

# **SOUTH CONWAY COUNTY SCHOOL DISTRICT**

## **FORMS MANUAL**

**Adopted: June 14, 2004**  
**Revised: June 12, 2006**

# Forms Manual

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**ACKNOWLEDGEMENT FOR RECEIPT OF HANDBOOK - CERTIFIED**  
**EFFECTIVE: June 14, 2004**

*South Conway County School District*  
*Employee Handbook*

The contents of this handbook are presented as a matter of information only. The statements are neither a contract nor agreement of employment. From time to time, conditions or circumstances may require management to change, amend, or delete some of the policies contained in this Handbook.

Your signature below acknowledges receipt and agreement to read the South Conway County School District's Certified Employee Handbook.

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

\_\_\_\_\_  
*Date*

**History:** BOE: Adopted 6/14/2004

**ACKNOWLEDGEMENT FOR RECEIPT OF HANDBOOK - CLASSIFIED**

**EFFECTIVE: June 14, 2004**

*South Conway County School District*  
*Employee Handbook*

The contents of this handbook are presented as a matter of information only. The statements are neither a contract nor agreement of employment. From time to time, conditions or circumstances may require management to change, amend, or delete some of the policies contained in this Handbook.

Your signature below acknowledges receipt and agreement to read the South Conway County School District's Classified Employee Handbook.

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

\_\_\_\_\_  
*Date*

**History:** BOE: Adopted 6/14/2004

**7.05F COMMODITIES BIDDER AFFIDAVIT**

**EFFECTIVE: August 8, 2005**

*South Conway County School District  
Commodities Bidder Affidavit*

South Conway County School District

Conway

NAME OF SCHOOL DISTRICT

COUNTY

I, \_\_\_\_\_, hereby state:

- (1) I am the duly authorized agent of \_\_\_\_\_, the bidder submitting the competitive bid which is attached to this statement. I certify the facts as detailed below pertaining to the non-existence of collusion among and between bidders and state officials, as well as to the facts pertaining to the giving or offering of things of value to government personnel in return for special consideration in the awarding of any contract pursuant to the bid to which this statement is attached.
- (2) I am fully aware of the facts and circumstances surrounding the making of the bid to which this statement is attached and have been personally and directly involved in the proceedings leading to the submission of the bid.
- (3) Neither the bidder nor anyone subject to the bidder's direction or control has been a party:
  - (A) To any collusion among bidders in restraint of freedom of competition by agreement to bid at a fixed price or to refrain from bidding;
  - (B) To any collusion with any state official or employee as to quantity, quality, or price in the prospective contract, or as to any other terms of the prospective contract; or
  - (C) In any discussions between bidders and any state official concerning exchange of money or other thing of value for special consideration in the awarding of a contract.
- (4) I hereby guarantee that the specifications outlined in the bid shall be followed as specified and that deviations from the specifications shall occur only as part of a formal change process approved by the Board of Directors of the school district.

\_\_\_\_\_  
*Signature*

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
*Notary Public*

**History:** BOE: Adopted 8/08/2005

**3.31F DRUG FREE WORKPLACE POLICY ACKNOWLEDGEMENT**

**EFFECTIVE: May 9, 2005**

*South Conway County School District  
Drug Free Workplace Acknowledgement*

**CERTIFICATION**

I hereby certify that I have been presented with a copy of the South Conway County School District's drug-free workplace policy, that I have read the statement, and that I will abide by its terms as a condition of my employment with the District.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**History:** BOE: Adopted 7/11/2005, Revised 5/9/05

**GRIEVANCE FORM**

**EFFECTIVE: June 14, 2004**

*South Conway County School District*  
*Personnel Grievance*

**Official Grievance Filed In Accordance With the  
Personnel Policy Handbook and State Law**

Grievant: \_\_\_\_\_

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

Date of Filing: \_\_\_\_\_

File Number: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Title \_\_\_\_\_

Personnel Policy Provision Allegedly Violated:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Statement of Grievance:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed Resolution:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Signed (Grievant):* \_\_\_\_\_

**History:** BOE: Adopted 6/14/2004

**5.17F HONOR ROLL AND GRADUATE OPT OUT FORM**

**EFFECTIVE: August 8, 2005**

*South Conway County School District  
Honor Roll | Graduate Opt Out*

I, the undersigned, being a parent or guardian of a student, or a student eighteen (18) years of age or older, hereby note my objection to having the student named below publicly identified as an honor roll or honor graduate student.

\_\_\_\_\_  
*Name of student (Printed)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of parent (or student, if 18 or older)*

\_\_\_\_\_  
*Date form was filed (To be filled in by office personnel)*

**History:** BOE: Adopted 8/08/2005

## INTERNET USE AGREEMENT- EMPLOYEE

EFFECTIVE: June 14, 2004

# *South Conway County School District*

## *Employee Internet Use Agreement*

Name (Please Print) \_\_\_\_\_

School \_\_\_\_\_ Date \_\_\_\_\_

The South Conway County School District agrees to allow the employee identified above (“Employee”) to use the district’s technology to access the Internet under the following terms and conditions:

1. Conditional Privilege: The Employee’s use of the district’s access to the Internet is a privilege conditioned on the Employee’s abiding by this agreement.
2. Acceptable Use: The Employee agrees that in using the District’s Internet access he/she will obey all federal and state laws and regulations. Internet access is provided as an aid to employees to enable them to better perform their job responsibilities. Under no circumstances shall an Employee’s use of the District’s Internet access interfere with, or detract from, the performance of his/her job-related duties.
3. Penalties for Improper Use: If the Employee violates this agreement and misuses the Internet, the Employee shall be subject to disciplinary action up and including termination.
4. “Misuse of the District’s access to the Internet” includes, but is not limited to, the following:
  - a. using the Internet for any activities deemed lewd, obscene, vulgar, or pornographic as defined by prevailing community standards;
  - b. using abusive or profane language in private messages on the system; or using the system to harass, insult, or verbally attack others;
  - c. posting anonymous messages on the system;
  - d. using encryption software;
  - e. wasteful use of limited resources provided by the school including paper;
  - f. causing congestion of the network through lengthy downloads of files;
  - g. vandalizing data of another user;
  - h. obtaining or sending information which could be used to make destructive devices such as guns, weapons, bombs, explosives, or fireworks;
  - i. gaining or attempting to gain unauthorized access to resources or files;
  - j. identifying oneself with another person’s name or password or using an account or password of another user without proper authorization;
  - k. using the network for financial or commercial gain without district permission;
  - l. theft or vandalism of data, equipment, or intellectual property;
  - m. invading the privacy of individuals;
  - n. using the Internet for any illegal activity, including computer hacking and copyright or intellectual property law violations;
  - o. introducing a virus to, or otherwise improperly tampering with, the system;
  - p. degrading or disrupting equipment or system performance;

- q. creating a web page or associating a web page with the school or school district without proper authorization;
  - r. attempting to gain access or gaining access to student records, grades, or files of students not under their jurisdiction;
  - s. providing access to the District's Internet Access to unauthorized individuals; or
  - t. taking part in any activity related to Internet use which creates a clear and present danger of the substantial disruption of the orderly operation of the district or any of its schools;
  - u. making unauthorized copies of computer software.
  - v. personal use of computers during instructional time.
  - w. installing software on district computers without prior approval of technology director or his/her designee.
5. Liability for debts: Staff shall be liable for any and all costs (debts) incurred through their use of the District's computers or the Internet including penalties for copyright violations.
6. No Expectation of Privacy: The Employee signing below agrees that in using the Internet through the District's access, he/she waives any right to privacy the Employee may have for such use. The Employee agrees that the district may monitor the Employee's use of the District's Internet Access and may also examine all system activities the Employee participates in, including but not limited to e-mail, voice, and video transmissions, to ensure proper use of the system.
7. Signature: The Employee, who has signed below, has read this agreement and agrees to be bound by its terms and conditions.

*Employee's Signature:* \_\_\_\_\_ *Date* \_\_\_\_\_

**History:** BOE: Adopted 6/14/2004

**MATERIALS EVALUATION COMMITTEE REPORT FORM**

**EFFECTIVE: June 14, 2004**

*South Conway County School District  
Materials Evaluation Committee Report*

*(Attach extra pages if needed to complete statements)*

1. Physical description of challenged material: (author, title, publisher, copyright, producer, etc.)

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2. Justification for inclusion of material (include theme and purpose)

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3. Critics judgment of material: (if possible include copies of reviews indicating the source)

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4. Materials Evaluation Committee's decision and comments: (include statements from majority and minority positions)

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**Copies sent to:**

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*Signatures of Committee Members:*

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\_\_\_\_\_  
*Superintendent*

\_\_\_\_\_  
*Administrative Supervisor*

\_\_\_\_\_  
*Complainant*

**History:** BOE: Adopted 6/14/2004

**MEDICATION ADMINISTRATION CONSENT FORM**

**EFFECTIVE: June14, 2004**

*South Conway County School District*  
*Medication Administration Consent*

**Student's Name (Please Print)** \_\_\_\_\_

Medications, including those for self-medication, must be in the original container and be properly labeled with the student's name, the ordering provider's name, the name of the medication, the dosage, frequency, and instructions for the administration of the medication (including times). Additional information accompanying the medication shall state the purpose for the medication, its possible side effects, and any other pertinent instructions (such as special storage requirements) or warnings.

I hereby authorize the school nurse or his/her designee to administer the following medications to my child.

Name(s) of medication(s) \_\_\_\_\_

Name of physician or dentist (if applicable) \_\_\_\_\_

Dosage \_\_\_\_\_

Instructions for administering the medication \_\_\_\_\_

Other instructions \_\_\_\_\_

I acknowledge that the District, its Board of Directors, and its employees shall be immune from civil liability for damages resulting from the administration of medications in accordance with this consent form.

Parent or legal guardian signature \_\_\_\_\_

Date \_\_\_\_\_

**History:** BOE: Adopted 6/14/2004

**4.35F MEDICATION SELF-ADMINISTRATION CONSENT FORM**

**EFFECTIVE: July 11, 2005**

*South Conway County School District*  
*Medication Self-Administration Consent*

**Student's Name (Please Print)** \_\_\_\_\_

The following must be provided for the student to be eligible to self-administer asthma inhalers and/or auto-injectable epinephrine. Eligibility is **only** valid for this school for the current academic year. This consent form must be renewed each year and/or anytime a student changes schools.

- a written medical statement from a health-care provider who has prescriptive privileges that he/she has prescribed the asthma inhaler and/or auto-injectable epinephrine for the student and that the student needs to carry the medication on his/her person due to a medical condition;
- the specific medications prescribed for the student;
- an individualized health care plan developed by the prescribing health-care provider containing the treatment plan for managing asthma and/or anaphylaxis episodes of the student and for medication use by the student during school hours; and
- a statement from the prescribing health-care provider that the student possesses the skill and responsibility necessary to use and administer the asthma inhaler and/or auto-injectable epinephrine.

If the school nurse is available, the student shall demonstrate his/her skill level in using the asthma inhalers and/or auto-injectable epinephrine to the nurse.

Medications for self-medication shall be supplied by the student's parent or guardian and be in the original container labeled with the student's name. The parent or guardian may choose to provide the school with additional appropriate medication (use form 4.35F) for the school to have available to deal with an asthma or anaphylaxis emergency.

My signature below is an acknowledgment that I understand that the District, its Board of Directors, and its employees shall be immune from civil liability for injury resulting from the self-administration of medications by the student named above.

*Parent or legal guardian signature* \_\_\_\_\_

*Date* \_\_\_\_\_

**History:** BOE: Adopted 7/11/2005

**OBJECTION TO PARTICIPATION IN SURVEYS, ANALYSIS, OR  
EVALUATIONS**

**EFFECTIVE: June 14, 2004**

*South Conway County School District  
Surveys, Analysis, or Evaluations Objection*

I, the undersigned, being a parent or guardian of a student, or a student eighteen (18) years of age or older, hereby note **my objection** to participation by the student named below in the following survey, analysis, or evaluation.

I choose **not** to have my student participate in the following survey, analysis, or evaluation.

Name of specific survey \_\_\_\_\_

Or All surveys \_\_\_\_\_

\_\_\_\_\_  
**Name of student (Printed)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
*Signature of parent (or student, if 18 or older)*

\_\_\_\_\_  
**Date form was filed (To be filled in by office personnel)**

**History:** BOE: Adopted 6/14/2004

**OBJECTION TO PHYSICAL EXAMINATIONS OR SCREENINGS**

**EFFECTIVE: June 14, 2004**

*South Conway County School District*  
*Physical Examinations or Screenings Objection*

I, the undersigned, being a parent or guardian of a student, or a student eighteen (18) years of age or older, hereby note **my objection** to the physical examination or screening of the student named below.

Physical examination or screening being objected to:

\_\_\_\_ Vision test

\_\_\_\_ Hearing test

\_\_\_\_ Scoliosis test

\_\_\_\_ Other, please specify \_\_\_\_\_

\_\_\_\_ Non-emergency, invasive physical examination as defined in Policy 4.41

Comments:

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

\_\_\_\_\_  
**Name of student (Printed)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
*Signature of parent (or student, if 18 or older)*

\_\_\_\_\_  
**Date form was filed (To be filled in by office personnel)**

**History:** BOE: Adopted 6/14/2004

**4.13 F OBJECTION TO PUBLICATION OF DIRECTORY INFORMATION**

**EFFECTIVE: June 12, 2006**

*South Conway County School District*  
*Publication of Directory Information Objection*

*(Not to be filed if the parent/student has no objection)*

I, the undersigned, being a parent of a student, or a student eighteen (18) years of age or older, hereby note my objection to the disclosure or publication by the South Conway County School District of directory information, as defined in Policy No. 4.13 (Privacy of Students' Records), concerning the student named below.

I understand that the participation by the below-named student in any interscholastic activity, including athletics and school clubs, may make the publication of some directory information unavoidable, and the publication of such information in other forms, such as telephone directories, church directories, *etc.*, is not within the control of the District.

I understand that this form must be filed with the office of the appropriate building principal within ten (10) school days from the beginning of the current school year or the date the student is enrolled for school in order for the District to be bound by this objection. Failure to file this form within that time is a specific grant of permission to publish such information.

I object and wish to deny the disclosure or publication of directory information as follows:

- Deny disclosure to military recruiters
- Deny disclosure to Institutions of postsecondary education
- Deny disclosure to Potential employers
- Deny disclosure to all public and school sources

*Selecting this option will prohibit the release of directory information to the three categories listed above along with all other public sources (such as newspapers), AND result in the student's directory information **not** being included in the school's yearbook and other school publications.*

\_\_\_\_\_ Deny disclosure to all public sources

*Selecting this option will prohibit the release of directory information to the first three categories listed above along with all other public sources (such as newspapers), but permit the student's directory information to be included in the school's yearbook and other school publications.*

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**Name of student (Printed)**

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*Signature of parent (or student, if 18 or older)*

*Date*

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**Date form was filed (To be filled in by office personnel)**

**Date**

*\*Note: your district does not have to include the separate options listed on this form, but students do have the right to opt out of either category separately.*

<b>History BOE:</b> Adopted 6/14/04, Revised 6/12/06
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**5.07F PATRONS REQUEST FOR RECONSIDERATION OF MEDIA  
CENTER MATERIALS**

**EFFECTIVE: June 14, 2004**

*South Conway County School District  
Reconsideration of Media Center Materials*

*(Attach extra pages if needed)*

Title \_\_\_\_\_  
Author \_\_\_\_\_ Type of Material \_\_\_\_\_  
Publisher or Producer \_\_\_\_\_  
Request Initiated By \_\_\_\_\_  
Telephone \_\_\_\_\_ Address \_\_\_\_\_  
City and State \_\_\_\_\_ Zip Code \_\_\_\_\_  
School(s) in which item is used: \_\_\_\_\_  
Requestor represents: himself \_\_\_\_\_ herself \_\_\_\_\_ group \_\_\_\_\_ organization \_\_\_\_\_  
Name of group: \_\_\_\_\_  
Address of group: \_\_\_\_\_

Please fill out the questions as completely as possible.

1. To what in the material do you object: (please be specific, cite pages or frames, etc.)

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

2. What do you feel might be the result of reading, viewing, or hearing this material?

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

3. For what age group would you recommend this material?

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

4. Is there anything good about the material?

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

5. Did you review the entire work? \_\_\_\_\_  
If not, which sections did you review?

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---

6. Are you aware of the judgment of this material by reviewers?

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---

7. What do you believe is the theme of this work?

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8. What would you like your media center to do about this material?

- a. Do not lend it to my child \_\_\_\_\_
- b. Withdraw it from all students as well my child \_\_\_\_\_
- c. Send it back to the staff for re-evaluation \_\_\_\_\_

9. In its place, what title of equal quality would you recommend that would convey as valuable a picture of the subject treated?

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\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**History:** BOE: Adopted 6/14/2004

**PATRONS REQUEST FOR RECONSIDERATION OF WORK**

**EFFECTIVE: June 14, 2004**

*South Conway County School District*  
*Request for Reconsideration of Work*

*\*Adapted from NCTE The Student's Right to Read, 1962. (Attach extra pages if needed to complete statements)*

Title \_\_\_\_\_  
Author \_\_\_\_\_ Type of Material \_\_\_\_\_  
Publisher or Producer \_\_\_\_\_  
Request Initiated By \_\_\_\_\_  
Telephone \_\_\_\_\_ Address \_\_\_\_\_  
City and State \_\_\_\_\_ Zip Code \_\_\_\_\_  
School(s) in which item is used: \_\_\_\_\_  
Requestor represents: himself \_\_\_\_\_ herself \_\_\_\_\_ group \_\_\_\_\_ organization \_\_\_\_\_  
Name of group: \_\_\_\_\_  
Address of group: \_\_\_\_\_

Please fill out the questions as completely as possible.

1. To what in the material do you object: (please be specific, cite pages or frames, etc.)

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

2. What of value is there in this work?

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

3. What do you feel might be the result of reading, viewing, or listening to this work?

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

4. For what age group would you recommend this work?

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

5. Did you read, view, or listen to the entire work? \_\_\_\_\_  
What, pages or sections?

---

---

---

6. Are you aware of the judgment of this work by critics?

---

---

7. Are you aware of the teacher's purpose in using this work?

---

---

---

8. What do you believe is the theme or purpose of this work?

---

---

---

9. What would you prefer the school to do about this work?

A. Do not assign or recommend it to my child. \_\_\_\_\_

B. Withdraw it from all students. \_\_\_\_\_

C. Send it back to the proper department for re-evaluation. \_\_\_\_\_

10. In its place, what work of equal value would you recommend that would convey as valuable a picture and perspective of a society or set of values?

---

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\_\_\_\_\_  
*Signature of the complainant*

\_\_\_\_\_  
*Date*

**History:** BOE: Adopted 6/14/2004

## **South Conway County School District**

### **Web Site Privacy Policy**

I hereby grant permission to the South Conway County School District to display the photograph or video clip of me/my student (if student is under the age of eighteen {18}) on the District's web site, including any page on the site, or in other District publications without further notice. I also grant the South Conway County School District the right to edit the photograph or video clip at its discretion.

The student's name may be used in conjunction with the photograph or video clip. It is understood, however, that once the photograph or video clip is displayed on a web site, the District has no control over how the photograph or video clip is used or misused by persons with computers accessing the District's web site.

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Name of student (Printed)

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Signature of student (required if student is under 18)

Date

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Signature of parent (required if student is under 18)

Date

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**History BOE:** Adopted 6/14/04, Revised 6/12/06

**PRINCIPAL FEEDBACK SURVEY**

EFFECTIVE: June 14, 2004

*South Conway County School District*  
*Principal Feedback Survey*

Please complete this survey. Return it to your PPC building representative. Circle your answer.

Please select from following:

- (1.) Not Observed      (2.) Below Expectations      (3.) Meets Expectations

**ADMINISTRATIVE SKILLS**

**ASSESSMENTS**

**Goals**

- |   | <b>1</b> | <b>2</b> | <b>3</b> |
|---|----------|----------|----------|
| 1. Effectively works toward accomplishing school goals.                 | ( )      | ( )      | ( )      |
| 2. The school goals are based on student achievement.                   | ( )      | ( )      | ( )      |
| 3. I feel involved in the efforts to make this a better school.         | ( )      | ( )      | ( )      |
| 4. I get the help I need from my principal to accomplish my work goals. | ( )      | ( )      | ( )      |

**Decision Making**

- |  |     |     |     |
|--|-----|-----|-----|
| 1. Makes effective decisions.  | ( ) | ( ) | ( ) |
| 2. Asks for and considers the input of teachers when making decisions. | ( ) | ( ) | ( ) |
| 3. Identifies and resolves problems pro-actively.                      | ( ) | ( ) | ( ) |

**Leadership**

- |  |     |     |     |
|--|-----|-----|-----|
| 1. Effectively leads and implements necessary changes.   | ( ) | ( ) | ( ) |
| 2. Is supportive of the school staff.                    | ( ) | ( ) | ( ) |
| 3. Shares district information appropriately and timely. | ( ) | ( ) | ( ) |
| 4. In involved in daily events/activities in the school. | ( ) | ( ) | ( ) |

**Communication**

- |   |     |     |     |
|---|-----|-----|-----|
| 1. Written communication is frequent and easily understood.                 | ( ) | ( ) | ( ) |
| 2. Verbally communicates his/her expectations of me and staff as a whole.   | ( ) | ( ) | ( ) |
| 3. Communicates with parents and students in a timely and effective manner. | ( ) | ( ) | ( ) |
| 4. Keeps parents informed on school district issues that effect students.   | ( ) | ( ) | ( ) |

**Respect**

- |  |     |     |     |
|--|-----|-----|-----|
| 1. Treats all staff members fairly and with integrity.             | ( ) | ( ) | ( ) |
| 2. Is approachable and available.                                  | ( ) | ( ) | ( ) |
| 3. Is fair and consistent when handling student discipline issues. | ( ) | ( ) | ( ) |
| 4. Seeks positive solutions to problem solving.                    | ( ) | ( ) | ( ) |

Please select from following:

- (1.) Not Observed      (2.) Below Expectations      (3.) Meets Expectations

**ADMINISTRATIVE SKILLS**

**ASSESSMENTS**

**Resource Management**

	<b>1</b>	<b>2</b>	<b>3</b>
1. Schedules staff work and supervision responsibilities to ensure that the school is organized.	( )	( )	( )
2. Deals effectively with staff member performance problems.	( )	( )	( )
3. I am satisfied that our building principal provides a safe working and learning environment for staff and students.	( )	( )	( )
4. Overall the principal is an effective leader that promotes a positive building climate for employees and students.	( )	( )	( )

Principal's Name \_\_\_\_\_

School Building \_\_\_\_\_

**History:** BOE: Adopted 6/14/2004

**PRINCIPAL'S PERFORMANCE EVALUATION**

**EFFECTIVE: June 14, 2004**

*South Conway County School District*  
*Principal Performance Evaluation*

Administrator \_\_\_\_\_ Position \_\_\_\_\_

School \_\_\_\_\_ Date \_\_\_\_\_ Evaluation Number 1 \_\_\_\_, 2 \_\_\_\_

Directions: Check the column that best indicates your estimate of the principal's performance in each of the administrative skills.

Symbols: 1. Not Observed 2. Below Expectations 3. Meets Expectations

**ADMINISTRATIVE SKILLS**

**ASSESSMENTS**

**Management**

**1 2 3**

- 1. Clearly delineates responsibilities and authority. ( ) ( ) ( )
- 2. Maintain accurate personnel and financial records. ( ) ( ) ( )
- 3. Works to ensure the selection of a strong faculty and staff. ( ) ( ) ( )
- 4. Gives evidence of careful planning and organization. ( ) ( ) ( )
- 5. Monitors plant, office, and equipment maintenance. ( ) ( ) ( )
- 6. Reports critical maintenance needs and follows up appropriately. ( ) ( ) ( )

**Instructional Leadership**

- 1. Demonstrates knowledge of curricular issues. ( ) ( ) ( )
- 2. Is familiar with good teaching methods. ( ) ( ) ( )
- 3. Organizes periodic small group and/or total faculty meetings. ( ) ( ) ( )
- 4. Provides effective supervision. ( ) ( ) ( )
- 5. Supervises all personnel. ( ) ( ) ( )
- 6. Evaluates thoroughly and accurately, program and staff. ( ) ( ) ( )
- 7. Helps develop appropriate individual growth plans. ( ) ( ) ( )
- 8. Effectively uses student test results. ( ) ( ) ( )
- 9. Assists and encourages faculty in investigating and evaluating promising new developments in education. ( ) ( ) ( )

**Communication/Interpersonal Skills**

- 1. Demonstrates concern for teacher problems. ( ) ( ) ( )
- 2. Interprets the school's program. ( ) ( ) ( )
- 3. Communicates oral information correctly. ( ) ( ) ( )
- 4. Practices preventive discipline. ( ) ( ) ( )

**Personal Growth and Leadership**

- 1. Improves professional skills and knowledge. ( ) ( ) ( )
- 2. Takes leadership role in improving education. ( ) ( ) ( )
- 3. Performs duties in a professional and responsible manner. ( ) ( ) ( )

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

**REQUEST FOR RECONSIDERATION OF INSTRUCTIONAL  
OR SUPPLEMENTAL MATERIALS**

**EFFECTIVE: June 14, 2004**

*South Conway County School District  
Instructional-Supplemental Materials*

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

Date submitted: level one \_\_\_\_\_ level two \_\_\_\_\_ level three \_\_\_\_\_

Instructional material being contested:

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

Reasons for contesting the material (be specific):

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

What is your proposed resolution?

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

*Signature of receiving principal* \_\_\_\_\_

*Signature of Deputy Superintendent* \_\_\_\_\_

*Signature of Superintendent* \_\_\_\_\_

**History:** BOE: Adopted 6/14/2004

**REQUEST FOR FORMAL RECONSIDERATION FORM**

**EFFECTIVE: June 14, 2004**

*South Conway County School District*  
*Formal Reconsideration Form*

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

Media Center material being contested:

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

Reasons for contesting the material. (Be specific about why you believe the material does not meet the selection criteria listed in policy 5.7—*Selection of Library/Media Center Materials*):

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

What is your proposed resolution?

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

*Signature of receiving principal* \_\_\_\_\_

*Signature of Deputy Superintendent* \_\_\_\_\_

*Signature of Superintendent (if appealed)* \_\_\_\_\_

**History:** BOE: Adopted 6/14/2004

**SEXUAL HARASSMENT/SEX DISCRIMINATION FORM**

**EFFECTIVE: June 14, 2004**

*Written Report Of Misconduct  
Internal Complaint Of  
Sexual Harassment / Sex Discrimination*

*General Information*

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

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

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

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

Telephone (Work): \_\_\_\_\_ (Home): \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

**SPECIFIC INFORMATION ABOUT YOUR COMPLAINT**

1. Who is harassing you and/or discriminating against you? (Include name(s) and job title(s)):

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

2. What happened to you to prompt this complaint? (Be as specific as possible in describing the harassment / discrimination. Include names, date, and locations. Try to describe the "who, what, when, where, why and how" of the incident(s). Attach extra pages if necessary.)

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

3. Did anyone witness the incident(s) described above? If so, state the name of the individual who witnessed each incident.

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

4. With who have you discussed the incident(s)?

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5. Have you previously been subjected to sexual harassment or sex discrimination by the individual(s) identified in your response to question No.1? If so, please describe each prior incident in detail. (Include names, dates, and locations. Try to describe the “who, what, when, where, why and how” of the incident(s). Attach extra pages if necessary.)

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6. Do you have written documentation (e.g., cards, letters, diaries, journals, or calendars) relevant to you complaint? If so, describe the document(s).

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7. Are you aware of other employees who have experienced harassment or discrimination by the person harassing or discriminating against you? If so, state the employee’s name and the details of his or her experiences, if know to you.

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8. How do you suggest or prefer that your complaint be resolved?

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## STUDENT INTERNET USE AGREEMENT

EFFECTIVE: December 11, 2006

# *South Conway County School District*

## *Student Internet Use Agreement*

Student's Name (Please Print) \_\_\_\_\_ Grade Level \_\_\_\_\_

School \_\_\_\_\_ Date \_\_\_\_\_

The South Conway County School District agrees to allow the student identified above ("Student") to use the district's technology to access the Internet under the following terms and conditions:

1. Conditional Privilege: The Student's use of the district's access to the Internet is a privilege conditioned on the Student's abiding to this agreement. No student may use the district's access to the Internet unless the Student and his/her parent or guardian have read and signed this agreement.
2. Acceptable Use: The Student agrees that he/she will use the District's Internet access for educational purposes only. In using the Internet, the Student agrees to obey all federal and state laws and regulations. The Student also agrees to abide by any Internet use rules instituted at the Student's school or class, whether those rules are written or oral.
3. Penalties for Improper Use: If the Student violates this agreement and misuses the Internet, the Student shall be subject to disciplinary action.
4. "Misuse of the District's access to the Internet" includes, but is not limited to, the following:
  - a. using the Internet for other than educational purposes;
  - b. gaining intentional access or maintaining access to materials which are "harmful to minors" as defined by Arkansas law;
  - c. using the Internet for any illegal activity, including computer hacking and copyright or intellectual property law violations;
  - d. making unauthorized copies of computer software;
  - e. accessing "chat lines" unless authorized by the instructor for a class activity directly supervised by a staff member;
  - f. using abusive or profane language in private messages on the system; or using the system to harass, insult, or verbally attack others;
  - g. posting anonymous messages on the system;
  - h. using encryption software;
  - i. wasteful use of limited resources provided by the school including paper;
  - j. causing congestion of the network through lengthy downloads of files;
  - k. vandalizing data of another user;
  - l. obtaining or sending information which could be used to make destructive devices such as guns, weapons, bombs, explosives, or fireworks;
  - m. gaining or attempting to gain unauthorized access to resources or files;

- n. identifying oneself with another person's name or password or using an account or password of another user without proper authorization;
  - o. invading the privacy of individuals;
  - p. divulging personally identifying information about himself/herself or anyone else either on the Internet or in an email. Personally identifying information includes full names, address, and phone number.
  - q. using the network for financial or commercial gain without district permission;
  - r. theft or vandalism of data, equipment, or intellectual property;
  - s. attempting to gain access or gaining access to student records, grades, or files;
  - t. Introducing a virus to, or otherwise improperly tampering with the system;
  - u. degrading or disrupting equipment or system performance;
  - v. creating a web page or associating a web page with the school or school district without proper authorization;
  - w. providing access to the District's Internet Access to unauthorized individuals;
  - x. failing to obey school or classroom Internet use rules; or
  - y. taking part in any activity related to Internet use which creates a clear and present danger of the substantial disruption of the orderly operation of the district or any of its schools.
5. Liability for debts: Students and their cosigners shall be liable for any and all costs (debts) incurred through the student's use of the computers or the Internet including penalties for copyright violations.
  6. No Expectation of Privacy: The Student and parent/guardian signing below agree that if the Student uses the Internet through the District's access, that the Student waives any right to privacy the Student may have for such use. The Student and the parent/guardian agree that the district may monitor the Student's use of the District's Internet Access and may also examine all system activities the Student participates in, including but not limited to e-mail, voice, and video transmissions, to ensure proper use of the system. The District may share such transmissions with the Student's parents/guardians.
  7. No Guarantees: The District will make good faith efforts to protect children from improper or harmful matter which may be on the Internet. At the same time, in signing this agreement, the parent and Student recognize that the District makes no guarantees about preventing improper access to such materials on the part of the Student.
  8. Signatures: We, the persons who have signed below, have read this agreement and agree to be bound by the terms and conditions of this agreement.

Student's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

*Note: The Neighborhood Children's Internet Protection Act (PL 106-554, 47 USC 254 (h) (l)) requires districts to hold at least one public hearing on its proposed Internet safety policy. The regulations do not require this to be a special meeting and it is allowable for it to be part of a regular school board meeting.*

**History:** BOE: Adopted 6/14/2004, Revised 12/11/06

**TEACHER REQUEST FOR NEW MATERIALS**

**EFFECTIVE: June 14, 2004**

*South Conway County School District*  
*New Material Request*

TITLE: \_\_\_\_\_  
AUTHOR: \_\_\_\_\_  
PUBLISHER: \_\_\_\_\_

GENERAL TOPIC (IF SPECIFIC TITLE IS NOT BEING REQUESTED)

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

REQUESTED BY (NAME): \_\_\_\_\_  
SCHOOL BUILDING: \_\_\_\_\_

1. FOR WHAT PURPOSE SHOULD THIS BOOK BE PURCHASED?

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

2. DID YOU READ THE ENTIRE BOOK? \_\_\_\_\_  
WHAT PARTS? \_\_\_\_\_

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

3. WHAT DO YOU FEEL MIGHT BE THE RESULT OF READING THIS WORK?

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

4. WHAT ARE THE POSITIVE FEATURES OF THIS BOOK?

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

5. WHAT DO YOU BELIEVE IS THE THEME OF THIS WORK?

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

6. ARE YOU AWARE OF JUDGMENTS OF THIS WORK BY LITERACY CRITICS?

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

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7. FOR WHAT USE ARE YOU RECOMMENDING THAT THIS MATERIAL BE OBTAINED?

INTERLIBRARY LOAN \_\_\_\_\_ PROFESSIONAL LIBRARY \_\_\_\_\_  
RESERVE SHELF \_\_\_\_\_ CLASSROOM \_\_\_\_\_ FREE LOAN \_\_\_\_\_

8. IN ITS PLACE, WHAT WORK WOULD YOU RECOMMEND THAT WOULD CONVEY AS VALUABLE A PICTURE AND PERSPECTIVE OF THE SUBJECT TREATED?

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9. IF THIS IS A CONTROVERSIAL TOPIC: YES, NO, OR NOT KNOWN  
A. IS THE PRESENTATION IN THIS MATERIAL ACCURATE AND BALANCED?  
YES, NO, OR NOT KNOWN  
B. IF THIS TAKES ONE SIDE, WHICH SIDE?

C. DOES THE SCHOOL ALREADY HAVE MATERIALS ON THE OTHER SIDES?  
YES, NO, OR NOT KNOWN  
EXAMPLE: \_\_\_\_\_

D. WHAT MIGHT WE NEED TO OBTAIN?

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**History:** BOE: Adopted 6/14/2004

## SOUTH CONWAY COUNTY SCHOOL DISTRICT TRAVEL EXPENSE SHEET/ REIMBURSEMENT

Name: \_\_\_\_\_ Conference Title: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Destination: \_\_\_\_\_ Date of Departure: \_\_\_\_\_ Return: \_\_\_\_\_

Mileage: Personal ( <input type="checkbox"/> ) Rental ( <input type="checkbox"/> )					
Date	From	To	Miles	Rate	Total

Meals				
Date	Bkst. (\$8)	Lunch (\$11)	Dinner (\$15)	Total (\$34)

Lodging		Other Expenses (Airline, Taxi, Parking and Misc.)		
Date	Rate	Date	Item	Amount

Totals	
Mileage	
Meals	
Lodging	
Other	
<b>Grand Total</b>	
Less Employee Obligation	
<b>Total Due Employee</b>	

I certify that the statements in the above schedule are true and just in all respects; that payment of the amounts claimed herein has not and will not be reimbursed to me from any other sources; that travel performed for which reimbursement is claimed was performed by me on school business and that no claims are included for expenses of a personal nature or for any other expenses not authorized by the school policy and that I actually incurred or paid the operating expenses of the motor vehicle for which reimbursement is claimed on a mileage basis.

Employee \_\_\_\_\_ Date \_\_\_\_\_ Supervisor \_\_\_\_\_ Date \_\_\_\_\_ Superintendent \_\_\_\_\_ Date \_\_\_\_\_

Budget Unit						1099 -	Yes _____	No _____
Fund	Function	Location	Subject	Prog.	Account	Amount	Description	
						\$		
						\$		
						\$		
						\$		
<b>TOTAL</b>						\$		

**~~ RECEIPTS MUST BE ATTACHED FOR ALL EXPENSES EXCLUDING MILEAGE ~~**