



Charlotte County Public Schools

P.O. Box 790
Charlotte Court House, VA 23923
434-542-5151 FAX 434-542-4261

Invoice No. 2020-017

INVOICE

Customer

Name MuckRock News
Address DEPT MR 88368, 411A Highland Ave.
City Somerville State MA ZIP 02144

Date 2/25/20
Order No.
Rep
FOB

Table with 4 columns: Qty, Description, Unit Price, TOTAL. Row 1: 2 hours, FOIA Request 2/20/2020 (FAX: Tom Nash, MuckRock.com), \$29.26, \$58.52

Summary table with 2 columns: Description, Amount. Rows: Sub Total (\$58.52), Shipping & Handling, Taxes (State), TOTAL (\$58.52)

Payment Details

- Radio buttons for Cash, Check, and a blank option.

SPECIAL NOTES:

Checks/Money Orders should be made payable to Charlotte County Public Schools

Closing the Global Achievement Gap

Charlotte County Public Schools
FOIA Office
Suite E
P.O. Box 790, 250 LeGrande Ave.
Charlotte Court House, VA 23923

February 20, 2020

To Whom It May Concern:

Pursuant to the Virginia Freedom of Information Act, I hereby request the following records:

- A copy of any data release consent forms parents or students are asked to sign
- Any current policy documents or guidelines governing student data usage
- Any amendments made to those forms from 2015-2019
- Documents outlining any third-party programs or applications collecting student data

The requested documents will be made available to the general public, and this request is not being made for commercial purposes.

In the event that there are fees, I would be grateful if you would inform me of the total charges in advance of fulfilling my request. I would prefer the request filled electronically, by e-mail attachment if available or CD-ROM if not.

Thank you in advance for your anticipated cooperation in this matter. I look forward to receiving your response to this request within 5 business days, as the statute requires.

Sincerely,

Tom Nash

Filed via MuckRock.com
E-mail (Preferred): 88368-20318423@requests.muckrock.com

For mailed responses, please address (see note):
MuckRock News
DEPT MR 88368
411A Highland Ave
Somerville, MA 02144-2516

PLEASE NOTE: This request is not filed by a MuckRock staff member, but is being sent through MuckRock by the above in order to better track, share, and manage public records requests. Also note that improperly addressed (i.e., with the requester's name rather than "MuckRock News" and the department number) requests might be returned as undeliverable.

RELEASE OF STUDENT DATA/RECORDS

The parent/legal guardian of any student enrolled in Charlotte County School Division may authorize the release of their student's data/records to any individual or Agency upon completion and execution of the Consent for Release of Student Data/Records form accompanying this policy.

This form may be used by Community Policy and Management Teams, and the Departments of Health, Social Services, Juvenile Justice, and Behavioral Health and Development Services.

Adopted: April 21, 2015

Legal Ref.: Code of Virginia, 1950, as amended, § 22.1-79.3.

CONSENT FOR RELEASE OF STUDENT DATA/RECORDS

Student Name: _____ Date of Birth _____

Name of School _____ School ID # _____

Student Address _____

Home Telephone #: _____

Parent/Legal Guardian (1) Mobile Telephone # _____

Parent/Legal Guardian (2) Mobile Telephone # _____

I authorize the Charlotte County School Division to release to the individual or Agency identified below identifying educational/medical data and records (the "Records") of the student listed above. I understand that in addition to educational records and data, such Records may also contain health information pertaining to diagnosis and treatments, immunization records, suspensions/office referral data, attendance data, referrals to student service teams, as well as written communications with school staff related to mental health interventions.

Time Period During Which Release of Student/Data is Authorized:

From: Date that form is signed below.

Until: _____

Name of Authorized Individual or Agency

Name and Title _____

Agency Name (if applicable) _____

Address (1) _____

Address (2) _____

Email Address _____

Phone Number _____

Fax Number _____

Signature of Parent/Guardian _____

Printed Name of Parent/Guardian _____

Relationship to Student _____

Date _____

Witness _____

SCHOOL SERVICE PROVIDERS' USE OF STUDENT PERSONAL INFORMATION

Definitions

For the purposes of this policy:

"Elementary and secondary school purposes" means purposes that (i) customarily take place at the direction of an elementary or secondary school, elementary or secondary school teacher, or school division; (ii) aid in the administration of school activities, including instruction in the classroom or at home; administrative activities; and collaboration between students, school personnel or parents; or (iii) are otherwise for the use and benefit of an elementary or secondary school.

"Machine-readable format" means a structured format that can automatically be read and processed by a computer such as comma-separated values (CSV), JavaScript Object Notation (JSON) or Extensible Markup Language (XML). "Machine-readable format" does not include portable document format (PDF).

"Personal profile" does not include account information that is collected and retained by a school service provider and remains under control of a student, parent or elementary or secondary school.

"School-affiliated entity" means any private entity that provides support to the school division or a public elementary or secondary school. "School-affiliated entity" includes alumni associations, booster clubs, parent-teacher associations, parent-teacher-student associations, parent-teacher organizations, public education foundations, public education funds and scholarship organizations.

"School service" means a website, mobile application or online service that (i) is designed and marketed solely for use in elementary or secondary schools; (ii) is used (a) at the direction of teachers or other employees at elementary or secondary schools or (b) by any school-affiliated entity; and (iii) collects and maintains, uses or shares student personal information. "School service" does not include a website, mobile application or online service that is (a) used for the purposes of college and career readiness assessment or (b) designed and marketed for use by individuals or entities generally, even if it is also marketed for use in elementary or secondary schools.

"School service provider" means an entity that operates a school service pursuant to a contract with the school division.

"Student personal information" means information collected through a school service that identifies a currently or formerly enrolled individual student or is linked to information that identifies a currently or formerly enrolled individual student.

"Targeted advertising" means advertising that is presented to a student and selected on the basis of information obtained or inferred over time from such student's online

behavior, use of applications, or sharing of student personal information. "Targeted advertising" does not include advertising (i) that is presented to a student at an online location (a) on the basis of such student's online behavior, use of applications or sharing of student personal information during his current visit to that online location or (b) in response to that student's request for information or feedback and (ii) for which a student's online activities or requests are not retained over time for the purpose of subsequent advertising.

Required Contract Terms

The contract between a school service provider and the School Board shall require the school service provider

- to provide clear and easy-to-understand information about the types of student personal information it collects through any school service and how it maintains, uses or shares such student personal information;
- to maintain a policy for the privacy of student personal information for each school service and provide prominent notice before making material changes to its policy for the privacy of student personal information for the relevant school service;
- to maintain a comprehensive information security program that is reasonably designed to protect the security, privacy, confidentiality and integrity of student personal information and makes use of appropriate administrative, technological and physical safeguards;
- to facilitate access to and correction of student personal information by each student whose student personal information has been collected, maintained, used or shared by the school service provider, or by such student's parent, either directly or through the student's school or teacher;
- to collect, maintain, use and share student personal information only with the consent of the student or, if the student is less than 18 years of age, his parent or for the purposes authorized in the contract between the School Board and the school service provider;
- when it collects student personal information directly from the student, to obtain the consent of the student or, if the student is less than 18 years of age, his parent before using student personal information in a manner that is inconsistent with its policy for the privacy of student personal information for the relevant school service, and when it collects student personal information from an individual or entity other than the student, to obtain the consent of the school division before using student personal information in a manner that is inconsistent with its policy for the privacy of student personal information for the relevant school service;
- to require any successor entity or third party with whom it contracts to abide by its policy for the privacy of student personal information and comprehensive information security program before accessing student personal information;
- to require that, upon the request of the school or School Board, the school service provider will delete student personal information within a reasonable period of time after such request unless the student or, if the student is less than

18 years of age, his parent consents to the maintenance of the student personal information by the school service provider; and

- to provide, either directly to the student or his parent or through the school, access to an electronic copy of such student's personal information in a manner consistent with the functionality of the school service. Contracts between local school boards and school service providers may require that such electronic copy be in a machine-readable format.

The contract will also prohibit the school service provider from knowingly

- using or sharing any student personal information for the purpose of targeted advertising to students;
- using or sharing any student personal information to create a personal profile of a student other than for elementary and secondary school purposes authorized by the school division, with the consent of the student or, if the student is less than 18 years of age, his parent, or as otherwise authorized in the contract between the school division and the school service provider; or
- selling student personal information except to the extent that such student personal information is sold to or acquired by a successor entity that purchases, merges with or otherwise acquires the school service provider.

Nothing in this policy shall be construed to prohibit school service providers from

- using student personal information for purposes of adaptive learning, personalized learning or customized education;
- using student personal information for maintaining, developing, supporting, improving or diagnosing the school service;
- providing recommendations for employment, school, educational or other learning purposes within a school service when such recommendation is not determined in whole or in part by payment or other consideration from a third party;
- disclosing student personal information to (i) ensure legal or regulatory compliance, (ii) protect against liability or (iii) protect the security or integrity of its school service; or
- disclosing student personal information pursuant to a contract with a service provider, provided that the school service provider (i) contractually prohibits the service provider from using any student personal information for any purpose other than providing the contracted service to or on behalf of the school service provider, (ii) contractually prohibits the service provider from disclosing any student personal information provided by the school service provider to any third party unless such disclosure is permitted by Va. Code § 22.1-289.01(B)(7) and (iii) requires the service provider to comply with the requirements set forth Va. Code § 22.1-289.01(B) and the prohibitions set forth in Va. Code § 22.1-289.01(C).

Nothing in this policy shall be construed to:

- impose a duty upon a provider of an electronic store, gateway, marketplace, forum or means for purchasing or downloading software or applications to review or enforce compliance with this policy with regard to any school service provider whose school service is available for purchase or download on such electronic store, gateway, marketplace, forum or means;
- impose liability on an interactive computer service, as that term is defined in 47 U.S.C. § 230(f), for content provided by another individual; or
- prohibit any student from downloading, exporting, transferring, saving or maintaining his personal information, data or documents.

Adopted: August 9, 2016
Revised: August 8, 2017

Legal Refs.: Code of Virginia, 1950, as amended, § 22.1-289.01.

Cross Refs.:	ET	Educational Technology Foundation and Public School Foundations
	JO	Student Records
	KMA	Relations with Parent Organizations

ADMINISTRATION OF SURVEYS AND QUESTIONNAIRES

I. Instructional Materials and Surveys

A. Inspection of Instructional Materials

All instructional materials, including teacher's manuals, films, tapes, or other supplementary material which will be used in connection with any survey, analysis, or evaluation as part of any federally funded program are available for inspection by the parents or guardians of the student in accordance with Policy KBA Requests for Public Records.

B. Participation in Surveys and Evaluations

No student is required, as part of any federally funded program, to submit to a survey, analysis, or evaluation that reveals information concerning

- (1) political affiliations or beliefs of the student or the student's parent,
- (2) mental or psychological problems of the student or the student's family,
- (3) sex behavior or attitudes,
- (4) illegal, anti-social, self-incriminating, or demeaning behavior,
- (5) critical appraisals of other individuals with whom respondents have close family relationships,
- (6) legally recognized privileged or analogous relationships, such as those of lawyers, physicians, and ministers,
- (7) religious practices, affiliations, or beliefs of the student or student's parent, or
- (8) income (other than that required by law to determine eligibility for participation in a program or for receiving financial assistance under such program), without the prior consent of the student (if the student is an adult or emancipated minor), or in the case of an unemancipated minor, without the prior written consent of the parent.

C. Surveys Requesting Sexual Information

In any case in which a questionnaire or survey requesting that students provide sexual information, mental health information, medical information, information on student health risk behaviors pursuant to Va. Code § 32.1-73.8, other information on controlled substance use, or any other information that the School Board deems to be sensitive in nature is to be administered, the School Board notifies the parent concerning the administration of such questionnaire or survey in writing at least 30 days prior to its administration. The notice informs the parent of the nature and types of questions included in the questionnaire or survey, the purposes and age-appropriateness of the questionnaire or survey, how information collected by the questionnaire or survey will be used, who will have access to such information, the steps that will be taken to protect student privacy, and whether and how any findings or results will be disclosed. In any

case in which a questionnaire or survey is required by state law or is requested by a state agency, the relevant state agency shall provide the School Board with all information required to be included in the notice to parents. The parent has the right to review the questionnaire or survey in a manner mutually agreed upon by the school and the parent and exempt the parent's child from participating in the questionnaire or survey. Unless required by federal or state law or regulation, school personnel administering any such questionnaire or survey do not disclose personally identifiable information.

No questionnaire or survey requesting that students provide sexual information shall be administered to any student in kindergarten through grade six.

D. Additional Protections

In the event of the administration or distribution of a survey containing one or more of the subjects listed in subsection I.B. above, the privacy of students to whom the survey is administered is protected by: offering parents the option of non-participation in any survey specific to their child as indicated in *Section B: Participation in Surveys and Evaluations*; an opt-out clause.

II. Physical Examinations and Screenings

If the Charlotte County School Division administers any physical examinations or screenings other than

- those required by Virginia law, and
- surveys administered to a student in accordance with the Individuals with Disabilities Education Act,

policies regarding those examinations or screenings will be developed and adopted in consultation with parents.

III. Commercial Use of Information

Questionnaires and surveys are not administered to public school students during the regular school day or at school-sponsored events without written, informed parental consent when participation in such questionnaire or survey may subsequently result in the sale for commercial purposes of personal information regarding the individual student.

This subsection does not apply to the collection, disclosure, or use of personal information collected from students for the exclusive purpose of developing, evaluating, or providing educational products or services for, or to, students or educational institutions, such as the following:

- college or other postsecondary education recruitment, or military recruitment;

- book clubs, magazines, and programs providing access to low-cost literary products;
- curriculum and instructional materials used by elementary schools and secondary schools;
- tests and assessments used by elementary schools and secondary schools to provide cognitive, evaluative, diagnostic, clinical, aptitude, or achievement information about students (or to generate other statistically useful data for the purpose of securing such tests and assessments) and the subsequent analysis and public release of the aggregate data from such tests and assessments;
- the sale by students of products or services to raise funds for school-related or education-related activities; and
- student recognition programs.

IV. Notification

Notification of Policies

The Board provides notice of this policy directly to parents of students annually at the beginning of the school year and within a reasonable period of time after any substantive change in the policy. The Board also offers an opportunity for the parent (or emancipated student) to opt the student out of participation in

- activities involving the collection, disclosure, or use of personal information collected from students for the purpose of marketing or for selling that information (or otherwise providing that information to others for that purpose);
- the administration of any survey containing one or more items listed in subsection I.B. above; or
- any nonemergency, invasive physical examination or screening that is
 - required as a condition of attendance;
 - administered by the school and scheduled by the school in advance; and
 - not necessary to protect the immediate health and safety of the student, or of other students.

Notification of Specific Events

The Board directly notifies the parent of a student, at least annually at the beginning of the school year, of the specific or approximate dates during the school year when the following activities are scheduled, or expected to be scheduled:

- activities involving the collection, disclosure, or use of personal information collected from students for the purpose of marketing or for selling that information (or otherwise providing that information to others for that purpose);
- the administration of any survey containing one or more items listed in subsection I.B. above; or

- any nonemergency, invasive physical examination or screening that is
 - required as a condition of attendance;
 - administered by the school and scheduled by the school in advance; and
 - not necessary to protect the immediate health and safety of the student, or of other students.

V. Definitions

Instructional material: the term "instructional material" means instructional content that is provided to a student, regardless of its format, including printed or representational materials, audio-visual materials, and materials in electronic or digital formats (such as materials accessible through the Internet). The term does not include academic tests or academic assessments.

Invasive physical examination: the term "invasive physical examination" means any medical examination that involves the exposure of private body parts, or any act during such examination that includes incision, insertion, or injection into the body, but does not include a hearing, vision, or scoliosis screening.

Parent: the term "parent" includes a legal guardian or other person standing in loco parentis (such as a grandparent or stepparent with whom the child lives, or a person who is legally responsible for the welfare of the child).

Personal information: the term "personal information" means individually identifiable information including

- a student or parent's first and last name;
- a home or other physical address (including street name and the name of the city or town);
- a telephone number; or
- a Social Security identification number.

Survey: the term "survey" includes an evaluation.

Adopted: June 2011

Revised: December 9, 2014, June 9, 2015, July 9, 2019

Legal Refs.: 20 U.S.C. § 1232h.

Code of Virginia, 1950, as amended, § 22.1-79.3.

Cross Refs.:	INB	Teaching About Controversial Issues
	JHDA	Human Research
	KBA	Requests for Public Records
	KF	Distribution of Information/Materials

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

- A playbill, showing your student's role in a drama production;
- The annual yearbook;
- Honor roll or other recognition lists;
- Graduation programs; and
- Sports activity sheets, such as for wrestling, showing weight and height of team members.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, 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 the following information – names, addresses, and telephone listings – unless parents have advised the LEA that they do not want their student's information disclosed without their prior written consent.

If you do not want Charlotte County Public Schools to disclose directory information from your child's education records without your prior written consent, you must notify the District in writing by the second week of school. Denial forms are available at your child's school. Charlotte County Public Schools has designated the following information as directory information:

- Student's name
- Address
- Telephone listing
- Electronic mail address
- Photograph
- Date and place of birth
- Major field of study
- Grade level
- School ID number
- Participation in officially recognized activities and sports
- Weight and height of members of athletic teams
- Degrees, honors, and awards received
- The most recent educational agency or institution attended
- Dates of attendance

Media Release

Charlotte County Public Schools and authorized media (including television, newspaper, and radio) may record a student's image, voice, performance, student work, and other data on any media form. Data may include a student's name, age, grade, and school location for use in (but not limited to) programs, exhibitions, student recognitions, showings or displays and the promotion thereof in all media, including the CCPS web pages.

Public Notice

The Charlotte County Public School Policy Manual is available on the web site:


<http://www.ccpsk12.org/>

Signatures on the form below are very important. Be sure you have reviewed all of the information with your child. **Please sign, detach and return** the form below to your child's homeroom or first period teacher **by the second week of school.** **Please keep this pamphlet as a reference for the rest of the school year.** If you have more than one Charlotte County student, a separate form must be submitted for each child. If forms are not returned by this date, parents will be contacted by the individual school's principal to discuss problems and concerns with these forms.

2019-2020
Parental Statement of Receipt of Documents for
Charlotte County Public Schools

*I am the parent of the below named child and, by my signature,
I acknowledge that I have received copies of the following documents:*

1. Parental Responsibility and Involvement Requirements
2. Charlotte County Public Schools Attendance Policy
3. Electronic Communications Acceptable Use Policy
4. Internet Privacy Policy
5. School Bus Safety Guidelines
6. Standard of Learning Tests and Graduation Requirements
7. Charlotte County School Board's *Standards for Student Conduct*
8. Charlotte County's Anti-bullying Formal Plan
9. Charlotte County's Dress Code
10. Electronic Device Guidelines
11. Guidelines For Policies on Concussions in Student-Athletes
12. County Public Schools Medication Policy
13. Promotion and Retention Policy
14. Eating Disorders Awareness Policy
15. Asbestos Notification
16. Guidance & Counseling Program
17. School student handbook - A separate document



*Included in
this booklet*

**Randolph-Henry's Handbook can be found on the web at: charlottehenry.ss12.sharpschool.com*

By signing this Statement of Receipt, I do not waive or abdicate, but do expressly reserve, any rights protected by the constitutions or laws of the United States or the Commonwealth of Virginia. I further understand that I have the right to express disagreement with the school's or school division's policies or decisions.

Parent Signature

Parent Signature

Student Signature

Date



Bacon District Elementary School
840 Bacon School Road
Saxe, VA 23967
Fax: 434-735-8505
Phone: 434-735-8612



_____ is in the process of enrolling in grade _____ in
 Charlotte County Public Schools. Please send the following information as soon as possible.

- | | |
|---|---------------------|
| _____ Birth Certificate | _____ Physical |
| _____ Social Security Number | _____ Immunizations |
| _____ Discipline Record | _____ Report Card |
| _____ Attendance Record | |
| _____ Student State Testing Number | |
| _____ Record of Dates to Withdrawal (please provide numerical averages) | |
| _____ Transcript of Grades | |
| _____ Standardized/Standards of Learning Test Scores | |
| _____ Court Documents | |
| _____ Special Education/504 Information | |

(Please include current IEP, psychological, eligibility, social history, educational evaluation and observation, etc.)

Name of Last School Attended: _____	
City: _____	State: _____
School Phone Number: _____	Fax: _____

I do hereby authorize _____ to release information from the
 cumulative record of my child.

Parent Signature _____

Date _____

Thank you for your assistance,

Randolph-Henry HS Senior Transcript Request



Student Name: _____	Student Signature: _____
Parent Name: _____	Parent Signature: _____

College Name: _____	Admission Deadline: _____
<small>*Office Use Only*</small>	Recommendation <input type="checkbox"/> Transcript <input type="checkbox"/> Date _____

College Name: _____	Admission Deadline: _____
<small>*Office Use Only*</small>	Recommendation <input type="checkbox"/> Transcript <input type="checkbox"/> Date _____

College Name: _____	Admission Deadline: _____
<small>*Office Use Only*</small>	Recommendation <input type="checkbox"/> Transcript <input type="checkbox"/> Date _____

College Name: _____	Admission Deadline: _____
<small>*Office Use Only*</small>	Recommendation <input type="checkbox"/> Transcript <input type="checkbox"/> Date _____

College Name: _____	Admission Deadline: _____
<small>*Office Use Only*</small>	Recommendation <input type="checkbox"/> Transcript <input type="checkbox"/> Date _____

College Name: _____	Admission Deadline: _____
<small>*Office Use Only*</small>	Recommendation <input type="checkbox"/> Transcript <input type="checkbox"/> Date _____

*All transcripts will include SAT/ACT Test Scores. Please see Mrs. Jones if you would like to opt out and exclude test scores from your transcripts.



DIVISION OF REHABILITATIVE SERVICES
Pre-Employment Transition Services
Information Release and Consent

Section 1: Please provide DARS with information about the interested student:

LAST NAME		FIRST NAME		MIDDLE NAME
SOCIAL SECURITY NUMBER	STUDENT ID NUMBER	DATE OF BIRTH	EMAIL ADDRESS	
MAILING ADDRESS (INCLUDE CITY, STATE, AND ZIP CODE)				
RACE AND ETHNICITY (REQUIRED FOR ALL SECONDARY SCHOOL STUDENTS) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White Does the student identify as Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No			GENDER (OPTIONAL) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Does not identify	
			PHONE (INCLUDE AREA CODE)	
			<input type="checkbox"/> Voice <input type="checkbox"/> TTY <input type="checkbox"/> SMS <input type="checkbox"/> Video	
			ADDITIONAL PHONE (INCLUDE AREA CODE) <input type="checkbox"/> Voice <input type="checkbox"/> TTY <input type="checkbox"/> SMS <input type="checkbox"/> Video	
The student named above meets the following requirements for the provision of pre-employment transition services: 1. Is between 14 and 21 years of age (they may be 22 if their birthday is after September 30 of the school year); 2. Is enrolled in a secondary, alternative, GED prep, or recognized postsecondary educational/vocational program; and 3. Is receiving special education services or is an individual with a disability for purposes of 504 eligibility. List Disability(ies):				

Section 2: Educational Information

INSTITUTION AT WHICH STUDENT IS ENROLLED		PHONE (INCLUDE AREA CODE)
STUDENT GRADE LEVEL	TYPE OF EDUCATION PROGRAM	
EXPECTED GRADUATION / EXIT DATE	<input type="checkbox"/> Secondary <input type="checkbox"/> Recognized Postsecondary Educational Program <input type="checkbox"/> Alternative <input type="checkbox"/> Recognized Postsecondary Vocational Program <input type="checkbox"/> GED Preparation	
This student has an accommodation plan under section 504 of the Rehabilitation Act		YES NO
		<input checked="" type="checkbox"/> <input type="checkbox"/>
This student has an Individualized Education Program (IEP)		<input type="checkbox"/> <input type="checkbox"/>
This student is an individual with a disability who does not have an IEP or 504 Plan		<input type="checkbox"/> <input type="checkbox"/>

Section 3: What are pre-employment transition services?

Pre-employment transition services (Pre-ETS) are the beginning of a continuum of services the Department for Aging and Rehabilitative Services' (DARS) Vocational Rehabilitation (VR) program offers to students with disabilities. Pre-ETS offer students an early start at exploring career interests and preparing for postsecondary education/training, employment and adult life. Students with disabilities are not required to apply to DARS' VR program to receive Pre-ETS. Pre-ETS cover five areas:

- Job exploration counseling;
- Work-based learning experiences;
- Workplace readiness training;
- Counseling on postsecondary education and training opportunities; and
- Instruction in self-advocacy.

Who pays for pre-employment transition services?

Pre-ETS are no-cost services provided to students with disabilities through DARS.

What rights do students with disabilities have if they disagree with a decision DARS has made affecting the pre-employment transition services provided to them?

If DARS makes a decision that affects the Pre-ETS provided to a student and the student is not in agreement, resolution of the disagreement may be attempted by any one or a combination of the following:

- Contact your DARS counselor or their supervisor;
- Request an administrative review;
- Seek assistance from the client assistance program (CAP), available by phone at 1-800-552-3962;
- Request mediation; and/or
- Request a fair hearing.

You may request a fair hearing and/or mediation while you continue to work with DARS to resolve the disagreement. A fair hearing request must be filed within 60 days of the adverse decision. If you reach agreement prior to the date of the scheduled mediation or fair hearing, the request may be withdrawn.

Section 4. To be completed by the student and parent or legal guardian (if applicable):

If a student is under 18 years of age or under a guardianship order, consent of a parent or legal guardian is required.

My signature below indicates:

- I give my permission for the student named in Section 1 of this form to participate in group and individual Pre-ETS as provided by DARS or its designated contractor;
- I give my permission for the sharing of the information on this form, as well as information needed for the provision of Pre-ETS, between the education agency identified in Section 2 and DARS or its designated contractor as a condition of the student's participation.
- I understand that DARS will utilize some of the information provided for federal reporting purposes, and that DARS will treat this information in a confidential manner. I understand that the Health Insurance Portability and Accountability Act (HIPAA) does not apply to this information, but that other laws may prohibit its re-disclosure without the written consent of the student, parent, or legal guardian.
- I understand that I may revoke the consent provided in this form at any time by providing a signed and dated written notice. The consent remains valid as long as the student is a recipient of Pre-ETS, and is strictly limited to information needed for the provision of Pre-ETS.
- I give my permission for the student named in Section 1 to participate in Pre-ETS activities outside the school and DARS settings. I will be notified of each offsite activity prior to the activity occurring. If I do not permit the student named in Section 1 to participate in a particular activity, I will notify the student's Pre-ETS counselor when I receive notice of the activity.
- I understand that Pre-ETS are not traditional VR services. Participating in Pre-ETS does not qualify the student for VR services. The student may apply for VR services if/when there is interest or need for VR services.

PARENT / GUARDIAN / ADULT STUDENT SIGNATURE

PRINTED NAME

(signature)

(date)

Section 5. Initial Pre-ETS Needs

Check all that apply (at least one box must be checked):

- Job exploration counseling Work-based learning Workplace readiness training
 Counseling on postsecondary education and training opportunities Instruction in self-advocacy

**COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM
Health Information Form/Comprehensive Physical Examination Report/Certification of Immunization**

Part I – HEALTH INFORMATION FORM

State law (Ref. Code of Virginia § 22.1-270) requires that your child is immunized and receives a comprehensive physical examination before entering public kindergarten or elementary school. **The parent or guardian completes this page (Part I) of the form.** The Medical Provider completes Part II and Part III of the form. This form must be completed no longer than one year before your child's entry into school.

Name of School: _____ Current Grade: _____
 Student's Name: _____
 Student's Date of Birth: _____/_____/_____ Sex: _____ State or Country of Birth: _____ Middle Main Language Spoken: _____
 Student's Address: _____ City: _____ State: _____ Zip: _____
 Name of Parent or Legal Guardian 1: _____ Phone: _____ - _____ - _____ Work or Cell: _____ - _____ - _____
 Name of Parent or Legal Guardian 2: _____ Phone: _____ - _____ - _____ Work or Cell: _____ - _____ - _____
 Emergency Contact: _____ Phone: _____ - _____ - _____ Work or Cell: _____ - _____ - _____

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex)			Diabetes		
Allergies (seasonal)			Head injury, concussions		
Asthma or breathing problems			Hearing problems or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart problems		
Behavioral problems			Lead poisoning		
Developmental problems			Muscle problems		
Bladder problem			Seizures		
Bleeding problem			Sickle Cell Disease (not trait)		
Bowel problem			Speech problems		
Cerebral Palsy			Spinal injury		
Cystic fibrosis			Surgery		
Dental problems			Vision problems		

Describe any other important health-related information about your child (for example; feeding tube, hospitalizations, oxygen support, hearing aid, dental appliance, etc.): _____

List all prescription, over-the-counter, and herbal medications your child takes regularly: _____

Check here if you want to discuss confidential information with the school nurse or other school authority. Yes No

Please provide the following information:

	Name	Phone	Date of Last Appointment
Pediatrician/primary care provider			
Specialist			
Dentist			
Case Worker (if applicable)			

Child's Health Insurance: None FAMIS Plus (Medicaid) FAMIS Private/Commercial/Employer sponsored

I, _____ (do) (do not) authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form. *This authorization will be in place until or unless you withdraw it. You may withdraw your authorization at any time by contacting your child's school. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.*

Signature of Parent or Legal Guardian: _____ Date: _____/_____/_____

Signature of person completing this form: _____ Date: _____/_____/_____

Signature of Interpreter: _____ Date: _____/_____/_____

**COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM**

Part II - Certification of Immunization

Section I

**To be completed by a physician or his designee, registered nurse, or health department official.
See Section II for conditional enrollment and exemptions.**

A copy of the immunization record signed or stamped by a physician or designee, registered nurse, or health department official indicating the dates of administration including month, day, and year of the required vaccines shall be acceptable in lieu of recording these dates on this form as long as the record is attached to this form.

Only vaccines marked with an asterisk are currently required for school entry. Form must be signed and dated by the Medical Provider or Health Department Official in the appropriate box.

Student's Name: _____ Date of Birth:

<i>Mo.</i>	<i>Day</i>	<i>Yr.</i>

IMMUNIZATION	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN				
	1	2	3	4	5
*Diphtheria, Tetanus, Pertussis (DTP, DTaP)					
*Diphtheria, Tetanus (DT) or Td (given after 7 years of age)					
*Tdap booster (6 th grade entry)					
*Poliomyelitis (IPV, OPV)					
*Haemophilus influenzae Type b (Hib conjugate) *only for children <60 months of age					
*Pneumococcal (PCV conjugate) *only for children <60 months of age					
Measles, Mumps, Rubella (MMR vaccine)					
*Measles (Rubeola)			Serological Confirmation of Measles Immunity:		
*Rubella			Serological Confirmation of Rubella Immunity:		
*Mumps					
*Hepatitis B Vaccine (HBV) <input type="checkbox"/> Merck adult formulation used					
*Varicella Vaccine			Date of Varicella Disease OR Serological Confirmation of Varicella Immunity:		
Hepatitis A Vaccine					
Meningococcal Vaccine					
Human Papillomavirus Vaccine					
Other					
Other					

I certify that this child is **ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED** in accordance with the MINIMUM requirements for attending school, child care or preschool prescribed by the State Board of Health's *Regulations for the Immunization of School Children* (Reference Section III).

Signature of Medical Provider or Health Department Official: _____ Date (Mo., Day, Yr.): ___ / ___ / ___

Section II
Conditional Enrollment and Exemptions

Complete the medical exemption or conditional enrollment section as appropriate to include signature and date.

MEDICAL EXEMPTION: As specified in the *Code of Virginia* § 22.1-271.2, C (ii), I certify that administration of the vaccine(s) designated below would be detrimental to this student's health. The vaccine(s) is (are) specifically contraindicated because (please specify):

DTP/DTaP/Tdap:[__]; DT/Td:[__]; OPV/IPV:[__]; Hib:[__]; Pneum:[__]; Measles:[__]; Rubella:[__]; Mumps:[__]; HBV:[__]; Varicella:[__]

This contraindication is permanent: [__], or temporary [__] and expected to preclude immunizations until: Date (Mo., Day, Yr.): |__|_|_|.

Signature of Medical Provider or Health Department Official: _____ Date (Mo., Day, Yr.):|__|_|_|

RELIGIOUS EXEMPTION: The *Code of Virginia* allows a child an exemption from receiving immunizations required for school attendance if the student or the student's parent/guardian submits an affidavit to the school's admitting official stating that the administration of immunizing agents conflicts with the student's religious tenets or practices. Any student entering school must submit this affidavit on a CERTIFICATE OF RELIGIOUS EXEMPTION (Form CRE-1), which may be obtained at any local health department, school division superintendent's office or local department of social services. Ref. *Code of Virginia* § 22.1-271.2, C (i).

CONDITIONAL ENROLLMENT: As specified in the *Code of Virginia* § 22.1-271.2, B, I certify that this child has received at least one dose of each of the vaccines required by the State Board of Health for attending school and that this child has a plan for the completion of his/her requirements within the next 90 calendar days. Next immunization due on _____.

Signature of Medical Provider or Health Department Official: _____ Date (Mo., Day, Yr.):|__|_|_|

Section III
Requirements

For Minimum Immunization Requirements for Entry into School and Day Care, consult the Division of Immunization web site at <http://www.vdh.virginia.gov/epidemiology/immunization>

**Children shall be immunized in accordance with the Immunization Schedule developed and published by the Centers for Disease Control (CDC), Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP), otherwise known as ACIP recommendations (Ref. *Code of Virginia* § 32.1-46(a)).
(Requirements are subject to change.)**

Part III -- COMPREHENSIVE PHYSICAL EXAMINATION REPORT

A qualified licensed physician, nurse practitioner, or physician assistant must complete Part III. The exam must be done no longer than one year before entry into kindergarten or elementary school (Ref. Code of Virginia § 22.1-270). Instructions for completing this form can be found at www.vahealth.org/schoolhealth.

Student's Name: _____ Date of Birth: ____ / ____ / ____ Sex: M F

Health Assessment	Date of Assessment: ____ / ____ / ____ Weight: ____ lbs. Height: ____ ft. ____ in. Body Mass Index (BMI): ____ BP ____ <input type="checkbox"/> Age / gender appropriate history completed <input type="checkbox"/> Anticipatory guidance provided	Physical Examination 1 = Within normal 2 = Abnormal finding 3 = Referred for evaluation or treatment <table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> <td style="text-align:center;">3</td> <td></td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> <td style="text-align:center;">3</td> <td></td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> <td style="text-align:center;">3</td> </tr> <tr> <td>HEENT</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td>Neurological</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td>Skin</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Lungs</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td>Abdomen</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td>Genital</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> <tr> <td>Heart</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td>Extremities</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td>Urinary</td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> </table>		1	2	3		1	2	3		1	2	3	HEENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Urinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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TB Screening: <input type="checkbox"/> No risk for TB infection identified <input type="checkbox"/> No symptoms compatible with active TB disease <input type="checkbox"/> Risk for TB infection or symptoms identified																																																		
Test for TB Infection: TST IGRA Date: ____ TST Reading ____ mm TST/IGRA Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative CXR required if positive test for TB infection or TB symptoms. CXR Date: ____ <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal																																																		
EPSDT Screens <u>Required</u> for Head Start – include specific results and date: Blood Lead: _____ Hct/Hgb _____																																																		

	Assessed for:	Assessment Method:	Within normal	Concern identified:	Referred for Evaluation
Developmental Screen	Emotional/Social				
	Problem Solving				
	Language/Communication				
	Fine Motor Skills				
	Gross Motor Skills				

Hearing Screen	<input type="checkbox"/> Screened at 20dB: Indicate Pass (P) or Refer (R) in each box.				<input type="checkbox"/> Referred to Audiologist/ENT <input type="checkbox"/> Unable to test – needs rescreen <input type="checkbox"/> Permanent Hearing Loss Previously identified: Left Right <input type="checkbox"/> Hearing aid or other assistive device
		1000	2000	4000	
	R				
	L				
<input type="checkbox"/> Screened by OAE (Otoacoustic Emissions): <input type="checkbox"/> Pass <input type="checkbox"/> Refer					

Vision Screen	<input type="checkbox"/> With Corrective Lenses (check if yes)					Dental Screen	<input type="checkbox"/> Problem Identified: Referred for treatment <input type="checkbox"/> No Problem: Referred for prevention <input type="checkbox"/> No Referral: Already receiving dental care
		<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Not tested			
	Distance	Both	R	L	Test used:		
	20/	20/	20/				
<input type="checkbox"/> Pass <input type="checkbox"/> Referred to eye doctor <input type="checkbox"/> Unable to test – needs rescreen							

Recommendations to (Pre) School, Child Care, or Early Intervention Personnel	Summary of Findings (check one): <input type="checkbox"/> Well child; no conditions identified of concern to school program activities <input type="checkbox"/> Conditions identified that are important to schooling or physical activity (complete sections below and/or explain here): _____	
	Allergy <input type="checkbox"/> food: _____ <input type="checkbox"/> insect: _____ <input type="checkbox"/> medicine: _____ <input type="checkbox"/> other: _____ Type of allergic reaction: <input type="checkbox"/> anaphylaxis <input type="checkbox"/> local reaction Response required: <input type="checkbox"/> none <input type="checkbox"/> epinephrine auto-injector <input type="checkbox"/> other: _____	
	Individualized Health Care Plan needed (e.g., asthma, diabetes, seizure disorder, severe allergy, etc) _____	
	Restricted Activity Specify: _____	
	Developmental Evaluation <input type="checkbox"/> Has IEP <input type="checkbox"/> Further evaluation needed for: _____	
	Medication. Child takes medicine for specific health condition(s). <input type="checkbox"/> Medication must be given and/or available at school.	
	Special Diet Specify: _____	
	Special Needs Specify: _____	
Other Comments: _____		

Health Care Professional's Certification (Write legibly or stamp) <input type="checkbox"/> By checking this box, I certify with an electronic signature that all of the information entered above is accurate (enter name and date on signature and date lines below).	
Name: _____	Signature: _____ Date: ____ / ____ / ____
Practice/Clinic Name: _____	Address: _____
Phone: _____ - _____ - _____	Fax: _____ - _____ - _____ Email: _____