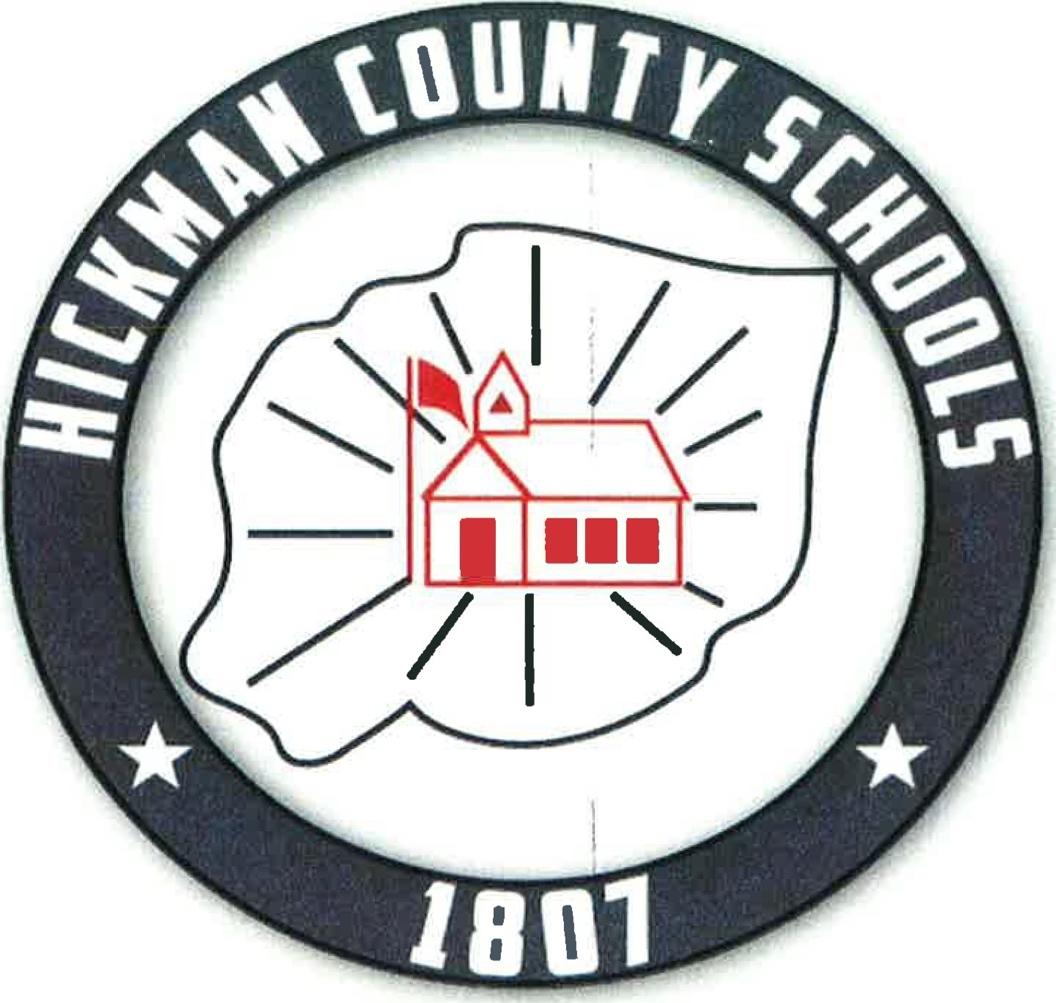
Hickman County Schools

Administrative Procedures Manual



Updated 5/7/2025

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| **Hickman County School System** | |
| **Code of Ethics** | **1.106AP** |

Conflict of Interest Disclosure Statement

Instructions: This form is for reporting personal interests required to be disclosed under Section 3 of the Code of this school system. Officials and employees are required to disclose personal interests in matters that affect or would lead a reasonable person to infer that it would affect the exercise of discretion of an official or employee.

1. Date of Disclosure:
2. Name of official or employee:
3. Office and position:
4. Description of personal interest (describe below in detail):

Signature of official or employee Witness Signature

Printed name of Witness

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| **Hickman County School System** | |
| **Board Member Conflict of Interest and Nepotism** | **1.107AP & 1.108AP** |

Conflict of Interest Statement

Because my \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is an employee of the Hickman County School System, I have a conflict of interest in the proposal about to voted on. However, I declare that my argument and my vote answer only to my conscience and to my obligation to my constituents and the citizens the Board represents.

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| **Hickman County School System** | |
| **Nepotism** | **1.108AP** |

**Nepotism**

If two (2) or more employees who are relatives within the same direct line of supervision, or become within the same direct line of supervision by marriage or promotion, the director of schools will resolve this issue by either a transfer of one (1) of the employees or devise an alternative evaluation plan for one (1) of the employees if a transfer is not feasible or is not in the best interest of students.

When a transfer is not feasible or is not in the best interest of students, the following procedures will be followed:

1. Time sheets and other personnel records will be signed by an administrator and/or supervisor that is not considered a "relative" of the employee as described in TCA 49-2-202 (3)(iii).
2. Evaluation of employees will be conducted by an administrator and/or supervisor that is not considered a "relative" of the employee as described in TCA 49-2-202 (3)(iii).
3. Complaints or concerns regarding school employees will be investigated by an administrator and/or supervisor that is not considered a "relative" of the employee as described in TCA 49-2-202 (3)(iii).
4. The findings of investigations regarding complaints regarding school employees will be reported to an administrator and/or supervisor that is not considered a "relative" of the employee as described in TCA 49-2-202 (3)(iii).

Employees considered for employment by the Director of School for initial employment and related to a member of the Board, the director of schools, an administrator in the system, a county commissioner, or any appointed or elected official, the relationship shall be publicly made known to the Board prior to the employment of such person and noted in the Director’s Report.

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| **Hickman County School System** | |
| **Consultants** | **1.103AP** |

Consultants that wish to enter into a working agreement with the body of the Hickman County Board of Education will submit in writing a memorandum of understanding or a contract to include services to be provided, the fee that will be charged for the services, the timeline for the memorandum of understanding or the contract, and the method used to deliver the results or product for the Board.

In order to promote an efficient working relationship, consultants will also submit methods of communication and ways to complete the objectives with the Board as a collective unit.

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| **Hickman County School System** | |
| **Agendas** | **1.403AP** |



Hickman County Schools Board Agenda Item Request

Date:

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­­­­­­­­­­­­­­­­­­­­­­

Item Request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attachments (if necessary and appropriate):

Signature of Person requesting to be placed on the agenda: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Building Principal or Director of Schools: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Hickman County School System** | |
| **Appeals to and Appearances Before the Board** | **1.404AP** |

Request to Appear before the Hickman County Board of Education

The Board of Education has added a period of public comment to each board meeting for a period not longer than 15 minutes, with each speaker being allocated 3 minutes each.

A sign-up sheet will be available one hour prior to each regular board meeting for those requesting to speak to write their name and address.

The Board Chair will recognize speakers.

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| **Hickman County School System** | |
| **School District Records** | **1.407AP** |

Public Inspection Records of the District, except those specifically exempted by statute, are open to public inspection at the office of the superintendent of schools and other offices where records are stored throughout the District.

Examine/Obtain Copies:

Requests to inspect or receive copies of records shall be submitted to the student data base administrator, the district's public records request coordinator. Citizens requesting to inspect public records shall submit a records request form, along with a government issued photo identification card with the citizen's address. The records request form can be submitted in person or through email.

A fee of $0.15 per page will be assessed to copy records and an invoice will be provided to the citizen detailing the charges.

[Records Request Form](https://www.tn.gov/content/dam/tn/workforce/documents/unemployment/Records%20Request%20Form.pdf)

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| **Hickman County School System** | |
| **News Releases, News Conferences, and Interviews** | **1.503AP** |

The Director of Schools is the coordinator of the public information program in the district.

The following procedures shall be followed by the principals and other Board employees in communicating the district's program to the public:

1. Information given shall be in terms readily understood by most persons.
2. Information must be honest and factual.
3. Information shall be comprehensive and balanced.
4. Information shall be continuous and express clearly the immediate and long range goals, achievements and needs of the district.
5. The program shall provide for a flow of information from the community to the schools and shall reflect the community's expectations and concerns for its schools.
6. The program shall be evaluated as needed to determine its effectiveness.

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| **Hickman County School System** | |
| **Policy development and Adoption** | **1.600AP** |

Board Policy Adoption or Review Request

Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Review of Present Policy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Development of New Policy \_\_\_\_\_\_\_\_\_\_\_\_

Person making request \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for request \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Description to action requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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FOR OFFICE USE ONLY:

DATE REQUEST RECEIVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BOARD CONSIDERATION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BOARD ACTION TAKEN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Hickman County School System** | |
| **Section 504 and ADA Grievance Procedures** | **1.802AP** |

Section 504 Due Process Hearing Request

Student's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth:\_\_\_\_\_\_\_\_

Student's Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian's Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian's Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am requesting that a Section 504 Due Process Hearing be scheduled regarding the following issues:

Section 504 Identification:

Section 504 placement:

Parent/Guardian/Authorized Representative Signature Return this form by FAX or MAIL to:

Shelda Qualls

Hickman County Board of Education 115 Murphree Avenue

Centerville, TN 37033

Phone (931) 729-7730

Fax (931) 729-3834

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

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| **Hickman County School System** | |
| **Tobacco Free Schools** | **1.803AP** |

#### Hickman County School System Tobacco Free Schools Procedure

The use of tobacco in any form is prohibited during school hours on school premises and school buses during transportation to and from school and school activities.

Penalties: Under 18: 1st Offense:

* Phone call to parents
* 2 days ISS
* SRO gives petition or citation 2nd Offense
* Phone call to parents
* 3 days ISS
* SRO gives petition or citation 3rd Offense
* Phone call to parents
* 5 days ISS
* SRO gives petition or citation

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Over 18: 1st Offense:

* 2 days ISS 2nd Offense
* 3 days ISS 3rd Offense
* 5 days ISS

It is recommended that the student's parents be closely involved. It is also recommended that students watch the "Spit this" video and write a one page report on why tobacco is harmful.

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| **Hickman County School System** | |
| **Registered Sex Offenders** | **1.808AP** |

Rights and Responsibilities Of Registered Sex Offenders

Individuals registered as sex offenders in Tennessee or any other state are prohibited from the premises of any school in this district, except for the limited circumstances as a parent or guardian stated in this procedure.

**Rights of Parents/Guardians**

As a parent or guardian, a registered sex offender may:

* Attend a conference with school officials with the written permission or request of the school's principal, a signed contract on file, and written documentation of the parent's offender status on file.
* Remain in the vehicle to drop off or pick up his/her child or children enrolled in the school with the written permission or request of the school's principal, a signed contract on file, and written documentation of the parent's offender status on file.

NOTE: These rights are forfeited if the victim of the offender's sexual offense is enrolled in or employed at the school as stated in Tennessee Code Annotated (T.C.A. 40-39-201 (d) (3).

**Responsibility of Parent/Guardian**

As a parent or guardian a registered sex offender must

* Remain at least 1,000 feet away from any school property line or school-sponsored event.
* Provide written notice of the parent's offender status to the school's principal or a school administrator upon enrollment of his/her child or conviction of a sexual offense.
* Participate in an initial conference with the principal to learn the requirements of the rights listed.
* Sign a contract with the principal of the school.
* Remain at 100% compliance of the requirements recorded in the contract or be charged

**with** violation of T.C.A. 40-39-211.

**Rights of the Principal**

The principal may

* Obtain current and accurate public information about the registered sex offender as listed in T.C.A. 40-39-206 (e) (1-3), Public Information for Registered Sex Offender.
* Request the sex offender leave campus.
* Seek support from local law enforcement.

**Responsibilities of the Principal**

The principal must

* Protect the privacy of the child of the sex offender.
* Conference with the parent/guardian who is a sex offender to discuss the rights and responsibilities of all parties and develop a contract of limited involvement.
* Immediately report any violations to the contract to law enforcement.
* Instruct staff to inform the principal if he/she obtains knowledge of a registered sex offender.

NOTE: Principal and staff do NOT have the responsibility for searching the sex offender registry for any person who may be on the grounds.

**Contract with Parent/Legal Guardian-1.808AP**

**Registered Sex Offender**

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PrincipaI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:

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

Phone Number(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Cell: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work:\_\_\_\_\_\_\_\_

**Child/Children Information:**

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| --- | --- | --- | --- | --- |
| **Name** | **Grade** | **Address** | **Residential Parent/Guardian Phone Numbers** | |
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**Directions for Completing the Contract: Principal/Designee:**

* Provides the parent/legal guardian with a copy of Board Policy 1.808 and Administrative Procedure 1.808: Rights and Responsibilities of Registered Sex Offenders
* Reviews all of the rights and responsibilities listed in the document with the parent/legal guardian, and
* Checks the parent/legal guardian's understanding of each right and responsibility by questioning or providing the opportunity to request clarification.

**Parent/Legal Guardian:**

* Reads or listens to an oral reading of Board Policy 1.808 and Administrative Procedure 1.808: Rights and Responsibilities of Registered Sex Offenders and
* Asks questions for clarification of the listed rights and responsibilities.

Signatures:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The principal/designee's signature documents that the principal/designee reviewed all items with the parent/legal guardian, checked for understanding, and provided the opportunity for him or her to ask questions for clarification.

Principal/Designee Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The parent/Legal Guardian's signature documents that he or she understands all of the rights and responsibilities listed in Administrative Procedure 1.808: Rights and Responsibilities of Registered Sex Offenders and agrees to comply with all responsibilities and requirements listed.

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Hickman County School System** | |
| **Gifts and Bequests** | **2.401AP** |

Hickman County Schools Record of Gifts and Bequests

|  |  |  |
| --- | --- | --- |
| Item | Name of Donor | Estimated Value |
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| **Hickman County School System** | |
| **News and Information Website for Legal Notices** | **2.403.2AP** |

When a legal notice is required to be published in a newspaper of general circulation, whether by state law or board policy, the notice shall also be published on a news and information website.

To be classified as a news and information website, the following criteria shall apply to the website:

1. Has a URL;
2. Has been published continuously for the previous twelve-month period;
3. Has been published using recognized standards of professional journalism;
4. Must have content revised on a regular basis not less than three (3) times per week;
5. Has a fixed title or name and date lines and complies with and abides by all copyright laws;
6. Does not serve primarily as a platform to promote the interests or opinions of a special interest group, individual, or cause;
7. Is principally devoted to the dissemination of local or general news with at least fifty percent (50%) of all editorial content reported being original, excluding advertisements;
8. Exists and is registered pursuant to state law with the Secretary of State;
9. Must have an office of publication based in the county in which the notice is required to be published;
10. Is available and open to the public where business is transacted during usual business hours;
11. Maintain a telephone number and email listing; and
12. Includes in each updated publication the contact information of the news and information website.

To ensure compliance, the District shall publish any legal notice on the <https://hickmancountytimes.com/> website.

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| **Hickman County School System** | |
| **School Support Organization** | **2.404AP** |

**School Support Organizations Administrative Procedures**

1. Any agreement between the Board and a school support organization shall be in writing and signed by the director or the director's designee and an authorized agent of the school support organization seeking authorization. This agreement shall contain, at a minimum, the following provisions: a. An agreement to abide by any policies and procedures regarding school support organizations; and, b. An agreement to indemnify the Board, the director and all other agents of the local education agency for the actions of the school support organization.
2. Prior to entering into any agreement, a school support organization shall submit the following to the director or the director's designee:
   1. Documentation confirming the school support organization's status as a nonprofit organization, foundation, or a chartered member of a nonprofit organization or foundation;
   2. A written statement of the goals and objectives of the group or organization;
   3. The principal contact telephone and address, as well as the telephone number, address, and position of each officer of the group or organization; and,
   4. A copy of the school support organization's written policy specifying reasonable procedures for accounting, controlling, and safeguarding any money, materials, property, securities, services, or other things of value collected or disbursed by it.
3. School Support Organizations will submit a list of current officers and bank statements annually by July 1 and attend financial training provided by the school system in order to remain active and to be considered for the approval of fundraisers.
4. The school support organization shall abide by all applicable Federal, State and local laws, ordinances and regulations in its activities.
5. The school support organization shall maintain a copy of its charter, bylaws, minutes, and documentation of its recognition as a nonprofit organization. 6. The school support organization shall maintain financial records for a period of at least four (4) years.
6. The school support organization shall operate within the applicable standards and guidelines set by a related state association, if applicable, and shall not promote, encourage or acquiesce in any violation of student or team eligibility requirements, conduct codes or sportsmanship standards.
7. The school support organization's officers shall ensure that school support organization funds are safeguarded and are spent only for purposes related to the stated goals and objectives of the organization.
8. The school support organization shall obtain the approval of the director or the director's designee before undertaking any fundraising activity. The director of the director's designee shall consider, at a minimum, the following when approving or denying a request by a school support organization to engage in a fundraising activity:

Whether the fundraising activity, as scheduled, conflicts with the fundraising activity of the school district or an individual school within that district; and,

* 1. Whether the fundraising activity is consistent with the goals and mission of the school or school district.

1. The school support organization shall provide access to all books, records, and bank account information for the school support organization to officials of the local school board, local school principal, or auditors of the office of the comptroller of the treasury upon request.
2. A school representative cannot act as a treasurer or bookkeeper for a school support organization or be a signatory on the checks for a school support organization. A majority of the voting members of any school support organization board should not be composed of school

Representatives.

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| **Hickman County School System** | |
| **Fundraising Activities** | **2.601AP** |

Fundraising Activities

Fundraisers serve the purpose of supplementing programs and not supplanting what is required of the Board of Education. Fundraising activities must be requested and approved by the Principal and the Director of Schools. Fundraiser requests must be approved and submitted in the packet for the Board of Education prior to the monthly board meeting. Fundraisers must be approved and submitted to the board of education prior to commencing in the fundraising activity.

In May of each year, principals shall submit an account of fundraising for the school for the year to the Director of Schools.

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| **Hickman County School System** | |
| **Inventories** | **2.702AP** |

Inventory Procedures

Equipment Procedures

Equipment is defined as all items with a unit cost of $5,000.00 or more and a minimum useful life expectancy of three years. Freight charges and installation cost should be included as a cost of equipment. Sensitive minor equipment is defined as items purchased with a cost of between $100.00 and $4,999.99. This include sensitive items such as computers, external computer peripherals, etc.

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| **Hickman County School System** | |
| **Student Activity Funds Management** | **2.900AP** |

Student Activity Funds Management

Whatever the source, all student activity funds shall be under the jurisdiction of the Board and under the specific control of the school principal.

Contracts with fund-raising agencies must comply with board policy and be approved in writing by the director of schools. Budgets for these accounts shall be submitted by October 1.

Principals and/or sponsors who knowingly authorize/allow unapproved fund-raising activities shall be subject to disciplinary action. Student activity funds shall be deposited in respective school activity accounts. Proper records of receipts and disbursements shall be maintained in accordance with the Tennessee Internal School Uniform Accounting Policy Manual. Revenue raised for specific purposes must be expended for that purpose, unless otherwise authorized in writing by both the activity group sponsor and the principal.

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| **Hickman County School System** | |
| **Safety** | **3.201AP** |

Administrative Procedures

It is not permissible for animals to be brought to school by students and/or employees.  Some students and/or employees have a fear of animals, some have severe allergies, and animals, by nature, are unpredictable in their behavior

and could cause a liability concern for our schools.

This procedure does not apply to trained service and or therapy dogs. In that case, the principal of the building should be contacted and the owner should have paperwork that will be presented to the principal of the building at the time of the request.

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| **Hickman County School System** | |
| **Emergency Preparedness Plan** | **3.202AP** |

Emergency Preparedness Plan (Emergency Operations Plan) (EOP)

A district and school level emergency operations plan (EOP) has been developed in coordination with local emergency response agencies and other appropriate stakeholders, including the following: police and fire departments, EMS, local medical facilities, administrators, staff, parents and students, school nurse(s), school resource officer(s), mental health agencies, school transportation personnel and other appropriate community representatives.

All district and school EOP's include the following elements: first responder team, postvention - . team, parent notification plan, plan for relocating and releasing students, designated primary

and alternate evacuation routes, planning for school-sponsored events, field trips, bus emergencies and on-site and off-site command posts.

District and school EOP's integrate a multi-hazard approach to planning and annually assesses the following hazards: classrooms, community, structural and non-structural. When present, the SRO (School Resource Officer) conducts and/or assists in these assessments.

The EOP has identified district and school safety teams with roles and responsibilities aimed at preventing, responding to and recovering from emergencies. Members included but are not limited to the following individuals: director of schools, administrators, staff, parents, school bus personnel and local emergency response agencies.

The EOP designates district and school-level coordinators. The names of these individuals have been communicated to local emergency response agencies, administrators, staff and students, and other appropriate individuals.

The district EOP has outlined a media response/communication plan.

All components of the district and school EOP are reviewed and revised annually based on deficiencies identified through drills, exercises, and actual implementation. Any new potential hazards, safety issues, and/or threats (based on yearly assessments) are accounted for in the EOP. Revisions to the EOP are made in coordination with all appropriate stakeholders and delivered to local emergency response agencies ensuring that a current plan resides with these agencies at all times.

***Hickman County Schools***

Automated External Defibrillator Policy and Procedure

Purpose: To provide guidelines for oversight and use in the Hickman County School System with regard to the implementation of rapid life support in situations where Sudden Cardiac Arrest (SCA) has occurred.

Training Requirements:

..Any employee that is expected to provide emergency care to a patient will be trained in CPR and AED use. This training will conform to the American Heart Association (AHA) Heartsaver AED standards.

Policy:

1. An Automated External Defibrillator (AED) will be maintained on the premises of:

|  |  |
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| East Hickman Middle School 9414 East Eagle Dr  Lyles, TN 37098 Hallway by office, Gym, Football Concession | East Hickman High School 7700 Highway 7  Lyles, TN 37098  Hallway by gym and cafeteria Hallway by office, CTE wing, Football Fieldhouse, Baseball Concession Stand |
| Hickman County Middle School | Hickman County High School |
| 1639 Bulldog Blvd | 1645 Bulldog Blvd |
| Centerville, TN 37033 | Centerville, TN 37033 |
| Hallway by office | Hallway by gym and concessions |
|  | Hallway by office |
| Centerville Elementary School  104 Mary Field Dr  Centerville, TN 37033  Outside of Office | East Hickman Elementary School  5191 Hwy. 100  Lyles, TN 37098  Outside of office |
| Centerville Intermediate School  110 Mary Field Avenue  Centerville, TN 37033  Outside of Office | East Hickman Intermediate School  5198 East Eagle Dr  Lyles, TN 37098 |
| Hickman County High- Building B  1645 Bulldog Blvd.  Centerville, TN 37033  Hallway |  |

1. The AED shall be used in emergency situations warranting its use by individuals specifically trained in the use of the device. If trained individuals are not on school grounds during an emergency, a member of the general public who is present may use the AED.
2. Program Coordinator will be the Coordinated School Health director.
3. Program Coordinator responsibilities may include, but are not limited to:
   * Planning/training staff for emergency situations
   * Coordinating CPR/AED training
4. School nurses responsibilities may include, but are not limited to:
   * Maintenance of the AED and equipment
   * Maintaining records of emergency events, and reporting AED use to Coordinated School Health
5. Medical directorship information: Dr. Zach M. Hutchens

DEA BHO223797

Medical license MD020420

1. EMS:

Allen Livengood

550 Highway 100

Centerville, TN 37033

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| **Hickman County School System** | |
| **Automated External Defibrillator (AED) Devices** | **3.202.3** |

Hickman County Schools AED Protocol for Use

The witness of first person to the scene will :

1. Call for help, call 911. Verify the scene is safe using universal precautions.
2. Assess the victim to verify that the victim is unconscious, not breathing, has no pulse, and that the AED is necessary.
3. Send someone to retrieve the AED.
4. Start CPR.
5. Do NOT use an AED if the victim is in water or wet as water acts as a conductor of electricity. Use a towel to dry the victim and /or move the victim to a safer area.
6. When the AED arrives, open it and turn it on.
7. Remove the victim's clothing from the chest and remove all metal including belts, necklaces, underwire bras, etc.
8. Observe the victim's chest for bulges which may indicate a pacemaker or internal defibrillator. Do not place electropads over bulges. Instead, place the electropad as close to the recommended site as possible.
9. Apply the electrode patches to the upper right chest and lower left chest in accordance with the pictures on the AED.
10. Follow the voice prompts to analyze heart rhythm.
11. Do NOT use alcohol to wipe a chest, as alcohol is flammable.
12. Make sure everyone is clear from the patient and press the shock button when prompted. The AED will reanalyze the patient and advise another shock if appropriate. There is no limit to the number of shocks that can be given, if advised by the AED.
13. Resume CPR as directed by the AED.
14. Send someone to meet EMS and bring them to the scene.
15. Continue to follow voice prompts and continue CPR until EMS arrives.
16. When EMS arrives, be prepared to give them the following information:
    * Patient's name
    * Known medical information
    * Timeline of the event
    * Any care given by the responders
    * Any other pertinent information
17. Following the event, the school nurse or Coordinated School Health director will deliver the AED incident report form to the medical provider, clean the AED, and replace any used supplies.

Hickman County Schools AED Report Form

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

Location/Address of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient’s Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_Male \_\_\_\_\_\_Female

Witnesses Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of on-site responder (s):

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CPR/AED Trained: \_\_\_\_\_Yes \_\_\_\_\_No

Responder’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CPR/AED Trained: \_\_\_\_\_Yes \_\_\_\_\_No

Responder’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CPR/AED Trained: \_\_\_\_\_Yes \_\_\_\_\_No

Responder’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was CPR given before the AED arrived? \_\_\_\_Yes \_\_\_\_No If Yes, how long? \_\_\_\_\_\_\_\_

Were shocks advised/given? \_\_\_\_Yes \_\_\_\_No If Yes, how many? \_\_\_\_\_\_\_\_

Were any problems/adverse effects encountered on the scene?

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

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Was CPR continued after AED? \_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_No

Condition upon arrival of EMS and outcome (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name of provider completing this report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

COPY OF REPORT SHOULD BE SUBMITTED TO COORDINATED SCHOOL HEALTH DIRECTOR, EMS DIRECTOR, AND MEDICAL DIRECTOR

AED MONTHLY CHECKLIST

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AED Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- |
| Month-Add date checked | Is the unit clean and undamaged? | Are pads connected and in date? | Turn the unit on and off and verify green  check. | Check for adequate supplies. | Signature and title of person Performing  check |
| July |  |  |  |  |  |
| August |  |  |  |  |  |
| September |  |  |  |  |  |
| October |  |  |  |  |  |
| November |  |  |  |  |  |
| December |  |  |  |  |  |
| January |  |  |  |  |  |
| February |  |  |  |  |  |
| March |  |  |  |  |  |
| April |  |  |  |  |  |
| May |  |  |  |  |  |
| June |  |  |  |  |  |

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| **Hickman County School System** | |
| **Automated External Defibrillator (AED) Devices** | **3.202.3** |

All schools are required to have AEDs to be used in a medical emergency and placed in a school or on school grounds in accordance with the cardiac emergency response plan (CERP).

Before placement of the AED, **Coordinated School Health (CSH) Director** shall seek the endorsement of a licensed physician as to the appropriate location of the AED and to the supervision of the placement.

**CSH Director** shall ensure that the AED is registered with the local emergency medical service provider and give the provider a copy of the written AED plan, written notice that the district has established an AED program, the location of the AED, and how the use of the AED is coordinated with the local emergency medical service system.

Any time an AED is used within a school, the local emergency medical service shall be summoned to provide assistance as soon as possible. The usage of the AED shall be reported to the supervising physician/designee and to the Department of Health.

**ACCESSIBILITY**

AEDs shall be identified by signage and accessible during the school day. If a school serves grades nine through twelve (9-12), the AED shall also be accessible during all school youth athletic activities. The AED shall be located on-site of the school youth athletic activity or placed and made available in an unlocked location on school property that allows for the AED to be used within three (3) minutes of a sudden cardiac arrest event.

**TRAINING**

The principal/designee shall ensure that any expected AED users receive training in a nationally recognized course approved by the Department of Health, such as the American Heart Association, on AED use, first aid, and cardiopulmonary resuscitation (CPR).

**AED PROGRAM**

**CSH Director** will establish and adhere to a program for the use of an AED that includes a written plan that contains the following:

1. The placement of the AED;
2. The individuals authorized to operate the AED;
3. How the AED will be coordinated with the local emergency medical service system;
4. The maintenance and testing that will be performed on the AED;
5. Any records that will be kept;
6. Any reports that will be made of the AED use;
7. A plan of action for proper action of the AED; and
8. Any additional requirements as set forth by the Department of Health.

**CARDIAC EMERGENCY RESPONSE PLAN (CERP)**

**CSH Director** shall work with the Board to develop a CERP that establishes the steps that should be taken in response to a sudden cardiac arrest event within the school building or on school grounds. The following factors shall be incorporated:

1. Align with the guidelines established by the American Heart Association;
2. Be implemented at each school;
3. Identify the number of AEDs that must be placed within each school building or on school grounds;
4. Establish a cardiac emergency response team at each school that is responsible for carrying out the CERP, including the response protocols each team is responsible for implementing and overseeing in a sudden cardiac arrest event;
5. Identify the training required for the cardiac emergency response team and for any teachers, administrators, or other district employees to assist in understanding the severity of sudden cardiac arrest events, educate on how to respond in such circumstances, and notify of the existence, content, and guidance available in the CERP; and
6. Incorporate information regarding AED training, notification, maintenance and testing of the AED, and the AED Program in to the CERP.

The CERP shall be reviewed annually by the Board, semiannually by each cardiac emergency response team, and no later than ten (10) days after a sudden cardiac arrest event occurs by the cardiac emergency response team and the Director of Schools.

The CERP shall be distributed annually to students, parents, teachers, administrators, and other district employees and posted prominently in each school building and on school grounds as well as on the district website.

**MAINTENANCE AND TESTING**

**CSH Director** shall ensure that the AED is maintained and tested in accordance to the manufacturer’s operational guidelines. Records shall be maintained as to all maintenance and testing performed on the AED.

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| **Hickman County School System** | |
| **Fire Alarm Activations** | **3.202.5** |

*General*

Each school within the district maintains alarm systems and regularly conducts a variety of drills throughout the year to direct the actions of students and district employees, including substitute teachers, part-time staff, and school volunteers, during certain events including, but not limited to, fire, inclement weather, and armed intruder/active shooter. Due to the different response procedures, students and district employees, including substitute teachers, part-time staff, and school volunteers, shall be notified of the type of emergency or threat occurring on school grounds in order to take appropriate safety measures.

**Hickman County School employees,** in consultation with the local fire department and law enforcement officials, determined that the causes below would activate the fire alarm system and have outlined the appropriate response for each cause. These procedures comply with applicable fire and building codes and shall be reviewed annually, and if needed, updated to ensure best practices are reflected for students and district employees.

District employees, including substitute teachers, part-time staff, and school volunteers, shall be trained annually as to the appropriate response procedures for fire alarm activations.

**FIRE**

Student and district employees, including substitute teachers, part-time staff, and school volunteers, shall be notified of an alarm activation for a fire by the sound of the fire alarm.

Response Procedures:

1. Follow the procedures as outlined in the school and district safety plan.

**INCLEMENT WEATHER**

Student and district employees, including substitute teachers, part-time staff, and school volunteers, shall be notified of an alarm activation for inclement weather by one of the following methods:

* Weather radio
* SRO
* Central Office
* Local TV station

Response Procedures:

1. Follow the procedures as outlined in the school and district safety plan.

**ARMED INTRUDER/ACTIVE SHOOTER**

Student and district employees, including substitute teachers, part-time staff, and school volunteers, shall be notified of an alarm activation in the event of an armed intruder/active shooter by intercom with the wording **“LOCKDOWN,LOCKDOWN,LOCKDOWN”.**

Response Procedures:

1. Follow the procedures as outlined in the school and district safety plan.

**INCIDENT**

Student and district employees, including substitute teachers, part-time staff, and school volunteers, shall be notified of an alarm activation for any other incident by intercom.

Response Procedures:

1. Follow the procedures as outlined in the school and district safety plan.

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| **Hickman County School System** | |
| **Risk Management and Threat Assessment Team** | **3.204AP** |

Risk Management

Risk Management is being committed to providing Hickman County Schools students, employees, and the community with an environment that is safe, healthy, and comfortable. The primary purpose is to assure so far as possible that all Hickman County School sites are free from recognized hazards.

Back Injury Prevention

Use proper lifting techniques: Squat close to the object Bend your knees

Hold object close to the body Keep back straight

Lift with your legs, not your back

Before lifting an objects, ask for help if it is needed. Use carts and dollies to move objects.

Do not overload boxes and trash cans (if you cannot lift it, someone else does not need to lift it.) New Employees

Employees new to the district will have safety orientation before they begin work: Discuss safety policies and procedures with the new employee.

Review accident reporting procedures and stress prompt reporting.

Demonstrate safe handling of any hazardous materials. Demonstrate lockout/tagout procedures on equipment the new employee will use.

Review personal protective equipment and its proper use.

Impress upon the new employee the organization's commitment to safety, the fact that accidents can be prevented, and what to do when unsafe conditions are observed.

Outdoor Playgrounds/Bleachers/Grandstands

Yearly inspection of bleachers and grandstands by a qualified person is required. A qualified person must be trained (employed by the manufacturer), a professional engineer, or an architect.

If you have any questions about your playground equipment/bleachers/grandstands, please contact Bill Lynch at 729-3391, ext. 2240.

Tennessee Risk Management Trust can also assist by sending loss control staff to look at your playground equipment/bleachers/grandstands. Mark Bilyeu and Chris Stites serve as a safety engineer and will provide a detailed inspection.

TNRMT/SEC loss control staff: Chris Stites --Middle Tennessee, (615) 289-4101, [cstites@sectn.com](mailto:cstites@sectn.com)

Safety Concerns

At any time a safety concern arises, anyone may make a report to School Administration (building level or Central Office). All reports will be investigated promptly.

The maintenance department has an online work order procedure to follow to report minor problems (non-working lights, broken fixtures, etc.)

Custodial issues (spills, breakage, etc.) should be reported as directed by School Administration. Custodies will then be notified and expected to respond promptly.

BLOOD is considered a hazard and must be cleaned up in the appropriate, approved manner. Report all cases of exposed blood immediately and keep students, staff, and others away from the area until custodial assistance arrives. Coordinated School Health may be able to provide additional staff training if needed.

Student Athletes

Hickman County Schools are part of the TSSAA and abide by their rules and regulations. Part of the TSSAA's safety concern is for student athletes who participate in outdoor activities.

Please consult the TSSAA heat policy to ensure the safety of our students. <http://tssaa.org/compliance-publications/heat-policy/>

Transportation

Hickman County students should not be transported to school activities in Hickman County employee personal vehicles unless approval has been given by School Administration. School Administration should verify proper licensing and insurance coverage.

No Hickman County employee should drive students in approved Hickman County vehicles without approval from School Administration. School administration should verify proper licensing and insurance coverage.

Any Hickman County employee driving an approved school use vehicle should be properly licensed and placed on the Hickman County Schools list of approved drivers for insurance purposes.

Under no circumstances should students transport other students.

Threat Assessments

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| Hickman County Schools | |
| **Operations of the Threat Assessment Team** | **3.204.1** |

The following members have been appointed to the threat assessment team for the school district:

**Student Safety & Support Supervisor**

**Hickman County Sheriff’s SRO Sergeant**

**Centerville City Police SRO Sergeant**

**Department of Homeland Security, Hickman County Agent**

**Juvenile Justice Youth Service Office**

**Hickman County Schools Behavioral Health**

**Other District Safety Personnel**

**TRAINING**

The Student Safety & Support supervisorwill be responsible for overseeing the training of the team. This training will be facilitated by the local law enforcement agency and mental health service providers (when available) on how to assess individuals exhibiting threatening or disruptive behavior and how to develop interventions for these individuals.

**OPERATIONS**

The school team will conduct threat assessments based on the dangerous or threatening behavior of individuals in the school, home, or community setting who present a threat to the health or safety of that individual or to others.

The assessment will take place in the following order:

1. Evaluate the threat – this includes collective information and conducting interviews;
2. Decide whether the threat is substantive – the threat will be considered and categorized as a certain level of risk;
3. If not substantive, respond to the threat – this doesn’t require a complete threat assessment; and
4. If deemed as substantive, assess the seriousness of the threat – this is determined by examining the severity of the threatened injury/action.
5. If deemed as substantive, the district threat assessment team will determine the appropriate method of intervention, diversion, and de-escalation of threats.

The response to the threat shall be handled in an appropriate manner, which would include notifying and protecting all potentially involved individuals, cautioning the individual who may carry out the threat of the consequences; and determine the appropriate management and discipline considerations to resolve the problem. Hickman County Schools district threat assessment team meets monthly to discuss, evaluate, and update regarding each individual situation.

*Special Education Students & Threat Assessment*

The use of a threat assessment is not intended to override the rights available to students with disabilities under federal law, including the right to a free appropriate public education and the right to a manifestation determination review.

To the extent possible, the district shall continue to provide a general education curriculum and services to students with disabilities as listed in their Section 504 plan or individualized education program (IEP) until the threat assessment is complete.

*Guidance and Best Practices*

During the school year, guidance will be provided to students, faculty, and staff on how to recognize, address, and report threatening or dangerous behavior. This guidance will also include best practices for the intervention and prevention of violence and will be in the form of student and teacher handbooks and shared at faculty meetings.

If someone within the school district becomes aware of this type of behavior, the following procedures shall be followed:

Step by step procedures are in place in individual school EOP’s.

Once a report is submitted to the team, the team will develop the appropriate course of action. Courses of action include, but are not limited to, the following: referrals to community services or healthcare providers, notification to the individual’s parent(s)/guardian(s), notification of law enforcement and emergency medical services, referral to support service, and monthly touchpoint meetings with the district threat assessment team.

*Post-Incident Assessment*

After an assessment or report has been resolved, the team will develop a post-incident assessment and evaluate the effectiveness and response of the school district to the incident.

The findings of this evaluation and the post-incident assessment shall be reported to the Director of Schools and will be taken into consideration when developing/modifying the district-wide school safety plan. If the assessment and evaluation are applicable to a specific school, the principal will be notified and will take these findings into consideration when developing/modifying the building-level school safety plan.

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| **Hickman County School System** | |
| **Security** | **3.205AP** |

**Security**

Security in each school is a priority. Building administrators are the front line responders for building security. Central Office personnel are available to assist in any way needed.

Simple security measures to follow should be:

* Keep classroom doors locked and closed at ALL times.
* Entrance doors should be locked at all times.
* All visitors shall check-in at the front office. Visitors’ driver’s licenses will be scanned in order to enter the school building.
* All visitors will be issued a visitor pass to make faculty and staff aware they have entered the school using appropriate methods.
* Faculty and staff should make contact with anyone they do not recognize.
* Faculty should know where their students are at all times.

Each school shall maintain security protocols for entrance to the building. Front entrance doors **will** be locked at all times. Activities outside of school hours should have procedures in place to monitor the behavior and appropriateness of everyone on school grounds. Outside school hour activities, all doors are to remain locked. If there is a need to have a door unlocked during the activity, a school employee must be stationed by the door at all times.

When student activities take place off school grounds each school should be certain that the proper number of chaperones are in attendance and that students are given directions on procedures to follow in case of an emergency or accident. Discretion should be used when chaperones are used who are not employed by the school system.

Each school bus in the school system is equipped with cameras and GPS monitoring.

In the event of an emergency our Hickman County 911 Operations center has immediate access to call out any needed emergency services.

Additional Information:

Centerville Police Department: (931) 729-5146

Hickman County Sheriff’s Department: (931) 729-2491

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| **Hickman County School System** | |
| **Notification By Principals to Law Enforcement** | **3.205.3** |

A principal shall immediately notify law enforcement officials and the Director of Schools if the following situations occur on school property:

1. Illegal entry;
2. Assault and battery resulting in serious personal injury or involving the use of a weapon;
3. Building damage;
4. Theft;
5. Vandalism endangering life health, or safety; or
6. Valid threats of mass violence on school property or at a school-related activity.

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| **Hickman County School System** | |
| **Equipment and Supplies Management** | **3.300AP** |

Equipment and Supplies Management

All technology hardware and related technology is to remain within the school to which it has been assigned. Laptops, tablets, etc. that have been assigned by the school district to administrators, teachers, and staff may be taken off campus. The employee is expected to follow the same rules and regulations of the signed Acceptable Use Policy with school system issued devices.

To promote longer useful life of equipment, teachers and students are provided individual log in information to use for computers and other devices. It is not permitted for students or teachers to share login information for use of technology equipment

The use of calculators and other equipment should be utilized in a way that allows teachers to know who is using equipment at any given time. Check in, check out policies and procedures in classrooms will promote proper use of instructional equipment.

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| **Hickman County School System** | |
| **Special Use of School Vehicles** | **3.402AP** |

**Use of School Vehicles for Trips**

In effect since August 8, 2019

**Driver payment** **Bus Charge**

**$ 75.00**  Trip inside Hickman County  **No Charge**

**$100.00**  Trip to bordering counties $ 100.00

**$125.00** Trip to all other counties

(less than 150 miles roundtrip) $ 150.00

**( more than 150 miles roundtrip) $ 1.00 per mile**

**$150.00**  Multiple day trip $ 150.00/day

**$150.00** Weekend $ 150.00/day

**$150.00** Trips on Holidays $ 150.00/day

Use of a **school van** for any sporting event $0.46/per mile

A transportation request will be required for each van trip.

Example: Trip to Renaissance Center will cost **$ 100.00** to driver

+ **$ 100.00** bus charge

For a total of **$** **200.00**  to be paid to Hickman Co Bd of Ed

**Trip Procedures**

Trip sponsors must turn in a Transportation Request Form to Director of Transportation prior to the trip.

All Trips on a school day will not depart from school **before 8:00am** and return

**2:15pm**

If trip runs over and causes a sub to drive for regular route driver club will pay for subdriver (if no fault of driver or equipment )

Trips during school hours are limited to 75 miles one way all other trips are limited to 150 miles one way, unless special permission is granted by the Director of Transportation.

All trips are subject to acceptance of Director of Transportation and availability of drivers.

School groups who wish to provide their own driver must clear driver with Director of Transportation

**Organization/club/class will be responsible for damages caused by group during the trip.**

**Organization/club/class will be responsible for cleanliness of bus after the trip.(clean up fee may be charged)**

Border counties include: Dickson, Humphreys, Lewis, Maury, Perry, and Williamson

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| **Hickman County School System** | |
| **Private Vehicles** | **3.404AP** |

Parents/volunteers that serve as volunteer drivers for school events and/or activities must provide a copy of the following before driving:

1. Copy of valid Tennessee driver’s license
2. Copy of automotive insurance policy or card that indicates coverage for liability insurance. Current minimum limits are: [ $100,000 per person and $300,000 per accident for bodily injury; $50,000 per accident for property damage

Copies of both must be on file with the principal in order to be eligible to drive students.

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| **Hickman County School System** | |
| **Food Service Management** | **3.500AP** |

Students will be charged for breakfast and lunch meals offered in the Hickman County School System according to the following rate:

All Schools: Breakfast $1.50

Adult/Staff/Visitor Breakfast $2.75

K-5 Schools: Lunch $2.50

6-12 Schools: Lunch $2.75

Adult staff/visitor lunch: $4.00

Visitor Holiday Meals $6.00

Visitor Child Holiday Meals $4.00

Students that bring money will be asked to do so in an envelope that includes the following information on the front of the envelope: Student Name, Teacher Name, Breakfast Amount, Lunch Amount, and Extra Items Amount. Monies will be submitted to the cafeteria and deposited into student accounts.

Students with delinquent accounts for three (3) days of meals will receive a letter from the cafeteria manager reminding them of the amount they owe for the meals that have been served. Students with delinquent accounts for five (5) days of meals will receive a personal phone call to speak with them. After five days of delinquent accounts, students will be asked to select items from the hot line of food that offers two hot meal choices daily.

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| **Hickman County School System** | |
| **Family Life Curriclum** | **4.2013AP** |

Family Life Education

In accordance with Board Policy 4.2013, the board of education will conduct public hearings and parental conferences at least once as part of the family life program. The hearings and conferences will be scheduled and conducted by supervisors over Coordinated School Health and Guidance services each year. This hearing will consist of the following:

1. Explanation of the family life plan for parents and community members
2. Opportunities for parents and community members to express their opinions

The program will follow the guidelines of Board Policy 4.2013 and will provide training for personnel involved in providing instruction within the family life program.

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| **Hickman County School System** | |
| **Internet Crimes Against Children** | **4.2013.1AP** |

Among other items, the curriculum for the family life education program shall, in a manner that is age-appropriate and factually and medically accurate, provide instruction on internet crimes against children. These crimes include the following offenses:

1. Solicitation of a minor, as defined in TCA 39-13-528;
2. Soliciting sexual exploitation of a minor, as defined in TCA 39-13-529(a);
3. Exploitation of a minor by electronic means, as defined in TCA 39-13-529(b);
4. Sexual exploitation of a minor, as defined in TCA 39-17-1003;
5. Aggravated sexual exploitation of a minor, as defined in TCA 39-17-1004; and
6. Especially aggravated sexual exploitation of a minor, as defined in TCA 39-17-1005.

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| **Hickman County School System** | |
| **Special Education** | **4.202AP** |

**Hickman County Board of Education**

**Special Education**

The Hickman County Board of Education recognizes and supports the need to provide special education services within the school district and offers programs across the county.

Students with disabilities must be taught in the framework of the general education curriculum. General education, vocational education and special education staff shall strive to coordinate their services as designated in each student's Individualized Education Plan (IEP), in order to meet the needs of each student who is eligible for special education supports and services.

The policy of the Hickman County School District is to ensure that students with disabilities are provided a free appropriate public education (FAPE). The state's BEP formula will be used to determine class size for all classrooms. Monitoring class size will occur periodically to ensure compliance with our district's policy and state guidelines.

To ensure the provisions of a free appropriate public education (FAPE) according to state law and the Individuals with Disabilities Education Act (IDEA) are being met, our district proposes the following:

* Education placement decisions for all students, including students with disabilities, shall be made based on the instructional needs of the students;
* Staff development and training shall be made available for general education and special education teachers (models, strategies, and interventions) for teachers working in an inclusive classroom.
* Interactive planning sessions shall be facilitated with special education and general education teachers regarding each student's IEP;
* General education teachers shall receive information on modifications and accommodations included in their students IEPs;
* All students in the general education classroom shall have access to instructional materials used in the class with alternative or supplemental materials provided as needed;
* Resources, supports, supplemental aid and materials shall be provided to help students progress in the general curriculum and be successful in the general education classroom (e.g., assistive technology devices and services, paraprofessional support, adaptations in the classrooms, etc.);

The Hickman County School System adopts the state and federal regulations in order to implement the provision of special education and related services. This is to ensure compliance with state and federal regulations in providing special education supports and services.

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| **Hickman County School System** | |
| **Summer Instructional Programs** | **4.204AP** |

Summer School

Hickman County Schools may sponsor a summer school for elementary and middle school students to strengthen and reinforce basic skills in any academic area. Summer school may be offered and will operate within the following parameters:

1. Based on teacher recommendations and student need, principals will identify students to attend summer school.
2. Principals may require students who do not meet grade level expectations to attend remediation after school or in summer school as a condition for promotion. The final decision for promotion/retention rests with school personnel. · -
3. Summer school is limited to students enrolled in the Hickman County schools.

HIGH SCHOOL

Hickman County Schools may sponsor a summer school for high school students. A high school summer program shall meet the criteria below:

1. Courses offered will be for remediation, and may include make-up courses for students who have failed any courses during the regular school year.
2. An annual Summer School Report will be submitted to the Board in September.

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| **Hickman County School System** | |
| **Adult Education Program** | **4.208AP** |

Board Policy 4.208

Tennessee Adult Education division delivers educational services to adults who are over the age of 17 (unless granted an exception) lacking a high school diploma and no longer under compulsory attendance to public high school. Through Adult Basic Education classes across the state, adults are assessed to determine their level of education and provided coursework to improve their skills in math, science, social studies, reading, writing, and employability. These classes are designed to equip the student with the knowledge necessary to earn a High School Equivalency Diploma and enter employment and/or postsecondary education.

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Adult Education also offers English for Speakers-of Other Languages (ESOL) and Civics classes for those individuals who need to learn to speak, read, and write the English language.

In addition to the administration of the Adult Education program grant, Tennessee Division of Adult Education is also responsible for the oversight and compliance of testing centers administering High School Equivalency exams.

Contact Info:

Tennessee Career Center--Hickman

130 Progress Center Plaza, Centerville, TN 37033 (866) 801-4723 (931) 626-4149

See more at: [TN Labor and Workforce Development](https://www.tn.gov/workforce/jobs-and-education/ae.html)

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| **Hickman County School System** | |
| **Alternative Credit Option** | **4.209AP** |

Alternative Credit Options Student Referral Form

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

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_

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

**SSN:** \_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s)/Guardian(s) Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Alternative Credit:

Course not taught in the school system

Course not available due to scheduling conflicts

Student Expelled but in need of educational services

Student Requires differentiated learning environment (requires an agreement of school personnel including the student's teachers, parents, and administrators)

Referring Counselor's Signature of Recommendation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_

Referring Administrator's Signature of Recommendation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Course Request:

Student has been approved for the following course(s):

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

Director's Signature Date

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| **Hickman County School System** | |
| **Credit Recovery** | **4.210AP** |

**HICKMAN COUNTY SCHOOLS CREDIT RECOVERY PROCESS OVERVIEW**

Credit Recovery is traditionally defined as a way to "recover" credit for a course that a student was previously unsuccessful in earning academic credit towards graduation. Credit Recovery programs, in general, have a primary focus of helping students stay in school and graduate on time.

The Hickman County School System has outlined the following guidelines towards credit recovery:

1. **Admission**

Students are eligible to enroll in Credit Recovery if they failed a course with an average of 50 or higher and meet with their counselor to secure an application. Courses may only be **recovered** through the district Credit Recovery program.

Students must submit a completed Credit Recovery application to their school counselor, including student and parent signatures on the Credit Recovery Contract.

1. **Instruction**

All content will be computer-based, utilizing PLATO technology. All courses offered through Credit Recovery will be based on the TN Curriculum Standards. All work must be completed at the **school site** with a certified, endorsed teacher serving as teacher of record for the facilitation of the course.

All students must attempt a lesson pretest for each course component to determine the set of skills for which the student has a deficit. The specific set of skills identified as deficit must be mastered (70%) for the student to earn credit for the course. Mastery tests may be repeated. Once mastered, students move to the next unit of study.

All pre-test assessments, course work, and mastery assessments must be completed in a proctored setting without the use of outside sources, such as internet search engines. Students not on the credit recovery roster will not be allowed in the proctored setting, and students must complete work without assistance from other students.

Electronic devices, such as iPads, tablets, or other devices **must be powered off** before entering the Credit Recovery setting.

Ill. **Grading**

Grades awarded in Credit Recovery programs shall adhere to the State Board of Education uniform grading scale. Grades awarded in Credit Recovery programs shall be posted under the name of the original teacher of record. Progress through the Credit Recovery Program will be reported to parents with report cards and progress reports.

* 1. **Cost**

Seniors pay $150 per credit for up to two credits ($300 max) if they need summer school credit recovery so they can walk in the graduation ceremony. They get a refund when they complete their work.

* 1. **Other Notes**

Credit Recovery is not typically recognized as a "core credit" by NCAA Clearinghourse for competitive college sports. If you will potentially seek a college athletic scholarship, please see your school counselor before registering for Credit Recovery to ensure you meet the Clearinghouse requirements with your other core subjects.

**Hickman County Schools Credit Recovery Application**

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

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| last name |  | first name |  |  | M.I. | grade |  | date of birth |  |
| street address |  |  |  | city |  |  |  | zip code |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

parent/guardian name phone-best number to reach phone-another number

**Courses needed (student-please complete this or ask your counselor for help):**

|  |  |  |
| --- | --- | --- |
| Course Needed | Semester 1 or 2? | Original Grade |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |

Guidance Counselor signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Credit Recovery Contract**

**As a Credit Recovery student,** I **have been informed that all work must be completed and done on a computer, in a school computer lab, in a self-paced online program (PLATO).** I **also understand that** I **have one school quarter to complete the coursework for each Credit Recovery course. Failure to complete the course within this timeframe will result in my removal from the Credit Recovery roster. I have read and understand all information on the "Hickman County Schools Credit Recovery Overview" form.**

Student is Eligible and Approved for Credit Recovery

Student is **Not** Eligible and Approved for Credit Recovery

**Student Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Principal Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Hickman County School System** | |
| **Approval of Additional Artificial Intelligence Programs** | **4.214.1** |

Only approved artificial intelligence (AI) programs may be utilized in student instruction or in completing student work. Artificial intelligence is a machine-based system that can, for a given set of human-defined objectives, make predictions, recommendations, or decisions influencing real or virtual environments and that is capable of using machine and human-based inputs to perceive real and virtual environments, abstract such perceptions into models through analysis in an automated manner, and use model inference to formulate options for information or action.

Staff who wish to utilize additional AI programs that aren’t currently on the approved list shall submit to the district level teamfor approval the following information:

1. Name of the program;
2. Why the program would be beneficial to students

Academic Technology specialist shall maintain a list of the approved AI programs that students and staff can utilize.

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| **Hickman County School System** | |
| **Extracurricular Activities** | **4.300AP** |

Extracurricular Activities

The Principal of each school shall be responsible for the organization of all school activities. He/she shall provide adequate supervision, administer school finances, and approve all student activities with the assistance of delegated members of the faculty. Student activities shall be regarded as a vital part of the total educational program and shall be used as a means of developing wholesome attitudes, good human relations, as well as knowledge and skills.

Students are not excused from regular classes for the practice of plays, assembly programs, special music programs (including band), activities of clubs, etc., unless the absence is

.. approved by the Principal who is directly accountable to the Director of Schools of the Hickman County Board of Education.

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| **Hickman County School System** | |
| **Interscholastic Athletics** | **4.301AP** |

Interscholastic Activities

General Provisions:

1. The Principal shall be responsible for the administration and control of the interscholastic athletic program within the school.
2. The Principal or his designee is required to accompany an athletic team on its trips, and all trip requests shall be made according to the procedures established the administration of the Hickman County Schools.
3. Coaches shall follow Hickman County Schools chain of command procedure for any request related to athletics. Coaches must obtain a purchase order prior to committing the district or any school to purchasing any products or service.

4. School athletics are to be coached only by personnel employed/approved by Hickman· County Schools. Such coaches are to be compensated only from Board funds, according to the current salary schedule. Coaches shall not receive pay other than from Hickman County Schools for any athletic-related services provided to any student who is or may be participating in that coach's sport except that coaches may participate in school authorized clinics, camps, etc.

1. Any student, except as outlined below, shall be eligible to try out for any athletic team. Academic and citizenship requirements for being a member of an athletic team shall be carefully considered and developed to promote the welfare of the individual student. Only students in grades 6-12 shall engage in interscholastic activities.
2. Recruiting of students is forbidden in any fashion.
3. Students must have a current athletic physical on file, based on TSSAA standards, before being allowed to participate in any extracurricular activity involving athletics in the Hickman County school system. These activities include but are not limited to weight training outside of the instructional day, conditioning, open facilities, tryouts, practices, and athletic contests.
4. No person shall, on the basis of sex, be excluded from participation in, be denied the benefits of, be treated differently from another person or otherwise be discriminated against in any athletic program of the school. Equal athletic opportunity shall be provided for members of both sexes.
5. Coaches and other employees of the school district shall not encourage, permit, condone or tolerate hazing activities as part of the athletic program.

High School Interscholastic Athletics

1. The by-laws of the Tennessee Secondary School Athletic Association shall be adopted as a part of the regulation for the operation and control of athletics in the secondary schools in Hickman County.
2. To be eligible to participate in interscholastic athletic activities during any semester, the high school student shall at least meet current TSSAA standards.

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| **Hickman County School System** | |
| **Athletics Emergency Action Plan** | **4.301.6AP** |

The athletics emergency action plan (AEAP) shall be established, reviewed, and annually rehearsed for responding to serious or life-threatening injuries sustained by students participating in school youth athletic activities.

Coordinated School Health coordinator shall work with the Board and local emergency medical services personnel to establish, in writing, the AEAP. The following factors shall be incorporated:

1. Nationally recognized standards;
2. Address or venue of each school youth athletic activity for the school year;
3. District employees in each school who are responsible for carrying out the AEAP, including their assigned responsibilities and the designated chain of command;
4. Healthcare professionals who may provide medical care during school youth athletic activities;
5. Equipment and supplies that may be needed to respond to a medical emergency at a school youth athletic activity, including the location of each item;
6. Description of the proper procedures to be followed after a serious or life-threatening injury occurs (e.g., responding to the injured individual, summoning emergency medical care, assisting emergency responders, documenting the actions taken during the emergency); and
7. Contact information for emergency medical services and directions to assist emergency personnel in accessing the location of a school youth athletic activity.

The AEAP shall be distributed to all athletics district employees as well as to the employees in each school who are responsible for carrying out the AEAP and any healthcare professionals who may provide medical care during school youth athletic activities.

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| **Hickman County School System** | |
| **Field Trips/Excursions/Competitions** | **4.302AP** |

Field Trips and Excursions

The following procedures shall be complied with for field trips:

1. Field trips are to be related to the course of study and have educational value.
2. Field trips are to be approved by the Principal and Director of Schools using the Trip Request Form.
3. Parental permission forms must be sent home in accordance with the guidelines in Board Policy 4.302.
4. All guidelines in Board policy 4.302 must be strictly adhered to by employees of Hickman County Schools.
5. No day field trip shall extend over 12 hours.
6. Overnight trips and trips that require students to go out of state must have prior approval by the Board of Education. Employees requesting overnight and/or out of state trips should complete a form to request an item for the Board Agenda and have the item approved by the Principal as well as a trip approval request form.



Hickman County Schools Trip Request

**Hickman County Schools Trip Request**

Name of School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Club/Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trip Requested:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and Time frame: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Number of students:\_\_\_\_\_\_\_\_

Number of Chaperones:       Male \_\_\_\_\_\_\_Female \_\_\_\_\_\_\_\_

Costs associated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attachments (any information or permission slips that are sent home with students)

Has the cafeteria been notified? \_\_\_\_\_\_\_\_\_\_Number of Lunches needed? \_\_\_\_\_\_\_\_\_

How will the students travel? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is a transportation request attached if system transportation is needed?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person requesting the trip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Principal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Instructional Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Director of Schools \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Per Hickman County Board of Education policy 4.302, any requested trip that has an

out-of-state destination and/or is planned for overnight must have prior approval by the Board of Education.

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| **Hickman County School System** | |
| **Instructional Materials** | **4.400AP** |

***Parent Request for Inspection of Instructional Materials***

**Hickman County School System**

Date of request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade level:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person requesting review:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Item you are requesting to review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason/Concern:­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­

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

Cc: Director of Schools Curriculum Supervisor

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| **Hickman County School System** | |
| **Instructional Materials** | **4.400AP** |

Upon receipt of BEP instructional funds ($200 per teachers), the school shall credit each funded teacher with $200.00 for the purpose of purchasing instructional materials. All orders will need to be complete before leaving for Spring Break to allow our bookkeepers and principals time to properly prepare for closing the financial books.

Instructional money remaining in the teacher account that is not spent in the current school year will be available in the following school year.

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| **Hickman County School System** | |
| **Reconsideration of Instructional Materials** | **4.402AP** |

**Request for Reconsideration of Instructional Materials**

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

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

Daytime Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of media on which you are commenting: Book Film Video Electronic information/ network, etc. (please specify)

Author:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Publisher (if known) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you been able to discuss this work with the teacher or librarian who ordered it or

who used it? Yes No

1. Have you reviewed the material in its entirety? \_\_\_\_Yes \_\_\_\_\_No
2. To what in the material do you object?
3. What do you understand to be the general purpose for using this work?
4. What age group would you recommend this item? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. What do you feel might be the result of a student's reading, viewing, or listening to this item?
6. Is there anything positive about this item? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Are you aware of the evaluation of this item by authoritative sources?
8. What would you like your library/school to do about this work?
9. \_\_\_\_\_\_\_ Do not assign/lend it to my child

1. \_\_\_\_\_\_\_ Return it to the staff selection committee/department for re-evaluation
2. \_\_\_\_\_\_\_ Other, please explain

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

10. In its place, what work would you recommend that would convey as valuable a picture and perspective of the subject covered by this item? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature Date

|  |  |
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| **Hickman County School System** | |
| **Reconsideration of Instructional Materials** | **4.402AP** |

Because opinions differ, there may be questions concerning some instructional materials despite the quality of the selection process. If you request reconsideration of instructional materials, please complete this form and submit it to the building principal.

Complainant'sName

Challenged Materials Requested for Reconsideration

Reason for Challenge of the Materials

I understand, as stated in HCBOE policy 4.402 Reconsideration of Instructional Materials and Textbooks, upon receipt of this completed form, the principal will request review of the challenged materials by an ad hoc materials review committee within fifteen working days, and if I, the complainant, desire further action after receiving the recommendation of the committee and the decision of the principal, an appeal may be made to the Board.

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

Complainant's Signature Date

|  |  |
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| **Hickman County School System** | |
| **Library Materials** | **4.403AP** |

Library Services and Collection Policy

Library services are provided for each of the schools in the Hickman County School System and will follow the requirements established in the regulations of the Tennessee State Board of Education and Hickman County Board of Education Policy 4.403.

The maintenance of a school’s library collection is the responsibility of the school’s library media specialist, in cooperation with school administrators, teachers, and other staff.

Materials for each school library will adhere to the following criteria:

1. Materials shall be suitable for and consistent with the educational mission of the school;

Materials shall be appropriate for the age and maturity levels of the students who may access them. The determining factor will be based on an assessment of any mature themes or content (i.e., violence, sexual content, vulgar language, substance abuse);

1. Materials shall contain literary, historical, and/or artistic value and merit; and
2. The collection as a whole shall offer a variety of viewpoints.

Each school will maintain an inventory of the school’s library materials that are available for students.  The inventory list will be available and posted on the school’s website.

Hickman County Schools has established procedures for the feedback and reconsideration of library materials for each school.

Hickman County Schools

Administrative Procedures for Complaints Regarding Library Materials Board Policy 4.403AP

If a complaint is made by an employee, student, or parent/guardian, this process is to be followed:

1. Inform the complainant of the selection procedures and make no commitments.

2. Request the complainant to submit a Request for Reconsideration of Library Materials form.

3. Inform the principal (and other appropriate personnel).

4. Keep challenged materials available for use during the reconsideration process.

5. Upon receipt of the completed form, the principal shall notify the Director of Schools.

6. The principal shall request review of the challenged materials by an ad hoc materials review committee within ten business days. The review committee is appointed by the principal and includes certified library media personnel, representatives from classroom teachers, one or more parents, and may include one or more students. The principal will inform the Director of Schools of the review committee’s progress.

7. The review committee shall take the following steps after receiving the challenged materials:

a. Read, view, or listen to the contested material in its entirety;

b. Check general acceptance of the material by reading recognized and evaluative reviews;

c. Determine the extent to which the material supports the educational mission of the school;

d. Complete the appropriate Checklist for Reconsideration of Library Materials, judging the material for its strength and value; and

e. Present recommendation to principal for further action and to the Director of Schools for purposes of information.

8. If the complainant desires further action after receiving the recommendation of the committee and the decision of the principal, an appeal may be made to the Board.

Reconsideration of Library Materials Form-4.403AP

In accordance with Hickman County Board of Education Policy 4.403, Hickman County Schools provides an opportunity for library materials to be reviewed as to whether they should be a part of the school library collection.  Library materials should meet the following requirements:  1) suitable and consistent with the mission of the school, 2) appropriate for the age and maturity levels of the students that will access them, 3) contain literary, historical, and/or artistic value or merit, and 4) offer a variety of viewpoints.

Completion of this form is the first step in the review procedures. If you wish to request reconsideration of library resources, please return the completed form to the school principal.

School Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you represent yourself? \_\_\_\_ Or an organization? \_\_\_\_

If representing an organization, name of organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Resource on which you are commenting:

\_\_\_ Book (e-book) \_\_\_\_ Movie \_\_\_\_ Magazine \_\_\_\_ Database  \_\_\_\_ Audio Recording

\_\_\_\_ Digital Resource  \_\_\_\_ Newspaper  \_\_\_\_ Streaming Media \_\_\_\_ Other

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Author/Producer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. What brought this resource to your attention?

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

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3. Have you examined the entire resource? If not, what sections did you review? If not, what parts did you read (be specific, cite page numbers, chapters, scenes, sections, etc.)

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

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4. What concerns you about the resource?  Be specific, cite page numbers and quote exact passages; cite specific scenes and their location in the video.

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5. If the work purports to be a work of nonfiction, what inaccuracies in the text, pictures, or content did you observe? Be specific as to dates, persons, historical content, legal, medical information, etc., citing specific examples and page numbers.

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

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6. Are you aware of judgments of this work by literary critics and/or subject specialists? What reviews have you researched? (Give specific citations)

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

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7. What action are you requesting the committee consider?

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Signature of Complainant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Checklist for Reconsideration of Library Materials-4.403AP

 Nonfiction

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Author:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose

1. What is the purpose of the material?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

2. Is the purpose accomplished? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authenticity

1. Is the author competent and qualified in the field? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. What is the reputation and significance of the author and publisher/producer in the field? \_\_\_

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

3. Is the material up-to-date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Are information sources well documented? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Are translations and retellings faithful to the original? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appropriateness

1. Does the material promote the education goals and objectives of the school? \_\_\_\_\_\_\_\_\_\_\_\_

2. Is it appropriate to the level of instruction intended? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Are the illustrations appropriate to the subject and the age levels? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Content

1. Is the content of this material well presented by providing adequate scope, range, depth, and continuity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2. Does this material present information not otherwise available? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

3. Does this material give a new dimension or direction to its subject?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Reviews

1. Source of review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Favorable or unfavorable review? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Does this title appear in one or more reputable selection aides? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

List the aides in which it appears. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Recommendation by Library Media Committee:

Date:

Committee Members’ Signatures:

Checklist for Reconsideration of Library Materials-4.403AP

Fiction or Other Literary Forms

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Author \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose

1. What is the purpose, theme, or message of the material? How well does the author/producer/composer accomplish this purpose?

2. If the story is fantasy, is it the type that has imaginative appeal and is suitable for children? For young adults?

If both are marked no, for what age group would you recommend?

3. Will the reading and/or viewing and/or listening to material result in a more compassionate understanding of human beings?

4. Does it offer an opportunity to better understand and appreciate the aspirations, achievements, and problems of various minority groups?

5. Are any questionable elements of the story an integral part of a worthwhile theme or message?

Content

1. Does a story about modern times give a realistic picture of life as it is now?

2. Does the story avoid an oversimplified view of life, one which leaves the reader with a general feeling that life is sweet and rosy or ugly and meaningless?

3. When factual information is part of the story, is it presented accurately?

4. Is prejudicial appeal readily identifiable by the potential reader?

5. Are concepts presented appropriate to the ability and maturity of the potential reader?

6. Do characters speak in a language true to the time period and section of the country in which they live?

7. Does the material offend in some special way the sensibilities of women or a minority group by the way it presents either the chief character or any of the minor characters?

8. Is there preoccupation with sex, violence, cruelty, brutality, and aberrant behavior that would make this material inappropriate for children?

For young adults?

9.If there is use of offensive language, is it appropriate to the purpose of the text for children?

For young adults?

10.Is the material free from derisive names and epithets that would offend minority groups?

Children?

Young adults?

11.Is the material well written or produced?

12.Does the story give a broader understanding of human behavior without stressing differences of class, race, color, sex, education, religion, or philosophy in any adverse way?

13.Does the material make a significant contribution to the history of literature or ideas?

14.Are the illustrations appropriate and in good taste?

Realistic in relation to the story?

Additional Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Recommendation by Library Media Committee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Committee Members’ Signatures:

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| **Hickman County School System** | |
| **Web Pages** | **4.407AP** |

Web Pages

The content of the district website shall be created by the staff of the Hickman County Board of

Education Central Office with the purpose of providing information to our students, staff, and stakeholders. Quality of content will be continually monitored by the Technology Coordinator and the supervisors of the various departments. All content on the district website is to be compliant with all federal and state requirements including ADA compliance.

The content of each school’s website shall be created by an individual identified as the school webmaster by the principal of each school. The content will be created to provide information to our students, staff, and parents of our schools. Quality of content will be monitored by the Technology Coordinator and the principal of each school. The website will be created and maintained using the approved template provided by the district. School webmasters are expected to attend training throughout the school year provided by the Technology Department. School webmasters are to make sure all content compliant with all federal and state requirements including ADA compliance.

CONCERNS/COMPLAINTS

As with any instructional materials or publication used by or representing the school or district, the building principal or director of schools, respectively, is ultimately responsible for accuracy and appropriateness of the information made available on the web site. Concern about the content of any page(s) created by students or staff should be directed to the building principal or the director of schools office when related to the district website. If the concern is not resolved, persons who wish to file a formal complaint shall submit a written request for reconsideration of instructional material.

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| **Hickman County School System** | |
| **Use of Multimedia** | **4.408AP** |

Use of Multimedia

All multimedia used in the classroom must either be provided by the school or have the prior approval of the principal.

Movies, songs, or other multimedia may be rented or purchased for use in the classroom for educational purposes only. Employees shall not infringe upon the copyright or distribution regulations of the multimedia. No movie, song, or other multimedia will be used in the classroom for entertainment purposes without the consent of the principal.

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| **Hickman County School System** | |
| **Community Instructional Resources** | **4.500AP** |

The school counselor of each school will keep a running record of resources in the community that are available for students, parents, and teachers.  These resources shall include the name of the resource, location, cost, and services provided.

Lists will be submitted to the principal of each school and distributed as needed.

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| **Hickman County School System** | |
| **School Volunteers** | **4.501AP** |

All school volunteers who work closely with students without much or any supervision of district employees must:

1. Submit to a criminal background check. Principal will submit background check information for volunteer to the Central Office to schedule the appointment.
2. Submit information required for DCS background search.

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| **Hickman County School System** | |
| **Parent and Family Involvement** | **4.502AP** |

Parent/Family Involvement

Activities and procedures for the involvement of parents at school level:

A formal School-Wide Leadership Team should be in place to lead the process of developing the school improvement plan. Primarily, this team should organize and oversee the needs assessment process, lead the staff in developing the school-wide plan and monitor progress throughout the year.

For Title I schools: A school-parent compact to improve family and school partnership and to share the responsibility for improved student academic achievement should be updated each spring. In addition, the school-parent compact outlines the activities that the parents, school staff, and students will undertake to build and develop a partnership to help the children achieve to the State's high academic standards. This compact should be sent home with every student at the beginning of the school year or when they enter school. Individual school-parent compacts are required for Title I schools.

A Parent Engagement Plan which supports our district wide family and community engagement policy is intended to develop positive relationships between home and school to build capacity for parent involvement should be updated and submitted yearly for review.

Parent needs assessment survey sent home to determine each school's parent’s needs, preferences for workshops, times available, etc.

Annual parent involvement survey to be sent home in the spring and returned to Federal Programs office of the content and effectiveness of the parental involvement policy of the schools served.

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| **Hickman County School System** | |
| **Grading** | **4.600AP** |

GRADING SYSTEM: GRADES NINE - TWELVE (9-12)

Schools teaching grades nine (9) through twelve (12) shall use the uniform grading system established by the State Board of Education. Using the uniform grading system, students’ grades shall be reported for the purposes of application for post-secondary financial assistance administered by the Tennessee Student Assistance Corporation.

Subject-area grades shall be expressed by the following letters with their corresponding percentage range:

· A (90-100)

· B (80-89)

· C (70-79)

· D (60-69)

· F (0-59)

This grading system shall be uniform throughout the school district for each grade.

High school courses listed in policy 4.600 shall have weighted grades.

Advanced coursework grades will be weighted with additional percentage points to calculate the semester average. Depending on the course taken, the following percentage points will be assigned:

· Honors Courses – three (3) percentage points;

· Local and Statewide Dual Credit and Capstone Industry Certification Aligned four (4) percentage points

· Advanced Placement, Cambridge International, College Level Exam Program (CLEP), Dual Enrollment Courses and International Baccalaureate Courses – five (5) percentage points. Student Absent for State Mandated Exams:

1. If a student taking high school assessed subjects is absent, the student will receive a zero or incomplete. If the student is allowed to make up the exam, he or she will do so during the next scheduled administration. A locally-created exam cannot be administered in lieu of a state exam.

2. If a student, taking a K-8 State mandated assessment, is absent or unable to be administered a defined part(s) of any content area or all of the content areas, the student must take an alternate exam approved by the Chief Academic Officer to substitute for the corresponding content not tested.

Administration of the alternate exam shall be scheduled by the principal for such a time which shall allow for scoring to be completed before the end of the spring semester of the current school year.

Failure to complete the alternative assessment before the end of the spring semester shall result in the student receiving a grade of zero which shall be counted for fifteen (15%) percent of a student's final grade for the spring semester.

Conduct shall be marked as follows:

E ................................................................................. Excellent

S ................................................................................. Satisfactory

U ................................................................................ Unsatisfactory

Conduct grades are based on behavior and shall not be deducted from scholastic grades.

Attendance records will not be the sole criterion in determining the awarding of grades or the passing of a course or promotion or retention.

Plus and minus evaluations are not to be added to letter grades. Grades are not to be changed once recorded on a report card. If an erroneous grade has been recorded, correction must be made on a new card.

Grades given at the end of each nine (9) weeks period for elementary, intermediate, middle school, and high school will be determined from daily work, homework, written assignments and tests. The teacher will weigh the value of grades given for various assignments and tests within the applicable period in computing the grade. This procedure will enable the teacher to allow for individual student differences in the grading process. Any assignments and tests required of a student must be considered in the computation of his grade.

At the middle school level and at the high school level, grades will be determined by an average of grades for each of the two 9-week periods. The grades given at the end of each nine (9) weeks period shall be the grade earned by the student, as computed by the teacher, and shall not be subject to manipulation, regardless of the passing or failing nature of the grade provided that said teacher has documented verification on file that he/she has reasonably attempted to contact the student's parent(s) or guardian(s) making them aware of the student's failing grade or grades. The final grade of the year will be determined by averaging the two (2) semester grades.

The work of a student whose grades are satisfactory but are withheld because of failure to complete the required work shall be reported as incomplete (I). If the incomplete is not removed in the time designated by the teacher, it will then become an “F”.

GRADES NINE - TWELVE GRADING SCALE AND LOTTERY SCHOLARSHIPS

Schools teaching grades nine through twelve shall use the uniform grading system established by the State Board of Education. Using the uniform grading system, students’ grades shall be reported for the purposes of application for post-secondary financial assistance administered by the Tennessee Student Assistance Corporation.

Each school counselor shall provide incoming freshman with information on college core courses required for lottery scholarships as well as necessary criteria (grade point average, ACT, and SAT score, etc.) that must be met in order to receive a scholarship.

Seniors may apply for the Tennessee HOPE Scholarship by completing the Free Application for Federal Student Aid (FAFSA). The FAFSA is available at the guidance office or on-line at www.fafsa.ed.gov. Students shall be made aware of all applicable FAFSA deadlines and encouraged to submit applications in a timely manner.

Elementary school counselors should explain the HOPE Scholarship and its requirements to their students and impress upon them the benefits of making good grades.

LOTTERY SCHOLARSHIP DAY

Each school year, prior to scheduling courses for the following school year, schools teaching students in grades 8-11 shall conduct a lottery scholarship day for students and their parents.

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| **Hickman County School System** | |
| **Class Ranking** | **4.602AP** |

Students must be enrolled full time at the home base school to be eligible for ranking among the top high school seniors.

High school credits and grades earned through the start of the second semester of grade 12 shall be included in the calculation of the grade point average and the rank in class.

To become valedictorian or salutatorian, or ranked in the top ten, a student must be enrolled in the high school at least four of the seven semester preceding the final semester. The final semester will not be used in determining class standing

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| **Hickman County School System** | |
| **Promotion and Retention** | **4.603AP** |

1. Parents and students are to be made aware of the retention policy at the beginning of the school year.
2. Close contact should be maintained between the school and parents throughout the school year. Interim progress reports should be sent home midway between each nine weeks. Personal contacts and requests for conferences should be scheduled and documented when warranted.
3. Parents should be contacted by February to be made aware of the risk for retention.
4. Within the last nine weeks, the principal shall arrange a conference with each teacher regarding retention recommendations. Teachers shall bring all appropriate data to support recommendations. A thorough analysis shall be made on each student considering and weighing all factors. At this time, principals will review and approve the decision regarding retention.
5. No later than two weeks prior to the end of school, a letter should be mailed to the parents of students being retained; informing them of the teacher's intent. Parents should be invited to a conference so they may have a full explanation and justification of the retention. This conference should be positive oriented, permitting parent reaction. Letters are to be sent through and signed by the principal.
6. Copies of retention letters should be maintained in the student's permanent record. Teachers should be aware that parents may appeal a retention. The proper chain of command starts with the principal, then the supervisor, next the director of schools, and last the board of education.
7. An appropriate instructional program should be developed for students who are retained. Alternate staff, materials, and instructional strategies should be used when possible and warranted.
8. At the end of each year, the principal will submit to the director a list of students who have been retained, grade level, and reasons for retention. Progress of these students will be monitored by the instructional staff for at least 3 yrs.
9. The following retention criteria should be considered:
   1. More than two F's (final grade) in the major subjects.
   2. Excessive absenteeism
   3. Previous retentions
   4. Age and maturity
   5. Socialization
   6. Psychological effect of retention on student
   7. Teacher judgment as to benefit of retention

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| **Hickman County School System** | |
| **Graduation Activities** | **4.606AP** |

**Graduation Activities**

Formal graduation activities are reserved for graduation from high school.

Qualification for and participation in graduation activities or commencement ceremonies shall be limited to seniors that are considered in good standing by the school of record for attendance.

To participate in graduation activities, all students shall comply with the dress code set forth in board policy and the student handbook.

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| **Hickman County School System** | |
| **Controversial Material** | **4.800AP** |

Request for Exemption from Required Use of Book, Materials, or Participation in an Activity

Hickman County Schools

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby request the Board of Education to excuse my

child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, from reading/using the book/

materials entitled \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in \_\_\_\_\_\_\_\_ grade

at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School.

Reason(s) for this request:

I understand that the final authority concerning the use of the book, material, or activity rests with the Board of Education.

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

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

Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Hickman County School System** | |
| **Line and Staff Relations** | **5.101AP** |

All personnel are expected to keep the person to whom they are immediately responsible informed of their activities and shall refer matters requiring administrative action to the administrator to whom they are responsible. That administrator shall refer such matters to the next higher administrative authority when necessary.

The organizational flowchart can be found online at [www.hickmank12.org](http://www.hickmank12.org).

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| **Hickman County School System** | |
| **Personnel Classifications and Qualifications** | **5.102AP** |

Hickman County Schools Procedures for Position Vacancies

When a school level position is vacated, the principal of the school shall contact the central office supervisor to notify them of the vacated position and submit the letter of resignation to the Director of Schools.

Upon approval to fill the position, the principal will complete the Employment Opportunity Template on the Hickman County Schools website so that the position may be posted online and the supervisor will make arrangements to advertise for the position in the local newspaper as needed. Positions may also be posted on job boards through reputable \_agencies including but not limited to TSBA and institutions of higher education.

**Interview Process for Position Vacancies**

Applicants being interviewed for vacancies in the Hickman County School system will be interviewed through a process that includes individual discussion and questions and reference checks for the employee.

In order to promote an environment that includes individualized discussion, fair consideration to all applicants, and a sense of collegiality, group interviews will not be utilized. Multiple interviews to provide different perspectives is encouraged, but they should be completed in an individual setting.

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| **Hickman County School System** | |
| **Application and Employment** | **5.106AP** |

Hickman County Schools Application Procedures for Certified Positions

Individuals desiring to make application for employment with the Hickman County School system shall complete an application corresponding to the job being sought by the applicant. All applications can be found on the Hickman County Schools website and may be delivered in person or by mail to the following address:

Hickman County Board of Education 115 Murphree Avenue

Centerville, TN 37033

. .

All information requested on the application form must be provided, including complete address for the applicant and references, or the application will not be processed.

For building level positions, principals and supervisors may schedule employment interviews with licensed and certified employees. Principals and supervisors will be responsible for reference checks.

When a suitable applicant is found, the building level principal will fill out the Professional Recommendation for Employment Form and submit it to the Office of Teaching and Learning to review and complete. The supervisor of the program for which the vacancy was filled will be required to review and sign the Recommendation for Employment Form.

The principal will submit the Background Check Request Form to the Academic Office Assistant.

When the Recommendation for Employment Form is completed, the principal will contact the Director of Schools to schedule an appointment to bring the applicant to interview with the Director of Schools.

The Director of School will review the Recommendation for Employment form and sign off as approved or not approved.

Human Resources will take new hires through steps to get all appropriate paperwork completed.

All new teachers must attend new teacher orientation.

Hickman County Schools Application Procedures for Support Staff-**5.106AP**

Individuals desiring to make application for employment with the Hickman County School system shall complete an application corresponding to the job being sought by the applicant. All applications can be found on the Hickman County Schools website and may be delivered in person or by mail to the following address:

Hickman County Board of Education 115 Murphree Avenue

Centerville, TN 37033

All information requested on the application form must be provided, including complete address for the applicant and references, or the application will not be processed.

For building level positions, principals and supervisors may schedule employment interviews with licensed and certified employees. Principals and supervisors will be responsible for reference checks.

When a suitable applicant is found, the building level principal will fill out the Support Staff Recommendation for Employment Form and submit it to the Office of Teaching and Learning to review and complete. The supervisor of the program for which the vacancy was filled will be required to review and sign the Support Staff Recommendation for Employment Form.

The principal will submit the Background Check Request Form to the Academics Office Assistant.

When the Support Staff Recommendation for Employment Form is completed, the principal will contact the Director of Schools to schedule an appointment to bring the applicant to interview with the Director of Schools.

The Director of Schools will review the Support Staff Recommendation for Employment form and sign off as approved or not approved.

Human Resources will take new hires through steps to get all appropriate paperwork completed.

Hickman County Schools Application Procedures for Administrative Positions **-5.106AP** Administrative positions will be posted publicly to advertise the vacancy.

Applications for vacant positions in the areas of administration and/or supervision will be accepted from interested candidates both in system and out of system. In order to apply, candidates must hold an appropriate Tennessee license for the specific position or documentation must be presented to verify that all components for licensure have been completed.

All candidates must submit a completed application. All information requested on the application form must be provided, including complete address for the applicant and references, or the application may not be processed.

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| **Hickman County School System** | |
| **Supervision** | **5.108AP** |

Supervision Administrative Procedure

EMERGENCY (Offsite) WORK LOCATION PROCEDURE

This ”Emergency Alternate (Offsite) Work Location” Procedures is being implemented to maintain a healthy work environment and System productivity during times of crisis / emergency.

For such specified times as needed, the Director of Schools / Designee may allow designated

employees to perform their normal duties and responsibilities at an alternate location other than

their normal work site. Immediate supervisors and the Director of Schools / Designee will

determine need by the best interest of the school system.

Employees must be able to perform their normal duties and responsibilities. Employees may request to take available leave if they are unable to participate in alternate work sites. This work arrangement is temporary and create no right or expectation of continuing or future assignment to work from an alternate location.

Employees must be responsive to their supervisor and other staff by responding to emails, texts,

or phone calls within designated normal work hours. All employees’ should carefully plan their

work around what items, files, documents, technology, materials, equipment, etc., will be needed

to work offsite. Employees must ensure they take responsibility for all document security, for

confidentiality, for data security, and for care of school system resources.

While working offsite, employees should not use their personal e-mail addresses,

physical addresses, etc. for school system business.

The Director of Schools/Designee may terminate this policy as needed, based upon the duration

of the emergency/crisis, and/or the overall needs of the System. Depending on the

circumstances, an employee’s violation of this procedure may result in removal of the privilege

or may result in other disciplinary action depending on other policy violations.

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| **Hickman County School System** | |
| **Evaluation** | **5.109AP** |

Guidance for Grievances

Statute and State Board of Education policy require districts to implement local-level grievance procedures to provide a means for evaluated teachers and principals to challenge the accuracy of the data used in the evaluation and adherence to the evaluation policies adopted by the State Board of Education. As final scores are being returned to educators, the following provide grounds for grievances:

1.Accuracy of the Data—Evaluation data must be linked correctly to the right teacher. This does not mean that educators can grieve a disagreement of a score or the formula used to determine the score.

2.Procedural Errors—Educators may grieve procedural errors that could materially affect or compromise the integrity of evaluation results. This includes not having met the minimum number of required observations for each domain or not having appropriate pre- and post- conferences.

Timing of Grievances

To comply with the State Board of Education evaluation policy, grievances may be filed at the end of each of the three components of the evaluation model:

1)The qualitative appraisal, or the final average observation score

2) The student growth measures

3)Other measures of student achievement

A grievance must be filed no later than 15 days from the date teachers and principals receive the results for each component, otherwise the grievance will be considered untimely and invalid. Grievances may be filed at any point in time prior to the 15 days windows.

Districts must clearly communicate the decision in writing within 15 days of receipt of the complaint.

Teachers should contact their immediate supervisor in writing with the nature of their grievance. The supervisor will notify the appropriate central office supervisor of the grievance that has been filed.

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| **Hickman County School System** | |
| **Extended Contracts** | **5.112AP** |

As funds are available each year a needs assessment should be conducted by the director of schools to determine the focus of extended contracts. A committee made up of principals, supervisors and teachers should conduct this needs assessment to determine specific programs that need serving.

Extended contract opportunities shall be available to all educators no matter their years of service.

Once the needs assessmentis complete a plan should be put together for Board approval. The plan should contain the elements listed in board policy 5.112.

Program evaluation should be conducted at the end of the contract using the following tools:

1. Student/Parent survey of program
2. Assessment and report card data from students served in program
3. Pre and post test

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| **Hickman County School System** | |
| **Background Investigations** | **5.118AP** |

* + Background checks and fingerprinting should be completed on all applicants for teaching positions and any other positions that require proximity to children.
  + Before an applicant is recommended for hire they must have a background check completed through Identogo. The applicant must complete the following form and return to the appointed designee to set up the appointment Employee Background Check Request. Criminal History Record Information (CHRI) is kept on file in a locked room and only the director of schools and their appointed designees have access to these results.
  + Every three years all persons directly associated with the accessing, maintaining, processing, dissemination or destruction of CHRI must sign an awareness statement and shall indicate that they have been specially trained on the subject. The training shall provide those with access to criminal history record information with a working knowledge of federal and state regulations and laws governing the security and processing of criminal history information. The director of schools is responsible for ensuring that authorized personnel receive such training within 60 days of employment or job assignment.

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| **Hickman County School System** | |
| **Long Term Leaves of Absence and Long Term Leave of Absence for Support Personnel** | **5.304AP & 5.3041AP** |

Hickman County Schools Request for Long-Term Leave of Absence

**NOTE: There is not a form for short term leave of absence.**

I hereby request a long-term leave of absence from my duties as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School.

Reason:

Type of Leave: \_\_\_\_\_\_\_\_\_\_\_\_Personal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sick

Number of requested sick days to use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of days of Paid Leave \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of days without Pay \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that I forfeit my rights if I fail to proceed according to this request. I shall notify the Director of Schools in writing at least thirty (30) days prior to the date of return if I do not intend to return to this position. I understand failure to render such notice may be considered a breach of contract.

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

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

Recommended by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal

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

Recommended by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director of Schools

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

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| **Hickman County School System** | |
| **Acquired Immune Deficiency Syndrome** | **5.401AP** |

**Authorization for Release of Confidential HIV-Related Information**

(This form may be signed by an employee of the school system)

Confidential HIV-related information is any information indicating a person has tested positive for HIV or has AIDS. Confidential HIV-related information may only be given to those listed on this form and for the reasons listed. Person whose HIV-related information will be released:

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

Name, address, and relationship of person signing this form if other than above:

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

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

Name, address of person(s) to be provide HIV-related information:

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

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

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

Reason for release of HIV-related information:

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

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

Date released is authorized from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

My questions about this form have been answered. I understand that I am not required to release HIV-related information and I may withdraw my permission for release of information at any time.

Signature Date \_ Witness Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Hickman County School System** | |
| **Hepatitis B** | **5.402AP** |

Training for Blood Borne Pathogens shall be conducted annually for all employees, including new hires, and be documented through the Safe Schools online training. The Blood Borne Pathogens training shall be one of the requirements for all licensed and support staff. The Director of Coordinated School Health will monitor completion by all employees.

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| **Hickman County School System** | |
| **Hepatitis B** | **5.402AP** |

**HICKMAN COUNTY SCHOOLS**

**HEPATITIS B VACCINE DECLINATION**

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

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

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

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Hickman County School System** | |
| **Hepatitis B** | **5.402AP** |

Hickman County School System Record of Hepatitis B Vaccine

Despite the use of standard precautions, I understand that my normal work tasks may bring me in contact with Hepatitis B through blood, tissue and/or body fluid exposure. As further protection from the Hepatitis B virus, the Hickman County School System has offered me the Hepatitis B vaccination series free of charge. I understand that the series of three (3) inoculations must be completed to ensure my immunity to Hepatitis B.

Name of Employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSN# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hepatitis B Vaccine #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vaccine #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vaccine #3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Hickman County School System** | |
| **Hepatitis B** | **5.402AP** |

**Outline of Hepatitis B for Hickman County School Employees**

Hickman County Schools will make the Hepatitis B vaccine available to all employees who have occupational exposure and to employees who are at high risk of occupational exposure to blood or other potentially infectious material at no cost to the employee.

The Hepatitis B vaccine shall be made available after the employee has received the annual Blood-borne Pathogen training and within 10 days of initial assignment to a job where there is occupational exposure. A consent form to receive the HBV will be signed, by the employee, and kept on file with Hickman County Schools. An employee may decline the Hepatitis B vaccination, in which case the employee must sign a declination statement that will also be kept on file with Hickman County Schools. The employee may, at a later date, request the vaccination.

Employees considered to be at high risk shall include custodians, school nurses, special education teachers and instructional assistants, playground supervisors, coaches and physical education teachers.

\*Additional high risk employees not stated in current board policy: maintenance, first-aid administrators (first responders, front office staff and principals), therapists (OT, PT, Speech) and preschool teachers.

**Procedure for identifying and vaccinating high risk employees:**

1. At the beginning of each school year, CSH will request from principals the names of any new employees/volunteers assigned to high risk positions for occupational exposure.
2. These individuals will be contacted personally or via email/mailed letter and offered the HBV.
3. Either a signed consent to receive the HBV or a signed declination form will be obtained.
4. Three Rivers Health Center will be notified of the employees requesting the HBV.
5. Employees requesting the HBV will call and make an appointment with Three Rivers to receive the vaccine. At this time, the employee will make the clinic aware that they are a Hickman County School employee. Also, required forms from Three Rivers will be made available to the employee previously and expected to be filled out and presented when arriving at Three Rivers (on the scheduled appointment date).
6. CSH will follow-up with employees requesting the HBV vaccine until the 3 shot series is complete. The dates of the received vaccines will be documented and kept confidential and not disclosed or reported without the employee's consent. Hickman County Schools will keep these files for the duration of employment plus 30 years.

Any school district employee who has an exposure incident should follow the Exposure Control Plan. This document is updated annually.

Exposed employee should:

* 1. Immediately wash exposed area or flush mucous membrane with running water.
  2. Contact the principal and the school nurse.
  3. Post-exposure evaluation and follow-up will be conducted as listed in detail in the Exposure Control Plan.

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| **Hickman County School System** | |
| **Complaints and Grievances** | **5.501AP** |

1. Follow reporting procedures outlined in board policy 5.501.
2. Documentation on the appropriate form should be completed and signatures obtained. Forms are listed below and can also be found at in the Google folder for Administrative forms.

Title VI/IX Complaint forms: Complaint Register

Complaint/Grievance Statement form

Complaint Managers:

Mike Elkins

[Mike.elkins@hickmank12.org](mailto:Mike.elkins@hickmank12.org)

115 Murphree Avenue

Centerville, TN 37033

(931) 729-3391

Belinda Anderson

[belinda.anderson@hickmank12.org](mailto:belinda.anderson@hickmank12.org)

115 Murphree Avenue

Centerville, TN 37033

(931) 729-3391

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| **Hickman County School System** | |
| **Staff Rights and Responsibilities** | **5.600AP** |

Teachers shall conduct themselves in keeping with the ethics and high standards of the teaching profession. Predicated upon that conduct, teachers shall dress and groom appropriately to maintain respect and decorum in the classroom, to model proper dress and good grooming for students, and to establish a professional image in the eyes of the students whom they instruct and the public whom they serve. Therefore, in order to promote teacher effectiveness, and to maximize teacher instructional performance, no dress, apparel, grooming, appearance, or body ornamentation that is or potentially may become disruptive to the classroom atmosphere or the educational process shall be permitted.

Weekly lesson plans shall be completed in the Plan book platform. Principals and/or appropriate supervisors, at their discretion, may request a copy of the lesson plans be submitted.

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| **Hickman County School System** | |
| **Identification of Employees for Minimum Wage and Overtime Pay Exemption** | **5.602.3AP** |

Per the Fair Labor Standards Act (FLSA), district employees shall be classified as either exempt or non-exempt employees to determine whether the exemption from minimum wage and overtime pay is applicable. To determine if the exemption applies, a district employee shall meet the following requirements:

1. Paid a salary that is not subject to reduction due to quality or quantity of work;
2. The salary is not less than the established minimum threshold amount per the FLSA; and
3. The employee primarily performs executive, administrative, or professional duties.

Employees that meet the requirements above (e.g., executive, administrative, and professional (EAP) employees) will be exempt from minimum wage and overtime pay protections. Other employees that are not considered EAP employees, such as secretaries, shall be paid one and a half times their regular pay for those hours that exceed forty (40) hours per work week.

Human Resources/Payroll shall be responsible for identifying which employees fall into which category and note in their personnel file whether the exemption applies. The list of exempt employees shall be reviewed and updated on an annual basis.

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| **Hickman County School System** | |
| **Substitute Teachers** | **5.701AP** |

Each year substitute applicants must attend a substitute workshop before working. Applicants must also watch a required two hour online suicide training. First time applicants or any applicant who has not subbed in the last year (12 months) must submit to a required background check.

Each principal/assistant principal shall inform staff members of procedures to follow in the event a substitute teacher is needed.

Each substitute teacher must sign in at the front office and obtain an ID badge and room key for the day. Once the duties are complete the substitute must return the ID badge and room key and sign out on the same form.

In order to make the work of the substitute teacher as satisfactory as possible, the regular teacher shall make available:

* 1. Daily schedule (academic and supervisory);
  2. Class rolls with seating charts; and
  3. Lesson plans and other information for the day's activities. In case of an emergency when plans are not provided, the principal shall provide the substitute with directions for the day and a grade or subject level teacher to reference for assistance.
  4. An emergency procedure card should be left for the substitute teacher as well a fire evacuation route posted by the door.

The principal/designee will provide pertinent information about the school to substitute teachers. This information shall contain but shall not be limited to:

* + 1. Attendance procedures;
    2. Lunchroom schedule and procedures;
    3. Procedures for supervising student behavior;
    4. Names and assignments of regular staff members;
    5. Emergency evacuation procedures;·
    6. Other helpful information particular to the local school

All secretaries, clerks, and educational assistants are approved substitute teachers in the case of an emergency when a substitute teacher is unavailable.  They will be compensated at the rate of the substitute teacher or their regular rate, whichever is higher, but they cannot receive compensation for both positions at the same time.

Licensed teachers that volunteer to serve as substitute teachers in the case of an emergency when a substitute teacher is unavailable will be compensated at a rate of $25.00 per class period of additional teaching duties.  The teacher will utilize the lesson plans and activities of the teacher of record to provide instruction during the additional time as a substitute.  Additional duties shall be recorded by the principal of the school and submitted for additional compensation to the Central Office monthly. Licensed teachers cannot be required to serve as a substitute teacher, but they can be asked if they would consider substituting in case of emergency.

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| **Hickman County School System** | |
| **Student Teachers** | **5.702AP** |

**Assignment:**

Student teachers may be assigned to schools in the district when the education of the students will be enhanced, and a good learning environment exists for the student teacher. Student teachers accepted in the district shall have the same legal status and protection as a certified teacher.

**Procedures:**

The following procedures are to be complied with:

1. The student teacher program will be coordinated by the instructional supervisor.
2. All school assignments of student teachers shall be made jointly by the principal and the instructional supervisor with the approval of the director.
3. Teachers may be assigned a student teacher only if the teacher is properly certified and meet the requirements set forth by the university.
4. Student teachers are to work under the direct supervision of the supervising teacher.
5. Student teachers shall not be used as substitute teachers.
6. Student teachers are expected to work the full school day, attend faculty meetings and other activities which the supervising teacher is expected to attend.
7. Student teachers may assist the supervising teacher in duty assignments such as: bus duty, playground supervision and extra-curricular activities.
8. No teacher shall be assigned more than one student teacher per year unless special circumstances prevail. Assignments should be distributed among teachers who meet the above criteria.

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| **Hickman County School System** | |
| **Attendance** | **6.200AP** |

Each day, student attendance is taken by staff and reported to the front office of each school and recorded in the student information system (Skyward). Students who are absent will have automated phone calls made to their parent/guardian notifying them that the student is absent.

State law describes truant as a student having 5 unexcused absences. Attendance personnel in each school have access to attendance reports that indicate when students have reached 3 days and/or 5 days unexcused absences. Letters may be sent out at the principal's discretion at 3 unexcused absences to inform parents that their student is approaching a truant status. At 5 days unexcused, schools should send out a letter requesting parents to provide notes to excuse those absences in a timely manner. If a parent fails to provide documentation that would excuse those days of unexcused attendance, the student is reported to the At-Risk Coordinator as truant. The At-Risk Coordinator will then summon the parent/guardian and the student(s) to Truancy Council (ONLY students in middle or high school should attend).

Abbreviated Days

Parents should be aware that abbreviated school days count as full days towards attendance. Students who miss abbreviated days will receive an unexcused absence that counts the same as a whole day.

Parent Notes

Hickman County allows parents to write notes for missed days when taking a child to the doctor is not deemed necessary or when emergencies arise. Parents are allowed to write a total of 8 parent notes for the school year that may excuse a whole day or a partial day.

Notes for any excused absence should be turned in to the school upon the return of the student to school.

Seniors

School administration may deny participation in graduation exercises, prom, or any other senior activities, to those seniors who accumulate more than 15 cumulative unexcused absences regardless of the age of the senior.

Perfect Attendance

Students in attendance for 3 hours, 16 minutes (½ school day), they will be counted as having attended that day. (The computer will continue to count minutes not in attendance which may result in the student showing more than 1 day absent when added up. This will not effect their perfect attendance.)

Unexcused tardies and early dismissals when accumulated to add up to one or more days will result in that student losing their Perfect Attendance status.

Students who have been home schooled and transfer into our system after October 1 of any school year will not be eligible for having Perfect Attendance that school year.

Students who transfer from another system which would have started after our school year starts will not be eligible for Perfect Attendance if they had not started school in their old system and enroll with us after October 1 of that school year.

Students who transfer into our system from another system will be counted as having perfect attendance if documentation is provided from the previous school system that they have had perfect attendance at their previous school.

Progressive Truancy Plan

Database administrators will send parent notification forms home with students when students meet the qualifications under the attendance policy.

[Parent Attendance Notification Form](https://www.hickmank12.org/attendanceenrollment)

Released Course Time

When evaluating a course under the released time course policy, the secular criteria of the course may include, but is not limited to:

1. The amount of classroom instruction time
2. The course syllabus
3. Methods of assessment used in the course
4. Whether the course was taught by an instructor licensed

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| **Hickman County School System** | |
| **Compulsory Attendance Ages** | **6.201AP** |

**Hickman County Schools Kindergarten Early Admission Form**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth (must be between August 16-September 30): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Formal pre-school experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

If no preschool experience, what has been done to assist child with readiness skills to start kindergarten?

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

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

Does the child have older siblings? \_\_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_\_No

Is there any special information you would like us to know about your child?

**NOTE:** Each applicant must be screened, and parents will be notified regarding the time of the testing. The testing will last approximately one hour and will cover areas of social-emotional development, fine & gross motor, readiness for math and reading comprehension, alphabet recognition and recognizing sounds. Results will be shared with the parent upon completion of the assessment.

You may email this form to Belinda Anderson [belinda.anderson@hickmank12.org](mailto:belinda.anderson@hickmank12.org) or the form may be brought to the school where admission has been requested.

**DEADLINE TO SUBMIT FORM: June 30 of each year**

**OFFICE USE ONLY:**

Testing Date and Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Notified on: \_

Test Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Criteria met for early entrance:

Yes No

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes from testing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-

Review and Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Hickman County School System** | |
| **Attendance of Non-Resident Students** | **6.204AP** |

Out of County Students

At times, students living out of Hickman County may request to attend Hickman County Schools. Such requests will require completion of an Out of County Tuition Form. Students outside the county will not be allowed to displace any student residing in Hickman County. If after the requesting student has supplied the out of county form, current copies of attendance, grades, and discipline records, the school system will determine if the student is accepted to attend school in Hickman County.

Application can be found at this [link](https://www.hickmank12.org/attendanceenrollment)

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| **Hickman County School System** | |
| **Transfers Within the System** | **6.206AP** |

In County Transfers/Out of Zone Requests

During the month of June each year, a parent/guardian may request that his/her child attend a school within the system other than the one to which the child is zoned. The director of school or his/her designee shall review such requests, and if adequate space is available, grant such transfers unless a transfer would be adverse to the best interests of the child or the school system. If granted, the student must provide his/her own transportation to and from the school. The zoning request may be revoked based on attendance or discipline issues.

A parent/guardian may appeal the assignment of a student to the Board within the first ten days of being enrolled at the assigned school. After the first ten days of being enrolled, he/she shall not be permitted to transfer to another school (out of zone) unless there is a change in residence of the student's parents or guardians outside the zone in which the student enrolled. Any exception to this policy must be brought before the director of schools for evaluation and decision.

Students who families transfer their residence to another school zone in the system after the first month of school may complete the year at their former school. Students who present evidence that they will move during the school year and who desire to enroll in a new school in the new zone may do so with prior written request for a change of school zone. The director of schools or his/her designee may grant other exceptions to this policy for good and sufficient reasons. Again, zoning exceptions may be revoked for attendance or discipline issues.

Principals shall allow credit for work transferred from other schools only when substantiated by official transcripts or successful completion of comprehensive written examinations approved, administered and graded by the principal or his/her designated representative.

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| **Hickman County School System** | |
| **Interrogations and Searches** | **6.303AP** |

Use of Metal Detectors

Hickman County Schools authorizes the use of hand-held or walk-through metal detectors to check a student's person or personal effects as follows:

1. School officials or law enforcement officers may conduct metal detector checks of groups of individuals if the checks are done in a minimally-intrusive, nondiscriminatory manner. Metal detector checks of groups of individuals may not be used to single out a particular individual or category of individuals.
2. If a school official or a law enforcement officer has reasonable suspicion to believe that a particular student is in possession of an illegal or unauthorized metal-containing object or weapon, s/he may conduct a metal detector check of the student's person and personal effects.

A student's failure to permit a metal detector check as provided in this police will be considered grounds for disciplinary action.

The Hickman County Alternative Schools use hand-held detectors for each student that enters the classrooms. This is a precautionary measure to ensure the safety of students and staff.

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| **Hickman County School System** | |
| **Student Discrimination/Harassment, and Bullying/Intimidation** | **6.304AP** |

**Purpose:**

The purpose of the procedure on bullying is to promote consistency of approach and to create a climate in which all types of bullying are regarded as unacceptable. Attitudes and practices can contribute to bullying, to lower levels of confidence, self-esteem and lack of achievement.

**Goals:**

The Hickman County Board of Education has determined that a safe, civil, and supportive environment in school is necessary for students to learn and achieve high academic standards. The anti-bullying program with Hickman County Schools seeks to accomplish the following goals:

* To promote a secure and happy environment free from threat, harassment and any type of bullying behavior.
* To take positive action to prevent bullying from occurring.
* To inform parents and students of the school's expectations and to foster a productive partnership which helps to maintain a bully-free environment.
* To make staff aware of their role in fostering the knowledge and attitudes which will be required to achieve the above items.

**Definition of Bullying Bullying/Intimidation/Harassment**

* An act that substantially interferes with a student's educational benefits, opportunities, or performance, and the act has the effect of:
* Physically harming a student or damaging a student's property;
* Knowingly placing a student or students in reasonable fear of physical harm to the student or damage to the student's property;
* Causing emotional distress to a student or students; or
* Creating a hostile educational environment.

Bullying, intimidation, or harassment may also be unwelcome conduct based on a protected class (race, national, origin, color, gender, age, disability, religion) that is severe, pervasive, or persistent and creates a hostile environment. For further clarification, see Policy 6.304.

**Crucial Factors to Combat Bullying**

1. Awareness and involvement on the part of adults, with regards to bully-victim problems.
2. Survey of bully/victim problems to determine the scope of the problem in each school.
3. School assemblies regarding bully/victim problems.
4. Appropriate supervision during recess, lunch time and changing of classes by adult staff.
5. Consistent and immediate consequences for aggressive behavior.
6. Implementation of SWPBS (School Wide Positive Behavior Supports) for each school.
7. Specific class rules against bullying.
8. Unit of studying on bullying completed through the guidance departments.
9. Serious individual talks with bullies and with victims.Serious talks with parents of bullies and victims.
10. Involving the school leadership team to discuss ways to include in SIP.
11. A curriculum which promotes communication, friendship and assertive skills such as the bucket filler method.
12. Improved communication among administrators, teachers, parents and staff.
13. Listening respectfully to bullying concerns raised by student, parents and staff.
14. Avoidance of sex-role stereotyping. (e.g. males need to be strong and tough).
15. Avoidance of competitiveness for academic and social/emotional activities.
16. Use of classmates to help alleviate the plight of victims and include them in group activities.

The above measures are considered part of an effective school- wide anti-bullying program, per research on this topic.

**Staff Responsibilities**

1. To implement procedures to confront bullying in any form.
2. To listen to all parties involved in incidents.
3. To investigate and document as fully as possible.
4. To take appropriate action, or to refer the matter to a member of the administration.
5. To record and inform parents of bullying incidents.
6. To promote the use of a range of teaching and learning styles and strategies which challenge bullying behavior.
7. To promote open management styles which facilitate communication and consultation throughout the school setting.
8. To foster by example the values the school believes in.
9. To promote the use of interventions which are the least intrusive and most effective.
10. To hold regular discussions on this issue with administration, staff, students and parents.
11. To support victims of bullying by means of individual and peer counseling.
12. To initiate efforts to change the behavior of the bullies through class discussions, counseling, reinforcement and sanctions where appropriate

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| **Hickman County School System** | |
| **Corporal Punishment** | **6.314AP** |

Corporal Punishment

School administrators will follow the procedures in Board Policy 6.314.

Corporal punishment will only be administered if a parent has signed a parent permission form. Corporal punishment will be administered in the presence of another professional employee.

The request to use corporal punishment shall be reported to the Deputy Director for recordkeeping and reporting.

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| **Hickman County School System** | |
| **Disciplinary Hearing Authority** | **6.317AP** |

Discipline Hearing Authority

A Student Discipline Hearing Authority (SDHA) shall conduct appeals for students who have been suspended for more than ten (10) school days.

All appeals shall be filed, orally or in writing, within five (5) days after receipt of the notice and may be filed by the parent or guardian, the student, or any person holding a teaching license who is employed by the school system if requested by the student.

Upon receiving notification of the request to appeal the suspension decision, the SDHA shall provide written notification to the parent or guardian of the student, the student, and any other appropriate person of the time, place and date of the hearing. The hearing must be held no later than ten (10) days after the beginning of the suspension.

The student or principal may, within five (5) days of the decision, request review by the board of education; provided, that local school board policy may require an appeal to the director of schools prior to a request for review to the Board.

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| **Hickman County School System** | |
| **Disciplinary Hearing Authority** | **6.317AP** |

Notice of Right to Appeal Decision of Student Discipline Hearing Authority

I understand that the decision of the Student Discipline Hearing Authority (SDHA) may be appealed in accordance with Tennessee Code Annotated 49-603401(c)(6). I understand that the appeal must be made to the Director of Schools within five (5) days of the SDHA decision. This appeal should be made in writing to:

John Mullins

Director of Schools

Hickman County Board of Education

115 Murphree Avenue

Centerville, TN 37033

(931) 729-3391, ext. 0

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

Parent/Guardian Signature Date

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| **Hickman County School System** | |
| **Disciplinary Hearing Authority** | **6.317AP** |

Hickman County Schools Student Discipline Hearing Authority

Employee Referral Form

Date of Referral to SDHA Student Name

School

Parent Name

Address

Telephone Number Email Address Description of Infraction

Alleged Violations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hickman County Code of Behavior and Discipline: \_

(specify policy)

Tennessee Code Annotated:

(if applicable provide citation)

Does the student receive special education services? Yes No

If yes, has a manifestation determination been conducted? Yes No

Date of manifestation determination:

Disciplinary measures administered to date: \_\_\_\_\_\_\_\_\_\_\_\_

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

**Signature of School Employee requesting SDHA hearing Print Name**

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| **Hickman County School System** | |
| **Student Surveys, Analyses, and Evaluation** | **6.4001AP** |

Request to Conduct Survey/Research (6.4001) In

Hickman County Schools

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

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

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attach document(s) in response to each item listed.**

State the purpose of the survey/research.

Describe in detail the following:

How the survey/research will be conducted

Who is to be involved

List names and contact information of all surveyors/researchers.

List expected participants (i.e., principals, teachers, students & grade-level).

When the survey/research will be conducted (duration, time of day, etc.)

Where the survey/research will be conducted

Explain how results will be used and distributed

Attach a copy of the parent/guardian consent which includes all bulleted information listed above.

Attach a copy of the Internal Review Board (IRB), if the research is for a university or college.

NOTE: *The director of schools reserves the right to rescind permission for the survey/research at any time.*

Your signature documents that the information contained in this packet is accurate and results will not be used or distributed in any manner other than listed.

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

Signature Date

Submit complete request to the director of schools for approval.

**\_\_\_\_\_\_ Approved**

**\_\_\_\_\_\_ Not Approved**

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

Director of Schools Signature Date

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| **Hickman County School System** | |
| **Emergency Medication** | **6.4051AP** |

**Hickman County Schools STANDING ORDER**

**Auto-Injector Epinephrine Administration for Anaphylaxis**

In the event of an anaphylactic reaction in an individual in the school setting, epinephrine will be administered by the school nurse or trained unlicensed school personnel. This Standing Order is for the use of auto-injector epinephrine in such situations.

In *the case of students with a history of anaphylaxis or other severe allergic reactions, epinephrine should be administered according to specific individualized prescriptive orders documented in their individualized health care plans. If no such orders exist or are not readily available, the Standing Orders given in this document should be used.*

DEFINITION: **Anaphylaxis** is a severe allergic reaction which can be life threatening and occur within minutes after a triggering event or up to hours later.

CAUSES: Extreme sensitivity to one or more of the following: medication

exercise induced foods

latex

idiopathic (unknown) insect stings

other

asthma triggers

PHYSICAL FINDINGS: Common symptoms associated with anaphylaxis: difficulty breathing, wheezing

hives, generalized flushing, itching, or redness of the skin

swelling of the throat, lips, tongue, throat; tightness/change of voice; difficulty swallowing

tingling sensation, itching, or metallic taste in mouth feeling of apprehension, agitation

**STANDING ORDER:**

1. Based on symptoms, determine that an anaphylactic reaction appears to be occurring. Act quickly. It is safer to give epinephrine than to delay treatment.

**Anaphylaxis is a life-threatenin2 reaction.**

1. (If **you are alone and are able to provide epinephrine,** call out or yell for help as you

immediately go get the epinephrine. Do not take extra time seeking others until you have provided the epinephrine.)

1. (If **you are alone and do not know how to provide epinephrine,** call out or yell for help. If someone is available to help you, have them get the personnel trained to provide epinephrine and the epinephrine while you dial 911 and follow the dispatcher's instructions. Advise 911 operator that anaphylaxis is suspected and epinephrine is available. Your goal is to get someone (EMS or trained personnel) to provide epinephrine and care as soon as possible.)
2. Select appropriate epinephrine auto-injector to administer, based on weight.

Dosage: 0.15 mg Epinephrine auto-injector IM, if less than 66 pounds 0.30mg Epinephrine auto-injector IM, if 66 pounds or greater

Frequency: If symptoms continue, a second dose should be administered 5 to 15 minutes after first dose

1. Inject epinephrine via auto-injector: Pull off safety release cap. Swing and jab firmly into upper, outer thigh, (through clothing if necessary). **Hold in place for 10 seconds to deliver medication and then remove.** Massage the area for 10 more seconds. Note the time.
2. Call or have a bystander call 911 immediately or activate the Emergency Medical System (EMS). Advise 911 operator that anaphylaxis is suspected and epinephrine has been given.
3. Keep the individual either lying down or seated. If they lose consciousness, check if they are breathing and have a pulse. If not, begin CPR (cardiopulmonary resuscitation), call out for help and continue CPR until the individual regains a pulse and is breathing or until EMS arrives and takes over.
4. Call School Nurse/Front Office school personnel and advise of situation.
5. Repeat the dose after 5 to 15 minutes if symptoms persist or return.
6. Stay with individual until EMS arrives, continuing to follow the directions in No. 7 above.
7. Provide EMS with epinephrine auto-injector labeled with name, date, and time administered to transport to the ER with student.

**FOLLOW UP (to be done the same day as the event):**

Assure parents/guardians have been notified. Complete required documentation of incident. Order replacement epinephrine auto-injector

Physician/ Licensed Prescriber \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Effective for School Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Must be renewed annually and with any change in prescriber.

**Hickman County Schools**

**Report of Epinephrine Administration**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Demographics and Health History**

1. School District:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Age: \_\_\_\_\_\_\_\_\_ Type of Person: Student Staff Visitor Gender: M F

Ethnicity: Spanish/Hispanic/Latino: Yes No

1. Race: American Indian/Alaskan Native African American Asian Native Hawaiian/other Pacific Islander White Other
2. History of severe or life-threatening allergy: Yes, Known by student/ family Yes, Known by school Unknown

If known, specify type of allergy:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, was allergy action plan available at the school? Yes No Unknown

History of anaphylaxis: Yes, known by student/family; Yes Known by school; No; Unknown

Previous epinephrine use: Yes, known by student/family; Yes Known by school; No; Unknown

Diagnosis/ History of asthma: Yes, known by student/family; Yes Known by school; No; Unknown

**School Plans and Medical Orders**

5. Individual Health Care Plan (IHCP) in place? Yes No Unknown

6. Written school district policy on management of life-threatening allergies in place? Yes No Unknown

7. Does the student have a student specific order for epinephrine? Yes No Unknown

8. Expiration date of epinephrine \_\_\_\_\_\_\_\_\_ Unknown

**Epinephrine Administration Incident Reporting**

9. Date/Time of occurrence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vital signs: BP \_\_\_\_\_\_\_\_ Temp\_\_\_\_\_\_\_\_ Pulse\_\_\_\_\_\_\_\_ Respiration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. If known, specify trigger that precipitated this allergic episode:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Food | Insect Sting | Exercise | Medication | Latex | Other | Unknown |

If other please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. If food was a trigger, please specify which food \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check:

|  |  |  |  |
| --- | --- | --- | --- |
| Ingested | Touched | Inhaled | Other |

If other please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did reaction begin prior to school? Yes No Unknown

12. Location where symptoms developed:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Classroom | Cafeteria | Health Office | Playground | Bus | Other |

If other please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. How did exposure occur?

14. Symptoms: (Circle all that apply)

**Respiratory-** Cough, Difficulty breathing, hoarse voice, Nasal congestion/rhinorrhea, Swollen (throat, tongue), Shortness of Breath, Strider, Tightness (chest, throat), Wheezing

**GI-** Abdominal discomfort, Diarrhea, Difficulty swallowing, Oral Pruritus, Nausea, Vomiting

**Skin-** Angioedema, Flushing, General pruritus, General rash, Hives, Lip swelling, Localized rash, Pale

**Cardiac/Vascular**-Chest discomfort, Cyanosis, Dizziness, Faint/Weak pulse, Headache, Hypotension, Tachycardia

**Other:** Diaphoresis, Irritability, Loss of consciousness, Metallic taste, Red eyes, Sneezing,

Uterine cramping

15. Location **where** epinephrine administered:

Health Office, Other specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16. Location of epinephrine storage:

Health Office, Other specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17. Epinephrine administered by:

RN, Self, Other

18. If epinephrine was self-administered by a student at school or a school-sponsored function, was the student formally trained?

Yes If known, date of training \_\_\_\_\_\_\_\_\_\_\_\_ No

19. Did the student follow school protocols to notify school personnel and activate EMS? Yes No NA

20. If epinephrine was administered by other, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was this person formally trained? Yes Date of training \_\_\_\_\_\_\_\_\_\_\_ No Don't know

Time elapsed between onset of symptoms and communication of symptoms: \_\_\_\_\_\_\_\_\_\_ minutes

Time elapsed between communication of symptoms and administration of epinephrine: \_\_\_\_\_\_ minutes Parent notified of epinephrine administration: (time) \_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Disposition**

21. EMS notified at: (time) \_\_\_\_\_\_\_ Transferred to ER: Yes No Unknown

If yes, transferred via: ambulance Parent/Guardian Other

Discharged after \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hours

Parent: At school Will come to school Will meet student at hospital

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

22. Hospitalized: Yes; If yes, discharged after \_\_\_\_\_\_\_\_days No

Name of hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

23. Student/Staff/Visitor outcome: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If first occurrence of allergic reaction:

1. Was the individual prescribed an epinephrine auto injector in the ER? Yes No Don’t Know
2. If yes, who provided the epinephrine auto injector training?

ER PCP School Nurse Other Don’t Know

1. Did the ER refer the individual to PCP and/or allergist for follow-up? Yes No Don’t Know

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Follow-up**

24. Did a debriefing meeting occur? Yes No

Did family notify prescribing MD? Yes No Unknown

25. Recommendation for changes: Protocol change Policy change Educational change Information sharing None

26. Comments (include names of school staff, parent, others who attend debriefing):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rev 9/24 Please complete all pages.

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| **Hickman County School System** | |
| **Student Suicide Prevention** | **6.415AP** |

In order to meet the needs of students and to protect the health and safety of all students and staff, the following procedure will be followed by Hickman County Schools. Students who exhibit suicidal thoughts and behaviors shall be evaluated by school authorities in order to determine a student's motives and intentions. Once a student has been determined to exhibit tendencies toward harming themselves, all precautions should be taken immediately.

Available personnel at the school to assist with students and their situation, include the school resource officer, guidance counselors, school nurses and school administrators. Remember to always err on the side of caution. Once the school has determined a students is in need of evaluation then the following steps will be followed.

* Never leave student alone, under any circumstance.
* Take the student to the school counselor or administrator who will do the following:
  1. Call Youth Villages Crisis Line: 1-866-791-9222
  2. If appropriate, designee will contact student's parent/guardian. If parent/guardian notification could result in further risk or harm of the student, contact law enforcement and the Department of Children's services.
  3. Document contact with parent/guardian:
     1. Inform the parent/guardian that there is reason to believe the student is at risk of suicide.
     2. Assure the parent/guardian that the student is safe and medical services were contacted.
     3. Ask parent/guardian whether he/she is aware of student's mental state
     4. Ask the parent/guardian whether he/she wishes to obtain or has obtained mental health counseling
     5. Provide names of community mental health counseling services.

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| **Hickman County School System** | |
| **Student Suicide Prevention** | **6.415AP** |

Parent/Guardian Documentation

1. Time and Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name of person that was contacted \_
3. Summary of parent/guardian's response \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Anticipated follow up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Hickman County School System** | |
| **Inspection and Correction Procedures** | **6.602AP** |

Parents or eligible students may inspect and review the student's education records upon written request.

Procedure to inspect records:

* Submit an inspection request to the records custodian and identify as precisely as possible the records to inspect. When the student reaches age 18 or enrolls in postsecondary school, rights become the student's rights.
* Inspection of the records must be complete within 45 days from the receipt of the transcript request.
* Parents have the authority to inspect and review records unless that parent does not have the authority under applicable state law governing guardianship, separation, and divorce.

Correction procedures:

Parents of students or eligible students may seek to change any part of the student's record they believe to be incorrect. If there is a name change, change of address, change of contact information the parent should fill out a new enrollment form at the school the child attends. If the child has a name change the same process should be followed along with proof from the birth certificate of new name.