HOME PHONE** _____ **SOCIAL SECURITY #** _____

ADDRESS _____ **SCHOOL SERVED** _____

Are you currently employed by the Leslie County Board of Education? ☐ Yes ☐ No

If no, please stop by Central Office to have a background check completed.

EXTRA SERVICE POSITION _____ _____ **BOARD-APPROVED EXTRA SERVICE SALARY $**_____

(SCHOOL YEAR)

Payment Method Request (Check One):

- ☐ A. Averaged into regular salary *(Form must be received in payroll by* _____*.)*
- ☐ B. Paid in a lump sum after services are completed. *(MONTH/DATE/YEAR)*
- ☐ C. Half paid at the end of each semester.

Funds To Be Paid From (Check One):

- ☐ A. School Activity Account (*Submit reimbursement check at time of payment.*)
- ☐ B. Section 6: Site Base Allocation
- ☐ C. Board Funds
- ☐ D. Other: _____

I agree to perform the extracurricular service, as listed above, for the school year _____, in recognition of which the Board agrees to pay as prescribed by the Board-approved extra service salary schedule. **This extracurricular contract is valid only for the designated school year. This document serves as written notice that this position will be considered vacant at the conclusion of my services for the school year.** Re-appointment to the extra-curricular position listed above will be determined by the Principal's/supervisor's annual recommendations.

SIGNED _____ **DATE** _____ **APPROVED** _____ **DATE** _____

Employee *Principal*

APPROVED _____ **DATE** _____

Superintendent

RETURN TO THE FINANCE DEPARTMENT UPON COMPLETION.

****Business Office Use Only

DATE RECEIVED _____

EMPLOYEE #_____ **CERTIFIED** ____ **CLASSIFIED** _____ **ORG/OBJECT** _____ **DATE PAID** _____

Review/Revised:9/5/2017

- CERTIFIED PERSONNEL -

Personnel Documents

EMPLOYEE'S NAME _____ **POSITION/WORK SITE** _____

REQUIREMENTS

Employment shall be contingent upon meeting all requirements (state and local) for the position. Employees shall provide the following documents to the Central Office.

- ❑ **TEACHING CERTIFICATE**: An official copy of the certified staff member's certificate or a cover letter that is valid for the current year from the Department of Education, Division of Certification.
- ❑ **TRANSCRIPTS: Official copies of college/university credits and standardized test results.**
- ❑ **APPLICATION (INCLUDING REFERENCES, A LIST OF STATES OF FORMER RESIDENCE AND DATES OF RESIDENCY, AND PICTURE IDENTIFICATION)**
- ❑ **SIGNED CONTRACT (WITH LETTER OF NOTIFICATION OF EMPLOYMENT)**
- ❑ **RANK STATUS**: Verification of current Rank Status.
- ❑ **VERIFICATION OF EXPERIENCE:** Verification from each school district or the Kentucky Department of Education for which there is past teaching or administrative experience. (This must be on file before salary can be received based on that experience). Central Office personnel will write for verification after the names of the school districts have been provided.
- ❑ **HEALTH CERTIFICATION:** Each employee, including substitutes, must have a medical examination, which shall include a tuberculin risk assessment, prior to initial employment, and proof shall be filed with the Central Office. Individuals identified as being at high risk for TB shall be required to undergo a tuberculin skin test or a blood test for Mycobacterium tuberculosis (BAMT) as required by 702 KAR 001:160. Health certification records shall also include results from Hepatitis B vaccinations, if the position so requires.
- ❑ **MEMBERSHIP APPLICATION TO THE TEACHERS' RETIREMENT SYSTEM:** Each regular full time certified employee must file a membership application with teacher retirement if they are not already a member or if they have previously withdrawn their account.
- ❑ **TAX WITHHOLDING EXEMPTION CERTIFICATES**: Each employee is to complete a copy of Form K-4 (State) and Form W-4 (Federal) for their file. (New certificates must be completed any time the employee makes a change in the number of exemptions claimed or the amount to be deducted.)
- ❑ **VERIFICATION OF TRANSFERABLE SICK LEAVE**: Certified employees may transfer days of accumulated sick leave from one Kentucky district or the Kentucky Department of Education to another Kentucky district when place of employment changes. There cannot be a break in service for sick leave to transfer.
- ❑ **CRIMINAL RECORDS CHECK FORM:** Required by state. Form will be mailed to the State Police by Central Office personnel. New certified employees must be fingerprinted at the Central Office.

Personnel Documents

REQUIREMENTS (CONTINUED)

- **LETTER FROM CABINET FOR HEALTH AND FAMILY SERVICES**: Applicants (hired on or after April 4, 2018) must provide a letter from the Cabinet for Health and Family Services stating that there are no administrative findings of child abuse or neglect on record.
- **DRIVING RECORDS CHECK FORM:** Required by the state for all bus drivers and by the District, if applicable for other certified personnel. Form will be mailed by Central Office personnel to the Kentucky Transportation Cabinet, Division of Driver Licensing.
- **I-9 FORM:** Required by federal law to determine eligibility for employment in the United States.
- **SSA-1945:** The Social Security Administration requires that this form be used to inform, prior to employment, new certified employees that will participate in TRS that the position is not covered by Social Security.
- **CAFETERIA BENEFIT PLAN APPLICATION, if applicable**: Must be completed by every full-time employee of the School District. (This is usually done shortly after the opening of school by a person who visits each school to have the forms completed.)

Personnel records also may include the following: evaluation documents; documentation of personnel actions (promotions, transfers, demotions, disciplinary actions, nonrenewals, terminations); record of professional development activities, and other payroll-related information (insurance forms/deductions and direct deposit authorizations).

Review/Revised:8/18/2020

Employee Attendance Record

_____School Year

Name:_____ Employee #:_____ School:_____

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JUL																															
AUG																															
SEP																															
OCT																															
NOV																															
DEC																															
JAN																															
FEB																															
MAR																															
APR																															
MAY																															
JUN																															

E - EXTENDED DAY
H - HOLIDAY
J - JURY DUTY
N - NON-CONTRACT DAY
P - PERSONAL DAY
SB - SCHOOL BUSINESS
S - SICK DAY
X - DOCK DAY/HOUR

TOTAL DAYS

Periodic Payroll Absence Record

___________________ School Year: ____________

Line #	Emp. #	Name of Employee	Month - Fill in Dates											For Use in Business Office

SCHOOL: ______________________________________ DATE: _______________

APPROVED FOR PAYMENT BY:____

*****Absences should be coded in the following manner:

E - EXTENDED DAY
H - HOLIDAY
J - JURY DUTY
N - NON-CONTRACT DAY
P - PERSONAL DAY
SB - SCHOOL BUSINESS
S - SICK DAY
X - DOCK DAY/HOUR

Review/Revised:9/5/2017

Program Vendor Requirements

The Superintendent/designee(s) shall determine annually the types of deductions to offer and which companies to recommend to the Board.

In order to be added to the Board-approved list of vendors, the company(ies) must meet a minimum of one (1) of the following criteria:

- Offer a better rate.
- Have a different feature than presently being offered.
- Replace a company that has been discontinued.
- Are required by statute or regulation.

For each type of payroll deduction, any company wishing to be added must maintain at least 30% of district employees as payers (not number of contracts).

Companies with fewer than the number of required payers on a billing will be deleted at the end of the fiscal year for which they fell below the required number of payers.

In addition to the above requirements, payroll deduction companies must provide the services checked below:

- Coordinate with third-party administrator.
- Execute a master contract.
- Conform to all insurance regulations put forth by the Kentucky Department of Insurance.
- Designate a representative within a 100-mile radius and provide current name(s), address(es), and phone number(s).
- Provide current brochures with rates to all school employees.
- Provide ample supply of membership and claims forms
- Provide a timely billing procedure to conform to other deductions.
- Participate in annual benefits fair, if applicable, and/or meet with staff during noninstructional times as designated by the Principal.
- Furnish 1099's for benefits paid under Section 125 and refunds of tax-exempt premiums.
- Provide watts line for billing, claims, and questions relating to coverage.
- Provide Fax number for faster correspondence.

Review/Revised:9/5/2017

Leave Request Form and Statement

☐ Sick Leave Day (see next page for statement that may be required)

☐ Personal Day (see next page for required statement)

☐ Vacation Day

Name: _____

Date of Absence: _____

Nature of Illness:

_____

Signed: _____

Approved by: _____
Principal/Supervisor

Approved by: _____
Superintendent/designee

Leave Request Form and Statement

A personal statement is required for the use of personal leave, the use of emergency leave, and the use of sick leave for the purpose of mourning a member of the employee's immediate family.* Either a personal statement or a certificate of a physician supporting the need for sick leave is required for the use of sick leave if the employee was absent due to his/her own personal illness or for the purpose of attending to an immediate family member* who was ill. If an employee who requests to use sick leave for his/her own personal illness or to attend to an immediate family member* who is ill does not submit a supporting physician's certificate, s/he must submit a supporting personal statement. Requirements for use of sick leave following childbirth and adoption are stated in Policies 03.1233/03.2233.

LEAVE STATEMENT
(KRS 161.152, KRS 161.154, KRS 161.155)

I am submitting this request for the use of leave for the following purpose(s) (check applicable boxes); that the facts supporting the request for leave as indicated below are true and correct; and that to the best of my knowledge, information, and belief, I am qualified for the leave requested pursuant to applicable state statute and Board policy.

☐ - Sick leave based on personal illness Date(s): _____

☐ - Sick leave to attend to an immediate family member* who was ill Date(s): _____

☐ - Sick leave to mourn the death of an immediate family member* Date(s): _____

☐ - Personal leave in compliance with and subject to qualifications set forth in Policy 03.1231/03.2231. This leave is personal in nature. Date(s): _____

_____ _____
Employee's Signature Date

_____
Employee's Name (Print or Type)

*Immediate family member shall mean the employee's spouse, children (including stepchildren and foster children), grandchildren, daughters-in-law and sons-in-law, brothers and sisters, parents, spouse's parents, grandparents, and spouse's grandparents, without reference to the location or residence of said relative and any other blood relative who resides in the employee's home.

Review/Revised:7/21/2023

Request to Donate Sick Leave

AN EMPLOYEE WISHING TO DONATE SICK LEAVE DAYS TO ANOTHER DISTRICT EMPLOYEE SHALL COMPLETE THE TOP PORTION OF THIS FORM AND SUBMIT IT TO THE CENTRAL OFFICE. THE RECEIVING EMPLOYEE SHALL BE RESPONSIBLE FOR PROVIDING ANY REQUIRED STATEMENT OF NEED CERTIFIED BY A LICENSED PHYSICIAN.

NAME: _____ SCHOOL/WORK SITE: _____

EMPLOYEE IDENTIFICATION NUMBER: _____

NUMBER OF SICK LEAVE DAYS I WISH TO DONATE: _____

NOTE: *The number donated may not reduce the employee's accumulated sick leave balance to less than fifteen (15) days.*

DISTRICT EMPLOYEE TO WHOM I WISH TO DONATE DAYS: _____

_____ _____

Employee's Signature ***Date***

==========

TO BE COMPLETED BY CENTRAL OFFICE DESIGNEE

The employee to whom sick leave days are to be donated ☐ is eligible ☐ is not eligible to receive the days based on the following criteria.

Check each requirement below that is met:

- ☐ The donating employee's sick leave balance will not fall below fifteen (15) days.
- ☐ The receiving employee suffers from a catastrophic loss to his/her personal or real property, due to either a natural disaster or fire, that either has caused or will likely cause the employee to be absent for at least ten (10) consecutive working days; and/or
- ☐ The receiving employee or a member of his/her immediate family suffers from a medically certified illness, injury, impairment, or physical or mental condition that has caused or is likely to cause the employee to be absent for at least ten (10) days.
- ☐ As appropriate, the receiving employee's need for the absence and use of sick leave are certified by a licensed physician (as attached).
- ☐ The receiving employee has exhausted his/her accumulated sick leave and any other paid leave granted by the Board.
- ☐ The receiving employee has complied with the District's policies governing the use of sick leave.

_____ _____

Signature of Superintendent/designee ***Date***

Review/Revised:9/5/2017

Request to Receive Donated Sick Leave

AN EMPLOYEE REQUESTING TO RECEIVE DONATED SICK LEAVE MUST MEET ALL OF THE ELIGIBILITY CRITERIA LISTED BELOW AND MUST FILE THIS FORM WITH THE SUPERINTENDENT/DESIGNEE.

Name of Receiving Employee _____

School/Work Site _____

Social Security/Employee Identification Number _____

ELIGIBILITY CRITERIA TO BE VERIFIED BY SUPERINTENDENT/DESIGNEE

☐ The receiving employee suffers from a catastrophic loss to his/her personal or real property, due to either a natural disaster or fire, that either has caused or will likely cause the employee to be absent for at least ten (10) consecutive working days; and/or

☐ The employee or a member of his/her immediate family suffers from a medically certified illness, injury, impairment, or physical or mental condition that has caused or is likely to cause the employee to be absent for at least ten (10) days.

☐ The employee has completed and returned the "Request to Receive Donated Sick Leave" form and, when the reason can be certified medically, attached to this form a statement from a licensed physician certifying the need for the absence and use of leave.

☐ The employee has exhausted his/her accumulated sick leave, personal leave, emergency leave, and any other paid leave granted by the Board.

☐ The employee has complied with the District's policies governing the use of sick leave.

I hereby give my permission to the Superintendent/designee to notify District employees of my need for the use of donated sick leave days, including a general description of the reason for the need._____ _____

Employee's Signature ***Date***

I certify that the above-mentioned criteria have been met by this employee and that his/her name and a general description of the reason for need will be given to supervising administrators for circulation to District employees._____ _____

Superintendent/designee's Signature ***Date***

TO BE COMPLETED BY SUPERINTENDENT/DESIGNEE

Leave shall be granted as follows:

☐ Entire/successive days
☐ Partial/successive days
☐ Intermittent leave
☐ Entire days, intermittent leave
☐ Partial days, intermittent leave
☐ Other (explain) _____

Review/Revised:9/5/2017

- CERTIFIED PERSONNEL -

Family and Medical Leave Compliance

REQUIRED NOTICES

As required by law, the District shall post information and distribute notices using documents prepared by the United States Department of Labor (DOL) to implement the federal Family and Medical Leave Act. The FMLA poster provided by the DOL must be displayed in a conspicuous place at all locations where employees and applicants for employment can see it, including those work locations to which no eligible employees are assigned.

Posters, notices to provide to employees, and designated forms may be downloaded from the following (DOL) web site:

http://www.dol.gov/dol/topic/benefits-leave/fmla.htm

These include the following:

- FMLA Poster (PDF) - http://www.dol.gov/whd/regs/compliance/posters/fmlaen.pdf
- WH-380-E Certification of Health Care Provider for Employee's Serious Health Condition - http://www.dol.gov/whd/forms/WH-380-E.pdf
- WH-380-F Certification of Health Care Provider for Family Member's Serious Health Condition - http://www.dol.gov/whd/forms/WH-380-F.pdf
- WH-381 Notice of Eligibility and Rights & Responsibilities - http://www.dol.gov/whd/forms/WH-381.pdf
- WH-382 Designation Notice - http://www.dol.gov/whd/forms/WH-382.pdf
- WH-384 Certification of Qualifying Exigency for Military Family Leave - http://www.dol.gov/whd/forms/WH-384.pdf
- WH-385 Certification for Serious Injury or Illness of Covered Servicemember - http://www.dol.gov/whd/forms/WH-385.pdf
- WH-385-V Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave - https://www.dol.gov/whd/forms/wh385V.pdf

Review/Revised:9/5/2017

Request for Family and Medical Leave of Absence

FAMILY AND MEDICAL LEAVE SHALL BE GRANTED UNDER THE TERMS OF POLICIES 03.12322/03.22322.

Name _____ **Position/School** _____ **Hire Date** _____

I request Family and Medical Leave for the following reason:

- ☐ My personal serious health condition
- ☐ Serious health condition of my parent
- ☐ Birth and care of my newborn child
- ☐ Placement by the state of a child with me for foster care
- ☐ Serious health condition of my child
- ☐ Serious health condition of my spouse
- ☐ Adoption of a child(ren)
- ☐ Qualified exigency in connection with a family member's covered active duty or call to active duty in the Armed Forces/Reserves:
  ☐ spouse ☐ child ☐ parent
- ☐ Covered service member or veteran has incurred or aggravated a serious injury or illness that I believe qualifies me to take FMLA military caregiver leave:
  ☐ spouse ☐ child ☐ parent ☐ next-of-kin

☐ Extension of leave requested earlier on _____
Date

The leave/extension requested will begin on _____ and end on _____.
Date ***Date***

If the request is for Family and Medical Leave on a reduced or intermittent basis for recurring medical treatments for a child, parent, spouse, or yourself, specify dates requested.

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

IF YOUR SPOUSE IS EMPLOYED BY THE DISTRICT AND ALSO IS REQUESTING FMLA LEAVE CONCURRENT WITH YOURS FOR THE SAME REASON, PLEASE COMPLETE THE FOLLOWING INFORMATION.

Spouse's Name _____ **Position/School** _____ **Hire Date** _____

S/he has requested Family and Medical Leave for the following reason: ☐ Birth/care of child
☐ Illness of child ☐ Adoption/foster care of a child(ren) ☐ Military service injury/illness

_____ _____
Spouse's Signature ***Date***

==========

This form was received by the following person:

_____ _____
Superintendent's/designee's Signature ***Date***

Attach completed copy of certification required by notice of eligibility and rights and responsibilities.

NOTES

- FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement that provides greater family or medical leave rights.
- Employees may file a complaint with the U.S. Department of Labor concerning an FMLA issue.

Review/Revised:9/5/2017

Parental Leave Request

THIS AFFIDAVIT IS ESSENTIAL FOR PAYROLL PURPOSES. PLEASE COMPLETE THE FORM WITH CARE AND RETURN IT AS DIRECTED BY THE PRINCIPAL/DESIGNEE.

==========

MATERNITY/ADOPTION/CHILDREARING LEAVE: GRANTED UNDER THE TERMS OF POLICY 03.1233.

Estimated dates of leave: _____ to _____

Check one:

☐ Paid maternity leave. Number of maternity leave days:____
☐ Paid sick leave. Number of employee's sick leave days: ____
☐ Unpaid maternity leave
☐ Paid birth or adoption leave, not to exceed thirty (30) days. Number of employee's sick leave days: ____
☐ Unpaid childrearing leave

==========

_____ _____
Signature of Superintendent/Designee ***Date***

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

Review/Revised:8/11/2025

- CERTIFIED PERSONNEL -

Educational/Professional Leave Request

CERTIFIED EMPLOYEES MAY BE GRANTED A LEAVE OF ABSENCE FROM THE DISTRICT FOR ONE (1) YEAR AT NO COST TO THE DISTRICT, PURSUANT TO THE TERMS OF POLICY 03.1235. THIS COMPLETED FORM MUST BE RECEIVED AND ACTED UPON SIXTY (60) DAYS PRIOR TO THE OPENING OF THE AFFECTED SCHOOL TERM.

Employee's Name _____

Position/School _____

Leave is requested for the _____ school year.

Number of years employed in the District? _____

Previously received educational leave in this District? ☐ No ☐ Yes, when _____

If granted, what will be the purpose of this leave? _____

_____

_____

_____

_____

How will the granting of this leave enhance your professional skills to the benefit of the District?

_____

_____

_____

_____

If this leave request is approved by the Board, I understand that my return to employment in the District is subject to the provisions of Policies 03.123, 03.1235, and the terms of my employment contract.

_____ _____

Employee's Signature *Date*

_____ _____

Supervisor's Signature *Date*

_____ _____

Superintendent's/designee's Signature *Date*

LEAVE REQUEST WAS ☐ APPROVED ☐ DENIED BY BOARD AT ITS _____ MEETING.

Date

Review/Revised:9/5/2017

Jury Leave Affidavit

THIS AFFIDAVIT IS ESSENTIAL FOR PAYROLL PURPOSES. PLEASE COMPLETE THE FORM WITH CARE AND RETURN IT AS DIRECTED BY THE PRINCIPAL/DESIGNEE.

==========

JURY LEAVE: GRANTED UNDER THE TERMS OF POLICY 03.1237

Date(s) of jury leave: _____

_____

_____

Total Days: _____

☐ Employee signs over court-issued jury duty check (less expense monies)

☐ Employee reimburses the District for jury pay (less expense monies)

==========

_____ _____

Signature of Superintendent/Designee ***Date***

_____ _____

Employee's Signature ***Date***

Review/Revised:9/5/2017

Military/Disaster Services Leave Affidavit

THIS AFFIDAVIT IS ESSENTIAL FOR PAYROLL PURPOSES. PLEASE COMPLETE THE FORM WITH CARE AND RETURN IT AS DIRECTED BY THE PRINCIPAL/DESIGNEE.

==========

MILITARY/DISASTER SERVICES LEAVE: GRANTED UNDER THE TERMS OF POLICY 03.1238

Date(s) of leave: _____ Total Days: _____

==========

_____ _____

Signature of Superintendent/Designee ***Date***

_____ _____

Employee's Signature ***Date***

Review/Revised:9/5/2017

- CERTIFIED PERSONNEL -

Professional Leave Request - Out of Town

(Please Obtain Prior Approval One Week Before Workshop)

Name of workshop/conference/meeting: _____

Location: _____

Date(s) of workshop/conference/training: _____

Are you requesting Professional Development credit? ☐ Yes ☐ No

(If yes, the Professional Development Coordinator must approve)

Are you requesting Instructional Leadership credit? ☐ Yes ☐ No

Will you be participating as a consultant? ☐ Yes ☐ No

Person(s) attending: _____

Brief description of activities: _____

_____

Brief reason for request: _____

_____

How will you share information gained with colleagues? _____

_____

Estimated Expenses:_____ Travel $0.43 X _____ = _____

miles cost

Toll _____ Lodging _____ Meals _____ Registration _____

(RECEIPTS MUST BE ATTACHED FOR REIMBURSEMENT)

Expenses Paid By: (Check One) ☐ Individual ☐ Local Board ☐ Special Ed

☐ KEA ☐ Educational Co-Op ☐ Name of Other Sources _____

Will a substitute be required? ☐ Yes ☐ No

Certified Staff _____ Date _____ S.S. # _____

Principal's Approval _____ Date _____

(Signature)

Professional Development _____ Date _____

Coordinator's Approval (Signature)

Budget Administrator's _____ Date _____

Approval (Signature)

Superintendent's Approval _____ Date _____

(Signature)

OFFICE USE ONLY DATE: _____

Review/Revised:9/5/2017

Travel Request Form

Name _____ ☐ **Board Member** ☐ **Employee** ☐ **Other, as specified** _____

School/Work Site _____ **Conference/Workshop** _____

Date(s) _____ **Departure Time** _____ **Return Time** _____

Rationale for Attendance: _____

_____

_____

_____

Expenses paid by: ☐ **Individual** ☐ **Board** ☐ **Special Education** ☐ **KEA** ☐ **Co-Op**

☐ **School Council** ☐ **Other, as specified** _____

Substitute Needed? ☐ No ☐ Yes Number of Days _____

Registration Reimbursement Requested ☐ No ☐ Yes Amount: _____

Estimated Mileage Total Miles: _____ Total Cost $ _____

Mileage will be reimbursed at the state rate.

Lodging Reimbursement Requested ☐ No ☐ Yes

Amount per night _____ ☐ Regular Rate ☐ Business Rate ☐ Conference Rate

The District will not reimburse for lodging expenses for guests/traveling companions.

Meals Reimbursement Requested: ☐ No ☐ Yes.

A daily allowance will be provided for meals during overnight trips outside the District, according to the state rate at the time the expense was incurred. Meals should not be billed to hotel rooms. Meal limits do not include gratuities. The District will not reimburse employees for gratuities exceeding 15% of the meal charge.

After Conference/Workshop, turn in expenses for registration, lodging, meals, and other related charges on a Travel Voucher Form (03.125 AP.22) and attach receipts, as appropriate.

_____ _____

Signature of Applicant ***Date***

_____ _____

Signature of Principal, Director, or Superintendent/Designee ***Date***

RELATED PROCEDURE:

04.31 AP.2 (District procurement cards)

Out-of-Town Expense Voucher

Employee Information

Name:_____Vendor #_____

Address:_____City:_____State:____Zip:_____

Event Information

Meeting Attended	Location	Dates	Mileage (Round Trip)
		Total Mileage	

Approved Mileage for Common Locations

Hazard	Manchester	London	Lexington	Frankfort	Louisville
45	60	100	240	300	400

Mileage Rate: _____ Funding Source: _____

Mileage Total	Meals Total	Hotel Total	Parking Total	Other Total	Grand Total

*** ***Note:*** *A daily allowance will be provided for meals during overnight trips outside the District, according to the state rate at the time the expense was incurred. Meals should not be billed to hotel rooms.* ***All*** *other expenses must have receipts attached.*

Employee Signature: _____Date:_____

Supervisor Signature: _____Date:_____

For Central Office Use Only

Approved for Payment: _____ Date: _____

Check #: _____ Check Date: _____ Check Amount: _____

Equal Employment and Educational Opportunities

Review/Revised:11/10/2025

Travel Expense Vouchers

IN-COUNTY TRAVEL

Mileage Rate _____ **Vendor # _____**

NAME _____ TRAVEL FOR MONTH OF_____

DATE	TRAVEL FROM	TRAVEL TO	SPEEDOMETER READING BEGIN	SPEEDOMETER READING END	MILES TRAVELED	PURPOSE OF TRAVEL	SIGNATURE

SIGNATURE OF TRAVELER		**TOTAL MILES TRAVELED**	
PRINCIPAL'S SIGNATURE		**FUNDING SOURCES**	
APPROVED BY		**DATE APPROVED**	**TOTAL DUE**
DEPARTMENT	**CODE**	**CHECK#**	**CHECK DATE**

ALL DATES AND TRAVEL MUST BE SIGNED BY THE PRINCIPAL OR DESIGNEE

Review/Revised:11/10/2025

- CERTIFIED PERSONNEL -

Voluntary Transfer Request Form

This form must be submitted to the Superintendent/designee by May 1 for the coming school year. This transfer request form must be renewed annually if the employee still requests a transfer to another location within the District.

Name _____

Certification _____ Current Contract Status: ☐ Limited ☐ Continuing

Current Position/Location_____

Transfer requested to position/location_____

State below your reason for requesting this transfer. _____

_____

_____

_____

_____ _____

Employee's Signature *Date*

_____ _____

Signature of Superintendent/designee *Date*

Review/Revised:9/5/2017

Staff Use of Telecommunication Devices

Employees issued a telecommunication device are responsible for its safekeeping at all times. Defective, lost or stolen equipment (pagers, digital or cell phones, etc.) are to be reported immediately to the Central Office so that the service provider may be notified.

Telecommunication devices issued to employees are to be returned to the Central Office designee at the conclusion of the school year, activity or as otherwise specified.

RESTRICTIONS

All drivers shall comply with applicable legal requirements concerning use of cellular telephones and other personal communication devices while operating a Board-owned vehicle.

- Employees shall not engage in activities that distract them from safely operating a vehicle.
- Except for communications made to and from a central dispatch, school transportation department, or its equivalent, drivers shall not use a telecommunication device, including those used for calling, texting or emailing while operating a Board-owned vehicle unless the vehicle is parked or unless there is a bona fide emergency, which shall include, but not be limited to the following actions:
    1. Report illegal activity;
    2. Summon medical help;
    3. Summon a law enforcement or public safety agency; or
    4. Prevent injury to a person or property.
- Except for emergencies, telecommunication devices are not to be used for conversations involving District information of a confidential nature.
- Board-owned telecommunication devices are not to be loaned to others.

Review/Revised:9/5/2017

Drug-Free Workplace Notice

All employees shall receive the following notice as a partial implementation of Policies 03.13251/03.23251 and Federal Regulation 54 CFR 4946.

NOTICE TO ALL EMPLOYEES

YOU ARE HEREBY NOTIFIED that it is a violation of Policies 03.13251 and 03.23251 of this school District for any employee to unlawfully manufacture, distribute, dispense, be under the influence of, possess, or use on or in the workplace any narcotic drug, hallucinogenic drug, amphetamine, barbiturate, marijuana, or any other controlled substance, as defined in Schedules I through V of Section 202 of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation at 21 CFR 1300.11 through 1300.15.

> "Workplace" is defined as the site for the performance of work done for the district. That includes any place where work on a school district program, project or activity is performed, including a school building or other school premises; any school-owned vehicle or any other school-approved vehicle used to transport students to and from school or school activities; off school property during any school-sponsored or school-approved activity, event or function, such as a field trip or athletic event, where students are under the jurisdiction of the school district.

YOU ARE FURTHER NOTIFIED that it is a condition of your continued employment with this District that you will comply with the above policies of the school District and will notify your supervisor of your conviction of any criminal drug statute for a violation occurring in the workplace no later than five (5) days after such conviction.

An employee who violates the terms of the school District's drug-free workplace policies may be nonrenewed or his/her employment may be suspended or terminated. As an alternative the Superintendent may choose that an employee who violates the terms of the school District's drug-free workplace policies shall satisfactorily participate in a drug-abuse assistance or rehabilitation program approved by the Board. If the employee fails to satisfactorily participate in such program, the employee shall be nonrenewed or his/her employment may be suspended or terminated.

Review/Revised:9/5/2017

Health and Safety - Contagious Diseases

POST IN APPROPRIATE LOCATIONS THROUGHOUT THE SCHOOL BUILDING OR WORKSITE.

In order to reduce the risk of the transmission of infectious diseases the following procedures will be followed in cleaning up body fluids. Body fluids include: blood, drainage from scrapes and cuts, feces, respiratory secretions, saliva, semen, urine, and vomitus.

1. Avoid direct skin contact with body fluids, when possible. Disposable gloves should be worn when direct hand contact with body fluids is anticipated (e.g. treating bloody noses, handling clothes soiled by bodily discharges, cleaning up small spills by hand).
2. When direct skin contact occurs, vigorously wash hands and other affected skin areas with soap under a stream of water for at least ten (10) seconds.
3. Contaminated disposable items such as paper towels, tissues, plastic gloves, and diapers should be secured in plastic bags and placed in the garbage.
4. A custodian should be called to clean and disinfect all soiled surfaces.
5. The spilled body fluids and accompanying material should be cleaned up by:
    a) Using sanitary absorbent agents specifically intended for cleaning body fluid spills or using a wet mop with proper disinfectant.
    b) Placing the contaminated material in a plastic bag and putting it in the garbage or, if suitable flushing it down the drain.
    c) Vacuuming or sweeping up the dry absorbent material that was applied to the area. The vacuum bag or sweepings should be disposed of in a plastic bag. The broom, dust pan and/or mop should be rinsed in a disinfectant. No special handling is required for vacuuming equipment.
    d) Promptly applying a disinfectant such as household bleach (diluted 1 part bleach and 10 parts water) to hard surfaces that have to be disinfected.
    e) Applying a sanitary absorbent agent to carpets that are to be disinfected and vacuumed after the carpet has been allowed to dry. A germicidal rug shampoo should be applied with a brush and the carpet revacuumed.
6. Food that may be contaminated with body fluids shall be discarded.
7. Nondisposable cleaning equipment (dust pans, mops, buckets, brushes etc.) should be thoroughly rinsed in the disinfectant (see 5-d). Clothing, towels and other launderable items may be secured in plastic bags until items can be washed in the hot water cycle in the washing machine.
8. Disposable gloves and plastic bags are available in elementary classrooms, the Principal's office, the food service office, or the custodian's storage area.

THIS INFORMATION AND THESE RECOMMENDED PROCEDURES WERE ADAPTED FROM THOSE DEVELOPED AND COMPILED BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION, THE U.S. PUBLIC HEALTH SERVICE, AND THE KENTUCKY CABINET FOR HEALTH AND FAMILY SERVICES.

Review/Revised:9/5/2017

Maintenance Request

To report needed maintenance, use Procedure 05.2 AP.22/Maintenance Request Form.

Review/Revised:9/5/2017

Request to Access Personnel Records

PERSONNEL RECORDS MAY BE INSPECTED ONLY BY THE EMPLOYEE AND BY DISTRICT SUPERVISORY PERSONNEL HAVING A LEGITIMATE EDUCATIONAL INTEREST.

I, _____, WISH TO EXAMINE MY PERSONNEL FILE.
Name (please print)

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

RELATED PROCEDURE:

03.15 AP.22

Review/Revised:9/5/2017

Log of Inspection of Personnel Records

Employee's Name: _____ Employee Identification Number:_____

NOTICE: Those portions of personnel records containing material of a personal nature, the disclosure of which would constitute an invasion of privacy, are not open for public inspection.

Date	Name of Person Inspecting Records	Agency Represented, if Applicable	List Records Accessed	List Action # #1 Inspected #2 Reviewed #3 Copied	Specify Reason Records Were Accessed

RELATED PROCEDURES:

03.15 AP.21; 03.25 AP.2

Review/Revised:9/5/2017

Grievance Procedures

Employees wishing to initiate a formal grievance about an alleged violation of a constitutional, statutory, or regulatory provision, of a Board policy, administrative rule, or procedure shall use a Grievance Initiation Form (03.16 AP.2).

CONDITIONS

1. All grievances are individual in nature and must be brought by the individual grievant.
2. All grievance proceedings shall be conducted outside the regular school day and at a time and place mutually agreed upon.
3. The grievant shall be permitted to have one (1) representative.
4. To the extent possible, all attendant records shall be filed in the office of the immediate supervisor and/or Superintendent and shall be considered private information and separate from the individual employee's folder. All records will be kept for a minimum of three (3) years.
5. No reprisal shall be taken against any aggrieved person because of the filing of a grievance.

TIME LIMITS

1. Employees must file their grievance within fifteen (15) working days following the alleged violation. However, depending on the nature of the grievance, the Superintendent may recommend an extension of the filing deadline to twenty (20) working days if the grievance is based on an alleged violation of constitutional, statutory, regulatory, or policy provisions.
2. Days referred to in the grievance initiation form shall be working days, except for any days which are designated as holidays, professional meeting days, national, state, or local disaster or mourning days and any days during the school term on which schools are closed.
3. The time limits stated in various sections of these procedures may be extended by mutual consent of the Board, its authorized agents, and the grievant.
4. If no extension occurs and the grievant does not file an appeal to the next level within ten (10) working days of receiving a response, the grievance shall be considered to have been settled and terminated at the previous level, and the answer given at that level shall stand.

SUPERINTENDENT'S/DESIGNEE'S INVOLVEMENT

1. When appropriate, the grievant shall give his/her communication directly to the Superintendent, thus bypassing the immediate supervisor. This action shall be taken only in those instances where the matter communicated is of such a personal and private nature that it cannot be effectively communicated at a lower level or in those instances where the nature of the grievance would require the initial response of the Superintendent.
2. The Superintendent reserves the right to redirect the communicator to the appropriate level.

Grievance Procedures

BOARD OF EDUCATION'S INVOLVEMENT

1. If the employee, after reviewing the Superintendent's response, desires direct communication with the Board of Education, the employee may present his/her written communication to the Superintendent for transmittal to the Board of Education, or notify the Superintendent ten (10) working days prior to the meeting of the Board at which the employee wishes the grievance presented. Employees are not authorized to contact Board members individually about grievances.

   The Board shall consider grievances concerning personnel actions in accordance with parameters set out in policy.

2. If the Board decides to review the grievance, the employee will then be afforded an opportunity to appear before the Board at the next regular meeting for relevant discussion of the employee's communication. If the employee does not wish to make a verbal presentation, the employee's right to refrain from such activity will be respected.

3. The Superintendent or the grievant shall present the communication to the Board of Education at its next regularly scheduled meeting.

4. The Board of Education will consider the grievance, and will provide the employee a written response within ten (10) working days after the next regularly scheduled meeting of the Board, following the meeting of the Board at which the grievance was initially presented. The decision of the Board of Education shall be final.

RELATED PROCEDURE:

03.16 AP.2

Review/Revised:9/5/2017

Grievance Initiation Form

This form shall be used by an employee who wishes to allege a violation of a constitutional, statutory, or regulatory provision, Board policy, or administrative rule or procedure and to secure at the lowest administrative level an equitable and prompt resolution.

Grievant

Employee Name _____ Date _____

Home Address _____

Work Location _____ Title _____

GRIEVANCE

Identify the provision that you allege was violated. Use full names, dates, exact location, and specific occurrence, if appropriate. (Use additional sheet if necessary.)

_____

_____

_____

What results are you seeking from this grievance initiation? (Use additional sheet if necessary)

_____

_____

_____ _____

Employee's Signature *Date*

LEVEL ONE: IMMEDIATE SUPERVISOR

Name: _____ Title: _____

Date grievance received at this level _____

IMMEDIATE SUPERVISOR'S RESPONSE (USE ADDITIONAL SHEET IF NECESSARY.)

_____

_____

_____

_____

Supervisor's Signature *Date*

THIS RESPONSE SHALL BE PRESENTED TO THE GRIEVANT WITHIN TEN (10) WORKING DAYS OF RECEIPT OF THIS GRIEVANCE AT THIS LEVEL.

==========

Grievance Initiation Form

BOARD POLICY ALLOWS FOR APPEAL OF THE IMMEDIATE SUPERVISOR'S DECISION AND THE OPPORTUNITY TO ADDRESS THE GRIEVANCE TO A HIGHER LEVEL OF AUTHORITY IF THE IMMEDIATE SUPERVISOR IS AN ALLEGED PARTY IN THE COMPLAINT.

LEVEL TWO: SUPERINTENDENT/DESIGNEE

Name: _____ Title: _____

Date grievance received at this level _____

SUPERINTENDENT'S/DESIGNEE'S RESPONSE (USE ADDITIONAL SHEET IF NECESSARY.)

_____

_____

_____

_____ _____

Superintendent's/Designee's Signature *Date*

THIS RESPONSE SHALL BE PRESENTED TO THE GRIEVANT WITHIN TEN (10) WORKING DAYS OF RECEIPT OF THIS GRIEVANCE AT THIS LEVEL.

==========

THE BOARD WILL NOT HEAR ANY GRIEVANCE CONCERNING PERSONNEL ACTIONS UNLESS THE GRIEVANCE CONCERNS AN ALLEGED VIOLATION OF CONSTITUTIONAL, STATUTORY, REGULATORY, OR POLICY PROVISIONS.

LEVEL THREE: BOARD OF EDUCATION

Note: The Board shall not take action on any grievance that does not fall within the authority of the Board, nor shall the Board hear grievances concerning simple disagreement or dissatisfaction with a personnel action.

Date grievance received at this level _____

BOARD OF EDUCATION'S RESPONSE (USE ADDITIONAL SHEET IF NECESSARY.)

_____

_____

_____

_____ _____

Board Chairperson's Signature *Date*

THIS RESPONSE SHALL BE PRESENTED TO THE GRIEVANT WITHIN TEN (10) WORKING DAYS OF RECEIPT AFTER THE NEXT REGULARLY SCHEDULED BOARD MEETING.

Review/Revised:9/5/2017

Notice to Individuals Complaining of Harassment/Discrimination

Please refer to Procedure 09.42811 AP.1 for a copy of the District's notice.

RELATED PROCEDURE:

09.42811 AP.1

Review/Revised:9/5/2017

Harassment/Discrimination Reporting Form

This form provides the opportunity for an employee to report violation(s) of Board Policy 03.162 or 03.262 and to secure an equitable and prompt resolution. This procedure shall be implemented in compliance with Board policy and shall be used to document all complaints, whether addressed informally or formally.

Employee's Name _____ _____ _____
Last Name *First Name* *Middle Initial*
Employee's Address _____ _____ _____
City *State* *Zip Code*
Employee's Home Phone Number _____ **Daytime Phone #**_____
Work Site _____

CONFIDENTIALITY

Information regarding an investigation of alleged harassment/discrimination shall be kept confidential to the extent possible. Individuals involved in the investigation shall not discuss information regarding the complaint outside of the investigation process.

HARASSMENT/DISCRIMINATION COMPLAINT (USE ADDITIONAL SHEETS IF NECESSARY.)

Date(s)/approximate time of the alleged incident(s): _____

Place alleged incident(s) occurred: _____

What type of harassment or discrimination was involved in the alleged incident?

☐ sexual ☐ racial ☐ on the basis of national origin ☐ on the basis of disability
☐ limitations due to pregnancy, childbirth, or related medical conditions
☐ other type of harassment/discrimination? If other, specify: _____

Name of person you believe is guilty of harassment or discrimination: _____

Position: _____

If the alleged behavior was directed toward another person, name that person: _____

Describe the alleged incident as clearly as possible, including such information as verbal statements (i.e. slurs, threats, other verbal or physical abuse or prohibited requests), what physical contact, if any was involved, what force, if any was used. _____

_____

_____

List any witnesses to these events: _____

PLEASE ATTACH ANY EXHIBITS OR OTHER TANGIBLE EVIDENCE (I.E., NOTES).

WHAT RESULTS ARE YOU SEEKING BY FILING THIS FORM? _____

_____

I agree that all information reported here is complete, accurate and true to the best of my knowledge and affirm that I honestly believe that the person named harassed or discriminated against me or another person.

_____ _____
Signature of Employee *Date*

_____ _____
Received by *Date*

Harassment/Discrimination Reporting Form

NOTE:

- Employees wishing to initiate a complaint concerning discrimination in the delivery of benefits or services in the District's school nutrition program should go to the link below or mail a written complaint to the U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410, or email, program.intake@usda.gov.

http://www.ascr.usda.gov/complaint_filing_cust.html

Review/Revised:7/16/2019

Harassment/Discrimination Investigation and Appeals

(FOR INTERNAL ADMINISTRATIVE TRACKING PURPOSES ONLY)

EMPLOYEE COMPLAINANT _____

Last Name *First Name* *Middle Initial*

WORK SITE _____

The Superintendent shall appoint an investigator who is not an alleged party in the complaint to investigate allegations of harassment/discrimination. The investigator shall be trained in this area, and her/his duties shall be assigned by the Superintendent/designee or, for contractors, set out in a contract, as appropriate. If the Superintendent is the alleged party, the Board shall designate an outside investigator and, after presentation of the final investigative report, determine when and how it is to be released. All instances involving suspected child abuse or criminal conduct shall be reported as required by law.

ALLEGED HARASSER/DISCRIMINATING PARTY: _____

Investigator: _____ Date Complaint Form is Received: _____

INFORMAL PROCEDURE

If both parties agree, prior to a formal grievance process an administrator may facilitate a conversation between the complainant and the party alleged to have harassed or discriminated against the complainant. Both the complainant and the accused party may be accompanied by a person of their choice. If both parties feel that a resolution has been achieved, no further action need be taken. The results of an informal resolution shall be reported by the facilitator, in writing, to the Principal/immediate supervisor, along with a signed agreement, if one is reached. If any of the interested parties choose not to utilize the informal procedure, or feel that it has been unsuccessful, s/he may opt to proceed to the formal grievance procedure. However, any complaints directed at District employees or alleging criminal acts must be formally investigated and/or reported to state authorities as required by law.

Was this complaint resolved informally, as indicated by an agreement signed by both parties?

☐ Yes ☐ No Date: _____ Facilitator _____

FORMAL PROCEDURE

Employees should make their complaint to their Principal/immediate supervisor, who shall immediately, without screening or beginning an investigation, inform the Superintendent of receipt of the complaint. Otherwise, the complaint can be filed directly with the Superintendent or, in cases involving sexual harassment/discrimination, with the Title IX/Equity Coordinator. Employees who have knowledge of alleged or observed harassment/discrimination shall immediately notify the alleged victim's Principal, immediate supervisor, or the Superintendent.

The Superintendent shall designate an individual to investigate the complaint. If necessary, the investigator will seek assistance from District administrators. In some instances it may be necessary to involve legal counsel, when authorized by the Superintendent or by the Board if the Superintendent is the subject of the complaint.

TIMELINE

The investigator shall provide the complainant and the accused with a copy of the District's Policy 03.162 or 03.262 and Notice to Individuals Complaining of Harassment/Discrimination and inform the complainant and the accused of required timelines that have been established for initiation and completion of an investigation.

Harassment/Discrimination Investigation and Appeals

FORMAL PROCEDURE (CONTINUED)

CORRECTIVE ACTION

If corrective action is needed, the investigator shall recommend to the Superintendent, or to the Superintendent's designee if the alleged harasser is a classified employee, and, if so instructed by the Superintendent, the type of corrective action and methods to prevent reoccurrence of the harassment/discrimination.

USING THE DESIGNATED FORM (03.162 AP.23), A RESPONSE SHALL BE PRESENTED TO THE COMPLAINANT WITHIN TEN (10) WORKING DAYS OF COMPLETION OF THIS LEVEL OF INVESTIGATION.

==========

Board policy allows for appeal of the investigator's decision and the opportunity to address the complaint to a higher level of authority. An appeal must be made within ten (10) working days of receipt of a response at this level.

Is this complaint to be referred/appealed to a higher level of authority? ☐ Yes ☐ No

If yes, to whom will the complaint be referred? _____ Date: _____

FIRST APPEAL LEVEL

EMPLOYEE COMPLAINANT _____ _____ _____
Last Name *First Name* *Middle Initial*

WORK SITE _____

ALLEGED HARASSER/DISCRIMINATING PARTY: _____

Superintendent/designee who will consider appeal: _____

Date appeal and related data received by Superintendent/designee: _____

In some instances it may be necessary to involve legal counsel at the appeal level, when authorized by the Superintendent or by the Board if the Superintendent is the subject of the complaint.

CORRECTIVE ACTION

If corrective action is needed, the investigator shall recommend to the Superintendent, or to the Superintendent's designee if the alleged harasser is a classified employee, and, if so instructed by the Superintendent, the type of corrective action and methods to prevent reoccurrence of the harassment/discrimination.

USING THE DESIGNATED FORM (03.162 AP.23), A RESPONSE SHALL BE PRESENTED TO THE COMPLAINANT WITHIN TEN (10) WORKING DAYS OF COMPLETION OF THIS LEVEL OF INVESTIGATION.

Board policy allows for appeal of the decision made at this level and the opportunity to address the complaint to the Board of Education. An appeal must be made within ten (10) working days of receipt of a response at this level.

Is this complaint to be referred/appealed to a higher level of authority? ☐ Yes ☐ No

If yes, to whom will the complaint be referred? _____ Date: _____

Harassment/Discrimination Investigation and Appeals

SECOND APPEAL LEVEL

EMPLOYEE COMPLAINANT _____ _____ _____
Last Name *First Name* *Middle Initial*
WORK SITE _____

ALLEGED HARASSER/DISCRIMINATING PARTY: _____

Board Chairperson: _____

Date appeal and related data received by the Chairperson on behalf of the Board: _____

CORRECTIVE ACTION

If corrective action is needed, the investigator shall recommend to the Superintendent, or to the Superintendent's designee if the alleged harasser is a classified employee, and, if so instructed by the Superintendent, the type of corrective action and methods to prevent reoccurrence of the harassment/discrimination.

USING THE DESIGNATED FORM (03.162 AP.23), A RESPONSE SHALL BE PRESENTED TO THE COMPLAINANT WITHIN TEN (10) WORKING DAYS OF COMPLETION OF THIS LEVEL OF INVESTIGATION.

==========

GUIDELINES

1. The Board shall not hear grievances concerning personnel actions taken by the Superintendent/designee, unless the grievance is based on an alleged violation of constitutional, statutory, regulatory, or policy provisions.
2. In some instances it may be necessary to involve legal counsel, when authorized by the Board.
3. The Superintendent/designee shall implement corrective action as determined by the Superintendent or by the Board, as appropriate under law, after appeal rights have been exhausted. If the Superintendent is subject to corrective action, the Board shall implement the action.
4. The District is prohibited from disclosing personally identifiable information contained in student discipline records under the Federal Educational Rights and Privacy Act and corresponding state law.
5. Employee evaluation and private reprimand information generally is confidential and may require consent of the employee prior to release.

RELATED POLICIES:

09.2211, 09.227

RELATED PROCEDURES:

09.227 AP.1, 03.162 (all procedures)

Review/Revised:9/5/2017

Witness Disclosure Form

Witness' Name _____ _____ _____
Last Name *First Name* *Middle Initial*
Witness' Address _____ _____ _____
City *State* *ZIP Code*
Witness' Phone Number _____
Is witness a ☐ student, ☐ school employee, or ☐ other? If other, specify _____
School (if a student):_____ **Grade** _____ **Homeroom/Classroom** _____
Work Site (if an employee): _____
Witness' relationship, if any, to the complainant:_____
Witness' relationship, if any, to the accused: _____

On the date(s) of _____, an employee has claimed to be the target of harassment or discrimination on the basis of _____. Did you observe or are you aware of such an incident? ☐ Yes ☐ No

If yes, describe the incident(s) that you witnessed as clearly as possible, including such information as the following:

- What verbal statements, if any, were made (i.e., slurs, threats, other verbal or physical abuse or prohibited requests)?
- What physical contact, if any, was involved?
- What force, if any, was used?
- Did other actions occur? If so, please describe.

(Use additional sheets if necessary.)_____
_____

LIST ANY OTHER WITNESSES TO THESE EVENTS: _____
_____

- *I understand that Board policy prohibits retaliation against witnesses who assist or participate in an investigation.*
- *I agree that all information reported here is accurate and true to the best of my knowledge and, by my signature, agree to its release.*

_____ _____
Signature of Witness *Date*

_____ _____
Received by *Date*

Review/Revised:9/5/2017

Resolution Response

This completed form shall be provided to both the complainant and the accused party.

COMPLAINANT_____
Last Name ***First Name*** ***Middle Initial***

ACCUSED PARTY _____
Last Name *First Name* *Middle Initial*

COMPLAINT/APPEAL RECEIVED _____ **RESPONSE DELIVERED** _____
Date *Date*

INVESTIGATOR'S NAME _____
Last Name *First Name* *Middle Initial*

The investigation of harassment/discrimination complaint/appeal referenced above has now been completed, and the following determinations have been made:

Did the alleged incident(s) occur based on substantiated information? ☐ Yes ☐ No

If "yes", what type of resolution will be implemented by the District? (Check all that apply.)

☐ Personnel action ☐ Measures to protect the complainant

☐ Action against a visitor ☐ Action against a student offender

If corrective actions were necessary, have they been initiated? ☐ Yes ☐ No

_____ _____
Investigator's Signature *Date*

_____ _____
Superintendent/designee's Signature *Date*

NO ONE SHALL RETALIATE AGAINST AN EMPLOYEE OR STUDENT BECAUSE S/HE FILES A GRIEVANCE, ASSISTS OR PARTICIPATES IN AN INVESTIGATION, PROCEEDING, OR HEARING REGARDING THE CHARGE OF HARASSMENT/DISCRIMINATION OF AN INDIVIDUAL OR BECAUSE S/HE HAS OPPOSED LANGUAGE OR CONDUCT THAT VIOLATES BOARD POLICY.

Review/Revised:9/5/2017

- CERTIFIED PERSONNEL -

Title IX Sexual Harassment Grievance Procedures

Refer to Procedure 09.428111 area for Title IX Sexual Harassment Notices, Grievance Procedures, and Reporting Forms.

RELATED PROCEDURES:

03.2621 AP.2; 09.428111 (all procedures)

Review/Revised:8/18/2020

- CERTIFIED PERSONNEL -

Notice of Personnel Actions

With assistance as necessary from the Board Attorney, the Superintendent shall provide written notification to an employee of personnel actions, including but not limited to, termination, nonrenewal, reduction in force, sanctions, suspension, and reinstatement.

Review/Revised:9/5/2017

-CERTIFIED PERSONNEL-

Appeals/Hearings

PURPOSE

An Appeals Panel shall be established in accordance with KRS Chapter 156 and 704 KAR 003:370. Based on issues identified in an employee's appeal documentation, the Panel shall determine whether the employee has demonstrated that a procedural violation has occurred under the District's evaluation plan and whether the summative evaluation is supported by the evidence.

The burden of proof that an employee was not fairly and/or correctly evaluated on the summative evaluation rests with the employee who appeals to the Panel.

APPEALS

Pursuant to Board Policy 03.18, any certified employee who believes that s/he was not fairly evaluated on the summative evaluation may appeal to the Evaluation Appeals Panel in accordance with the following procedures:

1. Both the evaluatee and evaluator shall submit three (3) copies of any appropriate documentation to be reviewed by members of the Appeals Panel in the presence of all three (3) members. The parties will exchange copies of documentation by or before the day it is submitted to the Panel. The members of the Appeals Panel will be the only persons to review the documentation. All documentation will be located in a secure place in the Central Office except during Appeals Panel meetings. Confidentiality will be maintained. Copies of the documentation as submitted to the Panel shall not be carried away from the established meeting by either parties involved or the Panel members.
2. The Panel will meet, review all documents, discuss, and prepare questions to be asked of each party by the Chairperson. Additional questions may be posed by Panel members during the hearing.
3. The Panel will set the time and place for the hearing, and the Chairperson will provide written notification to the appealing employee and his/her evaluator of the date, time, and place to appear before the Panel to answer questions.
4. Legal counsel and/or chosen representative may be present during the hearing to represent either or both parties.
5. The hearing will be audiotaped and a copy provided to both parties if requested in writing. The original will be maintained by the District.
6. Only Panel members, the evaluatee and evaluator, legal counsel, witnesses, and the employee's chosen representative will be present at the hearing.
7. Witnesses may be presented, but will be called one at a time and will not be allowed to observe the proceedings.

Appeals/Hearings

HEARINGS

The following procedures will be implemented during the hearings:

1. The Chairperson of the Appeals Panel will convene the hearing, review procedures, and clarify the Panel's responsibilities.
2. Each party will be allowed to make a statement of claim. The evaluatee will begin.
3. The evaluatee may present relevant evidence in support of the appeal.
4. The evaluator may present evidence in support of the summative evaluation.
5. The Panel may question the evaluatee and evaluator.
6. The Chairperson may disallow materials and/or information to be presented or used in the hearing when s/he determines that such materials and/or information is not relevant to the appeal or when the materials were not exchanged between the parties as provided in this procedure.
7. Each party (evaluator and evaluatee) will be asked to make closing remarks.
8. The chairperson of the Panel will make closing remarks.
9. The decision of the Panel, after sufficiently reviewing all evidence, may include, but not be limited to, the following:
    a. Upholding all parts of the original evaluation.
    b. Voiding the original evaluation or parts of it.
    c. Ordering a new evaluation by a second certified employee who shall be a trained evaluator.
10. The chairperson of the Panel shall present the Panel's decision to the evaluatee, evaluator, and the Superintendent within fifteen (15) working days from the date the appeal is filed.
11. The Superintendent may take appropriate action consistent with the Panel's decision.
12. The Panel's decision and the original summative evaluation form shall be placed in the employee's evaluation file. In the case of a new evaluation, both evaluations shall be included in the employee's personnel file.
13. The Panel's decision may be appealed to the Kentucky Board of Education based on grounds and procedures contained in statute and regulation.

Review/Revised:9/5/2017

- CERTIFIED PERSONNEL -

Confidentiality of Records

Personnel evaluation records, specifically the personnel evaluation folder and its contents, will be kept as a part of the employee's personnel file and will be treated as confidential as required by law. During an appeal/hearing, evaluation records will be kept in a secure location designated by the Superintendent.

ACCESSIBILITY

Evaluation records will be accessible only to:

1. Members of the District Evaluation Appeals Panel when an employee has appealed his/her summative evaluation to the Panel.
2. Administrators who supervise, or share the supervision of, the evaluatee. Generally, these administrators will include the Principal/Assistant Principal in the evaluatee's building, the Superintendent, and other District-level administrative staff members, as designated by the Superintendent.
3. The Board on advice of legal counsel and upon a majority vote when access to the information is required for lawful District purposes. Access may be permitted without a vote when such records are relevant and necessary to hearing matters or proceedings before the Board such as in the case of a demotion hearing under KRS 161.765. Except as otherwise required or authorized by law, access shall take place in closed session.
4. Records may be subpoenaed in cases where litigation occurs.

REFERENCES:

KRS 61.878
KRS 156.557
KRS 161.765
704 KAR 003:370

RELATED PROCEDURE:

03.18 AP.11

Review/Revised:9/5/2017

- CERTIFIED PERSONNEL -

Professional Development

DEFINITIONS

Professional development is defined as professional learning that is an individual and collective responsibility, that fosters shared accountability among the entire education workforce for student achievement, and:

1. Aligns with Kentucky Academic Standards in 704 KAR Chapter 8, educator effectiveness standards, individual professional growth goals, and school, district, and state goals for student achievement;
2. Focuses on content and pedagogy, as specified in certification requirements, and other related job-specific performance standards and expectations;
3. Occurs among educators who share responsibility for student growth;
4. Is facilitated by school and district leaders, including curriculum specialists, principals, instructional coaches, competent and qualified third-party facilitators, mentors, teachers or teacher leaders;
5. Focuses on individual improvement, school improvement, and plan implementation; and
6. Is on-going.

Professional development program means a sustained, coherent, relevant, and useful professional learning process that is measurable by indicators and provides professional learning and ongoing support to transfer that learning to practice.

Every Student Succeeds Act of 2015 (ESSA) defines professional development as activities that are an integral part of school and local educational agency strategies for providing educators with the knowledge and skills necessary to enable students to succeed in a well-rounded education and to meet the challenging State academic standards; and that are sustained (not stand-alone, 1-day, or short term workshops), intensive, collaborative, job-embedded, data-driven, and classroom-focused.

PROFESSIONAL DEVELOPMENT PROGRAM

The school and District, under the direction of the Professional Development Coordinator (PDC), shall develop and implement plans of continuing professional development. The plans shall include, but not be limited to, the following components:

1. A clear statement of the school or District mission;
2. Evidence of representation of all persons affected by the Professional Development plan;
3. A needs assessment analysis;
4. PD objectives that are focused on the school or District mission, derived from needs assessment, and that specify changes in educator practice needed to improve student achievement; and
5. A process for evaluating impact on student learning and improving professional learning, using evaluation results.

Professional development activities shall be in accordance with federal guidelines and Kentucky State Regulation.

Professional Development

CERTIFIED STAFF RESPONSIBILITIES

In addition to job-embedded professional learning included in the Professional Development Plan, it is the responsibility of each full-time certified staff member to complete the twenty-four (24) hours of professional development required in the District calendar. Part-time employees shall complete the appropriate portion of the twenty-four (24) hours.

NEW TEACHER ORIENTATION

Prior to the opening of school all teachers new to the District shall be required to attend an orientation session to acquaint new personnel with Board policies, administrative procedures, Central Office staff, and the Principal(s) to whom they are assigned. The Superintendent/designee will be responsible for the program and all arrangements.

The Education Professional Standards Board (EPSB) shall provide a report to the Legislative Research Commission that includes identification of districts that have not implemented an induction program for teachers in their first year of teaching that is aligned with the standards and guidance for districts developed by the EPSB.

REQUIREMENT MUST BE FULFILLED

Professional development is ongoing. However the twenty-four (24) hours required by statute must be fulfilled by May 1 of each year. If it is not, repayment for the appropriate hours will be deducted from the individual's paycheck.

It is the responsibility of the individual to provide appropriate documentation for all completed professional development. Internal offerings are documented by sign-in sheets. For activities outside the District, it is the responsibility of the individual to obtain the appropriate form prior to attendance, have it completed and return it to the PDC. Registration costs, meals, and mileage are the responsibility of the individual unless supplemental funds are provided by another source.

RELATED PROCEDURES:

03.125 AP.21
03.19 AP.21

Review/Revised:8/11/2025

- CERTIFIED PERSONNEL -

Professional Meeting Request

Employee's Name _____ Date of Request _____

School/Location _____

Name of Conference/Workshop _____

Date(s) of Workshop _____ Time(s) of Workshop _____

Rationale for Attendance: _____

_____

_____

ARE YOU REQUESTING PROFESSIONAL DEVELOPMENT CREDIT? ☐ **YES** ☐ **NO**

Has the credit been approved by the Professional Development Coordinator/Committee? ☐ **Yes** ☐ **No**

ARE YOU REQUESTING INSTRUCTIONAL LEADERSHIP CREDIT? ☐ **YES** ☐ **NO**

Has the credit been approved by Superintendent/designee? ☐ **Yes** ☐ **No**

WILL YOU BE PARTICIPATING AS A CONSULTANT? ☐ **YES** ☐ **NO**

If *yes*, will you be paid for your services? ☐ **Yes** ☐ **No**

HOW WILL YOU SHARE INFORMATION GAINED WITH COLLEAGUES? _____

_____

_____

_____ _____

Superintendent/designee's Signature ***Date***

* PERSONNEL REQUESTING APPROVAL FOR ATTENDANCE AT PROFESSIONAL MEETINGS THAT REQUIRE EXPENSE REIMBURSEMENT MUST COMPLETE THE TRAVEL REQUEST FORM, 03.125 AP.21 AND SUBMIT THE COMPLETED FORM TO THE SUPERINTENDENT/DESIGNEE FOR APPROVAL PRIOR TO ATTENDANCE/REGISTRATION.

* AFTER ATTENDING PROFESSIONAL MEETINGS, PERSONNEL MUST COMPLETE THE TRAVEL EXPENSE VOUCHER, 03.125 AP.22 AND SUBMIT THE COMPLETED VOUCHER AND ALL REQUIRED RECEIPTS TO THE SUPERINTENDENT/DESIGNEE FOR REIMBURSEMENT OF EXPENSES.

RELATED PROCEDURES:

03.125 AP.21; 03.125 AP.22

Review/Revised:9/5/2017

District Training Requirements

SCHOOL YEAR: _____

This form may be used to track completion of local and state employee training requirements that apply across the District and maintain a record for the information of the Superintendent and Board.

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED			DATE COMPLETED
			CERTIFIED	ALL	DESIGNATED	
District planning committee members.		01.111			✓	
Board member training hours.	KRS 160.180; 702 KAR 001:115; 701 KAR 008:020	01.83			✓	
Superintendent training program to be completed within two (2) years of taking office.	KRS 160.350	02.12			✓	
Certified Evaluation Training.	KRS 156.557; 704 KAR 003:370	02.14/03.18	✓		✓	
Supervisors shall receive appropriate training to equip them to meet the standards of Personnel Management.		02.3			✓	
All School Resource Officers (SROs) shall successfully complete forty (40) hours of annual in service training that has been certified or recognized by the Kentucky Law Enforcement Council for SROs.	KRS 158.4414	02.31			✓	
Council member training hours.	KRS 160.345	02.431			✓	
Employees authorized to use Criminal History Record Information (CHRI) will complete Security Awareness Training via Criminal Justice Information Services (CJIS)	KRS 160.380	03.11 AP.2521			✓	
Initial/follow-up training for coaches of interscholastic athletic activities or sports.	KRS 160.445; KRS 161.166; KRS 161.185; 702 KAR 007:065	03.1161 03.2141 09.311			✓	
Asbestos Containing Building Material (ACBM), Lockout/Tagout and personal protective equipment (PPE) training for designated employees.	40 C.F.R. Part 763 401 KAR 058:010 803 KAR 002:308 OSHA 29 C.F.R. 1910.132 29 C.F.R. 1910.147 29 C.F.R. 1910.1200	03.14/03.24			✓	
Bloodborne pathogens.	OSHA 29 C.F.R. 1910.1030	03.14/03.24		✓		

District Training Requirements

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED			DATE COMPLETED
			CERTIFIED	ALL	DESIGNATED	
Behaviors prohibited/required reporting of harassment/discrimination.	34 C.F.R. 106.1-106.71, U.S. Department of Education Office for Civil Rights Guidance	03.162/03.262		✓		
Title IX Sexual Harassment	34 C.F.R. § 106.45	03.1621/03.2621/09.428111		✓		
Teacher professional development/learning.	KRS 156.095	03.19	✓			
Active Shooter Situation training	KRS 156.095	03.19	✓		✓	
Student suicide prevention training for certified employees.	KRS 156.095	03.19	✓			
Self-study review of seizure disorder materials.	KRS 156.095	03.19	✓		✓	
Child abuse and neglect prevention, recognition, and reporting.	KRS 156.095	03.19	✓		✓	
Instructional leader training.	KRS 156.101	03.1912			✓	
The Superintendent may develop and implement a program for continuing training for selected classified personnel.		03.29			✓	
Training of the instructional teachers' aide with the certified employee to whom s/he is assigned.	KRS 161.044	03.5			✓	
Orientation materials for volunteers.	KRS 161.048	03.6			✓	
Integrated Pest Management (7a) Certification.	302 KAR 029:060	05.11			✓	
Training for designated personnel on use and management of equipment.		05.4			✓	
Automated external defibrillators (AEDs), training on use of such.	KRS 158.162 KRS 311.667	03.1161/03.2241 05.4/09.311/09.224			✓	
School Safety Coordinator (SSC) training program developed by the Kentucky Center for School Safety (KCSS) School Principal training on procedures for completion of the required school security risk assessment.	KRS 158.4412	05.4			✓	
Fire drill procedure system.	KRS 158.162	05.41		✓		
Lockdown drill procedure system.	KRS 158.162 KRS 158.164	05.411		✓		
Severe Weather/Tornado drill procedure system.	KRS 158.162 KRS 158.163	05.42		✓		
Earthquake drill procedure system.	KRS 158.162 KRS 158.163	05.47		✓		
First Aid and Cardiopulmonary Resuscitation (CPR) Training.	702 KAR 005:080	06.221			✓	

District Training Requirements

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED			DATE COMPLETED
			CERTIFIED	ALL	DESIGNATED	
Annual in-service school bus driver training.	702 KAR 005:030	06.23			✓	
Designated training for School Nutrition Program Directors and food service personnel.	KRS 158.852 7 C.F.R. §210.31	07.1 07.16			✓	
Teachers of gifted/talented students required training on identifying and working with gifted/talented students. All other personnel working with gifted students shall be prepared through appropriate professional development to address the individual needs, interests, and abilities of the students.	704 KAR 003:285	08.132	✓		✓	
KDE to provide training to address the characteristics and instructional needs of students at risk of school failure and most likely to drop out of school.	KRS 156.095	08.141	✓		✓	
Student training on appropriate online behavior on social networking sites and cyberbullying awareness and response.	47 U.S.C. 254/Children's Internet Protection Act; 47 C.F.R. 54.520	08.2323			✓	
Confidentiality of student record information.	34 C.F.R. 300.623	09.14		✓		
Student suicide prevention training: Provide two (2) suicide prevention awareness lessons each school year.	KRS 156.095; KRS 158.070	09.22			✓	
Anonymous reporting tool: Develop and provide a comprehensive training and awareness program on the use of the chosen anonymous reporting tool for students, parents, and community members.	KRS 158.4451	09.22		✓		
Training for school personnel authorized to give medication.	KRS 158.838 KRS 156.502 702 KAR 001:160	09.22 09.224 09.2241			✓	
Training on employee reports of criminal activity.	KRS 158.148; KRS 158.155; KRS 158.156; KRS 620.030	09.2211		✓		
Personnel training on restraint and seclusion and positive behavioral supports.	704 KAR 007:160	09.2212		✓	✓	
Age appropriate training for students during the first month of school on behaviors prohibited/required reporting of harassment/discrimination.	34 C.F.R. 106.1-106.71, U.S. Department of Education Office for Civil Rights Guidance	09.42811			✓	
Training to build capacity of staff and administrators to deliver high-quality services and programming in the District's Alternative Education Program.	704 KAR 019:002	09.4341			✓	

District Training Requirements

TOPIC	LEGAL CITATION	RELATED POLICY	EMPLOYEES OR OTHERS AS DESIGNATED			DATE COMPLETED
			CERTIFIED	ALL	DESIGNATED	
Student discipline code.	KRS 158.148; KRS 158.156; KRS 158.444; KRS 525.070; KRS 525.080	09.438		✓		
Intervention and response training on responding to instances of incivility.		10.21		✓		
Training for Supervisors of Student Teachers.	016 KAR 005:040				✓	
Career Tech – If funds available, High School teachers to receive training regarding embedding reading, math, and science in career tech courses.	KRS 158.818				✓	
Committee for Mathematics Achievement – training for teachers based on available funds.	KRS 158.842		✓			
KDE to provide or facilitate statewide training for teachers and administrators regarding content standards, integrating performance assessments, communication, and higher order thinking.	KRS 158.6453 (SB 1)		✓			
Grants regarding training for state-funded community education directors.	KRS 160.156				✓	
Local Board to develop and implement orientation program for adjunct instructors.	KRS 161.046				✓	
KDE shall provide technical assistance and training for multi-tiered system of supports upon District request.	KRS 158.305				✓	

THIS IS NOT AN EXHAUSTIVE LIST – CONSULT OSHA/ADA AND BOARD POLICIES FOR OTHER TRAINING REQUIREMENTS.

For training provided in person, participants should sign in at the end of the meeting to document their attendance. The sign-in sheet shall be maintained in paper or electronic format as required by the Kentucky *Records Retention/Public School District Schedule.*

Review/Revised:8/11/2025

Hiring

The following procedures shall apply in the recruitment, selection, and employment of all classified personnel hired in the District.

RECRUITMENT

Recruiting shall be the responsibility of the Superintendent/designee. Efforts shall be made to recruit a quality staff to include, but not be limited to:

1. Conducting orientation meetings with students at the high school relating to future employment opportunities with the District;
2. Working with state educational associations and the state department of education;
3. Conducting recruitment programs through parent-teacher organizations; and
4. Advertising through appropriate media.

POSTING

Vacancies shall be posted in the Central Office, in each school building during the school year, and in the following as appropriate:

- ☐ Local and/or state newspapers and various other media, as appropriate;
- ☐ Predetermined locations in the community;
- ☐ Professional publications, and/or
- ☐ Campus recruiting offices.

All postings at the local level shall be made within five (5) working days of each vacancy opening. The closing date for receiving applications shall be listed when vacancies are posted.

APPLICATIONS

Completed applications should be filed in the Superintendent's office.

SELECTION FACTORS

The Superintendent/designee shall screen applicants based on the following factors:

1. Certification (when required for the position)
2. Educational background
3. Previous work experience
4. Recommendations
5. Personal characteristics exhibited during the interview process:
   a. Ability to communicate
   b. Ability to work cooperatively with others
   c. Applicant's educational philosophy
   d. Knowledge of work area or subject matter
6. Results from required testing

Hiring

EMPLOYMENT

For SBDM schools, hiring shall follow statutory guidelines and the provisions of Policy 02.4244, and the Superintendent shall complete the hiring process. Decisions on Central Office and District-wide personnel shall be made by the Superintendent/designee. The Superintendent shall inform the Board of the appointment of all personnel.

CONTRACT

Personnel hired by the Superintendent shall be notified of their contractual obligations by letter. The contract must be signed and returned to the Personnel Office within two (2) weeks. If not returned within this time frame, the contract may be considered null and void.

Review/Revised:9/5/2017

- CLASSIFIED PERSONNEL -

Vacancy Notice for Classified Positions

I. VACANCY

_____ _____
School Position Vacant (Code & Title)

II. Hiring (Recommendation of Employment)

_____ _____
School Position to be filled

_____ _____
Applicant Name Date position needs to be filled

Yes ___ No ___ Was a crime check done on this applicant?

Yes ___ No ___ Has their pre-employment drug test been done?
(Employment contingent upon passing drug screen)

Yes ___ No ___ Was this position posed in the office of the Superintendent?

Yes ___ No ___ Was this position posted in the above school?

Yes ___ No ___ Is the applicant in compliance with KRS 160.380? (nepotism)

Yes ___ No ___ Was the applicant placed from a pool of applicants?

Yes ___ No ___ Does this school have a Site Based Council? ___District Wide Position.

Yes ___ No ___ If yes was the Site Based Council consulted on the employment?

Yes ___ No ___ Is the person properly certified for this position?

Yes ___ No ___ If this is for a bus driver position, have all requirements to become a bus driver been completed?

Please return to: Larry Sparks, Superintendent Fax: 672-4224
Leslie County Board of Education
P.O. Box 949
Hyden, KY 41749

(Please send this form to the Superintendent when a vacancy occurs filling out number I only. After the position is filled, send in this form completed.)

_____ _____
Principal/Coordinator/Supervisor Date

_____ _____
Superintendent Date

Review/Revised:9/5/2017

- CLASSIFIED PERSONNEL -

Application Evaluation

NAME OF APPLICANT _____ POSITION _____

The Superintendent/designee shall:

1. rate the application.
2. determine the need for further action based on the outcome of the application evaluation.
3. sign and date the application evaluation document.
4. file the application evaluation in the applicant's folder located in the Central Office.

Professional Improvement/In-Service		
Strongly related to position	5 points	
Moderately related to position	4 points	
Somewhat related to position	3 points	
Not related/no experience	0 points	
TOTAL		

COMMENTS/SUGGESTIONS: _____

Work Experience		
Experience strongly related to position	5 points	
Experience somewhat related to position	4 points	
Unrelated experience	3 points	
No experience	0 points	
TOTAL		

COMMENTS/SUGGESTIONS: _____

References		
Majority are superior	5 points	
Majority are excellent	4 points	
Majority are good	3 points	
Majority are poor	0 points	
TOTAL		

TOTAL SCORE _____

COMMENTS/SUGGESTIONS: _____

OTHER RELEVANT QUALIFICATIONS, AS SPECIFIED _____

_____ _____

Signature of Evaluator ***Date***

Review/Revised:9/5/2017

- CLASSIFIED PERSONNEL -

Interview Evaluation

NAME OF APPLICANT _____ **POSITION** _____

Rating Description - **1) Unsatisfactory 2) Barely Satisfactory 3) Satisfactory Performance 4) Better Than Average Performance 5) Superior Performance**

		1	2	3	4	5
1.	**Stability** - Demonstrates maturity and ability for the position					
2.	**Attitude Toward Work** - Appears to be dedicated to and enthusiastic, positive, and creative toward the demands of the position					
3.	**Attitude Toward Schools** - Displays a willingness to cooperate with parents and resource people					
4.	**Attitude Toward Community Relations** - Projects positive attitude toward promoting the school programs within the community					
5.	**Ability to Relate to Students** - Has ability to work successfully with students, as required					
6.	**Student Management, where applicable** - Demonstrates effective discipline, as necessary					
7.	**Attitude Toward School Activities, where applicable** - Demonstrates a willingness to support school activities in his/her work					
8.	**Personal Appearance** - Is well-groomed and dresses appropriately for the position					
9.	**Communication Skills** - Communicates effectively					
	Total Points					

Length of Interview _____ **Interviewer's Signature/Date** _____

COMMENTS/SUGGESTIONS

Review/Revised:9/5/2017

- CLASSIFIED PERSONNEL -

Application/Interview Summary

POSITION_____ DATE_____

Applicant's Name	Application Evaluation Score	Interview Evaluation	Required certificates, licenses, etc., where applicable	Comments/Recommendations

RELATED PROCEDURES:

03.21 AP.22; 03.21 AP.23

Review/Revised:9/5/2017

Verification of Employment

See existing Procedure 03.11 AP.242, Verification of Employment form.

Review/Revised:9/5/2017

- CLASSIFIED PERSONNEL -

Recommendation for Employment

To: Superintendent/designee

From: _____ **Date:** _____

SCHOOL/DEPARTMENT: _____

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

CLASSIFICATION: _____

CLASS CODE, IF APPLICABLE _____ **HOURS PER DAY** _____ **DAYS PER YEAR** _____

STARTING DATE: _____ **RATE OF PAY:** _____

CHECK ONE: ☐ **FULL-TIME** ☐ **PART-TIME** ☐ **FLEX** ☐ **TEMPORARY**

IS THIS AN ITINERANT POSITION? ☐ **YES** ☐ **NO**

IS THIS APPLICANT CURRENTLY EMPLOYED BY THE DISTRICT? ☐ **YES** ☐ **NO**

ADDITIONAL INFORMATION: _____

_____

All employment recommendations must be submitted on this form. Please return to the Superintendent/designee at the Central Office.

Signature: _____ Date: _____

The Board of Education does not discriminate on the basis of race, color, national origin, age, religion, sex, genetic information, limitations due to pregnancy, childbirth, or related medical conditions, or disability in employment, educational programs or activities.

Review/Revised:7/16/2019

Criminal Records Release Authorization

See existing Procedure 03.11 AP.252 for Criminal Records Release Authorization.

RELATED PROCEDURE:

03.11 AP.252

Review/Revised:9/5/2017

Criminal History Record Information

See existing Procedure 03.11 AP.2521 for Criminal History Record Information.

RELATED PROCEDURE:

03.11 AP.2521

Review/Revised:8/5/2022

Driving Records Release Authorization

See existing Procedure 03.11 AP.253 for Driving Records Release Authorization.

RELATED PROCEDURE:

03.11 AP.253

Review/Revised:9/5/2017

Driving Record Violations and Personnel Actions

NEW/RETURNING SCHOOL BUS DRIVERS

The District shall perform a driving history check on school bus drivers prior to initial employment and after a break in service (excluding summers). Decisions to employ or re-employ an individual shall be contingent on receipt of records revealing no driving history convictions that would, as determined by the Superintendent, affect the individual's ability to perform the job. Driver applicants and current drivers are subject to checks of the Federal Motor Carrier Safety Administration Clearinghouse (FMCSA) and related rules as described in Policy 06.221.

A person shall not be employed as a school bus driver if convicted within the past five (5) years of driving a motor vehicle under the influence or driving while intoxicated.

CURRENT EMPLOYEES

Current bus drivers shall undergo driving records checks at intervals determined by Board policy. Those whose driving record checks reveal the following violations are subject to appropriate disciplinary action, up to and including, termination/nonrenewal.

1. Speeding/major - speeding more than sixteen (16) miles per hour faster than the speed limit within the last two (2) years;
2. Speeding/minor – speeding less than sixteen (16) miles faster than the speed limit more than once within the last two (2) years;
3. Collision resulting in a citation being issued to applicant for being at fault;
4. Under the influence of alcohol or any illegal drugs while on duty or with remaining driving responsibilities that same day;
5. Revocation of driver's license;
6. Conviction for driving under the influence (DUI) or driving while intoxicated (DWI);
7. Conviction for reckless driving;
8. Citation for any moving motor vehicle violation including driving under the influence (DUI) or driving while intoxicated (DWI) and reckless driving;
9. Citation for violation of state or local law governing motor vehicle traffic control other than a parking violation;
10. Conviction of an offense that would classify a person as a violent offender under KRS 439.3401, for a sex crime defined by KRS 17.500 or a misdemeanor offense under KRS Chapter 510, or is required to register as a sex offender;
11. Failure to notify the Superintendent if the classified employee has been found by the Cabinet for Health and Family Services to have abused or neglected a child, and if the employee has waived the right to appeal such a substantiated finding or the finding has been upheld upon appeal; or
12. Other criminal or moving vehicle violation, as determined by Superintendent/ designee to bear a reasonable relationship to the ability of the individual to perform the job.

NOTE: 702 KAR 005:080 requires school bus drivers to immediately report to the Superintendent/designee any violations falling under points five through nine (5-9) above.

Review/Revised:7/19/2024

- CLASSIFIED PERSONNEL -

Letter of Intent

ANNUAL SURVEY

Each employee must complete the following Letter of Intent signifying his/her desire to be reemployed for the coming school year and return it to the building Principal/designee, who will forward it to the Superintendent/designee, as appropriate. This should be completed by March 1.

DISTRICT SUPERINTENDENT/DESIGNEE:

I understand that employment in the district is for the contract period only and that completion of this document does not guarantee re-employment in the district.

However, to assist in staffing preparations for the _____ school year, I hereby notify the District of the following:

☐ I plan to be available for employment for the next contract year.

☐ I do not plan to be available for employment for the next contract year.

_____ _____

Employee's Signature ***Date***

Review/Revised:9/5/2017

Medical Examination Form

Medical examinations for District employees must be completed using the form required by Kentucky Administrative Regulation ("Medical Examination of School Employees") or an electronic medical record that includes all of the data equivalent to that on the Medical Examination of School Employees form.

http://education.ky.gov/districts/SHS/Documents/KDESHS001_SchoolEmployeeExam.pdf

Review/Revised:9/5/2017

Request for Protected Health Information

See existing Procedure 03.111 AP.21 the form to use in requesting protected health information from health care providers.

RELATED PROCEDURE:

03.111 AP.21

Review/Revised:9/5/2017

- CLASSIFIED PERSONNEL -

Salaries

SALARY SCHEDULE DEVELOPED AND APPROVED

The Board shall approve salary schedules for each category of classified personnel during or before the June Board meeting. These schedules shall be based on skills required, training, longevity, and supervisory responsibilities.

The substitute salary schedule shall be a per diem schedule but may be lower than the rate of pay for regular full-time employees. Checks shall be issued on pay dates designated in the schedule approved annually by the Board.

OFFICIAL WORK SCHEDULE

Each year the Superintendent shall develop a schedule of days worked for all employees and these are distributed to each administrator, who then notifies the classified employees under his/her supervision. No deviations shall be made from these work schedules without approval from the Central Office.

Holidays shall be established in the official school calendar. Eligibility for paid holidays shall be determined per Policy 03.222.

Employees shall not be paid for:

1. Scheduled lunch
2. Overtime, unless approved in advance per Policy 03.221
3. Unapproved early arrivals/late departures
4. Days when schools are closed for inclement weather or other emergencies, unless otherwise approved in advance by the Superintendent/designee.

SALARY FOR PERSONNEL WHO RESIGN

Classified personnel who resign during the contract period will be paid in full for the actual days worked during the pay period on the regular payday of the month following the resignation. Staff shall be paid only for those holidays occurring prior to resignation.

Review/Revised:9/5/2017

- CLASSIFIED PERSONNEL -

Compliance with FLSA Requirements

IMMEDIATE SUPERVISORS AND OTHER STAFF RESPONSIBLE FOR MAINTENANCE OF RECORDS CONCERNING HOURS WORKED AND OVERTIME PAYMENTS MADE SHALL ADHERE TO THE FOLLOWING GUIDELINES.

- Place required FLSA posters in conspicuous places where non-exempt employees can readily see them. Posters may be obtained online at the following address:

  http://www.dol.gov/whd/resources/posters.htm

- Require non-exempt employees to reflect *actual time worked* on their pay period timesheet, not hours *scheduled*. Certification of time worked shall be signed by both the employee and the immediate supervisor.
- Inform employees of policy 03.221 provisions concerning approval for working overtime, and implement provisions accordingly. Although the district cannot avoid paying for overtime worked without authorization, violation of policy provisions may serve as grounds for disciplinary action that will discourage recurring problems with unauthorized overtime.
- Assure that required breaks are twenty (20) minutes or more long in order for the time not to be compensable. Also, the lunch period must be duty free, or the employee must be compensated for the time.
- Train supervisory staff and bookkeepers regarding proper completion and retention of time records (All time records must be retained for at least the minimum amount of time set by federal regulation and document retention requirements).
- Minimize or avoid dual employment where the combined number of hours worked by one individual will exceed forty (40) hours per workweek. This may require examining the structure of after-school programs that are co-sponsored (or authorized by the district and are held on school property). When calculating overtime wages for an employee who holds two (2) jobs with the District that have different rates of pay, the correct calculation is one-and-one-half the weighted average of the two (2) rates.
- Carefully track hours non-exempt employees work at after-school events or school programs. Example: employees staying on after scheduled hours because they are taking tickets at an athletic event later in the day.
- Pay maintenance employees for overtime for actual hours worked, not on a "per call" basis (for example, in responding to a school alarm or emergency).
- Do not permit a non-exempt employee to "volunteer" for activities within the school, unless his or her child is involved *and* not if the activity is the same as the employee's job, i.e., a bus driver 'volunteering' to drive for a school-sponsored trip for his/her child's class.
- Request that the Superintendent/designee consult with the Board Attorney or other source about questions concerning FLSA compliance.

Review/Revised:9/5/2017

- CLASSIFIED PERSONNEL -

Personnel Documents

EMPLOYEE'S NAME _____ POSITION/WORK SITE _____

REQUIREMENTS

Employment shall be contingent upon meeting all requirements (state and local) for the position. Employees shall provide the following documents to the Central Office.

- ❑ **HIGH SCHOOL DIPLOMA (OR HIGH SCHOOL EQUIVALENCY DIPLOMA FOR STAFF EMPLOYED AFTER 7/31/90.)** Licenses or credentials issued by a government entity that require specialized skill or training may also substitute for this requirement.
- ❑ **APPLICATION (INCLUDING REFERENCES, A LIST OF STATES OF FORMER RESIDENCE AND DATES OF RESIDENCY, AND PICTURE IDENTIFICATION)**
- ❑ **CERTIFICATION (I.E., CDL FOR BUS DRIVERS) OR LICENSURE, WHERE APPLICABLE**
- ❑ **SIGNED CONTRACT (WITH LETTER OF NOTIFICATION OF EMPLOYMENT)**
- ❑ **VERIFICATION OF EXPERIENCE:** Verification from each school district or the Kentucky Department of Education for which there is experience. (This must be on file before salary can be received based on that experience). Central Office personnel will write for verification after the names of the school districts have been provided.
- ❑ **HEALTH CERTIFICATION:** Each regular or substitute employee must have a medical examination, which shall include a tuberculin risk assessment, prior to initial employment, and proof shall be filed with the Central Office. Individuals identified as being at high risk for TB shall be required to undergo a tuberculin skin test or a blood test for Mycobacterium tuberculosis (BAMT) as required by 702 KAR 001:160. This form is required every two (2) years for school bus drivers. Drug testing results are required each year. Health certification records shall also include results from Hepatitis B vaccinations, if the position so requires.
- ❑ **MEMBERSHIP APPLICATION TO THE COUNTY EMPLOYEES' RETIREMENT SYSTEM:** Each regular full time classified employee must file a membership application with the County Employees' Retirement System if they are not already a member or if they have previously withdrawn their account.
- ❑ **TAX WITHHOLDING EXEMPTION CERTIFICATES**: Each employee is to complete a copy of Form K-4 (State) and Form W-4 (Federal) for their file. (New certificates must be completed any time the employee makes a change in the number of exemptions claimed or the amount to be deducted.)
- ❑ **CRIMINAL RECORDS CHECK FORM:** Required by state. Form will be mailed to the State Police by Central Office personnel. New classified employees must be fingerprinted at the Central Office.
- ❑ **LETTER FROM CABINET FOR HEALTH AND FAMILY SERVICES:** Applicants (hired on or after April 4, 2018) must provide a letter from the Cabinet for Health and Family Services stating that there are no administrative findings of child abuse or neglect on record.

Personnel Documents

REQUIREMENTS (CONTINUED)

- ☐ **DRIVING RECORDS CHECK FORM:** Required by state for all bus drivers and by the District, if applicable, for other classified personnel. Form will be mailed by Central Office personnel to the Kentucky Transportation Cabinet, Division of Driver Licensing.
- ☐ **I-9 FORM:** Required by federal law to determine eligibility for employment in the United States.
- ☐ **COMMERCIAL DRIVER'S LICENSE:** Must be presented to the Superintendent's designee by each regular or substitute bus driver employed by the District prior to assuming the duties of the position.
- ☐ **CAFETERIA BENEFIT PLAN APPLICATION, if applicable**: Must be completed by every full-time employee of the School District. (This is usually done shortly after the opening of school by a person who visits each school to have the forms completed.)
- ☐ **FOOD SAFETY TRAINING CERTIFICATE, if applicable**: Must be presented to the Superintendent's designee by each regular or substitute food service employee of the School District prior to assuming the duties of the position, if required by the county/district Health Department.

Personnel records also may include the following: evaluation documents; documentation of personnel actions (promotions, transfers, demotions, disciplinary actions, nonrenewals, terminations); record of professional development activities, and other payroll-related information (insurance forms/deductions and direct deposit authorizations).

Review/Revised:7/21/2023

Certification of Time

For a record of hours worked for each classified employee, District personnel should use existing Procedure 03.121 AP.23.

RELATED PROCEDURE:

03.121 AP.23

Review/Revised:9/5/2017

- CLASSIFIED PERSONNEL -

Overtime Approval Form

FOR PRIOR APPROVAL OF OVERTIME HOURS, COMPLETE THIS FORM AND SUBMIT IT TO THE CENTRAL OFFICE.

Hourly classified employees required to work in excess of forty (40) hours per week will be paid at the rate of 1½ times the regular rate for all hours beyond forty (40) as provided by law. Overtime must be approved in advance by the Superintendent or designee.

Please grant approval for _____
(Employee/Job Title)

to work overtime on _____ at _____
(Date) ***(Location)***

The total estimated overtime hours shall not exceed _____.

DESCRIPTION OF WORK TO BE PERFORMED: _____

_____

_____

EXPLAIN WHY OVERTIME IS NECESSARY: _____

_____

EXPLAIN HOW OVERTIME WILL BENEFIT DISTRICT: _____

_____

Requested by: _____

Approved by: _____
(Superintendent/Designee)

OVERTIME VERIFICATION

The above listed job has been completed and did not exceed the prior approved number of hours. The above listed employee's actual overtime hours for the completion of this project are _____ hours.

Verified by: _____
(School Level/Principal)
(District Level/Superintendent or Designee)

AFTER VERIFICATION, RETURN THIS FORM TO THE PAYROLL CLERK AT THE CENTRAL OFFICE.

RELATED PROCEDURE:

03.121 AP.23

Review/Revised:9/5/2017

Change in Licensure

To report a change in licensure, use Procedure 03.121 AP.24.

Review/Revised:9/5/2017

Personal Leave Request Form and Statement

See procedure 03.1231 AP.2/Personal Leave Request Form and Statement.

Review/Revised:7/21/2023

Sick Leave Request Form and Statement

See procedure 03.1232 AP.2/Sick Leave Request Form and Statement.

Review/Revised:7/21/2023

Request to Donate Sick Leave

See Procedure 03.1232 AP.21/Request to Donate Sick Leave.

Review/Revised:9/5/2017

Sick Leave Donation Program Request Form

To request participation in the Sick Leave Donation Program, use Procedure 03.1232 AP.22.

Review/Revised:9/5/2017

Family and Medical Leave Compliance

Please refer to Procedure 03.12322 AP.1 for procedures to comply with the Family and Medical Leave Act.

RELATED PROCEDURE:

03.12322 AP.1

Review/Revised:9/5/2017

Family and Medical Leave Forms

When applying for Family and Medical Leave, see Procedure(s) 03.12322 AP.21/Request for Family and Medical Leave of Absence.

Review/Revised:9/5/2017

Parental Leave Request

See Procedure 03.1233 AP.2/Parental Leave Request form.

Review/Revised:8/11/2025

- CLASSIFIED PERSONNEL -

Educational Leave Request

CLASSIFIED EMPLOYEES MAY BE GRANTED A SHORT-TERM LEAVE OF ABSENCE FROM THE DISTRICT, PURSUANT TO THE TERMS OF POLICY 03.2235. THIS COMPLETED FORM MUST BE RECEIVED AND ACTED UPON PRIOR TO THE EDUCATIONAL OPPORTUNITY/TRAINING EVENT.

Employee's Name _____

Position/School _____

Length of leave requested? _____

Number of years employed in the District? _____

Previously received educational leave in this District? ☐ No ☐ Yes, when _____

If granted, what will be the purpose of this leave? _____

_____

_____

_____

_____

How will the granting of this leave enhance your professional skills to the benefit of the District?

_____

_____

_____

_____

If this leave request is approved by the Board, I understand that my return to employment in the District is subject to the provisions of Policies 03.223 and 03.2235 and to the terms of my employment contract.

_____ _____

Employee's Signature ***Date***

_____ _____

Supervisor's Signature ***Date***

_____ _____

Superintendent's/designee's Signature ***Date***

LEAVE REQUEST WAS ☐ APPROVED ☐ DENIED BY BOARD AT ITS _____ MEETING

Date

Review/Revised:9/5/2017

Jury Leave Affidavit

See Procedure 03.1237 AP.2/Jury Leave Affidavit form.

Review/Revised:9/5/2017

Military Leave Affidavit

See Procedure 03.1238 AP.2/Military Leave Affidavit form.

Review/Revised:9/5/2017

Travel Request/Voucher Forms

Travel expense forms can be found as Procedures coded 03.125 AP.21/Travel Request Form and 03.125 AP.22/Travel Expense Voucher. These forms are to be used by Board members, certified personnel, and classified personnel.

Review/Revised:9/5/2017

- CLASSIFIED PERSONNEL -

Voluntary Transfer Request Form

This form must be submitted to the Superintendent/designee by May 1 for the coming school year. This transfer request form must be renewed annually if the employee still requests a transfer to another location within the District.

Name _____

Current Position/Location_____

Transfer requested to position/location_____

State below your reason for requesting this transfer. _____

_____

_____

_____

_____ _____

Employee's Signature *Date*

_____ _____

Supervisor's Signature *Date*

Review/Revised:9/5/2017

Staff Use of Telecommunication Devices

For information relating to staff use of telecommunication devices, see procedure 03.1321 AP.1.

RELATED PROCEDURE:

03.1321 AP.1

Review/Revised:9/5/2017

Drug-Free Workplace Notice

See Procedure 03.13251 AP.1 for Drug-Free Workplace Notice for all personnel.

Review/Revised:9/5/2017

Health and Safety - Contagious Diseases

See Procedure 03.14 AP.1/Health and Safety - Contagious Diseases for a posting document of cleanup procedures for all personnel.

Review/Revised:9/5/2017

Maintenance Request

To report needed maintenance, use Procedure 05.2 AP.22/Maintenance Request Form.

Review/Revised:9/5/2017

Access to Personnel Records (Forms)

For accessing individual personnel records, employees shall use Procedures 03.15 AP.21/Request to Access Personnel Records and 03.15 AP.22/Log of Inspection of Personnel Records.

Review/Revised:9/5/2017

Grievance Procedures

Employees wishing to initiate a formal grievance about the application of a Board policy, administrative rule, or procedure shall refer to Procedure 03.16 AP.1/Grievance Procedures and use the form provided by Procedure 03.16 AP.2/Grievance Initiation Form.

Review/Revised:9/5/2017

Notice to Individuals Complaining of Harassment/Discrimination

Please refer to Procedure 09.42811 AP.1 for a copy of the District's notice.

RELATED PROCEDURE:

09.42811 AP.1

Review/Revised:9/5/2017

Harassment/Discrimination Forms

Please refer to procedures coded to the 03.162 policy area. Those procedures provide the opportunity for an employee to report violation(s) of Board Policy 03.262 and to secure at the lowest administrative level an equitable and prompt resolution.

Review/Revised:9/5/2017

- CLASSIFIED PERSONNEL -

Title IX Sexual Harassment Grievance Procedures

Refer to Procedure 09.428111 area for Title IX Sexual Harassment Notices, Grievance Procedures, and Reporting Forms.

RELATED PROCEDURES:

03.1621 AP.2; 09.428111 (all procedures)

Review/Revised:8/18/2020

- CLASSIFIED PERSONNEL -

Notice of Personnel Actions

With assistance as needed from the Board attorney, the Superintendent shall provide to an employee written notification of personnel actions, including but not limited to, termination, nonrenewal, reduction in force, and suspension.

WARNING NOTICES

It is not necessary for warning notices to be given to an employee before s/he may be suspended, demoted or dismissed. However, if the Site Administrator does issue warning notices for reasons listed in Board Policy 03.27, the notices shall be issued in accordance with the following provisions

1. Prior to the issuance of a warning notice, the Site Administrator shall hold an informal conference with the employee.
2. The Site Administrator shall retain a copy and forward a copy to the Superintendent/designee, as appropriate.
3. Three (3) warning notices are sufficient cause for demotion, suspension, or dismissal.

DUE PROCESS PROVISIONS (SUSPENSION WITHOUT PAY/TERMINATION)

Prior to termination or suspension without pay of an employee during the term of his/her contract, the Superintendent shall observe the following due process provisions:

1. Only the form provided by the Superintendent/designee shall be used by employees to request a meeting. The Superintendent shall provide procedural assistance to all employees, as requested.
2. If a meeting is requested, the Superintendent shall set the time and place of the meeting and shall conduct the meeting. During the meeting, the employee shall be given the opportunity to hear the evidence of the charges, to testify on his/her behalf, and to call others to testify. The District shall present evidence and testimony first, and the employee shall be given the opportunity to respond to any evidence or testimony presented. The Superintendent may ask questions of those testifying.
3. Copies of exhibits to be submitted on behalf of the District and the employee shall be exchanged between the parties or their representative prior to the meeting. The employee is entitled to the presence of a conferee provided s/he gives twenty-four (24) hours of advance notice to the Superintendent. At the conclusion of the meeting, the Superintendent shall prepare and forward to the employee a written decision within ten (10) working days.
4. All information relating to any disciplinary action shall be placed in the employee's personnel file.
5. If an employee is completely exonerated during the disciplinary action process, any records pertaining to such disciplinary action shall be expunged from his/her personnel file, and the employee shall suffer no loss of pay, grade, or position.

Notice of Personnel Actions

DUE PROCESS PROVISIONS (SUSPENSION WITHOUT PAY/TERMINATION) (CONTINUED)

6. Any action taken as a result of this procedure shall be considered settled at the completion of any step if the employee does not request a hearing within the prescribed period of time.
7. Time limits set forth in this section may be extended by the written mutual agreement of the employee and the Superintendent.

Review/Revised:9/5/2017

- CLASSIFIED PERSONNEL -

Employee Request for Meeting

EMPLOYEE'S NAME _____ **POSITION** _____ **CURRENT WORK SITE** _____

Having received notification of charges relative to my ☐ public reprimand ☐ suspension without pay ☐ termination and the statement of my right to meet to discuss the charges, I hereby deny the charge(s) listed below for the reason(s) noted:

CHARGE	REASON(S) FOR DENIAL (ATTACH ADDITIONAL SHEETS, IF NEEDED.)
1. _____	_____
_____	_____
_____	_____
2. _____	_____
_____	_____
_____	_____
3. _____	_____
_____	_____
_____	_____
4. _____	_____
_____	_____
_____	_____

Having denied the charge(s) as noted above, I request a hearing as permitted by policy. I understand that the decision rendered after that hearing shall be final.

_____ _____

Employee's Signature ***Date***

THIS FORM MUST BE RETURNED TO THE SUPERINTENDENT WITHIN THE TIME FRAME SPECIFIED IN POLICY.

Review/Revised:9/5/2017

- CLASSIFIED PERSONNEL -

Notification of Nonrenewal

Employees must be provided or mailed written notice of nonrenewal no later than May 15.

FOR EMPLOYEES WITH LESS THAN FOUR YEARS OF CONTINUOUS ACTIVE SERVICE:

(Sample Notice)

Date: _____

Dear _____,

(Name of classified employee)

As required by Kentucky Revised Statute 161.011, you are hereby notified that your contract with the District will not be renewed for next school year.
You may request, in writing, that I provide you with written reasons for the nonrenewal. You must make the request within ten (10) days of receipt of this notice.
If you have questions about this notice, please call me at my office (_____).

(telephone number)

Sincerely,

_____

Superintendent's Signature

FOR EMPLOYEES WITH AT LEAST FOUR YEARS CONTINUOUS ACTIVE SERVICE:

(Sample Notice)

Date: _____

Dear _____,

(Name of classified employee)

As required by Kentucky Revised Statute 161.011, you are hereby notified that your contract with the District will not be renewed for next school year due the following reason(s):

☐ incompetency ☐ inefficiency ☐ neglect of duty

☐ insubordination ☐ misconduct ☐ immorality

☐ As stated in Board Policy 03.2711: _____

You may request, in writing, that I provide you with a specific and complete written statement of the grounds for the nonrenewal. You must make the request within ten (10) days of receipt of this notice. Following receipt of that statement, you have ten (10) days to respond in writing. If you want a hearing on the grounds for nonrenewal, you must include a request for a hearing in your written response.

If you have questions about this notice, please call me at my office (_____).

(telephone number)

Sincerely,

_____

Superintendent's Signature

Notification of Nonrenewal

PROCESS (APPLICABLE TO EMPLOYEES WITH FOUR OR MORE YEARS OF SERVICE)

1 Classified employees with four (4) or more years of continuous active service may be nonrenewed for reasons stated in KRS 161.011 and Board policy. The notice provided or mailed shall specify the reasons for the nonrenewal.

2 If the employee requests a written statement of grounds within ten (10) days after receipt of the notice of nonrenewal, the Superintendent may direct the supervisor/designee who provided information supporting the notice of nonrenewal to prepare the specific and complete written statement of grounds and may furnish a copy to the employee, or the Superintendent may prepare and furnish the statement of grounds.

3 The employee has ten (10) days to respond in writing to the statement of grounds. If the employee wants a hearing on the statement of grounds, s/he must include a request for a hearing in the written response to the statement.

4 If the employee files a timely request for a hearing, the Superintendent shall make appropriate arrangements for a hearing to be held upon reasonable notice to the employee. At the hearing, the employee shall have the following rights:

   a. To appear and produce evidence,

   b. To call witnesses and conduct cross-examination,

   c. To have counsel of the employee's choosing at his/her expense,

   d. To be heard by an impartial decision-maker, and

   e. To receive a statement of basis for the ultimate decision.

5 If the Superintendent is in a position to serve as an impartial hearing officer, s/he may do so. If the Superintendent determines that s/he is not able to serve, s/he shall arrange for the appointment of an impartial hearing officer.

6 Following the hearing, the Superintendent or impartial hearing officer shall issue his/her written decision setting forth the reasons for the decision within five (5) working days after conclusion of the hearing. The decision shall be final, shall be effective on the employee's receipt of written notice of the decision, and shall be maintained in the classified employee's file.

NOTE: Under KRS 161.011, the Superintendent may terminate at any time the contract of a classified employee for causes stated in that statute or Board policy. The hearing process specified in 03.27 and any corresponding administrative procedures shall apply to a termination.

Review/Revised:9/5/2017

- CLASSIFIED PERSONNEL -

Evaluation Process

FREQUENCY AND TIME

Each classified employee shall be evaluated at least once each year. This evaluation shall be performed by the Principal or the Immediate Supervisor by March 1.

EVALUATION PROCEDURE

The evaluations shall be made in writing, and the evaluator shall hold a conference with the evaluatee. The employer's written comments (if any) shall be attached to the report and the report filed with personnel records in the Central Office. An appeal process is available to employees who wish to appeal their evaluation.

EVALUATION APPEAL

An employee may appeal his/her evaluation as follows:

1. The employee may request a review of his/her evaluation with the immediate supervisor.
2. If a review is requested, the Superintendent/designee shall set the time and place of the review with the employee and immediate supervisor.
3. During the review process, the employee shall be given the opportunity to present any evidence or testimony supporting his/her position.
4. Within ten (10) working days of the hearing, the Superintendent/designee shall prepare and forward to the employee and the employee's supervisor a written response to the appeal.
5. All information relating to the employee's evaluation shall be placed in the employee's appropriate personnel file.
6. Time limits set forth in this section may be extended by the written mutual agreement of the employee and the Superintendent.

RELATED PROCEDURES:

03.28 AP.21
03.28 AP.22

Review/Revised:9/5/2017

–CLASSIFIED PERSONNEL–

Confidentiality of Records

Personnel evaluation records, specifically the personnel evaluation folder and its contents, will be kept as a part of the employee's personnel file and will be treated with the same confidentiality as other personnel records. During an appeal/hearing, evaluation records will be kept in a secure location designated by the Superintendent.

Review/Revised:9/5/2017

- CLASSIFIED PERSONNEL -

Classified Personnel Evaluation

EMPLOYEE'S NAME _____ **SCHOOL YEAR** _____

WORKSITE/SCHOOL _____ **SUPERVISOR** _____

POSITION:

- ☐ **BUS DRIVER**
- ☐ **CUSTODIAN**
- ☐ **INSTRUCTIONAL ASSISTANT**
- ☐ **CLERICAL PERSONNEL**
- ☐ **SCHOOL NUTRITION EMPLOYEE**
- ☐ **MAINTENANCE PERSONNEL**
- ☐ **BUS MECHANIC**
- ☐ **OTHER, SPECIFY** _____

EXPLANATION OF THE SCALE:

SATISFACTORY (S) UNSATISFACTORY (U)
IMPROVEMENT NEEDED (IN) NOT APPLICABLE (NA)

JOB KNOWLEDGE:

Evaluate skill/knowledge of the information, procedures, materials, equipment, techniques, etc., required for the position.

	S	IN	U	NA
(a) Has necessary skills to complete tasks required in current job.				
(b) Understands and completes all records, reports, and documents required.				
(c) Has working knowledge of equipment/material that is necessary for completion of assigned task.				
(d) Attends appropriate in-service programs.				
(e) Adheres to Board policies.				

Comments: _____

_____

PRODUCTIVITY AND QUALITY OF WORK:

Rate the completion, accuracy, timeliness, and volume of work.

	S	IN	U	NA
(a) Completes the required tasks.				
(b) Completes tasks accurately.				
(c) Completes tasks in a timely manner.				
(d) Uses proper safety measures when working.				
(e) Takes initiative in seeking and completing tasks without supervision.				

Comments: _____

_____

Classified Personnel Evaluation

RESPONSIBILITY, DEPENDABILITY, AND ATTENDANCE:

Consider efforts to ensure the successful completion of tasks, extra efforts made to meet work demands, attendance, dependability, and general assistance.

		S	IN	U	NA
(a)	Uses discretion with confidential or privileged information.				
(b)	Follows directions.				
(c)	Uses good judgment in performing responsibilities.				
(d)	Organizes work responsibilities and sets priorities.				
(e)	Has a good attendance record.				
(f)	Reports to work punctually.				
(g)	Returns to work from break and/or lunch punctually.				

Comments: _____

_____

INTERPERSONAL RELATIONS:

Consider relationships with other employees, students, and the community, and willingness to perform required duties and to help others accomplish tasks.

		S	IN	U	NA
(a)	Deals with students and parents in a positive, constructive manner.				
(b)	Deals with colleagues and supervisors in a positive, constructive manner.				
(c)	Cooperates in accomplishing school and District goals and objectives.				
(d)	Handles problems in a constructive and fair manner.				
(e)	Works through line/staff relationships when addressing problems.				
(f)	Offers differing opinions in a constructive and helpful manner.				
(g)	Demonstrates effective written and verbal communication skills.				

Comments: _____

_____

SUMMARY	S	IN	U	NA
Overall job performance on applicable items.				

Classified Personnel Evaluation

Overall, does the employee meet the designated performance standards? ☐ Yes ☐ No

Comment: _____

_____

_____

Growth and Development: Activities in which the employee has participated which could increase job effectiveness. _____

_____

_____

Improvement in the areas noted on this evaluation can be achieved by the following:

_____

_____

_____

Would you recommend this employee for employment? ☐ Yes ☐ No

This review has been discussed with the employee who has been given a copy. Signatures acknowledge completion of the evaluation and not necessarily agreement.

_____ _____

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

Employee's Comments: _____

_____

_____

RELATED PROCEDURE:

03.28 AP.22

Review/Revised:9/5/2017

- CLASSIFIED PERSONNEL -

Evaluation Appeal Form

INSTRUCTIONS

This form is to be used by classified employees who wish to appeal their final summative evaluation. If you feel that you were not fairly evaluated you may submit an appeal to the Superintendent by completing this form and returning it to the Superintendent within five (5) working days of the receipt of your summative evaluation.

EMPLOYEE'S NAME _____

HOME ADDRESS _____ ZIP CODE _____

WORKSITE/SCHOOL _____

POSITION:

- ☐ **BUS DRIVER**
- ☐ **CUSTODIAN**
- ☐ **INSTRUCTIONAL ASSISTANT**
- ☐ **CLERICAL PERSONNEL**
- ☐ **SCHOOL NUTRITION EMPLOYEE**
- ☐ **MAINTENANCE PERSONNEL**
- ☐ **BUS MECHANIC**
- ☐ **OTHER, SPECIFY _____**

WHAT SPECIFICALLY DO YOU OBJECT TO OR WHY DO YOU FEEL YOU WERE NOT FAIRLY EVALUATED? IF ADDITIONAL SPACE IS NEEDED, ATTACH ADDITIONAL SHEET.

_____

_____

_____

_____

_____

DATE YOU RECEIVED THE EVALUATION _____

EVALUATOR'S NAME _____

_____ _____

Employee's Signature ***Date***

RELATED PROCEDURES:

03.28 AP.1
03.28 AP.21

Review/Revised:9/5/2017

- CLASSIFIED EMPLOYEES -

Employment-Related Staff Development

ONGOING

Classified employees shall be involved in ongoing staff development to improve their performance and the assistance they provide to the instructional program.

NEEDS ASSESSMENT

Supervisors of classified employees shall conduct a prioritized needs assessment which shall be forwarded to the Superintendent/designee or school-based council, as appropriate.

SUPERVISORY EMPLOYEES

Classified personnel who hold supervisory positions shall be involved in regularly scheduled meetings with their Central Office Supervisors.

PROFESSIONAL LEAVE

Classified personnel, upon approval by the Superintendent/designee, may be granted professional leave with expenses reimbursed by the Board for the purpose of attending approved meetings/conferences which relate to their areas of employment.

REQUIRED IN-SERVICE

Transportation employees, including bus drivers, and food service employees shall receive in-service training in accordance with the requirements specified in state statutes and regulations.

ALL OTHER CLASSIFIED STAFF

Appropriate training may be provided throughout the school year for custodians/housekeepers, clerical staff members, maintenance personnel, and teacher aides.

RELATED PROCEDURES:

03.225 AP.2
03.29 AP.2

Review/Revised:9/5/2017

- CLASSIFIED EMPLOYEES -

Employment-Related Meetings Request

Employee's Name _____ Date of Request _____

School/Location _____

Name of Conference/Workshop _____

Date(s) of Workshop _____ Time(s) of Workshop_____

Rationale for Attendance: _____

_____

_____

Are you requesting in-service credit? ☐ Yes ☐ No

Has the credit been approved by the Superintendent/designee? ☐ Yes ☐ No

Will you be participating as a consultant? ☐ Yes ☐ No

If *yes*, will you be paid for your services? ☐ Yes ☐ No

How will you share information gained with colleagues? _____

_____

_____

_____ _____

Superintendent/designee's Signature ***Date***

* PERSONNEL REQUESTING APPROVAL FOR ATTENDANCE AT EMPLOYMENT-RELATED MEETINGS THAT REQUIRE EXPENSE REIMBURSEMENT MUST COMPLETE THE TRAVEL REQUEST FORM, 03.125 AP.21 AND SUBMIT THE COMPLETED FORM TO THE SUPERINTENDENT/DESIGNEE FOR APPROVAL PRIOR TO ATTENDANCE/ REGISTRATION.

* AFTER ATTENDING EMPLOYMENT-RELATED MEETINGS, PERSONNEL MUST COMPLETE THE TRAVEL EXPENSE VOUCHER, 03.125 AP.22 AND SUBMIT THE COMPLETED VOUCHER AND ALL REQUIRED RECEIPTS TO THE SUPERINTENDENT/DESIGNEE FOR REIMBURSEMENT OF EXPENSES.

RELATED PROCEDURES:

03.225 AP.21; 03.225 AP.22

Review/Revised:9/5/2017

- CLASSIFIED EMPLOYEES -

District Training Requirements

See existing Procedure 03.19 AP.23.

Review/Revised:7/16/2019

Volunteer Recruitment and Assignment

RECRUITMENT

Each school shall develop a plan for the recruitment of volunteers. Recruitment goals shall include but not be limited to:

- Creating an awareness of the need for community participation
- Improving communication between the school and the community
- Developing orientation materials to be provided to all volunteers who have contact with students on a regularly scheduled or continuing basis

Persons interested in participating in the volunteer program should contact the Principal/designee.

SELECTION/PLACEMENT

The Principal and/or school council shall review data to determine the need for volunteers. Once a need has been identified and approved by the building Principal, the Principal shall screen the volunteers and place them according to the determined need.

ACCOUNTABILITY

Schools shall keep a record of each volunteer's assignment, the hours s/he has volunteered, and the effectiveness of the services provided.

Review/Revised:9/5/2017

Needs Assessment

SCHOOL NEEDS ASSESSMENT

By the end of the second month of the school year, each site administrator shall conduct and submit to the Superintendent a needs assessment. In SBDM schools the administrator shall conduct the assessment at the direction of the council.

If the school has developed a strategic plan or improvement plan, items identified in those plans should help determine needs. As the school develops its improvement plan, as outlined by the Department of Education, the needs assessment will assist in determining the contents of that plan.

GUIDELINES FOR SCHOOL ASSESSMENTS

The annual needs assessment shall identify existing programs, strengths of the school, and where needs exist. Examples of needs to be addressed are:

1. Instructional program
2. Student support services (counselors, music teachers, etc.)
3. Major equipment (science, technology, etc.)
4. Major maintenance (roof, heating and cooling, painting, door replacement, etc.)

DOCUMENTS TO BE REVIEWED

In preparing the District needs assessment, the Superintendent shall include a review of pertinent information, including but not limited to:

- Student academic assessment results (state-mandated tests, AP scores, nationally normed tests, SAT, ACT, etc.)
- Student noncognitive variables (attendance, drop-out rates, retention rates, etc.)
- District strategic plan or recommendations from the District's long-range plan
- Goals and objectives established by the Board and those set out in statute
- Needs assessments of individual schools
- Capital outlay needs of the District, including major maintenance needs
- Personnel salaries (Specific salary increases should not be included in the needs assessment.)
- Recommendations of accrediting associations such as the Southern Association for Elementary and Secondary Schools
- Staffing levels (The needs assessment should review staffing and programs included or funded in the schools' and District budgets.)

PRESENTATION TO THE BOARD

By December 1 the Superintendent shall have completed the District needs assessment, tabulated the results, and presented a summary report to the Board for its review and utilization in developing budget priorities. The report shall include the estimated cost for each item, and costs shall be within the revenues available to the District.

The Superintendent, at his/her discretion, may involve a committee to assist in development of the District needs assessment.

Needs Assessment

DISTRICT NEEDS ASSESSMENT (ESSA TITLE IV)

As needed to qualify for a federal Title IV grant, the District needs assessment must be conducted once every three (3) years as specified in Every Student Succeeds Act of 2015 (ESSA). The needs assessment shall be done with input from stakeholders, including, but not limited to: parents, teachers, principals, school and community leaders, local government representatives, and others with relevant and demonstrated expertise in the area. The assessment shall examine needs for improvement of the following:

1. Access to, and opportunities for, a well-rounded education for all students;
2. School conditions for student learning in order to create a healthy and safe school environment; and
3. Access to personalized learning experiences supported by technology and professional development for the effective use of data and technology.

REFERENCE:

20 U.S.C. § 7116(d)

Review/Revised:9/5/2017

Budget Planning Timeline

Month	Due Dates/Event	Date Completed
END OF 1ST SCHOOL MONTH	Each school site administrator records that school's official student enrollment for the current school year.	
OCTOBER	15 - The Superintendent projects the enrollment for the next five (5) years for each school site and gives that enrollment figure to the school's administrator. Each site administrator, under the direction of the school council in SBDM schools, shall conduct a needs assessment of program and support services, facility, and maintenance.	
NOVEMBER	15 - School needs assessment presented to the Superintendent.	
DECEMBER	1 - The Superintendent completes the District needs assessment and presents a summary report to the Board. 31 - Superintendent presents to the Board revenue projections for the District for the ensuing year.	
JANUARY	15 - Superintendent presents draft District budget plan, including estimated salary increases, to the Board. Board reviews District priorities along with the educational plan/needs assessment for the District. *31 - Board reviews draft budget plan and establishes budget parameters for the ensuing school year.	
MARCH	*1 - Board provides tentative notice of allocations to school councils. 2 - Based on the educational plan/needs assessment developed earlier, the site administrator begins work with parent and teacher groups on development of the school budget.	
APRIL	1 - School council adopts school working budget and presents to the Superintendent. 15 - Superintendent and/or council members present school council budgets to the Board for review.	
MAY	*1 - Board provides final notice of allocations to school councils. *15 - Superintendent notifies certified staff of any reduction(s) in responsibilities no later than ninety (90) days before the first student attendance day of the school year or May 15, whichever comes first. *30 - Board adopts tentative working budget, including salary schedules.	
JUNE	30 - By this date, each school/school council shall make an annual report at a public meeting of the Board describing the school's progress in meeting the educational goals set forth in KRS 158.6451 and District goals established by the Board. (KRS 160.345)	
JULY	*1 - Board sets tax rates. (Date may vary, depending when tax rates are certified by the Chief State School Officer per KRS 160.470.) Board must levy rates and send them to KDE within 30 days of receiving assessment data. 25 - Annual financial report and balance sheet submitted electronically to KDE.	
SEPTEMBER	*15 – Staffing allocations to school councils are adjusted if changes in enrollment occur. *30 - Board adopts a working budget to be submitted electronically to KDE.	
*Board action required by statute and/or regulation		

Review/Revised:9/5/2017

Budget Implementation

MUNIS Fund Account Budgets

The Superintendent shall prepare the draft District Budget and the MUNIS Fund Account Budgets annually. These budgets will:

1. Provide an educational program that will meet the educational needs of the students in the District.
2. Estimate the revenue—local, state, and federal—for the fiscal year.
3. Present a spending program to implement the educational plan and other necessary expenditures.
4. Determine the local tax rate needed.

Budget Administration

After the MUNIS Fund Account Budgets have been adopted, they will be transferred to the accounting system with copies made for staff members responsible for budget administration. Expenditures must stay within the budget, and the Superintendent/designee must give written approval if major expenditure categories are to be exceeded.

Budget Appraisal

The budget document will be appraised throughout the fiscal year using the following criteria:

1. Was the educational plan implemented to a high degree?
2. Were revenue receipts within reasonable proximity of the amount estimated?
3. Were the budgeted amounts appropriately distributed?
4. Was budget administration a problem?
5. Was the format functional?
6. Were the audit comments and suggestions helpful?

Review/Revised:9/5/2017

Internal Account Budgets

PREPARATION

Internal account budgets shall be prepared in compliance with the dates specified in Procedure 04.1 AP.2.

FUND BALANCE

In the preparation and administration of internal school account budgets, Principals shall endeavor to establish a fund balance at the end of the fiscal year to accommodate a potential cash flow problem at the beginning of the next year.

Review/Revised:9/5/2017

Depositories

SELECTION OF DEPOSITORY(IES)

The Superintendent shall notify the Board if a depository or depositories are to be selected with an effective date of July 1.

Review/Revised:7/19/2024

Purchasing

SCHOOL PURCHASING

1. Funds for expenditures authorized by the approved budget are to be made available to each Principal and school council who will advise staff of the available appropriations.
2. Principal/school council shall budget the allocations available to the school. Purchases made from these allocations shall be on Board purchase orders.
3. Purchase orders are to be completed by the department head or teacher and sent to the Principal /designee for approval.

A standard invoice, copy of a contract, or some documentation of approval for the payment must be attached if no purchase order has been issued.

4. If the purchase order is approved, the Principal/designee shall record the date, vendor, and amount of the purchase on the appropriate record form (computer or binder).
5. The purchase order is then forwarded to the school/Central Office designee.
6. Unless otherwise specified, copies of the purchase order shall be forwarded to the vendor, the school/District finance officer, and the person who placed the order.
7. When an order arrives, the person who placed the order checks the items received and signs and dates the receiving report or packing slip. A notation is made on the receiving report or packing slip as to the condition of the items received and any shortage in the shipment. The receiving report or packing slip is then returned to the school/District finance officer to be matched with the invoice.
8. The school/District finance officer clears the invoice for payment and charges the expenditure to the appropriate school account. The Superintendent/designee shall send a budget update to each school at least once each quarter.
9. If a purchase needs to be made on an emergency basis as defined by the Principal/designee, the employee shall complete a purchase order, obtain the signature of the Principal/designee, and arrange for the purchase. The employee shall then complete all other purchasing procedures.

All orders for the current fiscal year must be approved by the Principal/designee by April 15th.

10. All invoices for the current fiscal year must be presented to the school/Central Office designee by May 15th.

Purchasing

DISTRICT PURCHASING

1. Expenditures authorized in the approved budget are made available to authorized Central Office personnel who make purchases.
2. Purchase orders shall be completed and sent to the Superintendent/designee for approval.
3. If approved, the order is placed, copies of the purchase order are distributed, as appropriate, and a record of the purchase is completed.
4. When an order arrives, the person who placed the order checks the items received and signs and dates the appropriate copy of the purchase order. A notation is made on the receiving report as to the condition of the items received and any shortage in the shipment. The receiving report is then returned to the District finance officer for payment.
5. If a purchase needs to be made on an emergency basis as defined by the Superintendent/designee, the employee shall complete a purchase order, obtain the signature of the Superintendent/designee, and arrange for the purchase. The employee shall then complete all other purchasing procedures.
6. All orders for the current fiscal year must be approved by the Superintendent/designee by April 15th.
7. All invoices for the current fiscal year must be presented to the Central Office designee by June 30.

Review/Revised:9/5/2017

Internal School Accounts

ACCOUNTING

Accounting for internal accounts shall be in accordance with the Department of Education's Manual, *Accounting Procedures for School Activity Funds*.

Review/Revised:9/5/2017

Procurement

A. Conditions, including emergencies, and procedures under which purchases may be made by means other than competitive sealed bids.

Purchasing officers are authorized to acquire goods, services, or construction through noncompetitive negotiation under the following circumstances, providing a written determination is made that competitive bidding is not feasible. If available, quotes from three (3) suppliers shall be secured if for purchases exceeding $1,000. At least one (1) of the following conditions shall be met:

1. An emergency has been determined.

   An emergency condition is a situation that creates a threat to public health, welfare, or safety such as may arise by reason of floods, epidemics, riots, and equipment failures. The existence of such a condition creates an immediate and serious need to supplies, services, or construction that cannot be met through normal procurement procedures and the lack of which would seriously threaten (a) the functioning of the District; (b) the preservative or protection of property; (c) the health or safety of any person. When such conditions exist, the Superintendent and designated purchasing agents are authorized to purchase through noncompetitive negotiation. The determination of an emergency and the details of the procurement shall be stated in writing and reported to the Board at its next regular meeting.

2. The product or service to be procured is available from a single source.

3. A necessity is temporarily unavailable from the contracted supplier.

   When a particular necessity is temporarily unavailable from the contract supplier and the purchasing officer makes a written determination to that effect, the purchasing officer has the authority to treat such items as a single source of services or products and has authority to proceed to procure the same by noncompetitive negotiation.

4. Contracts for services.

   The District may contract for the services of licensed professionals such as attorney, physician, psychiatrist, psychologist, certified public accountant, registered nurse, or educational specialist: technicians such as plumber, electrician, carpenter, or mechanic; or an artist such as a sculptor, aesthetic painter, or musician; printers for special projects. This provision shall not apply to architects or engineers providing construction management services rather than professional architect or engineer services.

   Noncompetitive negotiations for services of licensed professionals shall occur only when specialized training is required of the contractor, when a specific program or service can be delivered by only one or a few individuals, or when travel costs and time dictate constraints on the bidding process.

5. The contract is for the purchase of perishable items, as indicated in applicable federal and state law, purchased with funds other than school nutrition service funds on a weekly or more frequent basis.

   Purchase of such items with school nutrition service funds shall be done consistent with methods authorized by federal regulation (7 C.F.R. §3016.36).

Procurement

6. The contract or purchase is for replacement parts where the need cannot be reasonably anticipated and stockpiling is not feasible.
7. The contract is for proprietary items for resale.
8. Items for resale include printed documents; stocks and inventories for school bookstores; candies; soft drinks, and, all other items that are sold to students and to the general public. Supplies that must be processed prior to resale such as food purchases for the lunchroom are not included as items for resale.
9. The contract or purchase relates to an enterprise in which the buying or selling by students is a part of the educational experience.
10. The contract or purchase is for expenditures made on authorized trips outside the boundaries of the service area of the agency.
11. The contract or purchase is for purchase of supplies that are sold at public auction or by receiving sealed bids.
12. The contract is for group life insurance, group health and accident insurance, group professional liability insurance, worker's compensation insurance, or unemployment insurance.
13. The contract or purchase is for a sale of supplies at reduced prices that will afford a purchase at savings to the school district.
14. The contract or purchase is from a state, U.S. Government, or other public agency.
15. The contract or purchase is from a state, U.S. Government, or other public agency price contract.
16. Specifications cannot be made sufficiently specific to permit an award on the basis of either the lowest bid price or the lowest evaluated bid price.
17. Sealed bidding is inappropriate because the available sources of supply are limited.
18. The bid prices received through sealed bidding are unresponsive or unreasonable.

B. Reverse Auction

Competitive bidding or competitive negotiation for goods and leases may include use of a reverse auction, which is to be conducted as provided in KRS 45A.365 (competitive sealed bidding) or KRS 45A.370 (competitive negotiation).

C. Rejection of bids, consideration of alternate bids, and waiver of informalities in offers.

The conditions for bidding shall be applicable to and incorporated in all invitations for bids. Failure to comply with such conditions shall be cause for rejection of the bid. The Board or its designee retains the right to waive any informalities in offer.

D. Confidentiality of technical data and trade secrets information submitted by actual and prospective bidders or offerors.

Technical data and trade secrets information submitted by actual and prospective bidders are exceptions to the open records requirements and shall be rated confidentially.

Procurement

E. Partial, progressive and multiple awards.

The District purchasing officer is authorized, when feasible, to advertise for bids as a discount from a price list or catalog. The conditions shall state that multiple awards may be made. When such multiple awards are made, purchases at the contract discount may be made from such price lists or catalogs without further negotiation. However, any changes in the price list exceeding ten percent (10%) during the period of the contract shall disqualify such items from purchase.

F. Supervision of store rooms and inventories, including determination of appropriate stock levels, and the management, transfer, sale or other disposal of government-owned property shall be the responsibility of the purchasing officer of the district.

G. Definitions and classes of contractual services and procedures for acquiring them.

The District may obtain the services of various classes of professionals, technicians, and artists by noncompetitive negotiation when specialized training is required of the contractor, when a specific program or service can be delivered by only one or a few individuals, or when travel costs and time dictate constraints on the bidding process.

H. Procedures for the verification and auditing of local public agency procurement records.

The Superintendent shall maintain sufficient records for the Board to verify all purchasing agreements and purchases made through such agreements. Financial records of all transactions related to the purchase of goods and services for the District or individual schools are subject to an annual financial audit.

I. Annual reports from those vested with purchasing authority as may be deemed advisable in order to insure that the requirements of this policy are complied with.

1. Each staff member authorized to approve purchase orders shall:
    a) Keep a copy of all purchase orders issued.
    b) Maintain a log to include the name of the vendor from which products or services were obtained.
    c) Record the purpose of the product or service.
    d) Record how the decision was made to purchase from the vendor (bid, negotiation, single source, state price contract, etc.)
    e) List other vendors contacted and their cost for the product or service.
2. All Board policies and District procedures pertaining to procurement, whether promulgated under KRS 45A.345 to 45A.460 or otherwise, shall be maintained in the District Central Office and shall be available to the public upon request at a cost not to exceed the cost of reproduction.

J. Except as permitted by law, every invitation for bid or request for proposals shall provide that an item equal to that named or described in the specifications may be furnished.

Review/Revised:8/5/2022

Purchase Certification

PROVIDED THIS FORM IS CERTIFIED BY THE DISTRICT FINANCE OFFICER PRIOR TO THE PURCHASE, DISTRICT/SCHOOL PERSONNEL MAY MAKE PURCHASES OF UP TO $2,500 OUTSIDE ESTABLISHED PRICE CONTRACT AGREEMENTS.

School Name: _____

Requested By: _____

Purchase Date: _____ (Certification date precede purchase date.)

Vendor Name: _____

List below the item(s) to be purchased:

Description	Cost (*)	Contract (**)
TOTAL		

(*) Cost from the vendor named above.

(**) Cost on GSA, State Price, or other Board-approved bid contract

==========

I certify that this purchase will not exceed $2,500 and that the item(s) listed above meet or exceed the standards and specifications fixed by the following (Check appropriate box.):

☐ Federal (GSA) Price Contract number _____

☐ State Price Contract number _____

☐ Cooperative Agency Bid number _____

☐ Other Entity Bid Entity Name _____

Bid number _____

I further certify that the sales price of this purchase is lower than the sales price in the noted bid and/or contract.

_____ _____

Finance Officer/Designee's Signature ***Date***

Review/Revised:9/5/2017

Inventory Form

SUBMIT THIS FORM TO THE PRINCIPAL OR CENTRAL OFFICE DESIGNEE BEFORE THE LAST DAY OF THE SCHOOL YEAR.

SCHOOL/WORKSITE _____DATE _____

LOCATION (ROOM #, LABORATORY, OFFICE, STORAGE, ETC.) _____

EMPLOYEE'S NAME (PLEASE PRINT):_____

Item	ID/Tag#	General Condition of Item	Location (room # or name of area)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			

I certify the above to be a true and accurate record. _____

Employee's Signature

Review/Revised:9/5/2017

Disposal of School Property

REAL PROPERTY

The Board shall follow the disposition process for real property as contained in 702 KAR 004:090.

FURNITURE, EQUIPMENT, VEHICLES

Furniture, equipment and vehicles will be disposed of as follows:

1. Designated personnel shall present in writing to the Superintendent a complete description of items no longer needed for school purposes.
2. The Superintendent shall advise the Board that certain furniture, equipment, and vehicles are no longer needed for public school purposes.
3. Once the Board declares the property surplus, the Superintendent/designee shall advertise the property for sale as directed in Policy 04.8.
4. The Board may accept or reject any and all bids.

Review/Revised:8/11/2025

Management of Financial Records

Active financial records are under the management of the Finance Officer.

1. **Current financial records that are designated as "permanent" shall include, but not be limited to:**

Annual Financial Report	Annual Audit Report
Annual Approved Budget	Funds Ledger
Bond Record File	

After audit the Finance Officer shall file those financial records designated as "permanent" in an approved space in the Central Office.

2. **Current financial records that are designated as "indefinite" shall include, but not be limited to:**

Budget Draft/Proposal	Budget Work Papers
Cancelled Bonds and Coupons	Bid Files-Successful
Contracts and Service Agreements	Payroll Personnel File
Assets/Equipment Inventory File	

The retention period for indefinite records is defined by the explanation found in the Disposition Instructions column of the Records Retention Schedule, Public School District.

3. **The District may dispose of certain financial records marked as "destroy after audit" in the Disposition Instruction, which indicates that such records shall only be destroyed after the retention period has expired and an official audit has been performed.**

For complete information about retention and disposal of school/District financial records, consult the Records Retention Schedule, Public School District, which may be accessed online at:

http://kdla.ky.gov/records/recretentionschedules/Documents/Local%20Records%20Schedules/PublicSchoolDistrictRecordsRetentionSchedule.pdf

Review/Revised:9/5/2017

Audits

BOARD ACCOUNTS

All accounts under Board control shall be audited annually by an approved CPA/CPA firm. The following procedures will be implemented:

1. The Board shall request audit proposals containing criteria set forth by appropriate state agencies.
2. The Superintendent shall review the proposals and through competitive negotiations recommend for Board approval a CPA/CPA firm to conduct the audit. The recommendation shall include a cost estimate.
3. The CPA/CPA firm shall meet requirements imposed by the State Committee for School District Audits (Committee) and the contract with the CPA/CPA firm shall be subject to approval by the Committee.

   The Board may request to meet with the auditor prior to the audit to discuss expectations.
4. The CPA/CPA firm shall conduct the audit as soon as possible after the close of the fiscal year. Copies of the audit report shall be sent to Board members prior to the auditor's presentation of the report to the full Board.

   Unless the CPA/CPA firm obtains authorization from the State Committee for School District Audits for a later date, the audit report shall be presented to the Board at the October meeting.
5. Following presentation of the audit report, the Superintendent/designee shall present to the Board for its approval, internal control strategies to respond to significant deficiencies and material weaknesses identified in writing by the auditor. In addition, a timeline for taking action and reporting progress back to the Board shall be established.
6. A written report is made to the Chief State School Officer of any audit exceptions and the progress made to correct them.
7. Copies of the audit report shall be distributed to Board members and to appropriate state agencies by the date in November designated by KDE (unless an extension has been granted at District request). The audit report shall be accompanied by a management letter from the auditor to the Superintendent and other documents required by the State Committee for School District Audits. File copies are placed in the office of the Principal(s) and in the office of the Superintendent and shall be open for public inspection.

   An exit conference shall be held between the auditing staff and District staff, with two (2) Board members in attendance.
8. When funding is available, a request is made to the state for reimbursement.

Review/Revised:9/5/2017

Construction

CAPITAL CONSTRUCTION PROCESS

The capital construction process shall be conducted in compliance with applicable statutes and regulations (refer to Policy 05.1).

PAYING FOR BUILDING PROGRAM

When planning a capital construction project, the Superintendent and the Board shall analyze the District's financial capabilities to determine debt retirement schedule, state aid available, trend of property assessment, additional local tax, funds for debt retirement, and method of financing.

Review/Revised:9/5/2017

Alterations to Buildings and Grounds

AMENDMENTS TO THE LOCAL FACILITIES PLAN

When there is a major change in enrollment or curriculum or a major disaster or other unforeseen occurrence that takes place during the District's planning cycle, the District may request an amendment to the District Facilities Plan. In making the request, the District shall follow the amendment process set out in the Kentucky School Facilities Planning Manual.

ALTERATIONS IN GENERAL

Any structural alteration of a building shall require the approval of the Board and appropriate state agencies.

Any alteration to a building or its grounds that significantly changes the appearance of the building or grounds shall require Board approval.

A consulting engineer, architect, or other qualified person shall review and/or approve playground equipment and/or other construction projects for safety in design and construction techniques.

EQUIPMENT OWNED BY OUTSIDE GROUPS

Equipment owned by a school-related organization such as, but not limited to, PTA/PTO shall meet all applicable safety standards as verified by the Superintendent/designee.

SIGNS

The Superintendent/designee shall grant prior approval for the erection of new signs or repainting of existing signs on school property.

Review/Revised:9/5/2017

Integrated Pest Management Application and Notification

"Children are present" means the designated time period between two (2) hours before the start time and forty-five (45) minutes after the dismissal time of the regularly scheduled school day as determined by the school authority under the calendar set by the school Board.

Notification by the school to parents or guardians on the registry shall be required if the school authority, after consultation with the certified applicator, determines that a pesticide application is necessary when children are present in the school.

For pesticide applications made when children are present, the school authority shall provide the notification to persons listed on the registry at least one (1) hour prior to the making of the application.

Pesticides may be applied without notification indoors and to outside areas when children are not present.

The area where the point of application of a pesticide occurred shall be posted by the certified applicator regardless of the absence or presence of children

Review/Revised:9/5/2017

Integrated Pest Management Notification

WRITTEN NOTICE IN THE FOLLOWING FORM SHALL BE SENT OR GIVEN AT THE BEGINNING OF THE SCHOOL YEAR. A COPY OF THE NOTIFICATION SHALL BE MAINTAINED BY THE SCHOOL AUTHORITY FOR TWENTY FOUR (24) MONTHS AFTER THE NOTICE IS ISSUED AND SHALL BE SUBJECT TO INSPECTION UPON REQUEST BY KENTUCKY DEPARTMENT OF AGRICULTURE PERSONNEL.

_____
Date

Dear Parent or Guardian:

Each school district in the Commonwealth is required to implement a program of "integrated pest management" with the primary goal of preventing and controlling pests through strategies that may include judicious use of pesticides. The application of pesticides in the school or on school grounds during times when children are present is limited by state regulation, but there may be occasions when, after consulting with a certified pesticide applicator, the school administration determines that a pesticide application is necessary when children are present in the school. As required by state regulation, we have created a registry for parents or guardians who wish to receive an electronic message or telephone call prior to the application of pesticides in the school when children are present. Please provide the school administration your email address or phone number if you wish to be placed on this registry.

Name: _____ School: _____

Phone Number: _____ Email Address: _____

For more information, please contact _____ at _____.
Name Phone Number

Review/Revised:9/5/2017

Maintenance

The maintenance program is designed to keep school property in good repair in order that the instructional program can be carried out efficiently, students can have a safe environment in which to work, and maintenance costs are minimized.

SUPERINTENDENT

The Superintendent/designee coordinates the maintenance program and approves all major maintenance projects.

PRINCIPALS

Principals and their school safety committees report needed repairs and/or maintenance problems to the Superintendent/designee.

MAINTENANCE TEAM

The maintenance plan is a team approach with team members being the Superintendent and/or designated Central Office administrators, building principals, school custodial staff, general maintenance person(s), outside service personnel, as needed, contracted maintenance/custodial agency, where applicable.

MAINTENANCE PERSONNEL

The Head custodian shall examine the school buildings monthly to determine the need for repairs and preventive maintenance. General maintenance personnel and the custodial staff shall make repairs and perform minor maintenance in keeping with the responsibilities specified in their job descriptions.

AUTHORIZATION TO CALL OUTSIDE SERVICE

Superintendent/designee is authorized to call outside service agencies (from a list approved by the Superintendent) for minor maintenance work beyond the maintenance team's level of training and expertise.

Review/Revised:9/5/2017

Maintenance Checklist

School/Site _____ Date_____

Inspector _____

This form is a reminder of general areas and items to be inspected. Check each item "acceptable" or "needs attention." All "needs attention" items shall include location, and the date corrected shall be noted. This form shall be completed by the Head Custodian and sent to the Maintenance Director and Building Principal. A copy shall be kept by the employee making the inspection.

Area Inspected	Location(s)	Condition		
		Acceptable	Needs Attention	Date Corrected
Inside Electrical				
Switches				
Receptacles				
Lights				
Inside Plumbing				
Toilets				
Sinks				
Drains				
Fixtures				
Inside Carpentry				
Windows				
Doors				
Floors				
Painting				
Outside Electrical				
Lights				
Power				
Lines and Poles				
Outside Plumbing				
Sewer				
Gutter				
Drains				
Downspouts				
Outside Carpentry				
Roof				
Painting				
Doors				
Windows				

Maintenance Checklist

Area Inspected	Location(s)	Condition		
		Acceptable	**Needs Attention**	**Date Corrected**
Grounds				
Shrubs				
Trees				
Fencing				
Playground				
Playground Equipment				
Playground Poles				
Downspouts				
Other				

Comments: _____

_____

_____

A COPY OF THIS CHECKLIST SHALL BE FORWARDED TO THE PRINCIPAL/SITE SUPERVISOR

_____ _____

Signature of Recipient ***Date Received***

Review/Revised:9/5/2017

Before Winter Checklist

School/Site _____ Date _____

Inspector _____

This form is a reminder of general areas and items to be inspected. Check each item "acceptable" or "needs attention." All "needs attention" items shall include location, and the date corrected shall be noted. This form shall be completed by the Head Custodian and sent to the Maintenance Director and Building Principal A copy shall be kept by the employee making the inspection.

Area Inspected	Location(s)	Checked by Personnel		
GENERAL PREPARATION		**YES**	**NO**	**DATE**
Develop Action Plan; train employees.				
Designate "Weather Watcher" to implement plan.				
Outline Emergency Organization responsibilities such as snow removal from roads, sidewalks, doorways, roofs.				
Prepare snow removal equipment.				
Establish heat system priorities.				
Locate ordinary thermometers in hard to heat areas.				
Make provisions to monitor unattended facilities.				
BUILDINGS				
Building shell in good condition.				
Close unnecessary openings.				
Design/protect heating/insulation systems prone to freeze damage to maintain minimum temperature of 40 degrees Fahrenheit (4 degrees Celsius).				
Prepare heating systems to maintain building temps above 40 degrees Fahrenheit (4 degrees Celsius).				
Provide safe, emergency heating equipment in areas prone to freezing; set to be activated automatically or by assigned personnel.				
Identify /prepare concealed spaces, such as crawl space to allow heat passage during cold spell.				
ROOFING				
Inspect roof framework for weaknesses.				
Assess roof's capacity for snow loading.				
Develop plan for Emergency Organization /others to handle snow and ice loading on roof.				
Remove debris from drains.				

Before Winter Checklist

Area Inspected	Location(s)	Checked by Personnel		
EQUIPMENT		YES	NO	DATE
Boilers				
Completely drain idle equipment.				
Flush with proper antifreeze solution.				
Clear lines with compressed air.				
Remove slow points and dead ends where possible.				
Install steam traps on piping/equipment with drain valves.				
Install low-water fuel cutoffs with minimum piping exposed to ambient temperature.				
Consider/install heat tracing lines for piping that carries water to the water glass, low-water fuel cutoff column, and feed water regulator.				
Other Equipment				
Provide adequate heat, locate in heated enclosure, or provide the proper antifreeze solution for water cooled equipment such as compressors, pumps, etc.				
Apply lubricants suitable for low-temp applications in equipment such as pumps, blowers, compressors.				
Remove water from oil coolers and water jackets and drain condensers of chilling units.				
Provide adequate fuel supplies.				
Check pressure vessel vents, relief valves and safety valves to assure functional moving parts.				
Construct wind breaks to protect open piping/ instruments.				
FIRE PROTECTION EQUIPMENT				
Place thermostats inside buildings to monitor temps.				
For dry-pipe sprinkler systems:				
Maintain dry-pipe valve room temp 40 degrees F (4 degrees Celsius).				
Check piping pitch and all pipe hangers.				
Drain all low points and install more drains, if necessary.				
Drain system thoroughly after annual trip test.				
Insulate enclosure/install heater to maintain temps above 40 degrees F (4 degrees Celsius).				
Take dry air supply for compressor from dry, room-temperature source.				

A COPY OF THIS CHECKLIST SHALL BE FORWARDED TO THE PRINCIPAL/SITE SUPERVISOR

_____ _____

Signature of Recipient ***Date***

Review/Revised:9/5/2017

During Cold Weather

School/Site _____ Date _____

Inspector _____

This form is a reminder of general areas and items to be inspected. Check each item "acceptable" or "needs attention." All "needs attention" items shall include location, and the date corrected shall be noted. This form shall be completed by the Head Custodian and sent to the Maintenance Director and Building Principal. A copy shall be kept by the employee making the inspection.

Area Inspected	Location(s)	Checked by Personnel		
		YES	NO	DATE
GENERAL EQUIPMENT				
Weather watcher informs Emergency Organization informed of impending cold snaps.				
Employee/Security guard monitors/records temps in hard-to-heat areas, especially during idle periods.				
BUILDINGS				
Provide temporary interior openings to allow heat into concealed spaces during unusual cold spells.				
Check indicator post for tightness and repair leaks.				
Consider non-freezing/multipurpose dry chemical fire extinguishers in areas where freezeups are a concern.				
ROOFING				
Activate snow watch/removal crew to monitor snow depths and remove unsafe accumulations from roofs.				
Clear drains of ice and snow. If roof is pitched and without drains, open paths to eaves to ensure drainage and prevent ponding.				
EQUIPMENT				
When freeze is expected, drain water-cooled equipment that is not otherwise protected.				
Frequently drain condensed moisture from compressed air lines.				
Maintain air-drying equipment of air supply system for instrumentation and air-actuated equipment.				
Install safe, continuous flow-through piping where insufficient cover is present for buried piping or where it is otherwise impractical to protect piping.				
Check pressure vessel vents, relief/safety valves to make sure parts are functional and openings are not obstructed.				
Thaw frozen piping and equipment carefully to avoid damage. Do not use open flames to avoid fire hazard.				
If complete loss of heat occurs:				
Drain equipment such as process piping, mill-use lines, heat exchangers, process equipment, compressors, etc.				
Institute emergency procedures for processes that are dependent on steam water supply to avoid solidification or runaway condition.				

During Cold Weather

Area Inspected	Location(s)	Checked by Personnel		
		YES	NO	DATE
FIRE PROTECTION EQUIPMENT				
Routinely check building thermometers to assess interior temperatures.				
Keep fire pump intake screens clear of ice.				
Make sure hydrants, hose houses, pumper connections, indicator posts and other outdoor sprinkler system valves remain visible and accessible (free of ice and snow).				
If heat is lost, check all water-based extinguishers for possible freeze damage.				
If underground mains freeze, thaw them promptly				
For wet-pipe sprinkler systems:				
Check for broken pipe fittings, cracked piping, and any distorted/leaking sprinklers.				
After unusually cold weather, open inspector's test connection; if there is no flow, water in the piping is probably frozen.				
For dry-pipe sprinkler systems				
Regularly check air pressure and temps in dry-pipe enclosure.				
Use moisture traps and desiccants in the air supply piping if the system has a history of heavy condensation buildup.				

A COPY OF THIS CHECKLIST SHALL BE FORWARDED TO THE PRINCIPAL/SITE SUPERVISOR.

_____ _____

Signature of Recipient ***Date***

Review/Revised:9/5/2017

Playground Inspection Checklist

This checklist shall be completed by the Principal and submitted as directed to the Superintendent.

NAME OF INSPECTOR: _____ **DATE OF INSPECTION:** _____

SCHOOL SITE: _____

AREA/ITEM	Benches/Seating	Merry-go-round	Swings	See - Saws	Monkey Bars	Chin-up Bars	Basketball Goal	Slides	Jungle Gym	Paved Areas	Playscape	OTHER (Specify): _____
Concrete footings exposed												
Supports/anchors broken or missing												
Handrails, rungs/steps/seats are broken/ loose/missing												
Nails, screws, bolts, etc., exposed												
Nuts/bolts, caps, etc., loose or missing												
Bearings worn												
Parts need lubrication												
Graffiti/vandalism												
Paint needed												
Wood splintered												
Surface materials insufficient												
Cannot be repaired												
Unauthorized equipment present												
Other, specify: _____												

COMMENTS:

_____

_____

_____ _____

Signature of Principal Date Submitted

Review/Revised:9/5/2017

Community Use of School Facilities

PRIMARY PURPOSE

School facilities are for the primary purpose of meeting the educational needs of school-age youth in the district. However, with reasonable policies and procedures, the school can assist the community in meeting social, civic, recreational and cultural needs by effective utilization of school facilities.

PRIORITY FOR USE OF SCHOOL FACILITIES

Priority	Examples of Groups	Approval	Scheduling	Fees Charged	Proof of Liability Insurance
I - School Groups	Educational programs that are an outgrowth of classroom instruction including, but not limited to, science fairs, plays, exhibits and concerts. Interscholastic activities including athletic teams, speech and debate, band competition and academic competition. Any school group that requires a faculty sponsor including, but not limited to, all school-sponsored clubs, homerooms, honor societies and student council.	Principal/ designee	Principal/ designee	None	None required
II - School-Related Groups	District Adult/Community education programs Parent-Teacher Association/ Organization Booster Groups - academic, athletic and band 4-H Clubs Scout groups County Recreation Programs Little League and/or comparable groups including, but not limited to, YMCA Adult farmers	Principal	Principal	Custodial fees, if designated in contract	As specified in the contract NOTE: All external support/booster organizations are required to carry separate insurance for general liability with appropriate coverage to operate their organization. (Accounting Procedures for Kentucky School Activity Funds)

Community Use of School Facilities

PRIORITY FOR USE OF SCHOOL FACILITIES (CONTINUED)

Priority	Examples of Groups	Approval	Scheduling	Fees Charged	Proof of Liability Insurance
III - Community Interest Groups	Civic clubs Industrial groups Church groups Homemakers Farm Bureau Historical Society	Superintendent	Principal	Usage and custodial fees, as designated in contract	As specified in the contract Organizations will be required to sign a release and indemnity agreement relieving the Board of any liability in accordance with Board policy 05.3.
IV - Meetings of General Public	General meetings of various community groups including, but not limited to, political parties.	Board	Principal	Usage and custodial fees, as designated in contract	As specified in the contract Organizations will be required to sign a release and indemnity agreement relieving the Board of any liability in accordance with Board policy 05.3.

FOOD SERVICE

Eligible groups may contract for meals to be served in school dining areas. Use of kitchen equipment requires the presence of a School Food Service employee.

PUBLIC ELECTIONS

School facilities may be used for public elections without charge.

SPECIAL/EMERGENCY USE

Special/emergency use of facilities may be approved by the Superintendent/designee with explanation made to the Board at its next regular meeting.

Review/Revised:9/5/2017

Application and Agreement for Use of District Property

***NOTE:** Please complete this form in duplicate and submit both copies to the Central Office designee for approval. If the application is approved, one (1) copy of the signed agreement will be returned to the using organization along with a contract prepared by the Board attorney. The contract shall be signed by the designated representative of the using organization and returned to the Central Office designee. If the application is not approved, both copies will be returned.*

Name of Sponsoring Organization/Activity _____ **Telephone** _____

Representative's Name _____

Address _____

The above organization/individual requests the use of:

☐ auditorium ☐ gymnasium ☐ dining room/kitchen ☐ stadium

☐ classroom(s) _____ ☐ other, specify _____

Is the organization planning to use District-owned equipment? ☐ YES ☐ NO

If yes, specify equipment _____ Operator's Name _____

Is the organization planning to conduct sales on school premises? ☐ YES ☐ NO

If yes, give a complete description of what is being sold and how the proceeds will be used. _____

_____

Building/school/facility _____

Purpose_____

Date(s) requested _____ Time(s) Requested_____

Will public be admitted? ☐ **YES** ☐ **NO**

Will advertisement(s) be used? ☐ **YES** ☐ **NO**

Will admission be charged? ☐ **YES** ☐ **NO**

When using school facilities, this organization agrees to observe the following:

1. **To schedule with the building Principal the time(s) District property is to be used**. It is understood that the Superintendent/designee may cancel the use of the room or building at any time such use interferes with regular school activities.
2. **To be legally responsible for any and all damage to individuals and school equipment, building(s), grounds, or facilities, resulting from use by the organization.** To this end, the organization will procure sufficient liability insurance to indemnify the Board, school officers and employees for any injuries or property damage which might occur during the organization's use of the facilities. This insurance shall contain limits of $1,000,000 for bodily injury and $10,000 for property damage. A copy of the organization's insurance certificate shall be filed with the Board prior to the date the organization uses the building. The Board shall require the renting organization to assume all liability for injury to individuals by reason of the lease of Board property and that the organization indemnify and save harmless the Board from any loss or damage thereby.
3. **To provide appropriate equipment for the use of District property**. When gymnasiums are used, the organization agrees to permit on the gym floor only those persons wearing shoes that will not mark the floor.
4. **To abide by the requirements of Board policies 05.3 and 05.31 (see attached)**. Disregard of the rules and regulations governing the use of the school buildings, equipment and facilities shall result in the refusal of the Board to grant the offending organization further use.
5. **To acknowledge that approval of this request does not signify District sponsorship, endorsement or approval of your organization or the activity.**

Application and Agreement for Use of District Property

FEE SCHEDULE

The organization agrees to pay the applicable fee(s) for the use of District facilities.

	# of Employees Required	# of Hours	Hourly Rate (Overtime at 1.5 times)	Total
Custodians				
Food Service Employees				
Supervisory Personnel				
Other _____ _____				
		TOTAL PERSONNEL CHARGE		

Property Used	Facility/Equipment Fee	Personnel Cost, if applicable	Insurance cost, if applicable	Total Cost for Facility Use
Gymnasium at _____ school				
Auditorium at _____ school				
Cafeteria - ☐ Dining Room ☐ Kitchen ☐ Both at _____ school				
Classroom(s) Number _____ at _____ school				
Stadium at _____ school				
Other Property at _____ school				

_____ _____

Signature - Representative of User Group ***Date***

_____ _____

Signature - Superintendent/designee ***Date***

IN THE EVENT SCHOOL IS CLOSED DUE TO WEATHER CONDITIONS, ALL SCHEDULED ACTIVITIES, WITH THE EXCEPTION OF DINNER MEETINGS, WILL BE CANCELED AND OPPORTUNITY TO RESCHEDULE OR REFUND RENTAL FEE(s) WILL BE MADE.

For Office Use Only - To be Completed by School Official

Cost for use of District property $_____ Cost for school employee $ _____ Total cost $ _____

Deposit $ _____ Is deposit refundable? ☐ Yes ☐ No

Date Deposit Received _____ Balance Due $ _____

Board employee(s) assigned: _____ _____

Board Action Date, if applicable _____ Board Order #_____

Review/Revised:9/5/2017

Reporting Form for Employee Extra Pay

Name of Sponsoring Organization/Activity _____

Representative's Name _____

Facilities used by organization: ☐ gymnasium ☐ dining room/kitchen ☐ stadium
☐ auditorium ☐ classrooms(s) ☐ other , specify _____

Personnel assigned to the event: ☐ Custodian(s) ☐ Food Service Employee(s)

☐ Supervisory personnel will be paid at not less than their regular hourly rate or regular overtime pay with pay beginning 30 minutes before and ending one (1) hour after the event or whenever the facility (including the stadium) is in good, useable order for the next day.

SIGNATURES BELOW VERIFY SERVICE FOR THIS EVENT

_____	_____	_____
Employee's Signature	***Date of Service***	***# of Hours Worked***
_____	_____	_____
Employee's Signature	***Date of Service***	***# of Hours Worked***
_____	_____	_____
Employee's Signature	***Date of Service***	***# of Hours Worked***
_____	_____	_____
Employee's Signature	***Date of Service***	***# of Hours Worked***
_____	_____	_____
Employee's Signature	***Date of Service***	***# of Hours Worked***

For Central Office use only

Employee Name_____ **# of Hours @ $** _____ **per hour Total $**_____
Employee Name_____ **# of Hours @ $** _____ **per hour Total $**_____
Employee Name_____ **# of Hours @ $** _____ **per hour Total $**_____
Employee Name_____ **# of Hours @ $** _____ **per hour Total $**_____
Employee Name_____ **# of Hours @ $** _____ **per hour Total $**_____
Employee Name_____ **# of Hours @ $** _____ **per hour Total $**_____

_____ _____
Superintendent/designee's Signature ***Date***

Submit this form to the Central Office within one (1) week of the event.

Review/Revised:9/5/2017

Public Sales on School Premises

Public sales on school premises must be approved in accordance with Procedure 05.3 AP.1.

The rules for conducting public sales are as follows:

1. The official application for use of school facilities must be completed.
2. No sales shall be scheduled during the school day or at any time that may interfere with the school program.
3. All sales activities shall be conducted in a manner that does not threaten the safety of participants or the security of District property.
4. All sales must be conducted within the time frame and at the location designated in the contract for usage.

RELATED PROCEDURES:

05.3 AP.1
05.31 AP.21

Review/Revised:9/5/2017

Use of Automated External Defibrillators (AEDs)

Each school's emergency plan shall include procedures to be followed in case of a medical emergency, a written cardiac emergency response plan, and a diagram that clearly identifies the location of each AED. Procedures for the use and training of AEDs shall be included in the emergency response plan.

DEFINITION

An automated external defibrillator (AED) is a device used to treat victims who experience sudden cardiac arrest (SCA). It is to be applied only to individuals who are unconscious, not breathing normally and showing no signs of circulation, such as normal breathing, coughing or movement.

LOCATION OF AEDS

An AED shall be readily accessible, as determined by the Principal/Site Supervisor, for all medical emergencies.

The location of each AED shall be kept on file in the Central Office and the administrative office of each school.

AED STAFF

The school nurse/designee shall be responsible for:

- Providing medical direction for use of an AED;
- Reviewing and approving guidelines for emergency procedures related to use of and AED;
- Coordination of training for Emergency Responders/expected AED users as recommended by the Superintendent/designee;
- Evaluation of post-event review forms and digital files downloaded from AED;
- Oversight of equipment and accessory maintenance;
- Monitoring effectiveness of this system; and
- Communication with Superintendent/designee on issues related to the medical emergency response program.

AED TRAINING

To be authorized as an Emergency Responder or an "expected user," employees must complete the required AED training, records of which shall be maintained in the Central Office. Training shall be renewed at least every two (2) school years.

EQUIPMENT MAINTENANCE

All equipment and accessories necessary for support of medical emergency response shall be maintained in a state of readiness. Specific maintenance requirements shall include:

- Inspections of each AED shall be performed after each use and on a scheduled basis as directed by the Superintendent/designee.

Use of Automated External Defibrillators (AEDs)

EQUIPMENT MAINTENANCE (CONTINUED)

- On inspection, if the AED is designated as out-of-service or does not have the appropriate equipment, the designated inspector shall notify the Superintendent/designee and each Principal/site supervisor immediately. The same individuals shall be notified when equipment is returned to service.
- The Superintendent/designee shall be responsible for informing Emergency Responders/expected AED users of changes to availability of emergency medical equipment.
- The Superintendent/designee shall be responsible for assuring that regular equipment maintenance is performed. This shall include confirming that all appropriate parts (battery, mask, case, emergency pack) are stored with the AED and that each AED has undergone a self-diagnostic test. All maintenance tasks shall be performed according to equipment maintenance procedures as outlined in the operating instructions.
- Following use of emergency response equipment, all equipment shall be cleaned and/or decontaminated as required. If contamination includes body fluids, the equipment shall be disinfected according to universal precautionary procedures (per 03.14 AP.1).
- Detailed systems check will be conducted regularly that includes checking:
  - AED battery life
  - AED operation and supplies
  - Emergency kit supplies

DOCUMENTATION OF AED USE

The AED Reporting Form shall be completed post event by the Emergency Responder or "expected user," and submitted to Superintendent/designee, who shall review the information for compliance with this procedure.

Review/Revised:7/21/2023

Monthly Facility Safety Inspection Report

School/Site _____ Date _____

Inspector _____

This form is a reminder of general areas and items to be inspected. Check each item "acceptable" or "needs attention." All "needs attention" items shall include location, and the date corrected shall be noted. This form shall be completed by the Head Custodian and sent to the Maintenance Director and Building Principal. A copy shall be kept by the employee making the inspection.

Area Inspected	Location(s)	Condition		
		Acceptable	Needs Attention	Date Corrected
Grounds				
Condition of steps				
Condition of walkways				
Condition of parking areas				
Handrails on all steps and ramps				
Security lights				
Holes in lawn				
Debris on grounds				
Condition of seats/bleachers				
General Areas				
Condition of floors				
Floors dry				
Floors not slippery				
Floor openings properly covered				
Intake vents clean				
Exhaust vents clean				
Signs of basement water seepage				
Signs of roof leakage				
Ceiling material secure				
Water piping system				
Waste piping system				
Steam piping system				
Air piping system				
Loading dock				
Storage room(s)				
Waste disposal area(s)				
Broken glass				
Adequate lighting in all areas				
Handrails secure				
Stair tread secure				

Monthly Facility Safety Inspection Report

Area Inspected	Location(s)	Condition		
		Acceptable	Needs Attention	Date Corrected
Means of Egress				
Exits clearly marked				
Exits free of obstructions				
Fire doors kept closed				
Doors operate freely				
Evacuation plan(s) posted				
Emergency Procedures				
Written procedures				
Emergency call list posted				
Personnel trained for emergencies				
First aid facilities				
First aid personnel				
Material Storage				
Storage areas kept clean				
Material properly stacked				
Proper lighting				
Flammable materials properly stored				
Material properly labeled				
Machinery/Equipment				
Condition of ladders				
Operating instructions posted				
Guards in place				
Personal protective equipment provided				
Condition of hand tools				
Condition of power tools				
Is machinery/equipment clean?				
Belts guarded in place				
Machinery and equipment properly anchored				
Electrical				
All electrical circuits properly fused				
Condition of extension cords				
Extension cords not used extensively				
Wiring and fixtures properly covered				
Control panels accessible				
Condition of switches and outlets				

Monthly Facility Safety Inspection Report

Area Inspected	Location(s)	Condition		
		Acceptable	**Needs Attention**	**Date Corrected**
Fire Protection				
Sprinkler valves accessible				
Sprinkler valves sealed open				
Fire alarm boxes unobstructed				
Adequate number and type of fire extinguishers				
Fire extinguishers properly maintained				
Standpipe and hose unobstructed and in good condition				
Automatic systems in kitchen(s) properly maintained				
Emergency lighting system operable				
Employees				
Lifting properly				
Utilizing personal protective equipment				
Using proper tool for the job				
Following prescribed job procedures				

A COPY OF THIS CHECKLIST SHALL BE FORWARDED TO THE PRINCIPAL/SITE SUPERVISOR.

_____ _____

Signature of Recipient ***Date***

Review/Revised:7/16/2019

Monthly Food Service Facility Safety Inspection Report

School/Site _____ Date _____

Inspector _____ _____

This form is a reminder of general areas and items to be inspected. Check each item "acceptable" or "needs attention." All "needs attention" items shall include location, and the date corrected shall be noted. This form shall be sent to the District SFS Director. A copy shall be kept by the employee making the inspection.

Conditions	Location	Acceptable	Needs Attention	Date Corrected
Electrical equipment properly grounded?				
Electrical equipment provided with an adequate maintenance program?				
Electrical switches located at a high point, away from moisture?				
Switches located so they can be readily reached in an emergency?				
Switches located so that it is not necessary to lean on or against equipment when reaching for the switch?				
Floor regularly and adequately maintained?				
Employees instructed to immediately pick up or clean up all dropped items and spillage?				
Employees properly instructed in the operation of machines?				
Employees forbidden to use equipment unless specifically trained in its use?				
Machines properly equipped with guards?				
Guards always used by all employees?				
A pusher or tamp provided for use with the grinder?				
Slicer properly and adequately equipped with guard?				
Mixers in safe operating condition?				
Mixer beaters properly maintained to avoid injury from broken metal parts and foreign particles in the food?				
Machines mounted on portable tables for easy movement in preparation area?				
Stationary locking devices on portable tables to keep them stationary when in use?				
Adequate and proper fire extinguishers provided?				
Employees instructed in the use of extinguishers according to type of fire?				
Adequate knife storage provided?				
Correct knife used for the job?				

Monthly Food Service Facility Safety Inspection Report

School/Site _____ Date _____

Inspector _____

This form is a reminder of general areas and items to be inspected. Check each item "acceptable" or "needs attention." All "needs attention" items shall include location, and the date corrected shall be noted. This form shall be sent to the District SFS Director. A copy shall be kept by the Principal.

Conditions	Location	Acceptable	Needs Attention	Date Corrected
Knives properly maintained?				
Doors and drawers kept closed when not in immediate use?				
Cut resistant glove used when cleaning and sharpening the slicer?				
Storerooms and walk-ins kept orderly?				
Carts used for moving heavy food items?				
Safety a part of routine instructions?				

A COPY OF THIS CHECKLIST SHALL BE FORWARDED TO THE PRINCIPAL/SITE SUPERVISOR.

_____ _____

Signature of Recipient ***Date***

Review/Revised:9/5/2017

Compliance with Automated External Defibrillator (AED) Requirements

NAME OF EMPLOYEE: _____ DATE OF TRAINING: _____

Having completed the required AED training, I hereby confirm that I have read and understand the policies and procedures for use of AEDs for the District.

Should I have questions at any time while serving as an Expected AED User, I shall contact the designated AED contact for clarification. I agree to follow the terms and guidelines set forth in policy and procedures for this District.

_____ _____

Expected AED User's Signature Date

_____ _____

Superintendent/designee's Signature Date

Review/Revised:7/21/2023

Automated External Defibrillator (AED) Reporting Form

Submit this form to Superintendent/designee within forty-eight (48) hours of AED use.

AED USER: _____

LOCATION OF AED USE: _____

NAME: _____ **DATE OF INCIDENT:** _____

☐ Staff Member ☐ Student ☐ Parent/Visitor

Condition of victim upon arrival (check all that apply)

☐ unconscious

☐ not breathing

☐ no pulse and/or shows signs of circulation such as normal breathing, coughing or movement

NUMBER OF DEFIBRILLATIONS: _____

Please describe the incident from the beginning of the emergency until its conclusion:

_____

_____

_____

_____

_____

Were efforts terminated? ☐ Yes ☐ No If yes, please explain.

_____

_____

_____ _____

Signature of AED User *Date*

Review/Revised:7/21/2023

AED Inspection Log

DATE	INSPECTED/ IN-SERVICE	INSPECTED/OUT-OF-SERVICE	SUPT/DESIGNEE &SITE /SUPERVISORS NOTIFIED AND DATE	MISSING/FAULTY EQUIPMENT (LIST)	INITIALS OF INSPECTOR
	☐	☐	☐ _____		
	☐	☐	☐ _____		
	☐	☐	☐ _____		
	☐	☐	☐ _____		
	☐	☐	☐ _____		
	☐	☐	☐ _____		
	☐	☐	☐ _____		
	☐	☐	☐ _____		
	☐	☐	☐ _____		
	☐	☐	☐ _____		
	☐	☐	☐ _____		
	☐	☐	☐ _____		
	☐	☐	☐ _____		
	☐	☐	☐ _____		

Review/Revised:9/5/2017

Fire Drills

DRILLS

The Principal shall schedule fire drills according to Policy 05.41 and shall complete Procedure 05.41 AP.2.

RESPONSIBILITIES OF PRINCIPAL/DESIGNEE

The Principal/designee shall:

1. Plan/coordinate all drills to minimize disruption of the educational process.
2. Provide plan of predrill and pretraining instruction, including but not limited to, warning signals and safe areas, for all staff and students.
3. Use a distinctive fire alarm for fire drills only and an "all-clear" signal to indicate a return to the classroom.
4. Designate an outdoor evacuation area for each classroom at least 100 feet away from the building and out of doorways.
5. Prepare and keep on file a report on all drills and forward a copy to the Superintendent/designee, as required.
6. Implement the following procedures when reporting fires:
    a) Ring alarm, evacuate building, and call Fire Department.
    b) Notify Superintendent/designee.
    c) In conjunction with Fire Department personnel, ascertain whether or not building is safe to re-enter. Immediately notify Superintendent/designee of any damage.
    d) Notify Superintendent/designee if transportation or evacuation to another facility may be necessary.
7. Determine, in conjunction with the Superintendent, the need for schools to be dismissed early.

FACULTY/STAFF RESPONSIBILITIES

Faculty/staff shall:

1. Post in each room and discuss with each class rules for fire evacuation, including student responsibilities. These will include directions on the exits, alternative exits, and the outdoor evacuation area(s).
2. Close all classroom windows and doors before leaving.
3. Turn off all lights and gas jets in the room.
4. Maintain order during the evacuation and arrange assistance for students with disabilities.
5. Take roll book and check roll when the class is in its evacuation area. No person is to remain in the building during a fire drill.
6. Report to the Principal any student who is missing.

RELATED PROCEDURE:

05.41 AP.2

Review/Revised:9/5/2017

Fire, Earthquake, Tornado & Lockdown Drill Record

SCHOOL: _____ **SCHOOL YEAR:** _____

Fire Drill Monthly	Date	Time Alarm Sounded	Time Building Cleared	Weather Conditions	Number of Occupants	Irregularities Noted	Principal Signature
July							
August -2 drills first two weeks then monthly							
September							
October							
November							
December							
January							
February							
March							
April							
May							
June							

Date	Time	**EARTHQUAKE** Drills Required One in first thirty (30) instructional days and again in January	Time to Evacuate	Time to Return	Remarks	Principal's Signature

Date	Time	**SEVERE WEATHER/TORNADO** Drills Required One in first thirty (30) instructional days and again in January, February, March, and April	Time to Evacuate	Time to Return	Remarks	Principal's Signature

Date	Time	**LOCKDOWN** Drills Required Two Each Year	Time to Lockdown	Time to Return	Remarks	Principal's Signature
		One in first thirty (30) instructional days and again in January				

Date	Time	**BOMB THREAT** Drill Required One Each Year	Time to Evacuate	Time to Return	Remarks	Principal's Signature
		Within the first month of school				

Review/Revised:9/5/2017

Building Lockdowns

DRILLS

Lockdown drills are to be conducted according to Policy 05.411 and documented under Procedure 05.41 AP.2.

Review/Revised:7/16/2019

Severe Weather Drills

DRILLS

The Principal/designee shall schedule severe weather drills according to Policy 05.42 and shall complete Procedure 05.41 AP.2.

DEFINITIONS

Severe weather - Tornadoes, destructive winds, severe thunderstorms, severe snow or freezing rain shall be considered to be severe weather.

Drop procedure – an activity during which each student and staff member takes cover under a table or desk, dropping to his or her knees, with the head protected by the arms, and the back to the windows.

Safe area – a designated space including an enclosed area with no windows, a basement or the lowest floor using the interior hallway or rooms, or taking shelter under sturdy furniture.

RESPONSIBILITIES OF PRINCIPAL/DESIGNEE

Implementation of the school building disaster plan shall be the responsibility of the Principal or designee. As part of the implementation process, the Principal/designee shall:

1. Plan/coordinate all evacuation drills to minimize disruption of the educational process.
2. Provide plan of predrill and pretraining instruction, including but not limited to, warning signals, the approved drop procedure, and safe areas, for all staff and students.
3. Assure that the school can receive and understand communications for severe weather watches and warnings.
4. Sound the severe weather alert signal that is different from the fire alarm and the "all-clear" signal.
5. Designate, mark, and post assigned and alternate safe areas as follows:
    a) Students/personnel who are housed in one-story buildings, shops, and in portable buildings shall be brought into interior halls or corridors of the main buildings.
    b) Students/personnel who are housed in two-story buildings should be evacuated from the top floor to interior halls of the lower floor.
    c) Students/personnel shall not be placed in auditoriums, gymnasiums, cafeterias, or other large areas with a wide, free span roof or in boiler or furnace rooms.
6. Maintain in the Principal's office a master chart of the safe areas.
7. Prepare and keep on file a report on all drills and forward a copy to the Superintendent, as required.
8. Notify Superintendent/designee if transportation or evacuation to another facility may be necessary.
9. Determine, in conjunction with the Superintendent, the need for schools to be dismissed early.

Severe Weather Drills

FACULTY/STAFF RESPONSIBILITIES

The faculty and staff shall:

1. Utilize designated safe areas during a severe weather drill or warning.
2. Instruct students in the procedures to be used during a severe weather drill, watch, or warning.
3. Maintain order during the drill, watch, or warning and arrange assistance for students with disabilities.
4. Require students to use one of the following positions, as appropriate:[1]
   a) Rest on knees, lean forward, cover face by crossing arms above face.
   b) Sit on floor, cross legs, cover face with folded arms.
   c) If space does not permit use of the first or second suggested position, stand and cover face with crossed arms. Wraps or coats, when readily available, should be used as a covering.
5. Remain in the assigned safety area with students until the "all-clear" signal or recall signal is given.
6. Report to the Principal any student who is missing.

CUSTODIANS' RESPONSIBILITIES

When a tornado warning has been received, the Principal/designee shall notify the head custodian/designee to:

1. Turn off all gas and electrical appliances.
2. Turn off all motor-operated equipment and pilot lights to hot water heaters or stoves in furnace rooms, cafeterias, home economics rooms, and shops.

BUS DRIVERS' RESPONSIBILITIES

If the bus is en route to or from school when a severe weather warning is issued, drivers shall:

1. If available, take shelter in a substantially strong, weather proof building in the immediate vicinity.
2. Otherwise, stop the bus near a depression or cut in the road where possible and keep the students in the bus, except when a tornado or destructive winds occur, in which case lead students away from the bus and power lines and instruct them to lie flat in a ditch.

[1] Kneeling and sitting positions should be maintained for only a short period of time. If the alert must be kept for a longer time, students should be permitted to stand for a brief period and then resume kneeling or sitting positions.

RELATED PROCEDURE:

05.41 AP.2

Review/Revised:9/5/2017

Bomb Threat Drills/Response

DRILLS

The Principal shall schedule one bomb threat drill during the first month of each school year and shall complete Procedure 05.41 AP.2.

RESPONSIBILITIES OF PRINCIPAL/DESIGNEE

The Principal/designee shall:

1. Plan/Coordinate all drills to minimize disruption of the educational process.
2. Provide a plan of pre-drill and pre-training instruction, including but not limited to, warning signals, assessment of threat protocol, and designation of safe areas for all staff and students.
3. Prepare and keep on file a report on all drills and forward a copy to the Superintendent, as required.
4. Put into action the following procedures when a bomb threat has been received:
    a) Implement assessment process to determine whether to evacuate the building.
    b) Evacuate building if so indicated by the assessment process, and call 911/local emergency, fire department, and law enforcement personnel, as appropriate.

       Make building accessible to agency representatives who respond by providing the search team with a floor plan and keys to unlock rooms.
    c) Notify Superintendent/designee.
    d) If the decision is made to evacuate the building, ascertain in conjunction with law enforcement officials whether or not building is safe to re-enter. Immediately notify Superintendent/designee if any damage occurs.
    e) Notify Superintendent/designee if transportation or evacuation to another facility may be necessary.
5. If an actual bomb is discovered on school grounds:
    a) Immediately report the bomb by calling 911, local/state police and the fire department.
    b) Evacuate the bomb site to at least 850 feet away; do not permit re-entry by employees or students until each device has been removed or disarmed by the bomb squad.
    c) Remind all persons that cell phones or radios are not to be used as this may cause detonation.
6. Determine, in conjunction with the Superintendent, the need for schools to be dismissed early.

Bomb Threat Drills/Response

FACULTY/STAFF RESPONSIBILITIES

The faculty and staff shall:

1. Post in each room and discuss with each class rules for bomb threat evacuation, including student responsibilities. These will include directions on the designated exits, alternative exits, assigned evacuation area(s), and designated safety precautions such as a ban on cell phone or radio use during a bomb threat drill or evacuation.
2. If a written bomb threat is received, the employee receiving it should preserve it for investigation by the police for possible fingerprints by handling it as little as possible while placing it in a protective envelope.
3. Maintain order during the evacuation and arrange for the assistance of students with disabilities. Leave doors and windows open.
4. Scan the area noting any items that appear to be out of place, and report same to Principal/designee. Do not touch or move any unusual items, but notify the head of the search team.
5. Take roll book and check roll when the class is in its evacuation area. Other than adults authorized to check the premises, no person shall remain in the building during a bomb threat or bomb threat drill.
6. Report to the Principal any student who is missing.

RELATED PROCEDURES:

05.41 AP.2
05.43 AP.2

Review/Revised:9/5/2017

Bomb Threat Checklist

(Print on color-coded paper and keep at main receptionist's desk at each school and at the Central Office.)

INSTRUCTIONS: If a recording device has been put in place and the threat is received by telephone, start the recorder immediately. Don't hang up the phone. If the caller hangs up, leave the phone off the hook. Be calm. Be courteous. Listen, do not interrupt the caller, notify colleagues of your activity by prearranged signal while caller is on the line; ask to have message repeated.

Date call received _____ Time _____

Exact words of person placing call _____

If the threat is received via email, tell another employee to alert Central Office immediately as you record information and correspond with the sender using the questions below. **ASK** the following questions:

What time is the bomb set to explode?_____ How many devices are involved? _____ Where is each located? Floor ____ Area ____

What does the bomb look like? _____ Is it ☐ Disguised ☐ Concealed/Hidden ☐ In the open?

What kind of bomb is it? _____ What will cause it to explode?_____

Why was it placed? _____ How did it get into the school? _____

Did you place the bomb (s) ☐ Yes ☐ No If not, who did? _____

Are you a current student? ☐ Yes ☐ No Are you a former student? ☐ Yes ☐ No Where are you calling from?_____

What is your address? _____ What is your name? _____

VOICE CHARACTERISTICS			BACKGROUND NOISE		NOTIFY THE FOLLOWING
☐ Male	☐ Female	☐ Rapid	☐ Music	☐ Television	☐ State Police
☐ Adult	☐ Juvenile - Age ____	☐ Giggling	☐ Children	☐ Restaurant	☐ Local Law Enforcement/Emergency
☐ Intoxicated	☐ Accent	☐ Deep	☐ Conversation	☐ Shopping Mall	☐ Superintendent*
☐ Loud	☐ Calm	☐ Crying	☐ Airplane	☐ Train	☐ Fire Department
☐ Disguised	☐ Nasal	☐ Squeaky	☐ Traffic	☐ Office	☐ building Principal/site administrator
☐ Angry	☐ Broken	☐ Excited	☐ Machinery	☐ Other, specify	☐ Other, specify
☐ Slow	☐ Sincere	☐ Stressed			
☐ Normal	☐ Speech Problem (stutter, lisp)	☐ Other, specify			

Consultation with the Superintendent shall be required prior to dismissal for the remainder of the school day.

Additional Information _____

_____ _____

Signature of Person Receiving Call **Date**

Review/Revised:9/5/2017

Crowd Control

PRINCIPAL'S AUTHORITY

The Principal shall have authority to promote the orderly conduct and safety of the students and other spectators attending events on school property. Crowd control procedures shall include the following:

1. Assignment of authorized school personnel to provide adequate supervision.
2. The Principal may request law enforcement personnel to be present if s/he anticipates the crowd may pose a conduct or safety problem.
    a) Law enforcement personnel shall be provided for athletic events, as approved by the Superintendent.
    b) The Principal shall utilize his or her judgment regarding the number of officers needed and advise as to their placement.
3. The admission gate or entrance shall be controlled and admission limited to eligible students, chaperones, guests, spectators, and other authorized persons.
4. Persons under the influence of alcohol or drugs are subject to exclusion from the event.
5. If a disturbance occurs, school authorities shall determine if the event needs to be concluded and may close the event, as appropriate, and send those in attendance off the school grounds.

RELATED POLICIES:

05.3
09.311
09.35

Review/Revised:7/24/2018

Earthquakes

DRILLS

The Principal shall schedule a minimum of two (2) earthquake and safe area evacuation drills during each school year. Drills shall be held during the first thirty (30) instructional days of the school year and in January. Whenever possible, first responders shall be invited to observe emergency response drills. After each drill, Procedure 05.41 AP.2 shall be completed and submitted to the Superintendent.

RESPONSIBILITIES OF PRINCIPAL/DESIGNEE

The Principal/designee shall:

1. Provide a plan of pre-drill and pretraining instruction, including but not limited to, warning signals and safe areas for all staff and students.
2. Plan/coordinate all drills to minimize disruption of the educational process.
3. Prepare and keep on file a report on all drills and forward a copy to the Superintendent, as required.
4. Notify Superintendent/designee if transportation or evacuation to another facility may be necessary.
5. Determine, in conjunction with the Superintendent, the need for schools to be dismissed early.

FACULTY/STAFF RESPONSIBILITIES

Faculty/staff shall post in each room and discuss with each class rules for earthquake preparedness, including student responsibilities; maintain order during the drill or quake and arrange for the assistance of students with disabilities; and report to the Principal any student who is missing.

A. If indoors
    1. Drop and take cover under desks, tables, or other heavy furniture, in interior doorways or narrow halls, or against weight-bearing inside walls.
    2. Stay away from windows, light fixtures, and suspended objects.
    3. Under no circumstances should persons rush through or outside the building, exposing themselves to falling debris, live wires, etc.
    4. After the tremors have ceased, evacuate the building and move all personnel to safe areas.
B. If outdoors
    1. As appropriate, move away from building.
    2. Avoid utility poles and over-head wires.
    3. Do not enter any building that has sustained damage until competent personnel have examined the building and declared it safe.
    4. Before students and staff are permitted to re-enter a building, the building must be checked for structural soundness, including but not limited to, the integrity of electrical wiring, heating and fuel systems, and water distribution system.

RELATED PROCEDURE:

05.41 AP.2

Review/Revised:9/5/2017

Building Security

In order to address reasonable security of District property the following practices (Items 1-3) are required in all schools and shall be implemented as soon as practicable but no later than July 1, 2022):

1. Controlling access to the main entrance of the school with electronically locking doors, a camera, and an intercom system. No other entrances shall be left open to outside access during the school day.

   Windows and outside doors will be properly secured after the close of the school day. All entrances will be locked at that time.

2. Classroom doors are to be equipped with hardware that allows the door to be locked from the outside but opened from the inside. Classroom doors are to remain closed and locked during instructional time.
3. Classroom doors with windows are to be equipped with material to quickly cover the window during a building lockdown.
4. The number of keys or other means of access to outside doors will be limited and issued only to those persons required to enter the building after hours on a regular basis.
5. Outside security lights will be placed in strategic locations.
6. Inside lighting, in corridors, administrative areas, and other strategic locations, will be turned on when custodians complete their schedule.
7. The work schedules of custodians will be arranged to have them work in the building as late as possible.
8. Money shall not be left in classrooms overnight.
9. Principals will see that bank deposits are made daily and night deposits are utilized when feasible.
10. The local police and/or sheriff will be requested to place the school buildings on their security rounds.

ADDITIONAL SECURITY MEASURES

With approval of the Board, the Superintendent may direct the installation of a security system and/or the employment of security personnel.

Review/Revised:7/16/2019

Monthly Facility Security Inspection Report

School/Site _____ Date_____

Inspector _____

This form is a reminder of general areas and items to be inspected. Check each item "acceptable" or "needs attention." All "needs attention" items shall include location and the date corrected shall be noted. This form shall be completed by the Head Custodian and sent to the District Assistant Superintendent. A copy shall be kept by the employee completing the inspection.

Area Inspected	Location(s)	Condition		
		Acceptable	Needs Attention	Date Corrected
Perimeter				
Authorized vehicle traffic only				
Perimeter gates operable				
Dumpsters are located away from buildings				
Access to roof is limited				
Directional signs on curbs and streets				
Landscaping arranged to prevent blind spots				
Walkways are not obstructed				
Exterior lighting in operation				
Condition of perimeter fencing				
Buildings				
Designated visitors' entrance is clearly marked				
Doors to high risk areas are locked				
Door hinges have nonremovable pins				
Door frames made of pry-proof metal				
Doors have security glass				
Windows have latches				
Miscellaneous openings secured (roof, coal chute, crawl space)				
Files, safes, and vaults secured				
Fire alarms and smoke detectors operational				
Traffic Control				
Parking lot --through and cruising traffic				
Speed bumps				
Access to student vehicles is limited				
Parking areas are clearly identified				
Parking lots located in direct visual observation				
School vehicles are parked within school perimeter				

Monthly Facility Security Inspection Report

Area Inspected	Location(s)	Condition		
		Acceptable	Needs Attention	Date Corrected
Vehicle entry to playground or activity areas is blocked				
Lighting				
Exterior lights have break-resistant lenses or mesh covers				
Access points are well illuminated				
Loading and unloading zones are well illuminated				
Lights are mounted in a way to reduce shadow areas				
Lights provide illumination without glare				
Back up or supplementary lighting in case of power failure				
Lights inspected and replaced regularly				
Security Measures				
Security system operational				
Key control system				
Proper identification and inventory program				
Locks and/or latches in good condition				
Anchor pads or locking devices on portable equipment				
Alarm system operational and in good repair				
School security officers' services				
Incident reporting procedure				
After hours law enforcement checks				

A COPY OF THIS CHECKLIST SHALL BE FORWARDED TO THE PRINCIPAL/SITE SUPERVISOR.

_____ _____

Signature of Recipient ***Date***

Review/Revised:9/5/2017

Property Insurance

REPLACEMENT COST

Fire and extended coverage on all nonsurplus buildings shall be carried in the amount of the replacement cost.

APPRAISAL OF BUILDINGS

An appraisal of nonsurplus buildings may be made every five (5) years. The professional appraiser shall estimate the replacement cost, and an adjustment will be made each year to compensate for any increased labor and material costs.

INVENTORY OF CONTENTS

An inventory of the contents of each school shall be made each year as specified in Policy 04.7. The inventory will show the description, cost, date of purchase, condition, quantity, and location of each item inventoried. Inventory lists shall be maintained in the Central Office.

CO-INSURANCE AND DEDUCTIBLE

Each building and its contents shall be insured for an amount equal to 100% of the replacement cost as shown on the schedule of values certified by the Kentucky Department of Education or as determined through a certified replacement cost appraisal of the building and its contents performed by an appraiser experienced in appraising commercial or governmental property and properly licensed to perform appraisal services in Kentucky. A no co-insurance plan with a per-occurrence deductible of $10,000 will be specified. The maximum allowable deductible per occurrence is five percent (5%) of the prior year's capital outlay allotment or $25,000, whichever amount is smaller.

Review/Revised:9/5/2017

Implementation of System

District personnel shall comply with requirements established in Kentucky Administrative Regulations, the Statewide Transportation Services Policy Guidelines, the *Pupil Transportation Management Manual*, and other documents and forms prepared and distributed by the Kentucky Department of Education, Division of Pupil Transportation, and Board Policy 09.2261.

Review/Revised:7/19/2024

Fuel and Equipment

PURCHASING FUEL AND PARTS

The purchase of fuel, motor oil, transmission fluid, antifreeze, and selected bus parts shall be determined by the Board's bidding policy (04.32) and related procedures. The designated vendor will furnish, install, and maintain, as appropriate, pumps and related equipment for gasoline and diesel fuel.

PROCEDURES FOR ACQUIRING

Drivers will fuel their buses at the Board's fuel pump(s), as designated. They shall keep a monthly log of all fuel used and submit this form to the Director of Transportation/Central Office designee on the last working day of the calendar month.

Drivers will secure their motor oil, transmission fluid, and antifreeze at the bus garage or other facility, as designated. Drivers are required to check all fluid levels daily and are responsible for putting oil into their buses. A mechanic, upon request of the driver, will fill buses with antifreeze and transmission fluid.

REPLACEMENT OF PARTS

All replacement of parts will be done by a mechanic.

EMERGENCY PROCEDURES

In case of mechanical trouble, the driver will call (or radio) the bus garage or the Director of Transportation/Central Office designee for instructions.

OUT-OF-DISTRICT TRIPS

Upon approval of the Director of Transportation/Central Office designee, a Board credit card may be furnished to drivers making out-of-District trips. These cards are to be used to purchase fuel and/or to pay for minor repairs. In the event it becomes necessary for the driver to pay cash for a bus charge(s), s/he shall get a receipt for the payment and turn it in to the Transportation Director/Central Office designee for approval and reimbursement of expenses. In emergency situations, the Superintendent may authorize payment prior to Board approval.

RELATED PROCEDURES:

03.125 AP.21
03.125 AP.22
04.31 AP.2
04.32 AP.1
06.13 AP.2

Review/Revised:9/5/2017

Driver's Monthly Fuel Report

THIS FORM SHALL BE SUBMITTED TO THE DIRECTOR OF TRANSPORTATION/CENTRAL OFFICE DESIGNEE ON THE LAST WORKING DAY OF EACH CALENDAR MONTH.

Vehicle No. _____ Driver's Name (Please print):_____

For the Month of: _____ Year _____

Date	Mileage	Fuel- (#of Gallons)	Oil - (#of Quarts)

Total number of miles _____ Total fuel use (in gallons) _____ Total oil used (in quarts) _____

I certify the above to be a true and accurate record. _____

Signature of Driver/Superintendent's designee

Review/Revised:9/5/2017

Authority for Use of Buses

Refer to the procedures coded to Policy 09.36 for field trip approval and transportation needs.

Review/Revised:9/5/2017

Accidents

If the school bus is involved in an accident, the following procedures are to be followed by the bus driver:

1. Set the parking brake.
2. Turn off ignition and remove the keys.
3. Remain calm and reassure the pupils.
4. Use emergency reflectors to "protect the scene," as appropriate.
5. Unless the bus is on a railroad track or is in danger of another collision, do not move the vehicles involved until law officers advise you to do so.
6. Check for injury to pupils. If there is an injury, proceed as follows:
    a) Move the person from danger and give first aid. Caution must be observed if neck or back injury is indicated.
    b) If the injuries appear to be serious, call an ambulance.
7. If there is no radio/telephone readily available, use a passing motorist or send an older student to make a telephone call for assistance.
8. Keep all pupils on the bus unless there is a fire/possibility of a fire or the vehicle is in danger of further collision.
9. Account for all pupils.
10. Notify school administrators and appropriate law enforcement agency of the location and nature of the accident. In reporting the accident, give the following information:
    a) The exact location of the bus,
    b) If another bus is needed to transport students, and/or
    c) If a wrecker is needed.
11. Do not discuss the facts of the accident with anyone except the investigating officer and school officials.
12. When authorized to do so, continue the transportation of the pupils by: (1) the present bus or (2) a substitute bus, if the present bus is inoperable.
13. Fill out an accident report and file it with the Director of Transportation on the day of the accident. Failure to do this constitutes negligence on the part of the driver.
14. The driver is not to admit that an accident is his/her fault. The driver may say, "I'm sorry the accident happened, and it will be reported to the insurance company that handles the Board's insurance."
15. Do not offer to pay any damages to the other party involved. If the bus driver is at fault, the Board's insurance company will handle any claims.

Accidents

16. Never say, “The Board’s insurance company will pay for the damage.” The Board’s insurance adjuster will make that decision. If the representative of another insurance company or an attorney representing the other party involved visits the driver and requests a statement either written or verbal, the driver shall refuse. The driver should tell the party that s/he has filed the accident report with the Director of Transportation and that the party will have to see the Director or the Board’s insurance agent. (This is very important in settling claims.)

17. Be sure to get the names, addresses, driver's license numbers, tag numbers, and insurance information of all persons involved in the accident. It is very important to get the names and addresses of any witnesses to the accident.

18. Keep cool. Don’t panic. Don’t exaggerate.

Review/Revised:9/5/2017

Use of Communication Devices on Bus

RADIOS/CELL PHONES PLACED IN BUS

Two-way mobile radios or cellular phones placed in the school buses operated by the District can be an important safety device if properly used. The purpose of these radios/phones is to provide instant communication with the base units (located in the bus garage and the Central Office) in case of an accident, mechanical problems, or a misplaced child. The following rules and procedures for the use of mobile radios/cellular phones shall be followed:

1. The radio/phone will be used for school business only.
2. Students or unauthorized persons are not to use the radio/phone.
3. A driver using the radio/phone to report an accident or breakdown shall give the following information:
    a) The FCC number, driver identification number, or bus number, as appropriate.
    b) The location of the bus.
    c) Whether or not medical assistance and/or an ambulance is required.
    d) Whether or not a police officer is needed.
    e) Whether or not a replacement bus is needed.
    f) Whether or not a wrecker is needed.
4. The FCC number, driver identification number, or bus number, as appropriate, shall be used when the driver is talking with another vehicle.
5. The driver shall keep the radio/phone on at all times s/he is in or around the bus.
6. The driver shall not attempt to repair the radio/phone; if it develops a problem, it should be taken to the bus garage for repair.
7. The radio/phone shall be protected from vandalism and theft. The driver shall be responsible for securing the radio/phone when the bus is vacant.

RESTRICTIONS WHILE OPERATING

Bus drivers shall not use a cellular telephone of any type when transporting one (1) or more children and shall not use any communication device to text or e-mail while operating a vehicle (District-owned or otherwise) while on District business, unless the vehicle is parked or unless there is a bona fide emergency, which shall include, but not be limited to, the need to make following communications:

- Report illegal activity;
- Summon medical help;
- Summon a law enforcement or public safety agency; or
- Prevent injury to a person or property.

EXCEPTION: The above prohibition does not apply to use of an authorized two-way radio or cell phone (when a bus is not equipped with a functioning two-way radio) for dispatch purposes.

Review/Revised:9/5/2017

Bus Evacuation Drill Report

The standard for real drills is to completely evacuate the bus within two (2) minutes. Drivers shall follow the evacuation strategies specified in the *Pupil Transportation Management Manual* published by the Department of Education.

Name of School _____ Principal _____

Bus Number _____ Number of students _____ Weather Conditions _____

Date of Drill _____ Time of Drill _____ Time taken to evacuate _____

NUMBER OF STUDENTS IN EACH GRADE TAKING PART IN THE EVACUATION DRILL:

_____ Preschool	_____ Fourth Grade	_____ Ninth Grade
_____ Kindergarten	_____ Fifth Grade	_____ Tenth Grade
_____ First Grade	_____ Sixth Grade	_____ Eleventh Grade
_____ Second Grade	_____ Seventh Grade	_____ Twelfth Grade
_____ Third Grade	_____ Eighth Grade	

NUMBER OF STUDENTS USING THE FOLLOWING:

☐ Crutches _____ ☐ Wheelchairs _____ ☐ Child Safety Restraint System _____

☐ Other special needs; please specify _____

CHECK TYPE OF EVACUATION PRACTICED:

☐ front ☐ rear ☐ side ☐ front and rear ☐ front and side ☐ rear and side

☐ front, rear and side ☐ emergency window, hatches and windshield evacuation instruction

Drill was conducted by: ☐ Principal/designee ☐ Bus driver ☐ Central Office designee

Comments: (Include any comments about safety or problems encountered during the drill.)

_____

_____

For each drill, the Principal/designee shall complete and keep on file this form and provide a copy(ies) to the Superintendent/designee, as required.

_____ _____

Principal/Designee's Signature ***Date***

_____ _____

Signature of Bus Driver, as appropriate ***Date***

_____ _____

Signature of Central Office designee, as appropriate ***Date***

Review/Revised:9/5/2017

Driver Rights and Responsibilities

Bus driver qualifications and responsibilities are found in state regulation, local transportation manuals, as applicable, and in documents distributed by the Kentucky Department of Education.

DRIVER RIGHTS

Driver rights are delineated in KRS 158.110 and Board Policy 06.22.

Review/Revised:7/19/2024

Drug and Alcohol Testing Notification and General Consent

NOTIFICATION AND GENERAL CONSENT FOR LIMITED QUERIES OF THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION (FMCSA) DRUG AND ALCOHOL CLEARINGHOUSE

NOTIFICATION

The Commercial Driver's License (CDL) Drug & Alcohol Clearinghouse is a federal database containing information about CDL drivers who have violated the Federal Motor Carrier Safety Administration's (FMCSA's) drug or alcohol regulations in 49 CFR Part 382. Whether you have committed a violation or not, the District or the District's Consortium/Third Party Administer (C/TPA) (as applicable) is required to check whether the Clearinghouse has any information about you at the time of employment and annually. When conducting an annual inquiry, the District or C/TPA will request a "limited" report that only indicates whether the Clearinghouse has any information about you. Before the District or C/TPA can request a limited report, your written authorization is required, per 49 CFR 382.701(b). If a limited query reveals that the Clearinghouse has information about you, you will then be asked to log in to the Clearinghouse website within twenty-four (24) hours to grant electronic consent to obtain your full Clearinghouse record. FMCSA will not disclose detailed information without first obtaining additional specific consent from you.

CONSENT AND ACKNOWLEDGEMENT

I, _____, hereby provide consent to the District
(Employee Name - please print)

and the District's Consortium/Third Party Administer (C/TPA) to conduct pre-hiring and annual limited queries of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This consent permits an unlimited number of such queries. My consent is valid from the date shown below until my employment with the District terminates or until I am no longer subject to the drug and alcohol testing rules in 49 CFR Part 382 for the District.

I understand that if I refuse to provide consent to conduct a limited query, or if I refuse to consent to a full query if requested by the District following a limited query, then the District must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations. I also understand that failure to provide cooperation to allow checking of the database as required by law may be grounds for personnel action based on loss of or legal inability to utilize licensure or certification required for the position.

_____ _____
Employee Signature Date

RELATED POLICY:

03.27

Review/Revised:8/18/2020

Bus Scheduling and Routing

SCHEDULING AND ROUTING

The Director of Transportation/Central Office designee shall prepare a route map and schedule of stops for each bus in the District. These maps will show the routes traveled by buses both morning and afternoon.

WRITTEN DESCRIPTION

A written description of each route shall be kept on the bus; a copy shall be filed with the Principal of the school(s) the bus serves, and the original shall be filed with the Director of Transportation/Central Office designee. This description shall include any characteristics peculiar to the route such as dangerous turns, steep grades, signals, and special information about any danger areas.

EXTENSION OF BUS ROUTES

The Principal and Transportation Director will survey the need for a route extension on request by interested parties.

NEW DRIVERS AND ROUTES

At least one (1) week prior to the opening of school, each new driver and each experienced driver with a new route shall receive his/her map and schedule. The drivers shall drive their routes before school opens in order to become familiar with the route and the schedule.

DRIVER TO FINALIZE SCHEDULE

Each driver shall finalize his/her route schedule within ten (10) driving days after school opens. This route schedule will contain the names of the students riding the bus, the name of the road(s) on which the bus is routed, each stop's number, the time of the stop, the grade of the pupil, and the school the pupil attends. Drivers shall notify the Director of Transportation/Central Office designee of any revisions to their routes.

Review/Revised:9/5/2017

Route Schedule for Transported Students

SCHOOL: _____ DRIVER: _____ BUS NUMBER: _____

PARKING LOCATION: DAY _____ NIGHT _____ DEPART PARKING LOCATION AT _____ AM

TOTAL MILES TRAVELED ON ROUTE DAILY: _____

STOP #	NAME OF ROAD	AM STOP	PM STOP	STUDENT'S NAME	GRADE	SCHOOL

Review/Revised:9/5/2017

Eligibility for Transportation

STUDENTS WITH DISABILITIES

The need for special transportation for students with disabilities must be determined by the ARC or Section 504 Team and stated in the student's Individual Education Plan (IEP) or Section 504 Plan.

CAREER AND TECHNICAL STUDENTS

High school students attending an area career and technical school or extension center are eligible to be transported from the high school to the career and technical school. Transportation will be provided by the District in accordance with state regulations.

DISTANCE LIMITATIONS

Three (3)- and (4)-year-old preschool children and students with disabilities are not required to meet the distance specifications in Policy 06.32 to be eligible for school transportation.

PRESCHOOL TRANSPORTATION

When the parent/guardian, or a person authorized by the parent/guardian to accept the child, is not present upon midday or afternoon delivery, the child shall be returned to the school upon completion of the route. The parent/guardian shall be notified of the child's location and shall be responsible for pick up.

Upon the third (3rd) time the assigned adult is not present to receive the child, the parent(s)/guardian will be requested to provide transportation for the child.

CHILDREN IN FOSTER CARE

The Superintendent will designate a Foster Care Liaison to coordinate activities relating to the District's provision of services to children placed in foster care, including transportation services, when the District is notified by the Cabinet for Health and Family Services, Department for Community Based Services ("the Department") in writing that the Department has designated its foster care point of contact for the District. The Superintendent may designate the Foster Care Liaison prior to such notice from the Department.

The District will collaborate with the Department when transportation is required to maintain children placed in foster care in a school of origin outside their usual attendance area or District when in the best interest of the student. Under the supervision of the Superintendent/designee, the District Foster Care Liaison may invite appropriate District officials, the Department point of contact, the foster parents, and officials from other districts or agencies to consider how such transportation is to be promptly arranged and funded in a cost effective manner in accordance with the Department's authority to use child welfare funding. The Department, in consultation with the District, shall make the determination on whether the child shall remain enrolled in the school of origin based on the best interest of the child, weighing the promotion of educational stability as a primary factor.

Eligibility for Transportation

CHILDREN IN FOSTER CARE (CONTINUED)

If the Department finds it is in the best interest of a child to remain in the school of origin upon placement of the child in a new school district, reasonable transportation shall be offered from the location of placement to the school of origin in which the child is enrolled for any regularly scheduled school day. Such may result in additional transportation costs to a foster parent, child placing agency, child care facility, or the District. The District will provide transportation if necessary to maintain a child in the school of origin if the Department agrees to reimburse the District for the cost of such transportation. Transportation costs incurred shall be reimbursed by the Department on request. Alternatively, the District may agree to pay the cost of such transportation or the District and the Department may agree to share the cost.

DEFINITIONS

"Foster Care" means 24-hour care for children placed away from their parents, guardians, or person exercising custodial control or supervision and for whom the Cabinet has placement care and responsibility.

"School of origin" means the public school in which a child was enrolled immediately prior to placement in foster care.

"Best interest of the child" takes into consideration the following factors including but not limited to:

- The benefits to the child of maintaining educational stability;
- The appropriateness of the current educational setting;
- The child's attachment and meaningful relationships with staff and peers at the current educational setting;
- The influence of the school's climate on the child;
- The safety of the child; and
- The proximity of the placement to the school of origin, and how the length of a commute would impact the child.[1]

REFERENCES:

[1]KRS 199.802
KRS 605.120
922 KAR 001:350
42 U.S.C. § 675(4)(A)
20 U.S.C. § 6311(g)(1)(E)
20 U.S.C. § 6312(c)(5)
P. L. 114-95, (Every Student Succeeds Act of 2015)

Review/Revised:7/24/2018

Conduct on Bus

RULES OF CONDUCT

Specific rules of conduct on school buses can be found in the Student Code of Acceptable Behavior and Discipline and/or in the student handbook.

ENFORCEMENT

Bus drivers will assist the Principal and Central Office personnel in enforcing the rules of conduct on school buses. If any pupil persists in violating these rules, the driver shall notify the Principal. The Principal may withhold bus-riding privileges (consistent with Board policies 06.34 and 09.2261) if the pupil continues to disobey the rules. If withholding of bus-riding privileges becomes necessary, the Principal shall notify the parents and inform the appropriate Central Office personnel.

Review/Revised:7/19/2024

Bus Driver's Report of Student Conduct

For behavior that requires a student to be removed from the bus, also complete Form 09.425 AP.21.

Date: _____ To: _____
Principal's Name

Student's Name _____ _____ _____
Last Name *First Name* *Middle Initial*

School _____ **Bus Number** _____ **Trip Number, if applicable** _____

STATEMENT OF MISCONDUCT: The student named above has violated the following rule or standard of conduct and has demonstrated the behavior described below, which constitutes cause for discipline including, but not limited to, suspension of bus-riding privileges.

- ☐ Violation of safety procedures
- ☐ Destruction of property
- ☐ Fighting/Pushing/Tripping
- ☐ Excessive mischief
- ☐ Graffiti/Defacing the bus
- ☐ Tobacco/Alternative Nicotine/Vapor Product
- ☐ Eating/Drinking/Littering
- ☐ Rude/Discourteous/Annoying behavior
- ☐ Unacceptable language
- ☐ Other _____

Incident reported by: _____ on _____ at approximately ____☐ AM ☐ PM

Incident investigated by: _____ on _____ at approximately ____☐ AM ☐ PM

_____ _____
Bus Driver's Signature ***Date***

DISCIPLINARY ACTION TAKEN:

_____

_____

_____

The above disciplinary action shall begin on _____

The above disciplinary action shall end on _____

_____ _____
Principal/designee's Signature ***Date***

PARENTAL NOTIFICATION

This report informs you of student misconduct on the bus. We encourage you to discuss the problem with the student and solve it before further disciplinary action is required. Students whose bus-riding privileges have been withheld shall not be eligible to transfer to another bus.

Review/Revised:7/16/2019

School and Community Nutrition Program

PROGRAM FUNDS

Because the District receives federal, state, and local funds to finance the school and community nutrition program, it is imperative that funds be properly safeguarded, that accurate records be kept, and that reports be made as required. In order to achieve this, the following procedures will be implemented:

1. All funds received as payment for meals (school nutrition program breakfast and/or lunch) and federal and state reimbursements shall be used only for food, labor, equipment, and supplies for the operation/improvement of the school nutrition program.
2. School nutrition program funds may not be used for:
   a. The purchase of land.
   b. The purchase or construction of buildings.
3. All schools shall make the required reports as required by the USDA and the Kentucky Department of Education.
4. A copy of all reports, financial records, and applications for free- and/or reduced-price meals shall be kept through the current fiscal year and the three (3) years that follow or through the completion of any unresolved audit issues, whichever is longer.

   It is recommended by KDE that if the school/District is operating under the Community Eligibility Provision, copies of Household Income Forms (HIF) be kept following the retention schedule above.
5. All meals receiving federal reimbursement are priced as a complete unit.
6. The school nutrition program is operated on a nonprofit basis. Actual cash balances shall be maintained in accordance with state/federal regulation, as appropriate.

Review/Revised:8/11/2025

Food Allergies and Special Dietary Needs

The District School Nutrition Program shall provide modified menus or food preparation for students as required by their individual education plan (IEP), Section 504 plan, or health plan.

The District School Nutrition Program shall be informed of any student who is unable to consume the meals normally served at the school in which s/he is enrolled.

Nutrition Program services shall provide for substitution of food items based on child-specific medical guidance.

PARENT RESPONSIBILITIES

Parents requesting dietary accommodations for their child shall:

1. Notify the school principal of any food allergy or special dietary need related to a disabling condition or medical necessity.
2. Provide a written statement containing medical information from a medical authority authorized to practice within the State of Kentucky as noted in the student's IEP, 504 plan or health plan.
3. Provide updated medical information as requested by the District.
4. Participate in any meetings or discussions regarding the student's meal plan.
5. Notify the school of any changes relating to the food allergy or special dietary need.

SCHOOL SITE RESPONSIBILITIES

1. Inform school nutrition personnel who to notify when they receive a request from a parent or student for accommodations related to food allergies.
2. Identify children requiring special dietary modifications
3. Refer a student with known or suspected special dietary needs for special services as required by law and shall notify the Special Education Director, Section 504 Coordinator, school nurse or health services assistant, as appropriate, given the nature of the medical requirement or disabling condition known or suspected.
4. Make staff and the student aware of precautions needed related to field trips, classroom parties, allergy alert identification, intervention strategies, and other issues necessary to promote student safety.
5. Communicate plan requirements to all potential plan implementers, such as designated School Nutrition staff, the student's teachers, etc.
6. Monitor and update the IEP, Section 504 plan, or health plan as needed.

FOOD & NUTRITION SERVICES RESPONSIBILITIES

1. Provide food item services and/or substitutions for students based on medical need. Menus will not be modified based on personal preference.
2. Provide training to school nutrition personnel on how to react to food allergies and food-related emergencies and how to modify menus.
3. Maintain special dietary information on each student identified as having special dietary needs and update this information as needed.

Review/Revised:9/5/2017

Notice of Meal Charges

☐ First Notice ☐ Second Notice*

Date: _____

Dear _____
(Name of parent/guardian)

This is to inform you that _____ did not have
(student's name)
sufficient money to cover meals/snacks on _____ and, therefore
(inclusive dates)
incurred charges amounting to _____ on those dates. Please submit
(amount of charges)
this amount to my office as soon as possible.

If you have any questions regarding this matter, please contact me at the following number: _____.
(school phone number)

Sincerely,

_____
Food Service/School Nutrition Program Director's ***Signature***

* If you have not contacted me or submitted the amount indicated within ten (10) working days from the date of the second notice, I will direct our attorney to pursue appropriate action.

Review/Revised:9/5/2017

Notice of Returned Check

Date: _____

Dear _____
(Name of parent/guardian)

This is to inform you that the check you submitted for payment of your child's meal(s), check number _____, dated _____, drawn on account number _____ with the following banking institution, _____, has been returned for the following reason:

- ☐ Insufficient funds
- ☐ Uncollected Funds
- ☐ Closed account
- ☐ Other, as specified _____

We have submitted this check for payment on two (2) different occasions and the check was returned both times. Please send cash or a money order in the amount of $ _____ to clear the bill. We will return your check upon receipt of this amount. If you have any questions, please contact me at the following number: _____
(school telephone number)

If you have not contacted me or submitted the amount indicated in this correspondence within ten (10) working days from the date of this letter, I will direct our attorney to pursue appropriate action.

Sincerely,

_____
Food Service/School Nutrition Program Director's ***Signature***

Review/Revised:9/5/2017

Community Eligibility Provision (CEP) Meal Program

Since schools in the District participate in the National School Lunch Program, School Breakfast Program, and/or the Donated Food Program through the Community Eligibility Provision (CEP), federal and state policies and regulations must be followed.

STUDENTS

To implement required policies and regulations, these procedures will be followed for student participants:

1. Letters explaining the School Food Service Program shall be sent to all parents each year at the opening of school and as needed throughout the year.
2. Household Income Forms (HIF) shall be collected by a designated District official outside of federal food service operations. It is recommended by KDE that copies of Household Income Forms (HIF) be kept through the current fiscal year and the three (3) years that follow or through the completion of any unresolved audit issues, whichever is longer.
3. A master list/roster to track student withdrawals, transfers, and entries shall be maintained by the Superintendent or designee (s).

ADULTS

All school personnel regularly assigned to a school may have access to meals served in the School Food Service Program. The cost of the meal shall be determined by the Board. Charges for adult meals shall be as follows:

1. Those adults who are assigned to work full or part-time in the School Food Service Program and whose salaries are paid entirely from food service funds may at the discretion of the District receive meals at no cost.
2. All other District employees and all other adults shall pay the full adult meal price according to the following formula in FNS Instruction 782-5, Rev. 1.
    a. Adult meal price formula for Pricing Sites: The minimum adult payment should reflect the price charged to students paying the school's designated full price, plus the current value of Federal cash and donated food assistance (entitlement and bonus) for full price meals.
    b. Adult meal price formula for Non-Pricing Sites: The minimum adult payment should reflect the price of the free meal reimbursement, plus the current value of Federal cash and donated food assistance (entitlement and bonus).
3. It is required that the school food service program cost out their meals and ensure that the calculated price covers the cost and if not, the adult price must be higher than the calculated cost.
4. The cost of the adult meal price must be determined annually by the Board according to the current federal requirements for establishing adult meal pricing.

Review/Revised:7/16/2019

Meal Program Forms and Letters

FREE AND REDUCED PRICE MEAL PROGRAM

Forms, household letters, and other documents relating to the Free/Reduced-Price meal program may be found at the following link:

http://education.ky.gov/federal/SCN/Pages/Forms%20School%20Lunch%20Programs.aspx

Hard copies of applications and other free-reduced price materials shall be made available at each school. Documents include, but are not limited to; Free and Reduced Meal Application and Instructions; Free and Reduced Policy Statement; letters to households for notification of direct certification, approval/denial, and availability of the program; and media releases.

COMMUNITY ELIGIBILITY PROVISION (CEP) MEAL PROGRAM

Household Income Forms and other documents relating to the Community Eligibility Provision meal program may be found at the following link:

http://education.ky.gov/districts/SHS/Pages/Community-Eligibility-Provision-(CEP).aspx

Review/Revised:9/5/2017

Vending Machines

FACULTY ACCESS

The Principal shall designate responsibility for maintenance of vending machines for faculty use, including receipts, supplies, and stocking. The person(s) responsible shall be the third party vendor.

STUDENT AND PUBLIC ACCESS

Vending machines approved for limited student and public use will be placed in a controlled access area. Student access to vending machines shall be in compliance with current District policy/procedures relative to competitive foods. Vending machines may be used by the public when the building is open to the public after regular school hours.

The Principal shall designate responsibility for maintenance of these vending machines, including receipts, supplies, and stocking. The person(s) responsible shall be the third party vendor.

Review/Revised:9/5/2017

Bidding of School Food Service Supplies

LIKE ITEMS IN EXCESS OF $40,000

If the total amount of purchases for like items is $40,000 or more, formal bid procedures will be utilized. Food, food products, supplies, and equipment will be bid as needed or in accordance with a schedule determined by the local educational cooperative.

BID SPECIFICATIONS

1. The bid specifications, including delivery and storage instructions, for all lunchroom/cafeteria supplies shall be prepared by the School Food Service/School Nutrition Program Director.
2. The request for bid shall be advertised in the local newspaper with the greatest circulation in the District.
3. Specifications and bid documents shall be mailed to all potential bidders.
4. Bids shall be opened and tabulated by the School Food Service/School Nutrition Program Director or the Food Service group if part of the educational cooperative bid service.
5. The bids shall be submitted to the Board of Education for action.

PERISHABLES

Applicable federal law does not provide a bidding exception for perishable food items purchased with school food service funds. Perishables purchased using school food service funds shall be procured in accordance with 2 C.F.R. 200.320.

EMERGENCY PURCHASES

If it is necessary to make an emergency purchase in order to continue service, the purchase shall be made and a log of all such purchases shall be maintained and reviewed by the School Food Service/School Nutrition Program Director.

The log of emergency purchases shall include: item name, dollar amount, vendor, and reason for emergency.

RECORDS MANAGEMENT

The following records will be maintained for a period of three (3) years plus the current year:

1. Records of all phone quotes
2. Logs of all emergency and noncompetitive purchases
3. All written quotes and bid documents
4. Comparison of all price quotes and bids with the effective dates shown
5. Price comparison showing bid or quote awarded
6. Log of approval substitutions

RELATED PROCEDURE:

04.32 AP.1

Review/Revised:7/21/2023

Financial Reports of School Food Service

In order to meet the requirements of the Board and the Kentucky Department of Education (KDE), Division of School and Community Nutrition, the Superintendent or designee shall complete the required Monthly Report and Claim for Reimbursement Form. All other optional forms provided by KDE shall be completed at the direction of the Superintendent or designee.

REFERENCE:

Kentucky Department of Education, Division of School and Community Nutrition

Review/Revised:9/5/2017

Curriculum/Instruction Reports

Each year, the Principal shall provide the Superintendent/designee with copies of the following information, or revisions made since the last report. In schools operating under SBDM, these reports shall be approved first by the council.

_____ _____ _____

School ***Principal*** ***School Year***

Check if Report is Required	Required Information	Date Report Received
☐	The school's curriculum, as aligned with state, District Strategic Goals, 20 X 20 Plan and National Standards.	
☐	The school's plan for organizing students for instruction, if the school has chosen to utilize ability grouping.	
☐	The school's process for collecting and accounting for textbook rental fees.	
☐	The schools' established standards for utilization, assignment and coordination of homework.	
☐	The school's established standards for development of lesson plans.	
☐	At the high school level, a plan to monitor student progress toward graduation requirements and to inform students and their parents accordingly.	
☐	The school's process for notification of student promotions/retentions, as appropriate for the school's instructional organization.	
☐	Other, specify _____	

RELATED POLICY: 02.44

RELATED PROCEDURE: 04.1 AP.2

Review/Revised:9/5/2017

Graduation Requirements (Forms)

See Appendix for District-initiated form(s) to implement this policy area. These forms shall be completed by the appropriate school and/or Central Office personnel as determined by the Superintendent and/or as indicated on the form(s). Form(s) are maintained entirely by District personnel.

Review/Revised:9/5/2017

Performance-Based Credit

The District may award standards-based, performance-based credits toward high school graduation for:

- Standards-based course work that constitutes satisfactory demonstration of learning in any high school course consistent with 704 KAR 003:305;
- Standards-based course work that constitutes satisfactory demonstration of learning in a course for which the student failed to earn credit when the course was taken previously;
- Standards-based portfolios, projects, or capstones;
- Standards-based online or other technology mediated courses;
- Standards-based dual credit or other equivalency courses; or
- Standards-based internship, cooperative learning experience, or other supervised experience in the school and the community.

COURSE DESCRIPTION AND ASSESSMENT

Performance-based course descriptions shall be developed by teachers in areas for which they are certified and reflect needs indicated in the student's Individual Learning Plan (ILP). The content standards of performance-based courses shall be documented to align with the Kentucky Summative Assessment, Kentucky Academic Standards, and Kentucky Academic Expectations.

WORK-BASED LEARNING

Work-based learning experiences provided by the District shall be conducted consistent with provisions of the Kentucky Department of Education's Work-Based Learning Manual. Prior to a student being assigned to a work-based learning experience, a Work-Based Learning Agreement/Plan shall be completed for the student. Site supervisors are considered volunteers subject to Policy 03.6.

COUNCIL RESPONSIBILITY

Performance-based credits will only be accepted by the Board if previously approved by the high school SBDM Council. It is also the responsibility of the high school SBDM Council to determine the appropriateness of content and courses for performance-based credit. The council shall determine what information must be submitted. Required information may include, but is not limited to the following:

- A description of the proposed course;
- Proposed assessment method(s) (e.g., performance tasks, open-response questions, descriptions of expected products);
- How proficiency will be determined;
- Sample papers, projects or other products that would represent work deserving of credit;
- Proposed check points to track progress.

Performance-Based Credit

COUNCIL RESPONSIBILITY (CONTINUED)

The Council may determine whether the teacher must request additional authorization when a previously approved course must be revised (description, assessment, proficiency determination, checkpoints, etc.).

Review/Revised:8/11/2025

Alternative Credit Options

Student's Name _____ _____ _____
Last Name *First Name* *Middle Initial*

Student's Address _____ _____ _____
City *State* *ZIP Code*

School _____ **Grade in the upcoming school year** _____

THE ABOVE NAMED STUDENT REQUESTS PRIOR APPROVAL TO EARN CREDIT THROUGH AN ALTERNATIVE ROUTE.

Course(s) requested: _____

- ☐ College Credit
- ☐ Independent Study ☐ KTLN
- ☐ Online Course
- ☐ Performance-Based Credit (provide information required on next page)
- ☐ Summer School Course (approved by Superintendent/designee)

From what source _____

Total number of credits anticipated: _____

Reason for taking this course:

- ☐ Graduation with class
- ☐ Enrichment/Elective
- ☐ Course not available within the District
- ☐ Simultaneous high school/college credit
- ☐ Other, _____

I recommend this student be permitted to take the alternative credit option.

_____ _____
Principal/designee's Signature ***Date***

I understand that it is my responsibility to submit an official transcript of my grade to the school by the date specified by the counselor in order to receive credit toward graduation.

_____ _____
Student's Signature ***Date***

==========

Number of credits earned _____ Date grade received _____

_____ _____
Principal/designee's Signature ***Date***

Alternative Credit Options

PERFORMANCE-BASED CREDIT

High school course for which credit is being requested: _____

NOTE: Requests will be accepted only for those courses the student has not yet

☐ enrolled in ☐ passed

Credit may be granted to students demonstrating proficiency for learning taking place outside the normal classroom setting. Please describe the non-traditional and/or prior learning setting in which the learning occurred for credit being requested:

_____

_____

_____

To be completed by Principal/designee

Request was ☐ Approved ☐ Denied Date _____

If approved, student performance will be assessed as follows:

ASSESSMENT METHOD	MINIMUM SCORE REQUIRED FOR CREDIT
Course exit exam	
State exam (_____)	
Other: _____	

Date of assessment: _____ Supervised by: _____

Student/Parent contacted ☐ Yes ☐ No Date _____

_____ _____

Principal/designee Signature Date

Review/Revised:9/5/2017

Application for Home/Hospital Instruction

The Home/Hospital Instruction application is incorporated by reference in 702 KAR 007:150. This application is available from the Kentucky Department of Education website.

RELATED PROCEDURES:

08.1312 AP.21
08.1312 AP.23

Review/Revised:8/5/2022

Parent Agreement Letter for Home/Hospital Instruction

_____
Date

Dear Parent:

_____ a student at _____
Student's Name *Name of School*

has met the requirements for the Home/Hospital Instruction Program.

There are several ways in which you can assist us in continuing the education of your child during his/her illness:

1. A responsible adult must be present in the home/hospital room during the time the Home/Hospital Teacher is present.
2. The Home/Hospital Teacher meets with the student a minimum of one hour on two (2) school days per week for individualized instruction. Absences are unexcused unless pre-arranged and the time rescheduled with the Home/Hospital Teacher during that same week.
3. A student with a communicable disease**,** as verified by a health professional, shall be eligible for the Home/Hospital Instruction Program. However, should the student's condition pose a serious health threat to the Home/Hospital Teacher, the student may receive alternate instruction such as correspondence, computer-assisted instruction, or video during the period of contagion.
4. Please check with your child regarding completion of required daily assignments in order to be ready for instruction at the next designated time.
5. Please provide a suitable work-study area where student and teacher can work with no interruption (for example: CD, tape player, and TV turned off). The area should be clean, neat, and free from household traffic.
6. Other children, visitors, or pets should be kept out of the room so that the teacher will have the student's full attention.
7. Arrange for the child to have sufficient rest and to be ready for work when the teacher arrives at the home.
8. Complete the Application for Home/Hospital Instruction, including release of medical information to school officials.
9. In addition to the scheduled weekly home/hospital instruction, the student will work independently to complete assignments.

I agree to abide by the above requirements and grant permission for this child to receive home/hospital instruction.

_____ _____
Parent/Guardian's Signature ***Date***

Review/Revised:9/5/2017

Home/Hospital Teacher's Request to Regular Classroom Teacher

TEACHER(S): _____

STUDENT NAME _____ **SCHOOL** _____

GRADE _____ **HOMEROOM** _____ **CLASS /SUBJECT**_____

BEGINNING DATE _____ **ENDING DATE** _____

To promote a smooth transition from your classroom to home/hospital instruction and back, I request your assistance in organizing instruction for the time this student is assigned to the Home/Hospital Instruction Program. Please provide me with a summary of the material you intend to cover during this time period with this completed form attached. If you have any tests, worksheets, homework, or other materials you would like for me to use, please leave them in _____.

Please put the student's name on all correspondence.

At the end of home/hospital instruction, I will give you the student's average on work completed for me.

Thank you,

Home/Hospital Teacher

INSTRUCTIONS:

_____

_____

_____

_____

_____

_____ _____

Regular Classroom Teacher's Signature ***Date***

Review/Revised:9/5/2017

Gifted and Talented Students

SELECTION FOR SERVICES

The District shall systematically collect data on an ongoing basis that will provide the target population of candidates for services.

Primary students shall be selected and students in grades four through twelve (4-12) shall be identified in accordance with 704 KAR 003:285.

Once selected as qualifying for Primary Talent Pool services, a primary student need not be re-evaluated, except to determine suitability of services, until the end of the P4 year.

Once identified as qualifying for gifted education services in grades four through twelve (4-12), a student need not be re-evaluated, except to determine suitability of services.

At least once each school year, teachers will be provided information concerning the on-going identification process.

The Gifted-Talented Coordinator shall establish a process for identifying and implementing methods for providing equal access to services to under-represented populations.

CURRICULUM

Each school shall provide a differentiated, articulated curriculum in accordance with Kentucky Administrative Regulations.

Curricular materials shall be those designed to challenge:

1. The talent pool participant (P-P4) while focusing on continuous progress; and
2. The formally identified gifted learner (grades 4-12) and further develop the diagnosed talent and/or area of giftedness.

Service options for the formally identified gifted learner (grades 4-12) shall be described in the gifted and talented student services plan (GSSP), shall match the learner's needs, interests, and abilities, and shall be qualitatively differentiated from those provided in the standard curriculum.

PERSONNEL/FUNDING

The District shall submit an application to the state in which seventy-five percent (75%) of the state funds for gifted education shall be used in the category of personnel, including salary, for those who primarily provide direct instructional services to students identified as demonstrating gifted and talented behaviors and characteristics. These teachers shall work directly with Primary Talent Pool/formally identified students, in addition to the regularly assigned classroom teacher(s) or for at least one-half (1/2) of the regular school day in a classroom made up only of properly identified gifted students. These teachers must hold an appropriate certificate of endorsement for gifted education or an official approval.

Funding for any services beyond the state allocation shall be from school allocations as determined in the District budget.

Gifted and Talented Students

PROGRAM EVALUATION

Performance data shall be collected by the Gifted-Talented Coordinator as directed by administrative regulation for annual submission to the Kentucky Department of Education.

Each year the Gifted-Talented Coordinator shall be responsible for collecting data required for the annual report and submitting it to the Superintendent for his/her information prior to forwarding it to the Kentucky Department of Education. School data shall be signed by the Principal/Council Chair.

PROCEDURAL SAFEGUARDS AND GRIEVANCES

Parents and/or students (Grades P-12) may petition for identification or may appeal nonidentification or appropriateness of services.

1. The appealing party shall submit in writing to the Gifted-Talented Coordinator specifically why s/he believes that screening results are not accurate or talent pool services or service options in the gifted and talented student services plan are not appropriate and why an exception should be made or reconsideration given.
2. The Gifted-Talented Coordinator shall compile student data and present that along with the petition or appeal to the Selection/Placement Committee. The information presented shall include a recommendation accompanied by available substantiating evidence.
3. The Committee shall hear appeals, make a recommendation, and respond in writing to the appealing party within ten (10) working days of receipt of the appeal and accompanying information. If the appeal concerns the nonavailability of appropriate service options, the Committee shall consult with the school council.
4. If the Committee rules in favor of the grievant, the following option shall apply as appropriate:
    a) S/he may participate in the program as soon as the parent or guardian signs the required permission form.
    b) A change in either the gifted and talented student services plan or provision of services shall be made in a timely manner.
5. If the Committee rules against the grievant, a further written appeal may be made to the Superintendent, who must respond in writing within ten (10) working days of receipt of the appeal.
6. Should the Superintendent uphold the decision of the Selection/Placement Committee, the appealing party may petition the Board, which will have the final decision in the case. The Board shall make a determination at the next regular meeting following receipt of the appeal.

Review/Revised:9/5/2017

Extended School/Direct Student Services

Eligible students shall be provided extended school (ESS) and/or direct student services (DSS) in accordance with the following procedures.

ELIGIBILITY FOR EXTENDED SCHOOL SERVICES

One (1) or more of the following methods of documentation shall be used to determine which students shall be eligible for and in the greatest need of extended school services:

1. Teacher recommendation;
2. Academic performance data, including diagnostic, formative, interim, or summative assessments;
3. Student performance on high school, college, and workforce readiness assessments required by KRS 158.6459; or
4. Behavioral and developmental progress as documented in formal and informal assessments and reports.

SELECTION FOR EXTENDED SCHOOL SERVICES

Selection criteria for the extended school services program shall be in compliance with applicable administrative regulations.

NOTIFICATION TO PARENTS OF EXTENDED SCHOOL SERVICES

Parents of eligible students shall be notified using Procedure 08.133 AP.2.

The District will inform parents and guardians of the availability of extended school services, the rationale for offering extended school services, and consequences of not obtaining a high school diploma.

STUDENTS ATTENDING PRIVATE, PAROCHIAL, OR HOME SCHOOLS

Students residing within the District's boundaries who attend private, parochial, or home schools shall not be eligible for the after-school tutorial program. Upon application, they may be considered for enrollment in the summer school program. Their eligibility and selection shall be based on the same criteria as students enrolled in the District schools.

DIRECT STUDENT SERVICES

Direct student services shall be available to students in schools identified by the State for comprehensive support and improvement and for low-achieving students in schools implementing targeted support and improvement plans. Direct student services include:

- Enrollment in academic courses not otherwise available at a student's school;
- Credit recovery and academic acceleration courses;
- Activities that assist students in successfully completing postsecondary level instruction that are accepted for credit at such institutions (Advanced Placement, International Baccalaureate, etc.);
- Components of a personalized learning approach such as high-quality academic tutoring; and
- Transportation to allow a student enrolled in a school identified for comprehensive support and improvement to transfer to another public school.

Extended School/Direct Student Services

DIRECT STUDENT SERVICES (CONTINUED)

Costs associated with direct student services shall be in compliance with state and federal law and regulations.

REFERENCES:

KRS 158.6459
704 KAR 003:390
P.L. 114-95, (Every Student Succeeds Act of 2015)

RELATED PROCEDURE:

08.133 AP.2

Review/Revised:7/24/2018

Notification to Parents of Child's Eligibility for Extended School Services

Student's Name _____ _____ _____
Last Name *First Name* *Middle Initial*

Student's Address _____ _____ _____
City *State* *ZIP Code*

Student's Age _____ **Date of Birth** _____ **Sex** _____ **Student's Phone Number** _____

School _____ **Grade** _____ **Homeroom/Classroom** _____

DATE _____

DEAR PARENT:

School District personnel have determined that your child is eligible for extended school services (ESS), to help ensure that s/he progresses from grade to grade with his/her cohort and that:

- ☐ Student exits elementary school ready to meet academic expectations at the middle school level;
- ☐ Student exits middle school ready to meet academic expectations at the high school level; and
- ☐ Student exits high school ready to meet academic expectations at the postsecondary education level and in the workplace, with particular emphasis on literacy and mathematics.

This determination was based upon one (1) or more of the following:

- ☐ Teacher recommendation;
- ☐ Academic performance data, including diagnostic, formative, interim, or summative assessments;
- ☐ Student performance on high school, college, and workforce readiness assessments required by KRS 158.6459; or
- ☐ Behavioral and developmental progress as documented in formal and informal assessments and reports.

A personalized intervention plan and goals will be included as part of your child's Individual Learning Plan.

NOTE: ***Pupils shall not be excluded due to the inability of the parent or student to provide transportation.***

Notification to Parents of Child's Eligibility for Extended School Services

RECONSIDERATION

You have the right to request we reconsider your child's eligibility for extended school services outside of the school day. Check if you wish to make this request and return this form to the school:

- ☐ I request that the school review my child's eligibility for extended school services.
- ☐ I consent to my child's assignment in extended school services.

Reason for request: _____

_____

_____ _____

Parent/Guardian's Signature ***Date***

Determination following review: ☐ The student remains eligible for ESS.

☐ The student is not eligible for ESS.

_____ _____

Principal/designee's Signature ***Date***

Review/Revised:9/5/2017

Federal Programs/Title I Violation Complaint Procedure

The Every Student Succeeds Act requires the adoption of a written procedure for the receipt and resolution of complaints alleging violations of Title I, Part A and the Elementary and Secondary Education Act (ESEA) as amended by ESSA in the administration of Federal Programs.

1) The complaint must be in writing and addressed to the District Federal Programs/Title I Coordinator. The complaint must contain the following:
   - The name of the complainant and the contact information;
   - The nature of the complaint (the specific violation of the administration of the Title I, Part A or Federal Program).
2) The Federal Programs/Title I Coordinator must maintain a complaint log. The log must include the following:
   - The name of the complainant;
   - The receipt date of the complaint;
   - The log-in number assigned to the complaint for tracking purposes;
   - The name of the staff to whom the complaint will be referred (if applicable);
   - The date of the response to the complaint.
3) The Federal Programs/Title I Coordinator must respond to the complaint within thirty (30) working days upon receipt of the complaint.
4) The Federal Programs/Title I Coordinator must maintain a copy of the complaint, log, and response on file in the District office.
5) After the complainant has received a response from the Federal Programs/Title I Coordinator, the complainant has thirty (30) days to appeal the local decision. This appeal must be filed in writing with the Kentucky Department of Education in compliance with 704 KAR 003:365.

Review/Revised:7/16/2019

Notice of Moment of Silence or Reflection

Dear Parent/Guardian,

A moment of silence or reflection is required in all schools and notification of such is required by KRS 158.175.

The moment of silence or reflection shall occur at the commencement of the first class of each day with the following guidelines included in the statute and Policy 08.1351:

1. The moment of silence or reflection shall be at least one (1) minute but not exceed two (2) minutes in duration;
2. Students are to remain seated and silent and make no distracting display so that each student may, in the exercise of his or her individual choice, meditate, pray, or engage in any other silent activity which does not interfere with, distract from, or impede other students' exercise of individual choice;
3. District personnel shall not provide instruction to any student regarding the nature of any reflection that a student may engage in during the moment of silence or reflection.

Parents are encouraged to review these guidelines and to provide guidance to your student(s) regarding the moment of silence or reflection.

Review/Revised:8/11/2025

Promotion and Retention

Schools shall comply with the following promotion, retention, and placement rules and procedures:

All promotion or retention shall be made upon recommendation of the regular classroom/homeroom teacher and approval of the Principal. Consultation with the parent/guardian of a probable retainee shall be ongoing with a conference held prior to the end of the school year to inform the parent of retention. The conference shall include the parent, classroom/homeroom teacher, Principal, counselor, and others deemed advisable by the Principal.

In addition, promotion/retention at the high school level (Grades 9-12) shall be determined by the number of credits earned.

STUDENTS K - 8

When the school is considering promotion/retention of an individual student, the following guidelines or mandates should be observed:

1. Students may only be promoted sequentially to the next grade level (no grade skipping);
2. When students are retained, it is recommended that this occur generally at the earliest feasible grade level according to KERA regulations;
3. Students shall not repeat the same grade/level more than once; and
4. Criteria to be used to determine the need to retain/promote should consist of:
    a. Teacher objectivity;
    b. Regular class work/grades (cumulative);
    c. Psychosocial abilities;
    d. Chronological age/physical-emotional development;
    e. Attendance history;
    f. State-mandated accountability test(s) results (if available); and
    g. Achievement test results (if available).

PRIMARY SCHOOL

Continuous progress: Students progress through the primary school program at their own rate without comparison to the rate of others or consideration of the number of years in school.

Council or school policy shall determine assignment of primary school students to classes and programs within the school. Promotion from the primary program shall be in compliance with applicable administrative regulations and shall be based on established exit criteria. A school team, which includes the parent of an identified child, will consider and recommend the appropriate early or delayed exit for any student in the primary program. Such review will take place at least thirty (30) days before such decision takes effect.

NOTE: Per 704 KAR 003:440, retention and promotion within the primary school program are not compatible with continuous progress.

Promotion and Retention

RETENTION (GRADE 4 THROUGH MIDDLE SCHOOL)

1. Retention may occur if the student fails to:
   a) Make satisfactory progress in the class/subjects, based on such criteria as recorded grades/scores on tests, homework and projects and class participation points.
   b) Progress satisfactorily on the academic expectations.
2. Parent(s) have been notified of the possibility of the student's retention by mid-year or as soon after mid-year as the teacher perceives the possibility of retention.
3. The notification has been sent by letter, signed by the teacher and the Principal. The letter shall describe the problem and request the parent(s) to meet with the Principal and the teacher.

PLACEMENT OF STUDENTS FROM NONACCREDITED SCHOOLS

The Principal, counselor, and teachers shall determine the assignment/placement of pupils enrolling from private schools or home schools in accordance with the following guidelines:

1. Information about course work and progress is requested from the school.
2. The student is enrolled on a probationary status in the grade suggested by the parent.
3. Formal and informal testing is administered in each curriculum area, as appropriate.
4. Final placement is made after an evaluation of test data, the student's physical and social maturity, and classroom performance during the probationary period.
5. Parents are informed of final placement within six (6) weeks of enrollment. Final placement may be higher than, lower than, or the same as placement during the probationary period.

RELATED PROCEDURE:

08.22 AP.21

RELATED POLICIES:

08.113
08.22

Review/Revised:9/5/2017

Parent-Teacher Conference Form

Date of Conference _____

Student's Name _____ _____ _____
Last Name *First Name* *Middle Initial*

Student's Address _____ _____ _____
City *State* *ZIP Code*

Student's Age _____ **Date of Birth** _____ **Sex** _____ **Student's Phone Number** _____

School _____ **Grade** _____ **Homeroom/Classroom** _____

PREVIOUS NOTIFICATION(S)

☐ Deficiency report(s) sent and returned, specify _____

☐ Previous conference(s) held, specify _____

☐ Previous nonpromotion(s), specify _____

☐ Student Assistance Team/Teacher Committee, explain _____

COMMENTS

The following are important factors when nonpromotion is a possibility. Utilization of this form during the parent-teacher conference may facilitate communication and yield a comprehensive picture of the child's situation. Check applicable factors, as appropriate.

	Physical size
	Social maturity
	Motivational maturity
	Standardized Group Tests (Academic Expectations)/Teacher-Made Tests
	Individual test results (where applicable)
	Present level of academic performance
	Language competency
	Individualized Education Program (where applicable)
	Attendance
	Transiency

Additional Comments _____

_____

_____

Parent's response to possibility of student's retention _____

Parent's suggestions _____

Review/Revised:9/5/2017

Student Assistance Team/Teacher Committee Worksheet

Student's Name _____ _____ _____
Last Name ***First Name*** ***Middle Initial***

Student's Address _____ _____ _____
City ***State*** ***ZIP Code***

Student's Age _____ **Date of Birth** ___-___ **Sex** _____ **Student's Phone Number** ____-_____

School _____ **Grade** _____ **Homeroom/Classroom** _____

DIRECTIONS

This form is a worksheet to be completed by the Student Assistance Team/Teacher Committee and shared with the parent during the parent-teacher conference, as appropriate.

Referring Teacher _____ Date _____

☐ **INITIAL RECOMMENDATION OF STUDENT ASSISTANCE TEAM/TEACHER COMMITTEE:**

_____

_____

_____

I acknowledge receipt of the above information _____ _____
Parent/Guardian's Signature ***Date***

Because the parent(s) was unable to attend the conference, the above information was mailed to the parent on _____.
Date

☐ **FINAL RECOMMENDATION OF STUDENT ASSISTANCE TEAM/TEACHER COMMITTEE:**

_____

_____

_____

I acknowledge receipt of the above information _____ _____
Parent/Guardian's Signature ***Date***

Because the parent(s) was unable to attend the conference, the above information was mailed to the parent on _____.
Date

Review/Revised:9/5/2017

ESSA Assessment Notification

ANNUAL NOTIFICATION - OPTION TO REQUEST ASSESSMENT INFORMATION

TO: _____
Parent's Name

FROM:_____
School Name

REGARDING: _____
Student's Name

DATE:_____**GRADE**:_____

Dear Parent/Guardian,

Because our District receives federal funds for Title I programs as a part of the Every Student Succeeds Act (ESSA), you may request information addressing any State or District policy regarding student participation in any assessments mandated by ESSA, by the State or District. If you would like to request this information, please contact _____ by phone at _____ or by e-mail at _____.

Sincerely, _____
Principal/designee

Review/Revised:9/5/2017

"Harmful to Minors" Complaint Resolution Process

This parent or guardian complaint must be submitted in writing to the Principal of the school where the student is enrolled alleging that material, a program, or an event that is "harmful to minors" has been provided or is currently available to the child of the parent or guardian.

"Harmful to minors" is defined in KRS 158.192 and Policy 08.23.

COMPLAINANT (PARENT OR GUARDIAN)

Complainant Name _____ Date _____

Home Address _____ Phone _____

Student Name(s) _____

Home Address _____ Phone _____

School _____ Grade Level _____

COMPLAINT(S)

A reasonably detailed description of the material, program, or event that is alleged to be "harmful to minors," and how the material, program, or event is believed to be "harmful to minors." (Use additional sheet if necessary.)

_____

_____

_____

_____

_____

_____ _____

Complainant's Signature Date

LEVEL ONE: SCHOOL PRINCIPAL NAME: _____

Within seven (7) business days of receiving a written complaint, the Principal shall review the complaint and take reasonable steps to investigate the allegations in the complaint, including but not limited to reviewing the material, program, or event that is alleged to be "harmful to minors;"

Per KRS 158.192, the Principal shall determine whether:

- The material, program, or event that is the subject of the complaint is "harmful to minors;"
- Student access to material that is the subject of the complaint shall remain, be restricted, or be removed;
- A program or event that is the subject of the complaint shall be eligible for future participation by students in the school.
- Within ten (10) business days of receiving the complaint, unless another schedule is mutually agreed to by the parent or guardian and the Principal, the Principal shall confer with the parent or guardian and inform him or her whether the material, program, or event that is the subject of the complaint was determined to be "harmful to minors" and what the resolution will be.

"Harmful to Minors" Complaint Resolution Process

PRINCIPAL'S DETERMINATION (USE ADDITIONAL SHEET IF NECESSARY.)

_____

_____

_____

_____

_____

_____ _____
Principal's Signature Date

A parent or guardian not having filed the appeal may request in writing access to the appealed materials, programs, or events for review and shall abide by the school's and District's policies and procedures when requesting and reviewing such information.

==========

LEVEL TWO: APPEAL OF THE PRINCIPAL'S DETERMINATION TO THE BOARD

Complainant Name: _____

Date appeal received at this level: _____

The parent or guardian shall make any appeal within ten (10) days. The appeal shall:

- Be subject to full administrative and substantive review by Board and shall not be delegated;
- Include an opportunity for the parent or guardian to provide input during public comment at a Board meeting;
- Be completed within thirty (30) calendar days of receiving the written appeal unless another time frame is mutually agreed upon by the parent or guardian and the Board; and
- Be discussed and voted on during a meeting of the Board subject to the open records and open meeting requirements under KRS Chapter 61.

LEVEL TWO: APPEAL OF THE PRINCIPAL'S DETERMINATION TO THE BOARD (CONTINUED)
(USE ADDITIONAL SHEET IF NECESSARY.)

_____

_____

_____

_____

_____

_____ _____
Complainant's Signature Date

"Harmful to Minors" Complaint Resolution Process

LEVEL TWO: APPEAL OF THE PRINCIPAL'S DETERMINATION TO THE BOARD (CONTINUED)
(USE ADDITIONAL SHEET IF NECESSARY.)

The Board's final disposition of the appeal shall be made in writing and shall state whether the material, program, or event was determined to be "harmful to minors" and whether student access to the material will remain, be restricted, or be removed and whether the program or event shall be eligible for future participation by students in the school.

Within fifteen (15) business days from the date of a final disposition, the title of the material or a description of the program or event submitted for appeal, whether the material, program, or event was determined to be "harmful to minors," whether student access to the material will remain, be restricted, or be removed or whether the program or event shall be eligible for future participation by students in the school, and the vote cast by each individual Board member shall:

- Be published on the website of the Board where it shall remain available for review; and
- Be published in the newspaper with the largest circulation in the county.

BOARD'S FINAL DISPOSITION (USE ADDITIONAL SHEET IF NECESSARY.)

_____

_____

_____

_____

_____

Board Member Name:_____ Vote:_____

Board Member Name:_____ Vote:_____

Board Member Name:_____ Vote:_____

Board Member Name:_____ Vote:_____

Board Member Name:_____ Vote:_____

_____ _____
Board Chair's Signature Date

Review/Revised:7/21/2023

Instructional Resource Procedures

District personnel shall comply with requirements established in Kentucky Administrative Regulations and other documents and forms prepared and distributed by the Kentucky Department of Education.

For waiver of student fees for students who qualify, see Procedure 09.15 AP.21.

RELATED PROCEDURES:

04.7 AP.2 (inventory form)
09.15 AP.21

Review/Revised:9/5/2017

Copyrighted Materials/Notice of Use

RESPONSIBILITY TO INFORM

The Principal/designee shall inform school personnel of the following procedures regarding the duplication of copyrighted materials:

1. Material including, but not limited to, the following may be subject to copyright protection:
   a) Musical
   b) Dramatic
   c) Literary (including workbooks, tests, etc.)
   d) Pictorial
   e) Sound recordings
   f) Audiovisual works
   g) Computer software
   h) Architectural works
   i) Choreographic works
2. Copyrighted materials that are copied shall not be used for profit.
3. The teacher may make a single copy of copyrighted material in preparation for class.
4. Except for computer software, the "Fair Use" allowance permits limited reproduction and use of copyrighted materials for classroom use.
5. Except for computer software, if the teacher needs multiple copies, the number shall not exceed one (1) copy per student.
6. In the case of computer software, a single copy may be made to be used only for "back-up" or archival purposes.

DIGITAL TECHNOLOGY/DISTANCE LEARNING

The District may use instructional transmissions as part of any distance learning classes, provided use complies with guidelines set forth in federal regulations and the following criteria are met:

1. The performance and/or display is a regular part of instruction; and
2. Technical measures are utilized to reasonably prevent keeping material beyond the class session and distributing it.

Review/Revised:9/5/2017

Review of Challenged Instructional Materials

REQUEST FOR REVIEW

The review of instructional materials, including textbooks, supplementary materials, library books, audiovisual media, class content, and technology on the basis of citizen concerns will be conducted in response to a properly filed request. Forms for such requests will be made available to any resident of the District at the Principal's Office. The request shall include a statement of reason for objection and a statement of desired action regarding the material.

In the event of a citizen complaint regarding instructional materials, freedom of information and professional responsibility shall be the guiding principles. The use of challenged material may be restricted until final disposition has been made. However, individuals may be assigned other materials in lieu of those being challenged.

REVIEW COMMITTEE

The Superintendent/designee shall establish a Review Committee, composed of the Principal, professional librarian(s), two (2) staff members as designated by the Principal and whose subject area is affected, and two (2) parents. All committee members shall represent the school receiving the complaint.

The following steps shall be taken by the Review Committee:

1. Review the specific written complaint.
2. Read and/or examine the materials in question.
3. Determine general acceptance of the challenged materials in the community, other school systems and professional media.
4. Discuss the complaint and merit of the challenged material; make a value judgment based on the materials as a whole, and not on parts taken out of context.
5. Determine the merit of potential alternative instructional materials.
6. Prepare a recommendation for disposition of the complaint.
7. File a written decision with the Principal and/or school council, as appropriate, and send a copy to the Superintendent/designee.

The Principal shall inform the complainant in writing of the decision within ten (10) school days after receipt of the completed form.

APPEAL

Within ten (10) school days after the complainant has been informed of the committee's decision, the complainant may appeal the decision, in writing, to the Superintendent/designee.

Upon receipt of the appeal, the Superintendent/designee will review the challenged material and the decision of the Review Committee and, within ten (10) school days, notify the complainant and Principal of his/her determination.

Within ten (10) school days after the complainant has been informed of the decision of the Superintendent/designee, the complainant may appeal the decision, in writing, to the Board.

The Board will consider the appeal at the next scheduled meeting and so notify the complainant of its final decision regarding the challenged material.

Review/Revised:8/5/2022

Request for Reconsideration of Instructional/Library Materials

SCHOOL _____ **TEACHER** _____

Please indicate the format of the material (book, DVD, magazine, CD, etc.):

_____

TITLE _____

AUTHOR _____

PUBLISHER/PRODUCER _____

Request initiated by _____

Telephone _____ **Street Address** _____

City _____ **State** _____ **ZIP Code** _____

Complainant represents ☐ himself ☐ herself ☐ organization, specify _____

Please answer the following questions after you have read, viewed, or listened to the school instructional/library material in its entirety.

1. Have you read, viewed, or listened to the material in its entirety? ☐ YES ☐ NO
2. Have you discussed this work with the teacher/librarian who assigned/ordered it? ☐ YES ☐ NO
3. What do you find objectionable in the material? (Please be specific, cite page(s), scenes, etc.)
   _____
   _____
   _____
4. What do you believe is the theme or purpose of this material? _____
   _____
5. What do you feel might be the result of a student's using this material? _____
   _____
6. For what age group would you recommend this material? _____
   _____
7. Is there anything good in this material? Please comment. _____
   _____
8. Would you care to recommend other school library material of the same subject and format as a replacement?
   _____
9. What action do you desire school personnel to take as a result of this written request for reconsideration?
   _____

If sufficient space is not provided, attach additional sheets. Please sign your name to each additional attachment.

_____ _____

Complainant's Signature ***Date***

PLEASE RETURN COMPLETED FORM TO THE SCHOOL PRINCIPAL.

Review/Revised:9/5/2017

Reconsideration Decision

_____
(Date)

Dear _____:

The Review Committee has reviewed your request to reconsider _____. We have decided to:

- ☐ Retain
- ☐ Replace
- ☐ Reassign (alternative)
- ☐ Other, as specified _____.

You must contact me within ten (10) days of the date of this letter if you wish to appeal this decision to the Superintendent.

Thank you for your interest in the District's schools and the instructional materials used.

Sincerely yours,

_____
Principal/designee's Signature

_____
School

Review/Revised:8/5/2022

Acceptable Use

PURPOSE

We are pleased to offer students of the Leslie County School System access to the District computer network for electronic mail (e-mail) and the Internet. Access to e-mail and the Internet will enable students to explore valuable educational resources worldwide.

Families should be warned that some material accessible via the Internet may contain items that are illegal, defamatory, inaccurate or potentially offensive to some people.

While our intent is to make Internet and e-mail access available to further educational goals and objectives, students may find ways to access other materials as well. We believe the benefits to students from access to the Internet, in the form of information resources and opportunities for collaboration, exceed any disadvantages. But, ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using media and information sources. To that end, the Leslie County Board of Education supports and respects each family's right to decide whether or not to allow access.

RULES AND REGULATIONS

Students are responsible for good behavior on school computer networks just as they are in the classroom. Communications on the network are often public in nature. The network is provided for students to conduct research and communicate with others.

Access to network services is given to students who agree to act in a responsible manner and parental consent has been granted. Access is a privilege – not a right.

Individual users of the District computer networks are responsible for their behavior and communications over those networks. It is presumed that users will comply with District standards. Beyond the clarification of such standards, the District is not responsible for restricting, monitoring or controlling the communications of individuals using the network.

Network storage areas may be treated like school lockers. The Superintendent/designee may review files and communications to maintain system integrity and insure that users are using the system responsibly. Users should not expect that files stored on the District servers or through District provided or sponsored technology services, will always be private.

Within reason, freedom of speech and access to information will be honored. During school hours, teachers of younger students will guide them toward appropriate materials. Outside of school hours, families bear the same responsibility for such guidance as they exercise with information sources such as books, periodicals, television, movies, radio and other potentially offensive media.

STAFF RESPONSIBILITY

District staff shall provide guidance and instruction to students in the appropriate use of resources accessed via electronic media. Students shall be taught how to use e-mail properly and effectively.

School library media specialists, teacher and other school staff members shall develop instructional methods, tools, and lessons to help students develop the intellectual skills needed to discriminate among information sources, to identify information appropriate to their age and developmental levels, and to evaluate and use information to meet their educational goals.

Acceptable Use

STAFF RESPONSIBILITY (CONTINUED)

Teachers shall not direct or advice students accessing school computing and communications networks to use electronic mail systems other than the KETS standard email system.

All staff shall sign an Acceptable Use Policy agreement acknowledging responsibility for exercising reasonable supervision of student access to Internet and electronic mail and for following guidelines on use of electronic media and network resources.

USER RESPONSIBILITY

Users shall be responsible for following general school rules of good behavior and communications when using electronic media. These rules shall be stated in the District's Code of Conduct.

Prohibited behaviors shall include, but not limited to, the following:

- Violating State and Federal legal requirements addressing student and employee rights to privacy, including unauthorized disclosure, use and dissemination of personal information.
- Sending or displaying offensive messages or pictures, including those that involve:
    - Profanity or obscenity; or
    - Harassing or intimidating communications.
- Damaging computer systems or computer networks.
- Violating copyright laws, including illegal copying of commercial software and/or other protected material.
- Using another's password, "hacking" or gaining unauthorized access to computers or computer systems, or attempting to gain such unauthorized access.
- Trespassing in another's folder, work, or files.
- Intentionally wasting limited resources, including downloading of freeware or shareware programs.
- Using the network for commercial purposes, financial gain or any illegal activity.
- Accessing social media by a student unless authorized to do so by a teacher for an instructional purpose.
- Intentional spreading of embedding messages.

PENALTIES FOR VIOLATIONS

Users found in violation of this policy may be denied access to District electronic media and subject to additional disciplinary actions as outlined in the Code of Conduct. Inappropriate behavior or language shall be judged as a normal disciplinary violation.

When applicable, law enforcement agencies may be notified.

Acceptable Use

PERMISSION/AGREEMENT FORM

An Internet Student User Contract shall be required prior to the student being granted independent access to electronic media involving District technological resources. The required permission/agreement form, which shall specify acceptable uses of on-line behavior, access privileges, and penalties for policy/procedural violation, must be signed by the parent or legal guardian of minor students [those under eighteen (18) years old] and also by the student. This document shall be kept on file as a legal and binding document. In order to modify or rescind the agreement the student's parent/guardian [or the student who is at least eighteen (18) years old] must provide the Superintendent with a written request.

Except in cases involving students who are at least eighteen (18) years of age and have no legal guardian, parents/guardians may request that the school/District:

- Provide access so that the parent may examine the contents of their child(ren)'s email files;
- Terminate their child(ren)'s individual email account and/or Internet access; and
- Provide alternative activities for their child(ren) that do not require Internet access.

Parents/guardians wishing to challenge information accessed via the District's technology resources should refer to Policy 08.2322/Review of Instructional Materials and any related procedures.

AUDITING

Proxy server software shall be implemented and maintained at each District and at every school on a twenty-four (24) hour, seven (7)) day a week basis.

Logs of Internet activity shall be examined periodically to detect access to sexually explicit or other objectionable material.

Responsibility for log maintenance, examination, security and retention will be the responsibility of the individual District site. All logs will be examined on a regular basis by the school designated staff member and will be retained for at least thirty (30) days. Security for these logs will be limited to those designated by the school for examination.

Electronic mail shall be monitored periodically to ensure that non-compliant email systems are not being used by teachers, faculty, or staff with school resources.

Additional rules and restrictions may be applied by an individual school as deemed appropriate by the School Site Based Council.

Review/Revised:8/11/2025

Electronic Access/User Agreement Form

User's Name _____ _____ _____
Last Name *First Name* *Middle Initial*
User's Address _____ _____ _____
City *State* *Zip Code*
User's Age ___ **Date of Birth** _____ **Sex** ____ **Phone Number** _____ **School** _____
If applicable, User's Grade _____ **Homeroom/Classroom** _____

Please check if you are a ☐ student ☐ certified employee ☐ classified employee ☐ member of the community.

As a user of the _____ District's computer network, I hereby agree to
District Name
comply with the District's Internet and electronic mail rules and to communicate over the network in a responsible manner while abiding by all relevant laws and restrictions. I further understand that violation of the regulations is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked and school disciplinary action and/or legal action may be taken.

User's Name (Please print) _____

_____ _____
User's Signature *Date*

PRIOR TO THE STUDENT'S BEING GRANTED INDEPENDENT ACCESS PRIVILEGES, THE FOLLOWING SECTION MUST BE COMPLETED FOR STUDENTS UNDER 18 YEARS OF AGE:

As the parent or legal guardian of the student (under 18) signing above, I grant permission for my child to access networked computer services such as electronic mail and the Internet. I understand that this access is designed for educational purposes; however, I also recognize that some materials on the Internet may be objectionable, and I accept responsibility for guidance of Internet use by setting and conveying standards for my child to follow when selecting, sharing, researching, or exploring electronic information and media.

CONSENT FOR USE

By signing this form, you hereby accept and agree that your child's rights to use the electronic resources provided by the District and/or the Kentucky Department of Education (KDE) are subject to the terms and conditions set forth in District policy/procedure. Please also be advised that data stored in relation to such services is managed by the District pursuant to policy 08.2323 and accompanying procedures. You also understand that the e-mail address provided to your child can also be used to access other electronic services or technologies that may or may not be sponsored by the District, which provide features such as online storage, online communications and collaborations, and instant messaging. Use of those services is subject to either standard consumer terms of use or a standard consent model. Data stored in those systems, where applicable, may be managed pursuant to the agreement between KDE and designated service providers or between the end user and the service provider. Before your child can use online services, he/she must accept the service agreement and, in certain cases, obtain your consent.

Name of Parent/Guardian (Please print) _____

_____ _____
Signature of Parent/Guardian ***Date***

Daytime Phone Number: _____ *Evening Phone Number:* _____

NOTE: FEDERAL LAW REQUIRES THE DISTRICT TO MONITOR ONLINE ACTIVITIES OF MINORS.

Review/Revised:9/5/2017

Application for Remote User Account

PLEASE PRINT WHEN COMPLETING THE FOLLOWING APPLICATION.

PERSONAL INFORMATION

First name _____ Middle Initial ____ Last Name _____

Work Address _____

Number and Street

_____

City, State and ZIP Code

Home Address _____

Number and Street

_____

City, State and ZIP Code

Daytime Phone Number _____ Evening Phone Number _____

Check one of the following: ☐ Staff Member ☐ Community Member

COMPUTER INFORMATION

Brand _____

Model _____

RAM Memory _____

Hard Disk Drive (size) _____

Modem Speed _____

DISTRICT RESPONSIBILITIES

The District does not provide commercial software programs for use at home. It is the responsibility of the user to legally acquire the necessary software for remote network or Internet access. A list of appropriate software programs and sources will be provided with each account.

While the technical staff in the District will make every effort to assist private citizens in their efforts to access the District's electronic resources, their primary responsibility is the students and teachers of the District. A list of KETS approved workstations and minimum workstation configuration will be provided with each account.

Review/Revised:9/5/2017

Individual Learning Plan Web Release

I am the parent or guardian of _____, a student under the age of eighteen (18) who is enrolled in grades six through twelve (6-12) in the _____ school district. I hereby authorize the District to enable a feature of web based Individual Learning Plan ("ILP") software, which will permit my student to invite third parties to have access to his/her ILP information or portions of such information via the web (internet). The purpose of this feature is to help my student with career and college plans by permitting him/her to share ILP information with persons or organizations such as college admissions officers, organizations offering scholarships, and potential employers. However, I understand this feature could permit my student to release ILP information to other third parties. I agree that the District, its employees, and agents shall not be responsible, nor shall they incur any liability for any disclosure made by the student using this software feature. The Family Educational Rights and Privacy Act (FERPA) and similar state statutes (KFERPA) generally require parents to consent before the educational records relating to their student(s) are disclosed to third parties.

I understand that the above software feature is not itself a disclosure of education records, but it will enable my student to disclose confidential educational records information. I specifically authorize and give my consent to the disclosure of ILP educational records information to third parties by my student through the use of the software feature as described above.

I understand that once this signed form is returned to the school, it will stay in effect as long as my child is enrolled in the District (unless I or my child on turning 18 requests a change).

I also understand that the sharing feature will not be enabled for my child unless this completed form is returned to the school.

_____ _____

Signature of Parent/Guardian *Date*

PLEASE COMPLETE AND RETURN THIS FORM TO YOUR CHILD'S SCHOOL BY _____ (DATE).

Review/Revised:9/5/2017

Consent for Outside Traceable Communications

A parent may authorize a designated District employee or volunteer, who is not a family member, to communicate electronically with his or her child outside of the traceable communication system.

A completed form for each designated District employee or volunteer shall be filed in the administrative office of the student's school prior to any outside electronic communication being sent and may be revoked by a parent at any time.

Name of Student:_____

I hereby consent to authorize the following to communicate with my child outside of the traceable communication system.

Name of employee/volunteer:_____

Reason(s) for the communication:_____

_____

_____

Is Parent to be included on all communications? ☐ Yes ☐ No

Expiration Date for this form's consent:_____

My consent does not authorize a District employee or volunteer to engage in inappropriate or sexual electronic communication with my student or be used as a basis of a defense for a District employee or volunteer that engages in inappropriate or sexual electronic communication.

_____ _____

Signature of Parent Date

Any electronic communication with a student outside of the traceable communication system shall comply with all terms of this written consent.

_____ _____

Signature of Employee or Volunteer Date

For administrative office use only:

_____ _____

Received by Date

Review/Revised:8/11/2025

ESSA Transfer Notification Options

TO: _____ **FROM:** _____
Parent's Name *School Name*
DATE: _____ **RE:** _____ **GRADE:** _____
Student's Name

Dear Parent/Guardian,

Our school is dedicated to providing the safest educational experience possible for your child. We are notifying you because under ESSA and state law, our school has been designated as "persistently dangerous." A Kentucky public school is considered persistently dangerous if conditions exist over a period of time that expose students to injury due to violent criminal acts.

Although we are committed to improving our school, as required by law, we are notifying you that you may request your child be transferred to the same grade level at a District school that has not been identified as being persistently dangerous. Your child would be entitled to free transportation services.

☐ However, no other school option is available at this time.

☐ The following are schools available to accept transfers: _____

_____

Please contact us immediately, but no later than ten (10) school days following the date of this letter by calling _____ at _____ to request a
Contact *Telephone #*
transfer. **Failure to meet this deadline will result in loss of your option to request a transfer.**

You will be notified of the school assignment. Please understand that once your child transfers, s/he shall be required to remain enrolled in the new school for a minimum of one (1) semester.

Please let me know if you have questions about this information.

Sincerely, _____
Principal/Designee

ESSA Transfer Notification Options

TO: _____ **FROM:** _____
Parent's Name *School Name*
DATE: _____ **RE:** _____ **GRADE:** _____
Student's Name

Dear Parent/Guardian,

Our school is dedicated to providing the safest educational experience possible for your child. We are notifying you because the Superintendent has determined that your child has been a victim of a violent criminal offense as defined under state law.

Although we are committed to improving our school, as required by law, we are notifying you that you may request your child be transferred to the same grade level at a District school that has not been identified as being persistently dangerous, if such a school is available within the District.

☐ However, no other school option is available at this time.

☐ The following are schools available to accept transfers: _____

_____

Please contact us immediately, but no later than ten (10) school days following the date of this letter by calling _____ at _____ to request a transfer.
Contact *Telephone #*

Failure to meet this deadline will result in loss of your option to request a transfer.

You will be notified of the school assignment. Please understand that once your child transfers, s/he shall be required to remain enrolled in the new school for a minimum of one (1) semester.

Please let me know if you have questions about this information.

Sincerely, _____
Principal/Designee

NOTE: This parent was contacted by telephone by _____ on
Staff Member

_____
Date

Review/Revised:9/5/2017

Home Schooling Notification

Please return the completed form to the Director of Pupil Personnel at the District's Central Office.

This letter is to inform you that my child/children will be participating in a home schooling program. The beginning date for participation in this program will be _____.
Month Day Year

Following is the home school address and the names and ages of the students who will be participating:

STUDENTS' NAME(S) AND DATE OF BIRTH:	**CURRENT SCHOOL:**
_____	_____
_____	_____

HOME SCHOOL ADDRESS:

_____ _____
Name **Street** **State** **ZIP Code**

I have received from the Director of Pupil Personnel (DPP)/designee a copy of the "Home School Information Packet and Best Practice Document" and other supplemental material provided by the District. The DPP/designee offered to meet with me and explain the legal requirements that apply to home schools. It is further acknowledged that this notice of intent to provide home schooling shall be binding from the effective date stated above and shall remain in full force for no longer than to the end of the current or upcoming school year, whichever is first. This notice may be dissolved upon enrollment or re-enrollment of the above named child(ren) in a school in the District or any other public or private school. At such time a home-schooled child re-enrolls in the District, it is understood that certified personnel of the school system shall either place the student according to successful performance in courses that are sequential such as English, math, history, and science or conduct tests similar in nature and content to that used for other students receiving credit in that subject. Once assessment of the child's educational development is completed, a final determination of grade placement will be made. KRS 158.140, 704 KAR 003:307

_____ and/or _____
Signature of Father/Legal Guardian ***Signature of Mother/Legal Guardian***

_____ _____
Telephone (Home and Work) ***Telephone (Home and Work)***

_____ _____
Address (if different than student's) ***Address (if different than student's)***

_____ _____
City, State, Zip ***City, State, ZIP***

Home Schooling Notification

PROCEDURE

The DPP/designee will offer to meet with the home school teacher to review legal requirements, provide a copy of the best practice document, offer other supplemental materials available from the District and request a copy of the home school curriculum from the home school teacher. If a meeting is not possible, copies of the "Home School Information Packet and Best Practice Document" and related information shall be mailed to the home school teacher. The DPP/designee shall use the summary below as a guideline for discussing topics with a prospective home school teacher.

SUMMARY OF REQUIREMENTS

Home school teachers are required by state law to do the following:

- Teach the child reading, writing, spelling, grammar, history, math, and civics. KRS 156.160
- Provide no fewer student attendance days than required in current state law.
- Maintain attendance records. KRS 159.040
- Maintain academic records. It is suggested that you maintain a portfolio (compilation) of the child's best work from year to year. KRS 159.040/KRS 156.160
- Make records available in case of inquiry. KRS 159.040
- Make sure that children between the ages of six (6) and eighteen (18) shall attend an educational institution as described in Kentucky compulsory attendance law. KRS 159.010

Parents of home-schooled students are required by state law to do the following:

- If moving from the District, notify the Superintendent in writing. KRS 159.160
- After notifying the Superintendent of intent to home school, continue to notify the Superintendent each school year prior to the opening of the new school year if planning to continue the home school for the new school year. KRS 159.160

A current immunization certificate shall be required for home-schooled students prior to attending one (1) or more in-school classes or participating in sports or other school-sponsored extra-curricular activities.

Review/Revised:7/24/2018

Student Enrollment and Homeless/Immigration Status

IMMIGRANT STATUS

The Principal/designee shall notify school staff that a student's right to enrollment does not depend on his/her or the parent/guardian's immigration status.

School personnel should not engage in any practice that would inhibit or discourage an unauthorized alien student or any other student from attending.

HOMELESS STUDENTS AND UNACCOMPANIED YOUTH

The term "homeless" shall refer to children and youths who lack a fixed, regular and adequate nighttime residence and includes those that are:

1. Sharing the housing of other persons due to loss of housing, economic hardship or a similar reason;
2. Living in motels, hotels, trailer parks or camping grounds due to the lack of alternative adequate accommodations;
3. Living in emergency or transitional shelters;
4. Abandoned in hospitals;
5. Residing in a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
6. Living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations or similar settings; and/or
7. Migratory children who are living in the previously described circumstances.

GUIDELINES FOR ENROLLMENT

1. In general, only minimal information, such as name and age, can be required to enroll any student in school.
2. Types of reliable proof of a student's identity and age may include, but are not be limited to:
    - Passport
    - Military identification or immigration card
    - Baptismal certificate
    - Copy of the record of baptism that has been notarized or duly certified and reflects the date of the student's birth
    - Any religious record authorized by a religious official
    - Recording of the student's name and birth in a family Bible or other religious text
    - Notarized statement from the parents or another relative or guardian as to the date of the student's birth
    - Prior school record indicating the date of the student's birth
    - Driver's license or learner's permit

Student Enrollment and Homeless/Immigration Status

GUIDELINES FOR ENROLLMENT (CONTINUED)

- Adoption record
- Affidavit of identity and age
- Any government document or court record reflecting the date of the student's birth
- Oral proof when the native language of a parent or guardian is not a written language.

3. A student's exact date of birth (month, day and year) is not required for initial enrollment.
4. When a student is an unaccompanied homeless youth, appropriate staff of emergency shelters, transitional shelters, independent living programs and street outreach programs may offer proof of age and identity of a student for initial enrollment purposes.
5. The District homeless student liaison shall work with the local child welfare agency, the school last attended, or other relevant agencies to obtain essential records that are not in existence and immediately place the student in appropriate programs.
6. To the extent possible, the District homeless student liaison shall attempt to provide required notices to non-English speaking parents via written language understandable to the general public and in the native language or other mode of communication of the parent with documentation of the attempt. If the native language of the parent is not a written language, the liaison should take steps to ensure that the notice is translated orally or by other means so that the parent understands the content of the notice and that there is written evidence of the translation to the extent possible with documentation of the attempt.

CHILDREN IN FOSTER CARE

The foster care liaison may also be the homeless education liaison. The foster care liaison's responsibilities shall be to ensure that:

1. The child in foster care remains in his or her school of origin, unless it is determined that remaining in the school of origin is not in that child's best interest;
2. If it is not in the child's best interest to stay in his or her school of origin, the child is immediately enrolled in the new school even if the child is unable to produce records normally required for enrollment; and
3. That the new (enrolling) school immediately contacts the school of origin to obtain relevant academic and other records.

Review/Revised:7/24/2018

Nonresident Student Transfer/Registration Form

Form to be used by NONRESIDENT students requesting admission.

Student's Name _____ _____ _____
Last *First* *Middle Initial*

Home Address _____ Phone # _____

Present District and School _____ Present Grade _____

Requested School _____ For School Year _____ Grade_____

Date of Request: _____

Reason for Transfer _____

_____

_____

NOTICE

1. Transfers involving athletics will be in accordance with Kentucky High School Athletic Association (KHSAA) By-Laws.
2. Requests for transfer for middle and high school students are considered incomplete until class scheduling information has been submitted to the prospective school.

I UNDERSTAND THAT, IF APPROVED, THIS ASSIGNMENT WILL BE GRANTED FOR ONLY ONE (1) SCHOOL YEAR AND THAT ANY SPECIAL TRANSPORTATION NEEDED IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN.

_____ _____
Parent/Guardian's Signature ***Date***

==========

TO BE COMPLETED BY CENTRAL OFFICE PERSONNEL

Application	☐ Approved	☐ Disapproved	Date _____
Parent/guardian contacted	☐ Yes	☐ No	Date _____
Present School Contacted	☐ Yes	☐ No	Date_____
Requested School Contacted	☐ Yes	☐ No	Date_____

Professional recommendation, if required _____

_____

_____ _____
Superintendent/designee's Signature ***Date***

Review/Revised:7/21/2023

Nonresident Student Enrollment

NONRESIDENT TRANSFERS

Those nonresident pupils requesting enrollment in a school in this District for the first time shall follow these procedures:

1. Complete the school's registration forms, which must be signed by the parent/guardian(s).
2. Parent/guardian(s) and pupil then make an appointment with the Principal for a review of the application and the pupil's school records. The pupil shall bring the following documents from the last school attended to this meeting:
    - Report card and other academic information including the entire cumulative folder from the student's former school, if the student has the folder in his/her possession.
    - Statement of student's attendance.
    - Student's physical examination and immunization records.
3. Nonresident pupils will only be enrolled when they can be assigned to classes where the enrollment is below the allowable maximum.
4. A student expelled from his/her previous school during the last school year will have his/her records and experiences reviewed before permission is granted for enrollment.
5. When the number of nonresident students must be limited due to enrollment capacity, the following priorities will be observed:
    - Those nonresident students attending school in this District last year will have priority over new applicants.
    - Siblings of nonresident students already attending school in the District shall have priority over new applicants who do not have siblings currently enrolled.
    - Students of District employees will have priority over new applicants.
    - When priorities are equal, the date of application will be the determining factor for enrollment.
6. Nonresident pupils may be enrolled in the District's schools in accordance with Board policies 09.1222, and 09.124.
7. The decision of the Principal in granting enrollment of nonresident pupils may be appealed to the Superintendent. If the decision of the Superintendent is not satisfactory, an appeal may be made to the Board. The decision of the Board shall be final.

RELATED POLICIES:

09.12 (all procedures)
09.1222; 09.124 (all procedures)

Review/Revised:8/5/2022

Notice of Expulsion/Conviction

In compliance with the Board policy requirements explained below, I swear or affirm that I am the parent/legal guardian of _____, who was expelled and/or
Student's Name
adjudicated guilty/convicted as noted below.

Date Enrollment Requested: _____

Board policy requires that parents, guardians, Principal, or other persons or agencies responsible for a child complete the following section for a student who has previously been expelled from a public or private school in this or another state or who has been adjudicated guilty/convicted of crimes. This form must be sent to the receiving school within five (5) working days of the time when the student requests enrollment in the new school.

Check the reason(s) that apply:

- ☐ Homicide
- ☐ Assault
- ☐ Sex offense
- ☐ Violation of Law Relating to Weapons
- ☐ Violation of School Regulation Relating to Weapons
- ☐ Violation of Law Relating to Alcohol
- ☐ Violation of Law Relating to Drugs
- ☐ Violation of School Regulation Relating to Alcohol
- ☐ Violation of School Regulation Relating to Drugs
- ☐ Any violent offense that resulted in death or serious physical injury to victim

My child was expelled from: _____ in _____
Name of School ***City***

_____ _____.
County ***State***

The facts of any expulsion or adjudication/conviction are as follows (attach separate sheet if needed): _____

_____

_____

I swear or affirm that to the best of my knowledge or belief, the statements and information contained above are true, factual, and complete.

_____ _____
Parent/Guardian's Signature ***Date***

_____ _____
Witness's Signature ***Date***

Review/Revised:9/5/2017

Homeless Children and Unaccompanied Youth

The District shall support homeless children and unaccompanied youth by:

1. awarding and accepting of credit, including partial credit, for all coursework satisfactorily completed by a student while enrolled at another school;
2. allowing a student who was previously enrolled in a course required for graduation the opportunity, to the extent practicable, to complete the course, at no cost to the student, before the beginning of the next school year;
3. awarding a diploma, at the student's request, by a district from which the student transferred, if the student transfers schools at any time after the completion of the student's second year of high school and the student is ineligible to graduate from the district to which the student transfers, but meets the graduation requirements of the district from which the student transferred; and
4. exempting the student from all coursework and other requirements imposed by the Board that are in addition to the minimum requirements for high school graduation established by the Kentucky Board of Education in the district to which the student transfers, if the student transfers schools at any time after the completion of the student's second year of high school and the student is ineligible to graduate both from the district to which the student transfers and the district from which the student transferred.

AWARDING CREDIT FOR COURSEWORK SATISFACTORILY COMPLETED

Consistent with KRS 156.160, and to the extent feasible, homeless children and unaccompanied youth shall be awarded credit, including partial credit, for all coursework satisfactorily completed.

To ensure credit, including partial credit, is awarded for all coursework satisfactorily completed by homeless children and unaccompanied youth, the District shall adopt written procedures addressing:

1. the tool or methodology the District shall use to calculate credit, including partial credit, to be awarded for all coursework satisfactorily completed by homeless children and unaccompanied youth;
2. the consolidation of partial credit, where appropriate, to provide opportunities for credit accrual that eliminate academic and nonacademic barriers for homeless children and unaccompanied youth;
3. how the District shall provide students experiencing homelessness access to extracurricular and summer programs, credit transfer and electronic course services, and after-school tutoring and other extended school services available in the District to the fullest extent practicable and at nominal or no costs;
4. the ways in which the District shall lessen the impact of school transfers for homeless children and unaccompanied youth, which shall include:
    a) identifying systems that are in place to ease the transition of students experiencing homelessness, particularly during the first two (2) weeks at a new school;

Homeless Children and Unaccompanied Youth

AWARDING CREDIT FOR COURSEWORK SATISFACTORILY COMPLETED (CONTINUED)

b) requiring counselors to provide timely assistance and advice to improve college and career readiness for students experiencing homelessness; and

c) granting priority placement in classes offered by the District that meet state minimum graduation requirements for students who change schools at least once during a school year as a result of homelessness.

5. how and in what circumstances the District shall allow a student experiencing homelessness who was previously enrolled in a course required for high school graduation to complete that course at no cost before the beginning of the next school year as required by KRS 156.160; and

6. the required review of credit accrual and the personal graduation plan for each homeless student and unaccompanied youth that is not on track to receive a high school diploma before the fifth year of high school enrollment.

REFERENCES:

KRS 156.160
704 KAR 007:090
42 U.S.C. § 1143

RELATED POLICY:

08.113

Review/Revised:8/3/2021

Entrance Age

Entrance requirements related to age and health status of a student are as follows:

- *Proof of Age and Identity* - Each pupil entering any elementary or secondary school for the first time shall present evidence of age by means of a state issued birth certificate. If a birth certificate is not presented other reliable proof of the student's identity and age as well as an affidavit of the inability to produce a copy of the birth certificate must be given.
- *Proof of Immunization* - Upon enrollment, each pupil or first grade for the first time shall present evidence of immunization by means of a certificate issued by a licensed physician or an APRN.
- *Preventive S*tudent *Health Care, Vision, and Dental Examinations* - Within one (1) year prior to initial entry to school, each student shall undergo a preventive student health care examination, which shall be documented on the state-required form or an electronic medical record that includes all of the data equivalent to that on the Preventive Student Health Care Examination form. A preventive student health care examination may also be required for students entering pre-school.

  Also upon enrollment, each student entering the first year of public school, public pre-school or Head Start must undergo a vision examination as required by applicable statute and regulation and provide the school with either the required form or electronic medical record by January 1 of the first year of enrollment. Evidence of a dental screening or examination shall be required to be submitted on the required form or electronic medical record by January 1 of the first year that a five- and six-year-old student is enrolled in the District.

The above requirements are not to serve as barriers to immediate enrollment of students designated as homeless or foster children as required by the Every Student Succeeds Act (ESSA) and the McKinney-Vento Act as amended by ESSA. The District shall work with the local child welfare agency, the school last attended, or other relevant agencies to obtain necessary enrollment documentation.

PRINCIPALS TO REPORT

Principals are to report to the Superintendent/designee the names of those children who do not present acceptable evidence of age and required immunizations and examinations.

FAILURE TO PROVIDE

Except for vision examination records and dental examination records as noted above, which are due by January 1 of the first year of enrollment, the remaining required documentation is due upon enrollment.

RELATED PROCEDURE:

09.12 AP.1

Review/Revised:9/5/2017

Application for Part-Time Student Status

To apply for part-time student status, the student must complete the following application, attach all required documentation, and submit to the Principal. A conference with the Principal; parent(s)/guardian(s), if appropriate; and the student is required to determine eligibility for part-time student status. Submission of this application does not guarantee the student part-time status.

Student's Name _____ _____ _____
Last Name *First Name* *Middle Initial*

Student's Address _____ _____ _____
City *State* *Zip Code*

Student's Age _____ **Date of Birth** _____ **Student's Phone Number** _____

District High School presently attending _____

Parent/Guardian Name _____ **Parent/Guardian's Phone Number**_____

State below the reason(s) for requesting part-time student status. Be very specific in your application, including your plans for the future and how part-time student status will help you achieve your goals. Attach additional page(s), if necessary.

_____

_____

_____

_____

In addition to the above statement, attach the required documentation specified.

- For attendance at college, a post-secondary vocational training school, or accredited apprenticeship training program, provide a copy of the acceptance letter from the institution and the high school transcript.
- For family hardship, a letter of need must accompany this application.
- For fifth-year student, attach a copy of the high school transcript, indicating the credits needed for graduation.

_____ _____
Applicant's Signature ***Date***

_____ _____
Parent/Guardian's Signature ***Date***

I ☐ do ☐ do not recommend this student for part-time status.

_____ _____
Principal's Signature ***Date***

Review/Revised:9/5/2017

Request for 504 Shortened School Day

SCHOOL YEAR _____

This form shall be kept on file in the District for auditing purposes.

Requesting Party: _____ Phone Number: _____

Submitted to Principal: _____ On this Date: _____

STUDENT DATA:

Name: _____ Age: _____ Disability: _____

School: _____

SECTION 504 CHAIRPERSON/SUPERINTENDENT'S DESIGNEE:

Name: _____ Other Job Title(s): _____

PERSON(S) TO MONITOR PLAN:

Name: _____ Title: _____

LENGTH OF SCHOOL DAY

1. What is the typical beginning and ending time for students in this school?
   BEGINNING TIME: _____ ENDING TIME: _____
2. What are the beginning and ending times the 504 team has determined for this student?
   BEGINNING TIME: _____ ENDING TIME: _____
3. Explain the reason(s) why this student requires a shortened school day:

_____

_____

_____

_____

4. Is this student returning to school after being in a Home/Hospital Instruction Program?
   ☐ Yes ☐ No If yes, please describe circumstances:

_____

_____

_____

_____

Request for 504 Shortened School Day

5. Identify steps the 504 Team will take to promote full attendance for this student in the future.

_____

_____

_____

_____

_____

6. Has a shortened school day been requested for this student in previous school years?

   ☐ Yes ☐ No

   If yes, list the previous school year(s): _____

7. Is there a signed physician statement? ☐ Yes ☐ No

IMPORTANT

The District shall maintain the following documentation for all shortened school days approved by the Board:

- Approval by the Board (Student confidentiality procedures must be followed when listing student information in Board minutes.);
- Minutes of the 504 Team meeting documenting the decision that a shortened school day is needed;
- A copy of the student's Section 504 Accommodation Plan documenting the shortened school day; and
- A copy of the physician statement of the supporting medical need.

==========

Board Approved Request: ☐ Yes ☐ No Date: _____

==========

Review/Revised:9/5/2017

Online, Virtual, and Remote Learning

Procedures shall include at a minimum:

a. The purpose of the program, including the ways the program supports the District's postsecondary readiness goals for students;

b. Student eligibility criteria;

c. The process for enrolling students in the program, including procedures to ensure voluntary placement;

d. Procedures for transitioning students out of the program;

e. Procedures for the regular, periodic monitoring of the program by the District;

f. Procedures for the development and implementation of student Individual Learning Plans; and

Implementation of an application and on-boarding process to ensure students and families understand the expectations for students in a full-time enrolled online, virtual, and remote learning program and a determination of candidacy.

Review/Revised:8/11/2025

Student Entry and Exit Log

SCHOOL: _____ DATE _____

STUDENTS WHO ARE LATE IN ARRIVING AT SCHOOL OR WHO ARE DEPARTING EARLY SHALL SIGN THIS LOG.

When recognized by the Principal/designee or by presenting verification of identity, the following persons may sign out students[1]:

- **Custodial parent/guardian**
- **Noncustodial parent, unless the school has been provided with evidence that there is a state law or court order which provides instruction to the contrary**
- **Persons designated in writing by the custodial parent/guardian (must be an adult designee if an elementary student is involved)**
- **Persons designated by the Principal in the event of an emergency**
- **Persons with lawful authority to take custody of the student**

[1]Those students who are not on record as being under the care or control of a parent/guardian may sign for their own dismissal.

NAME OF STUDENT	GRADE/ HOMEROOM	TIME OF SIGN-IN	TIME OF SIGN-OUT	REASON	SIGNATURE OF AUTHORIZED PERSON/ELIGIBLE STUDENT	INITIALS OF EMPLOYEE VERIFYING IDENTITY

DAILY LOG SHEETS SHALL BE KEPT ON FILE FOR TWO (2) FULL SCHOOL YEARS.

Review/Revised:9/5/2017

Family Educational Rights and Privacy Act Definitions

Although this listing is not intended to take the place of the complete FERPA law and regulations, the following definitions shall apply when implementing Policy 09.14 and the procedures that follow.

EDUCATION RECORDS – Refers to records directly related to a student that are maintained by the District or by a party acting for the District.

A "record" shall include any information recorded in any way, including, but not limited to, handwriting, print, computer media, video or audiotape, film, microfilm, and microfiche. Student records shall include disciplinary records with regard to suspension and expulsion.

Staff should refer to federal regulations for examples of documents that are not considered education records.

PERSONALLY IDENTIFIABLE INFORMATION – Includes, but is not limited to, the following:

1. Student's name;
2. Name of the student's parent or other family member;
3. Address of the student or student's family;
4. Any personal identifier, such as the student's social security or student number;
5. Personal characteristics that would make the student's identity easily traceable, including biometric records (measurable biological or behavioral characteristics that can be used for automated recognition of an individual, such as fingerprints, retina and iris patterns, voiceprints, DNA sequence, facial characteristics, and handwriting); or
6. Other information that, alone or in combination, is linked or linkable to a specific student that would allow a reasonable person in the school community, who does not have personal knowledge of the relevant circumstances, to identify the student with reasonable certainty.

NOTE: Unless the parent/guardian or student who has reached age 18, requests in writing that the District not release information, the student's name, address, and telephone number (if listed) shall be released to Armed Forces recruiters and institutions of higher education upon their request.

STUDENT - Except as otherwise specifically designated by law, "student" shall mean any individual who is or has been in attendance in the District and for whom the District maintains education records.

ATTENDANCE – District "attendance" includes, but is not limited to, attendance in person or by paper correspondence, videoconference, satellite, Internet, or other electronic information and telecommunication technologies for students who are not physically present in the classroom; and the period during which a person is working under a work-study program.

DISCLOSURE - Refers to permitting access to, or release or transfer of, personally identifiable information contained in a student's education record to any party, except the party identified as the provider or creator of the record, by any means, including oral, written, or electronic.

Family Educational Rights and Privacy Act Definitions

EDUCATION PROGRAM - Programs principally engaged in the provision of education, including, but not limited to, early childhood education, elementary and secondary education, postsecondary education, special education, job training, career and technical education and adult education, and any program that is administered by an educational agency or institution.

EARLY CHILDHOOD EDUCATION PROGRAM - A Head Start program, a state licensed or regulated child care program, or a program that serves children from birth through age six (6) that addresses the children's cognitive, social, emotional and physical development and is a (a) state prekindergarten program; (b) a program authorized under the Individuals with Disabilities Education Act; or (c) a program operated by a local education agency.

REFERENCES:

34 C.F.R. Part 99, 20 U.S.C. 1232g
P. L. 114-95, (Every Student Succeeds Act of 2015)

Review/Revised:9/5/2017

Family Educational Rights and Privacy Act

The following rules and procedures shall be complied with relative to disclosure of student records:

1. The District shall annually notify parents of students currently in attendance, or eligible students currently in attendance, of their rights under the Family Educational Rights and Privacy Act (FERPA).

   The notification also shall be furnished to parents of all new students and to all new eligible students by the Principal at the time of enrollment.

2. Unless the parent or student who has reached age 18 requests in writing that the District not release information, the student's name, address, and telephone number (if listed) shall be released to Armed Forces recruiters and institutions of higher education upon their request.

   Subject to federal opt-out rights, directory information shall be made available to Armed Forces recruiters and institutions of higher education on the same basis as it is provided to the public.

3. Parents or eligible students who wish to review educational records may make a request on the appropriate form. Forms are available at the school and in the Central Office. Access shall be provided within a reasonable time frame, not to exceed forty-five (45) calendar days of District receipt of the request. Because, a shorter timeline is required in certain situations involving IDEA students, staff shall adhere to the District's special education procedures for responding to such requests.

   If circumstances effectively prevent a parent or eligible student from exercising inspection rights, copies of the requested records shall be provided within the above stated time frame.

   Until any questions are resolved, no student record held by the District shall be discarded when the record is under an outstanding request to inspect or review.

4. School authorities shall make a documented effort to notify the parent or eligible student prior to complying with a court order or subpoena that directs the disclosure of information concerning the student. In compliance with FERPA, notice to the parent is not required when a court order directs that the parent/eligible student is not to be notified, or when the order is issued in the context of a dependency, neglect, or abuse proceeding in which the parent is a party.

   As noted in the District's annual FERPA notice, parent consent/notification is not required to release student records to another school district or post-secondary institution in which a student seeks or intends to enroll or is already enrolled.

5. The District shall disclose personally identifiable student information to an organization designated to conduct a study for or on behalf of the District only when a written agreement has been established with the organization. Such disclosure does not require parent/eligible student consent.

6. The parent or eligible student must sign a request and consent form before a student's records are to be transferred to an agency or individual not authorized under law to receive them.

Family Educational Rights and Privacy Act

7. A log shall be maintained of student records requests and disclosures, including emergency disclosures in response to an actual, impending, or imminent articulable and significant health/safety threat. The log requirement does not apply to the following:
   a. Disclosures made to parents or eligible students,
   b. Records released pursuant to written consent,
   c. Access by school officials and others having a legitimate educational interest under FERPA,
   d. Disclosure to a party with written consent from a parent or eligible student,
   e. Disclosures of directory information, or
   f. Disclosures of records made pursuant to a subpoena or court order where a court order or other law provides that the parent or student are not to be notified.
8. A challenge to the records may take the form of an informal discussion among the parents, student, and school officials. Any agreement between these parties shall be reduced in writing, signed by all parties, and placed in the student's records.
9. Upon request, the Superintendent/designee shall, arrange for a record amendment hearing in compliance with 702 KAR 001:140.

RELATED PROCEDURES:

All 09.14 procedures

Review/Revised:9/5/2017

Notification of FERPA Rights

Distribute this notice annually to parents and students.

The Family Educational Rights and Privacy Act (FERPA) affords parents and "eligible students" (students 18 years of age or older or students who are attending a postsecondary institution) certain rights with respect to the student's education records. They are:

1. ***The right to inspect and review the student's education records within forty-five (45) days of the day the District receives a request for access.***

   Parents or eligible students should submit to the school Principal/designee a written request that identifies the record(s) they wish to inspect. The Principal will make arrangements for access and notify the parent or eligible student of the time and place where the record(s) may be inspected.

2. ***The right to inspect and review logs documenting disclosures of the student's education records.***

   Except for disclosure to school officials, disclosures related to some judicial orders or lawfully issued subpoenas, disclosures of directory information, and disclosure to the parent or eligible student, FERPA regulations require the District to record the disclosure.

3. ***The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate, misleading, or in violation of the student's privacy or other rights.***

   Parents or eligible students may ask the District to amend a record that they believe is inaccurate, misleading, or in violation of privacy or other rights. They should write the school Principal, clearly identify the part of the record they want changed, and specify why it is inaccurate, misleading, or in violation of their privacy or other rights.

   If the District decides not to amend the record as requested by the parent or eligible student, the District will notify the parent or eligible student of the decision and advise him\her of the right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

4. ***The right to provide written consent prior to disclosure of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent.***

   Exceptions that permit disclosure without consent include:

   a. Disclosure to school officials with legitimate educational interests. A "school official" is a person employed by the District as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the school Board; a volunteer, or an outside person or company with whom the District has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist); or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his/her tasks.

      A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his/her professional responsibility to the District.

      This may include contractors, consultants, volunteers, and other parties to whom the District has outsourced services or functions.

Notification of FERPA Rights

b. Upon request, disclosure of education records without parent/eligible student notice or consent to officials of another school district or post-secondary institution in which a student seeks or intends to enroll or is already enrolled or to other entities authorized by law so long as the disclosure is for purposes related to the student's enrollment or transfer.

c. Disclosure of information to those whose knowledge of such information is necessary to respond to an actual, impending, or imminent articulable and significant health/safety threat.

d. Disclosure to state and local educational authorities and accrediting organizations, subject to requirements of FERPA regulations.

Designated Kentucky State agencies may be permitted access to student record information, which will depend on the authority granted to their particular agency.

5. ***The right to notify the District in writing to withhold information the Board has designated as directory information as listed in the annual directory information notice the District provides to parents/eligible students***.

To exercise this right, parents/eligible students shall notify the District by the deadline designated by the District.

6. The right to prohibit the disclosure of personally identifiable information concerning the student to recruiting representatives of the U. S. Armed Forces and its service academies, the Kentucky Air National Guard, the Kentucky Army National Guard and institutions of higher education.

Unless the parent or student who has reached age 18 requests in writing that the District not release information, the student's name, address, and telephone number (if listed) shall be released to Armed Forces recruiters and institutions of higher education upon their request.

7. ***The right to file a complaint with the U.S. Department of Education concerning alleged failures by the District to comply with the requirements of FERPA.*** The name and address of the Office that administers FERPA is:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202-4605

Review/Revised:9/5/2017

Notification of PPRA Rights

Distribute this notice annually to parents and students.

The Protection of Pupil Rights Amendment (PPRA) affords parents and eligible students (those who are 18 or older or who are emancipated minors) certain rights regarding conduct of surveys, collection and use of information for marketing purposes, and certain physical examinations. These include the right to:

- **Consent before minor students are required to submit to a survey, analysis, or evaluation** that concerns one (1) or more of the following protected areas ("protected information survey") if the survey is funded in whole or in part by a program of the U.S. Department of Education:
    1. Political affiliations or beliefs of the student or student's parent;
    2. Mental or psychological problems of the student or student's family;
    3. Sex behavior or attitudes;
    4. Illegal, anti-social, self-incriminating, or demeaning behavior;
    5. Critical appraisals of others with whom respondents have close family relationships;
    6. Legally recognized privileged relationships such as with lawyers, physicians, or ministers;
    7. Religious practices, affiliations, or beliefs of the student or the student's parents; or
    8. Income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program).
- **Receive notice and an opportunity to opt a student out of**:
    1. Any other protected information survey, regardless of funding;
    2. Any non-emergency, invasive physical exam or screening required as a condition of attendance, administered by the school or its agent, and not necessary to protect the immediate health and safety of a student (except for any physical exam or screening permitted or required under state law); and
    3. Activities involving collection, disclosure, or use of personal information obtained from students for marketing or to sell or otherwise distribute the information to others. **NOTE**: If the parent/eligible student has indicated no directory information is to be provided to third parties or if the marketing activity involves provision of social security numbers, consent form 09.14 AP.122 should be used.
- **Inspect, upon request and before administration or use:**
    1. Protected information surveys to be used with students;
    2. Instruments used to collect personal information from students for any of the above marketing, sales, or other distribution purposes; and
    3. Instructional material used as part of the educational curriculum.

Notification of PPRA Rights

The District shall annually provide parents and eligible students notice of these rights under law in the Student Handbook, the District *Code of Acceptable Behavior and Discipline*, or other avenue designated by the Superintendent/designee.

The District shall also notify parents and eligible students at least annually at the start of each school year of the specific or approximate dates of the activities listed above. A new or supplemental notice shall be given as necessary to provide the opportunity to consent or opt out under the standards set forth above. Parents/eligible students who believe their rights have been violated may file a complaint with:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Ave., SW
Washington, D. C. 20202-8520

Review/Revised:9/5/2017

Student Directory Information Notification

Consistent with the Family Educational Rights and Privacy Act (FERPA), parents (or students 18 or older) may direct the District not to disclose directory information listed below. We are required to disclose a student's name, address, and telephone listing at the request of Armed Forces recruiters or institutions of higher education, unless a parent or student who has reached age 18, requests that this information *not* be disclosed.
Information about the living situation of a homeless student is not considered directory information.

_____
Date

Dear Parent/Eligible Student,

This letter informs you of your right to direct the District to withhold release of student directory information for _____. Following is a list of items that the District considers
Student's Name
student directory information. If you wish information to be withheld, please choose one (1) of the two (2) options below in both Sections I and II. Choose Option 1 if the District may not release any item of directory information; Option 2, if the District may release only selected items of information. Then check those items that may be released. Please be advised that parents cannot prevent the school from using directory information on District-issued ID cards or badges.

If we receive no response within thirty (30) days of the date of this letter, all student directory information will be subject to release without your consent. If you return this signed form on time, we will withhold the directory information consistent with your written directions, unless disclosure is otherwise required or permitted by law. Once there has been an opt-out of directory information disclosure, the District will continue to honor that opt-out until the parent or the eligible student rescinds it, even after the student is no longer in attendance.

<table>
<tr><th colspan="3">Student Directory Information Listing</th></tr>
<tr><td colspan="2">Section I
Release to Third Parties other than Armed Forces Recruiters and Institutions of Higher Education
(Parent or student who has reached age 18 may sign below to direct the District to withhold information in this section.)</td><td>Section II
Armed Forces Recruiters & Institutions of Higher Education
(Parent or student who has reached age 18 may sign below to direct the District to withhold information in this section.)</td></tr>
<tr><td colspan="2">CHOOSE ONE OF THE OPTIONS BELOW:
☐ Option 1: The District MAY NOT RELEASE ANY information listed below.
☐ Option 2: The District MAY RELEASE ONLY the information checked below.</td><td>Choose one of the Options below:
☐ Option 1: The District MAY NOT RELEASE ANY information listed below.
☐ Option 2: The District MAY RELEASE ONLY the information below.</td></tr>
<tr><td colspan="2">If you choose Option 2, check the item(s) of information listed below that the District may release.</td><td></td></tr>
<tr><td>☐ Student's name
☐ Student's address
☐ Student's school email address
☐ Student's telephone number
☐ Student's date and place of birth
☐ Student's major field of study
☐ Information about the student's participation in officially recognized activities and sports</td><td>☐ Student's weight and height (if a member of an athletic team)
☐ Student's dates of attendance
☐ Degrees, honors and awards the student has received
☐ Student's photograph/picture
☐ Most recent educational institution attended by the student
☐ Grade level</td><td>• Student's name
• Student's address
• Student's telephone number (if listed)</td></tr>
</table>

NOTE: IF DIRECTED TO WITHHOLD A STUDENT'S NAME, GRADE LEVEL, OR PHOTOGRAPH, <u>THAT INFORMATION WILL NOT BE INCLUDED</u> IN ANY SCHOOL OR DISTRICT PUBLICATION RELEASED TO THE PUBLIC. A PARENT WISHING TO PERMIT SUCH INFORMATION ABOUT HIS/HER CHILD (NAME, PICTURE, ETC.) TO BE INCLUDED IN A SCHOOL OR DISTRICT PUBLICATION (YEARBOOK, SPORTS PROGRAM, ETC.) THAT IS SOLD FOR FUND-RAISING PURPOSES MUST PROVIDE WRITTEN CONSENT FOR SUCH PURPOSES.

_____ _____
Parent/Student Signature ***Date***

Review/Revised:9/5/2017

PPRA Forms

OPT-OUT FOR SPECIFIC ACTIVITIES

(For activities **not** funded in whole or in part by the United States Department of Education)

Dear Parent/Guardian,

For your convenience you will find attached a copy of our school district's "Notification of Protection of Pupil Rights Amendment" (PPRA) procedure 09.14 AP.112.

On _____ at _____
Date *Name of School/Site*
there will be a protected information survey conducted. This activity consists of:

Description: _____

_____

If you do **not** want your child(ren) to participate, please sign below and return the form to your Principal/designee by _____
Five (5) days before activity or as directed

OPTIONAL: You may also opt out of the activity by calling or e-mailing your Principal/designee no later than _____ at _____ or
Five (5) days before activity or as directed *Phone*

_____
E-mail Address

If you do not indicate your decision to opt out by the date set forth above, the student will be permitted to participate in the activity.

If you wish to review any survey instrument or instructional material used in connection with any protected information or marketing survey, please submit a request to your Principal/designee. You will be notified of the time and place where you may review these materials. You may review a survey and/or instructional materials before survey is administered to a student.

As the parent/guardian, I do not want my child(ren), as noted below, to participate in the activity designated above and, by signing and returning this form, indicate my decision to opt them out of the activity.

STUDENT (PRINT NAME)	SCHOOL	GRADE

_____ _____
Parent Signature *Date*

PPRA Forms

CONSENT FOR SPECIFIC ACTIVITIES

(For activities funded in whole or in part by the United States Department of Education)

Dear Parent/Guardian,

For your convenience you will find attached a copy of our school district's "Notification of Protection of Pupil Rights Amendment" (PPRA) procedure 09.14 AP.112.

On _____ at _____
Date *Name of School/Site*
there will be a survey, analysis, or evaluation, and your consent is required so that your child(ren) may participate. This activity consists of:

Description: _____

_____

Please sign below in the event you consent to your child(ren)'s participation and return this form to your Principal/designee by _____.
Five (5) days before activity or as directed

If you would like to review any survey instrument or instructional material used in connection with any protected information or marketing survey, please submit a request to your Principal/designee. You will be notified of the time and place where you may review these materials. You may review a survey and/or instructional materials before the survey is administered to a student.

As the parent/guardian, I give my consent for my child(ren), as noted below, to participate in the activity designated above.

STUDENT (PRINT NAME)	SCHOOL	GRADE

_____ _____
Parent Signature *Date*

Review/Revised:9/5/2017

Request to Inspect, Amend, or Destroy Student Educational Records

CHECK ONE:

☐ Request to inspect and review educational records

☐ Request amendment of educational records

☐ Request hearing to challenge educational records

☐ Request destruction of records

Specify the educational record(s) _____

I hereby make the above request concerning the education records of

_____ _____
Student's Name ***Date of Birth***

I ☐ am ☐ am not satisfied with the accuracy of the record(s). I realize I may request that records which are inaccurate, misleading, or violative of other rights of the student be amended.

Describe below the specific information in the records for which amendment/hearing is requested and the reason for the request: _____

_____

(USE BACK OF PAGE IF ADDITIONAL SPACE IS REQUIRED.)

I certify that I am the parent, legal guardian or am acting as a parent under FERPA of the student named above, or that I am at least 18 years of age making the above request concerning my own school records.*

_____ _____
Parent/Guardian's or Student's Signature ***Date***

* Living in the student's home in the absence of the parent on a day-to-day basis

You may review the records of _____ at _____
Student's Name ***Location***

between the hours of _____ AM and _____ PM on _____ _____.
Month & Day *Year*

Failure to appear at the time and place designated above will require requesting party to make arrangements to view record(s) at an alternate time and place.

_____ _____ _____
Custodian of Records/designee's Signature ***Title*** ***Date***

NOTE: Except when individuals designated by the Superintendent are reviewing student records, an authorized school employee shall provide appropriate supervision while records are being inspected.

Review/Revised:9/5/2017

Student Record Logs

INSPECTION/RELEASE TO OTHER AGENCIES/DISTRICTS

Student's Name: _____ Date of Birth: _____

NOTES:

- Any agency or individual inspecting, reviewing, or receiving copies of any student records under the authority of the Family Educational Rights and Privacy Act, is cautioned that the Act provides that personal information shall only be transferred to a third party on the condition that such party will not permit any other party to have access to such information except as allowed by law.
- This form need not be completed for disclosures made to parents or eligible students, records released to District employees having a legitimate educational interest under FERPA, records released pursuant to written parent or eligible student consent, release of directory information, or disclosures of records made pursuant to a subpoena or court order where a court order, issuing agency, or other law provides that other individuals are not to be notified.
- KDE uploads District student records on a daily basis.

Date of Request	Name of Requesting Agency/District/Individual	Legitimate Interest	Records Accessed/Released	DISTRICT RESPONSE: #1 Copied Provided #2 Records Inspected/Reviewed #3 Request Denied	Employee Initials/Date
				☐ 1 ☐ 2 ☐ 3	/
				☐ 1 ☐ 2 ☐ 3	/
				☐ 1 ☐ 2 ☐ 3	/
				☐ 1 ☐ 2 ☐ 3	/
				☐ 1 ☐ 2 ☐ 3	/
				☐ 1 ☐ 2 ☐ 3	/
				☐ 1 ☐ 2 ☐ 3	/
				☐ 1 ☐ 2 ☐ 3	/
				☐ 1 ☐ 2 ☐ 3	/

Student Record Logs

EMERGENCY RELEASE DOCUMENTATION

As required by the Family Educational Rights and Privacy Act (FERPA), for each instance of employee disclosure of information from this student's educational record made in response to an actual, impending, or imminent articulable and significant health/safety threat, documentation shall be made as follows:

INFORMATION DISCLOSED	EMPLOYEE INITIALS/DATE	BASIS FOR DISCLOSURE	RECEIVING PARTY(IES)
	/		
	/		
	/		
	/		
	/		
	/		
	/		

Review/Revised:9/5/2017

Request for Educational Records

THIS FORM IS TO BE USED BY THE SCHOOL OF CURRENT ATTENDANCE TO REQUEST EDUCATIONAL RECORDS FROM THE SCHOOL OF PREVIOUS ENROLLMENT.

_____

(Date)

_____

(School Last Attended)

_____

(Address)

_____

(City, State, ZIP)

Please send the educational records of the following student(s):

(Student Name)	***(Grade)***	***(Birthdate)***
(Student Name)	***(Grade)***	***(Birthdate)***
(Student Name)	***(Grade)***	***(Birthdate)***

☐ Please include disciplinary records with regards to suspension and expulsion.

These records should be sent to the following address:

_____

(Present School)

_____

(Address)

_____

(City, State, ZIP)

_____

Principal/Designee's Signature

This transfer is provided for in the Family Educational Rights and Privacy Act, as amended. Regulations do not require an acknowledgment from the parent or eligible student that s/he has received notification before records may be released to other educational institutions.

RELATED PROCEDURE:

09.14 AP.231

Review/Revised:9/5/2017

Designation and Agreement for Disclosure to Authorized Representatives

This designation and agreement form shall be completed prior to District release of personally identifiable student record information to outside individuals/entities concerning Federal or State supported programs.

AUTHORIZED REPRESENTATIVE: _____

PERSONALLY IDENTIFIABLE INFORMATION (PII) TO BE DISCLOSED:

PURPOSE:

The purpose of records release is to carry out activities in connection with Federal or State supported education programs as indicated below:

☐ Audit ☐ Evaluation ☐ Enforcement ☐ Compliance

DESCRIPTION OF THE ACTIVITY FOR WHICH RECORDS WILL BE USED: DESCRIPTION OF HOW THE INFORMATION WILL BE USED:

NOTE: The authorized representative designated herein shall not release the subject information to anyone other than its authorized representatives who have a legitimate interest in the activity set out in this agreement.

RECORDS DESTRUCTION:

The authorized representative shall destroy the PII when no longer needed for the purpose specified herein.

- The method used to destroy records shall be by physical destruction.
- The subject information shall be destroyed by: _____ (date)

Please sign, date and return to our District a copy of this document, which shall signify your individual or your entity's agreement with all terms set out in this document.

_____ _____

Signature of Custodian of District Records ***Date***

_____ _____

Signature of Individual/Entity Representative ***Date***

Review/Revised:9/5/2017

Release of Records to State Child Welfare Agency

In order to facilitate the proper transfer, enrollment and educational placement of a child placed in foster care, authorized representatives of a child welfare agency (Cabinet for Health and Family Services) who must be authorized to access the child's case plan may be granted access to student records without parental consent if such agency presents to the District an official court order placing the student whose records are requested under the care and protection of said agency. This form provides access to student records that may be granted on a confidential basis to a child-caring facility or child-placing agency case manager for the same purposes where Cabinet officials with authorized access as stated above certify in writing that such persons or entities are acting in a representative capacity for the Cabinet, are responsible for care of the child, and are authorized to access the child's case plan. Any persons/agencies receiving access to education records as provided above are prohibited by federal law from releasing a child's education records to any individual or entity, except those engaged in addressing the child's educational needs. All applicable information in the below form must be provided/completed.

On behalf of the _____ (agency), I am requesting access to and/or release of information in the educational records of the following student enrolled in the District:

_____ _____

Name of Student *School*

SPECIFIC INFORMATION REQUESTED

☐ All cumulative records

☐ Attendance record only

☐ Grade records only

☐ Standardized test data only

☐ Other: _____

I understand that I and my agency are prohibited by federal law from releasing a child's education records to any individual or entity, except for those at my agency engaged in addressing that child's educational needs.

I also understand that if the United States Department of Education determines that a third party outside the educational agency or institution discloses educational record information in violation of the law, the educational agency or institution may not allow that third party access to personally identifiable information from education records for at least five (5) years.

By virtue of my signature, I certify:

- I am a representative/caseworker for the following state child welfare agency: _____;
- This agency is responsible under state law for care and protection of the student as provided in the court order referenced below;
- A case plan for the student has been established or is in process for the student; and
- As representative/caseworker I have the right to access such case plan.

CONTACT INFORMATION

_____ _____ _____

Signature of Requesting Individual *Title* *Date*

Telephone Number _____ Email Address _____

Release of Records to State Child Welfare Agency

CERTIFICATION REGARDING CHILD CARING OR PLACING AGENCIES (IF APPLICABLE)

On behalf of the Cabinet, I additionally confirm that the following individuals/agencies are serving the child as representatives of the Cabinet, are responsible for the care of the child, are authorized to access the child's agency case plan and that access to educational records as checked above is necessary in order to facilitate the transfer, enrollment and educational placement of the child.

Name: _____Position:_____ Signature:_____
(on behalf of the Kentucky Cabinet for Health and Family Services)

Date:_____

Contact Information:_____
Telephone/Address/Email Address

☐ Child-caring facility_____

Name: _____Position:_____ Signature:_____

Date:_____

Contact Information:_____
Telephone/Address/Email Address

☐ Child placing facility case manager_____

Name: _____Position:_____ Signature:_____

Date:_____

Contact Information:_____
Telephone/Address/Email Address

Persons/agencies receiving access to education records as signing above acknowledge they are prohibited by federal law from releasing a child's education records to any individual or entity, except those engaged in addressing the child's educational need and that if the United States Department of Education determines that a third party outside the educational agency or institution discloses educational record information in violation of the law, the educational agency or institution may not allow that third party access to personally identifiable information from education records for at least five (5) years.

(THE SECTION BELOW TO BE COMPLETED BY DISTRICT RECORDS CUSTODIAN/DESIGNEE)

- ❑ The District has an attested or certified original court order placing the student whose records are released under the care and protection of the requesting agency, which order is still in effect.
- ❑ The requesting individual presented appropriate credentials and identification.
- ❑ Payment has been made for any copies requested.

The requesting individual was notified of the following on _____ (date):

- The request was ☐ approved ☐ not approved.
- If approved, the records will be available on _____ (date).

_____ _____
Signature of Records Custodian/Designee *Date*

Review/Revised:8/18/2020

Release/Inspection of Student Records

TO THIRD PARTY

Date: _____

Name of School: _____

The _____Schools are hereby authorized to:

☐ Release or copy ☐ Permit the inspection of

the records listed below for _____, who was born on
Student's Name

_____. The individual or agency to whom this information is to be released is _____.

I understand that the records affected are checked below, along with the reason(s) for the requested release or authorization to inspect.

RECORDS (including electronic)	**PURPOSE**
☐ All cumulative records	
☐ Attendance record only	
☐ Grade records only	
☐ Standardized test data only	
☐ Special education records only	
☐ Other: _____	

This release is effective only for the specified records or types of records (including electronic) on hand as of the date you sign below UNLESS you specifically authorize further release of the specified records or types of records as follows. (Check and initial ONE of the following.)

☐ I authorize **on-going release** of the specified records or types of records to the entity/individual specified until student reaches age of 18 unless earlier revoked in writing. (Initials _____)

☐ I authorize release of the specified records or types of records until the end of the present school year (June 30th) unless earlier revoked in writing. (Initials _____)

_____ _____
Signature of Parent/Guardian or Individual Acting as Parent under FERPA* ***Date***

_____ _____
Signature of Student, 18 or Older or Attending Post-secondary Institution ***Date***

*Living in the student's home in the absence of the parent on a day-to-day basis

Review/Revised:9/5/2017

Publication Consent Form

PLEASE COMPLETE THIS FORM AND SUBMIT IT TO THE SCHOOL.

Dear Parent/Guardian:

At some time during the school year, school/District personnel or other District-authorized persons may videotape or photograph classroom activities or special projects in which your child participates during or after the school day for public awareness or fund-raising purposes.

This form covers permission for the District to record and use the recorded image, voice, or work of the student (photographed, filmed, taped, or digitally recorded) for public awareness purposes, including publication on the school and/or District's web site and in school yearbooks.

Please review this form carefully, sign and date the form, and submit the form to the school.

Once signed and dated, this form shall remain in effect for your child's enrollment in the District schools. However, at any time during the school year, you may amend this form only for future uses/preferences by notifying the Principal in writing of your request.

As the parent(s)/guardians(s) of _____, I/we give the
Student's Name
_____ School District permission to release my/our child's name,
District's Name
photograph, work, and/or audio/video reproduction for publication to the general public concerning school functions and activities, including academic and athletic activities.

Name of Parent(s)/Guardian(s) (Please print.) _____

_____ _____
Parent/Guardian's Signature Date

NOTE: If the recorded image, voice, or work of a student is to be included in a publication as part of a commercial or for-profit fund-raising endeavor, affirmative authorization of the parent/guardian or eligible student must be obtained.

Review/Revised:9/5/2017

Student Fees

SCHEDULE APPROVED ANNUALLY

If student fees are charged, a schedule of fees shall be reviewed and approved annually by the Board. The approved schedule shall be published in student handbooks or other written notice, as appropriate.

NO CHILD DENIED

Students will not be denied access to any educational program due to an inability to pay a fee, purchase school supplies, or rent or purchase instructional resources.

PRINCIPAL'S RESPONSIBILITY

Principals shall determine those students who qualify for free school supplies and instructional resources as follows:

1. Principals shall use the guidelines of the free and reduced-price lunch program to determine the inability of students to rent instructional resources, pay fees, and purchase necessary school supplies.*
2. During the first week of school, the Principal shall send to the parents of each student the eligibility guidelines for free and reduced-price lunches. The eligibility guidelines form shall include a statement that if the student qualifies for free or reduced-price lunches, s/he also qualifies for free necessary school supplies.
3. Parents shall be informed that they must complete the required documentation to be eligible for exemption from payment of fees for necessary school supplies.

*If a school or District participates in the Community Eligibility Provision (CEP) meal program, the Principal shall use the Household Income Form (HIF) to determine the inability of students to rent instructional resources, pay fees, and purchase necessary school supplies.

SBDM

In SBDM schools, councils shall provide free supplies and/or instructional resources from funds allocated to the school.

Review/Revised:9/5/2017

Application for Waiver of Fees

Student's Name _____ _____ _____
Last Name *First Name* *Middle Initial*
Student's Address _____ _____ _____
City *State* *ZIP Code*
Student's Age _____ **Date of Birth** _____ **Sex** _____ **Student's Phone Number** _____

School _____ **Grade** _____ **Homeroom/Classroom** _____

Name of Parent/Guardian _____

Address of Parent/Guardian _____

Home Telephone _____ If none, number of nearest neighbor _____

In the chart below, list the Name, Birthdate, School, and Grade for **all other** children in the home:

NAME	BIRTHDATE	GRADE	SCHOOL ATTENDING

Employment Status of Parent/Guardian:

Mother: ☐ Employed ☐ Unemployed

Employer's Name _____ Address _____

Father: ☐ Employed ☐ Unemployed

Employer's Name _____ Address _____

Gross Family Income from last Income Tax Return _____

1. Is the family presently receiving or eligible to receive any type of financial aid from the Kentucky Cabinet for Health & Family Services? ☐ YES ☐ NO
2. If your child is granted free/reduced price meal status, do you grant permission for school food service personnel to disclose that information to the following District personnel for the sole purpose of determining if your child is eligible for a fee waiver for such activities as textbook rental and field trip fees, etc.?
   - School administrators
   - Other District personnel, such as activity sponsors, who do not otherwise have access to information in connection with the School Nutrition program. ☐ YES ☐ NO

Application for Waiver of Fees

3. If your child is eligible under the Community Eligibility Provision (CEP), do you grant permission for the FRAM coordinator to disclose that information to the following District personnel for the sole purpose of determining if your child is eligible for a fee waiver for such activities as textbook rental and field trip fees, etc.?
   - School administrators
   - Other District personnel, such as activity sponsors, who do not otherwise have access to information in connection with the Community Eligibility Provision. ☐ YES ☐ NO

- Failure to sign this consent statement will not affect your child's eligibility or participation for the program.
- The recipient will be required to maintain confidentiality of the information.

Comments: _____

_____ _____
Parent/Guardian's Signature ***Date***

APPLICATION ☐ APPROVED ☐ DENIED _____ _____
Central Office Designee's Signature ***Date***

Review/Revised:9/5/2017

Notice of Returned Check

Date: _____

Dear _____

Name of parent/guardian

This is to inform you that the check you submitted for payment of your child's fee(s), check number _____, dated _____, drawn on account number _____ with the following banking institution, _____, has been returned for the following reason:

- ☐ Insufficient funds
- ☐ Uncollected Funds
- ☐ Closed account
- ☐ Other, as specified _____

We have submitted this check for payment on two (2) different occasions, and the check was returned both times. Please send cash or a money order in the amount of $ _____ to clear the bill. We will return your check upon receipt of this amount. If you have any questions, please contact me at the following number: _____

School telephone number

If you have not contacted me or submitted the amount indicated in this correspondence within ten (10) working days from the date of this letter, I will recommend to our attorney to pursue appropriate action.

Sincerely,

_____

Principal's Signature

xc: Other as specified _____

Review/Revised:9/5/2017

Notice of Past Due Account

☐ First Notice ☐ Second Notice*

Date: _____

Dear _____
Name of parent/guardian

This is to inform you that the _____ has been past due since
Account Name/Number
_____ and the fee(s) amounting to _____
Inclusive Dates ***Amount***
need to be submitted to my office as soon as possible.

If you have any questions regarding this matter, please contact me at the following number: _____.
S***chool telephone number***

*If you have not contacted me or submitted the amount indicated in this correspondence within ten (10) working days from the date of the second notice, I will recommend to our attorney to pursue appropriate action.

Sincerely,

_____
Principal's Signature

xc: Other as specified _____

Review/Revised:9/5/2017

Health Requirements and Services

Student health and safety shall be accomplished in accordance with state statutes and regulations and the policies and procedures listed below.

SCREENING TESTS

Physical assessments of students shall be conducted as follows:

GROWTH & DEVELOPMENT	PROVIDED BY
Preschool	Health Provider
Kindergarten	County Health Department
Grade 5	School Nurse
VISION	**PROVIDED BY**
Preschool	County Health Department
Kindergarten	School Nurse
Third year primary	
Grade 5	
HEARING	**PROVIDED BY**
Preschool	County Health Department
Kindergarten	School Nurse
Second year primary	
Third year primary	

ABNORMALITIES REPORTED

Any abnormalities found that need further medical evaluation shall be reported to the parents and recorded on the school health record. Referrals of students affected by health barriers shall be made, as appropriate, to family resource/youth service centers and/or support agencies for assistance.

HEALTH SERVICES REFERENCE GUIDE

District personnel shall utilize guidelines and forms provided in the Health Services Reference Guide published by the Kentucky Department of Education to address the following:

1. Pupil's cumulative health record
2. General growth and development
3. Vision screening
4. Hearing screening
5. Physical education medical information
6. Preventive health care examinations form(s) as provided by the Kentucky Department of Education

HEALTH RECORDS

Cumulative health records shall be initiated and maintained in the Principal's office or maintained electronically in the student information system.

Health Requirements and Services

RELATED POLICIES:

03.14, 03.24
09.21, 09.211, 09.22, 09.224, 09.2241

RELATED PROCEDURES:

09.224 and 09.2241 procedures

Review/Revised:9/5/2017

Preventive Student Health Care Examination Forms

Preventive student health care examinations for students must be completed using the form required by Kentucky Administrative Regulation ("Preventive Student Health Care Examination Form") or an electronic medical record that includes all of the data equivalent to that on the Preventive Student Health Care Examination form.

Review/Revised:9/5/2017

Prevention/Control of Head Lice in Schools

School personnel shall actively pursue the prevention and control of head lice in the District's schools by developing a consistent education, screening and follow-up program for all students.

Principals and school personnel trained to identify live lice shall adhere to the following guidelines:

1) When students are observed/reported to have live head lice any time during the school year:
   a. Playmates closely associated with the student and possibly siblings of the student that attend the same school may be checked for live lice, which are defined by the Centers for Disease Control and Prevention as crawling lice. In general, school-wide checks are not necessary.
   b. Parents of each student identified as having live lice will be contacted by a school/District representative advising them of the finding.
2) Principals or school/District personnel shall offer parents of students identified as having live lice:
   a. Visual evidence of live lice in the student's hair.
   b. Verbal and/or written information/direction for hair treatment and household procedures.
3) In most cases, students should not be excluded from school. However, in all instances when personnel identify live lice, they shall confirm with the student and/or parent/guardian that the following have occurred:
   a. The parent/guardian has combed the student's hair with an actual lice/nit comb or applied special lice killing shampoo on the same or next day.
   b. When the student returned to school after treatment, designated school personnel rechecked the student before s/he returned to the classroom. If live lice remained, steps 2 and 3 above were re-established.
4) School personnel shall follow up with students found with a second and subsequent cases of live head lice to assure that:
   a. Prescribed medical treatment for live lice has been applied to the student's hair no later than the next day.
   b. Any second application required is applied within the recommended time frame.
5) The Superintendent/designee shall:
   a. Establish education/information programs on head lice control methods for school personnel, community members, students and parents.
   b. Provide each school with written materials on head lice control and prevention.

Review/Revised:9/5/2017

Exposure to Bloodborne Pathogens

The bodily fluid cleanup guidelines that are included in the Bloodborne Exposure Control Plan required by Policies 03.14/03.24 and related procedures will be followed in incidents involving students.

Review/Revised:9/5/2017

Request for Student Health Services and Procedures

(NON-MEDICATION NEEDS ONLY)

The District provides health services to students so that their attendance and/or school-related program participation is not interrupted.

If your child requires a specific health service or procedure, please obtain the information below from your child's physician/health care provider and return this completed form to: _____.

Please be advised that District personnel will review the information provided for possible Section 504 or IDEA service considerations.

STUDENT'S NAME _____ **DOB**_____

STUDENT'S SCHOOL _____

_____ _____

Parent/Guardian or Student 18 or Older Signature *Date*

TO BE COMPLETED BY PHYSICIAN/HEALTH CARE PROVIDER:

Duration of service/procedure: ☐_____ school year ☐ until treatment is changed.

Describe the service/procedure in detail and include any specific instructions. (Please use the back of this form if needed, and sign at the end of your additional comments.) _____

_____

_____

Times to be administered: _____

_____ _____

Physician/Health Care Provider Signature *Date*

_____ _____

Physician/Health Care Provider Address *Date*

TO ASSURE COMPLIANCE WITH HIPAA REQUIREMENTS, SUBMIT THE ATTACHED "REQUEST FOR PROTECTED HEALTH INFORMATION" FORM TO YOUR HEALTH CARE PROVIDER OR USE THE HIPAA FORM REQUIRED BY THAT PROVIDER.

RELATED PROCEDURES:

03.111 AP.21; 09.2241 (all medication-related procedures)

Review/Revised:9/5/2017

Supervision of Students

RESPONSIBILITY

Principals shall develop and implement a system of supervision to address students as they enter and leave the bus at school.

Schools may use authorized personnel in supervisory capacities in the following areas:

1. Bus loading and unloading;
2. Meals;
3. Halls, restrooms, and playgrounds;
4. Time before and after the school day;
5. Field trips and other school activities; and
6. Other as needed.

REFERENCE:

702 KAR 005:030

Review/Revised:9/5/2017

Documentation of Reporting Required by Law

(FOR INTERNAL ADMINISTRATIVE TRACKING PURPOSES ONLY)

This form shall be used to document reports listed in Policy 09.2211 that are required by KRS 158.155 and KRS 158.156. After receiving a report of an alleged violation from an employee, the Principal shall be responsible for documenting the alleged incident. Regardless of the statutory provision under which the alleged incident falls or the reporting requirements of that provision, school employees shall also report the alleged incident to the Principal for documentation.

STUDENT REPORTED FOR VIOLATION _____
Last Name *First Name* *Middle Initial*

General nature of the alleged violation:

_____

_____

On _____, I reported the above incident to:
Date

☐ District law enforcement agency

☐ Local law enforcement agency; specify: _____

☐ Department of Kentucky State Police ☐ County Attorney

☐ The Superintendent, who shall report it to the Board, if required by KRS 158.156

_____ _____
Signature of Principal Reporting *Date*

The following information about the student involved is for internal tracking purposes only:

INFORMATION FOR STUDENT REPORTED:

BIRTHDATE _____ **AGE** _____ **SCHOOL** _____ **GRADE** _____

PARENT/GUARDIAN _____
Last Name *First Name* *Middle Initial*

PARENT/GUARDIAN ADDRESS _____

PARENT/GUARDIAN WORK PHONE _____ **HOME PHONE** _____

If the report concerns an alleged student victim, the following information applies to that student:

ALLEGED VICTIM _____
Last Name *First Name* *Middle Initial*

BIRTHDATE _____ **AGE** _____ **SCHOOL** _____ **GRADE** _____

PARENT/GUARDIAN _____
Last Name *First Name* *Middle Initial*

PARENT/GUARDIAN ADDRESS _____

PARENT/GUARDIAN WORK PHONE _____ **HOME PHONE** _____

Documentation of Reporting Required by Law

(FOR INTERNAL ADMINISTRATIVE TRACKING PURPOSES ONLY)

PARENTAL NOTIFICATION

If their child is involved in an incident related to KRS 158.156, the Principal shall notify parents/guardians in writing.

BOARD NOTIFICATION

For an incident related to KRS 158.156, the Principal shall report only the following information to the Superintendent to share with the Board:

On _____, _____ students were involved in an incident
Date *Number*
reportable under KRS 158.156.

_____ _____
Name of School *Signature of Principal*

RELATED PROCEDURE:

09.438 AP.21

Review/Revised:7/19/2024

Physical Restraint and Seclusion Forms

DOCUMENTATION OF USE

Please attach additional sheets as needed.

STUDENT NAME: **DATE OF USE:**
Description of Physical Restraint or Seclusion Measure Used:
Beginning Time of Measure Used: **Ending Time of Measure Used:**
School Personnel Involved:
Student Behavior Prompting Use:
How Student Behavior Posed Imminent Danger of: ❑ **Physical harm to self/others** _____ ❑ **Property damage, destruction, criminal mischief, theft, or a felony involving use of force** _____ _____ __ ❑ **Disruption of reasonable discipline/order** _____
School Personnel Response to Behavior and Techniques Used:
Events Leading Up to Use of Measure:
Student's Behavior During Restraint or Seclusion and Interactions During Use:
Behavioral Interventions Used Just Prior to Physical Restraint/Seclusion:
Injuries to Student(s), School Personnel or Others:
Effectiveness of Restraint/Seclusion in De-escalating the Situation:
Student Post-Incident Interview Comments:
Planned Future Positive Behavioral Interventions:
Documentation of Referral for Section 504 or IDEA Services (OR BASIS FOR NOT DOING SO):
Date Notice Sent to Parent/Guardian/Authorized Individual Acting as Parent:

Check as applicable:

☐ Parent ☐ Emancipated Youth notified on _____(date) of the five (5) school day timeline to request debriefing session.

Signature of Staff Member Completing Report	*Date Report Provided to Principal*

Physical Restraint and Seclusion Forms

NOTICE TO PARENT

ADMINISTRATIVE NOTE: AS SOON AS POSSIBLE WITHIN TWENTY-FOUR (24) HOURS FOLLOWING EACH INCIDENT INVOLVING USE OF PHYSICAL RESTRAINT OR SECLUSION, NOTICE SHALL BE PROVIDED TO THE PARENT/GUARDIAN OF A STUDENT WHO IS NOT EMANCIPATED EITHER VERBALLY OR BY EMAIL, IF EMAIL IS AVAILABLE TO THE RECIPIENT. IF THE RECIPIENT CANNOT BE REACHED WITHIN TWENTY-FOUR (24) HOURS, A WRITTEN COMMUNICATION SHALL BE MAILED VIA U. S. MAIL. IN ANY EVENT, THIS FORM SHOULD BE COMPLETED AND KEPT ON FILE TO DOCUMENT THE NOTIFICATION.

_____
Date

Dear parent/guardian,

On _____, authorized school personnel used the following with your child:
Date

☐ Seclusion ☐ Physical Restraint

The following is a summary description of the measure used:

_____

_____

This occurrence took place at _____
Location and Time Frame

and was necessary due to the following behavior by your child:

_____

_____

Because the safety of students, school personnel and visitors is our utmost concern, we did not take this action lightly.

Please contact me directly if you have questions about this information or if you want to request a debriefing session. The District must receive such request within five (5) school days from the date you received notice of the use of physical restraint or seclusion. We will do our best to schedule a meeting as soon as practicable, but no later than five (5) school days following receipt of your request, unless we mutually agree otherwise.

I can be reached at _____.
Telephone Number

Sincerely,

_____, _____
Signature Position

Review/Revised:9/5/2017

Emergency Medical Care Procedures

The emergency medical care procedures listed below are to be followed in case of serious accidents and/or sudden illnesses occurring in the schools:

EMERGENCY INFORMATION

Emergency care information for each student shall be filed in the Principal's office. This information is to include:

1. Student's name, address, and date of birth.
2. Parents' names, addresses, and home, work, and emergency phone numbers.
3. Name and phone number of family physician and permission to contact health care professionals in case of emergency.
4. Name and phone number of "emergency" contact (person other than parent/guardian) to reach, if necessary.
5. Unusual medical problems, if any.

MEDICAL EMERGENCY PROCEDURES

The following procedures shall be used in a medical emergency:

1. Administer first aid by a school employee trained in first aid and CPR in accordance with state regulation.
2. Contact the child's parent or other authorized person(s) listed on the school emergency card to:
   a) Inform parent or authorized contact that the child is not able to remain at school.
   b) Indicate the apparent symptoms; however, do not attempt to diagnose.
   c) Advise the contact that s/he may want to contact a health care practitioner regarding the child's condition.
3. Take care of child until parent, health care practitioner, or ambulance arrives.
4. Use emergency ambulance service if needed.
5. Administer medication in accordance with District policy and procedure when ordered by the student's personal health care practitioner.
6. Keep the student in a first aid area if s/he appears to be unable to return to the classroom.
7. Do not allow the student to leave school with anyone other than the parent/ guardian/designee after an accident or when ill.
8. After a child has an accident or becomes ill at school, arrange transportation home with the parent/guardian/designee.
9. Report all emergency situations to the building administrator.
10. Treat students with contagious diseases, including AIDS, according to state guidelines.
11. Employees shall follow the District's Exposure Control Plan when clean-up of body fluids is required.

Emergency Medical Care Procedures

SUPPLIES/PERSONNEL

1. Each school shall have an approved first-aid kit and designated first-aid area.
2. At least two (2) adult employees in each school shall have completed and been certified in a standard first-aid course, including but not limited to, CPR.
3. As provided by Policy 09.224, any school that has a student enrolled with diabetes or seizure disorders, including seizure action plans, shall have on duty during the school day or during any school-related activities in which the student is a participant**,** at least one (1) school employee who is a licensed medical professional, or has been appropriately trained to administer or assist with the self-administration of glucagon, insulin or seizure rescue medication or medication prescribed to treat seizure disorder symptoms approved by the FDA and administered pursuant to a student's seizure action plan, as prescribed by the student's health care practitioner. The training shall also include recognition of the signs and symptoms of seizures and the appropriate steps to be taken to respond to these symptoms.
4. The parent or guardian of each student diagnosed with a seizure disorder shall collaborate with school personnel to implement a seizure action plan, prepared by the student's treating physician, which shall be kept on file in the office of the school nurse or school administrator.
5. Any school personnel or volunteers responsible for the supervision or care of a student diagnosed with a seizure disorder shall be given notice of the seizure action plan, the identity of the school employee or employees trained in the administration of seizure medication, and how they may be contacted in the event of an emergency.

DOCUMENTATION

A complete record of any emergency care provided shall be made and filed with the student's health record. The following information shall be recorded:

1. Time and place accident or illness occurred.
2. Causative factors, if known.
3. Type of care provided and name(s) of person(s) who gave emergency treatment.
4. Condition of the student receiving emergency care.
5. Verification of actual contacts and attempts to contact parent/guardian.
6. List of names of persons who witnessed the accident or illness and the treatment rendered, as appropriate.

RELATED POLICIES:

09.224
09.2241

RELATED PROCEDURES:

09.224 AP.21
09.2241 AP.22
09.2241 AP.23

Review/Revised:7/16/2019

Emergency Information Form

Student's Name _____ _____ _____
Last Name *First Name* *Middle Initial*

Student's Address _____ _____ _____ _____
Street Address/Apt. # *City* *State* *Zip Code*

Student's Age _____ **Date of Birth** _____ **Student's Phone Number** _____

Grade _____ **Teacher (Homeroom)/Classroom** _____ **Bus #** _____

TO BE COMPLETED BY PARENT/GUARDIAN: TO SERVE YOUR CHILD IN CASE OF ACCIDENT OR SUDDEN ILLNESS, IT IS NECESSARY THAT YOU FURNISH THE FOLLOWING INFORMATION:

MOTHER'S NAME _____ _____ _____
Last Name *First Name* *Middle Initial*

Mother's Employer _____ Phone # _____

FATHER'S NAME _____ _____ _____
Last Name *First Name* *Middle Initial*

Father's Employer _____ Phone # _____

GUARDIAN'S NAME _____ _____ _____
Last Name *First Name* *Middle Initial*

Guardian's Employer _____ Phone # _____

In case of emergency, accident, or serious illness of the above named child, I request the school to contact me. If school personnel are unable to contact me, I hereby authorize them to call the following people who are authorized to pick up my child from school or a school-sponsored activity:

_____ _____ _____
Name ***Phone Number*** ***Relationship***

_____ _____ _____
Name ***Phone Number*** ***Relationship***

Doctor's Name: _____ Phone # _____

Address: _____

If it is impossible to contact the physician named above, I hereby authorize the school to take action necessary to maintain the student's health.

_____ _____
Signature of Parent/Guardian ***Date***

Emergency Information Form

Is your child on any routine medication? ☐ Yes ☐ No If yes, please list below:

Medication	Dosage

Is your child allergic to medication(s)? ☐ Yes ☐ No If yes, please specify _____

_____

Is your child allergic to insect bites? ☐ Yes ☐ No

Does your child have allergies? ☐ Yes ☐ No

Does your child have a history of ☐ heart disease ☐ diabetes ☐ T.B ☐ nervous disorder ☐ epilepsy ☐ ear infection ☐ seizure ☐ asthma ☐ Other _____?

If so, please check and describe any special emergency treatment that may be required: _____

Please list any other conditions that might require emergency medical treatment: _____

_____

_____ _____

Signature of Parent/Guardian ***Date***

Log of Attempts to Contact Parent/Guardian

Date	Time	Phone # Called	Answered?		Person Answering Phone/Response
			Yes	No	

Review/Revised:9/5/2017

Student Medication Guidelines

MEDICATIONS

1. The first dose of any new medication should be given at home when possible. Medication that must be given at school should be brought to school by the parent/guardian whenever possible. Medication that is sent to school with the student should be transported in the original container placed in a sealed envelope with the student's name on the outside and given to designated school personnel immediately upon arrival. The medication should be counted, and the number of pills received should be noted on the Medication Administration Record.
2. Except for emergency medications (including, but not limited to FDA approved seizure rescue medications and injectable epinephrine devices) and medications approved for students to carry for self-medication purposes all medications shall be kept in a safe, locked, secure place accessible only to the responsible authorized school personnel. Medications requiring refrigeration shall be stored in a separate refrigerator in a supervised area.
3. Any use of opioid antagonist shall comply with KRS 217.186
4. School personnel who administer medication shall arrange for the child to take the medication at the proper time.
5. Unless otherwise approved to self-medicate, students are to be supervised by an authorized individual when taking medication. The person supervising the administration of medication must keep a written record.

CONTROLLED/SCHEDULED MEDICATIONS

"Controlled/scheduled medications" are medications that are potentially addictive and are regulated under the Controlled/Scheduled Substance Act of 1970. The following are the procedures related to the administration and storage of controlled/scheduled medications:

- Kept under double lock and key
- Kept separate from other medications
- Signed out each time a dose is administered
- Trained staff shall count and record the number of remaining pills on the student's medication record each time a dose is administered.

DOCUMENTATION OF ADMINISTRATION

Except for medications approved for self-administration, all medication given must be immediately documented on a medication log. Records must be kept on file in the student's cumulative folder. Documentation should be complete, reflecting beginning and ending dates and notations of missed doses and absences. Subject to confidentiality requirements in Policy 09.14 and accompanying procedures, medication recording sheets shall be filed in the student's cumulative folder when completed or when the medication is changed/discontinued.

Student Medication Guidelines

DISPOSAL OF UNUSED MEDICATION

Notice shall be mailed to the parent/guardian prior to the end of the school year informing them that their child has medication remaining and that it must be picked up by the parent/guardian. If the medication is not retrieved, the school nurse or designated staff member, with a witness present, shall count the number of any pills or tablets remaining and document the amount on the Medication Log. Leftover prescription medication may then be mixed with a designated substance, such as glue for pills and kitty litter for liquids, and placed in a trash receptacle or destroyed in accordance with current health care standards. Both parties shall sign the Medication Log when this is completed. All medications shall be destroyed if the parent/guardian does not pick them up.

MEDICATION REFUSAL

If a child refuses to take medication or is uncooperative during medication administration, documentation shall be made, the parent/guardian and school nurse (if appropriate) will be contacted and medication administration may be omitted. If necessary, a conference may be scheduled with the parent/guardian to resolve the conflict.

MEDICATION ERROR

If an error in the administration of medication is recognized, initiate the following steps:

1. Keep the student in the first-aid location. If the student has already returned to class when the error is recognized, have the student accompanied to the first-aid location.
2. Assess the student's status and document.
3. Identify the incorrect dose/type of medication taken by the student.
4. Immediately notify the school administrator and school nurse, if appropriate, of the error, who shall notify the student's parent/guardian.
5. Notify the student's physician/health care provider.
6. If unable to contact the physician/health care provider, contact the Poison Control Center for instructions.
7. Carefully record all circumstances and actions taken, including instructions from the Poison Control Center or physician/health care provider, and the student's status.
8. Complete a "Medication Administration Incident Report" form.

REFERENCES:

KRS 158.834; KRS 158.836; 158.838
KRS 217.86
Kentucky Board of Nursing Advisory Opinion Statement #16 Roles of Nurses in the Administration of Medication Via Various Routes (2023)
Kentucky Department of Education Medication Administration Training Manual for Non-Licensed School Personnel (2025)
Controlled/Scheduled Substance Act of 1970

Review/Revised:8/11/2025

Permission Form for Prescribed or Over-the-Counter Medication

School: _____Date form received by the School: _____

Student's Name: _____ Grade: _____ Homeroom/Classroom: _____

Student's Age: _____ Date of Birth: _____

TO BE COMPLETED BY THE PHYSICIAN OR HEALTH CARE PROVIDER FOR PRESCRIPTION AND NON-PRESCRIPTION (OVER-THE-COUNTER "OTC") MEDICATION

Name of medication: _____ Reason for medication: _____

Form of medication/treatment:

☐ Tablet/capsule ☐ Liquid ☐ Inhaler ☐ Injection ☐ Nebulizer ☐ Other _____

Describe schedule and dose to be given at school: _____

Starting Date: ☐ date form received ☐ Other, as specified:_____

Stopping Date: ☐ for episodic/emergency events only ☐ end of school year

☐ Other date/duration: _____

Restrictions and/or important effects: ☐ Yes. Please describe:

_____

NOTE: ***In the event the Principal/designee is notified of the possibility of an adverse or extreme reaction to a medication, s/he shall inform the student's teacher(s) of such a possibility before the student begins the medication schedule.***

Special storage requirements: ☐ None ☐ Refrigerate ☐ Other _____

Student is capable of/responsible for self-administering this medication:

☐No ☐Yes ☐Supervised ☐Unsupervised

Student has been instructed in self-administering the medication: ☐No ☐Yes

Student must carry this medication on his/her person: ☐No ☐Yes

Please indicate additional information: ☐ On the back side of this form ☐ As an attachment

_____ _____

Physician/Health Care Provider Signature ***Date***

_____ _____

Signature of Parent/Guardian ***Date***

Name of Physician/Health Care Provider: _____

Address: _____

Phone #: _____ Fax #: _____

To the school: Please report concerns about medications or the student's condition to the above physician/health care provider.

Permission Form for Prescribed or Over-the-Counter Medication

FOR ALL MEDICATIONS

I give permission for _____ to receive the above medication(s) at school
Student's Name
according to standard school policy and expressly hold harmless, and waive any liability on behalf of, the school or its employees and agents concerning any injuries or reactions resulting from administration of the above medication unless such is the result of negligence or misconduct on behalf of the school or its employees. For on-going medications, I understand that I have the ultimate responsibility for providing the school with an adequate supply of medication to enable orders from a physician or health care provider to be followed.

Date: _____ *Signature:* _____ *Relationship:* _____

Home Phone: _____ *Work Phone* _____ *Emergency Phone* _____

TO BE COMPLETED BY SCHOOL PERSONNEL

I/we acknowledge receipt of the foregoing statement and authorization.

Administrator/designee _____ Date _____

For student health services/procedures not involving medication only,
please refer to 09.22 AP.22.

Review/Revised:8/11/2025

Student Medication Logs

DAILY SUMMARY OF MEDICATION ACTIVITIES

DATE: _____

STUDENT'S NAME	GRADE	PERSON WHO ADMINISTERED MEDICATION	NAME OF MEDICATION			TIME

STUDENT PICTURE HERE

Student Medication Logs

STUDENT MEDICATION ADMINISTRATION RECORD

SCHOOL YEAR: _____

NAME OF STUDENT: _____ **DATE OF BIRTH:** _____ **GENDER:** _____ **GRADE:** _____

ALLERGIES: _____ **NAME AND DOSE OF MEDICATION:** _____

ROUTE: _____ **TIME(S) GIVEN AT SCHOOL:** _____ **POSSIBLE SIDE EFFECTS:** _____

Classroom teacher when medication is due: _____ Health Care Provider Name/Phone #: _____

Emergency Contact Names/Phone #s: _____

DIRECTIONS: Initial administration or use codes below. A complete signature and initials of each person administrating medication should be included below.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Aug																															
Sept																															
Oct																															
Nov																															
Dec																															
Jan																															
Feb																															
Mar																															
Apr																															
May																															
June																															
July																															

Authorized person(s) administering or counting medication: Signature/Initials

_____/_____

_____/_____

_____/_____

_____/_____

Documentation Codes:

(A) Absent **(R)** Refused* **(W)** Dosage withheld* **(E)** Early dismissal

(F) Field trip **(X)** No school **(N)** No medication available* **(S)** Self-administered

*Documentation required in student's health file and parent/guardian to be contacted. Please notify teachers if medication is withheld for any reason. Documentation of medication count is on the back of this form.

STUDENT PICTURE HERE

Student Medication Logs

STUDENT MEDICATION ADMINISTRATION RECORD

NAME OF STUDENT: _____

MEDICATION COUNT			NOTES ON ADMINISTRATING MEDICATIONS		
DATE	**AMOUNT PRESENT**	**INITIALS**	**DATE**	**EVENT DESCRIPTION**	**INITIALS**

Review/Revised:9/5/2017

Medication Administration Incident Report

Student's Name _____ _____ _____
Last Name ***First Name*** ***Middle Initial***

Student's Address _____ _____ _____
City ***State*** ***ZIP Code***

Student's Age _____ **Date of Birth** _____ **Student's Phone Number** _____

Grade _____ **School Name**_____

TO BE COMPLETED IN INK BY SCHOOL PERSONNEL IN THE EVENT THAT AN ERROR IS MADE IN ADMINISTRATION OF MEDICATION

Name of person administering medication: _____

Name of medication/dosage/route prescribed: _____

Time(s) to be given: _____

Type of medication error: (check all that apply)

- ☐ Medication administered to incorrect student
- ☐ Medication administered at incorrect time
- ☐ Incorrect dosage of medication administered
- ☐ Incorrect medication administered
- ☐ Incorrect documentation provided
- ☐ Other

Description of error: _____

Date and time of error: _____ _____ ☐ AM ☐ PM

Dosage given: _____

Describe circumstances leading to error: _____

_____

Explain action taken: _____

_____

Reaction(s): _____

_____

Persons notified of error: ☐ School Principal ☐ School nurse, if appropriate ☐ Physician
☐ Poison Control Center ☐ Parent/Guardian
☐ Other, _____

_____ _____
Signature of Person Completing the Report ***Date***

_____ _____
Principal's Signature ***Date***

Follow-up notes, if applicable: _____

Review/Revised:9/5/2017

Transportation Services Policy Acknowledgement Form

Per KRS 148.158, the Superintendent/designee shall require every student in the District and at least one (1) parent or guardian of each student to acknowledge in writing the receipt, comprehension, and agreement of adherence to the Transportation Services Policy within seven (7) days of the student's first day of attendance during each school year. Failure to submit written acknowledgement by a student or their parent or guardian may be grounds for revocation of a student's transportation privileges until the acknowledgment is properly received.

I ACKNOWLEDGE THE RECEIPT, COMPREHENSION, AND AGREEMENT OF ADHERENCE TO THE TRANSPORTATION SERVICES POLICY (09.2261) PROVIDED BY THE DISTRICT.

SCHOOL: _____ **DATE:** _____

_____

STUDENT NAME (PRINTED) **STUDENT SIGNATURE**

_____

PARENT/GUARDIAN NAME (PRINTED) **PARENT/GUARDIAN SIGNATURE**

Per KRS 148.158, the Kentucky Department of Education shall develop or update as needed and distribute to all districts by August 31 of each even-numbered year the Transportation Services Policy Guidelines.

Review/Revised:7/19/2024

Child Abuse/Neglect/Dependency

MAKING A REPORT

District employees who receive information from or about a student that causes them to know or gives them reasonable cause to believe that a child is dependent, neglected, abused, or is a victim of human trafficking, or is a victim of female genital mutilation, will promptly make an oral or written report, including but not limited to electronic submission, to the proper authorities listed in Policy 09.227 and may assist the student in making such a report. All employees who know or have reasonable cause to believe that a child is dependent, neglected, or abused have the responsibility to report. Any attempt to prevent such a report is illegal.

The individual making an oral report should make a personal record of the report, including the date and time of report and name of the individual to whom the report was made.

The confidentiality of identifying information pertaining to individuals making a report is protected as provided by KRS 620.050.

Review/Revised:7/19/2024

Safety (Athletics)

School administrators and coaches shall take appropriate measures to provide a safe, healthy experience for participants and helpers in the athletic program to minimize the number and degree of seriousness of athletic injuries and related illnesses. For all athletic practices and competitions, safety procedures shall be implemented that comply with Board policy, state law and regulations, and requirements of the Kentucky Board of Education and the Kentucky High School Athletics Association (KHSAA).

PARTICIPATION AFTER INJURY

When a player has sustained serious injury that may be aggravated by continued participation in the game or practice, the coach shall receive permission from a physician before the player re-enters the game or participates in practice. If it is suspected that a student has sustained a concussion, the process set out in policy shall be followed.

Review/Revised:9/5/2017

Insurance (Athletics)

Students athletes participating in interscholastic athletics shall be covered by accident insurance provided by the Board.

Review/Revised:9/5/2017

Fund-Raising Activities-Proposal

Please refer to the KDE document, Accounting Procedures for School Activity Funds, which includes the forms and process required for approval of fund-raising projects.

Review/Revised:7/16/2019

Fund-Raising Activities - Approval of Schoolwide Fund-Raising Projects

Please refer to the KDE document, *Accounting Procedures for School Activity Funds*, which includes the forms and process required for approval of fund-raising projects.

Review/Revised:9/5/2017

Fund-Raising Activities - Letter to County Clerk

Date _____

Address: Office of the County Clerk

Dear _____

KRS Chapter 367 requires the Superintendent to file written approval with your office of school fund-raising projects involving the sale of printed materials through solicitation by minors and students as follows:

> *The written approval of the Superintendent shall identify the product or products being sold, the solicitors to be involved and the duration of sales and shall be filed with the County Court Clerk.*

_____ has requested my approval of fund-raising project(s)
Name of School
listed below:

Purpose of the project _____

Name/description of product being sold _____

Name and address of publisher or jobber _____

Name of school club or department sponsoring the project _____

List of solicitors, if applicable, including ☐ age, ☐ grade number/level, ☐ name of school *(Attach list.)*

Duration of sales

Begins _____ _____ _____
Month ***Day*** ***Year***

Ends _____ _____ _____
Month ***Day*** ***Year***

I am hereby approving the project as submitted and am filing this information with your office. If further information is necessary, please let me know.

_____ _____
Signature of Superintendent/Designee ***Date***

Review/Revised:9/5/2017

School-Related Student Trips

TEACHERS' RESPONSIBILITIES

1. Field trips shall be related to the course of study and have educational value.
2. Teacher(s) shall complete a School-Related Trip Request Form (09.36 AP.21) and submit to the Principal for approval.
3. Prior to the trip, the teacher(s) shall prepare the students by:
   a) Explaining the purpose of the trip.
   b) Developing background and reference materials, including materials to be used on the trip, if applicable.
   c) Pointing out highlights to observe on the trip.
   d) Instructing students to observe safety precautions while on the bus and while at the field trip destination.
4. Students shall not be denied the trip because of an inability to pay.
5. The teacher(s) shall secure prior written permission for the trip and a medical release (09.36 AP.211) from each student's parent(s) or guardian.
6. Prior to the trip, a list of students taking the trip shall be provided to the Principal, and if applicable to the following: bus driver, school's Food Service staff, and School Nurse.

TRANSPORTATION

Transportation requests shall be made by the Principal by completing a Vehicle Request Form (09.36 AP.212) and forwarding to the Director of Transportation and the Superintendent for final approval.

Discipline on the bus shall be the responsibility of the teacher or administrator in charge. Drivers are responsible for enforcement of bus rules and regulations. The sponsoring group will be charged for extra cleaning time if the bus is left in exceptionally dirty condition after the trip.

No items may be transported on a school bus that are not secure in underframe storage or empty seats (i.e., lunches, cooler, sporting equipment). Aisles must be kept clear.

EVALUATION

Following a field trip, the teacher(s) shall complete the School-Related Student Trip Evaluation Form (09.36 AP.23).

RELATED PROCEDURES:

09.2241 (all procedures)
09.36 (all procedures)

Review/Revised:9/5/2017

School-Related Student Trip Request Form

SUBMIT THIS FORM TWO WEEKS PRIOR TO THE DATE OF THE TRIP.

TODAY'S DATE _____

SCHOOL _____ **FACULTY MEMBER(S) SPONSORING TRIP** _____

TYPE OF TRIP (CHECK ONE):

☐ Classroom Field Trip ☐ Class Trip (i.e., junior, senior), specify _____

☐ Organization/Club Trip, specify _____ ☐ Other (athletic, band, if applicable) ____

DESTINATION _____**ADDRESS** _____**PHONE** _____

☐ Out of State ☐ Out of County ☐ Within County

☐ Overnight; give name, address, phone of lodging _____

_____

DATE(S) OF TRIP_____ **DEPARTURE TIME** _____ **RETURN TIME** ____

Academic Information:

Core Content and/or Exiting Criteria Covered _____

_____

Academic Objective of Trip _____

_____

Academic Pre-Trip Activities (Please attach plan.) _____

_____

Academic Post-Trip Activities (Please attach plan.) _____

_____

Evaluation Procedures _____

_____

SOURCE OF FUNDING FOR TRIP _____

NO STUDENT SHALL BE DENIED THE TRIP BECAUSE OF AN INABILITY TO PAY.

BILL TRIP EXPENSES TO: ☐ SPONSORING ORGANIZATION ☐ SCHOOL COUNCIL ☐ BOARD ☐ OTHER, SPECIFY _____

NUMBER OF: STUDENTS _____ **FACULTY SPONSORS** _____ **OTHER CHAPERONES** _____
TOTAL # OF PARTICIPANTS _____

MODE OF TRANSPORTATION

IS DISTRICT TRANSPORTATION NEEDED? ☐ NO ☐ YES

☐ CERTIFICATED COMMON CARRIER; SPECIFY _____

SUPERVISION (ATTACH LIST OF NAMES OF ADULTS ACCOMPANYING STUDENTS ON TRIP.)

School-Related Student Trip Request Form

Have all chaperones undergone the required records check and been designated by the principal/designee to supervise students? ☐ Yes ☐ No

_____ _____
Signature of Faculty Sponsor ***Date***

Trip has been ☐ approved ☐ disapproved. Reason for disapproval _____

_____

_____ _____
Signature of Principal ***Date***

_____ _____
Signature of Superintendent/Designee ***Date***

For overnight and/or out-of-state trips, approval of the Superintendent and the Board are required by policy 09.36.

DIRECTOR OF TRANSPORTATION:

Bus Number(s) _____ Driver(s) Name(s) _____

Estimated Expenses: Driver(s) $_____ Fuel $_____ Mileage $_____

Meals, if applicable $_____ Lodging, if applicable $_____

Actual Expenses: Driver (s) $_____ Fuel $_____ Mileage $_____

Meals, if applicable $_____ Lodging, if applicable $_____

Driving Time _____ Layover Time _____ Actual Miles _____

_____ _____
Transportation Supervisor's Signature ***Date***

RELATED PROCEDURES:

09.36 AP.211

Review/Revised:9/5/2017

School-Related Student Trip Permission Slip and Medical Release Form

Student's Name _____ _____ _____
Last Name *First Name* *Middle Initial*

School _____ **Grade** _____ **Homeroom/Classroom** _____

☐ **All school-related trips for the** _____ **school year; OR**

☐ **Field Trip Date(s)** _____ **Destination** _____

Alternate Destination, if applicable _____

Mode of Transportation _____**Cost to Student, if applicable $**_____

I hereby give permission for my child to participate in the above-mentioned school-related student trip(s).

In addition, in the event of accident or sudden illness while on the school-related student trip, I authorize school personnel to contact the physician(s) listed on my child's school enrollment data forms and authorize those physician(s) to render such treatment as may be deemed necessary in an emergency for the health of said child. In the event physician(s), parent(s), or other persons designated by the parent cannot be contacted, school personnel are hereby authorized to take whatever action is deemed necessary in their judgment for the health of said child.

_____ _____
Parent/Guardian's Signature *Date*

Please return this form to your child's teacher.

Review/Revised:9/5/2017

Bullying Reporting Form

(FOR INTERNAL ADMINISTRATIVE TRACKING AND DOCUMENTATION PURPOSES ONLY)

- When additional room is needed for a section entry, please attach a separate sheet.
- Use of information documented on this form shall comply with confidentiality requirements of applicable privacy law including, but not limited to, state and federal Family Educational Rights and Privacy Act (FERPA) laws.

REPORTER INFORMATION: **DATE:** _____

☐ Anonymous

☐ Staff Member Name: _____

☐ Parent/guardian Name: _____

☐ Student Name: _____

STUDENT(S) REPORTED AS COMMITTING ACTS:

Name: _____ School: _____

Name: _____ School: _____

STUDENT(S) REPORTED AS VICTIM(S):

Name: _____ School: _____

Name: _____ School: _____

DESCRIPTION OF ALLEGED ACTS: _____

_____

TIMES AND PLACES: _____

_____

NAMES OF POTENTIAL WITNESSES:

Name: _____ School: _____

Name: _____ School: _____

ACTION TAKEN BY REPORTER (IF ANY): _____

ADMINISTRATIVE INVESTIGATION NOTES: _____

_____

BULLYING VERIFIED? ☐ **YES** ☐ **NO**

CORRECTIVE ACTION(S) TAKEN: _____

If the act of bullying is such that it must be reported as required by KRS 158.155 or KRS 158.156, see policies 09.2211 and 09.438 and related procedures.

If bullying is related to a federally protected harassment/discrimination area, see policy 09.42811 and related procedures.

IF BULLYING VERIFIED, REPORT SENT TO PARENTS OF STUDENTS? ☐ **YES** ☐ **NO**

Parent Name: _____ Date Sent: _____

Parent Name: _____ Date Sent: _____

Bullying Reporting Form

PARENT NOTIFICATION OF ALLEGED BULLYING

_____
Date

Dear Parent/Guardian,

On _____, your child, _____,
Date *Student's Name*

was reportedly involved in a bullying incident that took place at _____.
Location

Because student safety is our utmost concern, we take this information very seriously and have taken appropriate action.

BULLYING VERIFIED? ☐ **YES** ☐ **NO**

If yes, we have taken appropriate disciplinary action and measures to assure your student's well-being.

Please contact me directly if you have questions about this information. I can be reached at

_____.
Telephone Number

Sincerely,

_____, Principal

Review/Revised:9/5/2017

Prohibited Substances - Violation Referral Form

Student's Name _____ _____ _____
Last Name *First Name* *Middle Initial*

Student's Address _____ __ _____ _____
City *State* *ZIP Code*

Student's Age ____ **Date of Birth** _____ **Sex** ____ **Student's Phone Number** _____

School _____ **Grade** _____ **Homeroom/Classroom** _____

Name of Parent/Legal Guardian _____

VIOLATION(S) (i.e., offense, date, and time)

_____

_____

☐ Chemical evaluated ☐ Chemical not evaluated

ACTION TAKEN

☐ Family contacted Date _____

☐ Student Assistance Counselor contacted Date _____

☐ Law enforcement contacted Date _____

☐ Detention (days) _____ ☐ before school ☐ after school ☐ Saturdays

☐ Suspension (days) _____ ☐ in school ☐ out of school ☐ student activities

☐ Expulsion Term of expulsion _____

☐ Placement in alternate setting Date _____

☐ Parent Conference Date _____ Outcome _____

☐ Other, specify _____

RECOMMENDATIONS

☐ Counseling ☐ in school ☐ out-of-school

☐ Referral of student/family to Family Resource/Youth Service Center

☐ Referral to outside agency Name of Agency _____

☐ Other, explain _____

Student's Signature _____ Date _____

Signature of Parent/Guardian _____ Date _____

Signature of Superintendent/designee _____ Date _____

☐ Violation/Referral Form Mailed Return Receipt Requested Date _____

Review/Revised:9/5/2017

Record of Removal

An employee who removes a student, or causes a student to be removed, from a classroom setting or District transportation system shall complete and submit this form to the Principal/designee as soon as practicable following the removal. Per KRS 158.150, a student who is removed from the same classroom three (3) times within a thirty (30) day period shall be considered "chronically disruptive" and may be suspended from school and no other basis for suspension shall be deemed necessary.

Student's Name _____ _____ _____
Last Name *First Name* *Middle Initial*

School _____ **Grade (if known)** _____ **Date of Removal** _____

Classroom/District vehicle from which the student was removed: _____

Site to which the student was removed: _____

Employee who removed the student: _____

Position: _____

CAUSE(S) FOR REMOVAL

☐ Disrupting the classroom environment and educational process or challenging the authority of a supervising adult.

☐ Threatening behavior, such as verbal or written statements or gestures by the student indicating intent to harm themselves, others or property.

Describe (*Use additional sheet(s) if necessary.*):

_____

_____

☐ Violent behavior, such as a physical attack by the student so as to intentionally inflict harm to himself/herself, others or property.

Describe (*Use additional sheet(s) if necessary.*):

_____

_____

WITNESS(ES) *(Use additional sheet(s) if necessary.)*

_____ _____
Name ***Note if student/employee/other (specify)***

_____ _____
Name ***Note if student/employee/other (specify)***

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

Review/Revised:7/21/2023

Assault and Threats of Violence - Notice of Penalties and Provisions

KRS 158.1559 requires written notice to all students, parents and guardians of students within ten (10) days of the first instructional day of the school of the provisions of KRS 508.078 (making it a crime to make the described threats against school-affiliated persons and persons lawfully on school property or against school operations). In compliance with this requirement, the text of KRS 508.078 is set forth below.

KRS 508.078 (TERRORISTIC THREATENING, SECOND DEGREE)

1. A person is guilty of terroristic threatening in the second degree when, other than as provided in KRS 508.075, he or she intentionally:
   a) With respect to any scheduled, publicly advertised event open to the public, any place of worship, or any school function, threatens to commit any act likely to result in death or serious physical injury to any person at a place of worship, or any student group, teacher, volunteer worker, or employee of a public or private elementary or secondary school, vocational school, or institution of postsecondary education, or to any other person reasonably expected to lawfully be on school property or at a school-sanctioned activity, if the threat is related to their employment by a school, or work or attendance at school, or a school function. A threat directed at a person or persons or at a school does not need to identify a specific person or persons or school in order for a violation to occur;
   b) Makes false statements by any means, including by electronic communication, indicating that an act likely to result in death or serious physical injury is occurring or will occur for the purpose of:
      1. Causing evacuation of a school building, school property, or school sanctioned activity;
      2. Causing cancellation of school classes or school sanctioned activity; or
      3. Creating fear of death or serious physical injury among students, parents, or school personnel;
   c) Makes false statements that he or she has placed a weapon of mass destruction at any location other than one specified in KRS 508.075; or
   d) Without lawful authority places a counterfeit weapon of mass destruction at any location other than one specified in KRS 508.075.
2. A counterfeit weapon of mass destruction is placed with lawful authority if it is placed as part of an official training exercise by a public servant, as defined in KRS 522.010.
3. A person is not guilty of commission of an offense under this section if he or she, innocently and believing the information to be true, communicates a threat made by another person to school personnel, a peace officer, a law enforcement agency, a public agency involved in emergency response, or a public safety answering point and identifies the person from whom the threat was communicated, if known.

Assault and Threats of Violence - Notice of Penalties and Provisions

KRS 508.078 (TERRORISTIC THREATENING, SECOND DEGREE) (CONTINUED)

4. Terroristic threatening in the second degree is a Class D felony.
5. Terroristic threatening in the second degree is a Class C felony when, in addition to the violations above, the person intentionally engages in substantial conduct required to prepare for or carry out the threatened act, including but not limited to gathering weapons, ammunition, body armor, vehicles, or materials required to manufacture a weapon of mass destruction.

*****POTENTIAL PENALTIES UNDER KRS 532.060 AND KRS 534.030 UPON CONVICTION*****

Please be advised that there are serious penalties for this second degree terroristic threatening offense. Potential penalties for adults convicted of this offense include terms of imprisonment of not less than one (1) year nor more than five (5) (Class D felony) or not less than five (5) years nor more than ten (10) years (Class C felony) and a fine of not less than one thousand dollars ($1,000) and not greater than ten thousand dollars ($10,000) as provided in KRS 532.060 and KRS 532.030, respectively.

Juveniles face sanctions that may include fines up to five hundred dollars ($500.00) (KRS 635.085): probation or supervision subject to court imposed conditions and graduated sanctions for violations (KRS 635.060); and more serious sanctions if they have prior adjudications or an offense is determined to involve a deadly weapon. In addition, a court in a juvenile case dealing with charges based on bomb threats or other criminal threats that disrupt school operations may order the child or his or her parent(s) to make restitution (pay expenses) caused by the threat to parties such as the District or first responders (KRS 635.060).

PRINCIPAL'S SIGNATURE: _____ **DATE:** _____

Review/Revised:8/18/2020

Disrupting the Educational Process

The following procedures shall be used when an individual or a group is disrupting the educational process:

1. The Principal/designee shall notify the Superintendent, as appropriate.
2. The Principal and staff shall make every effort to keep the disturbance isolated and keep uninvolved students from the scene.
3. A staff member should accompany the Principal/designee to the area in which the disturbance is occurring. If the students involved do not respond to the Principal's directions, the staff member is to telephone for additional staff assistance or for the police as directed by the Principal.
4. School schedules and operations shall be maintained at a normal level.
5. Teachers shall continue normal classroom activities unless otherwise instructed.
6. Teachers shall not permit students to leave the room; however, teachers should not try to physically restrain students from leaving the room.
7. The staff shall avoid physical involvement except for self-protection or protection of students.
8. The staff shall cooperate with the Principal and shall identify those involved in the disruption.
9. Normal disciplinary action shall be administered to those involved in the disturbance.

Review/Revised:9/5/2017

Grievance Procedures

Students wishing to initiate a harassment/discrimination complaint should use Procedure 09.42811 AP.2.

CONDITIONS

1. All grievances are individual in nature and must be brought by the individual grievant.
2. All grievance proceedings shall be conducted outside the regular school day and at a time and place mutually agreed upon.
3. The grievant shall be permitted to have not more than two (2) representatives.
4. All attendant records shall be filed in the office of the Principal and/or Superintendent and shall be considered private information and separate from the student's educational records. All records will be kept for a minimum of three (3) years.
5. No reprisal shall be taken against any aggrieved student because of the filing of a grievance.

TIME LIMITS

1. Students or their parents must file their grievance within fifteen (15) school days following the alleged violation. However, depending on the nature of the grievance, the Superintendent may recommend an extension of the filing deadline to twenty (20) school days if the grievance is based on an alleged violation of constitutional, statutory, regulatory, or policy provisions.
2. Days referred to in the grievance initiation form shall be school days.
3. The time limits stated in various sections of these procedures may be extended by mutual consent of the Board, its authorized agents, and the grievant.
4. If no extension occurs and the grievant does not file an appeal to the next level within ten (10) school days of receiving a response, the grievance shall be considered to have been settled and terminated at the previous level, and the answer given at that level shall stand.

PRINCIPAL'S/SCHOOL COUNCIL'S INVOLVEMENT

1. When appropriate, the grievant shall give his/her communication directly to the Principal, thus bypassing the teacher or other employee. This action shall be taken only in those instances where the matter communicated is of such a personal and private nature that it cannot be effectively communicated at a lower level or in those instances where the nature of the grievance would require the initial response of the Principal.
2. The Principal reserves the right to redirect the communicator to the appropriate level and/or consult with the council, as appropriate.

SUPERINTENDENT'S/DESIGNEE'S INVOLVEMENT

1. When appropriate, the grievant shall give his/her communication directly to the Superintendent, thus bypassing the Principal. This action shall be taken only in those instances where the matter communicated is of such a personal and private nature that it cannot be effectively communicated at a lower level or in those instances where the nature of the grievance would require the initial response of the Superintendent.
2. The Superintendent reserves the right to redirect the communicator to the appropriate level.

Grievance Procedures

BOARD OF EDUCATION'S INVOLVEMENT

1. If the student, after reviewing the Superintendent's response, desires direct communication with the Board of Education, the student may present his/her written communication to the Superintendent for transmittal to the Board of Education or notify the Superintendent ten (10) school days prior to the meeting of the Board at which the student wishes the grievance presented. Students contacting Board members individually about a grievance shall be advised to communicate with the entire Board.
2. If the Board decides to review the grievance, the student will then be afforded an opportunity to appear before the Board at the next regular meeting for relevant discussion of the student's communication. If the student does not wish to make a verbal presentation, the student's right to refrain from such activity will be respected.
3. The Superintendent or the grievant shall present the communication to the Board of Education at its next regularly scheduled meeting.
4. The Board of Education will consider the grievance and will provide the student a written response within ten (10) school days after the next regularly scheduled meeting of the Board, following the meeting of the Board at which the grievance was initially presented. The decision of the Board of Education shall be final.

NOTE:

- Students/parents wishing to initiate a complaint about a Title I issue should refer to Procedure 08.13451 AP.1.

RELATED PROCEDURES:

08.13451 AP.1
09.42811 AP.2

Review/Revised:9/5/2017

Grievance Initiation Form (Students)

This form provides the opportunity for a student to question the application of a Board policy or administrative rule or procedure and to secure at the lowest administrative level an equitable and prompt resolution.

STUDENT GRIEVANT

Student Name _____ Date _____

Home Address _____ Phone _____

School _____ Grade Level _____

GRIEVANCE

Identify the policy, rule, or procedure whose application is at issue. Use full names, dates, exact location, and specific occurrence, if appropriate. (Use additional sheet if necessary.)

_____

_____

_____

What results are you seeking from this grievance initiation? (Use additional sheet if necessary)

_____

_____

_____ _____

Student's Signature *Date*

LEVEL ONE: CLASSROOM TEACHER

Name: _____

Date grievance received at this level _____

CLASSROOM TEACHER'S RESPONSE (USE ADDITIONAL SHEET IF NECESSARY.)

_____

_____

_____

_____ _____

Classroom Teacher's Signature *Date*

THIS RESPONSE SHALL BE PRESENTED TO THE GRIEVANT WITHIN TEN (10) SCHOOL DAYS OF RECEIPT OF THIS GRIEVANCE AT THIS LEVEL.

==========

Grievance Initiation Form (Students)

BOARD POLICY ALLOWS FOR APPEAL OF THE CLASSROOM TEACHER'S DECISION AND THE OPPORTUNITY TO ADDRESS THE GRIEVANCE TO A HIGHER LEVEL OF AUTHORITY IF THE CLASSROOM TEACHER IS AN ALLEGED PARTY IN THE COMPLAINT.

LEVEL TWO: PRINCIPAL OR PRINCIPAL'S DESIGNEE

Name: _____

Date grievance received at this level _____

PRINCIPAL/PRINCIPAL'S DESIGNEE'S RESPONSE (USE ADDITIONAL SHEET IF NECESSARY.)

_____

_____

_____

_____ _____

Principal's/Designee's Signature *Date*

THIS RESPONSE SHALL BE PRESENTED TO THE GRIEVANT WITHIN TEN (10) SCHOOL DAYS OF RECEIPT OF THIS GRIEVANCE AT THIS LEVEL.

==========

BOARD POLICY ALLOWS BOTH FOR APPEAL OF THE PRINCIPAL/DESIGNEE'S DECISION AND THE OPPORTUNITY TO ADDRESS THE GRIEVANCE TO A HIGHER LEVEL OF AUTHORITY IF THE PRINCIPAL/DESIGNEE IS AN ALLEGED PARTY IN THE COMPLAINT.

LEVEL THREE: SCHOOL COUNCIL, IF APPROPRIATE

Name: _____

Date grievance received at this level _____

RESPONSE OF SCHOOL COUNCIL (USE ADDITIONAL SHEET IF NECESSARY.)

_____

_____

_____

_____ _____

School Council Chairperson's Signature *Date*

THIS RESPONSE SHALL BE PRESENTED TO THE GRIEVANT WITHIN TEN (10) SCHOOL DAYS OF RECEIPT OF THIS GRIEVANCE AT THIS LEVEL.

==========

BOARD POLICY ALLOWS BOTH FOR APPEAL OF THE SCHOOL COUNCIL'S DECISION AND THE OPPORTUNITY TO ADDRESS THE GRIEVANCE TO A HIGHER LEVEL OF AUTHORITY IF THE SCHOOL COUNCIL IS AN ALLEGED PARTY IN THE COMPLAINT.

Grievance Initiation Form (Students)

LEVEL FOUR: SUPERINTENDENT/DESIGNEE

Name: _____

Date grievance received at this level _____

SUPERINTENDENT/DESIGNEE'S RESPONSE (USE ADDITIONAL SHEET IF NECESSARY.)

_____

_____

_____

_____ _____

Superintendent's/Designee's Signature *Date*

THIS RESPONSE SHALL BE PRESENTED TO THE GRIEVANT WITHIN TEN (10) SCHOOL DAYS OF RECEIPT OF THIS GRIEVANCE AT THIS LEVEL.

==========

THE BOARD WILL NOT HEAR ANY GRIEVANCE CONCERNING PERSONNEL ACTIONS UNLESS THE GRIEVANCE CONCERNS CONSTITUTIONAL, STATUTORY, REGULATORY, OR OTHER POLICY APPLICATION OR DEMOTION UNDER KRS 161.765.

LEVEL FIVE: BOARD OF EDUCATION

Date grievance received at this level _____

BOARD OF EDUCATION'S RESPONSE (USE ADDITIONAL SHEET IF NECESSARY.)

_____

_____

_____

_____ _____

Board Chairperson's Signature *Date*

THIS RESPONSE SHALL BE PRESENTED TO THE GRIEVANT WITHIN TEN (10) SCHOOL DAYS OF RECEIPT AFTER THE NEXT REGULARLY SCHEDULED BOARD MEETING.

Review/Revised:9/5/2017

Notice to Individuals Complaining of Harassment/Discrimination

The District prohibits all forms of improper conduct, including sexual harassment and discrimination. A copy of the District's policy is attached for your information. Please be aware of the following provisions:

The District's Title IX/Equity Coordinator is the Superintendent. If you have any questions pertaining to sexual harassment or sexual discrimination, you may contact this person as follows:

27 Eagle Lane
Hyden, KY 41749

Telephone: 606-672-2397

The District will investigate the allegations of harassment/discrimination that you have brought to its attention. The investigation will be conducted by a District administrator or other individual with specific training and/or experience in this area. If you have any questions for the District's investigator, you may contact him/her at the address listed above.

During the investigation, you have the right to: (a) provide the District with information and documentation concerning the alleged improper conduct; (b) advise the District of the identity and location of any possible witness(es); and (c) exercise all other rights set forth in law or in District policy.

The District is interested in knowing what actions you are seeking in response to your complaint. Although law does not require the District to comply with all requested actions in order to eliminate harassment/discrimination, a collaborative dialogue may be a useful tool in insuring that it is eliminated.

The District will take reasonable steps to preserve confidentiality and will make every effort to prevent public disclosure of the names of the parties involved, except to the extent necessary to carry out the investigation. The District is interested in knowing your views about confidentiality issues and will try to accommodate them, subject to the District being able to fulfill its commitment to eliminate harassment/discrimination.

District employees and students who are alleged perpetrators of harassment/discrimination misconduct may be entitled to due process and may be protected by certain confidentiality rights. Subject to the rights of students or employees, the District will make an effort to keep you advised of the progress of its investigation and of any decisions it reaches concerning the situation. If you have any questions concerning the progress of the investigation or the actions taken by the District to remediate any harassment/discrimination that may have occurred, please feel free to contact the Title IX/Equity Coordinator or the individual assigned to investigate a complaint.

If you are dissatisfied with the progress of the investigation, the progress of rendering a decision, or the decision itself, you have the right to appeal to the Board of Education.

If it is concluded following the investigation that the allegations have merit and that action will be taken to remediate the situation, the District may follow up with you to make sure that there is not a recurrence of the improper conduct. If there is any repeat of any improper conduct, we ask you to notify immediately the Title IX/Equity Coordinator and/or a District administrator.

Notice to Individuals Complaining of Harassment/Discrimination

The District will make every effort to correct the effects of any improper conduct on the complainant and others. Please advise us of the actions you believe the District should take to correct the discriminatory effects of the improper conduct.

Retaliation against an individual who has reported improper conduct by faculty, staff or students, including sexual harassment/discrimination, is strictly forbidden. If you believe that any of those parties is retaliating against you in any way, please notify the Title IX/Equity Coordinator and/or a District administrator immediately. If you are not satisfied with the District's response, you have the right to file a complaint with the Office of Civil Rights at the following address:

Wanamaker Building, Suite 515
100 Penn Square East
Philadelphia, PA 19107

Review/Revised:9/5/2017

Harassment/Discrimination Reporting Form

This form provides the opportunity for a student or parent to report violation(s) of Board Policy 09.42811 and to secure an equitable and prompt resolution. This procedure shall be implemented in compliance with Board Policy 09.42811 and shall be used to document all complaints, whether addressed informally or formally.

Student's Name _____ _____ _____
Last Name *First Name* *Middle Initial*
Student's Address _____ _____ _____
City *State* *Zip Code*
Student's Age _____ **Date of Birth** _____ **Student's Phone Number** _____
School _____ **Grade** _____ **Homeroom/Classroom** _____
Name of Parent/Guardian _____ **Daytime Phone #**_____

CONFIDENTIALITY

Information regarding an investigation of alleged harassment/discrimination shall be kept confidential to the extent possible. Individuals involved in the investigation shall not discuss information regarding the complaint outside of the investigation process.

HARASSMENT/DISCRIMINATION COMPLAINT (USE ADDITIONAL SHEETS IF NECESSARY.)

Date(s)/approximate time of the alleged incident(s): _____

Place alleged incident (s) occurred: _____

What type of harassment or discrimination was involved in the alleged incident?

☐ sexual ☐ racial ☐ on the basis of national origin ☐ on the basis of disability

☐ other type of harassment/discrimination? If other, specify: _____

Name of person you believe is guilty of harassment or discrimination: _____

Position (if employee): _____ Grade (if student): _____ Other (specify) _____

If the alleged behavior was directed toward another person, name that person: _____

Describe the alleged incident as clearly as possible, including such information as verbal statements (i.e. slurs, threats, other verbal or physical abuse or prohibited requests), what physical contact, if any was involved, what force, if any was used. _____

_____

LIST ANY WITNESSES TO THESE EVENTS: _____

PLEASE ATTACH ANY EXHIBITS OR OTHER TANGIBLE EVIDENCE (I.E., NOTES).

WHAT RESULTS ARE YOU SEEKING BY FILING THIS FORM? _____

_____

I agree that all information reported here is complete, accurate and true to the best of my knowledge and affirm that I honestly believe that the person named harassed or discriminated against me or another person.

_____ _____
Signature of Student *Date*

_____ _____
Signature of Parent/Guardian (not required) *Date*

_____ _____
Received by *Date*

NOTE:

- Students/parents wishing to initiate a complaint concerning discrimination in the delivery of benefits or services in the District's school nutrition program should go to the link below or mail a written complaint to the U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410, or email, program.intake@usda.gov.

http://www.ascr.usda.gov/complaint_filing_cust.html

Review/Revised:9/5/2017

Harassment/Discrimination Investigation and Appeals

(FOR INTERNAL ADMINISTRATIVE TRACKING PURPOSES ONLY)

STUDENT COMPLAINANT _____

Last Name ***First Name*** ***Middle Initial***

STUDENT'S SCHOOL _____ **GRADE** _____ **HOMEROOM/CLASSROOM** _____

The Superintendent shall appoint an investigator who is not an alleged party in the complaint to investigate allegations of harassment/discrimination. The investigator shall be trained in this area, and her/his duties shall be assigned by the Superintendent/designee or, for contractors, set out in a contract, as appropriate. If the Superintendent is the alleged party, the Board shall designate an outside investigator and, after presentation of the final investigative report, determine when and how it is to be released. All instances involving suspected child abuse or criminal conduct shall be reported as required by law.

ALLEGED HARASSER/DISCRIMINATING PARTY: _____

Investigator: _____ Date Complaint Form is Received: _____

INFORMAL PROCEDURE

If both parties agree, prior to a formal grievance process an administrator may facilitate a conversation between the complainant and the party alleged to have harassed or discriminated against the complainant. Both the complainant and the accused party may be accompanied by a person of their choice. If both parties feel that a resolution has been achieved, no further action need be taken. The results of an informal resolution shall be reported by the facilitator, in writing, to the Principal, along with a signed agreement, if one is reached. If any of the interested parties choose not to utilize the informal procedure, or feel that it has been unsuccessful, s/he may opt to proceed to the formal grievance procedure. However, any complaints directed at District employees or alleging criminal acts must be formally investigated and/or reported to state authorities as required by law.

Was this complaint resolved informally, as indicated by an agreement signed by both parties?

☐ Yes ☐ No Date: _____ Facilitator _____

FORMAL PROCEDURE

Students should make their complaint to their Principal or other designated administrator, who shall immediately, without screening or beginning an investigation, inform the Superintendent of receipt of the complaint. Otherwise, the complaint can be filed directly with the Superintendent or, in cases involving sexual harassment/discrimination, with the Title IX/Equity Coordinator. Employees who have knowledge of alleged or observed student harassment/discrimination shall immediately notify the alleged victim's Principal.

The Superintendent shall designate an individual to investigate the complaint. If necessary, the investigator will seek assistance from District administrators. In some instances it may be necessary to involve legal counsel, when authorized by the Superintendent, or by the Board if the Superintendent is the subject of the complaint.

TIMELINE

The investigator shall provide the complainant and the accused with a copy of the District's Policy 09.42811 and Notice to Individuals Complaining of Harassment/Discrimination and inform the complainant and the accused of required timelines that have been established for initiation and completion of an investigation.

Harassment/Discrimination Investigation and Appeals

CORRECTIVE ACTION

If corrective action is needed, the investigator shall recommend to the Superintendent/designee the type of corrective action and methods to prevent reoccurrence of the harassment/discrimination.

USING THE DESIGNATED FORM (09.42811 AP.24), A RESPONSE SHALL BE PRESENTED TO THE COMPLAINANT AND THE ACCUSED (AND TO THEIR PARENTS/GUARDIANS IF STUDENT IS UNDER AGE EIGHTEEN OR IF STUDENT HAS REACHED AGE EIGHTEEN AND HAS A LEGAL GUARDIAN) WITHIN TEN (10) SCHOOL DAYS OF COMPLETION OF THIS LEVEL OF INVESTIGATION.

==========

Board policy allows for appeal of the investigator's decision and the opportunity to address the complaint to a higher level of authority. An appeal must be made within ten (10) school days of receipt of a response at this level.

Is this complaint to be referred/appealed to a higher level of authority? ☐ Yes ☐ No

If *yes*, to whom will the complaint be referred? _____ Date: _____

FIRST APPEAL LEVEL

STUDENT COMPLAINANT _____
Last Name *First Name* *Middle Initial*

STUDENT'S SCHOOL _____ **GRADE** _____ **HOMEROOM/CLASSROOM** _____

ALLEGED HARASSER/DISCRIMINATING PARTY: _____

Superintendent/designee who will consider appeal: _____

Date appeal and related data received by Superintendent/designee: _____

In some instances it may be necessary to involve legal counsel at the appeal level, when authorized by the Superintendent or by the Board if the Superintendent is the subject of the complaint.

CORRECTIVE ACTION

If corrective action is needed, the investigator shall recommend to the Superintendent/designee the type of corrective action and methods to prevent reoccurrence of the harassment/discrimination.

USING THE DESIGNATED FORM (09.42811 AP.24), A RESPONSE SHALL BE PRESENTED TO THE COMPLAINANT AND THE ACCUSED (AND TO THEIR PARENTS/GUARDIANS IF THE STUDENT IS UNDER AGE EIGHTEEN OR IF STUDENT HAS REACHED AGE EIGHTEEN AND HAS A LEGAL GUARDIAN) WITHIN TEN (10) SCHOOL DAYS OF COMPLETION OF THIS LEVEL OF INVESTIGATION.

==========

Board policy allows for appeal of the decision made at this level and the opportunity to address the complaint to the Board of Education. An appeal must be made within ten (10) school days of receipt of a response at this level.

Is this complaint to be referred/appealed to a higher level of authority? ☐ Yes ☐ No

If *yes*, to whom will the complaint be referred? _____ Date: _____

Harassment/Discrimination Investigation and Appeals

SECOND APPEAL LEVEL

STUDENT COMPLAINANT _____
Last Name *First Name* *Middle Initial*

STUDENT'S SCHOOL _____ **GRADE** _____ **HOMEROOM/CLASSROOM** _____

ALLEGED HARASSER/DISCRIMINATING PARTY: _____

Board Chairperson: _____

Date appeal and related data received by the Chairperson on behalf of the Board: _____

CORRECTIVE ACTION

If corrective action is needed, the investigator shall recommend to the Superintendent/designee the type of corrective action and methods to prevent reoccurrence of the harassment/discrimination.

USING THE DESIGNATED FORM (09.42811 AP.24), A RESPONSE SHALL BE PRESENTED TO THE COMPLAINANT AND THE ACCUSED (AND TO THEIR PARENTS/GUARDIANS IF STUDENT IS UNDER AGE EIGHTEEN OR IF STUDENT HAS REACHED AGE EIGHTEEN AND HAS A LEGAL GUARDIAN) WITHIN TEN (10) SCHOOL DAYS OF COMPLETION OF THIS LEVEL OF INVESTIGATION.

GUIDELINES

1. The Board shall not hear grievances concerning personnel actions taken by the Superintendent/designee, unless the grievance is based on an alleged violation of constitutional, statutory, regulatory, or policy provisions.
2. In some instances it may be necessary to involve legal counsel, when authorized by the Board.
3. The Superintendent/designee shall implement corrective action as determined by the Superintendent or by the Board, as appropriate under law, after appeal rights have been exhausted. If the Superintendent is subject to corrective action, the Board shall implement the action.
4. The District is prohibited from disclosing personally identifiable information contained in student discipline records under the Federal Educational Rights and Privacy Act and corresponding state law.
5. Employee evaluation and private reprimand information generally confidential and may require consent of the employee prior to release.

RELATED POLICIES:

09.2211; 09.227

RELATED PROCEDURES:

09.227 AP.1, 09.42811 (all procedures)

Review/Revised:9/5/2017

Witness Disclosure Form

Witness' Name _____ _____ _____
Last Name *First Name* *Middle Initial*

Witness' Address _____ _____ _____ _____
City *State* *Zip Code*

Witness' Phone Number _____

Is witness a ☐ student, ☐ school employee, or ☐ other? If other, specify _____

School (if a student): _____ **Grade** _____ **Homeroom/Classroom** _____

Witness' relationship, if any, to the complainant: _____

Witness' relationship, if any, to the accused: _____

On the date(s) of _____, a student has claimed to be the target of harassment or discrimination on the basis of _____. Did you observe or are you aware of such an incident? ☐ Yes ☐ No

If yes, describe the incident(s) that you witnessed as clearly as possible, including such information as the following:

- What verbal statements, if any, were made (i.e. slurs, threats, demands, other verbal or physical abuse or prohibited requests)?
- What physical contact, if any, was involved?
- What force, if any, was used?
- Did other actions occur? If so, please describe.

(Use additional sheets if necessary.)_____

_____

_____

LIST ANY OTHER WITNESSES TO THESE EVENTS: _____

_____

- *I understand that Board policy prohibits retaliation against witnesses who assist or participate in an investigation.*
- *I agree that all information reported here is accurate and true to the best of my knowledge and, by my signature, agree to its release.*

_____ _____
Signature of Witness *Date*

_____ _____
Received by *Date*

Review/Revised:9/5/2017

Resolution Response

This completed form shall be provided to both the complainant and the accused party.

STUDENT COMPLAINANT _____
Last Name *First Name* *Middle Initial*

ACCUSED PARTY _____
Last Name *First Name* *Middle Initial*

SCHOOL _____

COMPLAINT/APPEAL RECEIVED _____ **RESPONSE DELIVERED** _____
Date *Date*

INVESTIGATOR'S NAME _____
Last Name *First Name* *Middle Initial*

The investigation of harassment/discrimination complaint/appeal referenced above has now been completed, and the following determinations have been made:

Did the alleged incident(s) occur based on substantiated information? ☐ Yes ☐ No

If "yes", what type of resolution will be implemented by the District? (Check all that apply.)

☐ Personnel action ☐ Measures to protect the complainant

☐ Action against a visitor ☐ Action against a student offender

If corrective actions were necessary, have they been initiated? ☐ Yes ☐ No

_____ _____
Investigator's Signature *Date*

_____ _____
Superintendent/designee's Signature *Date*

NO ONE SHALL RETALIATE AGAINST AN EMPLOYEE OR STUDENT BECAUSE S/HE FILES A GRIEVANCE, ASSISTS OR PARTICIPATES IN AN INVESTIGATION, PROCEEDING, OR HEARING REGARDING THE CHARGE OF HARASSMENT/DISCRIMINATION OF AN INDIVIDUAL OR BECAUSE S/HE HAS OPPOSED LANGUAGE OR CONDUCT THAT VIOLATES BOARD POLICY.

Review/Revised:9/5/2017

Notice to Individuals Regarding Title IX Sexual Harassment/Discrimination

This notice shall be provided to applicants for admission and employment, students, parents or legal guardians of students, employees, and all unions or professional organizations holding collective bargaining or professional agreements.

The District's Title IX Coordinator (TIXC) is _____

_____ _____
Address City, State, Zip

_____ _____
Email Address Telephone Number

Any person may report sex discrimination, including sexual harassment (whether or not the person reporting is the person alleged to be the victim of conduct that could constitute sex discrimination or sexual harassment), in person, by mail, by telephone, or by electronic mail, using the contact information listed for the TIXC, or by any other means that results in the TIXC receiving the person's verbal or written report. Such a report may be made at any time (including during non-business hours) by using the telephone number or electronic mail address, or by mail to the office address, listed for the TIXC.

The District must prominently display the contact information required to be listed for the TIXC and Policies 03.113, 03.212 Equal Employment Opportunity, 09.13 Equal Educational Opportunity, 03.1621, 03.2621, 09.428111 Title IX Sexual Harassment and 09.428111 AP.11 Title IX Grievance Procedures on its website, if any, and in each handbook or catalog that it makes available to persons entitled to a notification listed above.

The District must ensure that the TIXC(s), Investigators, Decision Makers, and any person who facilitates an informal resolution process, receive training on the regulatory definition of sexual harassment; the scope of the District's educational program or activities; how to conduct an investigation; the grievance process (including informal resolutions and appeals); and impartial service, conflict of interest, and bias standards.

The District must make these training materials publicly available on its website, or if the District does not maintain a website the District must make these materials available upon request for inspection by members of the public.

REFERENCES:

Title IX of the Education Amendments of 1972 (20 USC § 1681, et seq.); 34 C.F.R. Part 106

RELATED POLICIES:

03.113; 03.1621; 03.212; 03.2621; 09.313; 09.428111

RELATED PROCEDURES:

03.1621; 03.2621; (all procedures)
09.428111 (all procedures)

Review/Revised:8/18/2020

Title IX Sexual Harassment Grievance Procedures

THIS PROCEDURE APPLIES TO "TITLE IX SEXUAL HARASSMENT" UNDER POLICIES 03.1621, 03.2621, AND 09.428111.

REPORTING

1. School employees who have reason to believe that a student has been subjected to Title IX Sexual Harassment are required to promptly make a report to the Title IX Coordinator (TIXC).
2. Students, parents/legal guardians or other individuals who believe a student has been sexually harassed may make a report to the TIXC.
3. If the individual making the report is the alleged victim ("Complainant" as defined in the Title IX Sexual Harassment regulation), or if the Complainant is identified by the individual making the report, the TIXC will meet with the Complainant to discuss supportive measures that may be appropriate in the particular circumstances and explain the process for filing a formal complaint.
4. The District cannot provide an informal resolution process for resolving a report unless a formal complaint is filed.
5. The Superintendent/designee shall be informed of all reports and formal complaints of sexual harassment.

FORMAL COMPLAINT

1. A Complainant and/or their parent/legal guardian may file a formal written complaint requesting investigation of alleged Title IX Sexual Harassment. The written complaint must include basic information concerning the allegation of sexual harassment (i.e., date, time, location, individual(s) who allegedly engaged in sexual harassment, description of allegation).

   Students who need assistance in preparing a formal written complaint, may consult with the TIXC.
2. In accordance with the Title IX regulations, the TIXC must dismiss a formal complaint under this Title IX procedure if:
   a) the conduct alleged in the formal complaint does not constitute sexual harassment as defined under the Title IX regulations and the Title IX Sexual Harassment policy; or
   b) the conduct alleged did not occur within the scope of the District's education programs and activities, or
   c) did not occur in the United States.
3. In accordance with the Title IX regulations, the TIXC may dismiss a formal complaint if:
   a) a Complainant withdraws the formal complaint, or withdraws particular allegations within the complaint;
   b) the Respondent is no longer employed by or enrolled in the District; or

Title IX Sexual Harassment Grievance Procedures

FORMAL COMPLAINT (CONTINUED)

c) there are specific circumstances that prevent the District from gathering evidence sufficient to reach a determination regarding the formal complaint. However, if the conduct potentially violates other policies or laws, it may be addressed through other applicable Board policy/procedure.

4. If a formal complaint is dismissed under this Title IX procedure, the TIXC will promptly and simultaneously send written notices to the parties explaining the reasons. The parties have the opportunity to appeal dismissals as outlined below.

5. In certain circumstances, the TIXC may file a formal complaint even when the alleged victim chooses not to. Examples could include instances where the Respondent (person alleged to have engaged in sexual harassment) has been found responsible for previous sexual harassment; a safety threat within the District, or other alleged serious violations where pursuit of a complaint is warranted.

6. If the conduct alleged in a formal complaint potentially violates other laws or Board policies, the District may address the conduct under another applicable Board policy/procedure.

EMERGENCY REMOVAL/SUSPENSION

The Superintendent may direct the removal of a student from education programs and activities on an emergency basis during the complaint procedure:

1. If there is a determination, following an individualized safety and risk analysis which may be performed as provided in District Policy 09.429 (Threat Assessment), that there is an immediate threat to the physical health or safety of an individual arising from the allegations of sexual harassment. Examples of such circumstances might include, but are not limited to, a continued threat of violence against a Complainant by a Respondent, or a Respondent's threat of self-harm due to the allegations.[1]

2. The Respondent and parent/legal guardian will be provided notice of the emergency removal, and will be provided an opportunity to challenge the decision either before or following the removal (this is an opportunity to be heard, not a hearing) utilizing the procedure applicable to student suspensions per Policy 09.434 Suspension.

3. Any such decision shall be made in compliance with any applicable disability laws, including the Individuals with Disabilities Education Act, Section 504 of the Rehabilitation Act and the Americans with Disabilities Act.

Title IX Sexual Harassment Grievance Procedures

EMPLOYEE SUSPENSION WITH PAY

An employee may be suspended with pay during the complaint procedure as provided in Board policies.[2]

NOTICE TO PARTIES FOLLOWING A FORMAL COMPLAINT

1. The TIXC will provide to the parties written notice of the formal complaint and allegations of sexual harassment potentially constituting Title IX Sexual Harassment. The notice shall include:
    - Notice regarding the complaint procedure and the availability of an informal resolution process;
    - Sufficient details known at the time (including identities of parties, if known; the conduct alleged; and the date and location of the alleged incident[s], if known), allowing sufficient time to prepare before any initial interview (not less than ten [10] calendar days);
    - A statement that the Respondent is presumed not responsible for the alleged conduct and that a determination of responsibility will be made at the conclusion of the grievance process;
    - The parties may inspect and review evidence directly related to the allegations of Title IX Sexual Harassment;
    - Notice that the parties may each have an advisor of their choice (who may be an attorney);
    - Notice that knowingly making false statements or submitting false information in bad faith during the complaint process is prohibited and may result in disciplinary action;
    - Notice of the name of the investigator, with sufficient time (no less than three [3] calendar days) to raise concerns of conflict of interest or bias.
2. If additional allegations become known at a later time, notice of the additional allegations will be provided to the parties.
3. The TIXC will discuss supportive measures with each party and oversee implementation of such measures as appropriate.

INFORMAL RESOLUTION PROCESS

After a formal complaint has been filed, and if the TIXC believes the circumstances are appropriate, the TIXC may offer the parties the opportunity to participate in an informal resolution process to resolve the complaint without completing the investigation and determination process. Informal resolutions cannot be used to resolve a formal complaint where a student is the Complainant and the Respondent is an employee.

Title IX Sexual Harassment Grievance Procedures

INFORMAL RESOLUTION PROCESS (CONTINUED)

Informal resolutions can take many forms, depending on the particular case. Examples include, but are not limited to, facilitated discussions between the parties; restorative justice; acknowledgment of responsibility by a Respondent; apologies; disciplinary actions against a Respondent or a requirement to engage in specific services; or supportive measures. Both parties must voluntarily agree in writing to participate in an informal resolution process, and either party can withdraw from the process at any time. The Superintendent/designee must agree to the terms of any informal resolution reached between the parties. If an informal resolution agreement is reached, it must be signed by both parties and the District. Any such signed agreement is final and binding according to its terms.

If an informal resolution process does not resolve the formal complaint, nothing from the informal resolution process may be considered as evidence in the subsequent investigation or determination. The parties will be advised that engagement in the informal resolution process is grounds for extension of the investigation timeline.

INVESTIGATION

1. The complaint will be investigated by a trained internal or external individual designated by the Superintendent, who should consult with District legal counsel concerning the handling and investigation of the complaint.
2. The Investigator may consult with the TIXC as agreed during the investigation process.
3. If the complaint is against an employee of the District, rights conferred under an applicable collective bargaining agreement shall be applied, to the extent they do not conflict with the Title IX regulatory requirements.
4. The Investigator will:
    a. Meet with each party after they have received appropriate notice of any meeting and its purpose, with sufficient time to prepare.
    b. Allow parties to have their advisor at all meetings related to the complaint, although advisors may not speak on behalf of a party or interfere with the process.
    c. Allow parties a reasonable opportunity to identify witnesses and submit favorable and unfavorable evidence.
    d. Interview witnesses and conduct such other activities that will assist in ascertaining facts (site visits, review of documents, etc.).
    e. Consider evidence that is relevant and directly related to the allegations in the formal complaint.
    f. During the course of the investigation, provide both parties with an equal opportunity to inspect and review any evidence that is obtained in the investigation that is directly related to the allegations in the formal complaint (including evidence which the District does not intend to rely upon in reaching a determination of responsibility), and favorable and unfavorable evidence.

Title IX Sexual Harassment Grievance Procedures

INVESTIGATION (CONTINUED)

g. Prior to completion of the investigation report, provide each party and advisor (if any) the evidence subject to inspection and review, and provide the parties with ten (10) calendar days to submit a written response. Access to such evidence may be provided via file sharing software that does not permit copying or downloading. The Investigator shall advise the parties that evidence is not to be publicly disseminated.

h. Consider the parties' written responses to the evidence prior to completing the investigation report.

i. Create an investigative report that fairly summarizes relevant evidence including the Investigator's recommendation on whether or not the evidence supports a finding that the Respondent engaged in conduct constituting Title IX Sexual Harassment. The Investigator shall send the report to the parties and advisors (if any) for their review and written responses which must be filed with the Investigator within ten (10) calendar days of their receipt of the report.

j. After receipt of the parties' written responses (if any), forward the investigation report and party responses to the assigned Decision Maker. The Decision Maker shall immediately inform the parties of the date of his or her receipt of the report and of the deadline for submission of questions as provided below.

k. The Investigator's report shall be non-binding on the Decision Maker.

5. The investigation shall be concluded within forty (40) calendar days from the date of the TIXC Notice to the Parties Following a Formal Complaint as referenced above, but reasonable extension of time for good cause shall be allowed.

DETERMINATION OF RESPONSIBILITY

The Superintendent shall assign a trained Decision Maker to arrive at a determination of responsibility. The Decision Maker cannot be the Investigator, Informal Resolution Facilitator, or the TIXC.

1. The Decision Maker shall have authority to preside over the pre-decision process in a manner the allows the Complainant and Respondent an equal opportunity to participate, including setting reasonable equally applicable limits on the number of questions and excluding questions on relevancy grounds or that seek privileged or confidential medical treatment information. The Decision Maker shall provide the parties with the opportunity to submit written, relevant questions that the party wants asked of another party or witness within five (5) calendar days of when the Decision Maker received the investigation report and party responses.

   The Decision Maker shall provide a written explanation to a party proposing questions if the Decision Maker excludes a question on grounds that it is not relevant.

Title IX Sexual Harassment Grievance Procedures

DETERMINATION OF RESPONSIBILITY (CONTINUED)

2. Each party shall be provided the opportunity to review the responses of another party and/or witness, and to ask limited written follow-up questions within five (5) calendar days of receiving the answers.
3. Each party will receive a copy of the responses to any follow-up questions.
4. The Decision Maker shall review the investigation report, the parties' responses and other relevant materials, applying the preponderance of the evidence standard ("more likely than not").
5. The Decision Maker shall issue a written determination, which shall include the following:
    a) Identification of all the allegations potentially constituting Title IX Sexual Harassment;
    b) A description of the procedural steps taken from receipt of the formal complaint through the determination;
    c) A determination regarding responsibility as to each allegation and findings of fact supporting the determinations;
    d) A statement of, and rationale for, the result as to each allegation, including a determination regarding responsibility, any disciplinary sanctions to be imposed on the Respondent, and whether remedies designed to restore or preserve equal access to the District's programs and activities will be provided to the Complainant. In order to preserve confidentiality, remedies provided to the Complainant are not to be described in the determination report;
    e) If applicable, a statement that disciplinary sanctions may require additional hearings or proceedings under separate law and policy: e.g. student expulsion; classified or certified employee public reprimand, suspension without pay, termination; or student alternative education program placement proceedings;
    f) The District's appeal procedure and permissible bases for the parties to appeal the determination.
6. The written determination shall be provided to the parties simultaneously. The determination concerning responsibility becomes final either on the date that the District provides the parties with the written determination of the results of the appeal, if an appeal is filed, or if an appeal is not filed, the date on which the appeal would no longer be considered timely.
7. The implementation of measures or sanctions shall be made subject to and in compliance with applicable disability laws included the Individuals with Disabilities Education Act, Section 504 of the Rehabilitation Act and the Americans with Disabilities Act.
8. The determination shall be issued with thirty (30) calendar days of the Decision Maker's receipt of the Investigator's report and recommendation, but reasonable extension of time for good cause shall be allowed.

Title IX Sexual Harassment Grievance Procedures

REMEDIES, DISCIPLINE AND OTHER ACTIONS

Range of Remedies to Allow Equal Access to Complainant

1. Remedies are measures used to ensure that the Complainant has equal access to the District's education programs and activities following the Decision Maker's determination. Such remedies may include supportive measures, and may include other appropriate measures, depending upon the determination and the needs of the Complainant. The TIXC is responsible for implementing remedies and providing needed assistance to the Complainant.

2. Range of Disciplinary Sanctions (Students)

   The following is a non-exhaustive range of disciplinary sanctions that may be imposed when there is a determination that students are responsible for one or more violations involving sexual harassment: In or out of school suspension; expulsion; assignment to alternative education programs; requirement to engage in education or counseling program; disqualification or modification of privileges to participate in sports or extracurricular programs; unilateral no-contact orders, school assignment alteration, or schedule changes; prohibitions or limitations on presence on school property or at school-related events; and other disciplinary sanctions and interventions set forth in the Code of Acceptable Behavior and Discipline.

3. Range of Disciplinary Sanctions (Employees)

   The following is a non-exhaustive range of disciplinary sanctions that may be imposed when there is a determination that employees are responsible for one or more violations involving sexual harassment: Requirement to engage in education or counseling program; unilateral no-contact orders, school assignment alteration; prohibitions or limitations on presence on school property or at school-related events; private reprimand; public reprimand; suspension without pay; termination.

APPEALS

The Superintendent may serve as the Appellate Decision Maker and shall assign or arrange for the services of a trained Appellate Decision Maker if s/he does not serve in that role. The Appellate Decision Maker cannot be the Initial Decision Maker, Informal Resolution Facilitator, Investigator, or TIXC.

The Appellate Decision Maker shall have authority to preside over the appeal process in a manner the allows Complainant and Respondent an equal opportunity to participate, including setting reasonable page limits, enforcing timelines, and limiting review on the record to allowable grounds.

The parties (Complainant and Respondent) have the opportunity to appeal a responsibility determination and dismissals of formal complaints. Appeals will be considered only on the following grounds:

1. A procedural irregularity that affected the outcome;
2. New evidence that was not reasonably available as of the date of the determination regarding responsibility or dismissal of the formal complaint, that could affect the outcome; or

Title IX Sexual Harassment Grievance Procedures

APPEALS (CONTINUED)

3. The TIXC, Investigator, or Decision Maker had a conflict of interest or bias for or against Complainants or Respondents generally, or the individual Complainant or Respondent that affected the outcome.

APPEAL STEPS

1. An appeal must be filed in writing within five (5) calendar days of the receipt of the determination decision. Appeals after that deadline will not be considered. The written appeal must state the grounds and arguments for reversal or modification of the determination.
2. Appeals must be filed with the Superintendent, who will submit the appeal to the Appellate Decision Maker or engage in further appellate steps if the Superintendent is the Appellate Decision Maker. Parties initiating an appeal or seeking reversal or modification of a responsibility determination must explain the impact of any asserted error on the outcome and, in the case of new evidence, are to explain why such evidence was not available, summarize the evidence and explain how the party contends such evidence would have affected the outcome.
3. The Appellate Decision Maker shall notify the other party in writing of the appeal and include copies of the document setting forth the grounds and arguments in support of the appeal. The other party shall have the option to file with the Appellate Decision Maker written arguments in response to the opposing party's appeal within five (5) calendar days of receipt of the appeal document. An untimely response will not be considered.
4. The Appellate Decision Maker shall conduct an impartial review of the appeal including consideration of arguments of the parties and the written record and may consult with District legal counsel in the decision-making process.
5. The Appellate Decision Maker shall issue a written decision describing the result of the appeal and rationale for the result and provide notice of the written decision simultaneously to the parties. The Decision may: affirm the determination, reverse the determination, or modify the determination in whole or in part.
6. The Title IX grievance determination of responsibility is final when there is no timely appeal or on the date when the Appellate Decision Maker sends his or her decision to the parties. A determination that conduct is not Title IX Sexual Harassment does not prevent the imposition of sanctions consistent with other law or policy where the conduct is determined to be in violation of such other law or policy.

RECORDS

Records in connection with sexual harassment reports and the complaint process shall be maintained for a minimum of seven (7) years.

Title IX Sexual Harassment Grievance Procedures

REFERENCES:

[1]KRS 158.4410; KRS 158.150; KRS 158.153
704 KAR 019:002
Individuals with Disabilities Education Act
Section 504 of the Rehabilitation Act
The Americans with Disabilities Act

RELATED POLICIES:

[2]03.173; 03.27
09.429; 09.434

RELATED PROCEDURES:

03.1621 AP.2; 03.2621 AP.2; 09.428111 (all procedures)

Review/Revised:8/18/2020

Title IX Sexual Harassment Reporting Form

COMPLAINANT _____
Last Name *First Name* *Middle Initial*

STUDENT'S SCHOOL _____ **GRADE** _____ **HOMEROOM/CLASSROOM** _____

EMPLOYEE'S WORK SITE_____

INFORMATION CONCERNING SEXUAL HARASSMENT

DATE: _____ **TIME:** _____ ☐ **AM** ☐ **PM LOCATION:**_____

INDIVIDUAL(S) WHO ALLEGEDLY ENGAGED IN TITLE IX SEXUAL HARASSMENT:

_____

DESCRIPTION OF ALLEGATION: _____

_____

_____

NAME OF PERSON FILLING OUT THIS FORM (PLEASE PRINT): _____

SIGNATURE: _____ **DATE:** _____

Review/Revised:8/18/2020

Threat Assessment Team Procedures

The following procedures cover threat assessment teams, in conjunction with any District-selected threat assessment guidelines and forms, to identify and respond to students exhibiting behavior that indicates a potential threat to school safety or school security.

THREAT ASSESSMENT TEAM PLANNING AND PREPARATION

The following actions are recommended prior to undertaking a threat assessment:

1. Guidelines and forms to facilitate threat assessments undertaken by a threat assessment team will be developed or utilized by or with the assistance of the District School Safety Coordinator (SSC) to assist teams in defining behaviors that will indicate if and when a threat assessment is advisable.
2. The SSC job functions will include providing input and assisting, teams in assessing identified, potential threats and determining appropriate responses to the threats. Under the supervision of the Principal and Superintendent/designee, the District SSC will recommend, arrange for, or provide training for the team.
3. The Superintendent/designee shall determine if and when a parent or guardian will be notified that their student has been identified by a team as exhibiting behavior that indicates a potential threat to school safety or school security and that needs to be assessed by the team.
4. The team's activities will include notification, as appropriate considering relevant circumstances, to a potential target of behavior deemed to present a substantiated potential threat.

IDENTIFICATION OF A POTENTIAL THREAT

The threat assessment team, utilizing available data and exercising reasonable discretion to assess student behavior, shall identify and respond to students exhibiting behavior that indicates a potential threat to school safety or school security. The process shall not use a profile of characteristics to identify a threat, and should be calculated to take into consideration behaviors, statements, or other communications to identify a potential threat to school safety and school security as follows:

1. Any team member receiving information indicating a potential threat to school safety and school security shall notify:
    a. The District SSC;
    b. The rest of the team; and
    c. The team for any additional schools of the District potentially involved in the identified threat.
2. The District SSC shall appropriately notify any other District SSC for other school Districts identified in the threat or during the threat assessment process, as well as the leader of any non-public school identified in a threat or during the threat assessment process.

Threat Assessment Team Procedures

ASSESSMENT OF A POTENTIAL THREAT

Upon identification of a potential threat, the team shall undertake the threat assessment:

1. In accordance with Board policy;
2. Informed by guidelines and applicable forms as described above; and
3. Giving consideration to applicable circumstances regarding the identified student and the behaviors giving rise to his/her identification.

POST-ASSESSMENT RESPONSE

The team shall consider all information gathered during the assessment to determine the type of response that is appropriate to address school safety and school security, and to address the needs of students identified during assessment of the threat. The team shall document the response it takes, as well as all communication from the team and other school staff with students identified during the threat assessment and their parents or guardians relating to the assessment and any resulting response.

ONGOING REVIEW OF THREAT ASSESSMENT PROCESS

The District SSC and the Superintendent shall review the work of each threat assessment team of the District, and make efforts to improve the work of all teams, and adherence to Board policy goals, and legal requirements.

Review/Revised:7/16/2019

Juvenile Court Records

RECEIPT BY PRINCIPAL

Records or information received on youthful or violent offenders shall not be disclosed except as permitted by law. When such information is received, the Superintendent shall notify the Principal of the school in which the child is enrolled. The Superintendent may designate an employee of the District to receive notices and carry out the Superintendent's responsibilities. The Superintendent/designee shall provide the clerk and the court-designated worker with notice of any designation and the name and contact information for the Superintendent's designee.

The Principal receiving this information shall retain the information in a locked file. Records or information disclosed to the Principal pursuant to this procedure shall not be disclosed to any other person, including school personnel, except the following:

1. School administrative, transportation, and counseling personnel,
2. Any teacher to whose class the student has been assigned,
3. Any school employee with whom the student may come in contact, or
4. Others as may be permitted by law.

The Principal is required by law to release the information to employees of the school having responsibility for classroom instruction or counseling of the child.

Those persons receiving this confidential information shall sign a confidentiality statement (09.43 AP.22).

If the petition is dismissed or informally adjusted, the clerk shall notify the Superintendent or the Principal of the disposition, and all records of the incident or notification created in the District or the school shall be destroyed and shall not be included in the child's school records. For purposes of destruction, education records created by the school shall not be destroyed.

STUDENTS NOT ENROLLED IN THE SCHOOL

If the juvenile is not currently enrolled in the school, the Principal shall return the records to the court and notify the clerk that the child is not enrolled.

In addition, the Principal shall return the records to the court and notify the clerk if the juvenile is changing school assignment within the District, transferring to a school in another district, graduating, or withdrawing from school.

RELATED PROCEDURES:

09.14 AP section
09.43 AP.22

Review/Revised:7/19/2024

Teacher Report of Student Conduct

Date: _____

To: _____
Principal's Name

Student's Name _____ _____ _____
Last Name *First Name* *Middle Initial*

Student's Address _____ _____ _____
City *State* *Zip Code*

Student's Age _____ Date of Birth _____ Sex _____ Student's Phone Number _____

School _____ Grade _____ Teacher/Classroom _____

STATEMENT OF MISCONDUCT: The student named above has violated the following rule or standard of conduct and has demonstrated the behavior described below which constitutes cause for discipline including, but not limited to, assignment to an alternative classroom setting.

_____

_____

_____

_____

Incident reported by: _____ on _____ at approximately ____☐ AM ☐ PM

Incident investigated by: _____ on _____ at approximately ____☐ AM ☐ PM

_____ _____
Signature of Teacher *Date*

DISCIPLINARY ACTION TAKEN:

_____

_____

_____

_____

The above disciplinary action shall begin on _____

The above disciplinary action shall end on _____

_____ _____
Signature of Principal/Designee *Date*

Review/Revised:9/5/2017

Juvenile Court Records Confidentiality Statement

THIS FORM SHALL BE SIGNED ANNUALLY BY ALL SCHOOL PERSONNEL WITH WHOM JUVENILE COURT INFORMATION MAY BE SHARED.

I understand that all information related to me by the Principal or received from any other source concerning any juvenile court proceeding or records is to be held in strictest confidence and that the law prohibits me from passing such information along to any other individual.

I also understand that the law prohibits me from punishing a student in any way based upon information concerning the student's juvenile court proceedings or records, whether received from the Principal or from any other source, inside or outside the school.

I further understand that the law prohibits me from obtaining or attempting to obtain information contained in juvenile court records in this state, unless I obtain a court order to do so.

_____ _____

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

Employee is ☐ Principal ☐ Teacher ☐ Counselor ☐ Other (specify) _____.

RELATED PROCEDURE:

09.12 AP.1

Review/Revised:9/5/2017

Notification to Parent of Detention/Saturday School

_____
Date

Dear Parent/Guardian:

In compliance with Policy 09.432, I have assigned _____
Student's Name

to ☐ detention ☐ Saturday School on _____ for misconduct.
Date

This disciplinary action has been made following a referral and conference with the student. We are notifying you in advance so that transportation arrangements may be made. Your child will need to be picked up at _____. The detention/Saturday School room shall be
Time
properly supervised by school personnel.

The student's failure to serve detention or Saturday School may result in additional disciplinary measures.

If you have questions or transportation concerns, please call me at school.

Sincerely,

_____
Principal/Designee's Signature

Review/Revised:9/5/2017

Notice of Suspension

Student's Name _____ _____ _____
Last Name *First Name* *Middle Initial*

Student's Address _____ _____ _____
City *State* *Zip Code*

Student's Age _____ **Date of Birth** _____ **Sex** _____ **Student's Phone Number** _____

School _____ **Grade** _____ **Homeroom/Classroom** _____

To: _____ _____
Name of Parent/Guardian *Date*

STATEMENT OF REASONS FOR SUSPENSION: The student named above has violated the following rule or standard of conduct and has demonstrated the behavior described below which constitutes cause for suspension._____

_____

_____

_____

Incident reported by: _____ on _____ at approximately ____☐ AM ☐ PM

Incident investigated by: _____ on _____ at approximately ____☐ AM ☐ PM

This student has a disability under ☐ Section 504 ☐ IDEA (Individuals with Disabilities Act).

School officials have determined that this offense ☐ does ☐ does not warrant a recommendation for expulsion.

SUSPENSION SHALL BE ASSIGNED AS FOLLOWS:

The suspension shall start on _____ _____ ☐ AM ☐ PM

The suspension shall end on _____ _____ ☐ AM ☐ PM

NOTE: **If the day of suspension is not an actual school day (snow, ice, etc.), the day of suspension automatically extends to the next day school is in session.** In the event a student acts in such a manner as to warrant expulsion, the Principal may suspend the student for up to the maximum number of days permitted by policy 09.434. In such cases, the Principal shall then request the Superintendent to institute expulsion proceedings and notify the parent/guardian within 24 hours of their child's suspension to be followed by this written notice. Should the Superintendent decide to pursue expulsion, s/he shall provide the student and his/her parents with written notice of the specific acts committed by the student that constitute probable cause for expulsion and citing these acts as the reasons for the suspension imposed by the Principal.

_____ _____
Signature of Principal/Designee *Date*

DUE PROCESS

Due process was afforded as evidenced by ☐ oral ☐ written notice of the charges. If the student denied the charges, s/he was given the opportunity to present his/her version and these comments ☐ are ☐ are not on file. The parent should call to schedule a conference that is a prerequisite to readmission.

Review/Revised:9/5/2017

Alternative Education

MONITORING

The District shall provide for:

1. Regular, periodic monitoring of the alternative education program; and
2. Selecting, implementing, and monitoring the impact of professional learning designed to meet the needs of the teachers and students served by the alternative education program.

Review/Revised:7/21/2023

Alternative Education Notification

STUDENT _____ **AGE** ____ **BIRTHDATE** _____

SCHOOL _____ **GRADE** _____ **GENDER** _____ **RACE** _____

NAME OF PARENT/GUARDIAN _____

EMAIL ADDRESS/HOME _____ **EMAIL ADDRESS/WORK** _____

MAILING ADDRESS _____ **PHONE WORK** _____ **HOME** _____

Dear Parent/Guardian,

This letter is to notify you that your son/daughter has been assigned to the District Alternative Education Program. Reason(s) for the assignment include:_____

_____

_____

Your child's team looks forward to meeting with you to discuss development or amendment of the individual learning plan addendum for your child, and other matters related to provision of alternative education program services. The meeting will take place on _____(**DATE**) at _____(**TIME**) at _____ (**LOCATION**). If you are unable to attend, we will mail you written notification to explain the results of the meeting.

If you have questions, please contact me. Otherwise, please contact me to let me know if you will be attending this important meeting.

Sincerely,

_____ _____

Signature of School Personnel *Date*

Contact's Telephone: _____ Contact's Email: _____

ADMINISTRATIVE NOTE: Changes in educational placement for students identified under the IDEA or Section 504 shall be implemented consistent with applicable legal requirements.

Review/Revised:9/5/2017

Student Hearing Notice

Date _____

Dear _____,
Name of Parent/Guardian

This letter is your official notice that the Board of Education has scheduled a hearing to consider expulsion of (***student's name***) _____.

The hearing will be held immediately following the Board meeting scheduled at (***time***) _____ on (***date***) _____ in the Board office at (***address***) _____. Please be present no later than (***time***) _____.

The specific charge(s) against your son/daughter is _____. Information related to the charge (s) is enclosed.

The pupil and/or his/her parents, legal guardian, or others on his/her behalf shall be given the opportunity to present oral or written testimony at the hearing. You may be represented by an attorney and present witnesses if you so desire.

Please plan to be present at this hearing.

Sincerely,

_____
Superintendent/Designee's Signature

Review/Revised:9/5/2017

Disciplinary Hearing Form

Student's Name _____ _____ _____
Last Name *First Name* *Middle Initial*

Student's Address _____ _____ _____ _____
City *State* *ZIP Code*

Student's Age _____ **Date of Birth** _____ **Sex** _____ **Student's Phone Number** _____

School _____ **Grade** _____ **Homeroom/Classroom** _____

DATE	NATURE OF INCIDENT	NAME(S) OF WITNESSES	ACTION TAKEN

Attach all other supporting information to this form—i.e., statement of witnesses, background of student, etc.

Review/Revised:9/5/2017

Expulsion Notice

Date _____

Dear _____,
Name of Parent/Guardian

The Board of Education met on (*date*) _____ at which time it made the following decision:

☐ Because the Board found there was clear and convincing evidence that the student posed a safety threat to other students/staff of the school District, the decision was made to expel (***student's name***) _____ from all schools and school activities under the control of the District beginning _____
Date
and ending _____.
Date

☐ The decision was made to remove the student from the regular classroom setting, but continue to provide educational services in the following setting: _____ _____ and time period: from _____ to _____. If conditions apply in order for educational services to continue, we have attached a copy of those conditions to this letter.

We regret the necessity of this action.

Please be assured of our desire for all children to receive an education, and feel free to contact this office for assistance in school-related matters.

Sincerely,

_____
Superintendent/Designee's Signature

Review/Revised:9/5/2017

Record of Student Arrest at School

This form shall be kept in the school office, and a duplicate copy shall be forwarded to the Central Office.

Student's Name _____ _____ _____
Last Name *First Name* *Middle Initial*

Student's Address _____ _____ _____
City *State* *ZIP Code*

Student's Age _____ **Date of Birth** _____ **Student's Phone Number** _____

School _____ **Grade** _____ **Teacher/Classroom** _____

Date of Arrest _____

LAW ENFORCEMENT AGENCY: (Check one)

☐ City Police ☐ County Sheriff ☐ Kentucky State Police ☐ Other: _____

ARRESTING OFFICER: _____

NATURE OF THE OFFENSE CHARGED: _____

_____

ISSUING AUTHORITY OF ARREST WARRANT: _____

_____

PLACE OF CUSTODY: _____

PARENTS NOTIFIED BY: _____at: _____ on _____
Employee *Time* *Date*

NOTE: If a student is an alleged victim of abuse or neglect, school officials shall follow directions provided by the investigating officer or Cabinet for Health and Family Services representative as to whether to contact a parent and shall provide the cabinet access to a child subject to an investigation without parental consent.

PARENT/GUARDIAN NOTIFIED: _____

_____ _____
Principal/Designee's Signature ***Date***

Review/Revised:9/5/2017

Reporting of Code Violations

Students wishing to report bullying or other violation of the Code of Acceptable Behavior and Discipline may report it to a classroom teacher, who shall take appropriate action as defined by the code. The teacher shall refer the report to the Principal/designee for further action when the report involves an offense that may warrant suspension or expulsion of a student, any felony offense, or a report that may be required by law, including reports to law enforcement.

RETALIATION PROHIBITED

Employees and other students shall not retaliate against a student because s/he reports bullying or other violation of the code or assists or participates in any investigation, proceeding, or hearing regarding the violation. The Superintendent/designee shall take measures needed to protect students from such retaliation.

Review/Revised:9/5/2017

Parent Notification of Code Violation

_____
Date

Dear Parent/Guardian,

On _____, your child, _____
Date *Student's Name*
was involved in a serious incident, which took place at _____.
Location

At this time, the following information has been reported to me concerning the incident:

_____

_____

_____

_____

Because student safety is our utmost concern, we take this information very seriously and have taken appropriate action.

Please contact me directly if you have questions about this information. I can be reached at _____.
Telephone Number

Sincerely,

_____, Principal

RETALIATION PROHIBITED

Employees and other students shall not retaliate against a student because s/he reports bullying or other violation of the code or assists or participates in any investigation, proceeding, or hearing regarding the violation. The Superintendent/designee shall take measures needed to protect students from such retaliation.

FOR SCHOOL USE ONLY

If the code violation falls under the state definition of bullying, District Procedure 09.422 AP.21 must be completed.

If the code violation falls under the state definition of bullying and must also be reported under KRS 158.155 or KRS 158.156, see Policies 09.2211 and 09.438 and related procedures.

If bullying is related to a federally protected harassment/discrimination area, see Policy 09.42811 and related procedures.

Review/Revised:9/5/2017

Request to Access Public Records

To request access to District records, other than student records not subject to release, use Procedure 01.6 AP.2/Inspection of Board Records.

Refer to Policy 09.14 and related procedures to determine access to student records.

Review/Revised:9/5/2017

Citizen Complaint to the Board

The Board will consider complaints regarding Board actions and policy matters. All other complaints should be directed to the school administrative unit(s) in which the problem arises.

Complaint initiated by _____

Telephone _____ Street Address _____

City _____ State _____ ZIP Code _____

Complainant represents ☐ himself/herself ☐ organization, specify _____

What is your initial complaint? Use full names, dates, exact occurrences, if appropriate. Attach additional page(s) if necessary.

_____

_____

_____

What result(s) are you seeking from this complaint? _____

_____

_____

Check the levels of school administrative units with whom you have discussed this complaint, as per Policy 10.2.

☐ Teacher ☐ Principal ☐ School Council (where appropriate) ☐ Superintendent/designee

What response have you received from these different administrative levels?

_____

_____

_____

*What action are you requesting the Board to consider? _____

_____

_____

*The Board reserves the right to defer and redirect complaints that have not been explored to the appropriate administrative level(s).

Review/Revised:9/5/2017

Incident Report

(Inappropriate Behavior toward Employees by Visitors)

Complete and submit this report to your immediate supervisor as soon as possible after the incident.

DATE OF INCIDENT _____

EMPLOYEE'S NAME _____

POSITION/TITLE _____

WHERE DID INCIDENT OCCUR? (*Check*)

☐ School site ☐ School grounds ☐ School-sponsored event ☐ Central Office ☐ Private residence

☐ Public site (*specify*) _____

☐ Other (*specify*) _____

DESCRIBE/IDENTIFY INDIVIDUAL: _____

_____

DESCRIBE INDIVIDUAL'S ACTIONS. (*Check the boxes that best categorize the actions and then describe those actions with specifics. Attach a separate sheet if necessary.*)

- ☐ Cursing/using obscenities
- ☐ Disrupting or threatening to disrupt school or office operations
- ☐ Acting in an unsafe manner (a manner that could have threatened the health and safety of others)
- ☐ Making a verbal statement, a phone call, or a gesture indicating intent to harm you or to damage school property
- ☐ Sending a written statement indicating intent to harm you or to damage school property
- ☐ Physically attacking you with the intent to harm you or to damage school property
- ☐ Other (*specify*) _____

Specifics: _____

DESCRIBE YOUR RESPONSE. *(Check the boxes that best categorize your response and then describe that response with specifics. Attach a separate sheet if necessary.)*

- ☐ Informed person(s) of provisions of and/or gave person(s) a copy of Policy 10.21
- ☐ Hung up the phone on the person(s)
- ☐ Asked person(s) to leave office/school/event
- ☐ Called site administrator/designee for assistance
- ☐ Called law enforcement officials
- ☐ Other (*specify*) _____

Specifics: _____

_____ _____

Employee's Signature ***Date***

_____ _____

Immediate Supervisor's Signature ***Date***

DATE REPORT SUBMITTED TO SUPERINTENDENT/DESIGNEE: _____

Review/Revised:9/5/2017

Visitors to the Schools

REPORT TO FRONT OFFICE

As soon as practicable but no later than July 1, 2022, all visitors to the school are to report to the front office of the building, provide valid identification, and state the purpose of the visit. The school shall provide a visitor's badge to be visibly displayed on a visitor's outer garment.

CLASSROOM VISITATION

Requests for classroom observation by parents, educators, or other local citizens with legitimate educational interests pertaining to the District's public school program shall be made to the Principal with reasonable notification. The Principal may grant the request if:

1. The teacher involved is notified in advance of the arrangement.
2. The number in the group is small enough to be accommodated in the classroom without interfering with the class.
3. The frequency of the visits does not interfere with the scheduled instructional program in the classroom.

LUNCH WITH FAMILY MEMBER

Parents, guardians, grandparents, or other immediate family members as approved by the Principal/designee may request to have lunch with their child/grandchild. Otherwise, except for authorized District personnel, each school shall observe a closed campus at lunch.

SPECIAL INVITATION

A special invitation for parents and other interested persons to visit the schools may be extended during appropriate school programs or activities and special occasions.

OBSERVATION BY OUTSIDE AGENCIES

These procedures are established for the purposes of observation only.

NOTE: Unless an outside provider has been sought out and contracted for a needed service by the District, no private therapy or service shall be provided to a student during the school day, within a District School.

The following information/documentation is required by the District before a private, outside therapist/service provider can observe its private client within a District School. Information must be sent to the Director of Special Education (special education students) or to the Director of Health and Family Resource Youth Service Center (FRYSC) Services (regular education students):

- Background check clearance on file with District Schools Central Office;
- Individual liability insurance certificate or worker's compensation insurance certificate;
- A copy of credentials in the form of certification/license for the purpose of the observation; and

Visitors to the Schools

OBSERVATION BY OUTSIDE AGENCIES (CONTINUED)

- A signed release (form can be requested from the school) by the parent/guardian noting that the therapist/outside service provider has been given permission to observe their child during the school day.

  Once this information is received, the therapist/service provider may be allowed to come and observe the identified student as follows:

- At a time/day designated and assigned by the Principal/designee (to cause as little disruption to the class or school/learning environment as possible);
- The therapist is to observe only during these designated times, in an education setting (or activity such as lunch or social gathering) and only if confidentiality of other students/parents and disruption of the educational process in these settings can be adequately addressed by the Principal/designee;
- At any time the school or District needs to cancel an appointment or not allow an outside agency/therapist/service provider to return to the school setting, the outside agency will be notified; and
- The outside service providers MUST provide a photo I.D. as well as sign in and out at the school office any time they are on school property during a school day.

Review/Revised:7/16/2019

Registrant Offender Request

- This form shall be used to document the Principal's response to a registrant offender request to come onto school grounds.
- If a registrant's child becomes ill or injured during the school day, the registrant shall arrange to pick up the child with the Principal prior to coming to the school. For all other situations, requests shall be made to the Principal prior to the date of an authorized visit.
- Requests will be considered only from registrants who are the parent/legal guardian of a student or the person designated by the parent/legal guardian to have access to the student.
- Individuals whose request is granted shall keep a copy of this completed form with them each time they come onto school grounds.

TO BE COMPLETED BY REGISTRANT

_____ _____
Full Name (first, middle, last) *Phone Number*

_____ _____
Address *eMail Address*

_____ _____
Date of Request *Requested Visit Date*

Reason for request (check at least one):

- ❒ Confer with school staff concerning my child's academic, disciplinary or placement, including matters required by federal or state law
- ❒ Attend a school activity in which my child is participating
- ❒ Vote in a designated polling place on school grounds

PRINCIPAL'S RESPONSE
❒ Registrant is required to provide additional information as follows:
❒ Registrant must follow check-in and check-out requirements as follows:
❒ Registrant must be directly supervised while on school grounds by the following individual(s) designated by the Principal:
❒ Registrant is restricted to the following designated location(s) on schools grounds:
❒ Registrant may only be on school grounds during the following time period:
❒ Request by registrant to be on school grounds is denied.

_____ _____
Principal's Signature *Date*

The completed form shall be kept on file at school. A copy of this completed form shall be provided to the Superintendent/designee and to the registrant.

Review/Revised:9/5/2017

Request for Activity/Program Accommodation

TO BE COMPLETED BY REQUESTING INDIVIDUAL

_____ _____
Print Full Name (first, middle initial, last) *Phone Number*

_____ _____
Address *eMail Address*

I am a ☐ student ☐ employee ☐ visitor

If you marked "student," does this request also apply to programs provided within the academic school day? ☐ Yes ☐ No

I request the following accommodation(s):

☐ Effective communication Type requested: _____

_____ _____ _____
Activity *Location* *Date*

☐ Event ticket sales/accessible seating

_____ _____ _____
Activity *Location* *Date*

☐ Companion seating requested

_____ _____ _____
Activity *Location* *Date*

☐ Use of power driven mobility device

_____ _____ _____
Activity *Location* *Date*

☐ Use of service animal* Check one: ☐ Service dog ☐ Miniature horse

_____ _____ _____
Activity *Location* *Date*

*For animals accompanying students on the bus, during school, and/or on school trips, proof of vaccination(s) is required per KRS 258.015.

_____ _____
Signature *Date*

Please attach other information explaining the reason for this request, and submit this form to the school/Central Office as soon as possible and, except for service dogs, at least ten (10) days prior to the date of the activity.

==========

FOR SCHOOL/DISTRICT USE

Date Received: _____ Date of Response: _____

Response: _____

District/school employee who contacted applicant: _____

Review/Revised:9/5/2017

Website Accessibility Complaint and Grievance Form

DATE OF COMPLAINT/GRIEVANCE:_____

COMPLAINANT NAME:_____
(Please Print)

ADDRESS:_____

EMAIL:_____

PHONE:_____ _____ _____

WEBSITE ADDRESS (OR LOCATION) OF ACCESSIBILITY PROBLEM:_____

_____

DESCRIPTION OF THE PROBLEM ENCOUNTERED: _____

_____

SOLUTION DESIRED: _____

SIGNATURE:_____

Thank you for bringing this matter to the District's attention. You may be contacted if more information is needed to process your complaint/grievance. The investigation process is typically completed within fifteen (15) working days from the date it was received.

The complaint or grievance will be investigated by the Superintendent/designee. The complainant shall be contacted no later than five (5) working days following the date the District receives the information. The procedures to be followed are:

- An investigation of the complaint shall be completed within fifteen (15) working days. Extension of the time line may only be approved by the Superintendent.
- The investigator shall prepare a written report of the findings and conclusions within five (5) working days of the completion of the investigation.
- The investigator shall contact the complainant upon conclusion of the investigation to discuss the findings and conclusions and actions to be taken as a result of the investigation.

A record of each complaint and grievance shall be maintained at the District office. The record shall include a copy of the complaint or grievance filed, report of findings from the investigation, and the disposition of the matter.

Review/Revised:9/5/2017