

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

- Tazewell County Public Schools Policy IIBEA-E Acceptable Computer System Use (1 page) (.25 cents)
- Tazewell County Public Schools Policy IIBEA-F.1 Educational Internet Publishing Signature Form (1 page) (.25 cents)
- Tazewell County Public Schools Policy IGAH-F Family Life Education Program Opt-Out Form (1 page) (.25 cents)
- Tazewell County Public Schools Student Athlete Substance Abuse Pledge Agreement (1 page) (.25 cents)
- Tazewell County Public Schools Student Code of Conduct, Overview of Section 504, and Educational Internet Publishing (3 pages) (.25 cents x 3 pages = 0.75 cents)
- Tazewell County Public Schools Health Services (5 pages) (.25 x 5 pages = \$1.25)
- Tazewell County Public Schools Food Services (4 pages) (.25 x 4 pages = \$1.00)
- Tazewell County Public Schools Expedited Retakes Grades 3-8 (6 pages) (.25 x 6 pages = \$1.50)

- Any current policy documents or guidelines governing student data usage

- Tazewell County Public Schools Policy JRCA School Service Providers' Use of Student Personal Information (4 pages) (.25 x 4 pages = \$1.00)
- Tazewell County Public Schools Policy JOA Student Transcripts (1 page) (.25 cents)
- Tazewell County Public Schools Policy JOD Release of Student Data/ Records (2 pages) (.25 x 2 pages = .50 cents)
- Tazewell County Public Schools Policy JO (R – R.6) Student Records (59 pages) (.25 x 59 pages = \$14.75)

- Any amendments made to those forms from 2015-2019

- Tazewell County Public Schools policies are updated and presented to the Tazewell County School Board to approve when Virginia School Board Association policies are updated. The date the policy was updated can be found at the bottom of each policy.

- Documents outlining any third-party programs or applications collecting student data

- Virginia CANS (9 pages) (.25 x 9 pages = \$2.25)
- Cumberland Mountain Community Services Authorization for Use/Disclosure/Exchange of Protected Health Information from a Third Party (1 page) (.25 cents)
- Elementary Dental Screenings (4 pages) (.25 x 4 pages = \$1.00)
- Family Preservation Services Individualized Services Plan (1 page) (.25 cents)
- Communities in Schools of Southwest Virginia Consent Form (2 pages) (.25 x 2 pages = .50 cents)
- James Madison University Vision of You (6 pages) (.25 x 6 pages = \$1.50)

Total Copy Fees = \$27.75 (111 pages X .25 cents)

Tazewell County Public Schools
506 Jeffersonville Street
Tazewell, VA 24651-5396
Phone (276) 988-5511
Fax (276) 988-1976
www.tazewell.k12.va.us



School Board Members
David Woodard, Chair
Irene Mullins, Vice-Chair
Jimmy Jones
Chris Moir
Donna Whittington

Christopher B. Stacy, Ed.D.
Division Superintendent

February 20, 2020

MuckRock News
ATTN: Mr. Tom Nash
DEPT MR 88175
411A Highland Ave
Somerville, MA 02144-2516

Dear Mr. Nash,

I am writing in reference to the Freedom of Information request you submitted on February 15, 2020 to Dr. Christopher Stacy, requesting the following information.

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 cost for research is \$81.75 for five hours plus \$27.75 for printing. Please remit the total amount of \$109.50 to Tazewell County Public Schools.

Sincerely,

Deidra G. Hill
Deputy Superintendent

Deidra Hill - Fwd: Virginia Freedom of Information Act Request: Student Privacy Virginia Documents (Region 7) (Tazewell County Public Schools)

From: Chris Stacy
To: Hill, Deidra
Date: 2/19/2020 9:38 AM
Subject: Fwd: Virginia Freedom of Information Act Request: Student Privacy Virginia Documents (Region 7) (Tazewell County Public Schools)

FYI

>>> <88175-06366839@requests.muckrock.com> 2/15/2020 12:18 AM >>>

Tazewell County Public Schools
 FOIA Office
 506 Jeffersonville Street
 Tazewell, VA 24651
 February 15, 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): 88175-06366839@requests.muckrock.com

Upload documents directly: https://accounts.muckrock.com/accounts/login/?next=https%3A%2F%2Fwww.muckrock.com%2Faccounts%2Flogin%2F%3Fnext%3D%252Faccounts%252Fagency_login%252Ftazewell-county-public-schools-20337%252Fstudent-privacy-virginia-documents-region-7-tazewell-county-public-schools-88175%252F%253Femail%253Dcstacy%252540tazewell.k12.va.us&url_auth_token=AABypQbOHEKNks-mx-1LNflleOo%3A1j2pqH%3AP0IURIWIBFVJ6rLpcdMruXKgf4I

Is this email coming to the wrong contact? Something else wrong? Use the above link to let us know.

For mailed responses, please address (see note):

MuckRock News

DEPT MR 88175

411A Highland Ave

Somerville, MA 02144-2516

LETTER TO PARENTS:
ACCEPTABLE COMPUTER SYSTEM USE

Dear Parent/Guardian:

The Tazewell County School Board offers your student the use of electronic communications through the Tazewell County School Division's computer system. Your student will be able to communicate with other schools, colleges, organizations and individuals around the world through the internet and other electronic information systems/networks.

Part of the school division's responsibility in educating students is to provide them access to the tools they will be using as adults. The internet is one of these tools. Through the division's computer system your student will have access to databases, libraries and computer services from all over the world. We accept the responsibility of teaching your student about network citizenship and the code of ethics involved with this community.

With this educational opportunity also comes responsibility on the part of your student. It is important that you and your student read the enclosed division policy, administrative regulation and agreement and discuss these requirements. The division takes precautions to prevent access to inappropriate material. However, it is impossible to control access to all material and a user may access inappropriate material.

In order for your student to take advantage of this educational opportunity, your authorization is needed. Attached to this letter are the Acceptable Computer System Use Policy IIBEA/GAB and Regulation IIBEA-R/GAB-R and the Acceptable Computer System Use Agreement IIBEA-E2/GAB-E1 which both you and your student must sign before your child may use the computer system. Please review these materials carefully with your student before signing the required agreement.

Sincerely,

Educational Internet Publishing Signature Form

Dear Parent and Guardian,

As you may or may not know, our school publishes a web page on the Internet. Publishing a web page is similar to publishing a newspaper with text and/or pictures. Just as anyone may read an article in a newspaper, anyone with access to a computer and the Internet may read our web pages.

The Tazewell County School Board has adopted a web publishing policy, which is a set of guidelines governing what may and may not be included on school web pages. We have attached a copy of the policy to this letter. In accordance with this policy, neither a photograph of a student nor any example of his/her work may be added to the web page without prior consent from a parent or legal guardian.

School web pages are public documents welcoming the outside world to the school. The Tazewell County School Board has approved the guidelines for school web pages. The information included on the web pages must support the educational goals of the school system. The web page's main purpose is to introduce outside visitors to the school, its programs, and the achievements of the students. We hope that the proposed web pages will meet these criteria and that you will allow your child's picture or work to be included.

Permission to display student photographs and/or work extends from the beginning of the year permission is given until September 15 of the following year unless a parent/guardian requests otherwise in writing.

Sincerely,

Principal

*(Please complete **only one** section below and return this complete page to your student's school.)*

I grant permission for _____'s photograph or work to be published on the web pages on the Internet as outlined in the Acceptable Use Policy Publishing Addendum.

_____ Parent/Guardian's Signature

_____ Student's Signature

_____ Date

I do not grant permission for _____'s photograph or work to be published on the web pages on the Internet as outlined in the Acceptable Use Policy Publishing Addendum.

_____ Parent/Guardian's Signature

_____ Student's Signature

_____ Date

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

IGAH-F

IGAH-F

TAZEWELL COUNTY PUBLIC SCHOOLS
**FAMILY LIFE EDUCATION PROGRAM
OPT-OUT FORM**

SCHOOL: _____

NAME OF CHILD: _____ GRADE: _____

The Family Life Education Program for Tazewell County Public Schools is based on the premise that parents should be the primary providers of the information and values of family life and human sexuality. It is important that children are provided adequate information to make wholesome decisions in life. We believe this information can best be met through a partnership among students, parents, schools, and the community.

Parents have the right to review the Family Life Education curricula. Please contact the school principal to examine this instructional program.

This form indicates my desire to have my child excused from sensitive areas of instruction in the Family Life Education Program. I will assume the responsibility of counseling my child about not participating in this program.

My child is to be excluded from the following objectionable areas:

Signature of Parent/Legal Guardian

Date

Signature of Principal

Date

Signature of Teacher

Date

This form is to be filed with the school principal.

**Tazewell County Public Schools
Student Athlete Substance Abuse Policy Pledge Program
Student Athlete and Parent Pledge and Agreement**

I, _____, have received a copy of the Tazewell County Public Schools' Student Athlete Substance Abuse Policy (JFC-R.9).

I have read and I understand the Student Athlete Substance Abuse Policy.

I pledge and agree to comply with the Student Athlete Substance Abuse Policy.

I pledge to abstain from using any Prohibited Substance as defined in the Policy.

I read and understood the list of Prohibited Substances.

I agree to the terms of the Student Athlete Substance Abuse Policy including agreeing to be tested for use of Prohibited Substances if chosen by Random Selection or if my principal has a Reasonable Suspicion that I have used Prohibited Substances.

I understand if I use a Prohibited Substance, I will suffer the consequences of my actions as outlined in the Student-Athlete Substance Abuse Policy.

If randomly chosen, I agree to be Prohibited Substance Tested in accordance with the Student-Athlete Substance Abuse Policy.

Student / Athlete Signature

Date

I have read, understand, and support Tazewell County Public Schools' Student Athlete Substance Abuse Policy as being necessary for the physical and mental well-being of my son / daughter as he/she pursues his/her career as a Student Athlete in Tazewell County Public Schools. If my child is randomly chosen, I give permission for my child to be tested for Prohibited Substances in accordance with Tazewell County Public Schools' Student Athlete Substance Abuse Policy. I understand that a Positive Test Result for any Prohibited Substance may result in my child being denied participation in one or more athletic sports as described in the Policy. I have read and understand the list of Prohibited Substances.

I understand alcohol, tobacco, and nicotine are included as Prohibited Substances, regardless of the age of the Student Athlete.

Parent / Guardian Signature

Date

Parent / Guardian Signature

Date

*The student and parent/guardian signatures validate agreement for any and all VHSL activities in which the Student Athlete participates during their tenure in the Tazewell County Public School System.

Adopted: February 9, 2015
Amended: November 7, 2016

STUDENT TRANSCRIPTS

Generally

Secondary school transcripts contain information as specified by the Virginia Board of Education.

Test Record

The superintendent is responsible for establishing a procedure by which parents, guardians or others with legal control of a student can elect in writing to have the student's test record excluded from the student transcript. Tazewell County Public School transcripts do not report on college performance-related standardized tests such as SAT and ACT and Standards of Learning (SOL) test scores.

High School Credit-Bearing Courses Taken in Middle School

For any high school credit-bearing course taken in middle school, parents may request that grades be omitted from the student's transcript and the student not earn high school credit for the course. The superintendent specifies, by regulation, the deadline and procedure for making such a request. Notice of this provision is provided to parents.

Adopted: May 8, 2017

Legal Refs.: 8 VAC 20-131-90.
8 VAC 20-160-30.

Cross Refs.: JO Student Records

HOMEWORK POLICY - Policy IKB-R

Well designed homework assignments extend students' learning time beyond the classroom. It teaches students to be independent learners by giving them experience in following directions and developing responsibility and self-discipline. Three types of homework are commonly assigned: practice, preparation, and extension.

Within any group of students, the time required to do a common assignment will vary greatly. Whereas elementary unit teachers can better regulate the amount of homework assigned to an individual student, control of the time required for homework becomes more difficult as one proceeds through the grades. Reasonableness is the best answer available to teachers when making homework assignments. Whether assignments are made in terms of a task to accomplish or an amount of time to devote to a particular activity, there is no substitute for the exercise of good judgement and sound reason in assigning homework. Indicated below are flexible total weekly time guidelines: Grades K-3 = 0 - 2 ½ hours; Grades 4-5 = 2 - 5 hours; Grades 6-8 = 5 - 10 hours; and Grades 9-12 = 5 - 15 hours. The administration of each school is responsible for developing a plan to articulate the amount and timing of homework among teachers.

LAWS REGARDING THE PROSECUTION OF JUVENILES AS ADULTS

The *Code of Virginia* permits the transfer of juveniles for trial as adults under three specific circumstances.

- A transfer can occur when a juvenile, who is age 14 or older at the time of the offense, is charged with a crime which would be a felony if committed by an adult. §16.1-269.1 A
- A transfer can occur when a juvenile 14 years of age or older is charged with an offense which would be a felony if committed by an adult. §16.1-269.1 C
- A transfer occurs when a juvenile 14 years of age or older at the time of the alleged offense is charged with capital murder, first or second degree murder, lynching or aggravated malicious wounding. §16.1-269.1 B

PARENTAL NOTIFICATION OF ASSESSMENT OPT OUT POLICY

Section 1112(e)(2) of The Every Student Succeeds Act of 2015 (ESSA)

On December 10, 2015, the *Every Student Succeeds Act of 2015 (ESSA)* was signed into law. Section 1112(e)(2) of ESSA states that parents of students in Title I schools have a right to know about state or division policies regarding student participation in any assessments mandated by ESSA, including any policy, procedure, or parental right to opt students out of such assessments. If you would like to receive information about this topic, please contact David Lambert, Division Director of Testing, either by phone at 276-988-5511 ext. 1300, or in writing at 506 Jeffersonville Street, Tazewell, VA 24651.

All students enrolled in Virginia public schools are expected to take the applicable state tests. The *Virginia Board of Education Regulations Establishing Standards for Accrediting Public Schools in Virginia* state: "In Kindergarten through eight grade, where the administration of Virginia assessment program tests are required by the Board of Education, each student shall be expected to take the tests" and "each student in middle and secondary schools shall take all applicable end-of-course SOL tests following course instruction" (8VAC20-131-30). The Virginia regulations do not provide for what is sometimes referred to as an "opt out policy" for students regarding the Virginia assessments. If parents refuse to have their student participate in one or more of the required Virginia assessments, they should be aware that their student's state assessment score report will reflect a score of "0" for any test that is refused.

ACKNOWLEDGEMENT OF PARENTAL RESPONSIBILITY

As a parent, I agree to cooperate with school officials in managing my child's conduct while he/she is at school, on the school bus, or in attendance at a school-sponsored activity.

I understand that I may, through appropriate channels, express my disagreement with the manner in which the school's code of conduct has been implemented. Further, I may exercise my right to appeal a suspension or expulsion as provided in 22.1-277 of the *Code of Virginia*.

Should I, willfully and unreasonably, fail to comply with the requirements in the notice provisions in the school's code of student conduct, I understand that school officials are authorized under 22.1-279.3 G of the *Code of Virginia* to petition the juvenile and domestic relations court.

I further understand that the court, under 16.1-241.2 of the *Code of Virginia*, may upon a finding that I have willfully and unreasonably failed to cooperate, order that I do the following:

- Meet to fulfill the request of the principal to review the code of student conduct and discuss my responsibility in that process;
- Participate, or have my child participate, in programs or treatments or be subject to other limitations and conditions as the court deems appropriate for failure to meet with school officials if my child is to be readmitted after a suspension, or is receiving a second suspension or is being expelled; or
- Pay a \$500 fine for failure to meet with school officials if my child is to be readmitted after a suspension, or is receiving a second suspension, or is being expelled.

It is the school administration's responsibility to enforce the school board's policies consistently and fairly. Every effort will be made, within the range of the school board's policy, to work with each parent to address concerns with the implementation of the school's code of conduct. Further, every effort will be made to ensure a safe and secure learning environment to foster the achievement of academic success is provided for all students.

PLEASE COMPLETE THIS FORM AND
RETURN TO THE SCHOOL AS SOON AS POSSIBLE

My signature acknowledges that I have received a copy of the Code of Student Conduct, Compulsory Attendance Law, and Acknowledgment of Parental Responsibility. My child and I have read and discussed the Standards for Student Conduct as contained in the Tazewell County Calendar.

Student Signature _____

Parent/Guardian's Signature _____

Date _____

OVERVIEW OF SECTION 504

Congress prohibited discrimination against persons with disabilities in the Rehabilitation Act of 1973, in a segment most often referred to simply as "Section 504". This was a broadly worded prohibition that covers both children and adults, and it applies to programs that receive any federal financial assistance. The principles in the section were later expanded and served as the basis for the 1990 Americans with Disabilities Act (ADA) and the Americans with Disabilities Act Amendments Act (ADAAA) of 2008.

Section 504 prohibits discrimination against individuals whose physical or mental impairment substantially limits one or more major life activities including, but not limited to:

- Caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, working, learning, reading, concentrating, thinking, communicating, eating, sleeping, standing, lifting, bending

In Section 504 legislation, the act defines a person with a disability as anyone who:

1. Has a mental or physical impairment which substantially limits one or more major life activities;
2. Has a record of such impairment (documented health care providers diagnosis); or
3. Is regarded as having such an impairment

The Tazewell County Public School System has specific responsibilities under the Act, which include the responsibility to identify, evaluate, and determine if a student has a current disability and is termed to be eligible under Section 504, to afford access to appropriate educational programs.

What are some examples of impairments which may entitle someone to Section 504?

- Medical conditions such as chronic asthma, diabetes, heart disease or seizure disorder
- Physical disabilities such as orthopedic problems
- Learning impairments such as ADHD or ADD

The impairment must cause substantial limitation. According to the ADA, this can be interpreted to mean that a student cannot perform a major life activity that the average student of the approximate same age can perform, or that the student is significantly restricted as to the condition, manner or duration under which a particular major life activity is performed as compared to the average student of approximately the same age.

Exclusions include minor (i.e., broken arm) or transitory impairments (of less than approximately 6 months).

What is reasonable accommodation?

In the Tazewell County Public School System the 504 committee at each school is the educational team that considers 504 eligibility and creates the 504 accommodation plan for the student. Accommodations may include extra time on tests, reduced distraction environment, extra time on homework assignments, preferential seating in the classroom, written homework assignments, use of adaptive technology or classroom equipment, extra textbooks, extra time to get to class, the ability to see the school nurse when needed, etc. HOWEVER, 504 plans may not apply to testing organizations like ACT/SAT/AP examinations. Parents or guardians can request that the school release information to the independent testing organization but the testing organization will make an independent determination regarding any accommodation.

Additional things a parent should know about Section 504:

Individual Education Plans (IEPs) and 504 plans are similar in that they both are educational plans. However, there are important differences: Section 504 is a civil rights law that ensures accommodations for equal access to services that a student should receive in a regular classroom as a part of the regular general education program; IDEA is an educational law that requires specialized instruction and related services that are required to assist a student to make educational gain delivered by specially trained teachers. Both plans may differ in goals and intent. If a student has an IEP, all accommodations a student would need should be in the IEP.

Parents may be invited to participate in their child's Section 504 determination meeting and annual reviews. Parental participation or inclusion is not required by law. Information used to determine a student's 504 eligibility include:

- Health Care providers report or documented diagnosis, educational evaluation or assessments, parent information, health care plans, work samples and achievement data, attendance reports, and other reports as deemed appropriate by the 504 committee

Who should you contact for additional information about Section 504?

Contact your child's school and ask to speak to someone on the 504 committee.

Can a student be exited from Section 504?

Yes, with notice to the student's parents/guardians of the change in eligibility status and the procedural safeguards. As with the initial eligibility determination, this is a collaboration of the 504 committee and review of all date available information.

I have received information about 504s. At this time, my child, _____ who is a student at _____ will NOT need a 504. He/She may need an IHP (Individualized Health Care Plan).

Parent Signature: _____
Date: _____

I have received information about 504s. At this time, my child, _____ who is a student at _____ may need a 504. I will provide all necessary documentation and participate in any meetings necessary to determine if my child is eligible.

Parent Signature: _____
Date: _____

EDUCATIONAL INTERNET PUBLISHING SIGNATURE FORM

Please make sure you read pages 59-60 before signing

Dear Parent and Guardian,

As you may or may not know, our school publishes a web page on the Internet. Publishing a web page is similar to publishing a newspaper with text and/or pictures. Just as anyone may read an article in a newspaper, anyone with access to a computer and the Internet may read our web pages.

The Tazewell County School Board has adopted a web publishing policy, which is a set of guidelines governing what may and may not be included on school web pages. This policy and guidelines are found on pages 59-60 of this calendar. In accordance with this policy, neither a photograph of a student nor any example of his/her work may be added to the web page without prior consent from a parent or legal guardian.

School web pages are public documents welcoming the outside world to the school. The Tazewell County School Board has approved the guidelines for school web pages. The information included on the web pages must support the educational goals of the school system. The web page's main purpose is to introduce outside visitors to the school, its programs, and the achievements of the students. We hope that the proposed web pages will meet these criteria and that you will allow your child's picture or work to be included.

Permission to display student photographs and/or work extends from the beginning of the year permission is given until September 15 of the following year unless a parent/guardian requests otherwise in writing.

Please complete **only one** section below and return this calendar page to your student's school.

I grant permission for _____'s photograph or work to be published on the web pages on the Internet as outlined in the Acceptable Use Policy Publishing Addendum.

Parent/Guardian's Signature

Student's Signature

Date

I do **not** grant permission for _____'s photograph or work to be published on the web pages on the Internet as outlined in the Acceptable Use Policy Publishing Addendum.

Parent/Guardian's Signature

Student's Signature

Date

STUDENT-ATHLETE CONCUSSIONS (Policy JJAC)

In order to participate in any extracurricular physical activity, each student-athlete and the student-athlete's parent or guardian must review, on an annual basis, information on concussions provided by the school division. After having reviewed materials describing the short-and long-term health effects of concussions, each student-athlete and the student-athlete's parent or guardian must sign a statement acknowledging receipt of such information, in a manner approved by the Board of Education.

A student athlete is suspected by that student-athlete's coach, athletic trainer, or team physician of sustaining a concussion or brain injury in a practice or a game is removed for the activity at that time. A student-athlete who has been removed from play, evaluated, and suspected to have a concussion of brain injury does not return to play that day or until the student-athlete is evaluated by an appropriate licensed health care provider as determined by the Board of Education and in receipt of written clearance to return to play from such licensed health care provider.

The licensed health care provider evaluating student-athletes suspected of having a concussion or brain injury may be a volunteer.

School personnel are alert to cognitive and academic issues that may be experienced by a student who has suffered a concussion or other head injury, including difficulty with concentration, organization, and long-term and short-term memory; sensitivity to bright lights and sounds; and short-term problems with speech and language, reasoning, planning and problem solving.

School personnel accommodate the gradual return to full participation in academic activities of a student who has suffered a concussion or other head injury as appropriate, based on the recommendation of the student's licensed health care provider as to the appropriate amount of time that such student needs to be away from the classroom.

The superintendent is responsible for developing, and biennially updating, procedures regarding the identification and handling of suspected concussion in student-athletes.

The school division may provide this policy to organizations sponsoring athletic activity for student-athletes on school property. The school division does not enforce compliance with the policy by such organizations.

BOOSTING STUDENT MOTIVATION

Mobilizing the Community to Help Students Succeed

Written by: Hugh B. Price

"Although the issue of student motivation receives scant attention from proponents of testing and tough love, the truth (at least according to many researchers) is that student motivation really does matter. So do its conceptual siblings: conscientiousness, self-confidence, self-discipline, and responsibility. Children begin life ready and willing to learn. But as they progress through the primary grades, a great many lose their natural curiosity and enthusiasm for learning. Rekindling this enthusiasm is one of the keys to improving student achievement, and the community has an essential role to play in that effort."

INFORMATION ABOUT SCHOOL HEALTH SERVICES

School Health Services provides many services including management of acute (short-term) and chronic (on-going) health care problems. Examples of acute problems are mild injuries (bug bites, scratches, etc.) and illnesses. Examples of chronic problems include diabetes, asthma, and seizure disorders. Also, skilled nursing procedures (ordered by your child's health care provider) including breathing treatments, tube feedings, dressing changes, medication administration and blood sugar monitoring are available. Emergency services are also provided. This includes training and administration of EpiPen for allergic reactions, Glucagon for hypoglycemia and Insulin for hyperglycemia. A team of CPR/First Aid trained school personnel is available in each school for emergency situations. Bus drivers are also trained on how to handle certain emergency situations. Mandated screenings such as vision and hearing are performed on students in specific grades. We also provide health education to students. Physical exams are provided (see letter to parents).

If your child needs medications (including over-the-counter medications like Tylenol), treatments or procedures during the year, specific forms **MUST** be completed before any medication or treatment can be provided. Most medications and treatments require a doctor's order. School personnel cannot give any medications or treatments without the written permission of the parent/guardian. Please see the health assistant at your child's school for appropriate forms. Hand written notes or telephone permission is unacceptable. This policy is for the safety of your child. Also, it is required by State Board of Nursing of Virginia.

DENTAL SCREENING - ELEMENTARY SCHOOL STUDENTS

Tazewell County Public Schools will provide a dental health screening for Pre-K through 5th grade. During the beginning of the school year, a dental professional will visit each school and perform a quick assessment screening. The screening will only consist of looking at the teeth with a light. **Your child will not receive any dental treatment procedures.** This "look" is not intended to take the place of your child's regular dental visit.

The purpose of this screening is to assess the oral health status of each child, and to gather dental data that is necessary for the grant funding of the program. Even if your child doesn't need to be screened, we would like to encourage your child's participation. Screening participation helps to provide funding for children who do need the dental services this program provides.

You will receive a copy of your child's dental screening results and information about the dental program. If your child already has a dentist they visit, you will have a section at the bottom of the screening result form in which you sign and return to school. It will state that your child has a regular dentist and that you decline the dental program services.

If you do not wish your child to participate in the dental screening program, you must sign the declination below and return this form to the school by August 31, 2019. If you want your child to participate in the dental screening program, you do not need to return this form. **Please read the information above before signing. Your decision impacts dental care for other students.**

I DO NOT want my child, _____, to receive the dental assessment screening.

Grade: _____ School: _____

Parent/Guardian Signature

Date

INFLUENZA INFORMATION

Would you be interested in having your child vaccinated against the flu this coming Fall? If yes, complete the following information and return to your child's school nurse or health assistant.

Child's name: _____ Age: _____ Grade: _____

You may go to our website to download forms and get more information at:

www.tazewell.k12.va.us/services/health/parents.html

Can you access and download forms online from home? _____ Yes _____ No

PARENTS OF MIDDLE SCHOOL STUDENTS ONLY

SCOLIOSIS SCREENING INFORMATION

Tazewell County Public Schools provide scoliosis screening exams for children in grades 6, 7, and 8. School personnel will also provide parents and guardian's information about scoliosis in grades 5, 9, and 10. The procedure for screening is a simple one in which the screener, the school health assistant or nurse, looks at the child's back while he or she is standing or is in the forward bending position. The health assistant or nurse uses a device called a scoliometer to measure the curvature of the back. This is done gently by placing the scoliometer against the back. Early detection of any curvature is very important. When scoliosis is detected early and treated appropriately, progressive deformity of the spine can be prevented. **IF YOU DO NOT** want your child who is in the 6th, 7th, or 8th grade this school year to participate in scoliosis screening, you must sign the declination below and return to your child's School Health Assistant or school nurse.

I DO NOT want my child, _____, to participate in Scoliosis Screening this year. My child is enrolled as a 6th, 7th, or 8th grade student at _____ Middle School.

Parent/Guardian Signature

Date

MEDICATIONS USED IN THE CLINIC

Below is a list of the over the counter products available in the clinics:

Aloe Vera (burns, bug bites, etc), Calamine/Caladryl lotion (bug bites, poison ivy/oak, dermatitis, etc.), Petroleum jelly such as Vaseline or Aquaphor (chapped lips, dry skin, etc.), wound wash (sterile saline), eye wash (sterile saline or water), moisturizing lotion (dry skin, etc.), and Oraljel (or like product) for toothaches (without abscess), dental trauma from braces, etc. We may use a V-comb to remove lice or nits.

We, as always, follow the first-aid guidelines recommended by the Virginia Department of Education. All wounds are treated with gentle wound cleaning and band aid/bandage application. Ice is used for soft tissue injuries such as sprains, strains, etc. If you would prefer us to NOT use over the counter products on your child, please sign the declination below and send back to your child's health assistant or school nurse.

I DO NOT want my child, _____, who is in the _____ grade, to be treated with any of the above medications or products if injured during the school year.

Parent/Guardian Signature

Date

FAMIS INFORMATION

FAMIS is Virginia's health insurance program for children. It provides access to quality health services for children of working families. As parents, you want to provide the best for your children - but the high cost of health insurance today is keeping many families, including working families, from providing their children with the important medical care they need. FAMIS can help!

FAMIS covers all the medical services growing children need to avoid getting sick, plus the services that will help them make a speedy recovery if they do become ill or get hurt. Services covered by FAMIS:

Doctor visits, Well-baby checkups, Hospital visits, Vaccinations, Prescription medicine, Tests and x-rays, Dental care, Emergency care, and Vision care

Children are eligible for FAMIS if they:

- Live in Virginia
- Are under the age of 19
- Do not have health insurance now and have not had it in the past 4 months (see exceptions)
- Are not eligible for the Virginia state employee health insurance plan
- Are not eligible for FAMIS Plus (also known as Children's Medicaid)
- Live in families meeting FAMIS income guidelines
- Are United States citizens or qualified aliens (Other children may be eligible, please call us to find out more. A parent's citizenship is not considered.)

For more information, you can contact Beth Elswick, at 276-988-5585.

NOTICE OF DESTRUCTION OF HEALTH RECORDS

Annually, the school system eliminates unnecessary health information about your child (such as doctor's orders, visits to the health clinic, etc.) that is maintained by school nurses. Your child's documentation of immunizations or school entrance physical will remain with the education records. If you want any copies of health records kept by school nurses, please contact the school where your child last attended by the end of the school year.

INCOMING KINDERGARTEN TARGETS

Extraordinary Parents - written by: Lynn Fielding

Letters and Sounds

1. Speaks fluently and in complete sentences with a vocabulary of about 5,000 words
2. Recognizes and names 10-15 alphabet letters and their sounds.
3. Hears and repeats beginning and ending sounds in words.

Math

4. Counts in order from 1-20.
5. Recognizes numbers and quantities to 10.

Social

6. Settles into new groups or situations.
7. Concentrates on a task for 5 minutes.

Bilingual

8. Comes to school speaking English, if other languages are spoken at home."

INFORMATION ABOUT PHYSICAL EXAMS

Dear Parent(s) and Guardian(s):

A routine physical examination for your child is important to identify any early signs or symptoms of a health problem. During a physical examination, the health care provider can teach your child about ways to maintain good health such as addressing the need for regular exercise, good nutrition, general safety, etc. Tazewell County Public Schools has a nurse practitioner, who works under the supervision of an area pediatrician, to perform physical examinations during the school day at your child's school. These examinations are convenient, affordable and voluntary.

The physical examination includes a complete head to toe physical examination; a medical history; growth and developmental assessment; nutritional assessment; vision; hearing; dip-stick urinalysis and finger stick for hemoglobin.

If your child has Medicaid or FAMIS, we may be able to bill. Please complete the Billing Public Insurance form and we'll let you know if we are able to bill.

If you do not have Medicaid or FAMIS, we do accept cash payments based on the school "lunch price system". See scale below:

Child's Lunch Status	Cost of Exam
Full Price	50.00
Reduced Price	25.00
Free Lunch	15.00

All monies collected for physical examinations will be used to maintain school health services in all schools.

If your child requires further testing or needs immunizations, he/she will be referred to the health department or to your child's local health care provider.

To assure continuity of care, it is important to share the results of the physical examination with your child's health care provider. By signing below, you are giving us permission to share a copy of your child's physical examination results with your child's health care provider.

My child's health care provider is: _____
I give permission for my child, _____, who is a student at _____ school, to receive a physical exam during this school year. Please contact me when the examination is scheduled.

(Parent/Guardian Signature)

(Date)

Communicable Diseases

On occasion, certain communicable diseases are observed in our communities and in our schools such as chickenpox, rotavirus, influenza, etc. When these are identified, we are required by state law to report these diseases along with personally identifiable information (such as your child's name, age, parents name, address and phone number) to the local health department. The purpose of this report is so any outbreak of communicable disease can be tracked and necessary action(s) may be taken to protect the entire community.

If your child contracts a communicable disease and you would rather we NOT report this to the local health department, sign the declination below and send back to your child's School Health Assistant or School Nurse.

Communicable Disease Declination:

DO NOT want any communicable disease my child, _____ has, who is in the _____ grade, to be reported to the Tazewell County Health Department.

(Parent/Guardian Signature)

(Date)

LEA: TAZEWELL COUNTY PUBLIC SCHOOLS

**Parental Consent
For Billing Public Insurance**

Name of Student: _____

Date of Birth: _____

Name of Parent/Guardian: _____

1. Health Insurance: (Please check all that apply.)

No Insurance Private Insurance (Private insurance will not be billed)

Medicaid Programs:

Medicaid Medicaid Expansion FAMIS
 INTotal Health (formerly Amerigroup) Virginia Premier
 Anthem HealthKeepers Plus Coventry Healthcare of VA

MEDICAID # _____

FAMIS # _____

Anthem BCBS #YTD _____

2. For Medicaid Insured Only

Consent to Release Information: I give consent for **Tazewell County Public Schools** (LEA) to release information about my child's participation in services billed to Medicaid, to participating physicians, other health care providers, the Department of Medical Assistance Services, and any Department of Medical Assistance Services billing agents, and any LEA billing agent as necessary to process Medicaid claims for reimbursement of health-related services. I understand that my permission is voluntary and may be revoked at any time.

Procedural Safeguard: I understand my right to deny consent for the school system to access my child's Medicaid coverage to seek reimbursement for the health-related services provided will not affect delivery of these services to my child.

Parent/Guardian Signature

Date

Name of Physician

**PRIVACY STANDARD STATEMENT FOR TAZEWELL COUNTY
PUBLIC SCHOOLS SCHOOL HEALTH SERVICES**

Your child's health information is considered confidential information. Your child's health information is covered by the Family Educational Rights and Privacy Act of 1974 (FERPA). The Health Insurance Portability and Accountability Act (HIPAA) interfaces with FERPA only in the area of Transaction Rules. This means that any electronic billing for health care services provided by any school employee (nurse, speech, therapist, etc.) must be done using HIPAA compliance uniform codes and must comply with the transaction rules. Voluntary written parental consent is required prior to the billing of any school health care services.

Information disclosed will be for the following purposes:

- Payment (for the purposes of billing and collecting for services rendered)
- Health Care Operations (for business activities or review for quality care)
- Communications (contact with you via phone, letter or orally, need for referral)
- Business Associates (outside lab groups who process and interpret lab results)
- Individuals Involved in your Child's care (information to you, the parents or legal guardians of a minor child, or to others you designate)

Your child's information may be disclosed without your consent as designated under FERPA; such as, for use in a directory, treatment for emergencies, participation in research, for judicial order or subpoena, and for an audit by state/federal officials. Also, exceptions to requiring consent under HIPAA include for treatment (when school employees need to review health information in order to deliver health care), for quality assurance purposes (to assure the treatment delivered is adequate and appropriate), for public health issues (to prevent or control disease, injury or disability) and for law enforcement activities (child abuse, neglect, identification of a body). Also information may be disclosed to comply with State or Federal Laws.

You have a right to inspect the medical information kept by the School Health Services. We reserve the right to deny access. You must notify us of this request (in writing) and allow a reasonable amount of time for the information to be gathered to protect others rights to privacy. You have the right to request information to be amended (changed because it is incorrect or add incomplete information). You must request this in writing. We reserve the right to deny this request. You have a right to receive an accounting of disclosures of your child's medical record (who has access to your child's chart for the purpose of treatment, payment and health care operations). You have a right to receive confidential communication. You may designate how you want to be contacted regarding your child's health care. You have a right to request restrictions. You must notify us in writing of information you do not want disclosed to others. You have a right to receive a paper copy of this notice. A more detailed explanation of disclosure is available upon request.

Please sign below that you have received this information:

DATE

Child's Name

Parent or Legal Guardian

**SCHOOL HEALTH SERVICE
HEALTH HISTORY**

School _____

Grade _____

Dear Parent: Tazewell County Public Schools would like for your child to gain the most from his/her school experience. In order to assist in accomplishing our goal, it is necessary to have a current health history. Please complete this form and return it to the school health clinic in a sealed envelope. This form will be kept confidential under the guidelines of the Family Educational Rights and Privacy Act (FERPA).

Student's Name _____ Sex _____ Birth Date _____
 (Last) (First) (Middle) Phone _____

Father's Name _____ Mother's Name _____ Brothers _____ Sister _____ This child is _____ in family.
 Number Number (1st, 2nd, etc.)

1. Does your child have health insurance? Yes No Dental Insurance? Yes No
2. With whom does your child live? _____
3. When did your child last see his/her health care provider for a routine check-up/well child exam? Date: _____ Child's Blood Type _____
4. Please indicate if your child has any of the following health problems (check where appropriate)
 Asthma _____ Diabetes _____ Blood disorder (anemia, sickle cell anemia, etc.) _____ Vision problem _____ Recurrent strep throat _____
 Hearing problem _____ Seizures _____ Heart problems _____ Learning problems _____ Recurrent ear infections _____ ADHD _____
 Behavioral problems _____ Emotional problems _____ Developmental problems _____ Meningitis or Encephalitis _____
 Allergies (be specific) _____ Type of Allergic reaction (what happens) _____ Any treatment required? _____
Parents must provide any medications/equipment, health care provider order and written parental permission that their child will need during the school day including any emergency medication.
5. List any medications, vitamins or herbal supplements your child takes: _____
6. Does your child require any special services (ex. breathing treatments, tube feedings, etc.)? Explain: _____
7. Has your child been hospitalized since birth? Explain: _____
8. Has your child ever had any surgeries? Explain: _____
9. Please indicate if any close relative in your family has a history of any health problem. Please indicate the relationship to the child (For Example: M - Mother, F - Father, GM - Grand mother, GF - Grandfather, B - Brother, S - Sister, C - Cousin, U - Uncle, A - Aunt).
 Asthma _____ Diabetes _____ Blood disorder (anemia, sickle cell anemia, etc.) _____ Cancer _____ High blood pressure _____
 Hearing problems _____ Seizures _____ Heart disease _____ Learning problems _____ ADHD _____ High cholesterol _____
 Emotional problems _____ Birth defect _____ Tuberculosis _____
10. Are there any problems in the home which might affect your child's learning? Explain _____
11. If your child has a medical problem, we may need to contact his/her health care provider for information, treatment orders, etc. Check here if you give permission for the school health assistant, nurse or nurse practitioner to contact your child's health care provider if needed. Yes No If you indicated "Yes," please list your child's health care provider and phone number: _____
 Phone Number _____
12. We may need to share important health information with some school personnel such as your child's teacher, bus driver, principal, etc. Do we have your permission to share important health information with school personnel who need to know? Yes No If your child rides a bus, what is the bus number? _____
13. Is there anything more about your child's health that you think is important for us to know? _____
 (Please explain on separate sheet and attach to this form)

Signature: _____ Relationship to child: _____ Date: _____

The Tazewell County Public School District is certified to provide EPSDT (Early Periodic Screening Diagnosis and Treatment) screening.

**School Health Services
Emergency Contacts**

****IMPORTANT:** RETURN FIRST WEEK OF SCHOOL IN A SEALED ENVELOPE.

Last Name _____

Personal Data

Student's Name _____ DOB _____ Grade _____ Teacher _____

Father's Name _____ Mother's Name _____

Home Address _____ Phone No. _____

Place of Employment

Father _____ Working Hours _____ Business Phone _____

Mother _____ Working Hours _____ Business Phone _____

NAME OF LOCAL PERSON TO CONTACT IF PARENT (S) ARE NOT AVAILABLE. (This must be completed)

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Health Information

Please list any medical problems, severe allergies, etc. which would require immediate medication or medical attention (if none, please state "none") _____

Please list the full names and birth dates of other children in the family: _____

Physician/Dentist Information

Family Doctor _____ Office Phone _____

Address _____

Family Dentist _____ Office Phone _____

Address _____

RELEASE

If emergency treatment is required, and the parents or legal guardian cannot be reached immediately, your signature in the space provided below empowers school authorities to exercise their judgement in calling the physician indicated above, or if not available, to transport the child to a hospital emergency room.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

SPECIAL NOTE: Please notify school officials immediately as to changes or modifications to any information stated.

2019-2020 LETTER TO HOUSEHOLDS

Dear Parent/Guardian:

Children need healthy meals to learn. Tazewell County Public Schools offers healthy meals every school day. Student breakfast costs **\$1.45** and lunch costs **\$2.35** Elementary and **\$2.65** Middle and High schools. Your children may qualify for free or reduced price breakfast and lunch meals. Reduced price breakfast costs **\$.30** and reduced price lunch costs **\$.40**.

All meals served must meet standards established by the U.S. Department of Agriculture. However, if a student has been determined by a doctor to be disabled and the disability prevents the student from eating the regular school meal, the school will make substitutions prescribed by the doctor. If a substitution is prescribed, there will be no extra charge for the meal. If your student needs substitutions because of a disability, please contact Tim Jessee at 276-988-5511 Ext 1503 for further information.

All children in households receiving Supplemental Nutrition Assistance Program (SNAP) benefits or Temporary Assistance for Needy Families (TANF) are eligible for free meals. Foster children who are the legal responsibility of a foster care agency or court are eligible for free meals. Students who are eligible for Medicaid may also be eligible for free or reduced price meals based on the household's income. Children who are members of households participating in WIC may also be eligible for free or reduced-price meals based on the household's income. If your total household income is at or below the Federal Income Eligibility Guidelines, shown on the chart below, your child(ren) may get free meals or reduced price meals. Your child(ren)'s application from last school year is only good for the first few days of this school year. **You must send in a new household application for each school year.**

FEDERAL INCOME GUIDELINES: Your child(ren) may be eligible for free meals or reduced price meals if your household income is within the limits on the Federal Income Eligibility Guidelines chart shown below.

INCOME CHART			
For Free or Reduced Price Meals			
Effective July 1, 2019 to June 30, 2020			
Household Size	Yearly	Monthly	Weekly
1	23,107	1,926	445
2	31,284	2,607	602
3	39,461	3,289	759
4	47,638	3,970	917
5	55,815	4,652	1,074
6	63,992	5,333	1,231
7	72,169	6,015	1,388
8	80,346	6,696	1,546
For Each Additional Family Member Add	\$8,177	\$682	\$158

HOW TO APPLY

Households that are receiving SNAP or TANF for their children as of July 1 may not have to fill out an application. School officials will notify you in writing of your child(ren)'s eligibility for free meal benefits. Once notified your child(ren) will receive free meals unless you tell the school that you do not want benefits. **If you are not notified by September 26, 2019 you must submit an application.** The application must contain the names of all students in the household, the SNAP or TANF case number, and the signature of an adult household member.

If you do not receive SNAP or TANF benefits for your child(ren) complete the application and return it to the school division. If you do not list a SNAP or TANF case number for the child(ren) you are applying for, then the application must have the names of all students, the names of all other household members, the amount of income each person received last month, and how often the income was received. An adult household member **must sign the application** and include the last four digits of the social security number. If the person does not have a social security number, check the box provided indicating none. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced price meals.

If you are applying for a foster child, who is the legal responsibility of a welfare agency or court, an application may not be required. Contact (*approving official*) at (*phone number*) for more information. If you are applying for a homeless, migrant, or runaway child, an application may not be necessary. Contact

(homeless liaison) at (phone number) for more information.

An application that is not complete cannot be approved. An application that is not signed is not complete. You must send in a new application each school year.

OTHER BENEFITS: Your child(ren) may be eligible for other benefits such as the Virginia children's health insurance program called Family Access to Medical Insurance Security (FAMIS) and/or Medicaid. The law allows the school division to share your free or reduced price meal eligibility information with Medicaid and FAMIS. These programs can only use the information to identify children who may be eligible for free or low-cost health insurance, and to enroll them in either Medicaid or FAMIS. These agencies are not allowed to use the information from your free or reduced price meal application for any other purpose. Medicaid officials or officials with FAMIS may contact you to get more information. You are not required to allow us to share this information with Medicaid or the FAMIS program. Your decision will not affect your children's eligibility for free and reduced price meals. If you do not want your information shared, please check the appropriate box in Section 6 of the application. You may qualify for other assistance programs. To find out how to apply for SNAP or other assistance programs, contact the local social service office in your area.

CONFIDENTIALITY AND NOTICE OF DISCLOSURE: School officials use the information on the application to determine if your child is eligible to receive free or reduced price meals and to verify eligibility. As authorized by the National School Lunch Act, the school division may inform officials connected with other child nutrition, health, and education programs of the information on your application to determine benefits for those programs or for funding and/or evaluation purposes.

VERIFICATION: School officials may check your eligibility at any time during the school year. School officials may ask you to send information to prove that your child(ren) should receive free or reduced price meals.

FAIR HEARING: If you do not agree with the decision on your application or the results of verification, you may wish to discuss it with officials in the school nutrition office at the telephone number below. If you wish to review the final decision on your application you also have the right to a fair hearing. You can request a hearing by calling or writing the following official:

Hearing Official Name: Deidra Hill, Assistant Superintendent Phone: 2769885511
Address: 506 Jeffersonville Street, Tazewell, VA 24651

REAPPLICATION: You may reapply for free and reduced price meals any time during the school year. If you are not eligible now but have a change, such as a decrease in household income, an increase in household size, become unemployed or get SNAP or TANF for your child(ren), fill out an application at that time.

If you need help filling out the application form, please contact the school your child(ren) attends or the central school nutrition office. Return the complete, signed application to: (Name, address, phone number).

You will be notified when your child(ren)'s application is approved or denied. If you have questions or need help, call:

Name: Tim Jessee, Director, School Nutrition Program Telephone #: 276-988-5511

Sincerely,

Signature  Telephone #: 276-988-5511

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

2019-2020 HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE MEALS
COMPLETE ONE APPLICATION PER HOUSEHOLD

Office Use Only

Complete, sign, and return the application to any school or the school nutrition office. Please read the instructions on the back of this form. Call the school nutrition office if you need help.

Part 1. CHILDREN IN SCHOOL: List ALL children in school who live in the household.

	LAST NAME	FIRST NAME	M.I.	GRADE	SCHOOL	STUDENT ID# (optional)	FOSTER CHILD**
1							<input type="checkbox"/>
2							<input type="checkbox"/>
3							<input type="checkbox"/>
4							<input type="checkbox"/>
5							<input type="checkbox"/>
6							<input type="checkbox"/>

** If the student(s) you are applying for is a FOSTER CHILD, who is the legal responsibility of a welfare agency or the court, check the box above and go to Part 5. If there are other students in the household who are not foster children, complete Part 2 or go to Part 4 if no one in the household receives SNAP or TANF benefits.

Part 2. SNAP or TANF: If any member of your household receives SNAP or TANF benefits, list the person's name and case number below. Go to Part 5.

Name: _____ SNAP or TANF Case Number (do not use 16 digit EBT card number): (Case number is 7-12 digits)

Part 3. If the child you are applying for is homeless, a migrant, or a runaway, check the box and call your school to talk with the homeless, migrant or runaway coordinator.
 Homeless Migrant Runaway **Complete Parts 1, 4, 5, 6, and 7.**

Part 4. ALL OTHER HOUSEHOLDS: List all household members; include the children in school listed above. List gross income (before any deductions) and tell us how often it was received.

Names of all Household Members (Include the children in school above)	Age	Earnings from Work Before Deductions		Welfare	Pensions, Retirement, Social Security	All Other Income
		Wages, Salaries, Tips, Strike Benefits, Unemployment Compensation, Worker's Compensation, Net Income Self-Owned Business or Farm		Child Support, Alimony, Public Assistance Payments, Welfare Payments, Alimony/Child Support Payments	Pensions, Supplemental Security Income, Retirement Income, Veteran's Payments, Social Security	Disability Benefits, Cash from Savings, Interest/Dividends, Income from Estates/Trusts/Investments, Regular contributions from persons not in the household, Net Royalties/Annuities/Net Rental Income, Any Other Income
		Job 1 \$ Amount/How Often	Job 2 \$ Amount/How Often	\$ Amount/How Often	\$ Amount/How Often	\$ Amount/How Often
EXAMPLE: Jane Doe	32	\$ 1,800 / 2M	\$ 0 /	\$ 0 /	\$ 0 /	\$ 0 /
1.		\$ /	\$ /	\$ /	\$ /	\$ /
2.		\$ /	\$ /	\$ /	\$ /	\$ /
3.		\$ /	\$ /	\$ /	\$ /	\$ /
4.		\$ /	\$ /	\$ /	\$ /	\$ /
5.		\$ /	\$ /	\$ /	\$ /	\$ /
6.		\$ /	\$ /	\$ /	\$ /	\$ /
7.		\$ /	\$ /	\$ /	\$ /	\$ /
8.		\$ /	\$ /	\$ /	\$ /	\$ /

Total Household Members (Children and Adults)

Part 5. CHILDREN'S ETHNIC AND RACIAL IDENTITIES: You are not required to answer this question. Ethnic Identities: Choose one of the following: Hispanic or Latina Not Hispanic or Latina American Indian/Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Part 6. OTHER BENEFITS: Medicaid & Health Insurance: Your child may be eligible for other benefits. The school is allowed to share the information on this application with Medicaid and the Virginia children's health insurance program called FAMIS. If you do not want this information shared you must fill us by checking the NO box below. Your decision will not affect your child's eligibility for free or reduced price meals. NO, I do not want school officials to share information from my free or reduced price meal application with Medicaid or FAMIS.

Part 6b. OTHERS: Your permission is required for the school to use this information for other benefits. YES, I give permission for the information provided on this application to be used only for the program checked. I understand that I give up rights to confidentiality for this specific purpose(s) only.

Part 7. SIGNATURE & SOCIAL SECURITY NUMBER: An adult must sign the application and provide the last four digits of the Social Security Number, or mark the box if they do not have one, before the application can be approved. (Before signing, read the privacy and civil rights statements on the back of this application). I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of federal funds and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits and I may be prosecuted under state and federal laws.

XXX-XX-

I Do Not Have A Social Security Number

SIGN HERE

Signature of Adult Household Member

Date

Last four digits of Social Security Number of Adult Signing Application

Mailing Address:

Home Phone:

City:

Zip Code:

Work Phone:

DO NOT WRITE BELOW LINE - SCHOOL USE ONLY

Yearly Income Conversion for Approving Official When Different Income Frequencies are Reported: Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Monthly X 12

TOTAL INCOME HOW OFTEN: \$ / HOUSEHOLD SIZE SNAP TANF Foster Child

Approved Free

Approved Reduced

Other

Denied Reason:

Income Too High

Incomplete Application

Date Approval/Denial Notice Sent To Household: _____

Signature of Approving Official: _____

Transferred/Withdrawn Date:

Transferred To:

VERIFICATION SUMMARY: Date Selected:

Date of Confirmation Review:

Reviewer's Initials:

Confirmation Result:

Date Response Due:

Date of 2nd Notice:

Date Verification Results Notice Sent:

Verification Results:

No Change Free to Reduced

Free to Paid

Reduced to Free

Reduced to Paid

Reason for Change:

Income Household Size

Reduced to Cooperate

SNAP/TANF Eligibility

Date:

Verifying Official's Signature:

INSTRUCTIONS FOR COMPLETING THE HOUSEHOLD APPLICATION FOR FREE AND REDUCED PRICE MEALS

To apply for free or reduced price meals, complete one application for ALL children in the household who are in school using the following instructions. Sign the application and return to your child's school. Call the school nutrition office if you need help. **A NEW APPLICATION MUST BE FILLED OUT AND SENT IN EACH SCHOOL YEAR IN ORDER TO BE ELIGIBLE FOR FREE OR REDUCED PRICE MEALS.**

A HOUSEHOLD MEMBER IS ANY CHILD OR ADULT LIVING WITH YOU

IF A MEMBER OF YOUR HOUSEHOLD RECEIVES BENEFITS FROM THE SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), FOLLOW THESE INSTRUCTIONS:

Part 1: List all children in school. Include the school, grade, and the student's school identification (ID) number for each child who is in school.

Part 2: List the name and case number for any household member (including adults) receiving SNAP or TANF benefits.

Parts 3 & 4: Skip these parts.

Parts 5 & 6: Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.

Part 7: Sign the form. The last four digits of the Social Security Number are not necessary if you did not need to fill in Part 4.

IF NO ONE IN YOUR HOUSEHOLD GETS SNAP OR TANF BENEFITS AND IF ANY CHILD IN YOUR HOUSEHOLD IS HOMELESS, A MIGRANT OR A RUNAWAY, FOLLOW THESE INSTRUCTIONS:

Part 1: List all children in school. Include the school, grade, and the student's school identification (ID) number for each child who is in school.

Part 2: Skip this part.

Part 3: If any child you are applying for is homeless, a migrant, or a runaway check the appropriate box and call your school's homeless, migrant, and runaway coordinator.

Part 4: Complete this part. See instructions for All Other Households, Part 4, below.

Parts 5 & 6: Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.

Part 7: An adult household member must sign the form and provide the last four digits of their Social Security Number (or mark the box if they do not have one).

IF YOU ARE APPLYING FOR A FOSTER CHILD, WHO IS THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR THE COURT, FOLLOW THESE INSTRUCTIONS:

If all children in the household are foster children:

Part 1: List all foster children in school. Include the school, grade, and the student's school identification (ID) number. Check the box for each child indicating the child is a foster child.

Parts 2, 3 & 4: Skip these parts.

Parts 5 & 6: Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.

Part 7: Sign the form. The last four digits of the Social Security Number are not necessary if you did not need to fill in Part 4.

If one or more children in the household are foster children and other children in the household are not foster children:

Part 1: List all children in school. Include the school, grade, and the student's school identification (ID) number for each child who is in school. Check the "Foster Child" box for each child who is a foster child.

Part 2: If the household does not have a SNAP or TANF case number, skip this part.

Part 3: If any child you are applying for is homeless, a migrant, or a runaway check the appropriate box and call your school's homeless, migrant, and runaway coordinator. If not, skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

- Columns 1-3: Name: List all household members including the students listed in Part 1. List each person's age. For any person with no income, including children, write "0" in the box. However, if left blank that will also be counted as "0".
- Columns 4-8: Gross Income and How Often It Was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every two weeks, twice a month, or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. Also list the amount you receive for Worker's Compensation, unemployment or strike benefits, if you receive them. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), and Veteran's benefits (VA benefits). Under *All Other Income*, list disability benefits, cash withdrawn from savings, regular contributions from people who do not live in your household, income from your rental property and any other income. Do not include income from SNAP, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under *Earnings from Work*, report income after expenses for your business or farm. If you are in the Military and your housing is part of the Privatized Housing Initiative do not include your housing allowance as income. Any combat pay from military deployment is also excluded.

Parts 5 & 6: Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.

Part 7: An adult household member must sign the form and provide the last four digits of their Social Security Number (or mark the box if they do not have one).

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: List all children in school. Include the school, grade, and the student's school identification (ID) number for each child in the household who is in school.

Part 2: If the household does not have a SNAP or TANF case number, skip this part.

Part 3: If any child you are applying for is homeless, a migrant, or a runaway check the appropriate box and call your school's homeless, migrant, and runaway coordinator. If not, skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

- Columns 1-3: Name: List all household members including the students listed in Part 1. List each person's age. For any person with no income, including children, write "0" in the box. However, if left blank that will also be counted as "0".
- Columns 4-8: Gross Income and How Often It Was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every two weeks, twice a month, or monthly. For earnings, be sure to list the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you. Also list the amount you receive for Worker's Compensation, unemployment or strike benefits, if you receive them. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), and Veteran's benefits (VA benefits). Under *All Other Income*, list disability benefits, cash withdrawn from savings, regular contributions from people who do not live in your household, income from your rental property and any other income. Do not include income from SNAP, WIC, Federal education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under *Earnings from Work*, report income after expenses for your business or farm. If you are in the Military and your housing is part of the Privatized Housing Initiative do not include your housing allowance as income. Any combat pay from military deployment is also excluded.

Parts 5 & 6: Answer these questions. You do not have to provide this information in order to be eligible for free or reduced price meals.

Part 7: An adult household member must sign the form and provide the last four digits of their Social Security Number (or mark the box if they do not have one).

The Richard D. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FIPSP identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them provide or determine benefits for their programs, conduct program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the **USDA Program Discrimination Complaint Form** (AD-3027) found online at: http://www.nsr.usda.gov/complaint_files_you.html, and at any USDA office, or write a letter addressed to USDA and provide the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intak@usda.gov.

This institution is an equal opportunity provider.

Tazewell County Public Schools
506 Jeffersonville Street
Tazewell, VA 24651-5396
Phone (276) 988-5511
Fax (276) 988-1976
www.tazewell.k12.va.us



School Board Members
David Woodard, Chair
Irene Mullins, Vice-Chair
Jimmy Jones
Chris Moir
Donna Whittington

Christopher B. Stacy, Ed.D.
Division Superintendent

July 26, 2019

Dear Parents:

The Virginia State Board of Education has adopted a resolution for local school divisions to offer expedited retakes. An expedited retake allows a child that scored very close to a passing score to retake the test. This retesting opportunity has allowed for many students to meet the benchmark score on the Virginia Standards of Learning assessments.

To be eligible for an expedited retake this spring, the student must be passing the course associated with the test and score between 375-399 on the test. The benchmark score for the test is 400. Since your child is in the third grade, he/she will be taking the **reading 3** and **math 3** state assessments. Parents must give permission for their child to participate in the expedited retakes. To communicate your wishes with the school, please sign and return the form below.

Sincerely,

Christopher B. Stacy, Ed.D.
Division Superintendent

_____ Yes, I give permission for _____ (child's name) to participate in any expedited retest opportunity. I understand that only one score per tested area will be reported and it will be the highest score my child achieves.

_____ No, I do not give permission for _____ (child's name) to participate in any expedited retest opportunity, I understand my child's grades and academic record will not be negatively impacted by my decision.

Parent's signature

Date

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To be eligible for an expedited retake this spring, the student must be passing the course associated with the test and score between 375-399 on the test. The benchmark score for the test is 400. Since your child is in the fourth grade, he/she will be taking the **reading 4**, **math 4**, and **VA Studies** state assessments. Parents must give permission for their child to participate in the expedited retakes. To communicate your wishes with the school, please sign and return the form below.

Sincerely,

Christopher B. Stacy, Ed.D.
Division Superintendent

_____ Yes, I give permission for _____ (child's name) to participate in any expedited retest opportunity. I understand that only one score per tested area will be reported and it will be the highest score my child achieves.

_____ No, I do not give permission for _____ (child's name) to participate in any expedited retest opportunity, I understand my child's grades and academic record will not be negatively impacted by my decision.

Parent's signature

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To be eligible for an expedited retake this spring, the student must be passing the course associated with the test and score between 375-399 on the test. The benchmark score for the test is 400. Since your child is in the fifth grade, he/she will be taking the **reading 5**, **math 5**, and **Science** state assessments. Parents must give permission for their child to participate in the expedited retakes. To communicate your wishes with the school, please sign and return the form below.

Sincerely,

Christopher B. Stacy, Ed.D.
Division Superintendent

_____ Yes, I give permission for _____ (child's name) to participate in any expedited retest opportunity. I understand that only one score per tested area will be reported and it will be the highest score my child achieves.

_____ No, I do not give permission for _____ (child's name) to participate in any expedited retest opportunity, I understand my child's grades and academic record will not be negatively impacted by my decision.

Parent's signature

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Christopher B. Stacy, Ed.D.
Division Superintendent

July 19, 2019

Dear Parents:

The Virginia State Board of Education has adopted a resolution for local school divisions to offer expedited retakes. An expedited retake allows a child that scored very close to a passing score to retake the test. Our students will have the opportunity for expedited retakes in grades 3-8. This retesting opportunity has allowed for many students to meet the benchmark score on the Virginia Standards of Learning assessments.

To be eligible for an expedited retake this spring, the student must be passing the course associated with the test and score between 375 - 399 on the test. The benchmark score for the test is 400. Since your child is in the sixth grade, he/she will be taking the Reading 6 and Math 6 state assessments. Parents must give permission for their child to participate in the expedited retakes. To communicate your wishes with the school, please sign and return the form below.

Sincerely,

Christopher B. Stacy, Ed. D.
Division Superintendent

_____ Yes, I give permission for _____ (child's name) to participate in any expedited retest opportunity. I understand that only one score per tested area will be reported and it will be the highest score my child achieves.

_____ No, I do not give permission for _____ (child's name) to participate in any expedited retest opportunity. I understand my child's grades and academic record will not be negatively impacted by my decision.

Parent's signature

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To be eligible for an expedited retake this spring, the student must be passing the course associated with the test and score between 375 - 399 on the test. The benchmark score for the test is 400. Since your child is in the seventh grade, he/she will be taking the Reading 7 and Math 7 state assessments. Parents must give permission for their child to participate in the expedited retakes. To communicate your wishes with the school, please sign and return the form below.

Sincerely,

Christopher B. Stacy, Ed.D.
Division Superintendent

_____ Yes, I give permission for _____ (child's name) to participate in any expedited retest opportunity. I understand that only one score per tested area will be reported and it will be the highest score my child achieves.

_____ No, I do not give permission for _____ (child's name) to participate in any expedited retest opportunity. I understand my child's grades and academic record will not be negatively impacted by my decision.

Parent's signature

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To be eligible for an expedited retake this spring, the student must be passing the course associated with the test and score between 375 - 399 on the test. The benchmark score for the test is 400. Since your child is in the eighth grade, he/she will be taking the Reading 8, Math 8, Civics, and Science 8 state assessments. Parents must give permission for their child to participate in the expedited retakes. To communicate your wishes with the school, please sign and return the form below.

Sincerely,

Christopher B. Stacy, Ed.D.
Division Superintendent

_____ Yes, I give permission for _____ (child's name) to participate in any expedited retest opportunity. I understand that only one score per tested area will be reported and it will be the highest score my child achieves.

_____ No, I do not give permission for _____ (child's name) to participate in any expedited retest opportunity. I understand my child's grades and academic record will not be negatively impacted by my decision.

Parent's signature

Date

RELEASE OF STUDENT DATA/RECORDS

The parent/legal guardian of any student enrolled in Tazewell 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 7, 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 _____ 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 _____

Name of Parent/Guardian _____

Relationship to Student _____

Date _____

Witness _____

STUDENT RECORDS

Generally

The Tazewell County School Board maintains accurate and complete records for every student enrolled in the public schools in accordance with all federal and state laws.

The superintendent and/or his designee(s) is responsible for the collection of data, record maintenance and security, access to, and use of records, confidentiality of personally identifiable information, dissemination of information from records, and destruction of records, including the destruction of personally identifiable information regarding a student with a disability at the request of the parents. The superintendent also provides for notification of all school division personnel of policy and procedures for management of education records and notification of parents and students of their rights regarding student records, including the right to obtain, upon request, a copy of this policy.

Definitions

For the purposes of this policy, the Tazewell County Public Schools uses the following definitions.

Authorized representative – any entity or individual designated by a state or local educational authority or an agency headed by an official listed in 34 CFR § 99.31(a)(3) to conduct, with respect to federal- or state-supported education programs, any audit or evaluation, or any compliance or enforcement activity in connection with federal legal requirements that relate to these programs.

Directory information - information contained in a student's education record that would not generally be considered harmful or an invasion of privacy if disclosed. Directory information may include information such as the student's name, address, telephone listing, electronic mail address, photograph, date and place of birth, major field of study, grade level, enrollment status, dates of attendance, participation in officially recognized activities and sports, weight and height of members of athletic teams, degrees, honors, and awards received, and the most recent educational institution attended. Directory information may not include the student's social security number. Directory information may include a student identification number or other unique personal identifier used by a student for accessing or communicating in electronic systems if the identifier cannot be used to gain access to education records except when used in conjunction with one or more factors that authenticate the user's identity, such as a personal identification number, password, or other factor known or possessed only by the authorized user or a student ID number or other unique personal identifier that is displayed on a student ID badge, if the identifier cannot be used to gain access to education records except when used in conjunction with one or more factors that authenticate the user's identity such as a PIN or password or other factor known or possessed only by the authorized user.)

Early childhood education program – a Head Start program or an Early Head Start program, a state licensed or regulated child care program, or a program that serves children from birth through age six that addresses the children’s cognitive, social, emotional, and physical development and is a state prekindergarten program, a program under section 619 or Part C of the Individuals with Disabilities Education Act, or a program operated by a local educational agency.

Education program - any program that is principally engaged in the provision of education, including, but not limited to, early childhood education, elementary and secondary education, postsecondary education, special education, job training, career and technical education, and adult education, and any program that is administered by an educational agency or institution.

Education records - any information recorded in any way including handwriting, print, computer media, video or audiotape, film, microfilm, and microfiche maintained by the Tazewell County School Board or an agent of the school division which contains information directly related to a student, except

- records that are kept in the sole possession of the maker, are used only as a personal memory aid, and are not accessible or revealed to another person except a temporary substitute for the maker of the record;
- records created and maintained for law enforcement purposes by the Tazewell County School Board’s law enforcement unit, if any. A law enforcement unit is any individual, office, department, or division of the school division that is authorized to enforce any local, state, or federal law, refer enforcement matters to appropriate authorities or maintain the physical security and safety of the school division;
- in the case of persons who are employed by the Tazewell County School Board but who are not in attendance at a school in the division, records made and maintained in the normal course of business which relate exclusively to the person in his capacity as an employee;
- records created or received after an individual is no longer in attendance and that are not directly related to the individual’s attendance as a student;
- grades on peer-graded papers before they are collected and recorded by a teacher; and
- any electronic information, such as email, even if it contains personally identifiable information regarding a student, unless a printed copy of the electronic information is placed in the student’s file or is stored electronically under an individual student’s name on a permanent and secure basis for the purpose of being maintained as an educational record. For purposes of this policy, electronic information that exists on a back-up server, a temporary archiving system, or on a temporary basis on a computer is not an education record and is not considered as being maintained.

Eligible student - a student who has reached age 18.

Parent - a parent of a student, including a natural parent, a guardian, or an individual acting as a parent in the absence of a parent or guardian.

Student - any person who is or has been in attendance at Tazewell County Public Schools regarding whom the school division maintains education records or personally identifiable information.

Dissemination and Maintenance of Records About Court Proceedings

Adjudications

The superintendent shall disseminate the notice or information regarding an adjudication of delinquency or conviction for an offense listed in Va. Code § 16.1-260.G. contained in a notice received pursuant to Va. Code § 16.1-305.1 to school personnel responsible for the management of student records and to other relevant school personnel, including, but not limited to, the principal of the school in which the student is enrolled. The principal shall further disseminate such information to licensed instructional personnel and other school personnel who (1) provide direct educational and support services to the student and (2) have a legitimate educational interest in such information.

A parent, guardian, or other person having control or charge of a student, and, with consent of a parent or in compliance with a court order, the court in which the disposition was rendered, shall be notified in writing of any disciplinary action taken with regard to any incident upon which the adjudication of delinquency or conviction for an offense listed in subsection G of Va. Code § 16.1-260 was based and the reasons therefor. The parent or guardian shall also be notified of his or her right to review, and to request an amendment of, the student's scholastic record.

Every notice of adjudication of delinquency or conviction for an offense listed in subsection G of Va. Code § 16.1-260 received by a superintendent, and information contained in the notice, which is not a disciplinary record as defined in Board of Education regulations, shall be maintained by him and by any others to whom he disseminates it, separately from all other records concerning the student. However, if the school administrators or the School Board takes disciplinary action against a student based upon an incident which formed the basis for the adjudication of delinquency or conviction for an offense listed in subsection G of Va. Code § 16.1-260, the notice shall become a part of the student's disciplinary record.

Any notice of disposition received pursuant to Va. Code § 16.1-305.1 shall not be retained after the student has been awarded a diploma or a certificate as provided in Va. Code § 22.1-253.13:4.

Petitions and Reports

The superintendent shall not disclose information contained in or derived from a notice of petition received pursuant to Va. Code § 16.1-260 or report received pursuant to Va. Code § 66-25.2:1 except as follows:

- If the juvenile is not enrolled as a student in a public school in the division to which the notice or report was given, the superintendent shall promptly so notify the intake officer of the juvenile court in which the petition was filed or the Director of the Department

which sent the report and may forward the notice of petition or report to the superintendent of the division in which the juvenile is enrolled, if known.

- Prior to receipt of the notice of disposition in accordance with Va. Code § 16.1-305.1 the superintendent may disclose the fact of the filing of the petition and the nature of the offense to the principal of the school in which the student is enrolled if the superintendent believes that disclosure to school personnel is necessary to ensure the physical safety of the student, other students, or school personnel within the division. The principal may further disseminate the information regarding a petition, after the student has been taken into custody, whether or not the child has been released, only to those students and school personnel having direct contact with the student and need of the information to ensure physical safety or the appropriate educational placement or other educational services.
- If the superintendent believes that disclosure of information regarding a report received pursuant to Va. Code § 66-25.2:1 to school personnel is necessary to ensure the physical safety of the student, other students, or school personnel, he may disclose the information to the principal of the school in which the student is enrolled. The principal may further disseminate the information regarding such report only to school personnel as necessary to protect the student, the subject or subjects of the danger, other students, or school personnel.

Protective Orders and Orders Prohibiting Contact with a Child

Any school principal who received notice that a circuit court, general district court, juvenile and domestic relations district court, or magistrate has issued a protective order for the protection of any child who is enrolled at the school, or any other order prohibiting contact with such a child, notifies licensed instructional personnel and other school personnel who (i) provide direct educational or support services to the protected child or the child subject to the order, (ii) have a legitimate educational interest in such information, and (iii) are responsible for the direct supervision of the protected child or the child subject to the order that such order has been issued.

Annual Notification

The school division annually notifies parents and eligible students of their rights under the Family Educational Rights and Privacy Act (FERPA) including

- the right to inspect and review the student's education records and the procedure for exercising this right;
- the right to request amendment of the student's education records that the parent believes to be inaccurate, misleading or in violation of the student's privacy rights and the procedure for exercising this right;
- 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;
- the type of information designated as directory information and the right to opt out of release of directory information;
- that the school division releases records to other institutions that have requested the records and in which the student seeks or intends to enroll or is already enrolled so long as the disclosure is for purposes related to the student's enrollment or transfer;

- the right to opt out of the release of the student's name, address, and phone number to military recruiters or institutions of higher education that request such information;
- a specification of the criteria for determining who constitutes a school official and what constitutes a legitimate educational interest; and
- the right to file complaints with the Family Policy Compliance Office in the United States Department of Education concerning the school division's alleged failure to comply with FERPA.

Procedure to Inspect Education Records

Parents of students or eligible students may inspect and review the student's education records within a reasonable period of time, which shall not exceed 45 days, and before any meeting regarding an IEP or hearing involving a student with a disability. Further, parents have the right to a response from the school division to reasonable requests for explanations and interpretations of the education record.

Parents or eligible students should submit to the student's school principal a written request which identifies as precisely as possible the record or records he or she wishes to inspect.

The principal (or appropriate school official) will make the needed arrangements for access as promptly as possible and notify the parent or eligible student of the time and place where the records may be inspected.

When a record contains information about students other than a parent's child or the eligible student, the parent or eligible student may not inspect and review the portion of the record which pertains to other students.

Copies of Education Records

The Tazewell County Public Schools will not provide a parent or eligible student a copy of the student's education record unless failure to do so would effectively prevent the parent or eligible student from exercising the right to inspect and review the records.

Fees for Copies of Records

The fee for copies will be 10¢ per page. The actual cost of copying time and postage will be charged. The Tazewell County Public Schools does not charge for search and retrieval of the records. The Tazewell County Public Schools does not charge a fee for copying an Individualized Education Plan (IEP) or for a copy of the verbatim record of a hearing conducted in accordance with the State Board of Education's Regulations Governing Special Education Programs for Children with Disabilities in Virginia.

Types, Locations, and Custodians of Education Records

The Tazewell County Public School shall provide parents on request a list of the types and locations of education records collected, maintained, or used by the school division.

The following is a list of the types of records that the Tazewell County Public Schools maintain, their locations, and their custodians.

- A. Information required to be collected for all students:
1. Name and address of students
 2. Birth date and birth certificate serial number
 3. Name and address of parent
 4. Scholastic work completed
 5. Grades and Grade Point Average
 6. Class rank
 7. Standardized achievement/aptitude test scores; literacy results; required by state or county
 8. Attendance record
 9. Certificate of Immunizations
 10. Record data disclosure form
 11. Program of studies plan (class schedule)
 12. Type of diploma earned
 13. Disciplinary Record
 14. Parental Notification Form (re: Literacy Testing Program)
 15. Student I.D. or Social Security Number (or waiver form)
 16. Driver's Education certificate
 17. Citizenship status, if other than U.S.
 18. Cumulative health record, including pre-school physical examination report and school entrance examination report
 19. Notice of School Status
 20. Signed "Statement of Acknowledgment of the Code of Student Conduct"
- B. Information shall be collected for certain students requiring differentiated programs and /or special services such as special education and Section 504 and shall be maintained in the student's education record. The following information shall be collected for these students:
1. Social histories
 2. Legal, psychological, and medical reports
 3. Records of sensitive physical problems
 4. Verified reports of serious or recurrent atypical behavior patterns
 5. Reports from institutions and agencies such as juvenile court, social welfare, etc.
 6. Counselor or teacher case studies
 7. Confidential interview and/or recommendations
 8. Vocational assessment data
 9. Disciplinary records (see policy 6-18-2004)
 10. Notice of student's school status (expulsion statement required upon enrollment)
 11. Reports of assessment – both initial and periodic, including:
 - a. Educational assessment
 - b. Physiological assessment, to include medical examination and assessment of speech, hearing, and vision
 - c. Psychological assessment
 - d. Sociocultural assessment, including the adaptive behavior checklist

- e. Other assessments
- f. Forms referring pupils to the Division of Instruction
12. Other pertinent report, including:
 - a. Permission for testing
 - b. Summary of eligibility committee findings
 - c. Permission for placement
 - d. Record of parent conference to discuss special education placement
 - e. Record of placement committee recommendations for placement
 - f. Permission for release of information, if appropriate
 - g. Reports of annual review of placement
 - h. Reports of appeals, if appropriate
13. Individualized Education Program (IEP)
14. Student Education Plan

Disclosure of Education Records

The Tazewell County Public Schools discloses education records or personally identifiable information contained therein only with the written consent of the parent or eligible student except as authorized by law. Exceptions which permit the school division to disclose education record information without consent include the following.

1. To school officials who have a legitimate educational interest in the records.
A school official is:
 - a person employed by the School Board
 - a person appointed or elected to the School Board
 - a person employed by or under contract to the School Board to perform a special task, such as an attorney, auditor, medical consultant, or therapist
 - a contractor, consultant, volunteer, or other party to whom the school division has outsourced services or functions for which the school division would otherwise use employees and who is under the direct control of the school division with respect to the use and maintenance of education recordsA school official has a legitimate educational interest if the official is:
 - performing a task that is specified in his or her position description or by a contract agreement
 - performing a task related to a student's education
 - performing a task related to the discipline of a student
 - providing a service or benefit relating to the student or student's family, such as health care, counseling, job placement, or financial aid
2. To officials of another school, school system, or institution of postsecondary education where the student seeks or intends to enroll or where the student is already enrolled so long as the disclosure is for purposes related to the student's enrollment or transfer.
3. To certain officials of the U.S. Department of Education, the United States Attorney General, the Comptroller General, and state educational authorities, in connection with certain state or federally supported education programs and in accordance with applicable federal regulations.

4. In connection with a student's request for or receipt of financial aid as necessary to determine the eligibility, amount, or conditions of the financial aid, or to enforce the terms and conditions of the aid.
5. For the purpose of furthering the ability of the juvenile justice system to effectively serve the pupil prior to adjudication. The principal or his designee may disclose identifying information from a pupil's scholastic record to state or local law-enforcement or correctional personnel, including a law-enforcement officer, probation officer, parole officer or administrator, or a member of a parole board, seeking information in the course of his duties; an officer or employee of a county or city agency responsible for protective services to children, as to a pupil referred to that agency as a minor requiring investigation or supervision by that agency; attorneys for the Commonwealth, court services units, juvenile detention centers or group homes, mental and medical health agencies, state and local children and family service agencies, and the Department of Juvenile Justice and to the staff of such agencies. Prior to disclosure of any such scholastic records, the persons to whom the records are to be disclosed shall certify in writing to the principal or his designee that the information will not be disclosed to any other party, except as provided under state law, without the prior written consent of the parent of the pupil or by such pupil if the pupil is eighteen years of age or older.
6. To organizations conducting studies for, or on behalf of, educational agencies or institutions to develop, validate or administer predictive tests; administer student aid programs; or improve instruction. The studies must be conducted in a manner that does not permit personal identification of parents and students by individuals other than representatives of the organization that have legitimate interests in the information. The information must be destroyed when it is no longer needed for the purposes for which the study was conducted. The School Board must enter into a written agreement with the organization conducting the study which
 - specifies the purpose, scope, and duration of the study or studies and the information to be disclosed;
 - requires the organization to use personally identifiable information from education records only to meet the purpose or purposes of the study stated in the written agreement;
 - requires the organization to conduct the study in a manner that does not permit personal identification of parents and students by anyone other than representatives of the organization with legitimate interests; and
 - requires the organization to destroy all personally identifiable information when the information is no longer needed for the purposes for which the study was conducted and specifies the time period in which the information must be destroyed.
7. To accrediting organizations to carry out their functions.
8. To parents of an eligible student who claim the student as a dependent for income tax purposes.
9. To the entities or persons designated in judicial orders or subpoenas as specified in FERPA.
10. To appropriate parties in connection with an emergency if knowledge of the information is necessary to protect the health or safety of the student or other individuals. If the school division releases information in connection with an emergency, it will record the following information:

- the articulable and significant threat to the health or safety of a student or other individuals that formed the basis for the disclosure; and
 - the parties to whom the division disclosed the information.
11. To an agency caseworker or other representative of a state or local child welfare agency or tribal organization who has the right to access a student's case plan when such agency or organization is legally responsible for the care and protection of the student.
 12. Directory information so designated by the school division.
 13. When the disclosure concerns sex offenders and other individuals required to register under section 170101 of the Violent Crime Control and Law Enforcement Act of 1994, 42 U.S.C. § 14071, and the information was provided to the division under 42 U.S.C. § 14071 and applicable federal guidelines.

The school division will use reasonable methods to identify and authenticate the identity of parents, students, school officials, and any other parties to whom it discloses personally identifiable information from education records.

Unauthorized Disclosure of Electronic Records

In cases in which electronic records containing personally identifiable information are reasonably believed to have been disclosed in violation federal or state law applicable to such information, the school division shall notify, as soon as practicable, the parent of any student affected by such disclosure, except as otherwise provided in Va. Code §§ 32.1-127.1:05 or 18.2-186.6. Such notification shall include the (i) date, estimated date, or date range of the disclosure; (ii) type of information that was or is reasonably believed to have been disclosed; and (iii) remedial measures taken or planned in response to the disclosure.

Disclosure to Federal Agencies

Notwithstanding any other provision of law or policy, no member or employee of the Tazewell County School Board will transmit personally identifiable information, as that term is defined in FERPA and related regulations, from a student's record to a federal government agency or an authorized representative of such agency except as required by federal law or regulation.

Disclosure of Information Relating to Home Instructed Students

Neither the superintendent nor the School Board shall disclose to the Department of Education or any other person or entity outside of the local school division information that is provided by a parent or student to satisfy the requirements of Policy LBD Home Instruction or subdivision B 1 of Va. Code § 22.1-254. However, the superintendent or School Board may disclose, with the written consent of a student's parent, such information to the extent provided by the parent's consent. Nothing in this policy prohibits the superintendent from notifying the Superintendent of Public Instruction of the number of students in the school division receiving home instruction.

Audit or Evaluation of Education Programs

Authorized representatives of the Comptroller General of the United States, the Attorney General of the United States, the federal Secretary of Education, and state and local educational authorities may have access to education records in connection with an audit or evaluation of federal- or state- supported education programs, or for the enforcement of or compliance with federal legal requirements that relate to those programs.

Any authorized representative other than an employee must be designated by a written agreement which

- designates the individual or entity as an authorized representative;
- specifies the personally identifiable information to be disclosed, specifies that the purposes for which the personally identifiable information is disclosed to the authorized representative is to carry out an audit or evaluation of federal- or state-supported education programs, or to enforce or comply with federal legal requirements that relate to those programs; and specifies a description of the activity with sufficient specificity to make clear that the work falls within the exception of 34 CFR § 99.31(a)(3) including a description of how the personally identifiable information will be used;
- requires the authorized representative to destroy personally identifiable information when the information is no longer needed for the purpose specified;
- specifies the time period in which the information must be destroyed; and
- establishes policies and procedures, consistent with FERPA and other federal and state confidentiality and privacy provisions, to protect personally identifiable information from further disclosure and unauthorized use, including limiting use of personally identifiable information to only authorized representatives with legitimate interests in the audit or evaluation of a federal- or state-supported education program or for compliance or enforcement of federal legal requirements related to such programs.

Military Recruiters and Institutions of Higher Learning

The Tazewell County Public Schools provides, on request made by military recruiters or an institution of higher education, access to secondary school students' names, addresses, and telephone listings unless a parent or eligible student has submitted a written request that the student's name, address and telephone listing not be released without the prior written consent of the parent or eligible student. The school division notifies parents of the option to make a request and complies with any request.

The school division provides military recruiters the same access to secondary school students as is provided generally to post-secondary educational institutions or to prospective employers of those students.

Record of Disclosure

The Tazewell County Public Schools maintains a record, kept with the education records of each student, indicating all individuals (except school officials who have a legitimate educational interest in the records), agencies, or organizations which request or obtain access to a student's education records. The record will indicate specifically the legitimate interest the party had in obtaining the information. The record of access will be available only to parents, to the school official and his assistants who are responsible for the custody of such records, and to persons or organizations which audit the operation of the system.

The requirements related to records of disclosure stated above do not apply to disclosures made pursuant to an ex parte order issued by a court at the request of the United States Attorney General (or any federal officer or employee, in a position not lower than an Assistant Attorney General, designated by the Attorney General) seeking to collect education records relevant to an authorized investigation or prosecution of international terrorism as defined in 18 U.S.C. § 2331 or other acts listed in 18 U.S.C. § 2332b(g)(5)(B).

Personal information will only be transferred to a third party on the condition that such party will not permit any other party to have access to such information without the written consent of the parents of the student. If a third party permits access to information, or fails to destroy information, the division will not permit access to information from education records to that third party for a period of at least five years.

Directory Information

The Tazewell County School Board notifies parents and eligible students at the beginning of each school year what information, if any, it has designated as directory information, the right to refuse to let the division designate any or all of such information as directory information, and the period of time to notify the division, in writing, that he or she does not want any or all of those types of information designated as directory information. The notice may specify that disclosure of directory information will be limited to specific parties, for specific purposes, or both. If the School Board specifies that disclosure of directory information will be so limited, the disclosures of directory information will be limited to those specified in the public notice.

No school discloses the address, telephone number, or email address of a student pursuant to the Virginia Freedom of Information Act unless the parent or eligible student affirmatively consents in writing to such disclosure. Except as required by state or federal law, no school discloses the address, telephone number, or email address of a student pursuant to 34 C.F.R. § 99.31(a)(11) unless (a) the disclosure is to students enrolled in the school or to school board employees for educational purposes or school business and the parent or eligible student has not opted out of such disclosure in accordance with Virginia law and this policy or (b) the parent or eligible student has affirmatively consented in writing to such disclosure.

Parents and eligible students may not use the right to opt out of directory information disclosures to 1) prevent disclosure of the student's name, identifier, or institutional email address in a class in which the student is enrolled; or 2) prevent an educational agency or institution from requiring the student to wear, to display publicly, or to disclose a student ID card or badge that exhibits information designated as directory information and that has been properly designated as directory information.

Directory information is information that is generally not considered harmful or an invasion of privacy if released. It can 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 three (3) directory information categories - - names, addresses and telephone listing - - unless the parent has advised the LEA that they do not want their child's information disclosed without their prior consent.

TAZEWELL COUNTY Public Schools will release directory information without prior written consent unless the parent or guardian or eligible student informs the principal in writing that any or all of the information designated below should not be released without prior consent.

- Student's name, address, date of birth, dates of enrollment, photograph
- Parent or guardian's name and address;
- Student's grade level classification;
- Student's participation in recognized school activities and sports;
- Weight and height of member of athletic teams;
- Student's diplomas, certificates, awards and honors received.

Correction of Education Records

The procedures for the amendment of records that a parent or eligible student believes to be inaccurate are as follows.

1. Parents or the eligible student must request in writing that the Tazewell County Public Schools amend a record. In so doing, they should identify the part of the record they want changed and specify why they believe it is inaccurate, misleading or in violation of the student's privacy or other rights.
2. Tazewell County Public Schools shall decide whether to amend the record in accordance with the request within a reasonable period of time. If it decides not to comply, the school division shall notify the parents or eligible student of the decision and advise them of their right to a hearing to challenge the information believed to be inaccurate, misleading, or in violation of the student's rights.
3. Upon request, Tazewell County Public Schools shall arrange for a hearing, and notify the parents or eligible student, reasonably in advance, of the date, place, and time of the hearing. The hearing shall be held within a reasonable period of time after the request.
4. The parent or eligible student may, at his or her own expense, be assisted or represented by one or more individuals of his or her own choice, including an attorney.
5. The hearing shall be conducted by a hearing officer who is a disinterested party; however, the hearing officer may be an official of the school division. The parents or eligible student shall be afforded a full and fair opportunity to present evidence relevant to the issues raised in the original request to amend the student's education records in accordance with FERPA.
6. Tazewell County Public Schools shall prepare a written decision which will include a summary of the evidence presented and the reasons for the decision within a reasonable period of time after the hearing. The decision will be based solely on the evidence presented at the hearing.

7. If Tazewell County Public Schools decides that the information is inaccurate, misleading, or in violation of the student's right of privacy, it shall amend (including expungement) the record and notify the parents or eligible student, in writing, that the record has been amended.
8. If Tazewell County Public Schools decides that the challenged information is not inaccurate, misleading, or in violation of the student's right of privacy, it will notify the parents or eligible student that they have a right to place in the record a statement commenting on the challenged information and/or a statement setting forth reasons for disagreeing with the decision. The statement will be maintained as part of the student's education records as long as the contested portion is maintained and disclosed whenever the school division discloses the portion of the record to which the statement relates.

Confidentiality of HIV and Drug and Alcohol Treatment Records

The Tazewell County Public Schools complies with the confidentiality requirements of Va. Code § 32.1-36.1 providing for the confidentiality of records related to any test for Human Immunodeficiency Virus (HIV). In addition, the school division maintains confidentiality of drug and alcohol treatment records as required by federal and state law.

Adopted: August 12, 2019

Legal Refs.: 18 U.S.C. §§ 2331, 2332b.
20 U.S.C. §§1232g, 7908.
42 U.S.C. § 290dd-2.
34 C.F.R. 99.3, 99.7, 99.10, 99.11, 99.20, 99.21, 99.22, 99.31, 99.32, 99.33, 99.34, 99.35, 99.36, 99.37.
Code of Virginia, 1950, as amended, §§ 2.2-3704, 2.2-3804, 16.1-260, 16.1-305.1, 16.1-305.2, 22.1-254.1, 22.1-279.3:2, 22.1-287, 22.1-287.01, 22.1-287.02, 22.1-287.1, 22.1-288, 22.1-288.1, 22.1-288.2, 22.1-289, 23.1-405, 32.1-36.1.

Cross Refs.: IJ Guidance and Counseling Program
JEC School Admission
JEC-R School Admission
JECA Admission of Homeless Children
JFC Student Conduct
JGDA Disciplining Students with Disabilities
JGD/JGE Student Suspension/Expulsion
JHCB Student Immunizations
JHCD Administering Medicines to Students
JOA Student Transcripts
JRCA School Service Providers' Use of Student Personal Information
KBA-R Requests for Public Records

KBC	Media Relations
KNB	Reports of Missing Children
KP	Parental Rights and Responsibilities
LBD	Home Instruction
LEB	Advanced/Alternative Courses for Credit

STUDENTS

Student RecordsGenerally

All information regarding students and their families shall be collected and maintained under safeguards of privacy established by federal and state laws and regulations, school board policies JO and its sub-sections. Strict adherence is considered a condition of continuing employment by the school board.

No statement in this regulation or its subsections shall be construed by employees as negating their responsibility for reporting child abuse or neglect cases as required by Code of Virginia, § 63.1-248.3 and school board policy JHG.

Student records shall be maintained in accordance with Guidelines for the Management of the Student's Scholastic Record in the Public Schools of Virginia (Revised 2004).

STUDENTS Student Records: Definitions

The following words and terms, when used in these regulations, shall have the following meaning, unless the context clearly indicates otherwise:

"Access to Records": see definition of Disclosure.

"Days" are specified as either calendar days" or "administrative working days". "Administrative Working Days" mean days exclusive of Saturdays, Sundays, and officially designated holidays of the local school division. "Calendar Days" mean consecutive days, inclusive of Saturdays, Sundays, and officially designated holidays at the local school division level. Whenever any period of time fixed by this procedure shall expire on a Saturday, Sunday or school holiday, the period of time of taking such action under this procedure shall be extended to the next day, not a Saturday, Sunday or school holiday.

"Destruction" means physical destruction or the removal of personal identifiers from information so that information is no longer personally identifiable.

"Disclosure" means permitting access or the release, transfer, or other communication of education (scholastic) records of the student or the personally identifiable information contained therein, orally or in writing, or by electronic means, or by any other means to any party.

(i) Disclosure, through access, means the right to inspect, review and copy.

(ii) Disclosure, through release, means the surrender of specific information, orally or in writing, or electronically, upon receipt of a proper request.

(iii) Disclosure, through transfer, means the surrender of the entire record when transfer occurs within a local school division. It may also mean the surrender of a transcript of the record when transfer occurs between local school divisions or between a local school division and a postsecondary institution or another educational agency or institution.

"Educational Records": see definition of Scholastic Records.

"Eligible Student" means a student who has attained 18 years of age or is attending an institution of postsecondary education. The permission or consent required of and the rights accorded to parents relative to scholastic records shall be accorded to these students.

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STUDENTS

Student Records: Definitions (continued)

"Financial Aid" means payment of funds provided to an individual, or a payment in kind of tangible or intangible property to the individual, which is conditioned on the individual's attendance at an educational agency or institution.

"Identification Number" means a student's identification number assigned to each student whose Social Security Number is not being used to identify the student.

"Local Education Agency"; or "LEA" means the local school division or other public agencies responsible for providing educational services to students.

"Parent" includes a parent, a guardian, or an individual acting as a parent of a student in the absence of a parent or guardian. An educational agency or institution may presume the parent has the authority to exercise the rights inherent in the Act unless the agency or institution has been provided with evidence that there is a state law or court order governing such matters as divorce, separation or custody, or a legally binding instrument which provides to the contrary.

"Participating Agency" means any agency or institution which collects, maintains, or uses personally identifiable information or from which information is obtained.

"Party" means an individual, agency, institution or organization.

"Personally Identifiable Data" means (i) name of student; the student's parent(s), or other family member; (ii) the address of the student; (iii) Personal identifier, such as the student's social security number or student number; (iv) a list of personal characteristics which would make it possible to identify the student with reasonable certainty; (v) other information which would permit reasonably certain identification of the student.

"Public Notice" means the process by which certain information is made available to the general public. Public notice procedures may include, but not be limited to, newspaper advertisements, radio announcements, television features and announcements, handbills, brochures and other methods which are likely to succeed in providing information to the public.

"Release of Data from Records": see definition of Disclosure

STUDENTS

Student Records: Definitions (continued)

"Scholastic Records"; identified in federal legislation as "education records", means those records that are

- (1) Directly related to a student; and
- (2) Maintained by an educational agency or institution or by a party acting for the agency or institution.

The term does not include records of instructional, supervisory, and administrative personnel and educational personnel ancillary to those persons that are kept in the sole possession of the maker of the record, and are not accessible or revealed to any other person except a temporary substitute for the maker of the record.

Such information or data may be recorded in any medium including, but not limited to, handwriting, print, tapes, film, microfilm, and microfiche. Such records are classified in two categories:

"Category I (Scholastic)" means continuous and current records of significant factual information pertinent to the educational growth and development of individual students as they progress through school.

"Category II (Confidential)" means reports written by professional staff of the local school division for the express use of other professionals within the local school division; appropriate confidential information from the records of such cooperating individuals or agencies as psychiatrists, child welfare agencies, hospitals, or juvenile courts; and other confidential information.

"Student" means any individual for whom the LEA maintains scholastic records. The term does not include an individual who has not been in attendance at an LEA.

"Substitute" means an individual who performs on a temporary basis the duties of the individual who made the record.

"Third Party" means any person other than the first party (subject of the record) or the second party (custodian of the record).

"Transfer of Record Data": see definition of Disclosure.

"Written Notice" means direct communication to the student's home in the form of written statements in English and in the primary language of the home.

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STUDENTS

Student Records: Definitions (continued)

Regulatory Authority: (1989)

Commonwealth of Virginia, Department of Education Regulations "Management of the Student's Scholastic Record in the Public Schools of Virginia" (effective October 1, 1989).

STUDENTS

Student Records: Content/Collection/Maintenance and DispositionA. Category I (Scholastic) File

REQUIRED

Data	Collection	Maintenance/Disposition
1. Record Data Disclosure Form	All students	Retain permanently.
2. Name and address of student	All students	Retain permanently.
3. Birth Date	All students	Retain permanently.
4. Name and address of parent	All students	Retain permanently.
5. Program of studies plan	All students	Retain permanently.
6. Scholastic work completed	All students	Retain permanently.
7. Level of achievement	All students	Retain permanently.
a. Grades	All students	Retain permanently.
b. Grade point average	Secondary students, as appropriate	Retain permanently.
8. Type of diploma	Secondary students, as appropriate	Retain permanently.
9. Attendance	All students (continued)	Retain permanently.

STUDENTS

Student Records: Content/Collection/Maintenance and Disposition (continued)

A. Category I (Scholastic) File (continued)

REQUIRED

10.	Test data	All Students, as required by the State and/school division	Retain State required test scores permanently; destroy test profiles and results of inventories five years after student graduates from a secondary school, completes a program adopted by the Board of Education, or leaves school.
	a. Results of Normative Tests, such as achievement batteries and inventories		
	b. Results of Literacy Testing Program, prescribed and provided by the	Required students as appropriate	Retain permanently.
11.	Cumulative Health record including pre-school physical examination report, and school entrance examination report	All students	Destroy when no longer educationally useful or five years after student graduates or leaves school.
12.	Certificate of Immunization	All students	Retain permanently.

STUDENTS

Student Records: Content/Collection/Maintenance and Disposition (continued)A. Category I (Scholastic) File (continued)

13. Record of employment counseling and placement	All secondary students	Destroy when no longer educationally useful or five years after student graduates from a secondary school, completes a program adopted by the Board of Education, or leaves school.
14. Social Security Number (unless waiver is granted)	All students	Retain permanently.
15. Identification Number (ID)	All students	Retain permanently.

OPTIONAL

Data	<u>Collection</u>	<u>Maintenance/Disposition</u>
1. Results of other standardized group tests and inventories	Students tested or inventoried	Destroy when no longer educationally useful or five years after student graduates from a secondary school, completes a program adopted by the Board of Education or leaves school.
2. School, community activities; work experience	Students who engage in such activities	Destroy when no longer educationally useful or five years after a student graduates from a secondary school, completes a program adopted by the Board of Education or leaves school.

(continued)

(3)

STUDENTS

Student Records: Content/Collection/Maintenance and Disposition (continued)A. Category I (Scholastic) File (continued)

OPTIONAL

- | | | | |
|----|---|--|---|
| 3. | Employment evaluations | All students in cooperative vocational programs student graduates from a secondary school, completes a program adopted by the Board of Education or leaves school. | Destroy when no longer educationally useful or five years after |
| 4. | Record of counseling interview
(date, reason, etc., not content) | All students interviewed | Destroy when no longer educationally useful or five years after student graduates from a secondary school, completes a program adopted by the Board of Education or leaves school |
| 5. | Citizenship status if other than United States | Student with such status | Retain permanently. |

B. Category II (Confidential) File

REQUIRED

(These directives for all students as appropriate.)

STUDENTS

Student Records: Content/Collection/Maintenance and Disposition (continued)B. Category II (Confidential) File (continued)

REQUIRED

<u>Data</u>	<u>Collection</u>	<u>Maintenance/Disposition</u>
1. Records of referral	All students, as appropriate	Destroy when no longer educationally useful or five years after student graduates from a secondary school, completes a program adopted by the Board of Education or leaves school.
2. Reports of assessment - both initial and periodic -- as follows:	All students, as appropriate	Destroy when no longer educationally useful or five years after student graduates from a secondary school, completes a program adopted by the Board of Education or leaves school.
a. Educational assessment	All students, as appropriate	Destroy when no longer educationally useful or five years after student graduates from a secondary school, completes a program adopted by the Board of Education or leaves school.

(continued)

(5)

STUDENTS

Student Records: Content/Collection/Maintenance and Disposition (continued)

B. Category II (Scholastic) File (continued)

REQUIRED

2. Report of assessment both initial and periodic --- as follows: (continued)

<u>Data</u>	<u>Collection</u>	<u>Maintenance/Disposition</u>
b. Physiological assessment, to include medical examination and assessment of speech, hearing, and vision	All students, as appropriate	Destroy when no longer educationally useful or five years after student graduates from a secondary school, completes a program adopted by the Board of Education or leaves school.
c. Psychological assessment including results of individual	All students, as appropriate	Destroy when no longer educationally useful or five years after student graduates from a secondary school, completes a program adopted by the Board of Education or leaves school.
d. Sociological assessment, including the adaptive behavior checklist	All students, as appropriate	Destroy when no longer educationally useful or five years after student graduates from a secondary school, completes a program adopted by the Board of Education or leaves school.

(continued)

(6)

STUDENTS

Student Records: Content/Collection/Maintenance and Disposition (continued)

B. Category II (Confidential) File (continued)

REQUIRED

2. Report of assessment
 - both initial and
 periodic -- as follows:
 (continued)

Data

e. Other assess-
 ments, as appro-
 priate

Collection

All students,
 as appropriate

Maintenance/Disposition

Destroy when no longer
 educationally useful or
 five years after student
 graduates from a
 secondary school,
 completes a program
 adopted by the Board of
 Education or leaves
 school.

3. Other pertinent
 reports as follows

a. Permission for
 initial testing

All students,
 as appropriate

Destroy when no longer
 educationally useful or
 five years after student
 graduates from a
 secondary school,
 completes a program
 adopted by the Board of
 Education or leaves
 school.

(continued)

(7)

STUDENTS

Student Records: Content/Collection/Maintenance and Disposition (continued)C. Category II (Scholastic) File (continued)

REQUIRED

3. Other Pertinent
Reports as follows (continued)

<u>Data</u>	<u>Collection</u>	<u>Maintenance/Disposition</u>
b. Permission for initial placement	All students, as appropriate	Destroy when no longer educationally useful or five years after student graduates from a secondary school, completes a program adopted by the Board of Education or leaves school.
c. Record of Parent conference to discuss special education placement	All students, as appropriate	Destroy when no longer educationally useful or five years after student graduates from a secondary school, completes a program adopted by the Board of Education or leaves school
d. Summary of minutes of eligibility committee findings for special education students	All students, as appropriate	Destroy when no longer educationally useful or five years after student graduates from a secondary school, completes a program adopted by the Board of Education or leaves school

STUDENTS

Student Records: Content/Collection/Maintenance and Disposition (continued)B. Category II (Confidential) File (continued)

REQUIRED

3. Other pertinent reports as follows (continued)

<u>Data</u>	<u>Collection</u>	<u>Maintenance/Disposition</u>
e. Permission for release of information, if appropriate	All students, as appropriate	Destroy when no longer educationally useful or five years after student graduates from a secondary school, completes a program adopted by the Board of Education or leaves school.
f. Report of annual review of placement	All students, as appropriate	Destroy when no longer educationally useful or five years after student graduates from a secondary school, completes a program adopted by the Board of Education or leaves school.
g. Reports of appeals, if appropriate	All students, as appropriate	Destroy when no longer educationally useful or five years after student graduates from a secondary school, completes a program adopted by the Board of Education or leaves school.

(continued)

(9)

STUDENTS

Student Records: Content/Collection/Maintenance and Disposition (continued)

B. Category II (Scholastic) File (continued)

REQUIRED

<u>Data</u>	<u>Collection</u>	<u>Maintenance/Disposition</u>
4. Individualized Education Program (IEP)	All students, as Appropriate	Review annually. Expired IEPs must be retained for five years after student graduates from a secondary school, completes a program adopted by the Board of Education or Leaves school.

OPTIONAL

(Recommended for students requiring differentiated programs or special needs students.)

<u>Data</u>	<u>Collection</u>	<u>Maintenance/Disposition</u>
1. Social histories	Students with such reports	Destroy when no longer educationally useful or five years after student graduates from a secondary school, completes a program adopted by the Board of Education or leaves school.
2. Legal, psychological And medical reports	Students with such reports	Destroy when no longer educationally useful or five years after student graduates from a secondary school, completes a program adopted by the Board of Education or leaves school.

(continued)

(10)

STUDENTS

Student Records: Content/Collection/Maintenance and Disposition (continued)B. Category II (Confidential) File (continued)

OPTIONAL

3. Other pertinent reports as follows

<u>Data</u>	<u>Collection</u>	<u>Maintenance/Disposition</u>
3. Record of sensitive physical problems	Students with such problems	Destroy when no longer educationally useful or five years after student graduates from a secondary school, completes a program adopted by the Board of Education or leaves school.
4. Verified reports of serious or recurrent atypical behavior patterns	Students with such problems	Destroy when no longer educationally useful or five years after student graduates from a secondary school, completes a program adopted by the Board of Education or leaves school.
5. Reports from institutions and agencies such as juvenile court, social welfare, etc.	Students with such reports	Destroy when no longer educationally useful or five years after student graduates from a secondary school, completes a program adopted by the Board of Education or leaves school.

(continued)

(11)

STUDENTS

Student Records: Content/Collection/Maintenance and Disposition (continued)

B. Category II (Confidential) File (continued)

OPTIONAL

<u>Data</u>	<u>Collection</u>	<u>Maintenance/Disposition</u>
6. Counselor or teacher case studies	Students with such studies	Destroy when no longer educationally useful or five years after student graduates from a secondary school, completes a program adopted by the Board of Education or leaves school
7. Confidential interviews and/or recommendations	Students with such reports	Destroy when no longer educationally useful or five years after student graduates from a secondary school, completes a program adopted by the Board of Education or leaves school
8. Vocational assessment data	Students with such reports	Destroy when no longer educationally useful or five years after student graduates from a secondary school, completes a program adopted by the Board of Education or leaves school

(continued)

(12)

STUDENTS

Student Records: Content/Collection/Maintenance and Disposition (continued)

B. Category II (Confidential) File (continued)

Regulatory Authority: (1989)

Commonwealth of Virginia, Department of Education Regulations, "Management of the Student's Scholastic Record in the Public Schools of Virginia" (effective October 1, 1989).

STUDENTS

Student Records: Access and Disclosurea. Definition

As used in this regulation, "custodian" means the licensed person charged with the responsibility for student records security and management. At the individual building level the custodian shall be the principal or a designee. Where such records are maintained in a central facility the custodian shall be the superintendent or a designee.

b. Access to Student Records

1. The custodian shall permit parents or eligible student to inspect and review scholastic records relating to the student which are collected, maintained or used by the division. The custodian shall comply with a request without unnecessary delay and in no case more than 14 calendar days after the request has been made.
2. The custodian shall comply with a request to inspect and review scholastic records before any meeting regarding an individualized education program (IEP) or hearing relating to the identification, evaluation or educational placement of the student or provision of a free appropriate public education.
3. The right to inspect and review scholastic records includes:
 - (a) The right to a response from the custodian to reasonable requests for explanations and interpretations of the scholastic records;
 - (b) The right to request that the custodian provide copies of the scholastic records containing the information, if failure to provide the copies would effectively prevent the parent/s/ or guardians/ from exercising the right to inspect and review the scholastic records; and,
 - (c) The right to have a representative of the parents/ or guardians/ inspect and review the scholastic records.
4. The custodian may presume that both parents have the authority to inspect and review records relating to the student unless the school division has been advised that both parents do not have the authority under applicable State law governing such matters as guardianship, separation and divorce.
5. Each custodian shall keep a record of parties obtaining access to scholastic records collected, maintained or used.

(continued)

STUDENTS

Student Records: Access and Disclosure (continued)

6. If any scholastic record includes information on more than one student, the parents/ or guardians/ of those students shall have the right to inspect and review only the information relating to their child or to be informed of that specific information.
7. When requested the custodian shall provide parent/s/, guardian/s/ or eligible student with a list of the types and locations of scholastic records collected, maintained or used by the school division.

C. Disclosure of Student Records Content

1. When a request for disclosure of scholastic record data is made, such a request shall be granted immediately, if practicable, but in no case more than five (5) administrative working days after the date of the request. If the custodian determines that it is practically impossible to provide the requested records or to determine whether they are available within the five (5) administrative working days, the custodian shall inform the requesting party and shall have an additional seven (7) administrative working days to provide the requested records.
2. The custodian may disclose, upon student transfer, information from scholastic records to another school division without parental consent, unless prohibited by other applicable law.
3. The custodian shall keep permanently in the student's scholastic and confidential files a RECORD DATA DISCLOSURE FORM showing:
 - a. the parties who have requested and/or obtained scholastic record data disclosure, with the exception of adult clerical and licensed personnel within the division; the parent or eligible student; and the parties receiving directory information;
 - b. the agency or institution represented, if appropriate;
 - c. the date of the disclosure;
 - d. the specific legitimate interest of such disclosure and the purpose for which the data will be used; and
 - e. the signature of the custodian or designee.

(continued)

(2)

STUDENTS

Student Records: Access and Disclosure (continued)

C. Disclosure of Student Records Content (continued)

- 4. The record data disclosure form shall be available to the parent or eligible student, to school officials responsible for record maintenance, and to parties authorized.
- 5. Personally identifiable information from scholastic records, with the exception of directory information shall be disclosed to a third party only on the condition that said party will not redisclose such information without the written consent of the parent or eligible student. Such disclosure shall be accompanied by a written statement explaining the above stated condition.

If the third party is an institution, agency or organization, the disclosed personal information may be used by its officers, employees and agents, but only for purposes for which the disclosure was made.

- 6. Parties to whom scholastic record data shall be disclosed, upon request, and the conditions of such disclosures are charted as follows: (x indicates disclosure is permitted)

<u>Party</u>	<u>Category I</u>	<u>Category II</u>
	(Scholastic)	(Confidential)
	<u>File</u>	<u>File</u>

(1) <u>Accrediting Organization</u>	x
Without prior written consent of the parent or eligible student, data shall be disclosed to accrediting organizations in order to carry out their accrediting functions.	

STUDENTS

Student Records: Access and Disclosure (continued)C. Disclosure of Student Records Content (continued)

<u>Party</u>	<u>Category I</u>	<u>Category II</u>
	(Scholastic) <u>File</u>	(Confidential) <u>File</u>
(2) <u>Adult Clerical Personnel</u> Without prior written consent of the parent or eligible student, adult clerical personnel charged with record maintenance responsibility shall have access to scholastic records for maintenance purposes only.	x	x
(3) <u>Eligible Student Who is Subject of Record</u> Without prior written consent of the parent, data shall be disclosed to the eligible student, subject to the following limitations: a. Following eligible student notification of the right to disclosure of data from his record, if a waiver of this right to disclosure of confidential letters and statements of recommendation has been obtained, the eligible student shall not have access to confidential letters and statements of recommendation relative to admission to an educational agency or institution, applications for employment, and the receipt of an honor or honorary recognition. b. Where the waiver is applied, the eligible student shall, upon request be notified of the names of all persons making confidential recommendations and such recommendations shall be used solely for the purpose for which they were specifically intended. Said waiver may be revoked at any time with the	x	x

(continued)

(4)

STUDENTS

Student Records: Access and Disclosure (continued)

C. Disclosure of Student Records Content (continued)

<u>Party</u>	<u>Category I</u>	<u>Category II</u>
	(Scholastic) File	(Confidential) File

- b. understanding that confidential letters and statements of recommendation submitted in reliance upon the waiver shall remain confidential.
- c. If any record includes data on more than one student, the eligible student shall have the right to inspect and review only that data relating to himself, or to be informed of that specific data.

(4) Emergency - Appropriate Persons in Connection With:

	x	x
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Without prior written consent of the parent or eligible student, data shall be disclosed to appropriate persons, in connection with emergency and subject to regulations of the U.S. Secretary of Education, if the knowledge of such information is necessary to protect the health or safety of the student or other persons. The factors to be taken into account in determining whether record data may be disclosed are the following:

- (a) the seriousness of the threat to the health or safety of the student or other persons;
- (b) the need for such records to meet the emergency;
- (c) whether the persons to whom such records are released are in a position to deal with the emergency; and

(continued)

(5)

STUDENTS

Student Records: Access and Disclosure (continued)

C. Disclosure of Student Records Content (continued)

<u>Party</u>	<u>Category I</u>	<u>Category II</u>
	(Scholastic) File	(Confidential) File

(d) the extent to which time is of the essence in dealing with the emergency.

(5) Financial Aid -- Appropriate Persons Concerned with Student's Application

x	x
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Without prior written consent of the parent or eligible student, personally identifiable information from the student's record shall be disclosed to appropriate persons concerned with the student's application for financial aid only for such purposes as may be necessary for the following:

- a. to determine the student's eligibility for financial aid, the amount of such aid, and the conditions to be imposed regarding the aid; and
- b. to enforce the terms or conditions of financial aid.

<u>Party</u>	<u>Category I</u> (Scholastic) <u>File</u>	<u>Category II</u> (Confidential) <u>File</u>
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(6) Governmental and Educational Auditors, Evaluators and Researchers

x	x
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STUDENTS

Student Records: Access and Disclosure (continued)

C. Disclosure of Student Records Content (continued)

(6) (continued)
Party

Category I

Category II

(Scholastic)
File

(Confidential)
File

Without prior written consent of the parent or eligible student, disclosure of record data shall be made to authorized representatives of the Comptroller General of the United States, the United States Secretary of Education; the United States Commissioner of Education, or the Assistant Secretary for Education; the LEA Superintendent; the State Educational authorities needing information for the audit and evaluation of State and Federally supported education programs or the enforcement of Federal legal requirements related to such programs. Data collected shall exclude identifiable information on students or parents unless such information is authorized by Federal law or is needed by the Board of Education for such projects as student follow-up studies.

STUDENTS

Student Records: Access and Disclosure (continued)C. Disclosure of Student Records Content (continued)

6. (continued)

<u>Party</u>	<u>Category I</u> (Scholastic) File	<u>Category II</u> (Confidential) File
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Personally identifiable data collected shall be destroyed when no longer needed for the purposes stated above.

(7) Officer, United States

x

Without prior written consent of the parent or eligible student, record data about a student who is a veteran of military service with the United States, or an orphan or dependent of such veteran, or an alien shall be disclosed to an officer or employee of the United States seeking such information in the course of his duties. The school may furnish the following information about such student: name and address, daily attendance record, grades received in school subjects, parent's name, date and place of birth, names and addresses of other school attended.

STUDENTS

Student Records: Access and Disclosure (continued)

D. Disclosure of Student Records Content (continued)

<u>Party</u>	<u>Category I</u> (Scholastic) File	<u>Category II</u> (Confidential) File
<u>(8) Officials, Authorities - State and Local</u>	x	x
(a) Without prior written consent of the parent or eligible student, record data shall be disclosed to State and local officials or authorities to which such information is specifically required to be reported or disclosed pursuant to State statute adopted prior to November 19, 1974.		
(b) Data shall be disclosed to the State Department of Corrections.	x	x
(c) Without prior written consent of the parent or eligible student, record data shall be disclosed to State or local law enforcement officer, including a probation officer, parole officer or administrator, or a member of a parole board seeking information in the course of his duties.	x	x

(continued)

(9)

STUDENTS

Student Records: Access and Disclosure (continued)

E. Disclosure of Student Records Content (continued)

<u>Party</u>	<u>Category I</u> (Scholastic) File	<u>Category II</u> (Confidential) File
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(8) Officials, Authorities -- State and Local (continued)

(The local law enforcement agency and the custodian will designate specific law enforcement personnel to whom such information will be disclosed.)

(d) An employee or official of the State or local health department shall have access to the preschool physical examination report, the immunization record and the school entrance health examination form. x

(e) Without prior written consent of the parent or eligible student, record data shall be disclosed to an officer or employee of a city or county agency responsible for protective services to children, as to a student referred to that agency as a minor requiring investigation or supervision by that x x

STUDENTS

Student Records: Access and Disclosure (continued)

F. Disclosure of Student Records Content (continued)

(8) Officials, Authorities - State and Local (continued)

<u>Party</u>	<u>Category I</u> (Scholastic) File	<u>Category II</u> (Confidential) File
<p>agency. (The agency and the custodian shall designate specific agency personnel to whom such information will be disclosed.)</p> <p>(f) Without prior written consent of the parent or eligible student, the record of a student's daily attendance shall be open for inspection and reproduction to an employee of a local department of welfare or social services who needs the record to determine eligibility of the student's family for public assistance.</p>	<p>x</p>	<p>x</p>

(9) Organizations, Agencies Conducting Studies

<p>(a) Without prior written consent of the parent or eligible student, data shall be disclosed to organizations conducting studies for, or on behalf of educational agencies or institutions for the purpose of developing, vali-</p>	<p>x</p>	<p>x</p>
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(continued)

(11)

STUDENTS

Student Records: Access and Disclosure (continued)G. Disclosure of Student Records Content (continued)(9) Organizations, Agencies, Conducting Studies (continued)

<u>Party</u>	<u>Category I Category II</u> (Scholastic)	
	(Confidential) File	File
(a) (continued) dating or administering predictive tests, administering student aid programs and improving instruction if such studies are conducted in such a manner as will not permit the personal identification of students and their parents by persons other than representatives of such organizations and such information will be destroyed when no longer needed for the purpose for which it was collected. The term "organization" includes, but is not limited to federal, state, and local agencies and independent organizations.		
(b) At the discretion of the custodian, record data shall be released to the staff of a college, university, or educational research and development organization or labora-	x	x

(continued)

(12)

STUDENTS

Student Records: Access and Disclosure (continued)

H. Disclosure of Student Records Content (continued)

(9) Parent (continued)

<u>Party</u>	<u>Category I</u> (Scholastic) File	<u>Category II</u> (Confidential) File
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(b) continued)
 tory without prior written
 consent of the parent or
 eligible student under the
 following conditions:

[1] if such information is necessary to a research
 project or study conducted, sponsored or approved by
 the college, university or educational development
 organization or laboratory, and

[2] if no student will be identified by name in the
 information submitted for research.

(10) <u>Parent</u>	x	x
--------------------	---	---

Data shall be disclosed to the
 parent or guardian of the student
 including a noncustodial parent,
 unless such parent's parental
 rights have been terminated or a
 court of competent jurisdiction
 has restricted or denied such
 access until the student is 18
 years of age or is enrolled in an
 institution of postsecondary
 education subject to the
 following limitations.

(continued)

(13)

STUDENTS

Student Records: Access and Disclosure (continued)

I. Disclosure of Student Records Content (continued)

(10) Parent (continued)

<u>Party</u>	<u>Category I</u> (Scholastic) File	<u>Category II</u> (Confidential) File
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- (a) Following parental notification of right to disclosure of data from student's record, if a waiver of this right to access to confidential letters and statements of recommendation has been obtained, the parent shall not have access to confidential letters and statements of recommendation relative to admission to an educational agency or institution, applications for employment, and the receipt of an honor or honorary recognition.
- (b) Where the waiver is applied, the parent shall, upon request, be notified of the names of all persons making confidential recommendations and such recommendations shall be used solely for the purpose for which they were specifically intended.
- (c) This waiver may be revoked at any time with the understanding that confidential letters and statements of recommendation submitted in reliance upon the waiver shall remain confidential.
- (d) If any record includes data on more than one student, the parent shall have the right to inspect and review only that data relating to his child, or to be informed of that specific data.

(11) <u>Parents of Dependent Student</u> (See Internal Revenue Code) Data shall be disclosed. No prior written consent is required.	x	x
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(12) <u>Principal/Designee of School</u> <u>Student Plans to Attend and/ or</u> <u>Appropriate Official of Post</u> <u>Secondary Institution Student</u> <u>Plans to Attend</u>	x	x
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(continued)

(14)

STUDENTS

Student Records: Access and Disclosure (continued)C. Disclosure of Student Records Content (continued)

(12) (continued)

Party

<u>Category I</u>	<u>Category II</u>
(Scholastic)	(Confidential)
File	File

(a) Transfer of Record Data Within the School Division

When a student moves from grade to grade, or school to school within the division, his entire record shall follow him to indicate educational/developmental patterns. Prior written consent of parent or eligible student is not required for this transfer.

- (b) Other Transfer - When a student transfers to another division, or postsecondary education, a transcript of his record -- to include academic achievement, standardized test data, cumulative health-physical fitness record, medical records, other pertinent information, etc., where appropriate -- shall be sent promptly, upon request, to the appropriate official of the division or school in which he seeks or intends to enroll. The custodian transferring the data shall make a reasonable effort to notify the parent or eligible student of such a transfer and shall provide him with a copy of the record, if desired, and an opportunity for a hearing to challenge the content of the record. The division superintendent or a designee shall notify the local police or sheriffs department for investigation as a possible missing child of any enrolled pupil whose scholastic record he is unable to obtain within 60 days or sooner, if the division superintendent or a designee has reason to suspect that the pupil is a missing child.

(13) Professional Personnel

x	x
---	---

Within School or School
Division

Without prior written consent of the parent or eligible student, data shall be disclosed to those licensed personnel determined by the superintendent or designee

(continued)

(15)

STUDENTS

Student Records: Access and Disclosure (continued)

C. Disclosure of Student Records Content (continued)

<u>Party</u>	<u>Category I</u> (Scholastic) File	<u>Category II</u> (Confidential) File
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(13) (continued)

to have legitimate educational interests in the student. (Licensed personnel who copy data shall protect the confidentiality of such data.)

(14) Public, Private School, College, University, Military

x

Without prior consent of the parent or eligible student, names and addresses of present and former students may be disclosed to the following for the purpose of informing students and former students of available educational and career opportunities:

- (a) any officer or employee of a public or private school, college or university;
- (b) an official of a private business or professional school or college; and
- (c) any official recruiting representative of the military forces of the Commonwealth and the United States.

(15) State Superintendent of Public Instruction or Member of his Staff

x

x

See Governmental and Educational Auditors, Evaluators and Researchers.

(continued)

(16)

Student Records: Access and Disclosure (continued)

C. Disclosure of Student Records Content (continued)

<u>Party</u>	<u>Category I</u>	<u>Category II</u>
	(Scholastic) File	(Confidential) File
(16) <u>Student (under eighteen)</u> <u>Who is Subject of Record</u>	x	x

Record data shall be disclosed to the student (under eighteen) who is the subject of the record with these limitations:

- a. Written consent of the parent will be required by the custodian for access by students under eighteen years of age except in instances where the student is an emancipated minor or is enrolled in an institution of higher education.
- b. Students, including those enrolled in institutions of postsecondary education, shall not have access to financial records of the parents.
- c. Following student notification of right of access to his record, the student may waive his right to inspect and review confidential letters and confidential statements for admission to an educational agency or institution; application for employment; and/or the receipt of an honor.
- d. An educational agency or institution may request, but may not require that a parent or a student waive his rights.
- e. To be valid, a waiver must be in writing and signed by the parent or student, as appropriate.

[1] Where the waiver is applied, the student shall, upon request, be notified of the names of all persons making confidential recommendations and such recommendations shall be used solely for the purpose

(continued)

(17)

STUDENTS

Student Records: Access and Disclosure (continued)

C. Disclosure of Student Records Content (continued)

<u>Party</u>	<u>Category I</u> <u>Category II</u> (Scholastic)	
	(Confidential)	
	File	File
(16) <u>Student (under eighteen)</u> <u>Who is Subject of Record</u>	x	x

for which they were specifically intended. Should such recommendations be used for a different purpose, the waiver becomes void and the student has the right to inspect and review the recommendation.

[2] The waiver may be revoked at any time with the understanding that confidential letters and statements of recommendation submitted in reliance upon the waiver shall remain confidential.

(17) <u>Other Parties</u>	x	x
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(a) With prior written consent of the parent or eligible student, disclosure shall be made to a party or class of parties other than those listed in the foregoing paragraphs 1 - 16 subject to the following conditions:

[1]. The written consent must specify records to be disclosed, the reasons for such disclosure and the party or class of parties to which information shall be disclosed; and shall be signed and dated by the parent or eligible student.

(continued)

(18)

STUDENTS

Student Records: Access and Disclosure (continued)

C. Disclosure of Student Records Content (continued)

<u>Party</u>	<u>Category I</u> (Scholastic) File	<u>Category II</u> (Confidential) File
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[2] A copy of the records shall be made available, upon request, to the parent or eligible student, and to the student who is not an eligible student if so requested by the student's parents.

<p>(b) Following reasonable effort to notify, in advance, the parent or eligible student, disclosure shall be made in compliance with judicial order or pursuant to any lawfully issued subpoena.</p>	<p>x</p>	<p>x</p>
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(c) Unless the parent or eligible student has submitted a written request for nondisclosure, directory information may be disclosed to others upon request at the option of the custodian.

Editor's Note
For destruction of student records see division regulation JO-R.4
See also school board policy JO.

Regulatory Authority: (1989)

Commonwealth of Virginia, Department of Education Regulations, "Management of the Student's Scholastic Record in the Public Schools of Virginia" (effective October 1, 1989).

Approved by Superintendent: August 21, 1989

STUDENTS

Student Records: Destruction

A. Notification of Intent to Destruct

The custodian of student records shall inform parents, guardians or an eligible student when personally identifiable information collected, maintained, or used is no longer needed to provide educational services to the student.

When informing parents, guardians or eligible student about their rights under this regulation, the custodian should remind them that the scholastic records may be needed by the student, the parents or guardians for social security benefits or other purposes. If the parents, guardians or eligible student request that the information be destroyed, then the custodian shall retain only that information required under State law and regulations.

Prior to destruction of data, a reasonable effort shall be made by the custodian to notify parents, guardians or eligible student that they have a right to be provided with a copy of data to be deleted from the file(s).

B. Handicapped Students

Personally identifiable information on a handicapped student may be retained permanently unless the parents, guardians or eligible student request that it be destroyed. The information must be destroyed at the request of the parents, guardians or eligible student. However, a permanent record of a student's name, address, telephone number, his grades, attendance record, classes attended, grade-level completed, and year completed may be maintained without time limitation.

Editor's Note

For "custodian of student records" see division regulation JO-R.3 Part A.

Regulatory Authority: (1989)

Commonwealth of Virginia, Department of Education Regulations, "Management of the Student's Scholastic Record in the Public Schools of Virginia" (effective October 1, 1989).

Approved by Superintendent: April 21, 1989

STUDENTS

Student Directory InformationA. Generally

The school board authorizes making student directory information public as permitted under State and federal laws and regulations.

B. Definition

Student directory information is defined to include the following:

1. name of student in attendance or no longer in attendance;
2. address;
3. date and place of birth;
4. telephone listing;
5. dates of attendance;
6. participation in officially recognized activities and sports;
7. height and weight, if member of athletic team;
8. awards and honors received; and
9. other similar information.

C. Release of Directory Information

1. Prior to release of such information the superintendent or designated principals shall give public notice of such intent in a newspaper of general circulation, a school paper, patron organization newsletter or announcements sent home to parents describing the kind of information being in the directory category.
2. Such notices must be given not more than 15 working days before actual release of such information to give anyone affected the opportunity to notify school authorities of his /her objection, in which case the information relating to that student will not be made public.

(continued)

STUDENTS

Student Directory Information (continued)D. Discretionary Selection of Directory Information by Superintendent

Not all categories listed in Section B ("Definition") need be included as student directory information. The superintendent is authorized to designate those categories to be made public.

Regulatory Authority: (1989) *Virginia Department of Education Regulations*,
*"Management of the Student's Scholastic Record
in the Public Schools of Virginia. "*

Code of Va., § 22.1-287.1. Directory information.--Notwithstanding § 22.1-287 and 22.1-288, directory information may be publicly released in accordance with federal law and regulations and the regulations of the Board of Education. Such directory information may include the student's name, sex, address, telephone listing, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received and other similar information. (1983)

Public Law 93-380; August 21, 1974 (The Family Educational Rights and Privacy Act) now in 20 United States Code, Sec. 1230, 1232 (g)-(i).

HEW Regulation, 8 June 1972 (effective date 17 June 1976) published in full in the Federal Register on the latter date,
p. 24662.

Virginia Department of Education Regulations "Management of the Student's Scholastic Record in the Public Schools of Virginia." (1989)

Adopted by School Board: December 9, 1985

(2)

STUDENTS

Student Photographs

Student photographs may be taken and packets of pictures offered for sale each school year.

Sale of pictures, accounting for the disbursements of monies involved will be the responsibility of each principal.

A current photograph, if available, will be placed on the scholastic record card each year.

STUDENTS

Surveillance

The Tazewell County School Board believes that schools and work sites in the division should be safe and secure to protect individuals and their property from harm. To this end, Tazewell County Public School personnel support the controlled use of video surveillance systems/equipment within the school division. The Tazewell County School Board believes that the privacy of individuals should be protected and therefore, the use of video surveillance must be strictly controlled to ensure the protection of individual rights and compliance with federal and state laws addressing privacy and the disclosure of student records.

Video surveillance systems/equipment, with or without audio capability, may be used within the schools and on school buses operated by the school division. Video surveillance systems/equipment may or may not be monitored at all times.

For the purposes of this regulation, “video surveillance systems/equipment” is comprised of fixed and touring cameras and/or digital video recorders that allow for the recording, storage, limited monitoring and retrieval of video images captured and compressed by the equipment.

Video surveillance equipment may be installed and used to:

1. assist in efforts to maintain safety;
2. assist in efforts to protect school division assets;
3. assist with the application and enforcement of the Code of Student Conduct;
4. provide a visual deterrent to crime;
5. encourage orderly behavior on school board property, at school functions, and on school buses; and/or
6. increase the likelihood of identification of persons who may breach the Code of Student Conduct or commit violations of the law.

The placement and installation of video surveillance equipment will be determined through a coordinated effort of the Supervisor of Technology, the Assistant Superintendent for Administration, and the individual school administrator where the equipment is being installed. Cameras will normally be installed in common areas such as the main office, hallways, cafeteria, gymnasium, library, school facility entrances, and parking lots. Cameras shall not be positioned in areas where individuals have a legitimate right to expect privacy, such as restrooms and locker rooms. Every effort shall be made to prevent outdoor cameras from being directed toward private homes, businesses, or personal property. Monitors will be positioned in such a way as to avoid public viewing.

Thefts, vandalism, or breaches of security may warrant video surveillance systems being temporarily installed in a school or other school board property. To ensure individual privacy rights are protected in accordance with the law, the installation of temporary equipment will require the approval of the Division Superintendent and the Supervisor of Technology in consultation with the

School Board attorney. The same rules regarding privacy and the use of recorded images for permanently installed equipment will also apply to temporary applications of video surveillance equipment.

Signs will be prominently posted at visible points inside and outside a facility and in school buses to indicate that video surveillance equipment is being engaged. Signs will state that video surveillance equipment is in use and may or may not be monitored. Any person entering school board property, school functions, or riding a school bus, is subject to be videotaped. Video screen monitors will not be regularly or routinely monitored and are not to be used as an acceptable method of supervising student activities. Video monitors are not intended to take the place of the supervision of students, facilities, or grounds by school employees. The recorded information will be reviewed when an incident has been reported or observed or to investigate a potential crime or violation of school board policy or regulation.

Video surveillance systems/equipment will be secured and only authorized personnel shall have access to said equipment. Unauthorized use of, tampering with, or disabling of, video surveillance systems may result in disciplinary action, up to and including termination for employees, and could subject a student to immediate suspension and an expulsion hearing.

Use of video surveillance in the school division shall at all times comply with federal and state laws regarding privacy and the disclosure of student records. Video surveillance recordings may be used:

1. in school system internal investigations;
2. in student or employee disciplinary proceedings;
3. in civil or criminal proceedings;
4. in Risk Management's review of incidents of accidents or injuries to students, employees, or visitors; and/or
5. to review incidents involving violations of school division policies, procedures, or disciplinary guidelines.

Only appropriate school and Central Office administrators, law enforcement personnel, and school resource officers are authorized to review and preserve the "real time" recorded video information. Once school officials use a surveillance video tape for discipline purposes, the tapes become education records and are subject to FERPA requirements.

While parents of students may be permitted to view video footage of their child(ren), parents may not view video footage that involves the activities of other children. The exception is that children who are in the background, and are not involved in the incident in question, are considered "set dressing" (not relevant to the incident) and may be included in the video being viewed. In the case where there is more than one student that is the focus of the video, the school may provide parents of those students access to the video. The school may not give a copy of the video to such parents without the consent of the other students' parents.

Video and digital recordings will be retained for thirty (30) calendar days after initial recording, then reused or destroyed if not required to support an investigation or litigation. Video recordings remain the property of Tazewell County Public Schools and may only be reproduced with authorization of the school principal or designee, a member of the Department of Transportation, and then only in accordance with the law and applicable School Board policies and directives. Disposal and destruction of video recordings used in known investigations or litigations shall conform to the records management requirements set forth by the Library of Virginia.

Central Office Supervisors, Supervisor of Transportation, or the principal of a school shall provide authorization for video footage to be copied. Technology staff and employees specifically designated and trained will be responsible for creating the physical copy of recorded information. Technology staff/designees will label the copy of the video with the following elements: time of incident, date of incident, school, and initials of the staff member creating the copy. A log shall be maintained by the Supervisor of Transportation and by the principal of each school where video surveillance equipment is installed. The log will record the authority under whom the copy was made, the name of the person who actually made the copy, the name of the person who received the copy, the date and time the copy was made, and whether the copy will be returned to the school or destroyed.

Video surveillance systems/equipment will be inspected on a regular basis by the school administrator and technology personnel to ensure that equipment is functioning properly and that cameras are properly monitoring the intended area for surveillance. Video surveillance cameras or equipment in need of adjustment or repair should be reported immediately to the Supervisor of Technology for correction.

INTRODUCTION

HISTORY & BACKGROUND OF THE CANS

The CANS was developed by John S. Lyons, Ph.D. and has been refined through the “mass collaboration” of a significant number of individuals in many local jurisdictions, states and countries. The CANS-Comprehensive Birth to Age 4 and the Ages 5-21 as well as the Reassessment versions are open domain tools for use in service delivery systems that address the needs and strengths of at-risk children, youth and families. Designed to work across multiple child-serving agencies, modules are included to target and identify specific needs and strengths in families served by child welfare, juvenile justice, mental health, developmental disabilities and behavioral/emotional health. The copyright for the CANS is held by the Praed Foundation to ensure that it remains free for use by appropriately certified raters. For more general information on the CANS Comprehensive and Reassessment versions for children and youth Birth to Four and Ages 5-21, please contact the Praed Foundation at www.praedfoundation.com.

VIRGINIA CANS

The CANS is the mandatory uniform assessment instrument for all children and youth (Ages Birth-21) and their families served by the Virginia Children’s Services Act (COV §§2.2-2648, 2.2-5209, 2.2-5212). Local public agency case managers (departments of social services, court services units, community services boards/behavioral health authority and schools) administer the CANS for these children and youth. CANS are completed online using the CANVaS software (<https://canvas.csa.virginia.gov>). Only local public agency case managers may establish accounts in CANVaS to create assessments. Private providers do not administer the CANS for children receiving CSA-funded services or children in foster care placement and do not have access to CANVaS.

The 2016 version of the Virginia CANS and online software, CANVaS, includes numerous revisions, most notably an expanded trauma module, a new “Child Welfare” Module with the ability to rate more than one caregiver, a new interface, and wording changes in item definitions for clarity. Because of these changes there are now two versions of the Virginia CANS, the Standard and the DSS-Enhanced.

This manual is a guide to rating the Standard Virginia CANS which is used by staff of the local Court Services Unit, Community Services Board/Behavioral Health Authority, the local school division and if appropriate, CSA staff. (CSA staff employed by the local DSS will use the DSS-Enhanced version.)

Both the Standard and DSS-Enhanced versions of the CANS have a Comprehensive as well as a Reassessment version and two assessments by age group; one for children age Birth to Four and another for children and youth ages 5-21. Consequently there are the following eight versions:

*Standard Virginia CANS	DSS-Enhanced Virginia CANS
Birth to Four Comprehensive	Birth to Four Comprehensive
Birth to Four Reassessment	Birth to Four Reassessment
Ages 5-21 Comprehensive	Ages 5-21 Comprehensive

*This version of the manual is for the Standard CANS only.

As a rater, when you read through this Item Definitions Manual as well as when you navigate the new CANVaS 2.0 software to complete the assessment, you will note guidance on what and when modules are completed, depending on the type of assessment.

FREQUENCY OF ADMINISTRATION OF THE CANS

The Comprehensive version of the Standard CANS is required initially, (prior to the start of services), annually thereafter, and at discharge from CSA. A discharge CANS must be completed on each child.

Recommendations on the frequency of the Reassessment version of the CANS may be found at

http://www.csa.virginia.gov/html/Frequency_of_Administration_of_CANS_12_13.pdf

TRAINING AND CERTIFICATION ON THE CANS

Current certification on the CANS is required for all raters who administer the assessment. Certification must be renewed annually. As noted above, the Praed Foundation holds the copyright to the CANS and allows its public use at no charge. Certification is not an optional state requirement; it is a requirement of the owner of the assessment for its use. Any CANS administered by a non-currently certified individual is invalid and may not be used for any purpose, including service planning, data collection, or audit documentation.

The Office of Children's Services through a contract with the Praed Foundation provides access to training and certification on the use of the Virginia CANS. Although the training site (www.canstraining.com) is primarily provided to ensure raters may obtain certification for CSA purposes, it is also available for private providers, parents and other family members of children to learn about the CANS.

Raters are encouraged to complete the entire online training to ensure understanding of the rating logic, the definitions of each rating on each item and the timeframe of each item. Because the CANS often uses "everyday" language, raters sometimes miss the specifics of item or rating definitions. For example, "Physical Health" does not refer to whether or not a child is currently sick. The Physical Health item is intended to identify a physical issue, such as chronic asthma, that may interfere with the child's successful daily functioning.

Information and resources on the Virginia CANS may be found on the state CSA website (www.csa.virginia.gov) in the CANS folder, on the CANVaS 2.0 site (www.canvas.csa.virginia.gov) and the Praed Foundation's CANS training and certification site at www.canstraining.com

For more information about Virginia's administration of the CANS for CSA, contact the Office of Children's Services at (804) 662-9815 or by e-mail at csa.office@csa.virginia.gov.

IMPORTANT INFORMATION ABOUT RATING THE CANS

SIX KEY PRINCIPLES OF A COMMUNIMETRIC TOOL

The CANS has six key principles that, if remembered, will make the assessment process move more smoothly.

1. Items impact service planning. Items were selected because they are each relevant to service/treatment planning. An item exists because it might lead you down a different pathway in terms of planning actions.
2. Item ratings translate into Action Levels. Each item uses a four level ('0'-'3') rating system. An item rated '2' or '3' requires action. Different action levels exist for needs and strengths (pages 5-6).
3. Consider culture and development. Culture and development must be considered before establishing the action level for each item.
4. Agnostic as to etiology. It is a descriptive tool. Rate the "what" and not the "why." The CANS describes what is happening with the individual, but does not seek to assign a cause for a behavior or situation.
5. It's about the individual, not the service. Ratings should describe the child and family, not the child and family in services. If an intervention is present that is masking a need but must stay in place, it is factored into the rating and would result in a rating of an actionable need (i.e., '2' or '3').
6. Specific ratings window (e.g. 30 days) can be over-ridden based on action levels. Keep the information fresh and relevant to the individual's present circumstances. Don't get stuck on 30 days – if the need is relevant and older than 30 days, still use the information. Action levels trump time frames – if it requires action and should be on your treatment plan, rate it higher!

RATING NEEDS & STRENGTHS

The CANS is easy to learn and is well liked by children, youth and families, providers and other partners in the services system because it is easy to understand and does not necessarily require complex scoring or calculations in order to be meaningful to the child and family.

- ★ Basic core items – grouped by domain – are rated for all individuals.
- ★ A rating of 1, 2 or 3 on key core questions triggers Individualized Assessment Modules.
- ★ Individual assessment modules provide additional questions for information in a specific area.

Each CANS rating suggests different pathways for service planning. For the majority of items, there are four levels of rating with specific anchored descriptions. These item level descriptions are designed to translate into the following action levels (separate for needs and strengths):

Basic Design for Rating Needs

Rating	Level of Need	Appropriate Action
0	No evidence of need	No action needed
1	Significant history or possible need that is not interfering with functioning waiting/prevention/additional assessment	Watchful
2	Need interferes with functioning	Action/intervention required
3	Need is dangerous or disabling	Immediate action/Intensive action required

Basic Design for Rating Strengths

Rating	Level of Strength	Appropriate Action
0	Centerpiece strength	Central to planning*
1	Strength present	Useful in planning*
2	Identified strength	Build or develop strength**
3	No strength identified	Strength creation or identification may be indicated

*Use/build strengths to address needs of children who are younger than 13; use/build strengths to create resiliency separate from treatment for adolescents.

**Building/developing strengths is helpful. Child and youth with strengths tend to function better even if significant needs are present.

A SPECIAL NOTE: RELIABLY RATING THE STRENGTHS AND NEEDS OF CHILDREN AND YOUTH WHO ARE RECEIVING RESIDENTIAL SERVICES

It may be difficult to reliably rate the needs of a child or youth receiving interventions or services, particularly those residing in an intensive treatment setting. To reliably rate the CANS, the assessor must know the needs of the individual, needs which may be masked by services or the setting. A helpful strategy is to understand the needs that brought the youth to treatment and then look for any evidence that these needs have changed and determine if the change is a "setting effect" or a "treatment effect"

(an actual improvement). Setting effects are different than treatment effects. A setting effect is a change in behavior due to the structured environment. A treatment effect is a change in the individual that is likely to transcend environments.

For example, waking a student and walking with him to an on-campus school would be a setting effect for School Attendance. Identifying the factors that led to the youth's previous School Attendance needs (for example, social anxiety, learning problems) and effectively addressing those issues would be a treatment effect.

As long as the youth continues to need the treatment in the residential environment (or treatment foster care), the CANS must reflect those needs at an actionable level (ratings of "2s" and/or "3s"). Home visits may be a helpful way to determine if ratings may be reduced (improved) in a given area. Remember the assessor may note improvement on some items, while leaving ratings at an actionable level on others. Generally speaking, improvement will be noted in ratings when a youth is ready for discharge to a less restrictive environment or a lesser level of services (or no services) in the community.

The same rule applies with community-based services. If a service is in place that is addressing a need, but the need remains, the item must remain actionable on the CANS and be rated a "2" or a "3". For example, if a child's hyperactive behavior improves after being placed on medication, but the need for that medication continues; the "Hyperactive" item would continue to be rated a "2".

Material modified from "Reliably Rating the CANS and ANSA" by Betty Walton, Ph.D. and John S. Lyons, Ph.D, Indiana Division of Mental Health and Addiction, 8/21/2009

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)

VIRGINIA 5-21

Child's Name:		DOB:	Gender:		Race/Ethnicity:			
Caregiver(s):		Form Status:	Initial	Subsequent	Annual	Discharge		
		Case Name:						
		Case Number:						
Assessor:		Date of Assessment:	m	m	d	d	y	y

LIFE FUNCTIONING DOMAIN

0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living Situation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexuality/Sexual Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental ¹	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Judgment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acculturation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Daily Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independent Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD STRENGTHS DOMAIN

0=Centerpiece strength	1=Useful strength			
2=Identified strength	3=No evidence			
	0	1	2	3
Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Optimism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vocational	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talents/Interests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual/Religious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship Permanence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Involvement with Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural Supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SCHOOL

0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
School Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Achievement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD BEHAVIORAL/EMOTIONAL NEEDS

0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Psychosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impulsivity/Hyperactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oppositional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjustment to Trauma ²	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use ⁴	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating Disturbance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD RISK BEHAVIORS

0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Suicide Risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Mutilation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Self-Harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Danger to Others ⁵	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Aggression ⁶	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Runaway ⁷	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delinquent Behavior ⁸	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fire Setting ⁹	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intentional Misbehavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexually Reactive Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bullying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PARENT/GUARDIAN/CAREGIVER STRENGTHS & NEEDS DOMAIN				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement with Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social and Family Connections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residential Stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessibility to Child Care Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Care/Daily Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment/Educational Functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational Attainment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal/Criminal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial Resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MODULES	
<i>Complete any specific module only if indicated on the initial page</i>	¹ Developmental Needs (DN) Module
	² Trauma Module
	³ Sexual Abuse Module
	⁴ Substance Use Needs (SUN) Module
	⁵ Violence Needs (VN) Module
	⁶ Sexually Aggressive/Inappropriate Behavior Needs (SAIB) Module
	⁷ Runaway Needs Module
	⁸ Juvenile Justice Needs (JJN) Module
	⁹ Fire Setting (FS) Module
	¹⁰ Residential Treatment Center (RTC) Module

DEVELOPMENTAL NEEDS (DN) MODULE				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Cognitive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social/Emotional Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Care/Daily Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

TRAUMA				
<i>Please rate over the lifetime.</i>				
0=no evidence of trauma	1=suspicion or single incident			
2=moderate or multiple incidents	3=severe or repeated incidents			
	0	1	2	3
Sexual Abuse ⁶	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neglect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disruptions in Caregiving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural Disaster	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness to Domestic Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness to Community Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness/Victim to Criminal Activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SEXUAL ABUSE MODULE				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Emotional Closeness to Perpetrator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequency of Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Duration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Force	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reaction to Disclosure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SUBSTANCE USE NEEDS (SUN) MODULE				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Frequency of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Duration of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Readiness to Change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recovery Environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relapse Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

VIOLENCE NEEDS (VN) MODULE				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
History of Physical Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness to Domestic Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Witness to Environmental Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frustration Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hostility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paranoid Thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Secondary Gains from Aggression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violent Thinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Awareness of Violence Potential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response to Consequences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Commitment to Self-Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SEXUALLY AGGRESSIVE/INAPPROPRIATE BEHAVIOR (SAIB) MODULE				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Force/Threat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age Differential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Type of Sex Act	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response to Accusation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History of Sexually Abusive Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Severity of Sexual Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prior Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RUNAWAY MODULE				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Frequency of Running	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Duration of Absence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consistency of Destination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety of Destination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement in Illegal Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Likelihood of Return on Own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Involvement with Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

JUVENILE JUSTICE NEEDS (JJN) MODULE				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Seriousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intake Complaints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal Compliance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parent Criminal Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environmental Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FIRE SETTING (FS) MODULE				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Seriousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
History	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of Accelerants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intention to Harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Response to Accusation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RESIDENTIAL TREATMENT CENTER (RTC) MODULE				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Investment in Placement and Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community or Off-Site Behaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caregiver Participation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Visits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caregiver and Child Interactions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Progress Towards Goals & Objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation for Discharge Placement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Cumberland Mountain Community Services Board (CMCSB)
Authorization for Use/Disclosure/Exchange of Protected Health Information from a Third Party**

I: _____
Full Legal Name _____ DOB _____ SSN _____

hereby authorizes: Cumberland Mountain Community Services Board
 The Laurels Recovery Center
 Residential Recovery Services (The Laurels Crisis Stabilization Unit)

Address: _____

Telephone #: _____ FAX #: _____

to disclose/obtain/exchange the following information: (Please check the box or boxes that apply)

- Mental Health Substance Abuse Intellectual Disabilities / Developmental Disabilities
- Diagnostic Reviews Progress Notes Crisis Stabilization – Residential Crisis Stabilization – Community
- Lab Results ISPs Quarterly Reviews Assessments Screenings
- Discharges/Case Closures Psychological Evaluation Medical Information Psychiatrist/NP Notes Other (list below)

To the following Recipient:

Name of Person and Organization: _____

Address: _____

City/State/Zip: _____

Telephone #: _____ FAX #: _____

Purpose of Use/Disclosure/Exchange:

- to assist in diagnosis, consultation, coordination of care and/or treatment
- other (be specific) _____

I understand that I am giving my permission to the persons/organization above-named for the disclosure of protected health information contained in my mental health, developmental services, and/or substance abuse records. I also understand that I have the right to revoke this authorization at any time, except to the extent that action has been taken based on this authorization, by sending a written revocation of authorization to Cumberland Mountain Community Services, Attention: Medical Records, P. O. Box 810, Cedar Bluff, VA 24609.

This authorization is limited to a single use/disclosure/exchange: Yes No If 'No'; this authorization will expire in

One Year – or – (specify a date or event): _____
unless revoked by me (in writing) prior to that date, event or condition.

This authorization INCLUDES DOES NOT INCLUDE information placed in my record after the date signed.

Is there any information that you do not want released? Yes No If yes, please list :

As the person signing this authorization, I acknowledge that I am giving permission to CMCSB to disclose/obtain/exchange PHI. I further acknowledge that:

- I may refuse to sign this authorization.
- CMCSB cannot condition the provision of treatment on my signing this authorization.
- I understand there is a potential for any information used/disclosed/exchanged pursuant to this authorization to be subject to re-disclosure by the recipient and, therefore, no longer protected by the provisions of the HIPAA Privacy Rule.
- I understand that if my records are protected under Federal Regulations governing confidentiality of alcohol and drug abuse patient records (42 CFR Part 2), they cannot be disclosed without my written authorization unless such disclosure is otherwise permitted by law. This includes information concerning HIV, AIDS, HIV related illnesses and sexually transmitted diseases or other serious communicable illnesses which may be controlled by various laws and regulations. A general authorization for the disclosure/release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. I consent to disclose of such information.
- I understand that this information will be shared with those individuals in the criminal justice system who have a need for the information in connection with their duty to monitor my treatment.
- I further acknowledge that the information to be disclosed was fully explained to me and this authorization is given of my own free will. A copy of this authorization may be accepted in lieu of the original.

Individual and/or Parent/Guardian/AR was given a copy of this authorization: Yes Declined

DO NOT SIGN THIS FORM UNLESS ALL SECTIONS ARE COMPLETE AND YOU AGREE THAT IT IS ACCURATE

Individual's Signature: _____	Date Signed : _____	
<input type="checkbox"/> Authorized Representative <input type="checkbox"/> Guardian <input type="checkbox"/> Parent Signature: _____	Date Signed: _____	
Minor's Signature: (if required by law) _____	Date Signed: _____	

CMCSB is a non-profit organization. If there is a charge for medical records, please contact us at 276-964-6702 prior to sending any info.

Dental Screening – Elementary Students

Tazewell County Public Schools will provide a dental health screening for Pre-K through 5th grade. During the beginning of the school year, a dental professional will visit each school and perform a quick assessment screening. **The screening will only consist of looking at the teeth with a light. Your child will not receive any dental treatment procedures.** This “look” is not intended to take the place of your child’s regular dental visit.

The purpose of this screening is to assess the oral health status of each child, and to gather dental data that is necessary to for the grant funding of the program. Even if you feel your child doesn’t need to be screened, we would like to encourage your child’s participation. **Screening participation helps to provide funding for children who do need the dental services this program provides.**

You will receive a copy of your child’s dental screening results and information about the dental program. If your child already has a dentist they visit, you will have a section at the bottom of the screening result form in which you sign and return to the school. It will state that your child has a regular dentist and that you decline the dental program services.

If you do not wish for your child to participate in the dental screening program, you must sign the declination below and return this form to the school by August 31, 2018. If you want your child to participate in the dental screening program, you do not return this form.

Please read the information above before signing. Your decision impacts dental care for other students.

I DO NOT want my child, _____, to receive the dental assessment screening.

Grade: _____ School: _____

Parent/Guardian Signature

Date

SCHOOL DENTAL PROGRAM 2019-20

PLEASE COMPLETE, SIGN, AND RETURN TO THE SCHOOL IN ORDER FOR YOUR CHILD TO PARTICIPATE.

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____ Teacher: _____

Parent/Guardian Name: _____ Home Phone #: ____ - ____ - ____

Cell Phone #: ____ - ____ - ____ Email: _____

Please complete Box A if your child DOES NOT HAVE MEDICAID. If they do, please skip down to Box B.

Box A: If your child is not covered for treatment by Medicaid and your household qualifies according to the following yearly income table, the Elgin Foundation may pay for the cost of treatment. Please check the correct box if your child does not have Medicaid and may need assistance.

Check Box	# of People in the Home	Total Yearly Income
<input type="checkbox"/>	2 People	\$31,284 or less
<input type="checkbox"/>	3 People	\$39,461 or less
<input type="checkbox"/>	4 People	\$47,638 or less
<input type="checkbox"/>	5 People	\$55,815 or less
<input type="checkbox"/>	6 People	\$63,992 or less
<input type="checkbox"/>	7 People	\$72,169 or less
<input type="checkbox"/>	8 or more People	\$80,346 or less

Box B: MEDICAID INFORMATION:

Student's MEDICAID #: _____

Child's Social Security #: ____ - ____ - ____

PERSONAL DENTAL INSURANCE INFORMATION:

Subscriber's Name: _____ Subscriber's Date of Birth: _____

Subscriber's SS#/ID#: ____ - ____ - ____ Subscriber's Place of Employment: _____

Name of Insurance Company: _____ Insurance Group #: _____

Insurance Company's Address: _____ Phone #: _____

I authorize the dentist to release any information including the diagnosis and records of treatment or examination for myself and my dependent(s) to third party insurance carriers, payors, and/or healthcare practitioners.

Signature of Parent/Guardian

Date

TAZEWELL COUNTY PUBLIC SCHOOLS DENTAL SCREENING PROGRAM

To the Parent/Guardian of: _____

School: _____ Teacher: _____ Grade: _____

Your child participated in a basic look and score dental screening that assessed their overall oral health status. This screening was not meant to take the place of a thorough dental examination from a dentist that could reveal additional treatment needs. The results of the screening may be subject to interpretation since no dental x-rays were taken. If your child is under the care of a dentist, we want to encourage you to continue to seek regular dental checkup appointments to maintain good oral health.

DENTAL SCREENING RESULTS

- 1. Your child has an abscess, infection, pain or other concerns and needs to see a dentist immediately.
- 2. Your child has obvious decay or other dental concerns that require treatment. We suggest your child see a dentist to have a complete examination with treatment to prevent pain, loss of teeth or other possible serious conditions.
- 3. Your child has no obvious dental issues. However, please see that your child is seen by a dentist twice a year for a complete dental examination.

IF YOUR CHILD RECEIVED A DENTAL EXAM IN THE PAST 6 MONTHS...SIGN BELOW AND RETURN!!

My child has been seen and treated by his/her dentist, Dr. _____ and will not require any dental program services at this time.

Parent/Guardian Signature

If your child is not under the care of a regular dentist or has not received a dental checkup in the past 6-7 months, we strongly recommend you make an appointment with a dentist or allow your child to participate in the dental program offered through the school.

Tazewell County Public Schools dental program will allow your child to be transported, with supervision, by school bus, van, etc., to our participating local dental office. Your child will receive a comprehensive exam, cleaning and needed treatment.

The consent for the transportation option requires your signature to the information found on the reverse side of this form. You will need to complete all forms with accurate information and return to the school.

IF YOU WANT YOUR CHILD TO PARTICIPATE...COMPLETE BACK & ATTACHED FORMS!!

PERMISSION TO TRANSPORT

Tazewell County Public Schools are providing supervised school transportation for your child, to and from the dental office during school hours. The children will ride aboard a supervised county school bus or approved vehicle. If your child is participating in the program, a notification will be provided to you before the child's scheduled dental visit. Please understand however, in the event, that we have your child scheduled and we do not receive a response from the notification, we will transport your child if you have signed the transport permission statement below.

I give permission for my child, _____, to be transported by the Tazewell County Public School System. I understand my child will be taken from the school to the dental office and brought back to the school after his/her dental treatment. I understand that for the safety of my child and the other children being supervised, parents are not allowed to attend the appointment, nor are students to be picked up from his/her dental appointment. They will be required to return to the school on the transportation that the school provides.

Parent/Guardian Signature

Date

PERMISSION FOR DENTAL TREATMENT

Tazewell County Public Schools and our participating Dental Offices would like to render dental services to your child. Our goal is to help your child achieve good oral health and empower them with the knowledge to maintain and sustain it. Your child needs some basic dental care, which may include the following procedures:

- Dental cleaning, fluoride application and radiographs (x-rays) as necessary***
- Application of sealants to dental fissures***
- Restoration of decayed or broken teeth***
- Treatment of infected teeth or gums***
- Simple extractions if needed***
- Application of Nitrous Oxide (laughing gas) if needed***

Because your child is a minor, it is necessary to have your signed permission. Your signature affixed below authorizes examination and treatment as necessary and the use of procedures the dentist may deem necessary during the performance of his services.

I give permission for my child, _____, to receive dental treatment. I do hereby request and authorize the dentist and dental staff to perform necessary dental services for my child, and any services deemed advisable by the dentist, even though I am not present during dental treatment.

Parent/Guardian Signature

Date

Home Phone #

Cell Phone #



FAMILY PRESERVATION SERVICES
Preliminary Individualized Services Plan

Client's Full Name: _____ Date of Assessment: _____

Choose Program or Services: _____ Other: _____

Individualized Goals Identified During the Assessment:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Supportive Services Identified During the Assessment:

Coordination of Care:

1.	
2.	
3.	

Safety/Crisis Management _____

Fall Risk (if applicable) _____

Discharge Planning _____

1. _____
2. _____
3. _____

This Preliminary Individualized Services Plan serves as the guide for services until the Comprehensive Individualized Services Plan (C-ISP) is completed and signed. The completion of the C-ISP occurs no later than 30 days from the first day we provide services authorized by the MCO. The client's clinician will work with the client, guardian (s), and other professionals involved to develop a plan that includes goals, measurable objectives, target dates, and plans of intervention.

I understand that Family Preservation Services, Inc. will only begin to work on the goals indicated in this Preliminary ISP once services are authorized and signing this plan does not guarantee that services will be approved.

Client Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Staff please complete following verification upon service authorization approval:

Service Authorization Start Date: _____ Staff Signature: _____



Communities In Schools of Southwest Virginia Consent Form

Student Name _____

Grade _____

School Name _____

Your permission is needed for your child's participation in programs and/or services through Communities In Schools of Southwest Virginia (CIS of SWVA). Any information gathered for the purposes of service implementation and/or evaluation by CIS will be held in confidence.

By signing this form, I state:

- I am the legal guardian, parent and/or caregiver of the above named student.
- I give consent for (the above named student):
 - Participation in this program/service and other services specified in his/her Individualized Service Plan (ISP), which may include referrals to other agencies.
 - Conducting of interviews, tests, and surveys for evaluation purposes.
 - Publicity activities including photos, interviews, audio and visual recording.
 - Transportation on field trips, appointments, meetings and other activities.
 - Emergency medical treatment from any local hospital, urgent care center or by a licensed health practitioner in the event of illness, accident or emergency.

In order for services and benefits to be provided effectively, agencies must be able to exchange information. By signing this form, I am allowing agencies to exchange certain information so it will allow them to effectively work together to provide or coordinate these services or benefits. I understand the following confidential information about the client and family may be exchanged. I will also provide this information regarding my family's status upon request by the CIS Site Coordinator.

- Financial information
- Current government assistance information (including, but not limited to, enrollment in SNAP, TANF, WIC, etc...)
- Educational records
- Medical/Psychological/Psychiatric records (Including medical and mental health diagnosis)
- Housing information

The CIS of SWVA Site Coordinator and the CIS School Support Team may exchange information with the following in order to provide services and obtain information about available resources.

- Tazewell County Public Schools
- Family Preservation
- Cumberland Mountain Community Services
- _____
- _____

I may revoke this consent to exchange information at any time by contacting the site coordinator assigned to this case. I will not hold Communities In Schools of Southwest Virginia, and/or Tazewell County Public Schools or any other authorized agency/organization liable in the event of illness, accident, emergency or negligence on the part of the participant.

PLEASE PRINT BELOW

Student Gender: Male Female Student Date of Birth: _____

Parent/Guardian Name: _____ Phone: _____

Address: _____

Cell/Other: _____ Email: _____

Parent/Guardian Signature: _____ Date: _____

This form is valid for one (3) year from date of signature.

Dear Parents/Guardians,

Your child has the opportunity to participate in a program at Richlands Middle School. This program, sponsored by United Way of Southwest Virginia is called "Backpacks Unite". The mission of Backpacks Unite is to help alleviate childhood hunger in Southwest Virginia by providing children with nutritious and easy to prepare food at times when other resources are not available, such as weekends. The program provides bags filled with food that are child friendly, nonperishable, and nutritious. Bags are discreetly distributed to children in their backpacks on Friday afternoons.

This program is completely confidential. Students will not be identified as participating and will be given their bags of food prior to dismissal on Friday afternoons throughout the academic school year.

In order for your child to participate in this program, we need your permission. Please indicate below if you will consent to your child receiving the bags of food and return this letter by Friday, August 30, 2019.

I _____, grant permission for my child, _____, to receive food as a participant in the Richlands Middle School Backpacks Unite Program. Please list any allergies or other concerns regarding the food or the program in the area provided below.

By consenting to my child to be a participant in the Backpacks Unite Program, I also agree to waive any and all claims that I might have against United Way Southwest Virginia, Richlands Middle School, or Food City related to or as a result of my child's participation in the Backpack Program.

Parent/Guardian Signature

Date

If you have any other questions or would like additional information concerning this program, feel free to contact the following:

Jeannie Phillips, Richlands Middle School Guidance Counselor 963-5370

_____/_____/_____
Date

Dear Parent/Guardian,

A "Partnership Agreement" was made between Tazewell County Public Schools (TCPS) and James Madison University's (JMU) Institute for Innovation in Health and Human Services (IHHS) Teen Pregnancy Prevention (TPP) program on May 01, 2017. The TPP program is being implemented statewide in Virginia and targets students who are attending or have attended an alternative school program, juvenile detention program, or community supported program that works with at-risk youth. The group that is under consideration in the Tazewell County Public School Division includes students grades 9-12 who are currently enrolled.

The name of the program the students will be participating in (should the parents and students so choose) is called **Vision of You** and is implemented solely by JMU. Attached is a letter provided by JMU'S TPP that explains the purpose and design of the **Vision of You** program and the importance of your child's participation. Each participants confidentiality is protected by the security measures and procedures put in place by JMU's Institutional Review Board (IRB) and is also explained on the back sheet of the first page of your letter. This program will not be offered to any other group of students that attend Tazewell County Public Schools.

Participation is solely voluntary. There is no requirement for any student to participate. Those who participate can work at their own pace and quit the *Vision of You* program anytime they wish.

The benefits of the program can only be measured by parent and student. Each student will have the opportunity to learn pertinent information that is factual, well researched, presented by professionals, and professionally taught. The context of information will be provided in reading material, videos, assessments, and question and answer segments. Each student will be provided a username and password to access the program online. Should a student need a computer at school to participate, one can be provided.

Tazewell County Public Schools had an excellent Family Life instructor who canvassed all schools grades three (3) – twelve (12) and taught a progressive understanding of the emotional, cognitive, physiological, sociological, and ethical aspects of human sexuality. Through the instructor's efforts over a period of years, teen pregnancy in Tazewell County plummeted from double digits to single digits. The results were directly attributed to the instructor's extremely well developed, viable, educational, and factual plan. However, Family Life in Tazewell County Public School today is not as in-depth as it once was, unlike the **Vision of You** program which closely mimics the Family Life program TCPS once had.

Should you and your child decide to participate:

Please read the enclosed letter, sign on the appropriate lines, complete the ***Participation Information Sheet***, and return to your school's guidance counselor along with your child's signed ***Student Informed Assent*** sheet. (can be carried by the student). Students can then begin setting a time frame for completing the program. Monetary incentives will be offered for parent who complete the parent permission information and to students who complete three (3) surveys after completing the program. The Assistant Principal of your school, who is the contact person for IHHS, will provide you with further information regarding the program and its incentives.

Should you have questions, please feel free to contact me.

Sincerely,

Gary O. Williams, ED. D.
Director of Special Programs
Tazewell County Public Schools
(276) 988-5511 Extension: 2215
gwilliams@tazewell.k12.va.us

Parent | Guardian Informed Consent —

Program Participation and Questionnaire Administration

Dear Parent/Guardian,

The Virginia Personal Responsibility and Education Program Innovative Strategies (VPREIS) is partnering with multiple community groups to implement the ***Vision of You*** program. This program is designed to address the adulthood preparation subjects of healthy relationships, healthy life skills, adolescent development, and adult-child communication. It will emphasize both abstinence and contraception.

Program Participation

The Vision of You program is an interactive, self-paced online intervention. The program addresses the following topics:

- **Healthy Relationships:** teens examine the elements of pro-social relationships, the dynamics of healthy relationships, friendships, family and romantic relationships, setting and maintaining healthy boundaries, and gain conflict resolution skills.
- **Development and Human Sexuality:** teens learn about emotional and physical development that occurs during adolescence, as well as human sexuality. The curriculum provides information on abstinence as the safest way to not become pregnant/father a child and to remain free from any sexually-transmitted infections. Information on the reproductive process and contraception is also provided so that teens can make informed decisions about their sexual activity.

CONSENT

By signing this consent form, you are letting us know that you have read it and are at least 18 years of age. Also, you have asked any questions you have about the program, and give permission for your child to participate in the Vision of You program. You will receive a signed copy of this consent.

Your Child's Name

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Date

Program Evaluation by VPREIS for the *Vision Of You* Program

We are participating in program evaluation research on this program so that we can learn how effective it is for the youth in our community. We desire to invest our resources in programs that are shown to be effective. With your permission, your child will be asked to complete a questionnaire at the beginning and the end of the program. Your child may also be asked to fill out the questionnaire again once a year for up to three years. This process will take about 15 minutes to complete.

Questionnaire Procedures

Answering questions should take about 15-20 minutes. Most of the questions are multiple choice. This is not a test. There are no right or wrong answers. If your child prefers, they can have the questions read to them instead of reading the questions themselves.

All of the answers provided are confidential. We will not include any information with these surveys that will allow anyone outside the program evaluation staff to know which answers are your child's.

- The questionnaire is voluntary. You do not have to agree to allow your child to take the questionnaire in order for them to participate in the program.
- Health information: Pregnancy, parenting
- Sexual behavior: Frequency of sexual interactions and contraception use

I understand VPREIS uses the participants' responses to improve the Vision of You program. I understand that survey and data collection is voluntary and that my child may choose to participate or discontinue participation at any point in the process without risk of losing VPREIS programming. I am also aware VPREIS will not require my child to disclose more information than is reasonably necessary to participate in the Vision of You program as a condition of participation. I am aware VPREIS will use and may share responses with third parties to market the Vision of You program to increase awareness and funding and that VPREIS will not disclose my child's identifying information to third parties or program staff. I also understand that the associated risks for my child to participate in this survey are minimal and will not exceed any discomfort that may be found in any daily life situations when answering routine survey questions.

By signing this consent form, you are letting us know that you have read it, you have asked any questions you have about the questionnaire, and that you are at least 18 years of age. Signing this form will not affect your child's participation in the VPREIS Vision of You program. You will receive a signed copy of this consent. **Upon signing "Yes" or "No" to your child's consent to participate or not participate, you will receive a \$10 gift card from VPREIS.**

Your Child's Name

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Date

Student Informed Assent --

Questionnaire Administration

Dear Student,

We are participating in program evaluation research on the Vision of You program so that we can learn how effective it is for the youth in our community. You will be asked to complete a questionnaire four times over the next year. This process will take about 15 minutes to complete, each time you take a questionnaire.

Questionnaire Procedures

Answering questions should take about 15-20 minutes. Most of the questions are multiple choice. This is not a test. There are no right or wrong answers. If you prefer, you can have the questions read to you instead of reading the questions yourself.

All of the answers provided are confidential. We will not include any information with these surveys that will allow anyone outside the program evaluation staff to know which answers are yours.

- The questionnaire is voluntary. You do not have to agree to take the questionnaire in order for you to participate in the curriculum.
- If you do participate in the questionnaire, you may decide to skip any questions that you do not want to answer. You may stop at any time.

Potential Benefits of Participating in the Questionnaire

- The staff at the Teen Pregnancy Prevention program at the Institute for Innovation in Health and Human Services will learn about the effectiveness of the Vision of You program.

Potential Risks of the Participating in the Questionnaire

- If you feel like the questionnaire is taking too long, is making you upset, you get tired, or if for any other reason you want to stop, you may do so at any time.

Confidentiality

All of the answers that are given as part of this questionnaire will be kept private. They will only be available to people involved with the project, except when required by law. There are two exceptions: 1) if you reveal that you are a danger to yourself or others; 2) if you reveal abuse committed against a child. In either of these cases, we must report it to the appropriate authorities.

Although identifying information is collected from the participants, it is used to track changes in responses over time and is never aligned with specific responses. Therefore, your answers will never be identified as belonging to you. All computer-based forms and surveys will be kept in a password-protected database and will be permanently deleted after five years. All paper-based forms and surveys will be stored in a locked cabinet for five years and then shredded.

By signing this form you are allowing other people who work on the survey to see your answers to the survey. No one outside the program evaluation staff will know that the information is about you.

Voluntary Participation in / Withdrawal from Questionnaire

Whether or not to participate in this questionnaire is completely up to you and your parent / guardian. You can decide to stop the questionnaire after you start. Participating in the questionnaire will not affect your participation in the Teen Outreach Program. If you have any questions about this questionnaire, you can contact the Principal Investigator, Kim Hartzler-Weakley, Director of the Office on Children and Youth at James Madison University at 540-568-7083. If you have any questions about protecting your privacy on this survey, please call Dr. Amanda Dainis (Program Research Evaluator) at James Madison University (540-568-2559). If you have any questions regarding your rights as a research subject, please contact Dr. David Cockley, Chair of the Institutional Review Board, JMU, at 540-568-2834. Phone calls to area codes outside your own may involve toll charges.

Incentive

For your participation in the questionnaires, you will receive three gift cards: a \$10 gift card for Questionnaire 2, a \$15 gift card for Questionnaire 3, and a \$20 gift card for Questionnaire 4.

ASSENT

By signing this consent form, you are letting us know that you have read it, you have asked any questions you have about the questionnaire. Signing this form will not affect your participation in the program. You will receive a signed copy of this consent.

Your Name

Your Signature

Date

Participant Information Sheet

Name: _____ **Date:** _____

Site: _____

Grade (circle one): 9 10 11 12 **Age:** _____

Gender: Male Female Transgender -Gender Nonconforming/Gender Queer

I prefer not to answer

Ethnicity (check one):

- Multi-racial (specify which group(s) you identify with): _____
- African-American
- Asian/Pacific Islander (Asian American)
- Caucasian/White
- American Indian, Native Alaskan, or Eskimo
- Latino/Hispanic
- Middle Eastern
- Other (specify): _____

Contact Information

Home Address: _____

Home Phone: () _____

Cell Phone: () _____

Email Address: _____

Is there another way you prefer to communicate with people?

- Facebook Name: _____
- Instagram Name: _____
- Snapchat Name: _____
- Twitter Handle: _____
- Other: _____