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2025-2026**

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**Northwest Technology Center**  
**Request to Address Board of Education**

I request permission to address the Northwest Technology Center Board of Education on the following topic:

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<hr/> <p style="text-align: center;">(Date)</p>	<hr/> <p style="text-align: center;">(Name)</p> <hr/> <p style="text-align: center;">(Street Address)</p> <hr/> <table border="0" style="width: 100%;"><tr><td style="width: 33%;"><p style="text-align: center;">(City)</p></td><td style="width: 33%;"><p style="text-align: center;">(State)</p></td><td style="width: 33%;"><p style="text-align: center;">(Zip)</p></td></tr></table> <hr/> <p style="text-align: center;">(Representing)</p>	<p style="text-align: center;">(City)</p>	<p style="text-align: center;">(State)</p>	<p style="text-align: center;">(Zip)</p>
<p style="text-align: center;">(City)</p>	<p style="text-align: center;">(State)</p>	<p style="text-align: center;">(Zip)</p>		

Parent of Minor Student:  Yes     No

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

Enrolled in a Northwest Tech Program:  Yes     No

Program's Name: \_\_\_\_\_

**Northwest Technology Center  
Superintendent's Evaluation**

Superintendent's Name \_\_\_\_\_ School Year \_\_\_\_\_

Board Member's Name \_\_\_\_\_

**TERMS**

- S: Satisfactory - meets standards of performance required by the School District.
- N: Needs to improve upon the standards of performance required by the School District.
- U: Unsatisfactory - does not meet standards of performance required by the School District.

[Any rating of "Needs to improve" or "Unsatisfactory" should have an explanation for that rating in the "Comments" section. When a majority of the Board rates the superintendent as "Needs to improve" or "Unsatisfactory" in a specific area then a written plan of improvement for that area should be developed for the superintendent. A written plan of improvement is not a prerequisite to disciplinary action against the superintendent.]

<b>EDUCATIONAL LEADERSHIP</b>		S	N	U
1.	The superintendent effectively administers the development and maintenance of a positive educational program designed to meet the needs of the community.			
2.	The superintendent develops school objectives, policies, plans and programs.			
3.	The superintendent monitors and evaluates school programs, and advises the Board on recommendations for the educational advancement of the schools.			
4.	The superintendent develops and recommends to the Board for its adoption all courses of study, curriculum and major changes in texts to be used in the schools.			
5.	The superintendent keeps informed of modern educational thought and practices.			

**Board Member's Comments:**

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<b>DISTRICT MANAGEMENT</b>		S	N	U
1.	The superintendent operates the District in compliance with all policies of the Board and advises the Board on the need for new or revised policies.			
2.	The superintendent makes administrative decisions within the school necessary to the proper function of the School District within established school Board policies.			
3.	The superintendent delegates authority where			

<b>DISTRICT MANAGEMENT</b>		<b>S</b>	<b>N</b>	<b>U</b>
	appropriate.			
4.	The superintendent communicates directly or through delegation all actions of the Board relating to personnel matters of all employees, and receives from employees all communications to be made to the Board.			
5.	The superintendent directs staff negotiations with professional and non-professional personnel.			
6.	The superintendent recommends to the Board of Education employment of qualified and competent certified and non-certified personnel.			
7.	The superintendent assures that personnel records and appropriate documentation to support any recommended personnel actions are maintained.			
8.	The superintendent supervises and evaluates administrative personnel.			
9.	The superintendent assures that personnel records and appropriate documentation to support any recommended personnel actions are maintained.			
10.	The superintendent recommends to the Board for final action the promotion, compensation, demotion or dismissal of any employee.			
11.	The superintendent directs the preparation of the annual budget for adoption by the Board.			
12.	The superintendent administers the budget approved by the Board.			
13.	The superintendent establishes and maintains efficient procedures and controls over expenditures of school funds.			
14.	The superintendent efficiently and effectively acts as purchasing agent for the Board.			
15.	The superintendent establishes procedures for the purchase of books, materials, and supplies.			
16.	The superintendent maintains school property and recommends to the Board sales of all property and equipment no longer needed by the District.			
17.	The superintendent effectively directs the keeping of personnel records, pupil accounting records, business records and other records which are required by law and by Board policy.			
18.	The superintendent files, or causes to be filed, all reports required by state and federal laws and regulations.			
19.	The superintendent maintains an effective system for the transportation of pupils in accordance with state and federal law and regulations.			

**Board Member's Comments:**

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<b>SCHOOL AND COMMUNITY RELATIONS</b>		<b>S</b>	<b>N</b>	<b>U</b>
1.	The superintendent prepares and submits to the Board recommendations, facts, information, and reports as are needed to ensure the making of informed decisions relative to all matters requiring Board action.			
2.	The superintendent provides timely information, when appropriate, to the Board regarding the operation of school programs, including programs, practices and problems of the schools.			
3.	The superintendent supervises the effective carrying out of all statutes, regulations and Board policies.			
4.	The superintendent supports each recommendation to the Board with a clear and detailed explanation of any proposed action.			
5.	The superintendent effectively represents the District in its dealings with other school systems, state institutions, agencies, and community organizations.			
6.	The superintendent keeps the Board and public informed of trends in education.			
7.	The superintendent effectively represents the District before the public, and maintains a public relations program designed to keep the public informed as to the activities, needs, and successes of the District's schools.			
8.	The superintendent establishes and maintains a cooperative working relationship between the schools and the community.			
9.	The superintendent facilitates communications between the Board and the community.			

**Board Member's Comments:**

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**Goals and Objectives, if any:**

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*(Signature only acknowledges receipt of this Evaluation and does not necessarily signify agreement with its contents.)*

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**Signature of Superintendent**

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**Date**

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**Signature of Board Member**

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**Date**

**Northwest Technology Center  
Federal Programs Grievance Complaint Form**

Date: \_\_\_\_\_

Grievant's Name, Address and Phone Number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Statement of grievance (please provide as detailed a statement as is possible and attach supplemental pages so that we may have a complete understanding of your concerns):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please identify any documents or other materials which support your grievance. If documents or materials are in your possession, please attach copies to this grievance. If documents are not in your possession, please indicate where they are located.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please identify the name(s) and phone number (if known) for any individual who may have knowledge of this matter.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please identify what action or relief you are seeking as a result of this grievance.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Grievant

If, as a result of a disability, you need assistance in completing this form, please contact the district's ADA Coordinator, or superintendent, for assistance or accommodation.

## **CLERY ACT NOTES TO ADMINISTRATORS**

The Clery Act applies to all institutions of higher education who receive Pell Grants or other federal financial aid. The firm has confirmed that the US Department of Education considers technology centers receiving federal financial aid to be bound by the requirements of the Act.

This is a brief overview of the requirements applicable to technology centers under the Act. Additional requirements exist for schools with on campus housing.

The US Department of Education has published a 300 page guide to assist schools in complying with the Acts requirements. You can access this resource at: <http://www2.ed.gov/admins/lead/safety/handbook.pdf>. The firm *strongly* suggests that the individual(s) compiling the required report review this guide in its entirety prior to completing the mandatory report. Individuals responsible for campus safety and crisis planning should also review the guide for ideas on creating safety plans and student notices which meet the technology center's unique needs. Although the master crisis plan will not be provided to students and a majority of employees, an overview should be created for public use (insertion in handbooks, posting on bulletin boards, etc.). The guide has a number of helpful examples in this regard (esp. chapters 7 and 8). As a practical matter, efforts to comply with the Clery Act should be coordinated with the district's other crisis planning work to ensure a unified plan and approach.

### **Requirements for All Technology Centers**

- Educate employees and students
- Compile crime statistics
- Publish an annual report (by October 1<sup>st</sup>)
- Upload annual crime stats to the US Department of Education

### **Additional Requirements for Centers with a Campus Police / Security Department**

- Keep a daily crime log (must be maintained 7 years)

### **Statistical Information**

The technology center must keep statistical information (for 7 years) on crimes based on:

- Where the crimes occurred
  - On campus (the campus itself, including its buildings, parking lots, etc.) (NOTE: technology centers with multiple campuses must compile separate statistical reports)
  - On public property within or immediately adjacent to the campus (e.g., sidewalk on or in front of campus, public transit stop on or adjacent to campus, etc.)
  - In or on noncampus buildings or property the technology center owns or controls pursuant to a written agreement (e.g., a high school classroom the tech center rents)
- To whom the crimes were reported

NOTE: statistics must be gathered from all “campus security authorities”; this includes individuals authorized to receive reports of crime, such as campus administrators, regardless of whether the technology center has a school resource officer or security department

NOTE: the technology center must also make a good faith effort to gather statistics from local law enforcement

- The types of crimes that were *reported*
  - murder, negligent and non-negligent manslaughter, forcible and non-forcible sex crimes, robbery, aggravated assault, burglary, motor vehicle theft, arson
  - hate crimes (all those listed above plus larceny-theft, simple assault, intimidation, destruction/damage/vandalism of property if the crime was motivated by bias based on race, gender, religion, sexual orientation, ethnicity/national origin or disability)
  - weapons violations (carrying, possessing, etc.), drug and liquor law violations
- The year in which the crimes were reported

**Northwest Technology Center  
Declaration**

1. I am the \_\_\_\_ parent, \_\_\_\_ legal guardian, or \_\_\_\_ caretaker of the following named student: \_\_\_\_\_ (hereinafter the "Student").
  
2. I am requesting that the Technology Center permit me access to the Student to administer cannabidiol, a nonpsychoactive cannabinoid substance derived from the *Cannabis sativa L.* plant (hereinafter "Cannabidiol").
  
3. In making this request, I affirm one of the following:  
**(Check Only One)**

- The cannabidiol substance I seek to administer to the Student has 0.0% tetrahydrocannabinol (THC).
  
- The cannabidiol substance I seek to administer to the Student has a tetrahydrocannabinol (THC) level not exceeding 0.3% **AND** I have received a written certification from a physician licensed in this state that the Student has been diagnosed by a physician as having Lennox-Gastaut Syndrome, Dravet Syndrome, also known as Severe Myoclonic Epilepsy of Infancy, or any other severe form of epilepsy that is not adequately treated by traditional medical therapies, spasticity due to multiple sclerosis or due to paraplegia, intractable nausea and vomiting, or appetite stimulation with chronic wasting diseases.
  
- The cannabidiol substance I seek to administer to the Student has a tetrahydrocannabinol (THC) level not exceeding 0.3% **AND** the Student has a current Oklahoma Medical Marijuana License.

I state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct.

\_\_\_\_\_  
(Date and Place)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Printed Name of Parent / Legal Guardian / Caretaker

**Northwest Technology Center  
Facilities Use and License Agreement**

THIS AGREEMENT is entered into between Northwest Technology Center ("Technology Center") and \_\_\_\_\_ ("Licensee").

**RECITALS:**

- A. Licensee desires to use on a temporary basis certain facilities owned by the Technology Center.
- B. The Technology Center desires to allow Licensee to use and occupy designated portions of those facilities at specific times and for specific purposes.

**WHEREFORE**, in consideration of the following mutual promises, covenants and conditions and intending to be legally bound the parties agree as follows:

- 1. The Technology Center agrees to allow Licensee to use and occupy the facilities and portions thereof described in paragraph 6 below at the times designated in said paragraph 6 below and for the specific uses described in paragraph 6.
- 2. Licensee agrees to pay the Technology Center \$\_\_\_\_\_ as and for rentals and all required cleaning and janitorial expense involved in Licensee's use and occupancy of the facilities.
- 3. Licensee agrees to release, hold harmless and indemnify the Technology Center, its agents and employees from any and all liability regardless of the source and regardless of the type of claim which may occur arising out of, directly or indirectly, the Licensee's occupancy and use of the below-described facilities. In addition to the foregoing release and indemnity, and not in lieu thereof, Licensee agrees to furnish Technology Center with a certificate or certificates of insurance coverage in such amounts as the superintendent of schools requires as will insure the Technology Center against any and all liability or actions that can arise by virtue of the Oklahoma Governmental Tort Claims Act, and naming the Technology Center, its agents and representatives as additional parties insureds.
- 4. Licensee warrants and represents that it is authorized to sign this Agreement and by signing this Agreement binds itself, its affiliates, members, successors and assigns.
- 5. This Agreement is terminable at the will of the Technology Center upon thirty (30) days advance notice.

Designated building: \_\_\_\_\_

Designated portion: \_\_\_\_\_

Designated use: \_\_\_\_\_

Designated date(s): \_\_\_\_\_

Designated time: \_\_\_\_\_

Licensee will take care to use all facilities and equipment of the Technology Center in a careful and prudent manner so as to prevent any loss, defacement or damage to them. Licensee is liable to the Technology Center for the damages, repair or replacement of any items damaged during its use of the Technology Center's facilities.

**DATED** this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Licensee

Northwest Technology Center

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
President, Board of Education

Attest:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Clerk, Board of Education

**Northwest Technology Center**  
**Asbestos Management Plan**

If the technology center needs to develop a new plan, RFR suggests using the Environmental Protection Agency's model plan. The technology center does not have to annually develop a new plan, just update the existing plan and notice each year. The EPA's model plan for schools is available at:

*<http://www2.epa.gov/asbestos/school-buildings#management>*

**Northwest Technology Center  
Hazard Communication**

Prior to June 1, 2016 the district must develop a new labeling and HazCom program, and provide appropriate training to all employees. The Occupational Safety and Health Administration provides a number of excellent resources and compliance documents, and RFR suggests using OSHA documents as the template for the district's revised program. OSHA's website can be accessed at:

<https://www.osha.gov/workers.html>

**Northwest Technology Center**  
**Bloodborne Pathogens Exposure Control Plan**  
**Exhibit A – Definition of Terms**

**BIOSAFETY LEVEL (BL)** Associated risks with microorganisms (e.g., BL1 minimal disease in healthy adults such as *Bacillus subtilis*, BL2 moderate risk associated with human diseases such as hepatitis B virus, BL3 microorganisms that may cause serious diseases such as *Mycobacterium tuberculosis* and BL4 microorganisms that are high risk and considered lethal such as Lassa fever virus).

**BLOOD** Human blood, human blood components and products made from human blood.

**BLOODBORNE PATHOGENS** Microorganisms that are present in human blood and that can cause disease in humans. These pathogens include hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

**CONTAMINATED** Marked by the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

**CONTAMINATED LAUNDRY** Laundry that has been soiled with blood or other potentially infectious materials or that may contain sharps.

**CONTAMINATED SHARPS** A contaminated object that can penetrate the skin, including, but not limited to, broken glass.

**DECONTAMINATION** The use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.

**ENGINEERING CONTROLS** Devices or equipment for isolating or removing hazards from the workplace.

**EXPOSURE INCIDENT** A specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that results from an employee performing his or her duties.

**HANDWASHING FACILITIES** Locations that provide an adequate supply of running potable water, soap and single-use towels or hot-air drying machines.

**HBV** Hepatitis B Virus.

**HIV** Human Immunodeficiency Virus.

**LICENSED HEALTH CARE PROFESSIONAL** A person whose legally permitted scope of practice allows him or her to independently perform the activities required for hepatitis B vaccination and post-Exposure evaluation and follow-up.

**OCCUPATIONAL EXPOSURE** Reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from employees performing their duties.

## **OTHER POTENTIALLY INFECTIOUS MATERIALS**

1. The following body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures and any body fluid that is visibly contaminated with blood.
2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
3. HIV-containing cell or tissue cultures, organ cultures and HIV- or HBV-contaminated culture media or other solutions; and blood, organs or other tissues from experimental animals infected with HIV or HBV.

**PARENTERAL** Exposure occurring as a result of piercing the skin barrier (e.g., subcutaneous, intramuscular, intravenous routes) through such events as needlesticks, bites, cuts and abrasions.

**PERSONAL PROTECTIVE EQUIPMENT** Specialized clothing or equipment worn by an employee to protect against a hazard.

**SHARPS** Any object that can penetrate the skin, including, but not limited to, broken glass.

**SOURCE INDIVIDUAL** A an individual whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

**STERILIZE** To use a physical or chemical procedure to destroy all microbial life, including highly resistant materials endospores.

**UNIVERSAL PRECAUTIONS** An approach to infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

**WORK PRACTICE CONTROLS** Mandated procedures or policies that reduce the likelihood of exposure by altering the manner in which a task is performed.

**Northwest Technology Center  
 Bloodborne Pathogens Exposure Control Plan  
 Exhibit B – Exposure by Job Classification & Tasks**

<b>Job Classification</b>	<b>Surface Decontamination And Cleaning</b>	<b>Medical Instruments And Equipment</b>	<b>Student Physical Assessment</b>	<b>Waste Disposal</b>	<b>Student Personal Care</b>
<b>Administrative</b>					
Certified					
Superintendent					
Directors					
<b>Instructional</b>					
Program instructor					
Program instructor					
Program instructor					
Program instructor					
Program instructor					
Other					
<b>Support</b>					
Custodial					
Clerical					
Regular Classroom					
Special Classroom					
Transportation					
Food service					

**Northwest Technology Center  
Bloodborne Pathogens Exposure Control Plan  
Exhibit C –Cleaning & Decontamination Schedule (Nurse)**

(Delete if no designated school nurse or EMTs)

	<b>Room(s)</b>	<b>Item/Surface</b>	<b>Frequency (Time, Day or Month)</b>	<b>Method/ Disinfectant</b>	<b>Responsible Party</b>
Instruments/ Handpieces	Exam Room	Stethoscope and all other items used in examination	After each use	See Plan	School Nurse
Pans, Pails, Trays	Exam Room	Counters Exam tables	When contaminated or end of day	See Plan	School Nurse
Protective Coverings	Exam Room	Exam Tables Cots	Changed after each use	See Plan	School Nurse
Floors/Walls	Exam Room	Floor	Swept daily	See Plan	Custodial Staff
Equipment/ Appliances	Where located	Equipment/ Appliances	After each use	See Plan	Custodial Staff School Nurse

**Northwest Technology Center**  
**Bloodborne Pathogens Exposure Control Plan**  
**Exhibit D – Biological Spills Cleaning**

*Work and Equipment Surface*

1. Wearing gloves, clean visible blood and body fluid spills from all equipment surfaces, cabinets and work surfaces with (detergent) and water or 1:10 bleach solution at the end of each work day.
  - a. Household bleach solutions are less effective as disinfectants in the presence of high concentrations of protein. It is very important to remove as much body fluid as possible before decontamination.
2. Wipe down equipment and work area at the end of each day with 1:10 dilution of household bleach or an approved disinfectant solution.
3. Rinse with water to prevent damage when bleach is used.

*Decontamination of Moist Spills*

1. Wearing gloves, absorb the spill with disposable towels.
2. Using a detergent solution or approved disinfectant solution, clean the spill site of all visible blood or body fluid.
3. Wipe down the area with 1:10 dilution of household bleach.
4. Place all disposable materials used to decontaminate the spill into a plastic bag and close tightly.

*Decontamination of Dry Spills*

1. If a surface or medical device is contaminated with dried blood or body fluid, wearing gloves, remove all of it before disinfection with a 1:10 dilution of household bleach or an approved disinfectant solution.
2. If complete removal is not possible, expose the surface to a diluted 1:10 household bleach solution or an approved disinfectant solution for a longer time (20-30 minutes may be necessary).
3. Place all disposable materials used to decontaminate the spill into a plastic bag and close tightly.

**Northwest Technology Center**  
**Bloodborne Pathogens Exposure Control Plan**  
**Exhibit E – Statement for Employee Signature**

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date



**Northwest Technology Center  
Bloodborne Pathogens Exposure Control Plan  
Exhibit G – Occupational Exposure**

*The filing of this report and all information entered on it are to be held in strictest confidence in conformance with OKLA. STAT. tit. 63, §§ 1-502.1 et seq.*

**Exposed Employee Section**

Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Exposure Date: \_\_\_\_\_ Time: \_\_\_\_\_ .m.  
Location: \_\_\_\_\_

Number of Hepatitis B vaccinations previously received: \_\_\_\_\_

Describe Incident – use additional pages as needed

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Source Individual Section**

Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Physician or Designee Statement**

This was / was not an exposure which has the potential for transmission of a communicable disease such as HIV/HBV.

In my judgment, employee \_\_\_\_\_ does / does not have contraindications to receiving hepatitis B vaccine.

\_\_\_\_\_  
Physician / Designee Signature

\_\_\_\_\_  
Date

**Counselor's Statement**

I have counseled employee \_\_\_\_\_ regarding the risk of HIV/HBV infection following exposure to blood or infectious body fluids and have reviewed with him/her the recommendations for prevention of HIV/HBV.

The following persons involved in this incident received pre-test counseling for HIV/HBV.

Source Individual: Yes / No      If yes, date counseled: \_\_\_\_\_  
Exposed Employee: Yes / No      If yes, date counseled: \_\_\_\_\_

\_\_\_\_\_  
Certified HIV Counselor Signature

\_\_\_\_\_  
Date

**Source Individual Testing**

HBsAg:            Positive / Negative            Date drawn: \_\_\_\_\_  
                     Not done / Refused            Explanation: \_\_\_\_\_

HIV (1):           Positive / Negative            Date drawn: \_\_\_\_\_  
                     Not done / Refused            Explanation: \_\_\_\_\_

HIV (2):           Positive / Negative            Date drawn: \_\_\_\_\_  
                     Not done / Refused            Explanation: \_\_\_\_\_

**Employee Testing**

Anti-HBs (for vaccinated employees only)

                     Positive / Negative            Date drawn: \_\_\_\_\_  
                     Not done / Refused            Explanation: \_\_\_\_\_

HIV (Baseline)

                     Positive / Negative            Date drawn: \_\_\_\_\_  
                     Not done / Refused            Explanation: \_\_\_\_\_

HIV (6 weeks)

                     Positive / Negative            Date drawn: \_\_\_\_\_  
                     Not done / Refused            Explanation: \_\_\_\_\_

HIV (12 weeks)

                     Positive / Negative            Date drawn: \_\_\_\_\_  
                     Not done / Refused            Explanation: \_\_\_\_\_

HIV (6 months)

                     Positive / Negative            Date drawn: \_\_\_\_\_  
                     Not done / Refused            Explanation: \_\_\_\_\_

HIV (12 months)

                     Positive / Negative            Date drawn: \_\_\_\_\_  
                     Not done / Refused            Explanation: \_\_\_\_\_

**Employee Treatment**

HBIG

                     Yes                            Date given: \_\_\_\_\_  
                     No                            Explanation: \_\_\_\_\_

Hepatitis B vaccine

Dose 1            Yes    Date given: \_\_\_\_\_  
                     No    Explanation: \_\_\_\_\_

Dose 2            Yes    Date given: \_\_\_\_\_  
                     No    Explanation: \_\_\_\_\_

Dose 3      Yes    Date given: \_\_\_\_\_  
              No    Explanation: \_\_\_\_\_

Tetanus  
              Yes    Date given: \_\_\_\_\_  
              No    Explanation: \_\_\_\_\_

**Other Medical Treatment**

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**Comments**

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**Northwest Technology Center**  
**Bloodborne Pathogens Exposure Control Plan**  
**Exhibit H – Training Program**

Training sessions are held on an as-needed basis for new employees in job classifications with occupational exposure. Training is provided within ten (10) days of initial assignment to tasks where occupational exposures occur and annually thereafter or whenever modifications of tasks or procedures or the institution of new tasks or procedures affect an employee's occupational exposure to the extent that additional training is indicated and appropriate.

Each employee who attends a training session receives a copy of the OSHA Bloodborne Pathogens Regulation along with a copy of the Employee Training Program Outline.

A trained representative of the School District is present at the end of the training session to answer participants' questions and to provide additional clarification, if needed.

**Northwest Technology Center  
Bloodborne Pathogens Exposure Control Plan  
Exhibit I – Training Record**

Date of Session: \_\_\_\_\_

Summary of Session: *See Employee Training Program Outline.*

Name/Qualifications of Person(s) Conducting Session: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SEMINAR PARTICIPANTS**

Name

Job Title

\_\_\_\_\_

\_\_\_\_\_

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**Employee Training Program  
OSHA Regulation on Bloodborne Pathogens**

**Review of Final OSHA Standard on Bloodborne Pathogens**

1. Basis for OSHA Rule - Preventing occupational exposure to other potentially infectious materials (e.g. infectious body fluids), which could result in transmission of HIV or HBV infection to employees
  - a. Regulation effective March 6, 1992
    - Various sections to be complied with by March 5, June 4 and July 6, 1992
    - Regulation fully in force at this time.
  - b. Regulation requires three major intervention strategies
    - Engineering controls
    - Work practices
    - Personal protective equipment

**Major Requirements of Bloodborne Pathogens Rule**

1. Identification of job classifications which have occupational exposure
2. Written exposure control plan
3. Methods of compliance (How exposures are prevented)
4. Personal protective equipment
5. Housekeeping - spill cleanup including written schedule
6. Infectious waste disposal
7. Contaminated laundry
8. Identifying labels and signs
9. Hepatitis B vaccination
10. Post exposure follow-up and prophylaxis
11. Record keeping

**Epidemiology of HIV/AIDS Infection**

1. HIV/AIDS description of virus and testing
  - a. HIV-(H)uman (I)mmunodeficiency (V)irus
  - b. Not very infectious - millions of particles to infect

- c. Weak, non-viable within a few hours - won't live outside human body
  - d. Dry spot non-infectious
  - e. HIV blood test - produce antibodies within six months - virus is not self-limiting - eventually results in infection - within ten years
2. Transmission
- a. Body Fluids
    - Blood
    - Semen
    - Vaginal fluids
    - Others
  - b. Blood Exposure
    - Per cutaneous - needle stick, cut
    - Non-intact skin
    - Mucous membrane - other than blood - probably non-existent
  - c. Sexual contact
  - d. Mother to baby - all babies HIV positive at birth - one-third will develop AIDS
3. Incidence and progression of disease
- a. Number infected with symptoms
  - b. Self protection
  - c. New diagnostic criteria after election

### **Epidemiology of Hepatitis B (HBV) infection**

- 1. Description of virus
  - a. Very infectious, hardy and environmentally stable
  - b. Example
  - c. Infects liver - jaundice, dark urine
  - d. Incubation period
  - e. Carriers
- 2. Transmission
  - a. Blood exposure
  - b. Mother to baby (Nine out of ten infected)

- c. Sexual contact
- d. Human bites
- 3. Testing
  - a. HBsAG+ ' infectious (If negative, will not transmit disease).
  - b. Anti-HBs+ ' immunity (Not infectious, has antibodies).
- 4. Spectrum of illness
  - a. Seventy-five percent asymptomatic
  - b. If symptomatic, percentage who will have fulminant disease
  - c. Number of adults who become carriers (whether or not they are symptomatic)
  - d. Number of babies who become carriers
  - e. Carriers most likely did not have symptoms when initially infected
- 5. Consequences of HBV infection
  - a. Immunity
  - b. Acute fulminant disease
  - c. Cirrhosis/Liver cancer

#### **Occupational risks for HIV and HBV**

- 1. Incidence of occupational exposures
  - a. HIV
  - b. HBV
- 2. How risk exposures occur

#### **Management of exposure**

- 1. Reporting exposures
  - a. Notify the supervisor immediately
  - b. Fill out Incident Report and Occupational Exposure to Blood and Potentially Infectious Body Fluids form
  - c. Consult with physician
- 2. Treating exposures

- a. HBV
  - HBIG + Hepatitis B vaccine
  - Effectiveness
- b. HIV
  - Check for antibodies at time of exposure
  - Repeat
  - During testing period for HIV antibodies or if source is high risk, observe behavioral guidelines

### **Prevention of exposures**

1. Universal precautions
 

Treat all blood or potentially infectious material as if infected
2. Hepatitis B vaccinations
 

Offer to all potentially exposed employees or declination statement signing required
3. Engineering controls (What you do your work with)
 

Hand washing facilities
4. Personal protective equipment
  - a. Gloves - disposable and utility
  - b. Body protective clothing
5. Work practice controls (How you do your work)
  - a. Hand washing - ASAP - after removing gloves
  - b. Materials - handle in manner as not to splash or spray. Wear gloves
  - c. Do not eat, drink, smoke, apply cosmetics, apply lip balm or handle contact lenses, in area of possible exposure: No food storage in specimen cabinets or refrigerators
  - d. Equipment - clean and disinfect appropriately
  - e. Routine cleaning - adhere to written schedule
  - f. Spills – clean up ASAP
  - g. Broken glass - use broom and dustpan

## **School district exposure control plan**

1. Written plan
  - a. All administrators have copy
  - b. Employee may request a copy
  - c. Identifies employee job classification with occupational exposures to bloodborne pathogens
  - d. Delineates specific work practices and engineering controls and required personal protective equipment for School District
2. Specific personal protective equipment
  - a. Gloves
  - b. Body Protective Clothing
3. Contaminated laundry
  - a. Contaminated laundry should be separated from laundry which is not contaminated
  - b. Contaminated laundry should be handled with gloves
4. Cleaning
  - a. Immediate spill cleanup with gloves and appropriate materials
  - b. No hand handling of broken glass
  - c. Written cleaning schedule.
    - Reusable pans, pails
    - Floors, walls, counter tops
    - Equipment
  - d. Bleach solution recommended for most cleaning and decontamination - after removal of as much body fluid as possible.

**Northwest Technology Center**  
**Applicant Authorization and Release**

This Authorization and Release is executed under penalty of perjury on the \_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_, an applicant for employment ("Applicant") with the Northwest Technology Center ("Technology Center").

Applicant understands that Technology Center's receipt of a national criminal history record check is a condition of employment with Technology Center, and that the record check must reveal that the applicant has not had any felony conviction(s) within the past ten (10) years, or at any time if the conviction shows a tendency to be a danger to the health/safety of students or if the conviction indicates a potential conflict with the duties to be performed by the applicant, unless after review of the facts and circumstances of each situation the administration decides to recommend employment. Because Applicant desires employment with Technology Center, Applicant authorizes Technology Center to request and obtain the results of a national felony record search of Applicant's name, fingerprints, if applicable, social security number and any other lawful means of obtaining such results. Applicant hereby releases Applicant's record check results to Technology Center. Applicant also releases Technology Center of any and all liability relating to its request for, receipt and use of the search results.

**APPLICANT ACKNOWLEDGES THAT APPLICANT HAS BEEN FURNISHED AND UNDERSTANDS ALL OF THE REQUIREMENTS OF TECHNOLOGY CENTER'S FELONY RECORD CHECK POLICY AND AGREES TO BE BOUND BY ALL OF ITS TERMS AND CONDITIONS.**

Applicant also agrees to truthfully answer the following questions:

Have you ever:

	Yes	No
Entered a plea of guilty or nolo contendere to a state (any state) or federal felony charge? (This question includes non-sealed criminal records involving a "deferred sentence" or "deferred judgment.")		
Been convicted of a state (any state) or federal felony offense?		
Been charged with a state (any state) or federal felony offense which was reduced to a misdemeanor offense to which you entered a plea of guilty or nolo contendere? (This question includes non-sealed criminal records involving a "deferred sentence" or "deferred judgment.")		
Entered a plea of guilty or nolo contendere to, or been convicted of, a state (any state) or federal misdemeanor charge involving illegal chemical substances or illegal sexual activity? (This question includes non-sealed criminal records involving a "deferred sentence" or "deferred judgment.")		
Entered into a deferred prosecution agreement with a state (any state) or federal prosecutor?		

Applicant understands that if Applicant is hired by Technology Center prior to receipt of the results of the national criminal history record check, Applicant will be classified as a temporary employee until notified otherwise by the superintendent. Furthermore, Applicant understands that if Technology Center does not receive the results of the national criminal history record check within sixty (60) days, the check reveals a prior felony offense conviction that occurred



**Northwest Technology Center**  
**Current Employee Authorization and Release**

This Authorization and Release is executed under penalty of perjury on the \_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_ an employee ("Employee") with the Northwest Technology Center ("Technology Center").

Employee understands that Technology Center's receipt of a clear national criminal history record check has been requested by the superintendent and/or board of education. Employee hereby releases his/her felony record check results of his/her name, fingerprints, social security number and any other lawful means of obtaining such results to Technology Center. Employee also releases Technology Center of any and all liability relating to its request for, receipt and use of the search results.

Employee acknowledges that he/she has been furnished and understands all of the requirements of Technology Center's Felony Record Search Policy and agrees to be bound by all of its terms and conditions.

Employee also agrees to truthfully answer the following questions and to promptly report to the Human Resources Director any change in Employee's criminal history occurring after the answers to questions below are made:

Have you ever:

	Yes	No
Entered a plea of guilty or nolo contendere to a state (any state) or federal felony charge? (This question includes non-sealed criminal records involving a "deferred sentence" or "deferred judgment.")		
Been convicted of a state (any state) or federal felony offense?		
Been charged with a state (any state) or federal felony offense which was reduced to a misdemeanor offense to which you entered a plea of guilty or nolo contendere? (This question includes non-sealed criminal records involving a "deferred sentence" or "deferred judgment.")		
Entered a plea of guilty or nolo contendere to, or been convicted of, a state (any state) or federal misdemeanor charge involving illegal chemical substances or illegal sexual activity? (This question includes non-sealed criminal records involving a "deferred sentence" or "deferred judgment.")		
Entered into a deferred prosecution agreement with a state (any state) or federal prosecutor?		

Employee understands that if the felony record search reveals a prior felony offense conviction(s) within the past ten (10) years, or at any time if the conviction shows a tendency to be a danger to the health/safety of students or if the conviction indicates a potential conflict with the duties to be performed by the applicant, or if Employee has provided a false response to one or more of the above questions, then Employee's employment by Technology Center will be reviewed to determine whether there is a basis for non-reemployment or dismissal. In any event, the board of education may accept Employee's resignation at any time within thirty (30) days after the date Technology Center was notified of either the unsatisfactory search results or the false response, whichever is later.



**Northwest Technology Center  
ABUSE, NEGLECT, EXPLOITATION AND TRAFFICKING REPORT FORM**

Any District employee having reasonable cause to believe that a student is the victim of abuse, neglect, or exploitation must IMMEDIATELY report this matter to the Oklahoma Department of Human Services (DHS) through the hotline designated for this purpose (800-522-3511) and to local law enforcement. In addition to reports to DHS and local law enforcement above, employees must report suspected child trafficking to the Oklahoma Bureau of Narcotics and Dangerous Drugs Control (OBNDDC) at 800-522-8031.

In accordance with the District's "Abuse, Neglect, Exploitation and Trafficking" policy, an employee should also provide notice to the school principal or other school official that a report was made to DHS, local law enforcement, and/or OBNDDC, and provide relevant information on the report for the District's records.

**Instructions:**

This form should be completed in full and immediately delivered to the school site principal. If for some reason the reporting party believes the principal is not the appropriate individual to receive the report, then this completed form should be immediately delivered to the superintendent.

**Reporting Employee Information**

Reporting Employee Name: \_\_\_\_\_  
Title/Position: \_\_\_\_\_  
Date & Time notified of  
suspected abuse, neglect,  
exploitation or trafficking: \_\_\_\_\_

**Student Information**

Student Name: \_\_\_\_\_  
Student Address: \_\_\_\_\_  
Student DOB/Age: \_\_\_\_\_  
Student ID Number: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Parent/Guardian Contact #: \_\_\_\_\_

Description of suspected abuse, neglect, exploitation or trafficking and other information and/or document(s) (including information regarding any previous incidents) know to the reporting party (attached separate page if additional space needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(See Next Page)**

**Reporting Information**  
**(ALL FIELDS MUST BE COMPLETED or Marked N/A)**

**Oklahoma Department of Human Services (Mandatory in all cases)**

Date of DHS Hotline (800-522-3511) Notification: \_\_\_\_\_  
Time of DHS Hotline (800-522-3511) Notification: \_\_\_\_\_  
Name of DHS Hotline Employee Contacted: \_\_\_\_\_  
DHS Case/Confirmation Number: \_\_\_\_\_

**Law Enforcement (Mandatory in all cases)**

Date of Law Enforcement Notification: \_\_\_\_\_  
Time of Law Enforcement Notification: \_\_\_\_\_  
Agency and Law Enforcement Employee Contacted: \_\_\_\_\_  
Method of Communication with Law Enforcement: \_\_\_\_\_  
Case or Report Number: \_\_\_\_\_

**Oklahoma Bureau of Narcotics and Dangerous Drugs Control (OBNDCC)**  
**(Mandatory only if suspected child trafficking)**

Date of OBNDCC Hotline (800-522-8031) Notification: \_\_\_\_\_  
Time of OBNDCC (800-522-8031) Notification: \_\_\_\_\_  
Name of OBNDCC Hotline Employee Contacted: \_\_\_\_\_  
OBNDCC Case/Confirmation Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Reporting Employee

Date Report Completed: \_\_\_\_\_

Time Report Completed: \_\_\_\_\_

**Northwest Technology Center  
Employee Assault and Battery Report**

For purposes of this report, a "Technology Center employee" means a teacher or any duly appointed person employed by the Technology Center or employees of a firm contracting with the Technology Center for any purpose, including any personnel not directly related to the teaching process and members of the Board of Education during school board meetings. An "assault" means any willful and unlawful attempt or offer with force or violence to do a corporal hurt to another. A "battery" is any willful and unlawful use of force or violence upon the person of another. An "assault and battery" becomes "aggravated" when committed under any of the following circumstances: (1) when great bodily injury is inflicted upon the person assaulted; or (2) when committed by a person of robust health or strength upon one who is aged, decrepit or incapacitated, as defined by law.

Date of offense: \_\_\_\_\_ Approximate time of offense: \_\_\_\_\_

Name of person who committed the offense : \_\_\_\_\_

Name of person upon whom the offense was committed: \_\_\_\_\_

Name(s) of any person(s) who witnessed the offense: \_\_\_\_\_  
\_\_\_\_\_

Description of the nature, context and extent of the offense (use additional pages as necessary for a full description of the event): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

No Technology Center employee will be subject to any civil liability for any statement, report or action taken in reporting or assisting in reporting a battery or assault and battery committed upon the Technology Center employee while in the performance of any duties unless such report or assistance was made in bad faith or with malicious purpose.

\_\_\_\_\_  
Date of Report

\_\_\_\_\_  
Person Reporting the Offense

Upon receipt of this report, a copy of the Technology Center's Assault and Battery Involving Technology Center Employees policy will be provided to the employee upon whom the offense was committed.

**Northwest Technology Center**  
**Family and Medical Leave Act**

RFR suggests downloading FMLA forms directly from the Department of Labor **each time the form is needed**. The DOL can change the forms without notice, which could cause the district to be out of compliance with the DOL's regulations. The forms can be accessed at:

*<http://www.dol.gov/whd/fmla/index.htm#Forms>*

The DOL has not typically included an application for FMLA leave or an employee's notice of intention to return from leave. If those forms are not available through the DOL, RFR suggests using the attached forms.

**Northwest Technology Center  
Application for Family or Medical Leave**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_ Site: \_\_\_\_\_

Reason for leave request: \_\_\_\_\_  
\_\_\_\_\_

Beginning date of leave: \_\_\_\_\_

Expected return to work date: \_\_\_\_\_

*If you are requesting intermittent leave or leave on a reduced schedule*

- Intermittent  
Beginning date of leave: \_\_\_\_\_  
Expected return to work date: \_\_\_\_\_
  
- Leave on a reduced schedule  
Beginning date of revised schedule: \_\_\_\_\_  
Expected end of revised schedule: \_\_\_\_\_

*If reason for leave is to care for a seriously ill family member or because your circumstances qualify for active duty leave or military caregiver leave:*

Name of family member: \_\_\_\_\_  
Relationship of family member to you: \_\_\_\_\_  
Circumstances prompting request for leave: \_\_\_\_\_  
\_\_\_\_\_

**Northwest Technology Center  
Employee's Notice of Intention to Return from Leave**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Date leave commenced: \_\_\_\_\_

Date of planned return: \_\_\_\_\_

I understand that my reinstatement is subject to the following conditions:

- If my leave was necessitated by my own serious health condition, I must provide a written certification from my health care provider that I am able to resume working and can perform, with or without reasonable accommodation, the essential functions of my position.
- I understand that every attempt will be made to restore me to my original position. However, if my original position is unavailable, I will be placed in an equivalent position with equivalent pay and benefits. (This section may not apply to key employees.)
- I understand that as an employee returning from family or medical leave I shall not be entitled to the accrual of any time or employment benefits during my period of leave.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**Statement of Health Care Provider**

I have examined \_\_\_\_\_ and certify that he/she is fully able to resume working. If the employee is not fully able to perform his/her job, I have attached a statement explaining the employee's fitness to return to work.

\_\_\_\_\_  
Health Care Provider's Signature

\_\_\_\_\_  
Date

**Northwest Technology Center  
Compensatory Time Off Agreement for  
Non-Exempt Employees**

In accordance with the Fair Labor Standards Act, the Northwest Technology Center has a policy of granting employees compensatory time off in lieu of compensation for hours worked in excess of 40 hours a week, or, in the technology center's discretion, providing the employee monetary overtime compensation. A copy of this policy has been provided to me. I understand that the compensatory time will be granted at time and one-half for all hours worked in excess of 40 hours per week. I further understand that the compensatory time may be limited, preserved, used or cashed out consistent with the provisions of that policy and applicable law and regulations of the U.S. Department of Labor.

I knowingly agree to this provision of time off as compensation for overtime work as a condition of my employment and consent to the use of compensatory time in accordance with the technology center's policy. I further understand that in the event any portion of the policy is interpreted to conflict with the FLSA or its regulations, that the conflicting portion shall be struck and the remainder of the policy shall continue in full force and effect.

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Employee Signature

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Date

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Supervisor Signature

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Date

**Northwest Technology Center**  
**Workers' Compensation / Sick Leave Election Form**

The technology center shall provide the benefits established under the Oklahoma Workers' Compensation Act to all its employees who are injured in on-the-job accidents. All regular employees who are injured in on-the-job accidents shall receive statutory benefits including medical expenses, temporary compensation and benefits for permanent disability or death.

- Certified                       Support Personnel

I suffered an on-the-job injury on (month, day, year) \_\_\_\_\_, while working for the technology center. As a result of the injury, I am entitled to receive temporary disability compensation according to the Workers' Compensation laws of Oklahoma. I understand that I am entitled to receive such compensation for a period of time as may be provided for by law. I have accumulated certain sick leave/personal leave benefits, because of my employment, which are available to me when I am unable to work because of illness or injury.

**PLACE AN "X" IN THE APPROPRIATE ELECTION BLANK OR BLANKS**

I would prefer only to have:

- (1) Sick Leave Compensation/Personal Leave Supplementation –

Number of days \_\_\_\_\_ *(To be filled in by a Human Resources representative)*

I understand that by choosing to be paid my accumulated sick leave/personal leave in addition to the temporary disability provided by law, I will be paid my sick leave/personal leave on a prorated basis to the extent that I will receive my full wages until I return to work or the number of sick leave/personal leave days I have are exhausted.

I understand that after the number of specified sick leave/personal leave days are exhausted, I will receive temporary disability compensation for a period of time as may be provided for by law.

I understand that my accrued sick leave/personal leave benefits will be decreased on a prorated basis by those days I use as a result of making this election.

**OR**

- (2) I would prefer only to have:

Under the Workers' Compensation Act, temporary benefits begin the fourth day off work due to an on-the-job injury. The first three days are considered a waiting period during which time temporary benefits are not paid, but I request that I be paid my accrued but unused sick leave/personal leave to cover these three days. I understand that by making this election, I will **NOT** be paid any sick leave/personal leave benefits beyond the first three days of the waiting period.

**(IF YOU PREFER TO RECEIVE YOUR SUPPLEMENTAL BENEFITS UNDER NUMBER 1 ABOVE AND YOUR SICK LEAVE/PERSONAL LEAVE FOR THE FIRST THREE DAYS OF YOUR DISABILITY AS PROVIDED FOR IN NUMBER 2 ABOVE, CHECK BOTH 1 AND 2 ABOVE.)**

**OR**

(3) I would prefer to not use any of my sick leave/personal leave benefits while I am off work due to my on-the-job injury.

Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Address \_\_\_\_\_

Job Title \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
District Representative Signature

## NOTICE: WHISTLEBLOWER PROTECTION

Under 70 O.S. § 6-101.6b, school districts cannot prohibit or discipline a teacher or support employee for (1) disclosing *public* information to correct what the teacher or support employee reasonably believes evidences a violation of the Oklahoma Constitution or law or a rule promulgated pursuant to law or (2) reporting a violation of the Oklahoma Constitution or state or federal law. Teachers are not required to give prior notice of any disclosures they intend to make.

This law does not permit a teacher to violate students' or parent's rights to confidentiality and protections under the Family and Educational Rights and Privacy Act of 1974 (FERPA).

70 O.S. §6-101.6b reads as follows:

- A. For purposes of this section, "teacher" means the term as defined in paragraph 1 of Section 1-116 of the Title 70 of the Oklahoma Statutes.
- B. For purposes of this section, "support employee" means the term as defined in paragraph 9 of Section 1-116 of Title 70 of the Oklahoma Statutes.
- C. No school district shall prohibit or take disciplinary action against teachers or support employees for:
  - 1. Disclosing public information to correct what the teacher reasonable believes evidences a violation of the Oklahoma Constitution or law or rule promulgated pursuant to law;
  - 2. Reporting a violation of the Oklahoma Constitution or state or federal law; or
  - 3. Taking any of the above actions without giving prior notice to the teacher's or support employee's supervisor or anyone else in the relevant chain of command.
- D. For the purposes of this section, "reporting" means providing a spoken or written account to a supervising teacher, administrator, school board member, representative from the State Department of Education, law enforcement official, district attorney and/or parent or legal guardian or a student directly impacted by the actions.
- E. Each school district shall prominently post or publish a copy of this section of law in locations where it can be reasonable expected to come to the attention of all teachers and support employees.
- F. Nothing in this section shall be construed to allow a teacher to violate students' rights or parents' right to confidentiality and protection under the Family Educational Rights and Privacy Act of 1974 (FERPA).

This notice is posted in compliance with 70 O.S. §6-101.6b

### **Child Abuse Attestation**

I hereby acknowledge my responsibility to report suspected child abuse or neglect pursuant to OKLA. STAT. tit. 70, § 1210.163 and OKLA. STAT. tit. 10A, § 1-2-101. If I have reason to believe that a student under the age of 18 is a victim of abuse or neglect, I will immediately report this matter to the Oklahoma Department of Human Services hotline (1-800-522-3511) and law enforcement. If I have reason to believe that a student over the age of 18 is a victim of abuse or neglect, I will immediately report this matter to law enforcement. I further acknowledge that failure to abide by my obligations regarding reporting child abuse may result in criminal penalties as well as employment sanctions up to and including termination.

Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Northwest Technology Center**  
**Notification of Rights Under FERPA**

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that affords parents and “eligible students” over 18 years of age 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 45 days from the day the district receives a request for access.

Parents or eligible students must submit a written request to the school administration that identifies the record(s) they wish to inspect. This school administrator will make arrangements for access to the education records and will notify the parent or eligible student of the time and place where these records may be inspected.

2. The right to request correction of the student's education records that the parent or eligible student believes are inaccurate, misleading or otherwise in violation of the student's privacy rights.

Parents or eligible students may ask the district to amend a record they believe is inaccurate, misleading or otherwise in violation of the student's privacy rights. They must submit a written request to the administration, clearly identify the part of the record they want changed, and specify why it is inaccurate, misleading or otherwise in violation of the student's privacy rights.

If the technology center decides not make changes in the record as requested, the administration must notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for correction. Additional information about hearing procedures will be provided to the parent or eligible student at the time of this notification.

3. The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent (34 CFR § 99.31).

Technology center officials with legitimate educational interests are permitted disclosure without consent. A technology center 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 board; a person or company with whom the technology center 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 technology center official in performing his or her tasks.

A technology center official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

Upon request, the technology center will disclose education records without consent to officials of another school district in which a student seeks or intends to enroll.

The technology center may disclose, without consent, “directory” information; however, the technology center must inform parents and eligible students about directory information, allowing them a reasonable amount of time to request that the technology center not disclose directory information about that student.

School districts must notify parents and eligible students annually of their rights under FERPA by means of a special letter, inclusion in a Parent/Teacher Association (PTA) bulletin, student handbook and/or other means left to the discretion of the technology center.

4. 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 are:

Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, D.C. 20202-5901

**Northwest Technology Center**  
**Directory Information Notice**

The Family Educational Rights and Privacy Act (FERPA), a Federal law, requires that the technology center, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your minor child's education records. However, the technology center may disclose appropriately designated "directory information" without written consent, unless you have advised the technology center to the contrary in accordance with the technology center's procedures. The primary purpose of directory information is to allow the technology center to include this type of information from a student's education records in certain school publications. Examples include:

- A playbill, showing a student's role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and

Two federal laws require local educational agencies (LEAs) receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with three directory information categories – names, addresses and telephone listings – unless parents have advised the LEA that they do not want their minor student's information disclosed without their prior written consent. Directory information will not be released to outside organizations for commercial or non-commercial purposes.

If you do not want the district to disclose directory information from your minor child's education records without your prior written consent, you must notify the superintendent in writing. The technology center has designated the following information as "directory information," and it will disclose that information without prior written consent:

1. The student's name;
2. The student's address;
3. The student's telephone listing;
4. The student's dates of attendance;
5. The student's grade level (i.e., first grade, tenth grade, etc.);
6. The student's participation in officially recognized activities;
7. The student's degrees, honors and awards received;
8. The most recent educational agency or institution attended;

No parent or eligible student can opt out of the requirement that a student wear his or her ID badge which shows the student's school ID number.

**Northwest Technology Center  
Agreement for Receipt of  
Records Containing Personally Identifiable Information**

Name of Entity Receiving Records: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_

Activity or research being conducted which necessitates the disclosure of records:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Records to be disclosed:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personally identifiable information contained in disclosed records:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Initials**

\_\_\_\_\_ I acknowledge that the records being released to me contain personally identifiable information regarding a student of the technology center.

\_\_\_\_\_ I agree, as a representative of \_\_\_\_\_ that this information will not be re-disclosed.

\_\_\_\_\_ I further agree, as a representative of \_\_\_\_\_ that this information will be destroyed on or before \_\_\_\_\_ . The method of destruction will be: \_\_\_\_\_.

I certify that I am an authorized representative of: \_\_\_\_\_  
On behalf of the entity, I agree to abide by the terms and conditions set forth in this agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Northwest Technology Center  
Public Record Access Request**

**TO: NORTHWEST TECHNOLOGY CENTER**

1. Pursuant to the Oklahoma Open Records Act, the undersigned hereby requests access to the following technology center records:

\_\_\_\_\_

[Describe records as specifically as possible; attach additional sheets if necessary.]

2. The undersigned requests access to the foregoing records for the following purpose:

\_\_\_\_\_

3. If paper copies of the documents are requested, the undersigned agrees to pay \$ \_\_\_\_\_ per page for copies. If a search is necessary to furnish the documents, if this request is solely for commercial purposes, or if this request would cause excessive disruption of the technology center's essential functions, the undersigned agrees to pay a search fee of \$ \_\_\_\_\_ per hour.

4. If electronic data is requested, the undersigned agrees to pay \$ \_\_\_\_\_ per hour for document searches and \$ \_\_\_\_\_ per page for each converted document (TIFF or PDF) produced. The undersigned also agrees to pay any direct costs the district incurs in order to respond to the requestor's request for electronic information.

5. The undersigned is acting as representative or agent for \_\_\_\_\_

TO BE COMPLETED BY  
REQUESTOR:

TO BE COMPLETED BY  
TECHNOLOGY CENTER:

\_\_\_\_\_  
(Print name)

*Received by Northwest Technology Center*

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Employee Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Address)

Record Request No. \_\_\_\_\_

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

\_\_\_\_\_  
(Date)

Date

NAME

ADDRESS

ADDRESS

Re: Destruction of Education Records

Dear Parent / Student:

In response to the mandates contained in OKLA. STAT. tit. 70 § 24-114.D please be advised that the district will destroy **STUDENT NAME**'s non-transcript education records on **DATE**, which is at least 30 days after this notice is being sent. However, instead of having the records destroyed you may pick up the records on or before the destruction date at the district's **SITE / ADDRESS**.

**OPTION 1: For records stored in hard copy**

These records are maintained as paper copies and there is no charge for you to pick up the records if you want them. You may also request that these records be mailed to you. Retrieving the records by mail requires advance payment of postage costs. Contact **NAME / NUMBER** to determine the amount of postage to remit.

**OPTION 2: For records stored electronically**

These records are stored electronically and a copy charge will be assessed in accordance with the district's posted fee schedule prior to releasing records if you want them. You may also request that these records be mailed to you. Retrieving the records by mail requires advance payment of postage costs and copy costs. Contact **NAME / NUMBER** to determine the fees associated with your request for records.

Again, this notice is being sent to you to fulfill the mandates of Oklahoma law regarding routine student record destruction. No action is required on your part unless you wish to retrieve the records prior to their destruction.

Sincerely,

**Name**

**Northwest Technology Center  
Records Retention Plan**

*Warning: If a record pertains to ongoing or anticipated litigation, do not destroy it!*  
Records need not be maintained in original form unless a claim or lawsuit is suspected.

**Student Records**

Record	Retention Period	Reference
Transcripts Includes: name, address, phone, birth date/place, courses (with grades), GPA and/or class rank  May include: academic & extracurricular honors & awards, degrees, extracurricular or after-school activities	80 years from student's last date of enrollment	70 O.S. § 24-114.C
Screening results (from a regional education service center)	Must destroy when information no longer needed or when student turns 18, whichever is earlier	70 O.S. § 1210.277
Records of access	5-7 years from student's last date of enrollment	20 U.S.C. § 1232g (b)(4)(A) 70 O.S. § 24-114.D
Special education records	5 years from student's last date of special education services, with 60 day notice to parents or student	
All other student records	5-7 years from student's last date of enrollment	70 O.S. § 24-114.D

**Teacher Records**

Record	Retention Period	Reference
Grade and plan books	Recommended: keep until no longer needed	
Incident / anecdotal notes	Recommended: keep 5 years	

**Board Records**

Record	Retention Period	Reference
Agendas and minutes	Permanent	25 O.S. § 312
Real property deeds and titles	Recommended: permanent	

## Payroll Records

Record	Retention Period	Reference
Payroll statements and affidavits	Permanent	62 O.S. § 304.1(C)
<p>Payroll records of non-exempt employees, including:</p> <ol style="list-style-type: none"> <li>1. Full name;</li> <li>2. Social Security number;</li> <li>3. Identifying symbol or number used on payroll records in place of name;</li> <li>4. Home address, including zip code;</li> <li>5. Date of birth, if under 19;</li> <li>6. Sex and occupation in which employed</li> <li>7. Time of day and day of week in which an employee's work week begins or the starting time and length of each employee's work period;</li> <li>8. Regular hourly rate of pay for any work week in which overtime compensation is due, including the basis of the pay by showing the amount paid per hour, per day, per week, or other basis;</li> <li>9. Hours worked each work day and total hours worked each work week;</li> <li>10. Total daily or weekly straight-time earnings or wages due for hours worked during the work day or work week, exclusive of overtime;</li> <li>11. Total pay for overtime hours;</li> <li>12. Total additions or deductions from wages paid each pay period;</li> <li>13. Total wages paid each pay period;</li> <li>14. Date of payment and wages and pay period covered by those wages; and,</li> <li>15. If retroactive payment of wages is made, the employer must record and preserve as an entry on pay records the amount of payment to each employee, the period covered by the payment, and the date of the payment</li> </ol>	3 years	<p>29 C.F.R. § 516.2</p> <p>29 C.F.R. § 516.5</p>
Payroll records of bona fide executive, administrative, or professional employees, including all records containing the information in items 1 – 7 and 12 – 15 above, plus the basis on which wages are paid, fringe benefits, and any prerequisites for pay or benefits	3 years	<p>29 C.F.R. § 516.3</p> <p>29 C.F.R. § 516.5</p>
Collective bargaining agreements	3 years	29 C.F.R. § 516.5
Employment contracts	3 years	29 C.F.R. § 516.5

Certificates of employment	3 years	29 C.F.R. § 516.5
Sales and purchase records (not related to real property)	3 years	29 C.F.R. § 516.5
Basic employment and earnings records, including time sheets	2 years	29 C.F.R. § 516.6
Wage rate tables	2 years	29 C.F.R. § 516.6
Order, shipping, and billing records	2 years	29 C.F.R. § 516.6
Records of additions to or deductions from wages paid	2 years	29 C.F.R. § 516.6

### **General Employment Records**

Record	Retention Period	Reference
Personnel records, including: 1. Requests for accommodation 2. Applications & records related to hiring 3. Evaluations 4. Admonishments and reprimands 5. Supervisor anecdotal notes 6. Sick leave records	2 years from the conclusion of the employee's employment	29 C.F.R. § 1602.40
Personnel or employment records relating to a charge of discrimination	Through the final disposition of the charge	29 C.F.R. § 1602.40

### **Drug / Alcohol Testing Records**

Record	Retention Period	Reference
Employee drug and alcohol testing record obtained from Department of Transportation regulated employees	3 years from date employee first performs safety-sensitive duties	49 C.F.R. § 40.25(i)
Results of employee alcohol test indicating alcohol concentration of .02 or greater	5 years	49 C.F.R. § 40.333
Results of positive employee drug test	5 years	49 C.F.R. § 40.333
Documentation of an employee's refusal to take a drug and alcohol test (including substituted or adulterated test results)	5 years	49 C.F.R. § 40.333
SAP reports	5 years	49 C.F.R. § 40.333
Follow up tests /schedules for follow up tests	5 years	49 C.F.R. § 40.333
Negative drug and alcohol test results	1 year	49 C.F.R. § 40.333

Information on drug and alcohol tests obtained from previous employers	3 years	49 C.F.R. § 40.333
Records of inspection, maintenance, and calibration of evidential breath testing apparatuses	2 years	49 C.F.R. § 40.333

### **Financial Records**

Record	Retention Period	Reference
Financial records, including claims, warrants, contracts, purchase orders, and any other financial records or documents – except those from competitively bid projects	5 years	51 O.S. § 24A.4 70 O.S. § 5-122
Records related to the Competitive Bidding Act, including both successful and unsuccessful bids and all resulting contracts and required bonds	5 years from the date of opening bids or 3 years from the date of completion of the contract, whichever is longer	61 O.S. § 112
Activity fund records	5 years	70 O.S. § 5-122
Report of an audit conducted pursuant to the Oklahoma Public School Audit Law	5 years	70 O.S. § 22-108(B)

### **Federal and State Programs**

Record	Retention Period	Reference
Records pertaining to federal funds, including records disclosing amount and disposition of funds, total cost of activity, share of cost from non-federal sources, and other records that would facilitate an audit	3 years after the completion of the activity for which the funds were used	20 U.S.C. § 1232f(a)
Records pertaining to federal funds which are the subject of litigation, claim, negotiation, or audit ongoing at end of three year retention period	Keep until the issue is resolved	34 C.F.R. § 80.42
Records pertaining to the National School Lunch Program	3 complete, prior school years	7 C.F.R. § 210.20 (b) (12)

**ATTORNEY-IN-FACT AFFIDAVIT<sup>1</sup>**

**I certify that I am the parent or legal custodian of:**

Full name of minor child	Date of birth
Full name of minor child	Date of birth
Full name of minor child	Date of birth
Full name of minor child	Date of birth

**I designate the following individual as the attorney-in-fact for each minor child named above:**

Full name of attorney-in-fact	
Street address, city, state and zip code of attorney-in-fact	
Home phone, attorney-in-fact	Work phone, attorney-in-fact

**I provide the attorney-in-fact the following authority:**

\_\_\_\_\_ I delegate to the attorney-in-fact all of my power and authority regarding the care, custody and property of each minor child named above, including but not limited to the right to enroll the child in school, inspect and obtain copies of education records and other records concerning the child, the right to attend school activities and other functions concerning the child, and the right to give or withhold any consent or waiver with respect to school activities, medical and dental treatment, and any other activity, function or treatment that may concern the child. This delegation shall not include the power or authority to consent to marriage or adoption of the child, the performance or inducement of an abortion on or for the child, or the termination of parental rights to the child.

OR

\_\_\_\_\_ I delegate to the attorney-in-fact the following specific powers and responsibilities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
<sup>1</sup> Student residency cannot be established through an attorney-in-fact relationship without this fully completed document.

This delegation shall not include the power or authority to consent to marriage or adoption of the child, the performance or inducement of an abortion on or for the child, or the termination of parental rights to the child.

**Effective Dates**

This power of attorney is effective for a period not to exceed one year (12 calendar months), beginning on \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_. I reserve the right to revoke this authority at any time. I understand that in order to extend this power of attorney beyond one year I must execute and deliver to the district a new power of attorney.

**Signatures**

I hereby make these designations as specified above.

\_\_\_\_\_  
Parent signature Date

I hereby accept my designation as attorney-in-fact for the minor child(ren) specified in this power of attorney.

\_\_\_\_\_  
Attorney-in-fact signature Date

**Acknowledgment**

Before me, the undersigned, a Notary Public, in and for said County and State on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_ (name of parent/legal custodian) and \_\_\_\_\_ (name of attorney-in-fact) to me known to be the identical persons who executed this instrument and acknowledged to me that each executed the same as his or her free and voluntary act and deed for the uses and purposes set forth in the instrument.

Witness my hand and official seal the day and year above written.

\_\_\_\_\_  
Signature of notarial officer

\_\_\_\_\_  
My commission expires  
(Seal)

**Northwest Technology Center  
Procedures for the Use of  
Physical Restraint and Seclusion for Students with Disabilities**

These procedures<sup>2</sup> provide information and guidance to employees to help them comply with the *Guidelines for Minimizing the Use of Physical Restraint for Students with Disabilities in Oklahoma* and the *Guidelines for Minimizing the Use of Seclusion for Students with Disabilities in Oklahoma* (“*Guidelines*”), as approved by the Oklahoma State Board of Education.

**Purpose**

The purposes of these procedures are to help ensure that any use of physical restraint or seclusion for students with disabilities complies with the *Guidelines* and to reduce the use of physical restraint and seclusion at school.

**Authorized Use of Seclusion and Restraint**

- A. The district supports school-wide programs and services that motivate, teach and support positive behavior to create a school climate that is highly conducive to learning.
1. The district expects each site to establish practices that have the goal of making the school climate and environment welcoming and supportive of learning and that promote the recognition and reinforcement of appropriate student behavior.
  2. The district expects that school staff will implement positive behavior interventions and supports, conduct functional behavioral assessments, develop behavior intervention plans and establish constructive methods to deescalate potentially dangerous situations.
  3. As to students with disabilities under the Individuals with Disabilities Education Act or Section 504/Title II, if district personnel anticipate that the student is likely to behave in a way that may be dangerous to the point of causing injury to another person, they should promptly seek parent consent to conduct a functional behavior assessment. After reviewing the assessment results, the student’s IEP or 504 team should develop an appropriate behavior intervention plan, including a plan for teaching replacement behaviors.
- B. The district authorizes its employees to use physical restraint and seclusion for students with disabilities only as set forth in the *Guidelines*, and as further explained in these procedures.

**Definitions**

- A. **Chemical Restraint.** Use of a drug or medication to control behavior or restrict freedom of movement that is not prescribed by a licensed physician for standard treatment of the student’s medical condition and administered for that purpose as prescribed.

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<sup>2</sup> These procedures were developed in part from a document produced through funding by the Special Education Office of the Nebraska Department of Education and by U.S. Department of Education grant # HO27A080079. The document, “A Technical Assistance Document Nebraska Department of Education,” was authored by Reece L. Peterson, Ph.D., University of Nebraska-Lincoln, June, 2010.

- B. Crisis Intervention Training. Training provided to selected district employees that addresses how to deal with aggressive, violent or out of control behavioral emergencies. The training includes specific techniques for physical restraint and seclusion, the curriculum meets state standards for such training and the training results in certification of the individuals who complete the training. The district uses \_\_\_\_\_ as its system of crisis intervention training.
- C. De-escalation. Causing a situation to become more controlled and calm and less dangerous, thus lessening the risk for harm to a person.
- D. Functional Behavior Assessment. Ongoing process of gathering information that can be used to hypothesize about the function of student behavior. The analysis provides the information necessary to develop a behavior intervention plan.
- E. Imminent. Immediate and impending.
- F. Imminent risk of harm. The immediate and impending threat of a person causing serious bodily injury to self or others.
- G. Mechanical restraint. Use of devices as a means of restricting a student's freedom of movement.

Child Safety Restraint Systems (CSRS) are not considered physical restraints under the *Guidelines*. Examples of CSRS include:

- adaptive and assistive devices used to support or secure students;
  - mobility aids;
  - special belts; and
  - harnesses and devices.
- H. Physical restraint. Any method of one or more persons limiting or restricting another person's freedom of movement, physical activity, or normal access to his/her body. It is a means for managing that person's movement, reconstituting behavioral management and establishing and maintaining safety for the student, other students and staff. Physical restraint, for purposes of these procedures, does not include a physical escort. Physical escort means a temporary touching or holding of the hand, wrist, arm, shoulder or back for the purposes of inducing a student who is acting out to walk to a safe location.
- I. Prone physical restraint. A restraint that positions a student face down on his or her stomach or face up on the back. Prone physical restraints are prohibited.
- J. Seclusion. Involuntary confinement of a student alone in a room or area that the student is physically prevented from leaving. This includes situations where a door is locked as well as where the door is blocked by other objects or held by staff. Any time a student is involuntarily alone in a room and prevented from leaving is considered seclusion regardless of the intended purpose, the name applied to this procedure or the name of the place where the student is secluded.
- K. Seclusion room. A room or other confined area in which a student with a disability is placed in isolation from other persons from which the student is prevented from leaving. A seclusion room must meet specific criteria.

- L. Serious bodily injury. Bodily injury that involves –
- a substantial risk of death;
  - extreme physical pain;
  - protracted and obvious disfigurement; or
  - protracted loss or impairment of the function of a bodily member, organ or mental faculty.
- M. Time out. A behavior management technique that is part of an approved program, involves the monitored separation of the student in a non-locked setting and is implemented for the purpose of calming.

### Informing Parents, Generally

District personnel will post on the district website (1) the *Guidelines for Minimizing the Use of Physical Restraint for Students with Disabilities in Oklahoma*; (2) the *Guidelines for Minimizing the Use of Seclusion for Students with Disabilities in Oklahoma* and (3) the district's policies and procedures regarding the use of physical restraint and seclusion for students with disabilities.

### Conditions Governing Use of Physical Restraint

- A. District employees will use physical restraint for a student with a disability only under specific emergency circumstances and when the student is acting in a manner that presents an imminent risk of harm to the student or others. The student's actions must demonstrate the immediate and impending ability to cause serious bodily injury.
- B. District employees will use physical restraint for a student with a disability only as a last resort after other less restrictive methods of de-escalating the risk of injury have been attempted without success.
- C. Any physical restraint will last only as long as necessary to resolve the risk of danger or harm, usually a matter of minutes.
- D. The degree of physical restriction applied may not exceed what is necessary to protect the student or other persons from imminent bodily injury.
- E. District employees will use physical restraint for a student with a disability only if they hold a current certificate earned as the result of participation in first aid, CPR and specific district-approved crisis intervention training in the use of physical restraint procedures. Each employee who directly participates in the physical restraint must have a current certificate covering all portions of the training. The crisis intervention training must include:
- conflict de-escalation;
  - the crisis cycle and interventions at each stage;
  - possible effects of physical restraint; and
  - methods for monitoring a student's well-being during and following a restraint.

- F. District employees will conduct the physical restraint of a student with a disability in a manner consistent with the techniques prescribed in the district-approved crisis intervention training program.
- G. Mechanical and chemical restraints are prohibited.
- H. Prone physical restraint is prohibited.
- I. Any maneuver that places pressure or weight on the chest, sternum, lungs, diaphragm, neck, throat, or back is prohibited. Restraints that prevent a student from speaking or breathing are also prohibited.
- J. IEP and 504 teams may, but are not required to address the use of physical restraint in student IEPs, 504 Plans and behavior intervention plans. If physical restraint is anticipated to be used for a student with a disability, the student must have in place an appropriate behavior intervention plan based upon current functional behavior assessment data.
- K. If possible, at least one adult who is not involved in the physical restraint should be present during the restraint as a witness. Students will not serve as witnesses.

#### When Physical Restraint Cannot Or Should Not Be Used

- A. District employees cannot use physical restraint of a student with a disability unless the student's actions present an imminent risk of harm to the student or another person.  
  
A verbal threat or verbally aggressive behavior alone does not demonstrate an imminent risk of harm to a person.
- B. Physical restraint will not be used for the purposes of discipline or as a punishment, to force compliance, as a convenience for staff or to prevent property damage.  
  
Neither imminent nor actual destruction or damage to property demonstrates an imminent risk of harm to a person unless the act of destroying or damaging the property creates an imminent risk of harm to the student or another person.
- C. Physical restraint should not be used when the known medical or physical condition of a student would make its use dangerous for that student (e.g., students with heart or circulatory conditions, asthma, etc.).

#### Conditions Governing Use of Seclusion

- A. District employees will use seclusion for students with disabilities only under emergency circumstances and when the student is acting in a manner that presents an imminent risk of harm to the student or others, if the threat could be diminished if the student was in a secluded environment away from other students and staff.
- B. District employees will use seclusion only as a last resort after other methods of de-escalating the risk of injury have been attempted without success. Seclusion will be used only when positive behavior intervention strategies and less restrictive measures appropriate to the behavior exhibited by the student and specified in the student's IEP, 504 Plan, or behavior intervention plan have been implemented, but have failed to de-escalate the risk of injury.

- C. District employees will seclude the student only as long as necessary to resolve the risk of danger or harm or while waiting for the arrival of law enforcement or crisis intervention personnel, such as when the student has possessed a weapon or committed a crime. Seclusion will be discontinued when the student's actions no longer pose an imminent risk of harm to the student or another person.
- D. District employees will use seclusion for a student with a disability only if they hold a current certificate earned as the result of participation in first aid, CPR and specific district-approved crisis intervention training in the use of seclusion procedures. Each employee who directly participates in the seclusion must have a current certificate covering all portions of the training. The crisis intervention training must include:
- conflict de-escalation;
  - the crisis cycle and interventions at each stage;
  - possible effects of seclusion;
  - appropriate use of seclusion rooms; and
  - process and techniques for escorting a student to a seclusion room, placing a student in a seclusion room and supervising a student while in seclusion.
- E. District employees will use seclusion for students with disabilities only when the student can safely be transported to the seclusion environment in a manner consistent with the techniques prescribed in the district-approved crisis intervention training program.
- F. IEP and 504 teams may, but are not required to address the use of seclusion in student IEPs, 504 Plans and behavior intervention plans. If seclusion is anticipated to be used for a student with a disability, the student must have in place an appropriate behavior intervention plan based upon current functional behavior assessment data.
- G. Time out procedures that do not constitute seclusion are permitted in the district.
- H. Seclusion may be used only if a district employee continuously monitors the student both visually and aurally.
1. Students will be permitted to use the restroom upon request and will be escorted to and from the restroom.
  2. Students will be provided water to drink upon request.
  3. District employees will take immediate action if the student displays any signs of medical distress.
- I. The campus director and a special education coordinator will inspect each seclusion room no less than annually for adherence to the following room requirements:
- of reasonable size, permitting students to lie or sit down;
  - has adequate heating, cooling, ventilation and lighting systems that are comparable to those in other rooms throughout the same building;
  - has adequate lighting;
  - is free of any potential or predictable safety hazards that pose a potential risk of harm to the student;
  - permits direct continuous visual and auditory monitoring of the student; and
  - permits automatic release of any locking device if fire, severe weather, or other emergency arises in the school.

The campus director and special education coordinator will complete a district-provided form at least annually to reflect the results of their inspection.

- J. If possible, at least one adult who is not involved in the seclusion incident should be present during the seclusion as a witness. Students will not serve as witnesses.

#### When Seclusion Procedures Cannot Or Should Not Be Used

- A. District employees cannot use seclusion for a student with a disability unless the student's actions present an imminent risk of harm to the student or another person.

A verbal threat or verbally aggressive behavior alone does not demonstrate an imminent risk of harm to a person.

- B. District employees cannot continue to use seclusion after the risk of danger or harm has passed except when waiting for the arrival of law enforcement or crisis intervention personnel when, for example, the student has possessed a weapon or has committed a crime.

- C. District employees will not use seclusion as discipline, as a punishment, to force compliance, or as a convenience for staff.

- D. District employees should not use seclusion when the student's known medical or physical condition would make the seclusion procedures dangerous for that student (e.g., student expressing suicidal thoughts, students with heart or circulatory conditions).

- E. Seclusion should not be used to manage student behavior.

#### Training

- A. The district will provide appropriate basic training to employees about conflict de-escalation procedures, the *Guidelines*, district policies and procedures regarding restraint and seclusion, and procedures for contacting fully trained and "certified" employees when behavioral emergencies occur.

- B. The district will determine on an ongoing basis a method of providing training related to physical restraint and seclusion that will meet any applicable state standards.

- C. A core group of appropriate personnel will be trained and "certified" in each building in crisis intervention techniques that will include the use of physical restraint and seclusion.

Recurrent training to maintain "certification" will be provided on a regular basis no less than annually to meet the requirements for the program used and applicable state standards.

#### Reporting, Documentation and Debriefing Requirements

- A. Immediately after the student has regained emotional and behavioral control following the use of physical restraint and/or seclusion, a district employee shall attempt to determine if the student sustained any injury during the restraint or seclusion. It is preferable that an employee who was not involved in the incident

make this determination.

- B. An employee involved with the physical restraint or seclusion will notify the building administrator immediately or, if the administrator is unavailable, as soon as possible following the incident.
- C. The building administrator or designee will verbally notify the parent immediately after the restraint or seclusion incident.
  - 1. The administrator or designee will also update the parent on the student's current physical and emotional state.
  - 2. The administrator or designee should be prepared to discuss strategies to assist the parent in dealing with any residual effects of the incident.
- D. The individuals involved with the incident shall complete the pre-debriefing meeting portions (approximately the first two pages) of OSDE Form #12 (for physical restraints) or OSDE Form #13 (for seclusions) before the debriefing meeting convenes.
  - 1. All employees involved in the incident will contribute to completion of the form.
  - 2. Each incident in which physical restraint or seclusion is utilized will be documented on a separate form, describing the incident and behaviors that occurred.
- E. The building administrator or designee will promptly attempt to schedule a mutually agreeable date and time for a debriefing meeting with the parent. The debriefing meeting must be held within two school days following each physical restraint/seclusion incident and prior to any extended breaks from school. The purpose of the debriefing is to focus on alternatives to physical restraint/seclusion and how to avoid future use of physical restraint/seclusion, including antecedent events that led to the use of the physical restraint/seclusion.
  - 1. A Notification of Meeting form is not sent to the parent for a debriefing meeting. A debriefing meeting is not an IEP or 504 team meeting.
  - 2. If physical restraint or seclusion is used multiple times in one day with the same student, one debriefing meeting can be convened to address the multiple incidents, as long as each incident is addressed individually during the meeting.
- F. The following persons should attend the debriefing meeting:
  - all individuals involved in the incident;
  - a building administrator;
  - the parent of the child with a disability;
  - the child (if able to participate); and
  - the witness, if there was one, to the physical restraint/seclusion.
- G. The debriefing meeting will be held without the parent in attendance only if the parent is unable or unwilling to attend. All efforts to obtain the parent's participation in the debriefing meeting must be documented on the Record of Parent Contact. The

administrator or designee should offer the parent as many different times to convene the meeting as possible and offer the parent the opportunity to participate via phone and in any other ways that may be possible under the circumstances. Even if the parent does not participate, school personnel must still convene and hold the debriefing meeting within two school days of the incident and prior to an extended break from school.

- H. At the debriefing meeting, the group will sign the Record of Access to Educational Records and complete and sign the debriefing meeting portion of OSDE Form #12 or OSDE Form #13. At the conclusion of the debriefing meeting, the building administrator or designee will provide the parent with a copy of all documentation concerning the physical restraint/seclusion incident, including OSDE Form #12 or OSDE #13. This will typically be done by handing the parent a copy or mailing a copy. If the parent is not present, the administrator or designee will promptly mail the parent a copy of the documentation.
- A Written Notice to Parents form is not completed for a debriefing meeting, even if the parent does not attend the meeting.
- I. OSDE Form #12 and OSDE Form #13 contain space to record all information that is required to comply with the record-keeping requirements of the *Guidelines*.
- J. During the debriefing meeting, the group may determine that changes in the student's IEP, 504 Plan, or behavior intervention plan are necessary or seek parent consent for a functional behavior assessment. It is permissible to seek parent consent for a functional behavior assessment during the debriefing meeting. However, changing the student's IEP, 504 Plan, or behavior intervention plan requires action at an IEP or 504 team meeting. If district personnel are willing and the parent specifically agrees, the group may immediately convene an IEP or 504 team meeting as part of the debriefing meeting by giving the parent a completed Notification of Meeting form and then completing (in addition to OSDE Form #12 or OSDE Form #13) the necessary IEP or 504 paperwork, including a Written Notice to Parents form. District personnel must document the parent's agreement to the IEP or 504 team meeting on the Record of Parent Contacts and in any other appropriate places. If district personnel are unwilling or if the parent expresses discomfort or unwillingness to immediately convene an IEP or 504 team meeting as part of the debriefing meeting, then only a debriefing meeting will be held. If an IEP or 504 team meeting is necessary following the debriefing meeting, then district personnel will take the necessary steps to schedule the IEP or 504 meeting for a later date.
- K. Promptly after the debriefing meeting, the building administrator or designee will send a copy of the completed and signed OSDE Form #12 or OSDE Form #13 to the designated district administrator. The administrator or designee will also place a copy of the completed and signed OSDE Form #12 or #13 and all other documentation concerning the physical restraint/seclusion incident in the student's confidential folder.
- L. The building administrator or designee supervisor will provide support and/or assistance, including further training, to the employees involved in the physical restraint/seclusion incident.
- M. The student, with assistance from staff, will process the incident at the earliest appropriate time.

### Annual Review, Planning Process and Oversight

- A. A district administrator will be designated as the coordinator of data, planning and oversight of the use of physical restraint and seclusion procedures in the district.
- B. Any district employee who is aware of the inappropriate use of restraint or seclusion of any child with a disability must immediately notify the designated district administrator. The district administrator will promptly review and address any report of inappropriate use and any issue apparent from review of data.
- C. The district shall establish a committee or use a standing committee to conduct an annual review of individual and program-wide data associated with these procedures. Following this review, the committee shall make recommendations to the Director of Special Services concerning changes needed at the building and district levels to ensure compliance with the *Guidelines* and to fulfill the district's goal of reducing the use of physical restraint and seclusion.

**Northwest Technology Center**  
**Notice of Out-of-School Suspension and Right to Suspension Conference**

Student \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ is being suspended out of school from the Northwest Technology Center for \_\_\_\_\_. The out-of-school suspension will commence on \_\_\_\_\_, with the student allowed to return\_\_\_\_\_.

The reason(s) for the out-of-school suspension is/are: \_\_\_\_\_

I held a conference with the student today during which I explained the reasons for the out-of-school suspension and gave the student the opportunity to explain his/her side of the case.

Before recommending out-of-school suspension, I considered alternative in-school placements, including, but not limited to, placement in an alternative school setting, reassignment to another classroom, and placement in in-school detention. I determined that these and other available options were inappropriate because: \_\_\_\_\_

I invite and encourage you as the student's parents to meet with me to discuss your child's behavior and any reasons you may have why the out-of-school suspension should not be imposed. I will be available to meet with you in my office on \_\_\_\_\_ at \_\_\_\_\_ .m. Please call \_\_\_\_\_ if you have any problems with the time or date of the conference.

The out-of-school suspension goes into effect on the date stated above unless (1) on meeting with you, I agree that the suspension should not go into effect, (2) you submit a request for appeal in accordance with the appeal rights listed on the back of this form, or (3) the following paragraph is applicable (if the following paragraph applies to your student's suspension, the administrator will initial the paragraph below).

\_\_\_\_\_ This out-of-school suspension is effective immediately because the student's conduct indicates that his/her continued attendance at school pending review or waiver of review of the out-of-school suspension would be dangerous to other students, staff, or school property or would substantially interfere with the educational process.

When the out-of-school suspension goes into effect, the student is prohibited from being on any school premises at any time, before, during, or after school. Notwithstanding the filing of an appeal, the student immediately forfeits the privilege of participating in all extracurricular activities of the school.

I acknowledge receipt of this notice at the conclusion of the conference with the principal.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature (if available)

This notice has been hand-delivered to the named student (with instructions to deliver it to his/her parent or guardian) and mailed to the parent/guardian on this date.

---

Administrator Signature

Date

- Enclosed is a copy of student rules with violation circled.
- Letter sent to parent/guardian by registered or certified mail.
- Enclosed is a copy of Parent Rights in Special Education (only for children with disabilities).

*Distribution:*    *Student*    *Parent/Guardian*    *Superintendent*

**Northwest Technology Center**  
**Due Process Notice to Rights in Special Education**

**Student Rights**

- Have relevant policies and school regulations explained so that he/she can understand them.
- Be notified of the policy, rule or regulation allegedly violated.
- Be allowed to explain his/her version of the alleged violation.
- Have a meeting with the administration before the suspension (if the conduct constitutes an immediate danger, the conference will be held as soon as possible after removal).
- Be notified of the length of any out of school suspension.

**Parent / Guardian Rights**

- Be notified by phone and in writing of the suspension, including the alleged violations and the other options which were considered and rejected prior to suspension.
- Have a conference with the administrator during regular school hours; conference includes explanation, in a way the parent/guardian can understand, of (1) the policy, rule or regulation the student allegedly violated, (2) student's alleged conduct, (3) options considered in lieu of suspension, and reason for rejecting those options.
- A final administrator decision after the conference regarding whether the suspension will be terminated or modified.

**All out of school suspensions may be appealed as follows:**

***Ten (10) Days or Less (short term)***

- A student/parent/guardian has the right to appeal a suspension decision to a Suspension Review Committee (SRC) within 5 days of the initial notice of the suspension. The appeal must be made in writing.
- The SRC will meet as soon as possible to review the suspension. The administration will notify the student/parent/guardian of the date, time and place of the hearing at least 24 hours prior to the hearing.
- The student/parent/guardian have the right to be present at the hearing and present evidence and witnesses to support their position. Any party wishing to have legal counsel present must give the other party 24 hours advance notice or may not have counsel present.
- The SRC will determine the student's guilt or innocence and the reasonableness of the term of the suspension. The SRC will sustain, rescind, or modify the suspension. The decision of the SRC is final and nonappealable unless the SRC determines the suspension should be increased in excess of 10 days. In that event, the appeal procedures for long-term suspensions shall apply.

***Greater Than Ten (10) Days (long term)***

- A student/parent/guardian has the right to appeal a suspension decision to the superintendent (or designee) within 5 days of the initial notice of the suspension. A student/parent/guardian may, alternatively, appeal a suspension decision to the board of education or designated hearing officer within 5 days of the initial notice of the suspension. Either type of appeal must be made in writing, and if no appeal is received the administrator's decision is final.
- For appeals to the superintendent, the superintendent will schedule a hearing as soon as possible, notify the student/parent/guardian of the date, time and place of the hearing at least 24 hours prior to the hearing and notify the student/parent/guardian that they have a right to be present at the hearing. At the hearing, the superintendent will review the facts, determine the guilt or innocence of the student, the reasonableness of the term of the suspension and decide to sustain, rescind, or to modify the suspension. The

superintendent will notify the student/parent/guardian of the decision at the conclusion of the hearing. The student/parent/guardian may appeal the superintendent's decision to the board or designated hearing officer within 5 days of the superintendent's decision. The appeal must be made in writing.

- For appeals to the board, the student/parent/guardian must notify the superintendent or board clerk of the appeal request, in writing, within 5 days of the administrator's decision or the superintendent's decision.
- The student/parent/guardian will be notified in writing of the date, time and place of the hearing at least 24 hours prior to the hearing. The hearing will be conducted as soon as practical and will be either "open" or "closed" at the student/parent/guardian's option. The student/parent/guardian have a right to be present in person at the hearing. Both the administration and the student/parent/guardian have the right to present evidence and witnesses to support their position and to be represented by legal counsel. The board or hearing officer will determine the guilt or innocence of the student and the reasonableness of the term of the suspension. The board or hearing officer will sustain, rescind or modify the suspension. The board or hearing officer's decision is final and non-appealable.

**SPECIAL NOTICE:** A disabled student and his/her parent/guardian are entitled to the procedural protection of Section 504 and/or IDEA-B before the student's placement is changed for disciplinary reasons. If additional information is needed, consult the handbook titled, "Discipline of Handicapped Students in Elementary and Secondary Schools," supplied by the U.S. Department of Education, Office for Civil Rights, Washington, D.C. Disabled Students who are disabled and are subject to out-of-school suspension will be afforded the same treatment as provided to students who are not disabled in accordance with Section 504 and its implementing regulations at 24 C.F.R. § 104.4(a), (b) (1) (vii). Specifically, suspension and appeal procedures will be the same as for students who are disabled. These procedures could be altered if the administration makes a determination that the student will be a danger to other students, staff, or school property, or would substantially interfere with the educational process at the school.

**Northwest Technology Center  
Suspension Hearing Request or Waiver**

**Return form to:** \_\_\_\_\_

Student Name: \_\_\_\_\_

School Site: \_\_\_\_\_ Grade: \_\_\_\_\_

- I request a hearing related to my child's suspension. I understand that requests are due within 5 calendar days of the suspension or notice of superintendent's decision.

*Appeal Hearing*

- My child was suspended for 1-10 days and I want to appeal.
- My child was suspended more than 10 days and I want to appeal to the superintendent. I might still appeal to the board of education later.
- My child was suspended more than 10 days and I want to appeal directly to the board of education.
- My child was suspended more than 10 days, I appealed to the superintendent, and now I want to appeal to the board of education.

*Areas of Disagreement*

- At the appeal hearing my child and I will admit the conduct/charges and will only be requesting a reduction in the suspension length or terms.
- At the appeal hearing my child and I will contest the conduct/charges as well as the length or terms of the suspension.

*Representation*

- We won't bring an attorney to the hearing. We understand that the district won't have an attorney either and that if we change our mind we will have to reschedule to allow the school's lawyer to attend too.
- We will bring an attorney to the hearing. We understand that no attorney is needed. We understand that if we select this option the district will bring its lawyer. Even if we change our mind the district will still use its attorney because the attorney will already be prepared for the hearing.
- I waive my right to a hearing related to my child's suspension.

The district will mail notice of the hearing to you at the address on your child's official records. The district can also fax, email, or call you with details if you provide that optional information here: \_\_\_\_\_

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Date

**Northwest Technology Center  
Bullying Report**

**Instructions**

Complete the form below with as much information as possible. If you need assistance completing this form, contact the district's bullying coordinator. Return the completed form to \_\_\_\_\_.

Anonymous reports will be investigated to the best of the district's ability, but full information allows the district to conduct a more thorough inquiry. No individual will be retaliated against for filing a good faith bullying report.

**Individual Making the Report**

Name: \_\_\_\_\_ Report Date: \_\_\_\_\_  
Program: \_\_\_\_\_ Site/ Job Title: \_\_\_\_\_  
Contact Numbers: \_\_\_\_\_

**Incident Information:**

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_  
Location of Incident: \_\_\_\_\_  
Describe Incident: *Use additional pages as necessary, and attach any relevant documents*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

The information in this report is true and correct to the best of my knowledge. I understand that the technology center will not tolerate retaliation for filing a good-faith report of bullying. I also understand that if I knowingly file a false report of bullying, I may face disciplinary consequences.

\_\_\_\_\_  
Reporter's Signature

\_\_\_\_\_  
Date

**Northwest Technology Center  
Investigation Report**

Investigator: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Date report received: \_\_\_\_\_ Date investigation begun: \_\_\_\_\_

**Required Notifications (for minors)**

Date target's parent notified of a report received:	_____	Method:	_____
Date target's parent notified of completed inquiry:	_____	Method:	_____
Date bully's parent notified of a substantiated report:	_____	Method:	_____
Date reported to district's bullying coordinator:	_____	Method:	_____
Date reported to law enforcement, if applicable:	_____	Method:	_____

**Investigation Process**

Individuals interviewed: (attach additional pages if needed)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Interview summary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Interview summary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Interview summary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Interview summary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Interview summary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Documents reviewed: (attach additional pages if needed)

*Note: attach copies of all documents reviewed, including witness statements.*

Document:	_____	Date:	_____
Document:	_____	Date:	_____
Document:	_____	Date:	_____

Document: \_\_\_\_\_  
 Document: \_\_\_\_\_  
 Document: \_\_\_\_\_

Date: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Date: \_\_\_\_\_

Conclusions reached:

Bullying      did /did not    occur

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Bullying (or perceived bullying) appeared to be motivated by:

- Age
- Disability, genetic information
- Gender, gender expression or identity, sexual orientation, pregnancy
- Race, color, national origin
- Religion
- Sex
- Veteran status
- Other: \_\_\_\_\_

Actions taken (referrals, education, discipline, etc.):

*Note: If the target is a student on an IEP or Section 504 Plan, the team must be convened, regardless of whether the bullying appeared to be motivated by the student's disability.*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

OJA Referral:      Yes    No

Demographics – Target (or alleged target)

<b>Race</b>  <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Multiracial <input type="checkbox"/> Other: _____	<b>Gender</b>  <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender  <b>Religion</b> _____	<b>Disability Status</b>  <input type="checkbox"/> None known <input type="checkbox"/> IDEA <input type="checkbox"/> 504 Plan  <b>English Proficiency</b> <input type="checkbox"/> Proficient <input type="checkbox"/> LEP
---	---	--

Demographics – Bully (or alleged bully)

<b>Race</b>  <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian	<b>Gender</b>  <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	<b>Disability Status</b>  <input type="checkbox"/> None known <input type="checkbox"/> IDEA <input type="checkbox"/> 504 Plan
---	---	---

<input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Multiracial <input type="checkbox"/> Other: _____	Religion _____	English Proficiency <input type="checkbox"/> Proficient <input type="checkbox"/> LEP
--	-------------------	--

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Date

**Northwest Technology Center**  
**Student Search Report**

Student searched: \_\_\_\_\_

Date of Search: \_\_\_\_\_ Approximate time: \_\_\_\_\_

Person conducting the search: \_\_\_\_\_

Person witnessing the search: \_\_\_\_\_

Grounds for reasonable suspicion that the student should be searched: \_\_\_\_\_

\_\_\_\_\_

If the search was a vehicle search, why was the vehicle searched? \_\_\_\_\_

\_\_\_\_\_

What kinds of items were the object of the search? \_\_\_\_\_

\_\_\_\_\_

What was searched (pockets, purse, wallet, coat, vehicle, [if a vehicle search, list areas of vehicle searched] etc.)?

\_\_\_\_\_

What was found and where? \_\_\_\_\_

\_\_\_\_\_

What was done with any items found? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Person Conducting the Search

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Superintendent

**Northwest Technology Center**  
**Parental Authorization to Administer Medicine or Assist with Application of Sunscreen**  
**(Minor Students)**

TO: \_\_\_\_\_  
(Administrator) (School)

I am the parent, guardian or legal custodian with legal custody of \_\_\_\_\_  
\_\_\_\_\_, a minor student attending this school.

- This student requires medication (not including sunscreen) at intervals during the school day.

I hereby give my consent and authorize \_\_\_\_\_ (an employee of the technology center designated by the superintendent and me) to administer:

- \_\_\_\_\_ (name of drug), a non-prescription medication which I am hereby supplying you, in accordance with my written instructions or the written instructions of a physician which are attached hereto.
- \_\_\_\_\_ (name of drug), a filled prescription medication which I am hereby supplying you, in accordance with the directions for the administration of the medicine listed on the label of the vial.
- \_\_\_\_\_ (name of drug), a filled prescription medication which I am hereby supplying you, in accordance with the written instructions of the physician prescribing the medicine, which is attached hereto.
- I hereby give my consent and authorize my child to self-medicate under the Technology Center's policy on the Administration of Medicine to Students.
- I desire that the school assist the student in applying sunscreen. I understand that the student may possess and self-apply sunscreen without my written authorization. I hereby give my consent and authorize the school nurse, the principal, or \_\_\_\_\_ (an employee of the School District designated by the school nurse, the principal, and me) to assist the student in applying sunscreen:
- sunscreen, which I am hereby which I am hereby supplying you, in accordance with the label directions.
- sunscreen, which I am hereby which I am hereby supplying you, in accordance with written instructions of the student's physician which I have attached.

I understand that under state law the board of education, the technology center, or employees of the technology center shall not be liable to the student or the student's parent or guardian for civil damages for any personal injuries to the student which result from acts or omissions of school employees in administering the medicine or assisting in the application of sunscreen I have hereby authorized. I understand that the technology center, its agents and employees shall incur no liability for any adverse reaction or injury suffered by the student as a result of the self-administration of medication and/or using the specialized equipment.

I agree to abide by all of the terms of the technology center's policy on the Administration of Medicine to Students, a copy of which will be given to me on my request.

---

Date

---

Signature

---

Address

---

Parent with legal custody/guardian



**Northwest Technology Center**  
**Notification of Rights Under the Protection of Pupil Rights Amendment**

The Protection of Pupil Rights Amendment affords parents and students who are 18 or emancipated minors (“eligible students”) certain rights regarding our conduct of surveys, collection and use of information for marketing purposes, and certain physical exams. These include the right to:

*Consent* before students are required to submit to a survey that concerns one 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 (ED) -

1. Political affiliations;
2. Mental and 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, doctors, or ministers;
7. Religious practices, affiliations, or beliefs of the student or parents; or
8. Income, other than as required by law to determine eligibility.

*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 hearing, vision, or scoliosis screenings, or 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.

*Inspect, upon request and before administration or use –*

1. Protected information surveys of 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.

The School District will develop and adopt policies, in consultation with parents, regarding these rights, as well as arrangements to protect student privacy in the administration of protected surveys and the collection, disclosure, or use of personal information for marketing, sales, or other distribution purposes. The School District will directly notify parents and eligible students of these policies at least annually at the start of each school year and after any substantive changes. The School District will also directly notify parents and eligible students, such as through U.S. Mail or email, at least annually at the start of each school year of the specific or approximate dates of the following activities and provide an opportunity to opt a student out of participating in:

- Collection, disclosure, or use of personal information for marketing, sales or other distribution.

- Administration of any protected information survey not funded in whole or in part by ED.
- Any non-emergency, invasive physical examination or screening as described above.

*Parent/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 Avenue, SW  
Washington, D.C. 20202-4605

**Northwest Technology Center  
Implementation Guideline for  
Combatting Sex/Gender Based Discrimination**

The technology center is committed to ensuring equity in all its programs. This document is designed to help the administration avoid claims of sex/gender based discrimination and to ensure all students and employees are treated fairly.

Education - Students

The technology center's anti-bullying and anti-discrimination education efforts will include education to students regarding the following topics:

- Identifying bullying and cyberbullying
- Identifying all forms of discrimination, including sex discrimination based on gender stereotypes, gender nonconformity, and transgender status
- Concrete and age appropriate examples of harassment, intimidation, discrimination and bullying – and appropriate responses
- Outline of the district's conduct expectations
- Ways in which prohibited conduct adversely affects the education environment
- Identification of bullying and discrimination coordinators
- Explanation of how to file a claim of harassment, intimidation, discrimination or bullying

Education – Staff

All school personnel have a responsibility to understand the district's commitment to eliminate all forms of discrimination in all its programs. The district will provide basic training to school personnel to ensure success, including information about who to contact in regard to potential discrimination. The technology center will also provide additional training to personnel who are designated program coordinators.

Handbooks

All student handbooks must contain the following language:

*There will be no discrimination in the district because of race, color, sex, pregnancy, gender, gender expression or identity, national origin, religion, disability, veteran status, sexual orientation, age, or genetic information in its programs, services, activities and employment. The following people have been designated to handle inquiries regarding the district's non-discrimination policies:*

*Section 504/Title II of the Americans with Disabilities Act Coordinator (for questions or complaints based on disability)*

*Title*  
*Technology Center*  
*Address*  
*Phone Number*

*Title VI of the Civil Rights Act Coordinator (for questions or complaints based on race, color and national origin)*

*Title*  
*Technology Center*  
*Address*  
*Phone Number*

*Title IX Coordinator (for questions or complaints based on sex, pregnancy, gender, gender expression or identity)*

*Title*  
*Technology Center*  
*Address*  
*Phone Number*

*Age Act Coordinator (for questions or complaints based on age)*

*Title*  
*Technology Center*  
*Address*  
*Phone Number*

*Any individual who has experienced some other form of discrimination, including discrimination not listed above, may contact:*

*Title*  
*Technology Center*  
*Address*  
*Phone Number*

*Outside Assistance may be obtained from:*

*U.S. Department of Education*  
*Office for Civil Rights*  
*One Petticoat Lane*  
*1010 Walnut Street, Suite 320*  
*Kansas City, MO 64106*  
*(816) 268-0550*  
*(816) 268-0599 (Fax)*  
*(877) 521-2172 (TTY)*  
*E-mail: [OCR.KansasCity@ed.gov](mailto:OCR.KansasCity@ed.gov)*

*All district employees and students will be provided with age appropriate education regarding types of discrimination, harassment and bullying. Students and employees will also be advised of the district's expectations regarding appropriate conduct. Any student who is experiencing difficulty fully accessing the district's education programs should contact the appropriate coordinator so a success plan can be developed for the student.*

## Administrator Responses

Any administrator who becomes aware that a minor student is pregnant or any student is transitioning to a different gender must meet privately with the student, or with the student and another administrator of the student's gender, to discuss the situation. The meeting must include discussion of whether the minor student's parent/guardian can be contacted (no student may be "outed" to his/her parent or guardian) and creation of a transition plan. The plan is not to be punitive/exclusionary in nature and must be designed to ensure the student's educational success.

Each student must be provided with information regarding the district's nondiscrimination policies and procedures and the name/contact information for the district's nondiscrimination coordinators. The student must also be provided with the name/number of a staff liaison in the event the student encounters any difficulties with his/her education.

Because gender transitioning is an emerging area in the law, the superintendent must be advised of any such situation which presents itself so he/she can consult with legal counsel.

**Northwest Technology Center  
Placement and Other Education Considerations  
For Special Circumstances**

In an attempt to meet individual student needs, the district will consider all placement and related education options at times when traditional instruction and other access may not be in a student's best interests. This worksheet will guide the administrator, parent/guardian (if authorized by the student), and student in making the best decision possible given the totality of the circumstances. This placement will be reviewed as often as needed but at least once per semester.

**Placement Options<sup>3</sup>**

- Retain Current Placement*  
The student retains his/her current schedule in his/her current program.
  
- Current Program / New Schedule*  
The student continues at his/her current program but with a different class schedule.
  
- Transfer*  
The student is transferred to another program.

**Information Dissemination**

The following personnel have a need to know this information:

Staff Member	Information to be Disclosed, if any
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Temporary Leave**

The student will be on leave from school the following dates:  
\_\_\_\_\_ To \_\_\_\_\_

<sup>3</sup> No student will be excluded from regular classes or segregated in any way based on special or unique circumstances alone. All educational placements, including extracurricular activities, will be considered based on the entirety of the student's unique circumstances. Regardless of the placement option agreed upon between the technology center and the family, additional supportive services may be added as deemed appropriate.

The student will make up work related to this absence:

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**Supportive Services**

The following additional services and special considerations are needed:

- Schedule a meeting with the campus director prior to returning to class to discuss any potential obstacles and how to successfully navigate those challenges
- Designate an individual for the student to report any difficulties to, including any concerns about bullying, retaliation, or other inappropriate conduct
- Coordinating services with a minor student's sending school
- School counseling sessions
- Consulting with the student's private counselor to ensure a unified approach
- Coordinating the student's class schedule to maximize successful goal completion
- Other:

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**Decisions / Action Plan**

After considering each of the options and categories outlined above, the administration, parent/guardian (if authorized) and student have selected those options and choices which are marked. The reasons for these decisions are:

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**Acknowledgment**

We have jointly agreed to the options noted above as the best choice for the student given the totality of the circumstances. We agree to review this decision as needed, but at least once per semester.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if authorized)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date

A copy of this plan will be provided to the student, authorized parent/guardian, and authorized school personnel.

**Northwest Technology Center  
Additional Options & Discussion Points  
Gender Transitioning Students Only**

**Name / Gender Identification**

Name the student will use (unofficial records): \_\_\_\_\_

Gender pronoun the student will use: \_\_\_\_\_

Will official school records be changed (court order required): \_\_\_\_\_

**Restroom & Locker Room Access**

- Student will use multiple occupancy restrooms and changing areas associated with the Student's gender identified on the Student's original birth certificate (70 O.S. § 1-125).
- Student will use a private restroom located \_\_\_\_\_  
(Private restroom access is available to all students who want more privacy.)
- Student will use multiple occupancy restrooms and changing areas associated with the Student's gender identified on the Student's original birth certificate (70 O.S. § 1-125) but will also have access to a private restroom located \_\_\_\_\_  
\_\_\_\_\_

**Extracurricular Activities**

Student is participating in the following extracurricular activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Needs associated with participation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Needs**

Describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Northwest Technology Center  
Discrimination Grievance Complaint Form**

Name and Address of Charging Party (Grievant):

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Date: \_\_\_\_\_

Phone numbers where Grievant may be reached:

Home: \_\_\_\_\_ Office: \_\_\_\_\_  
Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Statement of grievance (please provide as detailed a statement as is possible and attach supplemental pages so that we may have a complete understanding of your concerns):

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Who is your grievance against?

- Technology Center  
 Individual(s): \_\_\_\_\_

Please identify any documents or other materials which support your grievance. If documents or materials are in your possession, please attach copies to this grievance. If documents are not in your possession, please indicate where they are located.

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Please identify what action or relief you are seeking as a result of this grievance.

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\_\_\_\_\_  
Signature of Grievant

If, as a result of a disability, you need assistance in completing this form, please contact the district's ADA Coordinator, or superintendent, for assistance or accommodation.

**Northwest Technology Center**  
**Notification of Use of a Service Animal**

Date: \_\_\_\_\_ Building: \_\_\_\_\_

Staff Member or Student's Name: \_\_\_\_\_

Parent's Name (for minor students only): \_\_\_\_\_

Identify whether the service animal is required because of a staff member or student's disability, and if so, identify and describe the manner in which the service animal will meet the individual's particular need(s):

Name of service animal: \_\_\_\_\_

Documentation attached that the service animal is:

- Properly and currently vaccinated
- Under the control of a handler

Name of handler: \_\_\_\_\_

**Submit request to Superintendent.**  
**Annual Notification Required**

**Northwest Technology Center**  
**Service Animal Registration**

Animal Owner : \_\_\_\_\_  
Student (if applicable): \_\_\_\_\_  
Animal name: \_\_\_\_\_

Notification form is attached

Documentation attached that the service animal is:

- Properly and currently vaccinated
  - Under the control of a handler
- Name of handler: \_\_\_\_\_

I have read and understand the district's Service Animals Policy. I will abide by the terms of the policy. I understand that the district has the discretion to exclude or remove my service animal from its property if:

- my service animal is out of control and/or the animal's handler does not effectively control the animal's behavior;
- my service animal is not housebroken;
- my service animal's presence or behavior fundamentally alters the nature of a district service, program, or activity; or
- my service animal poses a direct threat to the health or safety of others that cannot be eliminated by reasonable modifications.

I agree to be responsible for any and all damage to district property, personal property, and any injuries to individuals caused by my service animal. I agree to indemnify, defend and hold the district harmless from and against any and all claims, actions, suits, judgments and demands brought by any party arising on account of, or in connection with, any activity of or damage caused by my service animal.

OWNER

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note: This registration is valid until the end of the current school year. It must be renewed prior to the start of each subsequent school year or whenever a different service animal will be used.**

**Northwest Technology Center**  
**Cyber Bullying and Internet Safety Fact Sheet**

People can be bullied in lots of ways, including through cyber bullying. Cyber bullying is when someone sends or posts things (words, pictures, recordings) that are mean, embarrassing or make people feel scared, embarrassed or uncomfortable. Even if they don't do this at school sometimes cyber bullying makes things at school hard. No student is allowed to disrupt school through cyber bullying.

Cyber bullies work in lots of ways, but here's some of their most common:

- Send or post mean messages
- Make up websites or accounts with stories, cartoons, pictures or "jokes" that are mean to others
- Take embarrassing pictures or recordings (without asking first)
- Send or post stuff to embarrass others
- Hack into other people's accounts or read their stuff
- Hack into other people's accounts and send or post their private stuff
- Pretend to be somebody else to get someone to give them private info
- Send threats

*If you're a cyber bully knock it off! Ask your counselor how you can make things right.*

If someone is cyber bullying you, there's something you can do about it:

- Don't respond to and don't ignore a cyber bully. Instead, tell an adult you trust. If cyber bullying follows you to school, tell your teacher, counselor or campus director.
- Even if what the bully does is embarrassing, don't delete it. Instead, get a copy so you can prove what happened.
- Have an adult help you contact a company representative (cell phone company, Yahoo, Facebook, Twitter, etc.) about blocking or removing the bad stuff.

You can't always stop people from being mean, but there are ways to help yourself:

- Don't give out your personal info in electronic or digital communications
- Don't tell anyone but your parents what your login name, password or PIN number is
- Don't post or send embarrassing pics or recordings (even on your own sites) - bullies love to copy your stuff

Suggestions for Parents:

- Help your child understand how permanent electronic or digital communications are
- Talk to your child about understanding, preventing and responding to cyber bullying
- Contact your student's school for help if you suspect your child is being cyber bullied – or if you suspect your child is engaging in cyber bullying

**Northwest Technology Center**  
**Student Internet Access Agreement**

*STUDENT SECTION:*

Student Full Name: \_\_\_\_\_

Site: \_\_\_\_\_ Program: \_\_\_\_\_

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

Home Phone No.: \_\_\_\_\_

I have received a copy of the policy titled *Acceptable Use of Internet and Electronic and Digital Communications Devices*, including the attachment regarding cyber bullying, and a copy of the *Student Handbook*. I have read and agree to abide by their provisions. I understand that any violation of the policy or handbook provisions may result in disciplinary action including, but not limited to, suspension and/or revocation of network privileges and suspension from school.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

*SPONSORING PARENT OR GUARDIAN SECTION (required for minor students):*

I have received a copy of the policy titled *Acceptable Use of Internet and Electronic and Digital Communications Devices*, including the attachment regarding cyber bullying, and a copy of the *Student Handbook*. I have read and discussed these provisions with my child. My child and I understand that any violation of the policy or handbook provisions may result in disciplinary action including, but not limited to, suspension and/or revocation of network privileges and suspension from school.

I understand that the technology center has taken reasonable precautions to ensure that access to controversial material is limited to the extent possible, but I realize that it is not possible to guarantee that my child will never encounter objectionable material. I hereby release the technology center from liability in the event that my child acquires inappropriate material through use of the district's technology resources, including the Internet.

I request that the district issue an account for my child and certify that the information contained on this form is correct.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

***Student Access Agreement must be renewed each academic year.***

**Northwest Technology Center**  
**Employee Internet Access Agreement**

Employee Name: \_\_\_\_\_

Position: \_\_\_\_\_

Site: \_\_\_\_\_

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

Home Phone No.: \_\_\_\_\_

I have received a copy of the policy titled *Acceptable Use of Internet and Electronic and Digital Communications Devices*. I have read and agree to abide by its provisions. I understand that any violation of the use provisions may result in disciplinary action including suspension and/or revocation of network privileges as well as any discipline allowed by law including termination of employment.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## **Rules of Engagement on Northwest Technology Center Social Media**

Northwest Technology Center welcomes contributions to its social media pages in the spirit of sharing information and perspectives among students, faculty, staff, administration and the community.

All comments on our social media pages must be pertinent or germane to the purpose of the page and/or post. Comments do not reflect the opinions or policies of the Center. Please show respect to your fellow community members by keeping the discussion respectful.

The Center is not responsible for comments or replies made by visitors to any of its official social media pages. To the extent allowed by law, the Center reserves the right, at its sole discretion, to screen, hide, and/or remove any content that is significantly off-topic, including but not limited to content the primary purpose of which is to sell a product or a service; is racist, sexist, abusive, profane, violent, obscene, spam, or advocates illegal activity; contains falsehoods or is libelous; incites, threatens, or makes personal attacks on individuals or groups.

The social media channels of the Technology Center are for informational purposes only. As such, it is not recommended that individuals use comments, replies or direct messages to communicate official business with the Center. Attempts to engage the Center in this way do not constitute notice to the Center in any fashion and individuals should not expect reply or action.

**Northwest Technology Center**  
**Acknowledgment of Handbook Receipt and District Policy Access**

*STUDENT SECTION:*

Student Full Name: \_\_\_\_\_

School Site: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Home Phone No.: \_\_\_\_\_

I have received a copy of the district's handbook. I understand that I can obtain another copy of the handbook from **LOCATION**. I also understand that I can access a full copy of all the district's policies, including those about discrimination and bullying, **THROUGH THE PRINCIPALS OFFICE, ON THE WEBSITE, ETC.**

I agree to follow all my school's policies and procedures. I specifically agree not discriminate, harass, intimidate, or bully other students. I also specifically agree to use the school district's technology resources as outlined in my school's policies and procedures.

I understand that if I violate the rules in my school's policies or procedures I may receive consequences, including but not limited to suspension.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

*SPONSORING PARENT OR GUARDIAN SECTION (Required):*

My child and I received a copy of the district's handbook. I understand that I can obtain another copy of the handbook from **LOCATION**. I also understand that I can access a full copy of all the district's policies, including those about discrimination and bullying, **THROUGH THE PRINCIPALS OFFICE, ON THE WEBSITE, ETC.**

I specifically acknowledge receiving information about how to access information regarding the following topics: discrimination, harassment, intimidation, bullying, technology use, disability accommodations, FERPA, and filing a complaint/grievance.

I understand that my student may be disciplined, including but not limited to suspension, for failing to comply with district policies and procedures.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

***This acknowledgment/agreement must be renewed each academic year.***

**Northwest Technology Center**  
**Authorization to Release Information**

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), the undersigned hereby authorizes the school district and \_\_\_\_\_  
(name of instructor) to provide a letter of recommendation and/or an oral reference to the following individual(s) or organization(s):

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I understand that a letter of recommendation or an oral reference may include the instructor's subjective evaluations of my abilities, my strengths and weaknesses, my work ethic, my motivation, and other personal characteristics, based on the instructor's observations of my activities and performance. I understand that such subjective evaluations are **not** protected by FERPA.

**I authorize the release of the following information protected by FERPA:**

- Information on my district transcript, including courses taken, grades received, grade point average, and class rank;
- Information regarding my attendance;
- Any other information in my education records to which the instructor has had access, including quizzes, tests and examinations, research papers, and other academic work.

I understand the information may be released orally or in the form of a written letter, as preferred by the requester. This authorization will remain in effect from the date it is executed until revoked by me, in writing, and delivered to the instructor identified above.

I hereby

- waive
- do not waive

my right to review the recommendation letter or know the contents of any oral communication.

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Student Signature

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Date

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Parent/Guardian Signature (if student is under 18)

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Date

**Northwest Technology Center**  
**Superintendent's Acceptance of an Employee's Resignation**

(Attach a copy of the employee's resignation)

I, the superintendent, acting as the board's executive officer, acknowledge receipt of an employment resignation by \_\_\_\_\_, effective the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My signature constitutes acceptance of this resignation by the board and releases the resigning employee and the district, upon the effective date of the resignation, from all further contractual obligations. By accepting this resignation from the employee, the employee's offer to be released from his or her contract with the board of education is accepted, and thus the resignation is irrevocable.

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date