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InstructionGeneral Policy Statement

The Board of Education delegates to the Superintendent the responsibility of maintaining the program of instruction and extracurricular activities.

The instructional program and extracurricular activities shall meet the accredited school system standard of the State Board of Education through the Nebraska Department of Education, Federal regulations, Nebraska School Activities Association regulations and the policies of the Board of Education.

The professional staff is responsible for the development of educational and activities programs which meet the objectives of District OR-1 Public Schools.

Date of Adoption: February 13, 2017

InstructionScope of Instructional Program

- A) The District shall provide instruction suitable to the needs of all who are legally eligible to attend school in the District.
- B) Except for special types of instruction, the instructional program may be arranged in units commonly designated as grades, each grade approximately the work of one (1) year. Such a program of instruction shall be organized into schools or other administrative units as follows:
 - 1. The elementary school shall provide for the instruction of children kindergarten through sixth grade.
 - 2. The secondary school shall provide for the instruction of children in grades seven (7) through twelve (12). Within the secondary school, grades seven (7) and eight (8) may be treated as separate from grades nine (9) through twelve (12).
 - 3. Instruction appropriate to the needs of the community and individuals may be provided for adults and others beyond the age required to attend school.
 - 4. Departures from the above noted organizational plan for instruction may be made by the Superintendent upon approval of the Board of Education.

Date of Adoption: February 13, 2017

InstructionThe Program of Instruction

The minimum program of instruction in the schools shall be that prescribed by the statutes. The statutory curriculum may be augmented and extended to provide for the educational needs of individual pupils and differing areas in the School District.

The District shall educate staff and students about the harms of copyright piracy.

Legal Reference: Rule 10; ESSA

Date of Adoption: February 13, 2017

InstructionSchool Instructional Hours

District OR-1 Public Schools will have a school year consisting of at least (a) for kindergarten, the time equivalent to 400 hours; (b) for elementary grades one through grade eight, the time equivalent to 1,032 hours, and (c) for grades nine through twelve, the time equivalent to 1,080 hours.

An instructional hour shall mean a period of time at least sixty (60) minutes, which is actually used for the instruction of students.

Interruptions in the school year of the instructional hour minimums due to extracurricular activities (interscholastic sports, clubs, and contests) will be held to a minimum. All students participating in such events will be required to comply with the District's policies on student attendance for such absences to be excused, including the completion of assignments for missed classes.

The required 1,080, 1,032, and 400 instructional hour minimums shall not include the following:

1. When a school is dismissed for any reason such as tournaments or contests, parent/teacher conferences, funerals, parades, and school picnics;
2. Time scheduled for the school lunch period.

Legal Reference: Neb. Rev. Stat. § 79-101; Neb. Rev. Stat. §§ 79-211 and 79-212;
NDE Rule 10

Date of Adoption: February 13, 2017

InstructionSchool Day for Students

The school day shall be scheduled in such a way that students are given the best opportunity for their educational growth and development. The length of the day, and the arrangement of time segments within it, need not be uniform for all grade levels.

- A) The length of the school day in the secondary schools shall be no less than 380 minutes.
- B) The hours of opening and closing each type of school shall be determined by the Superintendent of Schools. The time of opening and ending the school day may be modified where transportation or other conditions justify such a change upon the authorization of the Superintendent of Schools provided that the length of school sessions are not shortened.
- C) During the school year, all schools shall be in session five (5) days a week, Monday through Friday, except upon emergency authorization of the Superintendent of Schools or during authorized school breaks.
- D) In designing the student day, the following considerations are to be met:
 - 1. The learning activities of each student are carefully guided and supervised.
 - 2. Each student has opportunities to receive individual assistance from teachers outside of the regular school day.
 - 3. Parents shall be informed of late starts or early dismissal.
 - 4. Early dismissal for student employment shall be subject to approval of the building administration. Parental or guardian permission shall precede any early dismissal for work related activities. Early dismissal of other students shall be for reasons of health, etc., and must be validated by the student's parent or guardian.
 - 5. Changes in the school day shall be subject to the approval of the Superintendent.

Date of Adoption: February 13, 2017

Instruction

Emergencies

All employees of the school system are responsible for promoting the safety of students.

Procedures for fire, civil defense, and other emergencies shall be maintained.

Legal Reference: Neb. Rev. Stat. § 79-706

Date of Adoption: February 13, 2017

InstructionFire Drills

Fire drills shall be conducted at such times and manner as is required by the State Fire Marshal.

The frequency of fire drills shall be as follows:

- at a sufficient frequency to familiarize occupants with the drill procedure as a matter of routine;
- every month in each school building in which the facility is in session;
- subject to the exception that a monthly drill may be deferred in months of severe weather, provided that the required number of annual drills is achieved and not less than four are conducted before the drills are deferred; and
- one additional drill shall be conducted within the first 30 days of a school year.

The manner of conducting fire drills shall be as follows:

- emphasis shall be on conducting an orderly evacuation, rather than speed;
- under varying conditions and at expected and unexpected times;
- participants shall relocate to a predetermined location and remain until recalled or dismissed; and
- all emergency and relocation drill alarms shall be sounded.

Crisis Plans

Crisis Plans for emergency responses and directions for tornado, evacuation, lockdown, lockout, shelter in place and fire drill activities have been developed. To be in compliance with the fire code, there are to be nine fire evacuation exercises each school year. Two tornado drills are to be exercised and two lockdown drills practiced each school year.

Since many parents may not be at home, all children and faculty will be normally retained at the school building in case of extreme emergency. The school notification system will be activated to inform parents and guardians regarding where children may be picked up at school or at the evacuation site.

Legal Reference: Neb. Rev. Stat. §79-706

Date of Adoption: February 13, 2017

Instruction

Emergency Dismissal or Cancellation

Except for those dates designated on the school calendar, school shall not be dismissed or canceled except by action of the Board of Education or in emergency situations as determined by the Superintendent.

Date of Adoption: February 13, 2017

InstructionCeremonies, Observances, and the Pledge of Allegiance

Appropriate exercises may be held for the following: Veterans' Day, Martin Luther King Day, Presidents' Day, Flag Day, Memorial Day, and State Fire Day (the Friday before the Fire Recognition Day, which is the second Saturday in May). An educational program on the United States Constitution shall be held on September 17 every year, or in the preceding or following week if September 17 falls on a weekend or a holiday.

The flags of the United States of America and the State of Nebraska shall be prominently displayed on the school grounds on each day such school is in session. All flag displays shall be in accordance with the standards prescribed for the display of the flag of the United States of America.

Each of the District's schools shall establish a period of time during the school day, when a majority of the students are scheduled to be present, during which time students will be led in the recitation of the Pledge of Allegiance in the presence of the flag of the United States of America. Student participation in the recitation of the Pledge of Allegiance shall be voluntary. Students not participating in the recitation of the Pledge of Allegiance shall be permitted to silently stand or remain seated but shall be required to respect the rights of those students electing to participate.

Legal Reference: Neb. Rev. Stat. § 79-705; § 79-707 and 79-708; NDE Rule 10
70 Federal Register 55507 (Constitution Day)

Date of Adoption: February 13, 2017

InstructionSafe Schools Policy

It is the mission of District OR-1 Public Schools to provide a safe, secure, drug-free and welcoming environment for all students, staff and community members. The administration is authorized and directed to adopt such regulations and take such actions as determined appropriate by the board of education to advance the mission of providing safe schools. Such regulations and actions may include, but not be limited to, school security measures, such as use of metal detectors, surveillance, searches and seizures, and security officers, as well as staff training and student educational programs.

Date of Adoption: February 13, 2017

InstructionCurriculum Review Cycle

TEXTBOOK ADOPTION SCHEDULE

EVALUATION	IMPLEMENTATION	SUBJECT
2017-2018	2018-2019	Industrial Technology, FCS
2018-2019	2019-2020	Spanish
2019-2020	2020-2021	Language Arts
2020-2021	2021-2022	Science
2021-2022	2022-2023	Math and Accounting
2022-2023	2023-2024	Social Studies
2023-2024	2024-2025	Art, Music, Health 7-12, and Journalism
2024-2025	2025-2026	Repeat the cycle

- Computer tests will be purchased as needed due to the constant changing of technology.

Date of Adoption: February 13, 2017

InstructionObjectives of the Instructional Program

District OR-1 Public Schools has designated as its objectives the following:

Our school shall enable each student to react to his environment as a total being by:

- A. Aiding each student in acquiring fundamental skills and knowledge that will engender in each student a sense of personal worth and direction most beneficial to himself and society. This shall be accomplished through:
 - 1. Selection and using subject matter and facilities appropriate to the development of specific skills and knowledge.
 - 2. Setting standards of achievement so that every student can experience some degree of success.
 - 3. Providing equal opportunities for all students, fully realizing that not all students have the same talents and capacities for learning.
 - 4. Finding relationships which exist among the curricular studies.
 - 5. Finding relationships which exist between the curricular studies and the extra curricular activities.
 - 6. Aiding the student to recognize the value of the past as a developmental influence on aesthetic, humanistic and creative ideals for the future.
 - 7. Recognizing scholastic achievement and marks of improvement.
 - 8. Recognizing social and civic contributions made by students.
- B. Providing an environment in which freedom is regarded as a responsibility for administrators, teachers, and students. This shall be accomplished through:
 - 1. Providing direction and substantial meaning whereby respect for each other shall be paramount and reciprocal.
 - 2. Emphasizing the necessity of respect for public and private property as well as dignity of all work.
- C. Maintaining an environment conducive to good physical and mental health. This shall be accomplished through:

1. Providing activities which have as their goal the development of physical fitness.
 2. Providing activities in which all students can experience some measure of success.
 3. Allowing for creative response through music, art, dramatics and physical education.
 4. Providing programs of specialization to meet specific needs of the student; such as speech therapy, remedial reading, guidance counseling and student health.
- D. Providing a means of public relations. This shall be accomplished through:
1. Keeping the public informed as to current happenings in all phases of the school's activities.
 2. Attempting to develop good relationships among students, teachers, administrators, parents and the community at large.
- E. Selecting for employment, administrators and teachers who have the inspiration, dedication and factual competence to put into effect the philosophy and objectives of District OR-1 Public Schools. This shall be accomplished through the auspices of the administration and the Board of Education as designated by the procedures set forth in the Board Policies of the District.
- F. Establishing a program of continuous evaluation of the entire school system that it might determine the measure of success of the philosophy and the objectives of the District. This will be accomplished through coordinating the evaluative efforts of the students, teachers, administrators, specialists, and the entire community.

Date of Adoption: February 13, 2017

InstructionCurriculum - Development and Adoption

All major program adoptions and/or major course revisions shall be subject to the approval of the Board of Education.

Major program adoptions and/or major course revisions may be proposed by district-wide curriculum and/or building curriculum committees and approved, rejected or revised and approved by the Superintendent before being submitted to the Board of Education for final approval.

Date of Adoption: February 13, 2017

InstructionCurriculum – Assessments (Policy No. 6211)1. State Assessments.

The District OR-1 Public School District has adopted an assessment plan and has aligned the curriculum with the state approved content standards. The assessment plan includes a schedule and procedures for assessing success in achieving state standards.

Teachers are to clearly articulate the learning targets and align instruction to the learning targets within each of the content standards. Teachers are to give students instruction on the content prior to students being assessed on each content standard in order to provide learning opportunities for all students.

The assessments are to be conducted in accordance with the assessment plan schedule. Teachers are to conduct the assessments in a manner that assures it accurately assesses whether or not students are meeting the targets outlined by the content standards.

Assessment results are to be reported by the teachers in the manner and within the time directed by the administration or designee. The assessment data is to be used to meet state standards, to provide students and parents with information about student progress, to enhance school improvement planning, and to improve instruction. The assessment data is to be evaluated by teachers to monitor student learning and to improve instruction or terminate ineffective teaching practices to ensure students are being given the opportunity to meet the standards.

2. Achieving Valid Assessments.

Educators are responsible for maintaining the integrity of the assessments to ensure that assessments provide a valid measure of student progress and accomplishments. Educators are not to engage in any practice that may result in assessment results that do not reflect student learning, knowledge, skills or abilities in the area assessed.

For purposes of this policy, student assessments include both “standardized assessments” (including state assessments, norm referenced tests, and evaluations conducted for special education eligibility) and “coursework assessments” (e.g., classroom tests, quizzes, and other evaluative tools used to assign grades).

The following specific assessment expectations and rules apply:

- a. Integrity of the Assessment Instrument. The integrity of the assessment instrument is to be maintained.
 - i. Standardized Assessments. Standardized assessment instruments are not to be made available to students at any time before the student takes the assessment. The assessment instrument is to be maintained in a secure manner.

- ii. Coursework Assessments. Coursework assessment instruments are to be periodically modified to keep the assessments current and prevent students from effectively using “test banks.” For coursework assessments that are given on a repeat basis to students at different times (e.g., a test that is given to students throughout the school day), the educator is to remind students to not share the content of the assessment with students who will be taking the assessment later.

b. Teaching for Success on Assessments.

It is appropriate for educators to prepare students to do well on assessments. This is to be accomplished in a manner that assures the assessment accurately reflects the student’s knowledge, and not simply test preparation.

- i. Teach the Content. Educators are to prepare students to do well on assessments by teaching the subject content. Educators are not to “teach to the test” by teaching based solely on the content of the assessment. The content is to be taught to the students over an appropriate amount of time prior to the assessment. “Cramming” assessment content just before the assessment is to be taken is not appropriate. Review of content previously taught is appropriate.
- ii. Practice Tests. Educators are to prepare students by teaching test taking skills independent of the subject matter being assessed. Educators are not to conduct reviews (drills) using earlier (no longer published) versions of the same test, using alternate (parallel) forms of the same published test, or using actual items from the current form of a standardized test that will be administered to students. Educators are not to conduct reviews (drills) using items of identical format (for example, multiple choice) to the exclusion of other formats.

c. Conditions for Successful Assessments.

- i. Communications. Educators are to communicate to students and parents when assessments will be administered, the purpose of the assessment and how the assessment results will be used. Educators are to motivate students to do their best on assessments. Educators are to read and be familiar with assessment administration directions in advance and communicate the rules to students accurately and clearly.
- ii. Climate. Educators are to have sufficient assessment materials available (e.g., No. 2 pencils, if needed). The classroom is to be arranged to allow comfortable seating. Distractions are to be eliminated. Educators in nearby classrooms are to be informed that the assessment is to be administered so noises from neighboring classrooms are kept at a minimum. Activities or arrangements are to be made for students who finish early so such students do not cause a distraction to other students still taking the assessment.

- iii. Security. Educators are to monitor students while administering assessments to ensure students are complying with standards of academic integrity. Students who violate standards of academic integrity are to be reported to the administration.
- d. Full Participation. Educators are to make efforts to have all eligible students take the assessments. The educator should develop a list of students who will be exempted from assessment and the reason for the exemption and submit the list for review and approval by the Principal.
- e. Assistance During Assessments.
 - i. Standardized Assessments. Educators are not to provide assistance to students while a standardized assessment is being administered except as provided for in a student's 504 Plan or IEP. This includes giving "hints," giving extra time, reading the tests to students or defining or pronouncing words for students, allowing students access to instructional material related to the content of the assessment (e.g., displaying a map during a social studies assessment) or allowing students access to mechanical aids (e.g., calculators).
 - ii. Coursework Assessments. For coursework assessments, students may be allowed access to instructional materials or mechanical aids only when all students being given the assessment are given the aids and use of the aids does not hinder the students from learning the content of the lesson.
- f. Student Answers. Assessments are to reflect the students' work as submitted by the students. During the assessments, educators are to monitor students to make sure directions are being followed (e.g., students are using a No. 2 pencil on all "bubble" sheet assessments and completely erase mistaken answers and extra marks on "bubble" sheet assessments). Educators are not to change answers on a student's assessment sheet or otherwise participate in the submission of false or misleading assessment results.

All employees are to adhere to the Nebraska Student-Centered Assessment System (NSCAS) Security Procedures and report breaches in security to Superintendent or the Superintendent's assessment designee for report to the Nebraska Department of Education. Professionalism, common sense, and practical procedures provide the framework for testing ethics.

Violations of the rules and expectations set forth in this policy will be considered to be a breach of the District's standard of ethics and may result in disciplinary consequences. Educators are to report suspected violations of the expectation to the administration. The administration is to investigate and appropriately respond to violations of the expectations.

Legal Reference: NDE Rule 10.05; NDE Rule 27.004.02H and 004.03D

Date of Adoption: February 13, 2017

Date of Revision: June 10, 2019

InstructionAssessments—Academic Content Standards

The Board of Education adopts the academic content standards of the State Board of Education (“State Board”). The adoption of the academic content standards includes the:

- Language Arts standards that were adopted by the State Board in September, 2014;
- Mathematics standards that were approved by the State Board in September, 2015;
- Science standards that were adopted by the State Board in September, 2017; and
- Social Studies standards that were adopted by the State Board in December, 2012.

Unless other action is taken, the Board of Education adopts the standards of the State Board as such standards are subsequently adopted or amended by the State Board.

The administration shall be responsible for implementing assessments on the state standards in accordance with the procedures established by the State Board and the Department of Education, including conducting assessments in the same subject areas and the same grade levels as established in the state standards, and the reporting of scores and sub-scores.

This policy does not supersede the existing standards adopted by the Board of Education except as set forth herein.

Legal Reference: Neb. Rev. Stat. §§ 79-760 to 79-760.05

Date of Adoption: February 13, 2017

Date of Revision May 14, 2018

InstructionReading Instruction and Improvement

The District shall develop its curriculum to facilitate reading instruction and intervention services to address student reading needs, including, but not limited to, dyslexia. In doing so, the District will ensure that all teachers for kindergarten through grade three should be effective reading teachers as evidenced by (a) evaluations based on classroom observations and student improvement on reading assessments or (b) specialized training in reading improvement. Each student and his or her parents or guardians will be informed of the student's reading progress. It is the District's intent that each student in the District be able to read at or above grade level by third grade.

For school year 2019-20 and each school year thereafter, the District shall administer an approved reading assessment three times during the school year to all students in kindergarten through grade three, except for any student receiving specialized instruction for limited English proficiency who has been receiving such instruction for less than two years, any student receiving special education services for whom such assessment would conflict with the individualized education plan, and any student receiving services under a plan pursuant to the requirements of Section 504 of the Rehabilitation Act of 1973 or Title II of the Americans with Disabilities Act, for whom such assessment would conflict with such section 504 or Title II plan. The first administration of such assessment for each such school year shall occur within the first thirty days of the school year.

Any student in kindergarten, grade one, grade two, or grade three shall be identified as having a reading deficiency if such student performs below the threshold level determined pursuant to the Reading Intervention Act. A student who is identified as having a reading deficiency pursuant to the Reading Intervention Act shall remain identified as having a reading deficiency until the student performs at or above the threshold level on an approved reading assessment. Nothing in the Nebraska Reading Improvement Act shall prohibit the District from identifying any other student as having a reading deficiency.

The District will provide a supplemental reading intervention program for the purpose of ensuring that students can read at or above grade level at the end of third grade. The District may work collaboratively with a reading specialist at the State Department of Education, with educational service units, with learning communities, or through interlocal agreements to develop and provide such supplemental reading intervention programs. Each supplemental reading intervention program shall:

- (a) Be provided to any student identified as having a reading deficiency;
- (b) Be implemented during regular school hours in addition to regularly scheduled reading instruction unless otherwise agreed to by a parent or guardian; and
- (c) Make available a summer reading program each summer for any student who has been enrolled in grade one or higher and is identified as continuing to have a reading deficiency at the conclusion of the school year preceding such summer reading program. Such summer reading

program may be held in conjunction with existing summer programs in the school district or in a community reading program not affiliated with the school district or may be offered online.

(2) The supplemental reading intervention program may also include:

- (a) Reading intervention techniques that are based on scientific research and best practices;
- (b) Diagnostic assessments to frequently monitor student progress throughout the school year and adjust instruction accordingly;
- (c) Intensive intervention using strategies to match the weaknesses identified in the diagnostic assessment:
 - (i) Development in phonemic awareness, phonics, fluency, vocabulary, and reading comprehension;
 - (ii) Explicit and systematic instruction with detailed explanations, extensive opportunities for guided practice, and opportunities for error corrections and feedback; or
 - (iii) Daily targeted individual or small-group reading intervention based on student needs as determined by diagnostic assessment data subject to planned extracurricular school activities;
- (d) Strategies and resources to assist with reading skills at home, including parent-training workshops and suggestions for parent-guided home reading; or
- (e) Access to before-school or after-school supplemental reading intervention with a teacher or tutor who has specialized training in reading intervention.

The school of any student who is identified as having a reading deficiency shall notify such student's parents or guardians either in writing or by electronic communication no later than fifteen working days after the identification of the reading deficiency that the student has been identified as having a reading deficiency and that an individual reading improvement plan will be established and shared with the parents or guardians.

Any student who is identified as having a reading deficiency shall receive an individual reading improvement plan no later than thirty days after the identification of such reading deficiency. The reading improvement plan may be created by the teacher, the principal, other pertinent school personnel, and the parents or guardians of the student and shall describe the reading intervention services the student will receive through the supplemental reading intervention program pursuant to this Policy. Each such student shall receive reading intervention services through the supplemental reading intervention program pursuant to this Policy until the student is no longer identified as having a reading deficiency.

Legal Reference: Nebraska Reading Intervention Act

Date of Adoption: July 16, 2018

Instruction

Experimental/Innovative Program

The professional staff of the school system is encouraged to seek improvement of the educational program of the schools.

Experimental programs and "pilot studies" must have the approval of the Superintendent.

Date of Adoption: February 13, 2017

InstructionCurriculum Guides

Curriculum pacing guides and course guides shall be prepared in harmony with the legal requirements of the state and the purposes of the program of instruction adopted by the Board.

The Superintendent or his/her designee shall have general coordinating authority over the formation of all courses of study and curriculum pacing guides and course guides.

Date of Adoption: February 13, 2017

InstructionHomework

Homework is a learning activity related to the experience within the school. Its purposes are to supplement and to enrich work done in the classrooms; to provide for individual interests; and to promote competency in skills; to use resource materials; to integrate learning and to teach the proper budgeting of time. Homework should be assigned in accordance to guidance from the building administrator and superintendent of schools. Work not completed during the school day is not considered homework, but rather, the completion of assigned school work.

Date of Adoption: February 13, 2017

InstructionPurpose of Homework

No hard and fast rules concerning homework can be made. Some generally accepted principles should govern the teacher in the assignment of homework.

1. There should be flexibility and differences in the assignment to individual students. These should stem from real needs and the consideration of the total education background of the individual student.
2. Homework should serve a definite purpose, to provide drill or practice on a principle or skill already taught; to provide real-life application of the matter in hand; to develop appreciation for or knowledge of community resources; or to develop the personal culture of the student.
3. Homework should be used as a technique for learning, not as "busy work."
4. Homework should not be ordinarily assigned as punishment.
5. Homework should not be used to replace or reduce supervised study, which should take place during school hours. This type of study usually achieves better results than homework.
6. Homework is more effective if a conference with the parent results in understanding of purpose and ways in which help at home can best be offered.
7. There should be a cooperative effort on the part of teachers to coordinate homework assignments so students are not overburdened with excessive quantities of homework.
8. Each teacher should teach students what to study and how to study.
9. Homework should be checked by the teacher and mistakes of students indicated for correction with individual comments wherever indicated or possible.

Date of Adoption: February 13, 2017

InstructionGuidance

The classroom teacher is a key figure in the guidance of youth in both the elementary and secondary schools. The counselor and teachers, by pooling their knowledge and resources, accept the students where they are and help them go as far as their potentialities permit. The students are helped to know and develop their abilities and to recognize and accept their limitations, and in this way to better understand themselves.

The guidance program includes five (5) basic services:

1. Inventory Service. Emphasis is placed upon a system of accurate and complete student records that accentuate the uniqueness of the individual students.
2. Informational Service. Information in the areas of occupational, educational and vocational guidance is made available to teachers, students and parents.
3. Counseling Service. For an effective program, all students are encouraged to seek individual counseling. Students with needs beyond that of the counseling program are encouraged to seek the services of private counseling.
4. Placement Service. This service assists students in the selection of appropriate occupations, educational institutions and work experiences.
5. Follow-up Service. A continuing follow-up of former students through surveys should be pursued in order to evaluate and improve the effectiveness of the school program.

Date of Adoption: February 13, 2017

InstructionField Trips

Field trips shall be considered as instruction and planned as such with definite objectives determined in advance.

Teachers or other certified personnel shall accompany pupils on all field trips and shall assume responsibility for their proper conduct.

When a field trip is made to a place of business or industry, the teacher shall insist that an employee of the host company serve as conductor.

Appropriate education experience and proper supervision shall be supplied for any pupils whose parents do not wish them to participate in a field trip.

Date of Adoption: February 13, 2017

InstructionActivities

A vital component of a comprehensive education program is a properly supervised activities program. Such activities, properly supervised and kept in proper perspective, shall be maintained in the school program in order to give students opportunities for experiences not possible in classroom activities. Care and consideration should be given by educators, coaches, sponsors and parents to the amount of time these activities take students away from school during school hours or away from studies on "school nights."

Date of Adoption: February 13, 2017

InstructionActivity Funds Management

School activity funds may be expended only for purposes which may benefit the student body of the school. All rules, regulations, and procedures for the conduct, operation and maintenance of extra-curricular accounts, and for the safe-guarding, accounting and auditing of all monies received and derived therefrom are to contribute to that objective.

The accounting system for managing student activity funds shall be designed to encourage the largest possible educational return to students without sacrificing the safety of funds or exposing students to undue responsibility or unnecessary routine.

Date of Adoption: February 13, 2017

Instruction

Activities

School Colors

The official colors of District OR-1 Public Schools shall be red, white and blue. An additional color or colors may be used for trim, but the predominant colors shall remain red, white and blue. The mascot is Panthers.

Date of Adoption: February 13, 2017

InstructionActivitiesConcussions1. Training.

The Superintendent or designee shall make available training approved by the chief medical officer of the State on how to recognize the symptoms of a concussion or brain injury and how to seek proper medical treatment for a concussion or brain injury to all coaches of school athletic teams.

2. Education.

The Superintendent or designee shall require that concussion and brain injury information be provided on an annual basis to students and the students' parents or guardians prior to such students initiating practice or competition. The information provided to students and the students' parents or guardians shall include, but need not be limited to:

- a. the signs and symptoms of a concussion;
- b. the risks posed by sustaining a concussion; and
- c. the actions a student should take in response to sustaining a concussion, including the notification of his or her coaches.

3. Response to Concussions.

- a. Removal. A student who participates on a school athletic team shall be removed from a practice or game when he or she is reasonably suspected of having sustained a concussion or brain injury in such practice or game after observation by a coach or a licensed health care professional who is professionally affiliated with or contracted by the school.
- b. Return-to-Play. A student who has been removed from a practice or game as a result of being reasonably suspected of having sustained a concussion or brain injury shall not be permitted to participate in any school supervised team athletic activities involving physical exertion, including, but not limited to, practices or games, until the student: (i) has been evaluated by a licensed health care professional, (ii) has received written and signed clearance to resume participation in athletic activities from the licensed health care professional, and (iii) has submitted the written and signed clearance to resume participation in athletic activities to the school accompanied by written permission to resume participation from the student's parent or guardian.

The coach or administration may require that the student's return to full activities be on a stepwise progression back to full participation, or otherwise establish

conditions for return to participation that are more restrictive than those defined by the licensed health care professional if the coach or an administrator reasonably deems such to be appropriate.

The signature of an individual who represents that he or she is a licensed health care professional on a written clearance to resume participation that is provided to the school shall be deemed to be conclusive and reliable evidence that the individual who signed the clearance is a licensed health care professional. The school is not required to determine or verify the individual's qualifications.

- c. Parent Notification. If a student is reasonably suspected after observation of having sustained a concussion or brain injury and is removed from an athletic activity per the preceding paragraph, the parent or guardian of the student shall be notified by the Superintendent or designee of the date and approximate time of the injury suffered by the student, the signs and symptoms of a concussion or brain injury that were observed, and any actions taken to treat the student.
- d. Return to Learn. The Superintendent or designee shall develop a return to learn protocol for students who have sustained a concussion. The return to learn protocol shall recognize that students who have sustained a concussion and returned to school may need informal or formal accommodations, modifications of curriculum, and monitoring by medical or academic staff until the student is fully recovered.

4. Responsibility of Coaches.

Coaches shall comply with this policy and apply their safety and injury prevention training. A coach who fails to do so is subject to disciplinary action, including but not limited to termination of employment.

5. Students and Parents.

It is recognized that coaches cannot be aware of every incident in which a student has symptoms of a possible concussion or brain injury. As such, students and their parents have a responsibility to honestly report symptoms of a possible concussion or brain injury to the student's coaches on a timely basis.

Legal Reference: Neb. Rev. Stat. §§ 71-9102 to 71-9106

Date of Adoption: February 13, 2017

Concussions: Return to Learn Protocol

Students who sustain a concussion and return to school may need informal or formal accommodations, modifications of curriculum, and monitoring by medical or academic staff until the student is fully recovered.

The school administration of District OR-1 Public Schools adopts the NDE Guidance entitled “Bridging the Gap from Concussion to the Classroom,”¹ and accompanying Appendix,² as its return to learn protocol, with the recognition that each student who has sustained a concussion will require an individualized response.

¹ <http://www.education.ne.gov/sped/birsst/BRIDGING%20THE%20GAP%20February%202014%20final.pdf>.

² <http://www.education.ne.gov/sped/birsst/Concussion%20Appendix%20final%20February%202014.pdf>.

BRIDGING THE GAP

From

CONCUSSION

To the

CLASSROOM

February 2014

*Return
to
Learn*



NEBRASKA DEPARTMENT OF EDUCATION



BRIDGING THE GAP FROM CONCUSSION TO THE CLASSROOM: RETURN TO LEARN



On April 8, 2011, the Nebraska Legislature passed the Concussion Awareness Act on a vote of 43- 0. The Concussion Awareness Act became effective in Nebraska on July 1, 2012. The goal of the Act is to provide a consistent means to identify and manage concussions and help ensure the safety of those involved in youth sports.

The Concussion Awareness Act contains the three tenets of model legislation as described by the Brain Injury Association and the National Football League.

1. Education: Coaches, Parents and Student Athletes
2. Removal from Play – If a concussion is reasonably suspected
3. Clearance by a Licensed Health Care Professional

While Nebraska law requires a specified Return to Play protocol, equally important in the academic setting is a Return to Activity policy. “Bridging the Gap from Concussion to the Classroom: Return to Learn” was developed to provide guidance to assist Nebraska school districts in developing a concussion management policy, including the provision of appropriate classroom adjustments for concussed students facing learning challenges.

Just as effective concussion management requires communication and collaboration, this document has been developed, reviewed and edited collaboratively by a Concussion Task Force comprised of Nebraska Brain injury School Support Teams (BIRSST) and the following individuals representing several disciplines:

Nova Adams, Educational Liaison, Madonna Rehabilitation Hospital

Cindy Brunken, Southeast BIRSST Team, Special Education Supervisor, Lincoln Public Schools

Michelle Hawley-Grieser, Parent, Nebraska Brain Injury Advisory Council

Crystal Kjar, Lincoln Southwest High School, Head Athletic Trainer

Rusty McKune, Coordinator, the Nebraska Medical Center, Sports Medicine Program

Kody Moffatt, MD, Pediatrics and Pediatric Sports Medicine

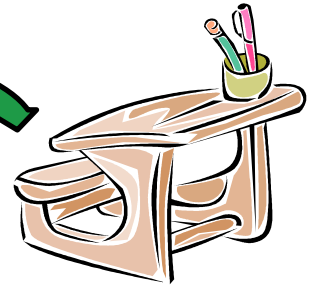
Peg Ogea-Ginsburg, Nebraska Department of Health and Human Services, Office of Injury Prevention

Peggy Reisher, Executive Director, Nebraska Brain injury Association

Rose Dymacek, Education Specialist, Nebraska Department of Education, Office of Special Education



BRIDGING THE GAP FROM CONCUSSION TO THE CLASSROOM: RETURN TO LEARN



What is a Brain Injury?

Acquired Brain Injury (ABI)

- An acquired brain injury is an injury to the brain, which is not hereditary, congenital or degenerative that has occurred after birth. (Includes anoxia, aneurysms, infections to the brain and stroke.)

Traumatic Brain Injury (TBI)

- A TBI is caused by a bump, blow or jolt to the head or a penetrating head injury that disrupts the normal function of the brain. Not all blows or jolts to the head result in a TBI. The severity of a TBI may range from "mild," i.e., a brief change in mental status or consciousness to "severe," i.e., an extended period of unconsciousness or amnesia after the injury. The majority of TBIs that occur each year are concussions or other forms of mild TBI.

Concussions

- A concussion is a type of **traumatic brain injury**, or TBI, caused by a bump, blow, or jolt to the head. A concussion is **any head trauma that causes an altered mental state that may or may not involve a loss of consciousness. Only 10 percent of concussions involve a loss of consciousness!**
- Concussions can also occur following a fall or a blow to the body that causes the head and brain to move back and forth quickly.
- This sudden movement can cause the brain to bounce around in the skull, stretching and damaging the brain cells and creating chemical changes in the brain.
- Health care professionals may describe a concussion as a "mild" brain injury because concussions are usually not life-threatening. Even so, their effects can be serious. (Centers for Disease Control & Prevention)



**A CONCUSSION
IS
A BRAIN INJURY!**

Incidence of Youth Concussions in Nebraska

Figure 1. Concussion rates among persons aged 5-19 years, by month – Nebraska 2008-2012

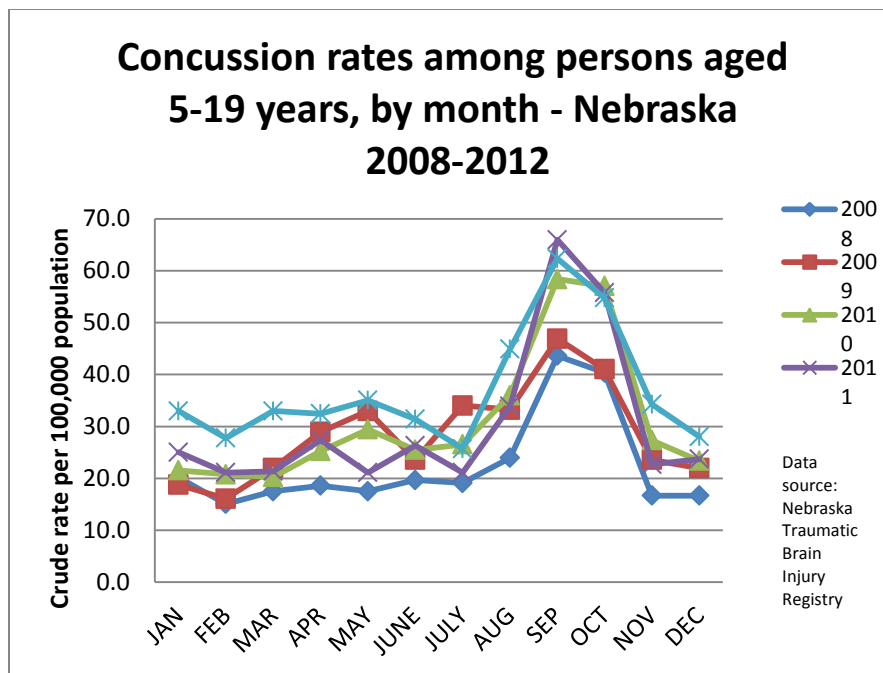
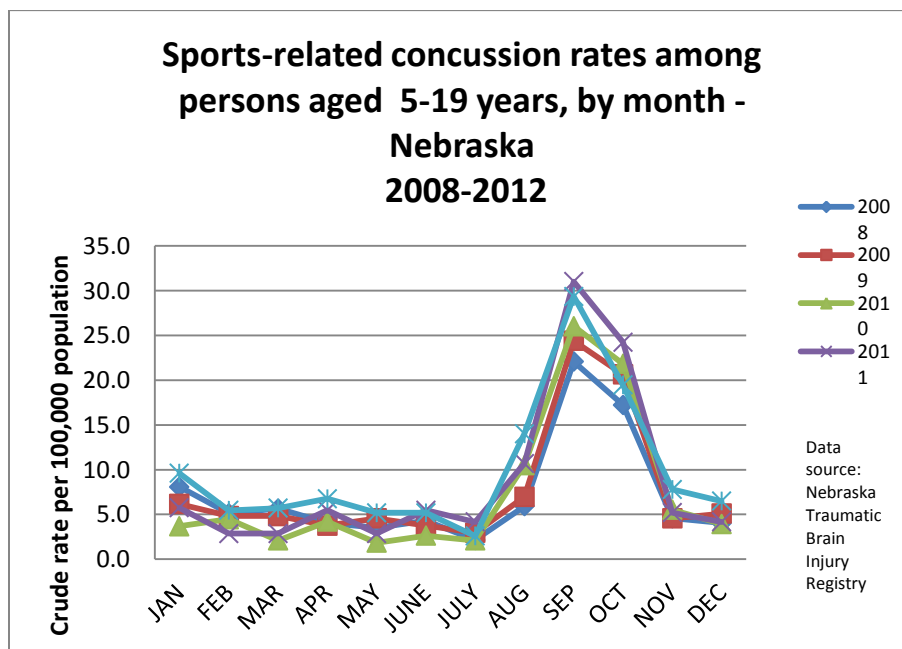


Figure 2. Sports-related concussions among persons aged 5-19 years, by month – Nebraska 2008-2012



Nebraska Department of Health and Human Services, 2013

Both figures above show a peak in concussion rates among school-aged Nebraskans in September and October. This trend has been consistent over the past 5 years. Figure 1 also shows that higher rates of concussions were diagnosed in 2012. These graphs represent persons treated in the office of a physician or psychologist or admitted to or treated at a hospital or a rehabilitation center located within a hospital in Nebraska.

Why are Concussions Such a Big Deal?

- **A CONCUSSION IS A BRAIN INJURY!**
- A concussion can occur from an impact to the head. The most common cause of a concussion is a whiplash type injury, a rapid acceleration of the head.
- Most concussions (90%) occur without loss of consciousness!
- A “ding,” “getting your bell rung,” or what seems to be a mild bump, blow or jolt to the head can be serious and can change the way the brain normally works! (Center for Disease Control 2013).
- Because of changes in the neurophysiology of the brain, symptoms may continue to develop over the next few hours following an injury.
- After a concussion, among other effects, connections within the brain become stressed, resulting in the breaking of some connections between different brain areas and limiting the ability of the brain to process information efficiently and quickly. (Molfese 2013)
- These changes can lead to a set of symptoms affecting the student’s cognitive, physical, emotional and sleep functions, which may result in reduced ability to do tasks at home, at school, or work.
- During this time, returning to play or full-time academics before symptoms have cleared can result in **prolonged recovery time or risk of further injury**.
- Ignoring the symptoms and trying to “tough it out” often makes symptoms worse!
- “Second Impact Syndrome” may occur when a brain already injured takes another blow or hit before the brain recovers from the first –usually within a short period of time (hours, days, or weeks). A repeat concussion can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage and even death. (Center for Disease Control 2013)
- As the chemistry of the brain returns to normal, the symptoms begin to subside and for most people, they resolve within 1 to 6 weeks.
- **During the recovery period, it is very important that individuals are monitored for full resolution of symptoms and referred if further evaluation or treatment is needed.** (Terryberry-Spohr 2013)



Symptoms of TBI/Concussion

School professionals can best support a student's return to school by understanding the effects of concussion and providing the needed academic adjustments and supports. Knowledge of concussion symptoms can help the student and the school team identify the specific needs of the student, monitor changes and provide appropriate accommodations to facilitate the student's recovery and minimize the pressure to return to activities too soon. (CDC 2013)

Symptoms of TBI/Concussion that may affect school performance fall into four categories:

- Thinking/Cognitive/Remembering
- Sleep
- Physical Symptoms
- Emotional/Mood Symptoms



Thinking/Cognitive Red Flags

Look for increased difficulty with:

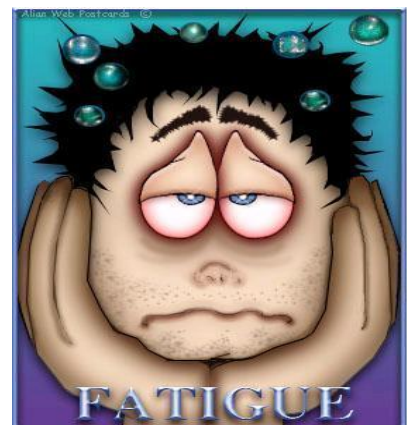
- Thinking clearly
- Concentrating, Staying on task
- Remembering new information
- Slowed response or processing of information (Feeling slowed down)
- Reduced academic performance



Sleep Red Flags

Sleep symptoms tend to last longer than other symptoms. Look for increased:

- Drowsiness
- Sleeps more than usual
- Sleeps less than usual
- Difficulty falling asleep
- Fatigue – tired, having no energy





Physical Red Flags

Look for increased difficulty with:

- Headaches
- Fuzzy or Blurred Vision (visual problems)
- Balance problems
- Dizziness
- Nausea, vomiting
- Sensitivity to light
- Sensitivity to noise
- Disorientation



Social Emotional Red Flags

Look for increased difficulty with:

- Irritability
- Sadness
- More emotional
- Changes in mood
- Nervousness
- Anxiety



Return to Activity = Return to Learn + Return to Play

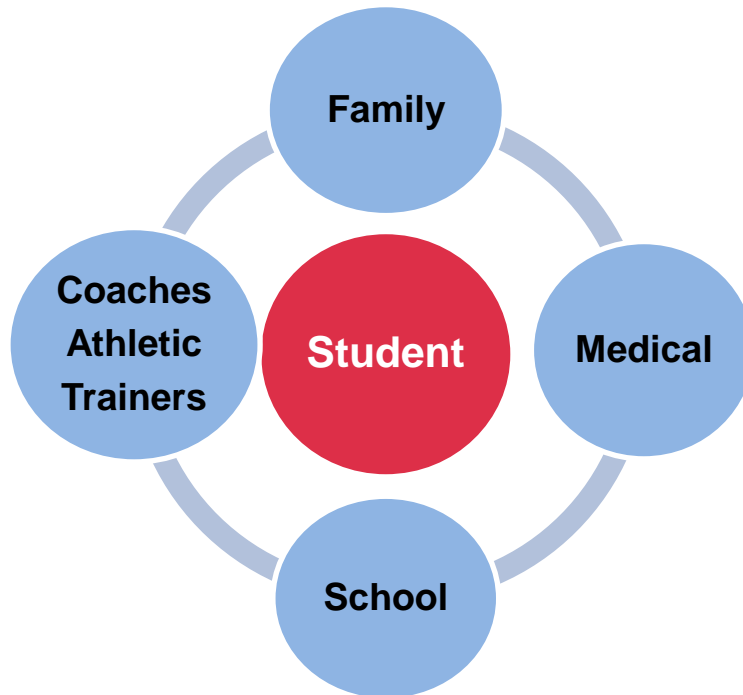


- The Center for Disease Control estimates that 1.7 million traumatic brain injuries occur annually and that 75% of those injuries are mild TBIs (concussions). Concussions occur from sports, falls, playground and bicycle accidents as well as motor vehicle accidents.
- Attention has been given to sports-related concussions because concussion laws have been passed in nearly every state and procedures for Return to Play are familiar to parents, schools and medical personnel.
- Equally important is Return to Learning in the classroom!
- After a concussion, the child or adolescent does not appear to be ill or physically injured. In fact, they may “look” just fine. Nonetheless, a concussion can have direct effects on learning and evidence suggests that using a concussed brain to learn may worsen concussion symptoms and may prolong recovery. (Halstead, McAvoy, et al 2013)
- As the brain is recovering, reducing demands on the brain and avoiding overexertion of the brain at home and at school through a reduction in physical and cognitive activity is beneficial to the recovery of the student
- **Every student and every concussion is different!** No two concussions are the same! The amount of time needed between the injury and the commencement of return to learn activities will vary not only between students, but also between concussions (should a student suffer more than one).
- A Return to Activity plan is composed of two parts:
 - Return to Academics – a gradual return to school and academic requirements implemented by the teaching staff
 - Return to Play – a gradual return to sports implemented by the athletic staff.
- Both the return to academics, and when appropriate, the return to play progression should be allowed to progress over time and as symptoms subside.
- **Please refer to the Return to Academics Progression and Return to Play Progression suggestions at the end of this document. *****

Concussion Management: Recommended Best Practice for Nebraska Schools

- Once a concussion has been diagnosed by a healthcare professional, managing the concussion is best accomplished by creating a support system for the student/athlete. **Communication and collaboration** among parents, school personnel, coaches and athletic trainers, and healthcare providers in overseeing both the return to academics and return to play progressions is essential for the recovery process. Teamwork is required to adjust the treatment and management of the concussion. **Best practice indicates that the student should return to school with a RELEASE OF INFORMATION SIGNED BY THE PARENTS that allows for two-way communication between school personnel and the healthcare provider.** (McAvoy, 2012)

A collaborative approach with the student as the CENTER OF FOCUS!



- Each school district creates a **Concussion Management policy** that incorporates:
 - **Knowledge** about concussion as a mild traumatic brain injury
 - **Training** for all coaches, athletes, parents, and school staff about concussion management
 - **A Concussion Management Team** with a designated contact person.



The Concussion Management Team

Members may include:

Health Care Professional*
Parent(s)*
School Administrator or designee*
Athletic Director
Athletic Trainer
Coach
School Nurse
Teacher(s)

Speech Language pathologist
School Psychologist
School Counselor
Occupational Therapist
Physical Therapist
Student Athlete

Essential members*

Concussion Management Team (CMT) Responsibilities:

- The CMT ensures that every student who suffers a concussion is monitored for a safe return to activity. The CMT designs the Return to Activity Plan with input from the healthcare provider.
- **CMT** contact person is notified of concussion (by parents or athletic trainers, coaches); CMT contact person notifies parent if concussion occurs during school activity;
- CMT contact person notifies school nurse, athletic trainer/coach and teachers as appropriate;
- **Assess** and document the physical, cognitive, behavioral, emotional and sleep **symptoms** and **needs** of a concussed student/athlete;
- Design an **individual plan** for schedule **adjustments**, supports, academic adjustments (i.e., reduced assignments) and physical activity, including PE, dance, active recess, as appropriate and share with school personnel, student and parents;
- **Teachers, Parents, Coaches, Medical providers & Student** communicate, monitor the effectiveness of the plan and document symptoms and academic progress;
- CMT (SAT) meets regularly to **review the student's symptoms and progress**, make adjustments and notifies school staff and health care professional of updates;
- **Adjustments continue until the student no longer needs academic adjustments as a result of the concussion;**
- CMT offers resources on concussions to parents;
- Contact **Brain Injury Regional School Support Team (BIRSST)** for assistance or resources;
- Follow a **gradual Return-to-Activity** for academics and athletics;
- **After symptoms subside and CMT certifies there are no academic concerns or adjustments needed and family and coaches agree student is symptom-free without medication, then**
- Written clearance from a medical provider is given if student/athlete is "back to baseline" on neurocognitive measures and
- Written permission for Return to Activity from parents is obtained;
- Student/athlete returns to academic activities without adjustments and begins Return to Play Protocol; **a successful Return to Learn is necessary before approval for Return to Play. (McAvoy, 2012).**
- Document concussion in student's education file;
- If symptoms last more than 3 – 4 weeks, follow-up assessment and academic adjustments may need to be strengthened or remain in place longer;
- If problems persist, academic accommodations and student supports may be provided through an (Response to Intervention (RtI) Plan, a Health Plan or a 504 Plan;
- The majority of concussed students will not require an IEP; however, a small percentage of students may require a special education referral.
- Parents and medical professions seek medical explanation and treatment for slowed recovery and schools continue to provide appropriate supports.

- **Keep in mind that progression is individual for each student!**

Return to Learn BEFORE Return to Play!

If a student athlete continues to receive academic adjustments due to the presence of any symptoms, they should be considered symptomatic and not be allowed to resume physical activity. McAvoy, Returning to Learn: Going Back to School Following a Concussion. Communique on line, April 2011.

Brain Injury Regional School Support Teams (BIRSST)

- Nebraska has five regional BIRSST teams
 - Refer to attached **map** for **BIRSST team locations and contacts**
- BIRSST teams can assist school districts in:
 - Identifying strategies to support student success
 - Providing information on brain injury and resources
 - Providing training and consultation for Concussion Management Team



Tips for Teachers

Symptoms of concussion often create learning difficulties for students. Immediately after diagnosis of a concussion, an individualized plan for learning adjustments should be initiated with a gradual, monitored return to full academics as symptoms clear. Typical classroom adjustments and accommodations include:

- Reduce course workload
- Decrease homework
- Allow breaks during the day, i.e. rest in quiet area
- Allow additional time to complete assignments
- Provide instructor's notes, outline or study guide for student
- Avoid over-stimulation (noise and light)
- Avoid testing or completion of major projects during recovery time when possible



Refer to **Tips for Teachers** in Appendices for additional adjustments or accommodations.

Tips for Parents

- Parents play a key role in maximizing the child's recovery from a concussion.
- Parents take student to ER or contact the child's healthcare provider immediately after the concussion.
- After the diagnosis of a concussion by the healthcare professional, parents monitor symptoms and activities at home.
- Parents enforce rest, both physical and cognitive, and ensure that the child receives sufficient sleep and engages in quiet, restful activities immediately after a concussion.
- Parents take student to follow-up appointments with the healthcare provider.
- For the first few days, the student/athlete may have symptoms that interfere with concentration and may need to stay home from school to rest for a day or two and refrain from:

- Watching TV
- Playing video games
- Texting
- Working/playing on computer
- Driving
- Use of Cell phone
- Blowing on a musical instrument
- Piano lessons



- Light mental activities can resume as long as symptoms do not worsen. When the student/athlete can tolerate 30-45 minutes of light mental activity, a gradual return to school can commence.
- Parents monitor and track symptoms at home and communicate regularly with the school Concussion Management Team (CMT) Coordinator and/or health care provider.
- Parents sign Permission for two-way Release Information between the medical provider and the school district.
- Parents may request information from the school CMT on concussions.
- Parents are aware of academic adjustments in the school setting.
- Deliver medical clearance from the healthcare provider to the CMT when appropriate.

References

1. Centers for Disease Control and Prevention - *Returning to School After a Concussion: A Fact Sheet for School Professionals*.
http://www.cdc.gov/concussion/pdf/TBI_Returning_to_School-a.pdf
2. Giza C., Kutcher J., *et al.* Summary of evidence-based guideline update: Evaluation and management of concussion in sports. *Neurology*, 2013: 10.1212/WNL.0b013e31828d57dd.
3. Halstead, M., McAvoy, K., *et al.* *Returning to Learning Following a Concussion. Pediatrics*: originally published online October 27, 2013.
<http://pediatrics.aappublications.org/content/early/2013/10/23/peds.2013-2867>
4. McGrath, N. (2010). Supporting the Student-Athlete's Return to the Classroom after a Sport Related Concussion. *Journal of Athletic Training*, 45(5), 492-498.
5. McAvoy, K. (2013). *REAP the benefits of good concussion management*. Centennial, CO: Rocky Mountain Sports Medicine Institute Center.
6. McAvoy, K. (2012). Return to Learning: Going Back to School Following a Concussion. *NASP Communique* online. March/April.
7. McCrory P., Meeuwisse W., Aubry M., *et al.* Consensus Statement on Concussion in Sport: the 4th International Conference on Concussion in Sport. *Br J Sports Med*. 2013; 47: 250-258
8. Orcas (2011). *Brain Injury 101: Concussion Management. Policy and Resource Handbook*. Retrieved from <http://brain101orcasinc.com>
9. The Center on Brain Injury Research and Training. *Max's Law: Concussion Management Implementation Guide*. Retrieved from <http://www.cbirt.org>

WHAT CAN **YOU** DO TO CHANGE THE CULTURE OF CONCUSSION IN NEBRASKA?

- ✓ Educate
- ✓ Communicate
- ✓ Collaborate



Parents
Students
Schools
Physicians

Wear your helmet!



BRIDGING THE GAP
From CONCUSSION To The CLASSROOM

APPENDICES

Nebraska Concussion Awareness Act – Quick Facts

Concussion Resources

Return to Academics Progression

Return to Play Progression

Post-Concussion Symptom Checklist

Tips for Teachers

NE Concussion Management Recommended Best Practice

Information from Teachers for CMT

BIRSST Team Map and Team Contacts

Nebraska Concussion Awareness Act – Quick Facts

Return to Play

- **Goal: To provide a consistent means to identify and manage concussions and help ensure the safety of those involved in youth sports.**
- Legislation passed by Nebraska Legislature - Final Reading on April 8, 2011 (43-0)
- Effective July 1, 2012
- The Concussion Awareness Act contains the three tenets of model legislation as described by the Brain Injury Association and the National Football League.
 1. Education: Coaches, Parents and Student Athletes
 2. Removal from Play – If a concussion is reasonably suspected
 3. Clearance by a Licensed Health Care Professional
- Concussion Awareness Act applies to:
 - ✓ Approved or accredited public, private, denominational or parochial schools (does not include higher education/college and university) Section 4.
 - ✓ Athletes 19 years of age or younger that participate in organized sports (“any city, village, business or nonprofit that organizes sports, charges a fee or is sponsored by a business or nonprofit organization.”) Section 5
- Education provided for:
 - ✓ Coaches. Training approved by the Chief Medical officer must be made available to all coaches.
 - ✓ Parents and student athletes. Concussion and brain injury information must be provided:
 - On an annual basis and
 - Prior to the start of practice or competition.
- Removal from Play
 - ✓ Any student athlete or athlete shall be removed from play when they are reasonably suspected of having a concussion by a coach or licensed health care professional.
 - ✓ If an athlete is removed from activity due to reasonable suspicion of suffering a concussion:
 - Parents or Guardians must be notified of the date and approximate time of the injury and the signs and symptoms that were observed, as well as any actions taken to treat.
- Return to Play
 - ✓ A student-athlete or athlete may be allowed to return to play when:
 - They have been evaluated by a licensed health care professional
 - They have received written clearance from the licensed health care professional;
 - They have submitted the written and signed clearance to resume participation in athletic activities accompanied by written permission to resume participation from the student’s parent or guardian.
- For more information, please refer to:
 - ✓ Nebraska Department of Health and Human Services
<http://dhhs.ne.gov/publichealth/concussion/Pages/Home.aspx>

CONCUSSION RESOURCES

1. **Nebraska Department of Education**

<http://www.education.ne.gov/sped/birsst.html>

- **Bridging the Gap from Concussion to Classroom: Return to Learn**

2. **Nebraska Department of Health and Human Services**

<http://dhhs.ne.gov/publichealth/concussion/Pages/Home.aspx>

- Concussion Awareness Act – Training for Coaches, Parents, Students

3. **Concussion ABCs posted by the Centers for Disease Control and Prevention**

<http://www.cdc.gov/concussion/HeadsUp/schools.html>

- Heads Up to Schools, Know Your Concussion ABC's
- A Fact Sheet for Teachers, Counselors, and School Professionals
- A Fact Sheet for School Nurses
- Parent/Athlete Concussion Information Sheet
- Returning to School After a Concussion: A Fact Sheet for School Professionals

4. **The Center on Brain Injury Research and Training, University of Oregon**

<http://www.cbirt.org>

- **The Center on Brain Injury Research and Training. *Max's Law: Concussion Management Implementation Guide*.** Retrieved from <http://www.cbirt.org>
- <http://cbirt.org/tbi-education/school-reentry/returning-school-after-tbi/>
- <http://cbirt.org/tbi-education/school-reentry/supports-consider-during-school-reentry/>
- <http://cbirt.org/news/concussion-frequently-asked-questions-parents/>

5. **School-wide Concussion Management cartoon video: "What's a Concussion, Anyway? (15 minute cartoon video)** <http://brain101.orcasinc.com/>

- Concussion Management Program and information for coaches, schools, parents and students
- Return to Academics Progression, Return to Play Progression and Sample Return to Activity Documentation

6. REAP Guidelines

<http://www.rockymountainhospitalforchildren.com/sports-medicine/concussion-management/reap-guidelines.htm>

- McAvoy, K. (2013) REAP the benefits of good concussion management. Centennial, CO: Rocky Mountain Sports Medicine Institute Center for Concussion.

7. The BrainSTEPS Program – Pennsylvania www.brainsteps.net

- [Concussion Webinar](#)
- [Concussion Return to School Protocol](#)
- [Protocol Flow Chart](#)
- [Why every school should have a Concussion Management Team](#)
- [Teacher's Desk Reference: Concussion](#)

8. Colorado Department of Education

http://www.cde.state.co.us/sites/default/files/documents/cdesped/download/pdf/tbi_concussionguidelines.pdf

- [Concussion Management Guidelines 2012](#)

9. Brain Injury Association of Nebraska www.biane.org

10. Halstead, M., McAvoy, K., et al. *Returning to Learning Following a Concussion*. *Pediatrics*: originally published online October 27, 2013.
<http://pediatrics.aappublications.org/content/early/2013/10/23/peds.2013-2867>

11. Nebraska Brain Injury Advisory Council www.braininjury.ne.gov

12. brainline.org - <http://www.brainline.org/content/2010/06/general-information-for-parents-educators-on-tbi.html>

13. Information for Parents

http://www.brainline.org/landing_pages/categories/concussion.html
<http://cbirt.org/news/concussion-frequently-asked-questions-parents/>

RETURN TO ACADEMICS PROGRESSION

Progression is individual. All concussions are different. Students may start at any of these steps, depending on symptoms, and may remain at a step longer if needed. If symptoms worsen, the CMT should reassess. If symptoms quickly improve, a student may also skip a step or two. Be flexible!

Steps	Progression	Description
1	HOME – Cognitive and physical rest	<ul style="list-style-type: none"> ➤ Stay at home ➤ No driving ➤ Limited mental exertion – computer, texting, video games, homework
2	HOME – Light Mental Activity	<ul style="list-style-type: none"> ➤ Stay at home ➤ No driving ➤ Up to 30 minutes mental exertion ➤ No prolonged concentration

Progress to Step 3 when student handles up to 30 minutes of sustained mental exertion without worsening of symptoms.

3	SCHOOL – Part Time Maximum adjustments Shortened day/schedule Built-in breaks	<ul style="list-style-type: none"> ➤ Provide quiet place for scheduled mental rest ➤ Lunch in quiet environment ➤ No significant classroom or standardized testing ➤ Modify rather than postpone academics ➤ Provide extra time, help, and adjustment of assignments
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Progress to Step 4 when student handles 30-40 minutes of sustained mental exertion without worsening of symptoms.

4	SCHOOL – Part Time Maximum adjustments Shortened day/schedule	<ul style="list-style-type: none"> ➤ No standardized testing ➤ Modified classroom testing ➤ Moderate decrease of extra time, help, and modification of assignments
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Progress to Step 5 when student handles 60 minutes of mental exertion without worsening of symptoms.

5	SCHOOL – Part Time Minimal adjustments	<ul style="list-style-type: none"> ➤ No standardized testing; routine tests are OK ➤ Continued decrease of extra time, help, and adjustment of assignments ➤ May require more support in academically challenging subjects
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Progress to Step 6 when student handles all class periods in succession without worsening of symptoms AND receives medical clearance for full return to academics and athletics.

6	SCHOOL – Full Time Full academics No adjustments	<ul style="list-style-type: none"> ➤ Attends all classes ➤ Full homework and testing
---	---	--

When symptoms continue beyond 3-4 weeks, prolonged in-school supports are required. Request a 504 meeting to plan and coordinate student supports.

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RETURN TO PLAY PROGRESSION

Return to play is a medical decision. The CMT will be familiar with state concussion laws and understand which healthcare providers may clear a student. **To begin the Return to Play Plan, the student must be free of all symptoms (see Signs and Symptoms of Concussion), have no academic adjustments in place, and be cleared by a healthcare provider.** The student may spend 1-2 days at each step before advancing to the next. If post-concussion symptoms occur at any step, stop activity and have the CMT reassess.

Rehabilitation Stage	Functional exercise at each stage of rehabilitation	Objective of each stage
1. No activity	Symptom limited physical and cognitive rest.	Recovery
2. Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity <70% maximum permitted heart rate. No resistance training.	Increase HR
3. Sport-specific exercise	Skating drills in ice hockey, running drills in soccer. No head impact activities.	Add movement
4. Non-contact training drills	Progression to more complex training drills, e.g., passing drills in football and ice hockey. May start progressive resistance training.	Exercise, coordination and cognitive load
5. Full-contact Practice	Following medical clearance. Participate in normal training activities.	Restore confidence and assess functional skills by coaching staff
6. Return to play	Normal game play	

Recommendations from 2012 Zurich Consensus Statement on Concussion – McRory, P., Meeuwisse, WH, Aubry, M, et. al., *Br. J Sports Med* 2013; 47:250-258.

Post-Concussion Symptom Checklist

Name: _____ Date: _____

Please indicate how much each symptom has bothered you over the past 2 days.

	Symptoms	None	Mild		Moderate		Severe	
PHYSICAL	Headache	0	1	2	3	4	5	6
	Nausea	0	1	2	3	4	5	6
	Vomiting	0	1	2	3	4	5	6
	Balance Problem	0	1	2	3	4	5	6
	Dizziness	0	1	2	3	4	5	6
	Blurry or double vision	0	1	2	3	4	5	6
	Sensitivity to Light	0	1	2	3	4	5	6
	Sensitivity to Noise	0	1	2	3	4	5	6
	Balance Problems	0	1	2	3	4	5	6
	Pain other than headache	0	1	2	3	4	5	6
THINKING/ COGNITIVE	Feeling "in a fog"	0	1	2	3	4	5	6
	Feeling Slowed Down	0	1	2	3	4	5	6
	Difficulty concentrating	0	1	2	3	4	5	6
	Difficulty Remembering	0	1	2	3	4	5	6
SLEEP ISSUES	Trouble Falling Asleep	0	1	2	3	4	5	6
	Fatigue or low energy	0	1	2	3	4	5	6
	Drowsiness	0	1	2	3	4	5	6
EMOTIONAL	Feeling more Emotional	0	1	2	3	4	5	6
	Irritability	0	1	2	3	4	5	6
	Sadness	0	1	2	3	4	5	6
	Nervousness	0	1	2	3	4	5	6

Do symptoms worsen with physical activity? Yes_____ No_____ Not Applicable_____

Do symptoms worsen with thinking/cognitive activity? Yes_____ No_____ Not Applicable_____

Activity Level: Over the past two days, compared to what I would typically do, my level of activity has been _____% of what it would normally be.

TIPS FOR TEACHERS

Concussion Symptoms, Possible School Problems & Adjustments/Accommodations

Concussion Symptoms	Implications at school	Potential Adjustments in School Setting
PHYSICAL SYMPTOMS <ul style="list-style-type: none"> Headache (most common symptom reported in concussions) 	<ul style="list-style-type: none"> Poor concentration - may vary throughout day; Can be triggered by fluorescent lighting, loud noises and focusing on tasks 	<ul style="list-style-type: none"> Frequent breaks Reduce exposure to aggravators, i.e., turn off fluorescent lights Rest as needed in nurse's office or quiet area
<ul style="list-style-type: none"> Dizziness/Lightheadedness 	<ul style="list-style-type: none"> Standing quickly or walking in crowded environment may present a challenge Often provoked by visual stimulus (rapid movements, videos, etc.) 	<ul style="list-style-type: none"> Allow student to put head down if symptoms worsen Early dismissal from class and extra time to get from class to class to avoid crowded hallways
<ul style="list-style-type: none"> Visual Symptoms <ul style="list-style-type: none"> Light sensitivity Double vision Blurry vision 	<ul style="list-style-type: none"> Trouble seeing slide presentations, movies, smart boards, computers, handheld computers (tablets) Difficulty reading & copying Difficulty paying attention to visual tasks 	<ul style="list-style-type: none"> Reduce brightness on the screens Student may wear hat or sunglasses in school Audiotapes instead of books Seat student close to center of classroom activities (preferential seating if blurry vision) Turn off fluorescent lights Cover one eye with patch/ tape or one lens if glasses are worn (double vision)
<ul style="list-style-type: none"> Noise Sensitivity 	<ul style="list-style-type: none"> Troubles with various noises in several school settings: Lunchroom, shop classes, music classes (band, choir), physical education classes, hallways Organized sports practice 	<ul style="list-style-type: none"> Allow student to eat lunch in quiet area with classmate Limit or avoid band, choir or shop classes Avoid noisy gyms and organized sports practices and games Consider use of earplugs Early dismissal from class to avoid crowded, noisy hallways
THINKING/COGNITIVE SYMPTOMS <ul style="list-style-type: none"> Difficulty concentrating or remembering 	<ul style="list-style-type: none"> Challenges learning new tasks and comprehending new material (slowed processing speed) Difficulty recalling and applying previously learned material Lack of focus in the classroom Difficulties with test taking, including standardized tests 	<ul style="list-style-type: none"> Avoid testing or completion of major projects during recovery time when possible Provide extra time to complete non-standardized tests in a quiet environment Postpone standardized testing when possible Consider one test per day during exam periods Assess knowledge using multiple-choice instead of open-ended questions

Concussion Symptoms	Implications at school	Potential Adjustments in School Setting
THINKING/COGNITIVE SYMPTOMS (cont'd)		<ul style="list-style-type: none"> • Consider use of preprinted notes, note taker, scribe or reader for oral testing • Consider tape recorder for note taking • Reduce the cognitive load & focus on the most important concepts for student to know – quality vs. quantity • Consider decreasing homework and reducing make-up work • Provide both oral and written instructions; clarify instructions
SLEEP ISSUES	<ul style="list-style-type: none"> • Excessive fatigue can hamper memory for new or past learning or ability to attend and focus • Insufficient sleep can lead to tardiness or excessive absences • Difficulty getting to sleep or frequent waking at night may lead to sleeping in class • Excessive napping due to fatigue may lead to further disruptions of the sleep cycle 	<ul style="list-style-type: none"> • Allow for late start or shortened school day to catch up on sleep • Allow rest breaks during day if needed
EMOTIONAL/MOOD SYMPTOMS	<ul style="list-style-type: none"> • Sadness, Irritability, changes in mood, nervousness, anxiety may affect social relationships with adults and peers • Student may feel scared, angry or depressed as a result of the concussion. 	<ul style="list-style-type: none"> • Develop an emotional support plan for the student. This may include an adult with whom the student can talk if feeling overwhelmed • Mental fatigue may result in emotional meltdowns • Allow “signal” for student to remove himself/herself from classroom to de-escalate • Provide reassurance that what they are feeling is typical in the course of recovery – i.e., concern about getting behind in school work and/or grades • Share difficulties and progress with parents, CMT contact person, medical personnel, athletic coaches/ trainers as appropriate

Sources: Halstead, M., McAvoy, K., *et al. Returning to Learning Following a Concussion.*

Pediatrics: originally published online October 27, 2013.

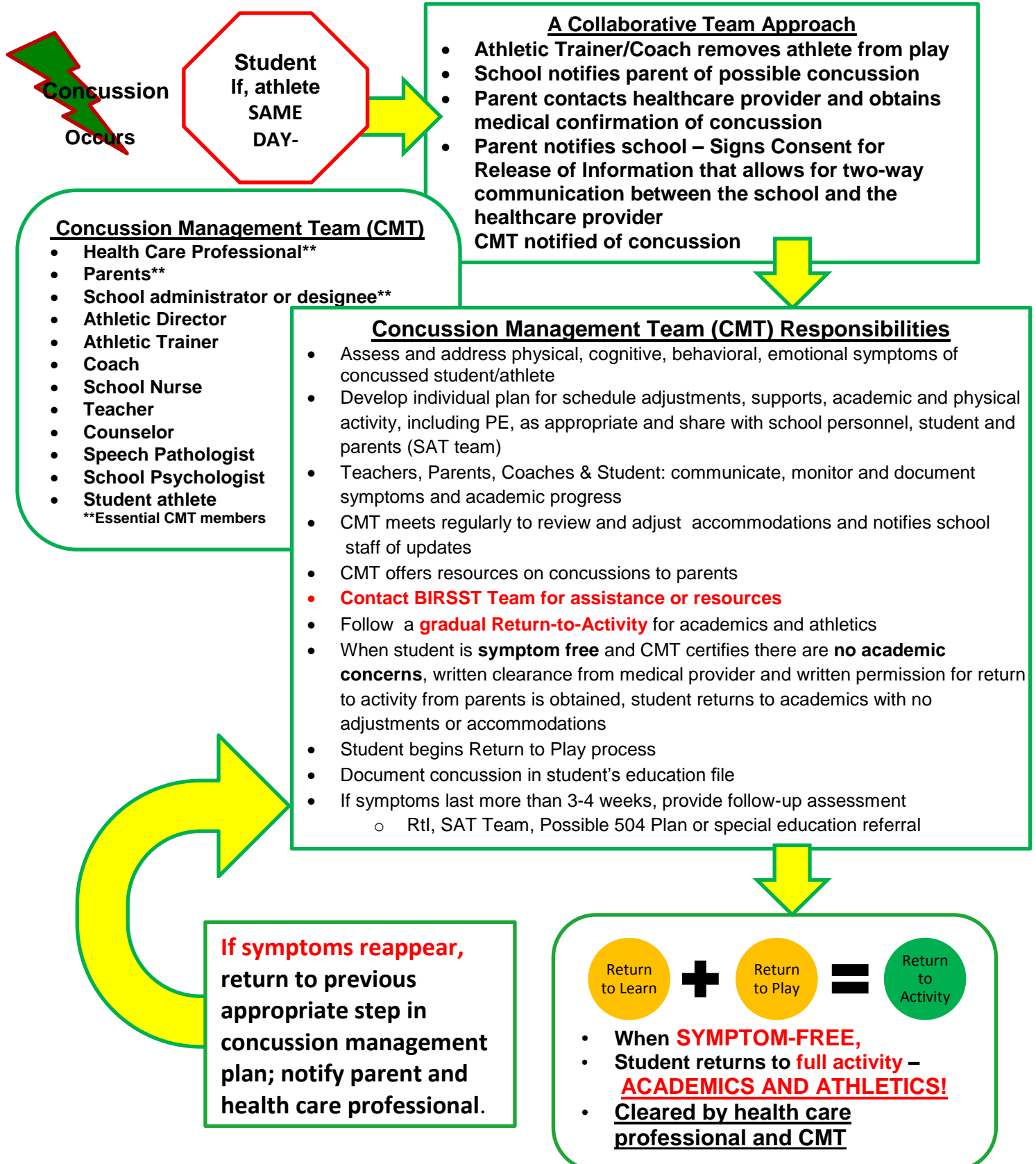
<http://pediatrics.aappublications.org/content/early/2013/10/23/peds.2013-2867>

Oregon Concussion Awareness and Management Program (OCAMP)

http://media.cbirt.org/uploads/files/sports_concussion_management_guide.pdf

NE Concussion Management Recommended Best Practices

(Adapted from CDC, OCAMP Advisory group June 2010 and Oregon Concussion Awareness and Management Program)



Information from Teachers for CMT

Date:

Student Name:

Date of Concussion:

To Teachers: The above named student has been diagnosed with a concussion. Please indicate if you are seeing physical, cognitive, emotional or sleep/energy symptoms in your classroom related to this concussion, or if you have concerns about this student's progress, please state them below. Thank you for your valuable feedback.

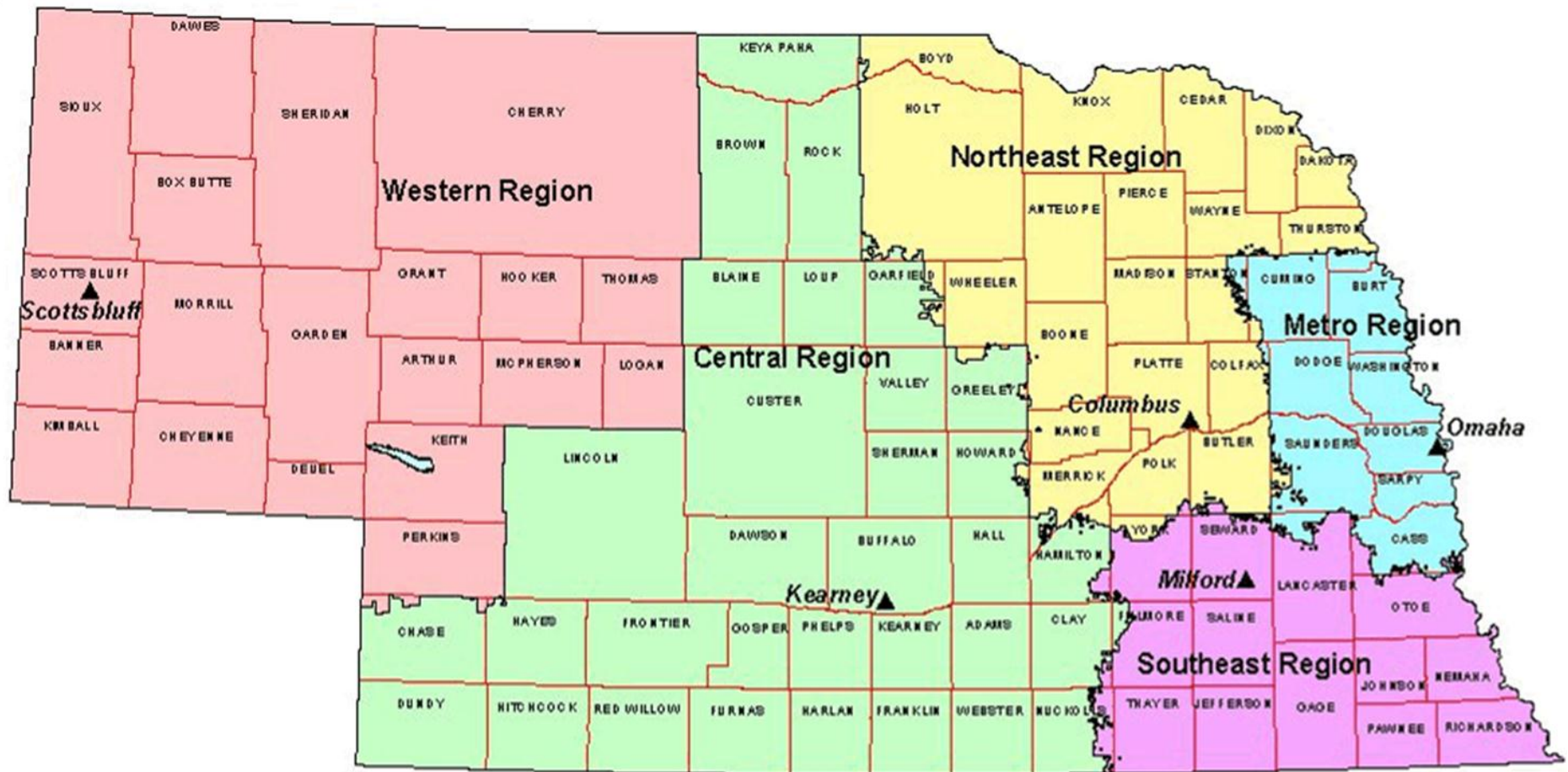
Class: Teacher:	What academic adjustments, if any, is the student still receiving in your classroom?	Has the student reported or have you noticed any concussion symptoms in the last two days? (Headaches, dizziness, difficulty concentrating, remembering, more irritable, fatigued than usual?) If YES, please explain:	Is this student performing at their pre-concussion learning level? Yes or No? If NO, please explain:

A fillable version of this document is available at: <http://www.education.ne.gov/sped/birsst.html>

BIRSST - Brain Injury School Support Team Contacts 2013-2014

Central Region	Kristine Einspahr ESU #10 76 Plaza Boulevard Kearney, NE 68848	(308) 237-5927 X 314 keinspahr@esu10.org
Metro Region	Greg Gaden ESU #3 6949 S. 10th Omaha, NE 68128 Andrea McDonald ESU #2, #3 and \$19 Lou Bauer ESU #2	(402) 597-4934 (402) 610-4240 (cell) ggaden@esu3.org (402) 350-5622 andrea.mcdonald30@gmail.com (402) 721-7710 X 209 lbauer@esu2.org
Northeast Region	Cathy Schroeder ESU #1 211 Tenth Street Wakefield, NE 68756	(402) 287-2061 (712) 490-6571 cschroeder@esu1.org
Southeast Region	Cindy Brunken Lincoln Public Schools 5905 O Street Lincoln, NE, 68510	(402) 436-1902 cbrunk@lps.org
Western Region	Steve Helgeland ESU #13 4215 Avenue I Scottsbluff, NE 69361	(308) 635-3696 shelgeland@esu13.org

BIRSST Region Map – 2013-2014



InstructionInitiations, Hazing, Secret Clubs and Outside Organizations

Initiations. Initiations by classes, clubs or athletic teams are prohibited except with the approval of the administration. Any student who engages in or encourages initiations that have not been approved by the administration is subject to disciplinary action, up to and including denial of any or all school privileges and expulsion.

The administration may only give consent to initiation activities that are consistent with student conduct expectations and that do not present a risk of physical or mental injury or belittlement.

Hazing. Hazing by classes, clubs, athletic teams or other student organizations are prohibited. Hazing means any activity by which a person intentionally or recklessly endangers the physical or mental health or safety of an individual for the purpose of initiation into, admission into, affiliation with, or continued membership with any school organization. Such prohibited hazing activity includes whipping, beating, branding, an act of sexual penetration, an exposure of the genitals of the body done with intent to affront or alarm any person, a lewd fondling or caressing of the body of another person, forced and prolonged calisthenics, prolonged exposure to the elements, forced consumption of any food, liquor, beverage, drug, or harmful substance not generally intended for human consumption, prolonged sleep deprivation, sexual conduct, nudity, or any brutal treatment or the performance of any act which endangers the physical or mental health or safety of any person or the coercing of any such activity. Hazing is prohibited even though the person who has been the subject of the hazing consents to the activity. Any student who engages in or encourages hazing is subject to disciplinary action, up to and including denial of any or all school privileges and expulsion.

Secret Organizations. It is unlawful for students to participate in or be members of any secret fraternity or secret organization that is in any degree a school organization. Any student who violates this restriction is subject to disciplinary action, up to and including denial of any or all school privileges and expulsion.

Outside Organizations. It is unlawful for any person, whether a student of the District or not, to enter upon the school grounds or any school building for the purpose of rushing or soliciting, while there, any student to join any fraternity, society, or association organized outside of the schools. Any person who violates this restriction is subject to criminal prosecution and removal and exclusion from school grounds.

Legal Reference: Neb. Rev. Stat. §§ 79-2,101 to 79-2,103
 Student Discipline Act, Neb. Rev. Stat. §§ 79-254 to 79-296
 Neb. Rev. Stat. §§ 28-311.06 to 28-311.07

Date of Adoption: February 13, 2017

InstructionStudent Participation in Athletic Contests Between Schools

Students in kindergarten through sixth grade may not participate in athletic contests between schools within a school system or between school systems. Annual field or play days are excluded from this restriction.

Elementary school systems having seventh and eighth grade athletics may include sixth grade boys or girls if the combined enrollment for seventh and eighth grade is fewer than 12 boys or 12 girls and if the school board has a policy regulating participation for sixth graders. The board's policy for participation of sixth graders is as follows: A sixth grade student may participate if (1) the student meets the same standards applicable to seventh and eighth graders and (2) participation in the activity is not prohibited by the bylaws of the Nebraska School Activities Association.

Students in seventh and eighth grades may participate in interscholastic competitions subject to and in a manner consistent with the bylaws of the Nebraska School Activities Association. The scholastic eligibility rules for seventh and eighth grades shall be the same as established by the school board for high school interscholastic competitions and, in the absence of such rules, shall be the minimum established by the Nebraska School Activities Association.

Legal Reference: NDE Rule 10.004.02C
Nebraska School Activities Association Middle Level Activities Bylaws,
Article 9

Date of Adoption: February 13, 2017

InstructionActivitiesReturn to Learn From Cancer

The Superintendent or designee shall make available training on how to recognize that students who have been treated for pediatric cancer and returned to school may need informal or formal accommodations, modifications of curriculum, and monitoring by medical or academic staff.

A 504 team meeting will be held, as appropriate, to develop individual return to learn accommodations and modifications.

Legal Reference: Neb. Rev. Stat. §§ 79-2,148

Date of Adoption: February 13, 2017

InstructionDedications and Commencement

Traditions are a cherished part of the community life and District OR-1 Public Schools expresses an interest in maintaining those traditions which have a significance to the community. The graduation ceremony is considered an extracurricular activity and participation in it is a privilege.

Date of Adoption: February 13, 2017

InstructionSelection and Review of Instructional and Media MaterialsA) Assignment of Responsibility

The Board of Education reserves responsibility for the final acquisition of materials, but the responsibility for the selection of instructional materials is delegated to the Superintendent, with the assistance of the instructional and media staff, to establish procedures and regulations for the selection of instructional and media materials, reviewing their effectiveness, and dealing with complaints concerning instructional materials. The Superintendent may establish committees consisting of teachers and media staff to assist with these responsibilities.

B) Criteria for Instructional Materials

The selection of instructional materials shall be made in accordance with Board of Education policies, legal requirements, and reflect the following philosophy:

1. To provide materials that will stimulate growth in factual knowledge, practical skills, literary appreciation, aesthetic values, and ethical standards.
2. To provide a background of information which will enable students to make intelligent judgments in their daily life.
3. To provide materials that will enrich and support the curriculum, taking into consideration the varied interest, abilities, and maturity levels of the students served.
4. To provide materials on opposing sides of controversial issues so that young citizens may develop under guidance the practice of critical thinking and analysis.
5. To provide materials representative of the many religious, ethnic, and cultural groups and their contributions to our American heritage.
6. To place principle above personal opinion and reason above prejudices in the selection of materials of the highest quality in order to assure a comprehensive collection appropriate for the instructional materials.

C) Criteria for Media Materials

The selection of media materials shall be made in accordance with Board of Education policies, legal requirements, and with the Library Bill of Rights of the American Library Association, which Bill of Rights has been accepted by the American Association of School Librarians reflect the following philosophy:

To provide a comprehensive collection of instructional materials selected in compliance with basic, written selection principles, and to provide maximum accessibility to these materials.

To provide materials that will support the curriculum, taking into consideration the individual's needs, and the varied interest, ability, socio-economic backgrounds, and maturity levels of the students served.

To provide materials for teachers and students that will encourage growth in knowledge, and that will develop literary, cultural and aesthetic appreciation, and ethical standards.

To provide materials which reflect the ideas and beliefs of religious, social, political, historical, and ethnic groups and their contribution to the American World Heritage and Culture, thereby enabling students to develop an intellectual integrity in forming judgments.

To provide a written statement, approved by the local Boards of Education of the procedures for meeting the challenge of censorship of materials in school library media centers.

To provide qualified professional personnel to serve teachers and students.

D) Procedures for Reconsideration of Materials

Occasional objections to some materials may be voiced despite the care taken in selection and qualification of the personnel selecting materials. The following procedures apply equally to all complaints whether they be from students, parents, school personnel or district patrons.

1. Complaints should be presented to the Principal of the school where the material is used. In the event the person with the concern does not wish to make a formal complaint, the concern may be expressed to the Principal at the school at which the material was received. The Principal shall submit informal concerns to the Superintendent for the Superintendent's consideration.
2. Formal complaints about instructional materials must be presented in writing on a form approved by the board of education. In the absence of such a form, the complainant shall be required to submit a written complaint setting forth: complainant's identity, material challenged, detailed statement of reason(s) for challenging the material, action the complainant is requesting, and such other information as the Principal may reasonably request.
3. When a formal written complaint is completed and returned to the principal, the principal will discuss the issue and the procedures to be followed in resolving the issues with the person filing the complaint. The principal with whom the complaint was filed shall notify the other school administrators and also advise those faculty members who may use the instructional material, or the media staff in the case of media material, that a complaint has been filed. The school administrators shall decide whether to appoint a building-level review committee or a district-level review committee to study the complaint. The principals will convene building-level review committees. These building-level committees shall consist of five or more committee members composed of staff and community patrons. The superintendent of schools or his designee will convene district-level review committees. These district-level committees shall consist of five or more members composed of staff and community patrons.

4. The review committees shall consider district philosophy, the professional judgment of teachers, reviews of the material by other competent authorities, compatibility with the school district's adopted curriculum, the teacher's stated goals, as well as the views of the complainant. The review committee's recommendation and all accompanying rationale shall be forwarded to the board of education for its review and final decision. The school board's decision may be to remove the material in question from district use, to modify the material for continued uses, or to reject the complaint and continue to use the material.
5. Any materials identified in a complaint may remain in use pending its review and its disposition by the board of education. Principals may, upon written request of parent(s), excuse students from using the material, or may direct teachers to use suitable substitutes, and in the case of challenged media material the Principal may place the material on a reserve shelf where it may be checked out by students only with written parent permission. However, the school shall reserve the right to require students to use material or to engage in activities which are a part of regular and/or required curricular activities.
6. Where the same or essentially the same materials have been the subject of a challenge which has been decided by the board, and another complaint is made against the material by either the same or a different person, the complaint shall be considered by the Superintendent, who may deny the complaint without following the review procedure. In considering the complaint, the Superintendent shall consider whether the complaint raises any substantially different issue than that previously decided by the board.

Date of Adoption: February 13, 2017

InstructionTextbook Loans

The District will comply with the state law and Rule 4 of the Nebraska Department of Education pertaining to the distribution of textbooks to students of the District who are attending private schools. The financial liability of the District shall be limited to the amount of dollars appropriated by the state for the specific law.

If funds appropriated to this District are not sufficient to meet the request for textbooks under this policy, priority will be given to the textbooks requested that have the most recent copyright date. If the funding requires additional restrictions, priority will be given to the requests that were filed at the earliest date in the Superintendent's office. If still further restrictions are necessary, a drawing shall be conducted from the names of all students filing on the same date and requesting the same texts. The drawing shall continue until all state funds provided to the District for this purpose have been spent.

Legal Reference: Neb. Rev. Stat. § 79-734
 NDE Rule 4

Date of Adoption: February 13, 2017

InstructionParent Requests for Exclusion

Parents may request that their child be excused from the study of a given book, instructional unit or particular literary work. The Principal shall determine whether to grant such requests based on legal requirements relating to the request, the reason given for the request, the effect of the request on the student's educational development and the educational program, and the availability of alternative materials or instruction for the student. In the event the Principal does not grant the request, the parent may request a review be conducted by the Superintendent, based on the same criteria.

Date of Adoption: February 13, 2017

InstructionRecognition of Religious Beliefs and Customs

It is accepted that no religious belief or non-belief should be promoted by the school district or its employees, and none should be disparaged. Instead, the school district should encourage all students and staff members to appreciate and be tolerant of each other's religious views. The school district should utilize its opportunity to foster understanding and mutual respect among students and parents, whether it involves race, culture, economic background or religious beliefs. In that spirit of tolerance, students and staff members should be excused from participating in practices which are contrary to their religious beliefs unless there are clear issues of overriding concern that would prevent it.

District OR-1 Public Schools recognizes one of its educational goals is to advance the student's knowledge and appreciation of the role our religious heritage has played in the social, cultural and historical development of civilization.

Date of Adoption: February 13, 2017

InstructionAcknowledgment of Religious Holidays

The practice of the District OR-1 Public School District shall be as follows:

1. The several holidays through the year which have a religious and a secular basis may be observed or recognized in the public schools.
2. The historical and contemporary values and the origin of religious holidays may be explained in an unbiased and objective manner without sectarian indoctrination.
3. Music, art, literature and drama having religious themes or basis are permitted as part of the curriculum for school sponsored activities and programs if presented in a prudent and objective manner and as a traditional part of the cultural and religious heritage of the particular holiday.
4. The use of religious symbols such as a cross, menorah, crescent, Star of David, creche, symbols of Native American religions or other symbols that are a part of a religious holiday is permitted as a teaching aid or resource provided such symbols are displayed as an example of the cultural and religious heritage of the holiday and are temporary in nature. Among these holidays included are Christmas, Easter, Passover, Hanukkah, Ramadan, Thanksgiving and Halloween.

Legal Reference: *Florey v. Sioux Falls School District 49-5*, 619 F.2d 1311 (8th Cir. 1980)

Date of Adoption: February 13, 2017

InstructionReligion in the Curriculum

Religious institutions and orientations are central to human experience, past and present. An education excluding such a significant aspect would be incomplete. It is essential that the teaching about – and not of – religion be conducted in a factual objective and respectful manner. However, sectarian instruction of any kind is prohibited in this school.

Date of Adoption: February 13, 2017

InstructionPurpose of Religion in the Curriculum

The practice of District OR-1 Public Schools shall be as follows:

1. The District supports the inclusion of religious literature, music, drama and the arts in the curriculum and in school activities provided it is intrinsic to the learning experience in the various fields of study and is presented objectively.
2. The emphasis on religious themes in the arts, literature and history should be only as extensive as necessary for a balanced and comprehensive study of these areas. Such studies should never foster any particular religious tenets or demean any religious beliefs.
3. Student initiated expressions to questions or assignments which reflect their beliefs or non-beliefs about a religious theme shall be accommodated. For example, students are free to express religious belief or non-belief in compositions, art forms, music, speech and debate.

Date of Adoption: February 13, 2017

InstructionMulticultural Education

District OR-1 Public Schools incorporates multicultural education in all curriculum areas at all grades. Multicultural education includes, but is not limited to, studies relative to the culture, history, and contributions of African Americans, Hispanic Americans, Native Americans, Asian Americans and European Americans with special emphasis on human relations and sensitivity toward all races.

Statement of Philosophy and Mission

The philosophy of the multicultural education program is that students will have improved ability to function as productive members of society when provided with: (a) an understanding of diverse cultures and races, the manner in which the existence of diverse cultures and races have affected the history of our Nation and the world, and of the contributions made by diverse cultures and races and (b) with the ability and skills to be sensitive toward and to study, work and live successively with persons of diverse cultures and races.

The mission of the multicultural education program is to prepare students to: (a) value and respect their own culture and race and cultures and races other than their own and (b) eliminate stereotypes and different treatment of others based on culture and race. The mission shall also include preparing students to eliminate stereotypes and discrimination or harassment of others based on ethnicity, religion, gender, socioeconomic status, age, or disability.

Implementation of Multicultural Education

The philosophy and mission of the multicultural education program is to be implemented as follows:

1. Multicultural education shall be included in goals established for educational programs.
2. Multicultural education shall be included in the district curriculum guides, frameworks, or standards.
3. The process for selecting appropriate instructional materials shall include assuring that the instructional materials at all grade levels include studies relative to the culture, history, and contributions of African Americans, Hispanic Americans, Native Americans, Asian Americans and European Americans with special emphasis on human relations and sensitivity toward all races.
4. Staff development shall be provided on the District's multicultural education policy. The staff development shall include professional development for administrators, teachers, and support staff which is congruent with the District and program goals.
5. Periodic assessment of the multicultural education program shall be conducted by the Superintendent. Teachers and other staff upon request shall have the

responsibility to provide the administration with reports on: (a) the instructional materials used and programs or methods implemented with their students which are supportive of the multicultural education program philosophy and mission, (b) programs or materials to be implemented in the future or which teachers or other staff feel should be implemented to further advance such philosophy and mission, and (c) with their professional assessment on the successes of or deficiencies in achieving the multicultural education program philosophy and mission. The Superintendent shall provide an annual status report on the assessment to the Board of Education.

Legal Reference: Neb. Rev. Stat. §§ 79-719 to 79-723
 Nebraska State Board of Education Rule 10

Date of Adoption: February 13, 2017

InstructionEqual Opportunity: Instruction Program

The school district pledges itself to avoid discriminatory actions, and seeks to foster good human and educational relations which help to attain:

1. Equal rights and opportunities for students and employees in the school community.
2. Equal opportunity for all students to participate in the instructional program of the schools.
3. Continual study and development of curricula toward improving human relations and understanding and appreciating cultural differences.
4. Frequent training opportunities for improving staff responsiveness to educational and social needs.
5. Opportunities in educational programs which are broadly available to pupils which are not solely based upon race, color, religious creed, age, marital status, national origin, sex or disability.

Date of Adoption: February 13, 2017

InstructionControversial Issues

Controversial issues exist where there are sharp differences of opinion concerning an idea or a line of action. In order that students may develop intelligent attitudes and understandings concerning significant aspects of living, they should be afforded opportunities within the classroom to deal with such issues to the extent appropriate for their level of maturity and the educational mission of the District.

In considering such issues, it shall be the purpose of our schools to provide students the opportunity:

1. To study controversial issues concerning which the students, at their level of maturity, should have begun to form an opinion or to seek information about.
2. To have access to all relevant, educationally appropriate information, including the materials that circulate freely in the community.
3. To study under competent instruction in an atmosphere of freedom from bias and prejudice.
4. To form, and in an appropriate manner and in appropriate forum, to express the students' own judgments on controversial issues.
5. To recognize that reasonable compromise is often an important facet in decision making in our society.
6. To respect the opinions of others.

Date of Adoption: February 13, 2017

InstructionControversial Issues in the Classroom

The following administrative and teaching regulations are to be observed:

For Principals:

1. Remind teachers that we do not teach controversial issues, but rather opportunities for their study.

For Teachers:

1. Deal with controversial topics as impartially and objectively as possible. Do not intrude your own biases.
2. Handle all such topics in a manner suited to the range of knowledge, maturity, and competence of your students.
3. Have teaching materials dealing with all possible aspects of the topics readily available.
4. Do not manufacture an issue. Take up only those that are current and real.
5. Do not expect or require that individual students or the class reach an agreement.
6. Whenever you are in doubt about the advisability of taking up a given "hot" topic, consult with your Principal and or/Superintendent.
7. Remember that the policy of the board is designed to protect you as well as your students from unfair or inconsiderate criticism whenever your students are studying a controversial subject.

Date of Adoption: February 13, 2017

InstructionParental/Community Involvement in Schools

Otoe County School District 66-0501, a/k/a District OR-1 Public Schools, after having conducted a public hearing concerning parental involvement and participation, declares that it shall be the policy of the District:

1. In the event any parent has a complaint or objection to textbooks, tests, curriculum materials, and any other instructional materials, the parent may request a personal conference with the parent and appropriate school personnel to discuss such concerns as the superintendent or designee may deem appropriate. The Superintendent or designee shall prepare a complaint form which may be used by a parent to express objections to any such instructional material. Such complaint forms shall seek information including, but not limited to, the specific instructional material complained of, the reason for the complaint, and a proposed resolution of the complaint by the parent.
2. Upon reasonable advance request a parent will be permitted to attend and monitor courses, assemblies, counseling sessions, and other instructional activities unless the school determines that such attendance would substantially interfere with a legitimate school interest, which includes the interests of the parent's child, other students, and the educational staff.
3. Parents are encouraged to communicate to school staff when the parent believes it to be appropriate for their child to be excused from testing, classroom instruction, and other school experiences that the parent finds objectionable. The Superintendent or designee shall make a provision on the complaint form hereinabove referenced for receiving information from a parent concerning what specific testing, classroom instruction, or other school experience the parent finds objectionable, the basis for the parent's objection and a proposed solution for dealing with the objection that would be satisfactory to the parent and consistent with the mission of the District and legitimate school interests.
4. Upon request of a parent, the District will provide access to the education records of their child consistent with applicable law. Access will be provided during regular business hours of the school.
5. The District will notify parents when their child may be subjected to a standard norm referenced or criterion referenced test or standard tests such as but not limited to the Measure of Academic Progress (MAP) test. When reasonable to do so or required by law the parents will be notified of where a sample of such test might be observed and the date upon which such test will be administered. As to all testing by the District, experimental evaluation methodologies, experimental testing instruments and any testing instrument which would tend to inquire into the values, beliefs, or privacy rights of any student, or parent or guardian of such student shall be prohibited unless a parent requests in writing that such tests be administered to their child.

6. Prior to any school sponsored survey being administered to the students of the District, it shall be the responsibility of the Superintendent or designee to notify the parent or parents of each student involved in the survey of the nature of the survey, the date and time when such survey shall be administered, and the purpose for which and the uses of which survey exist from the school's perspective.
7. As a general matter substantive decision-making processes will be left to the judgment of the professional staff, administration and the Board of Education, subject to an effort to receive information from parents as to any concerns, objections, or other information such parents would wish to provide to the school district concerning a parent's access, involvement, and participation in activities of the school.

Legal Reference: Neb. Rev. Stat. §§ 79-530 to 79-533
Family Educational Rights and Privacy Act, 20 U.S.C. 1232g
Protection of Pupil Rights Amendment, 20 U.S.C. 1232h

Date of Adoption: February 13, 2017

Date of Review: July 15, 2019

InstructionCombined District and School Title I Parent and Family Engagement Policy

District OR-1 intends to follow the Title I Parent and Family Engagement Policy guidelines in accordance with federal law, *Section 1116(a -f) ESSA, (Every Student Succeeds Act) of 2015*.

In General

The written District parent and family engagement policy has been developed jointly with, updated periodically and distributed to parents and family members of participating children and the local community in an understandable and uniform format. This policy agreed on by such parents describes the means for carrying out the requirements as listed below.

- Parents and family members of all students are welcomed and encouraged to become involved with their child's school and education; this includes parents and family members that have limited English proficiency, limited literacy, are economically disadvantaged, have disabilities, racial or ethnic minority background or are migratory children. Information related to school and parent programs, meetings, school reports and other activities are sent to the parents of participating children in a format, and to the extent practicable, in a language the parents can understand.
- Parents are involved in the planning, review, evaluation and improvement of the Title I program, Parent and Family Engagement Policy and the School-Parent Compact at an annual parent meeting scheduled at a convenient time. This would include the planning and implementation of effective parent and family involvement activities.
- Conduct, with meaningful parent and family involvement, an annual evaluation of the content and effectiveness of the Parent and Family Engagement Policy. Use the evaluation findings to design evidence-based strategies for more effective parental involvement, and to revise the Parent and Family Engagement Policy.
- Opportunities are provided for parents and family members to participate in decisions related to the education of their child/children. The school and local educational agency shall provide other reasonable support for parental involvement activities.
- Parents of participating children will be provided timely information about programs under this part, a description and explanation of the curriculum in use, the forms of academic assessment used to measure student progress and the achievement levels of the challenging State academic standards. The school will provide assistance, opportunities, and/or materials and training to help parents work with their children to improve their children's academic achievement in a format, and when feasible, in a language the parents and family members can understand.
- Educate teachers, specialized instructional support personnel, principals, and other school leaders, with the assistance of parents in the value and utility of contributions of parents, how to reach out to, communicate with and work with parents as equal partners.
- Coordinate and integrate parental involvement programs and activities with other Federal, State and local programs, including preschool programs that encourage and support parents in more fully participating in the education of their children.

InstructionFree and Reduced Price Meals

The District OR-1 Public Schools has agreed to participate in the National School Lunch Program (NSLP) and accepts responsibility for providing free and reduced price meals to eligible children in the schools under its jurisdiction. The school food authority assures the State Department of Education that the school system will uniformly implement the following policy to determine children's eligibility for free and reduced price meals in all National School Lunch Programs. In fulfilling its responsibilities the school food authority:

- A) Agrees to serve meals free to children from families whose income is at or below that established by the NSLP for free meals.
- B) Agrees to serve meals at a reduced price to children from families whose income is at or below that established by the NSLP for reduced meals listed.
- C) Agrees to provide these benefits to any child whose family income falls within the criteria established by the NSLP for free or reduced meals after deductions are made for the following special hardship conditions which could not reasonably be anticipated or controlled by the household:
 - 1. Unusually high medical expenses
 - 2. Shelter costs in excess of 30 percent of reported income
 - 3. Special education expenses due to the mental or physical condition of a child
 - 4. Disaster or casualty losses

In addition, agrees to provide these benefits to children from families who are experiencing strikes, layoffs and unemployment which cause the family income to fall within the criteria established by the NSLP for free or reduced meals.

- D) Agrees there will be no physical segregation of, nor any other discrimination against, any child because of his inability to pay the full price of the meal. The names of the children eligible to receive free and reduced price meals shall not be published, posted or announced in any manner and there shall be no overt identification of any such children by use of special tokens or tickets or any other means. Further assurance is given that children eligible for free or reduced price meals shall not be required to:
 - 1. Work for their meals
 - 2. Use a separate lunch room
 - 3. Go through a separate serving line
 - 4. Enter the lunchroom through a separate entrance
 - 5. Eat meals at a different time
 - 6. Eat a meal different from the one sold to children paying the full price
- E) Agrees in the operation of child nutrition programs, no child shall be discriminated against because of race, sex, color, or national origin.
- F) Agrees to establish and use a fair hearing procedure for parental appeals of the school's decisions on applications and for school officials' challenges to the correctness of information contained in an application or continued eligibility of any child for free or reduced price meals. During the

appeal and hearing the child will continue to receive free or reduced priced meals. A record of all such appeals and challenges and their dispositions shall be retained for three (3) years. Prior to initiating the hearing procedures, the parent or local school official may request a conference to provide an opportunity for the parent and school official to discuss the situation, present information, and obtain an explanation of data submitted in the application and decisions rendered. Such a conference shall not in any way prejudice or diminish the right to a fair hearing. The hearing procedure shall provide the following:

1. A publicly-announced, simple method for making an oral or written request for a hearing
 2. An opportunity to be assisted or represented by an attorney or other person
 3. An opportunity to examine, prior to and during the hearing, the documents and records presented to support the decision under appeal
 4. Reasonable promptness and convenience in scheduling a hearing and adequate notice as to the time and place of the hearing
 5. An opportunity to present oral or documentary evidence and arguments supporting a position without undue interference
 6. An opportunity to question or refute any testimony or other evidence and to confront and cross-examine any adverse witnesses
 7. The hearing be conducted and the decision made by a hearing official who did not participate in the decision under appeal or in any previous conference
 8. The parties concerned and any designated representative thereof be notified in writing of the decision of the hearing official
- G) Agrees to designate the Superintendent or designee to review applications and make determinations of eligibility. This official will use the criteria outlined in this policy to determine which individual children are eligible for free or reduced price meals.
- H) Agrees to develop and send to each child's parent or guardian a letter as outlined by State Department of Education including an application form for free or reduced price meals at the beginning of each school year. Applications may be filed at any time during the year. All children from a family will receive the same benefits.
- I) The following information will be available in the office of the Superintendent.
1. Eligibility criteria for free and reduced meals
 2. Parent letter and application
 3. Public release
 4. Collection procedure

Legal Reference: National School Lunch Act, 42 U.S.C. § 1751 et. seq.
Child Nutrition Act, 42 U.S.C. § 1771 et. seq.

Date of Adoption: February 13, 2017

Special Education Policies

District OR-1 Public Schools adopts this special education policy with the intent that the policy maintain the District's compliance with all applicable laws affecting special education services and programs. The Superintendent or designees shall develop regulations or procedures to implement these policies. Employees and contractors of the District are expected to comply with these policies and all regulations, guidelines and procedures related to this policy in all respects.

The District will abide by all state and federal laws relating to special education. The District's special education policy and regulations, guidelines and procedures related to this policy are to be interpreted so as to be in compliance with such laws. In the event of changes in law, the school administration shall be authorized to implement modifications of practice to comply with such changes (whether the changes impose more or less stringent procedural or substantive requirements) until such time as amended policies are adopted by the Board of Education. References herein to 92 NAC 51 citations are made to Rule 51 as in effect on the date of the adoption of these policies. In the event of renumbering or other revisions to Rule 51, the policy shall be interpreted and implemented consistent with such renumbering or revisions.

1. Free Appropriate Public Education

A free appropriate public education shall be made available to all children with disabilities residing in the District from date of diagnosis through the school year in which the student reaches 21 years of age, including children with disabilities who have been suspended or expelled.

Legal Reference: 92 NAC 51-004.01 through 004.03A and 007.07C2 through 007.07C6

2. Full Educational Opportunity Goal

The District shall take steps to ensure that its children with verified disabilities have available to them the variety of educational programs and services available to children without disabilities in the areas served by the District, including art, music, industrial arts, family consumer science education, and vocational education.

Legal Reference: 92 NAC 51-004.11A

3. Child Find

All children with disabilities residing in the District, including children with disabilities who are homeless or are wards of the state or attending nonpublic schools, regardless of the severity of their disabilities, who are in need of special education and related services, will be identified, located and evaluated and a practical method shall be developed and implemented by the administration to determine which children with disabilities are currently receiving needed special education and related services.

Legal Reference: 92 NAC 51-006.01 through 006.01A2

4. Individualized Education Program (IEP)

An individualized education program, or an individualized family service plan, is to be developed, reviewed, and revised for each child with a disability in accordance with 92 NAC 51-007.

Legal Reference: 92 NAC 51-007

5. Least Restrictive Environment

To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are to be educated with children who are not disabled, and special classes, separate schooling, or other removal of children with disabilities from the regular educational environment will occur only when the nature or severity of the disability of a child is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

Legal Reference: 92 NAC 51-008.01 through 008.011

6. Procedural Safeguards

Children with disabilities and their parents shall be afforded the required procedural safeguards.

Legal Reference: 92 NAC 51-009.01 through 009.07; 009.10 through 009.12; 009.14, 006.07 and 016.01 through 016.07C

7. Evaluation and Identification Procedures

Children with disabilities shall be evaluated and identified in accordance with 92 NAC 51-006. The District will respond to a request for an Independent Educational Evaluation without unnecessary delay. Locations of any evaluator shall be within a reasonable distance of the District. A reasonable distance means within 100 miles of the school building the child attends and within Nebraska. In the event this geographic area restriction would prevent a parent from obtaining an Independent Educational Evaluation, the location of the evaluator may be outside the specified geographic area but must be within Nebraska. The District will provide the parent(s) with a list of qualified agencies/evaluators within the geographic area. The evaluators are to have their rates approved by the Nebraska Department of Education to be authorized to conduct the evaluation.

Legal Reference: 92 NAC 51-006

8. Confidentiality of Personally Identifiable Information

The confidentiality of student records and information shall be maintained in accordance with law.

Legal Reference: 92 NAC 51-003.16, 003.20, 009.03 through 009.03M3

9. Transition of Children from Part C to Preschool Programs

Children participating in early intervention programs under Part C of the IDEA (early intervention services) and who will participate in preschool programs assisted under Part B of the IDEA (services for school-aged children) shall experience a smooth and effective transition to those preschool programs in a manner consistent with 92 NAC 52-008. The District will participate in transition planning conferences arranged by the designated lead agency.

Legal Reference: 92 NAC 52-008

10. Children in Nonpublic Schools

To the extent consistent with the number and location of children with disabilities in the District who are enrolled by their parents in nonpublic elementary and secondary schools in the District, provision will be made for the participation of those children in the programs assisted or carried out under Part B of the IDEA (services for school-aged children) by providing them with special education and related services.

Legal Reference: 92 NAC 51-012.08 and 015

11. Personnel Standards and Personnel Development

Personnel providing special education or related services to children with disabilities shall be appropriately and adequately prepared and trained in accordance with IDEA requirements and the District will take measurable steps to recruit, hire, train and retain personnel meeting the requirements of IDEA to provide such services.

Legal Reference: 92 NAC 51-010

12. Participation in and Reporting of State and District Wide Assessments

All children with disabilities shall be included in all general state and district wide assessment programs, including assessments described under section 612(a)(16)(A) of the IDEA with appropriate accommodations and alternate assessments where necessary and as indicated in their respective individualized education programs. The District will make available to the Nebraska Department of Education the information necessary to carry out its duties relating to the reporting of children with disabilities participation in assessments.

Legal Reference: 92 NAC 51-004.05

13. Suspension and Expulsion Rates

The District will examine data, including data disaggregated by race and ethnicity, to determine if significant discrepancies are occurring in the rate of long-term suspensions and expulsions of children with disabilities.

Legal Reference: 92 NAC 51-004.06E

14. Access to Instructional Materials

As part of any print instructional materials adoption process, procurement contract, or other practice or instrument used for purchase of print instructional materials, the District will enter into a written contract with the publisher of the print instructional materials to:

1. Require the publisher to prepare and, on or before delivery of the print instructional materials, provide to the National Instructional Material Access Center, electronic files containing the contents of the print instructional materials using the National Instructional Materials Accessibility Standard, or
2. Purchase instructional materials from the publisher that are produced in, or may be rendered in specialized formats.

Legal Reference: 92 NAC 51-004.15

15. Over-Identification and Disproportionality

Procedures shall be in place to ensure that testing and evaluation materials and procedures utilized for the evaluation and placement of children with disabilities will be selected and administered so as not to be racially or culturally discriminatory. Such materials or procedures shall be provided and administered in the child's native language or mode of communication, unless it is clearly not feasible to do so, and no single procedure shall be the sole criterion for determining an appropriate educational program for a child.

Legal Reference: 92 NAC 51-003.10; 006.02C

16. Prohibition on Mandatory Medication

Children shall not be required to obtain a prescription for a controlled substance as a condition of attending school, receiving an evaluation to determine whether a child has a disability or the nature and extent of special education and related services the child needs, or receiving special education services.

Legal Reference: 92 NAC 51-004.11D; 21 U.S.C. §812(c)

17. Transportation

Transportation will be provided for children with disabilities who are eligible for transportation and residents of the school district as required by law.

Legal Reference: 92 NAC 51-014.01 through 014.02

18. Surrogates

A surrogate will be appointed and other action taken to ensure the rights of children with a disability as required by law.

Legal Reference: 92 NAC 51-009.10

19. Early Intervention Services – Consent

When a parent refuses to provide consent under 92 NAC 52, a meeting will be held or offered to explain to the parents how their failure to consent affects the ability of their child to receive services under 92 NAC 52.

Legal Reference: 92 NAC 52

Legal Reference: 34 CFR Parts 300, 303 and 304
Neb. Rev. Stat. § 79-1110 to 79-1167
92 NAC 51

Date of Adoption: February 13, 2017

InstructionFirearm Policy

It shall be the policy of the District OR-1 Public School District to undertake all reasonable efforts to prohibit the unlawful possession, the knowingly and intentionally selling, attempting to sell, providing, loaning, delivering, or in any other way transferring the possession of a firearm to a juvenile, and to prevent the unlawful possession of a firearm in a school, on school grounds, in a school owned vehicle, or at a school sponsored activity or athletic event. This policy shall not apply to the issuance of firearms to or possession by members of the Armed Services of the United States, active or reserve, National Guard of the State, or reserve officers training corp, peace officers, off duty cops, or other duly authorized law enforcement officers when on duty or training or when contracted by a school to provide school security or school event contract services. Further, nothing in this policy shall be construed to require school action when a firearm is lawfully possessed by a person receiving instruction, or instruction under the immediate supervision of an adult instructor, or as to firearms contained within a private vehicle operated by a non-student adult when the firearm is not loaded, is encased, and is either in a locked firearm rack that is on a motor vehicle or is in a case that is expressly made for the purpose of containing a firearm and that is completely zipped, snapped, buckled, tied or otherwise fastened with no part of a firearm exposed.

Any unlawful use or possession of a firearm as described in this policy and as described by statute shall as soon as is reasonably possible be reported to an appropriate peace officer. Nothing in this policy shall be construed to prevent the district from carrying out regular disciplinary procedures as have been adopted by the Board of Education or as otherwise authorized by law.

Legal Reference: Neb. Rev. Stat. § 28-1204.04

Date of Adoption: February 13, 2017

InstructionComputerInternet Safety and Acceptable Use PolicyA. Internet Safety Policy

It is the policy of District OR-1 Public Schools to comply with the Children's Internet Protection Act (CIPA) and Children's Online Privacy Protection Act (COPPA). With respect to the District's computer network, the District shall: (a) prevent user access to, or transmission of, inappropriate material via Internet, electronic mail, or other forms of direct electronic communications; (b) provide for the safety and security of minors when using electronic mail, chat rooms, and other forms of direct electronic communications; (c) prevent unauthorized access, including so-called "hacking," and other unlawful activities online; (d) prevent unauthorized online disclosure, use, or dissemination of personal identification information of minors; (e) obtain verifiable parental consent before allowing third parties to collect personal information online from students; and (f) implement measures designed to restrict minors' access to materials (visual or non-visual) that are harmful to minors.

1. Definitions. Key terms are as defined in CIPA. "Inappropriate material" for purposes of this policy includes material that is obscene, child pornography, or harmful to minors. The term "harmful to minors" means any picture, image, graphic image file, or other visual depiction that: (1) taken as a whole and with respect to minors, appeals to a prurient interest in nudity, sex, or excretion; (2) depicts, describes, or represents, in a patently offensive way with respect to what is suitable for minors, an actual or simulated sexual act or sexual contact, actual or simulated normal or perverted sexual acts, or a lewd exhibition of the genitals; and (3) taken as a whole, lacks serious literary, artistic, political, or scientific value as to minors.
2. Access to Inappropriate Material. To the extent practical, technology protection measures (or "Internet filters") shall be used to block or filter Internet, or other forms of electronic communications, access to inappropriate information. Specifically, as required by the CIPA, blocking shall be applied to visual depictions of material deemed obscene or child pornography, or to any material deemed harmful to minors. Subject to staff supervision, technology protection measures may be disabled or, in the case of minors, minimized only for bona fide research or other lawful purposes.
3. Inappropriate Network Usage. To the extent practical, steps shall be taken to promote the safety and security of users of the District's online computer network when using electronic mail, chat rooms, instant messaging, and other forms of direct electronic communications. Specifically, as required by CIPA, prevention of inappropriate network usage includes: (a) unauthorized access, including so-called 'hacking,' and other unlawful activities; and (b) unauthorized disclosure, use, and dissemination of personal identification information regarding minors.
4. Supervision and Monitoring. It shall be the responsibility of all members of the District staff to supervise and monitor usage of the online computer network and

access to the Internet in accordance with this policy and CIPA. Procedures for the disabling or otherwise modifying any technology protection measures shall be the responsibility of the Superintendent and the Superintendent's designees.

5. Social Networking. Students shall be educated about appropriate online behavior, including interacting with others on social networking websites and in chat rooms, and cyberbullying awareness and response. The plan shall be for all students to be provided education on these subjects. The Superintendent or the Superintendent's designee shall be responsible for identifying educational materials, lessons, and/or programs suitable for the age and maturity level of the students and for ensuring the delivery of such materials, lessons, and/or programs to students.
6. Parental Consent. The District shall obtain verifiable parental consent prior to students providing or otherwise disclosing personal information online.
7. Adoption. This Internet Safety Policy was adopted by the Board at a public meeting, following normal public notice.
8. The District shall comply with the Nebraska Student Online Personal Protection Act and will endeavor to take all reasonable and necessary steps to protect the online privacy of all students.

B. Computer Acceptable Use Policy

This computer acceptable use policy is supplemental to the District's Internet Safety Policy.

1. Technology Subject to this Policy. This Computer Acceptable Use Policy applies to all technology resources of the District or made available by the District. Technology resources include, without limitation, computers and related technology equipment, all forms of e-mail and electronic communications, and the internet.
2. Access and User Agreements. Use of the District technology resources is a privilege and not a right. The Superintendent or designee shall develop appropriate user agreements and shall require that employees, students (and their parents or guardians), and others to sign such user agreements as a condition of access to the technology resources, as the Superintendent determines appropriate. Parents and guardians of students in programs operated by the District shall inform the Superintendent or designee in writing if they do not want their child to have access.

The Superintendent and designees are authorized and directed to establish and implement such other regulations, forms, procedures, guidelines, and standards to implement this Policy.

The technology resources are not a public forum. The District reserves the right to restrict any communications and to remove communications that have been posted.

3. Acceptable Uses. The technology resources are to be used for the limited purpose of advancing the District's mission. The technology resources are to be used, in general,

for educational purposes, meaning activities that are integral, immediate, and proximate to the education of students as defined in the E-rate program regulations.

4. Unacceptable Uses.

The following are unacceptable uses of the technology resources:

- a. **Personal Gain:** Technology resources shall not be used, and no person shall authorize its use, for personal financial gain other than in accordance with prescribed constitutional, statutory, and regulatory procedures, other than compensation provided by law.
- b. **Personal Matters:** Technology resources shall not be used, and no person shall authorize its use, for personal matters unless the User has entered into a lease agreement or other similar agreement with the School District that makes such use permissible under law.

Occasional use that the Superintendent or designee determines to ultimately facilitate the mission of the District is not prohibited by this provision. Examples of occasional use that may be determined to ultimately facilitate the mission of the District: sending an e-mail to a minor child or spouse; sending an e-mail related to a community group in which an employee is a member where the membership in the community group facilitates the District's mission.

This occasional use exception does not permit use by employees contrary to the expectations of their position. For example, employees may not play games or surf the net for purposes not directly related to their job during duty time; nor may students do so during instructional time.

The occasional use exception also does not permit use of the technology resources for private business, such as searching for or ordering items on the internet for non-school use; or sending an e-mail related to one's own private consulting business.

- c. **Campaigning:** Technology resources shall not be used, and no person shall authorize its use, for the purpose of campaigning for or against the nomination or election of a candidate or the qualification, passage, or defeat of a ballot question.
- d. **Technology-Related Limitations:** Technology resources shall not be used in any manner which impairs its effective operations or the rights of other technology users. Without limitation,
 - 1. Users shall not use another person's name, log-on, password, or files for any reason, or allow another to use their password (except for authorized staff members).
 - 2. Users shall not erase, remake, or make unusable another person's computer, information, files, programs or disks.

3. Users shall not access resources not specifically granted to the user or engage in electronic trespassing.
 4. Users shall not engage in “hacking” to gain unauthorized access to the operating system software or unauthorized access to the system of other users.
 5. Users shall not copy, change, or transfer any software without permission from the network administrators.
 6. Users shall not write, produce, generate, copy, propagate, or attempt to introduce any computer code designed to self-replicate, damage, or otherwise hinder the performance of any computer’s memory, file system, or software. Such software is often called a bug, virus, worm, Trojan horse, or similar name.
 7. Users shall not engage in any form of vandalism of the technology resources.
 8. Users shall follow the generally accepted rules of network etiquette. The Superintendent or designees may further define such rules.
- e. Other Policies and Laws: Technology resources shall not be used for any purpose contrary to any District policy, any school rules to which a student user is subject, or any applicable law. Without limitation, this means that technology resources may not be used:
1. to access any material contrary to the Internet Safety Policy; or to create or generate any such material.
 2. to engage in unlawful harassment or discrimination, such as sending e-mails that contain sexual jokes or images.
 3. to engage in violations of employee ethical standards and employee standards of performance, such as sending e-mails that are threatening or offensive or which contain abusive language; use of end messages on e-mails that may imply that the District is supportive of a particular religion or religious belief system, a political candidate or issue, or a controversial issue; or sending e-mails that divulge protected confidential student information to unauthorized persons.
 4. to engage in or promote violations of student conduct rules.
 5. to engage in illegal activity, such as gambling.
 6. in a manner contrary to copyright laws.
 7. in a manner contrary to software licenses.
5. Disclaimer. The technology resources are supplied on an “as is, as available” basis. The District does not imply or expressly warrant that any information accessed will be valuable or fit for a particular purpose or that the system will operate error free. The District is not responsible for the integrity of information accessed, or software downloaded from the Internet.
6. Filter. A technology protection measure is in place that blocks and/or filters access to prevent access to Internet sites that are not in accordance with policies and regulations. In addition to blocks and/or filters, the District may also use other technology protection measures or procedures as deemed appropriate.

Notwithstanding technology protection measures, some inappropriate material may be accessible by the Internet, including material that is illegal, defamatory, inaccurate, or potentially offensive to some people. Users accept the risk of access to such material and responsibility for promptly exiting any such material.

The technology protection measure that blocks and/or filters Internet access may be disabled only by an authorized staff member for bona fide research or educational purposes: (a) who has successfully completed District training on proper disabling circumstances and procedures, (b) with permission of the immediate supervisor of the staff member requesting said disabling, or (c) with the permission of the Superintendent. An authorized staff member may override the technology protection measure that blocks and/or filters Internet access for a minor to access a site for bona fide research or other lawful purposes provided the minor is monitored directly by an authorized staff member.

7. Monitoring. Use of the technology resources, including but not limited to internet sites visited and e-mail transmitted or received, is subject to monitoring by the administration and network administrators at any time to maintain the system and insure that users are using the system responsibly, without notice to the users. Users have no privacy rights or expectations of privacy with regard to use of the District's computers or Internet system. All technology equipment shall be used under the supervision of the Superintendent and the Superintendent's designees.
8. Sanctions. Violation of the policies and procedures concerning the use of the District technology resources may result in suspension or cancellation of the privilege to use the technology resources and disciplinary action, up to and including expulsion of students and termination of employees. Use that is unethical may be reported to the Commissioner of Education. Use that is unlawful may be reported to the law enforcement authorities. Users shall be responsible for damages caused and injuries sustained by improper or non-permitted use.

Legal Reference: Children's Internet Protection Act, 47 USC § 254
Children's Online Privacy Protection Act, 15 U.S.C. § 6501
FCC Order adopted August 10, 2011
47 USC § 254(h)(1)(b); 47 CFR 54.500(b) and 68 FR 36932 (2003) (E-rate restrictions)
Neb. Rev. Stat. § 49-14,101.01 (Political Accountability and Disclosure Act)

Date of Adoption: June 12, 2017

District OR-1 Public Schools
Addition to Employee Code of Conduct
Appendix "I"

ACCEPTABLE USE OF COMPUTERS AND NETWORKS

ADMINISTRATORS, FACULTY AND STAFF AGREEMENT

In order to make sure that all members of District OR-1 Public Schools community understand and agree to these rules of conduct for use of the e-mail and Internet systems of the school district, the District OR-1 Public School District asks that you, as an administrator, faculty member, or staff member user, sign the following statement:

I have received a copy of, and have read, the Internet Safety and Acceptable Use Policy adopted by the District OR-1 Public Schools, and I understand and will abide by those district guidelines and conditions for the use of the facilities of District OR-1 Public Schools and access to the Internet. I further understand that any violation of the district guidelines is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges will be revoked. School disciplinary action and/or appropriate legal action will be taken.

I agree not to hold the District OR-1 Public Schools, any of its employees, or any institution providing network access to District OR-1 Public Schools responsible for the performance of the system or the content of any material accessed through it.

Employee's Name _____

Employee's Signature _____ Date: _____

This form will be retained on file by authorized
faculty designee for duration of applicable
computer/network/Internet use.

District OR-1 Public Schools
Addition to Student Code of Conduct
Appendix "2"

ACCEPTABLE USE OF COMPUTERS AND NETWORKS

STUDENT'S AGREEMENT

In order to make sure that all members of District OR-1 Public Schools community understand and agree to these rules of conduct, District OR-1 Public Schools asks that you as a student user sign the following statement:

I have received a copy of, and have read, the Internet Safety and Acceptable Use Policy adopted by the District OR-1 Public Schools, and I understand and will abide by those district guidelines and conditions for the use of the facilities of District OR-1 Public Schools and access to the Internet. I further understand that any violation of the district guidelines is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges will be revoked. School disciplinary action and/or appropriate legal action will be taken.

I agree not to hold the District OR-1 Public Schools, any of its employees, or any institution providing network access to District OR-1 Public Schools responsible for the performance of the system or the content of any material accessed through it.

Student's Name _____

Student's Signature _____ Date: _____

This form will be retained on file by authorized
faculty designee for duration of applicable
computer/network/Internet use.

District OR-1 Public Schools
Addition to Student Code of Conduct
Appendix "3"

ACCEPTABLE USE OF COMPUTERS AND NETWORKS

PARENT'S AGREEMENT

In order to make sure that all members of District OR-1 Public Schools community understand and agree to these rules of conduct, we ask that you as a parent/guardian sign the following statement:

I have received a copy of, and have read, the Internet Safety and Acceptable Use Policy adopted by District OR-1 Public Schools. As parent or guardian of the student named below, I grant permission for my son or daughter to access networked computer services such as electronic mail (e-mail) and the Internet. I understand that this free access is designed for educational purposes. I also understand that individuals may be held liable for violations of those Terms and Conditions. However, I also recognize that it is impossible to restrict access to all controversial materials and I will not hold District OR-1 Public Schools responsible for materials acquired or sent via the network.

I agree not to hold the District OR-1 Public Schools, any of its employees, or any institution providing network access to District OR-1 Public Schools responsible for the performance of the system or the content of any material accessed through it.

Student's Name _____

Parent's Signature _____ Date: _____

This form will be retained on file by authorized
faculty designee for duration of applicable
computer/network/Internet use.

InstructionChronic Infectious Disease Practice and Procedure**A. Infectious Diseases**

1. This policy applies to any disease not known to be spread by casual, incidental contact. Such diseases include but are not limited to AIDS and Hepatitis B.
2. The safety and health of the students and staff of District OR-1 Public Schools is of ultimate concern. The determination of whether an infected student or employee of the District OR-1 Public School System should be permitted to attend classes, participate in school activities or remain on the job will be made on a case-by-case basis.
3. In making this determination the following factors will be taken into consideration:
 - a. The behavior, neurological development and physical condition of the infected person.
 - b. The expected type of interaction with others in the school setting.
 - c. The impact on both the infected person and others in that setting.
4. The determination of whether or not an infected person remains in the school or school system will be based solely on scientific and medical evidence. Legal advice may also be sought by the district.
5. If determination of whether or not an infected person poses an imminent threat to the health and safety of the school, community or the individual's conduct presents a clear threat to the physical safety of himself/herself or others, then with respect to an infected student, Nebraska Revised Statutes Section 79-264 will be followed concerning exclusion from school. With respect to an infected certified employee of the school district, the provision of Nebraska Revised Statutes, Section 79-838 will be followed with respect to leave of absence.
6. If an infected student in grades K through 12 is not permitted to attend classes, the school will make every reasonable effort to provide the student with an adequate alternative education.
7. Any person with an infectious disease will retain the rights of confidentiality and privacy. Information and discussion with regard to the case will be limited to those who must have information to deal with the

situation. If necessary, the community will be informed that an infectious disease is present in the school system and that the person will be excluded only if the situation warrants such action based upon medical and legal advice. No information will be given out about the individual, his/her medical record or about the family without written permission of the individual (adult) or parent/legal guardian of the student.

B. Bloodborne Pathogens

1. First aid may be rendered in situations involving the presence of blood or other potentially infectious materials (hereinafter "bloodborne pathogen situations") by the school nurse, and by such other employees as the Superintendent shall designate. All non-designated employees shall refer bloodborne pathogen situations to a designated employee, and shall not be required to personally render first aid in bloodborne pathogen situations or be disciplined for failure to personally render first aid in bloodborne pathogen situations.
2. An employee who has an employment related bloodborne pathogen exposure incident (an incident in which another person's blood or other potentially infectious material contacts the employee's eye, mouth, mucous membrane, non-intact skin, or pierced mucous membrane or skin barrier) shall promptly give notice of the incident and details of the incident to the superintendent or the superintendent's designee.
3. The Superintendent shall be authorized and required to take such action and adopt such plans as may be required to place this School District in compliance with OSHA regulations concerning bloodborne pathogens, in the event and at such time as this School District may become subject to OSHA regulation.

Date of Adoption: February 13, 2017

InstructionDispensing Medications

The administration of medication at school is strongly discouraged except when necessary for the student's health or education. The dosage intervals of many medications can be adjusted so the times for taking the medication come outside school hours. When possible, interval adjustment should be considered before administering medication at school. All medications administered by school district personnel shall be administered in accordance with the Medication Aide Act.

- A. Authorizations for Prescription Medications. Prescription medications which must be administered during school hours may be administered when the following are on file at school:
1. Physician's Authorization: A physician's signed, dated authorization including name of the medication, dosage, administration route, time to be given at school, and reason child is receiving the medication.
 2. Caretaker's Authorization: A caretaker's signed and dated authorization or permission to administer the medication during school. (Note: All references to "caretaker" in this policy shall mean a parent, foster parent, family member, or legal guardian who provides care for the student for whom medication is to be administered. The laws include a "friend" as a caretaker, but the school will not ordinarily recognize such an individual as a "caretaker" for the purposes of medication administration).
 3. Original Packaging: The medication is in its original packaging and is labeled as dispensed by the prescriber or pharmacist. The label must name the child and identify the medication, strength, time interval and route to be administered. Two labeled containers may be requested: one for home and one for school. If needed, the physician may be contacted for clarification on medication administration.
- B. Authorizations for Non-Prescription Medications. If a student must take non-prescription medication during school, procedures 2 and 3 above are to be followed before administration.
- C. Renewal of Authorizations. Medication authorizations must be renewed annually and updated immediately as changes occur.
- D. Documentation of Administration of Medication. The school district shall keep and maintain accurate medication administration records. A record of each dose of medication administered shall be documented reflecting the student's name, and the name of the medication, date, time, dosage, route, the signature and title of the person administering the medication and any unusual observations, and any refusal by the recipient to take and/or receive the medication. Medication documentation shall be kept

confidential in accordance with the policies and practices concerning student records, provided that medication administration records shall be available to the Department of Education and the Department of Health and Human Services Regulation and Licensure for inspection and copying according to the Family Education Rights and Privacy Act (FERPA) requirements. Such medication administration records shall be maintained for not less than two (2) years.

- E. Storage of Medications. Medication shall be stored in a locked or otherwise secure area in accordance with the manufacturer's or dispensing pharmacist's instructions or temperature, light, humidity, or other storage instructions. Only authorized school personnel who are designated by the administration of the school district for administration of medications shall have access to the medications. The school nurse shall establish procedures for monitoring the storage and handling of medication, the medication's expiration date, and the disposal of medication.
- F. Receipt and Disposal of Medications. Medication shall be delivered to school personnel and picked up by the parent. When medication is received, the amount received should be documented. Medication which is either past the expiration date or not claimed by the parent by the end of the school year shall be destroyed. Procedures for destroying medication shall include witness and documentation.
- G. Administration of Medication by School Personnel.
 - 1. Administration of Medication: Administration of medication includes, but is not limited to:
 - a. Providing medications for another person according to the "five rights" (getting the right drug to the right recipient in the right dosage by the right route at the right time);
 - b. Recording medication provision; and
 - c. Observing, monitoring, reporting, and otherwise taking appropriate actions regarding desired affects, side effects, interactions, and contraindications associated with the medication.
 - 2. Authorized School Personnel: Administration of medication shall only be done by the following school personnel:
 - a. Health Care Professionals (School Nurses). This means an individual who holds a current license from the Department of Health and Human Services Regulation and Licensure for whom administration of medication is included in the scope of practice. For purposes of this Policy, such individuals are referred to as "school nurses."
 - b. Medication Competent Staff. This means a staff member of the school who has been determined to be competent to administer medication by: (i) a recipient with capability and capacity to make an informed decision about medications (at a minimum, the recipient must be age 19 or older),

(ii) a caretaker for the student, or (iii) the health care professional designated by the school to conduct the assessment.

- (1) Determination of Competency by School Nurse: A staff member may be determined to be competent where the staff member:
- (i) passes a competency assessment every 3 years
 - (ii) that demonstrates the staff member can follow the minimal competencies
 - (iii) to the satisfaction of the school nurse (school nurses are the school district's designated health care professionals).

Training is not required. The school nurse shall, however, provide such training as the school nurse determines in the exercise of professional judgment to be appropriate given the experience level of the staff member and the anticipated medication administration for which the staff member will be responsible.

- (2) Competency Certificate: Upon successful completion of the competency assessment, the school nurse shall give the Principal and the medication competent staff member written documentation of successful completion of competency assessment. The documentation may be by letter, certificate, or other written memoranda and shall include: the name of the school staff member who successfully completed the competency assessment; the date the competency assessment was conducted; and, the name, profession, and license number of the school nurse who conducted the competency assessment.
- (3) Maintain Records of Assessments: The school shall maintain written documentation of successful completion of competency assessments, identification of the individual providing direction and monitoring, and acceptance of the responsibility for direction and monitoring for a minimum of two (2) years.
- (4) Direction and Monitoring: A medication competent staff member is to be subject to direction and monitoring, which involves responsibility for observing and taking appropriate action regarding any desired effects, side effects, interactions, and contraindications associated with the medication. Direction and monitoring is to be done by a recipient with capability and capacity to make an informed decision about medications, a caretaker, or the school nurse. The school nurse is identified as a person being responsible for direction and monitoring and for each medication competent staff member is to accept responsibility for direction and monitoring of medication competent staff member in writing.

- (5) Errors. Medication competent staff members are to promptly report any medication errors or concerns to the school nurse.

3. Minimum Competencies:

The minimum competencies to be demonstrated by medication competent staff and to be implemented in practice by all school personnel engaged in medication administration are:

- (1) Maintaining confidentiality.
- (2) Complying with a competent recipient's right to refuse to take medication and, in the case of a non-competent, recognize the requirement to seek advice and consultation with the physician, physician's designee, or caretaker of the student providing direction and monitoring regarding the procedures and persuasive methods to be used to encourage compliance with medication provision. Recognizing that persuasive methods should not include anything that causes injury to the recipient.
- (3) Maintaining hygiene and current accepted standards for infection control.
- (4) Documenting accurately and completely.
- (5) Safely providing medications according to the "five rights" ("five rights" means getting the right drug to the right recipient in the right dosage by the right route at the right time).
- (6) Having the ability to understand and follow instructions.
- (7) Practicing safety in application of procedures for storage, handling and administration of medications.
- (8) Complying with limitations and conditions under which school personnel may provide medications.
- (9) Having an awareness of abuse and neglect reporting requirements.
- (10) Recognizing general unsafe conditions indicating that the medication should not be provided including change in consistency or color of the medication, unlabeled medication or illegible medication label, and those medications that have expired.
- (11) Recognizing that unsafe conditions should be reported to the caretaker or licensed health care professional responsible for providing direction and monitoring (typically, the school nurse).
- (12) Recognizing general conditions which may indicate an adverse reaction to medication such as rashes/hives, and general changes in recipient's condition which may indicate inability to receive medications, and that all such conditions shall be reported to the caretaker or licensed health care professional responsible for providing direction and monitoring (typically, the school nurse).

4. Routes of Medication Administered by School Personnel:

- a. Routine Medication via Oral, Inhalation, Topical, and Instillation Routes: School nurses and medication competent staff may provide routine medications (meaning the frequency of administration, amount, strength, and method are specifically fixed) by the following routes:

- (1) Oral, which includes any medication given by mouth including sublingual (placing under the tongue) and buccal (placing between the cheek and gum) routes and oral sprays;
 - (2) Inhalation, which includes inhalers, and nebulizers. Oxygen may be given by inhalation;
 - (3) Topical application of sprays, creams, ointments, and lotions and transdermal patches; and
 - (4) Instillation by drops, ointments, and sprays into the eyes, ears, and nose.
- b. Administration of Medication via Additional Routes, PRN Medication, and Observing and Reporting: School nurses and medication competent staff may provide medication by additional routes not listed in subparagraph “a” above (“additional routes”), provide PRN medication (PRN medication means an administration scheme in which a medication is not routine, is taken as needed, and requires assessment for need and effectiveness), or participate in observing and reporting for monitoring medications only under the following conditions:
 - (1) In the case of a medication competent staff member, a determination has been made by the school nurse or by the student’s physician or duly licensed health care professional that that these activities can be done safely for the specified recipient by the medication competent staff member and the determination is placed in writing.
 - (2) Directions for additional routes must be for recipient specific procedures and must be in writing.
 - (3) Directions for PRN medication must be in writing and include parameters for provision of PRN medication.
 - (4) Directions for observing and reporting for monitoring medication must be in writing and include the parameters for the observation and reporting.
 - (5) School personnel administering the medication shall comply with the written directions.
- c. Injections: School nurses will ordinarily be responsible for medications that must be provided or administered by injection. A medication competent staff member will not ordinarily administer medications by injection without specific training on injection administration. Students may be authorized to self-administer medication as hereafter provided.
5. Refusal to Administer Medication: School personnel may refuse to give a medication at school if after a reasonable and prudent research by a school health care professional as set forth in subparagraph “e” below, a decision has been

made that the dosage prescribed exceeds that which is recommended in the Physician's Desk Reference, Mosby's Nursing Drug Reference, the most recent edition of the Nursing Drug Handbook, or other pharmaceutical manuals handbook; or when a drug or substance is not currently approved by the FDA. When school personnel refuse to carry out a request to administer medication, the following procedure shall be followed:

- a. Notify the nursing supervisor who will notify Superintendent.
- b. Notify attending physician by phone with follow-up in writing:
 - (1) State concern for dosage or particular medication, etc.
 - (2) Make every attempt to work out a suitable solution - Example: Change of time of administration, change of dosage, change of medication;
 - (3) Follow-up in writing.
- c. Meet with parents:
 - (1) State concern for dosage or medication;
 - (2) Offer alternatives - Example: Change of time so as not to be given during school hours.
- d. Consult with Nebraska State Board of Health for current procedures regarding refusal to follow written physician's orders.
- e. Research by health care professional:
 - (1) Collect research articles from professional journals, organizations, etc.;
 - (2) Contact other physicians requesting their professional opinions and ask them to review current research;
 - (3) Contact state licensing boards and school nurse consultant;
 - (4) Consult with district's legal counsel;
 - (5) Assemble all data for review;
 - (6) Present data to review team organized by the Superintendent;
 - (7) Decision rendered and implemented;
 - (8) Parents and physician contacted in writing; and
 - (9) Alter and update policies and procedures as needed.

Legal Reference: Neb. Rev. Stat. §§ 71-6718 to 71-6742; NDE Rule 59

Date of Adoption: February 13, 2017

**CARETAKER AUTHORIZATION FOR
ADMINISTRATION OF PRESCRIPTION MEDICATION TO STUDENT**

The undersigned(s) is/are the caretaker(s), parent(s), guardian(s), or person(s) in charge of _____ ("the Student").

It is necessary that the Student receive _____ (medication), a physician-prescribed medication, during school intervals beginning on _____ (date) and continuing through _____ (date).

CHECK ONE (1) OF THE FOLLOWING BOXES

_____ I hereby authorize District OR-1 Public Schools to allow the Student to administer the above-described medication to himself/herself without monitoring or supervision by school personnel.

_____ I hereby request District OR-1 Public Schools, or its authorized representative, to administer the above-named medication to the Student, in accordance with the prescribing physician's instructions, and agree to:

1. Submit this request to the principal or school nurse.
2. Make certain the Physician's Request for the Administration of Prescription Medication by School Personnel is submitted to the principal or school nurse.
3. Make sure personally that the medication is received by the principal or school nurse and/or county nursing services administering it, in the container in which it was dispensed by the prescribing physician or licensed pharmacist.
4. Make sure personally that the container in which the medication is in is marked with the medication name, dosage, interval dosage, and date after which no administration should be given.
5. Submit a REVISED STATEMENT signed by the physician prescribing the medication to the principal or school nurse IF ANY OF THE INFORMATION PROVIDED BY THE PHYSICIAN CHANGES.
6. Provide directions to the school personnel providing the medication.
7. Provide monitoring of the medication's effects, and assume full responsibility therefor.

I understand that unlicensed school personnel may be assigned to provide medication to the Student and hereby release the School District and the Board of Education of the School District and all employees, agents, and representatives of the School District from any liability concerning the providing or non-providing of the medication to the Student.

DATED this _____ day of _____, 20__.

Work Telephone Number

Name of Student

Home Telephone Number

Parent/Guardian

Alternate Number for Parent

Parent/Guardian

**PROVISION OF MEDICATION TO STUDENT
PHYSICIAN'S REQUEST FOR ADMINISTRATION OF PRESCRIPTION
MEDICATION BY SCHOOL PERSONNEL**

Date _____

_____ (Student's full name) is under my care and must take medication which I have prescribed during the school day.

Name of medication (as it appears on container in which the medication is stored) _____

Dosage and time _____

Date provision of medication is to begin _____

Date after which the medication should not be provided _____

Possible adverse reactions to be reported to physician _____

Special instructions for the provision and storage of the medication _____

Print or Type Name of Physician

Primary Phone Number

Signature of Physician

Secondary Phone Number

RECORD OF THE PROVISION OF PRESCRIPTION MEDICATION

Parent's Phone # _____

Name of Student _____ Grade _____

Medication _____ Date to Begin _____ Date to End _____

Dosage _____ Time _____

Doctor _____ Phone #1 _____ Phone #2 _____

Possible Adverse Reaction: _____

Person(s) Authorized to Administer Medications: _____

Date Provided	Time Provided	Medication Name	Dosage Provided	Route	Refused Medication	Signature of Employee Providing Medication

InstructionStudent Self-Management of Asthma, Anaphylaxis, and/or Diabetes

Students with asthma, anaphylaxis or diabetes will be permitted to self-manage such medical conditions upon:

- (1) written request of the student's parent or guardian;
- (2) authorization of the student's physician or, for asthma and anaphylaxis, a health care professional who prescribed the medication for treatment of the student's condition;
- (3) receipt of a signed no liability statement from the parent or guardian; and
- (4) development of an asthma or anaphylaxis or a diabetes medical management plan for the student.

Students with such a medical management plan may possess the necessary medication to manage their medical condition upon the conditions established in the plan and not be subject to discipline for such possession. Provided that, if the student uses or allows the medication to be used for any reason other than as prescribed or as provided in the plan or possesses the medication other than as provided in the plan the student shall be subject to discipline in accordance with the student conduct and drug-free school policies.

Legal Reference: Neb. Rev. Stat. §§ 79-224 and 79-225

Date of Adoption: February 13, 2017

Plan For _____ (Student) Dated: _____

ASTHMA OR ANAPHYLAXIS MEDICAL MANAGEMENT PLAN

I. CONTACT AND PLAN INFORMATION

Student's Name: _____ **Date of Birth:** ____/____/____

(Month) (Day) (Year)

Health Condition: ☐ Asthma ☐ Anaphylaxis (For this Plan "Health Condition" means the condition(s) checked)

Mother/Guardian: _____

Address: _____

Telephone: Home _____ Work _____ Cell _____

Father/Guardian: _____

Address: _____

Telephone: Home _____ Work _____ Cell _____

Student's Doctor/Health Care Provider: _____

Address: _____

Telephone: _____ Emergency Number: _____

Other Emergency Contacts: _____

Relationship: _____

Telephone: Home _____ Work _____ Cell _____

**II. PARENT OR GUARDIAN
AUTHORIZATION, APPROVAL AND LIABILITY WAIVER**

The parents or guardians (hereinafter "Parent") request that District OR-1 Public Schools allow the Student to self-manage the health condition and accept and agree to this Medical Management Plan. The Guidelines for Asthma or Anaphylaxis Medical Management Plan are incorporated into and are a part of this Plan.

Parents understand and agree that if the Student injures school personnel or another student as the result of the misuse of necessary asthma or anaphylaxis medical supplies, Parents shall be responsible for any and all costs associated with such injury. Parents acknowledge that (a) the school and its employees and agents are not liable for any injury or death arising from the Student's self-management of the Student's Health Condition and Parents release same from any such claims and (b) Parents shall and do hereby agree to indemnify and hold harmless the school and its employees and agents against any claim arising from the Student's self-management of Student's Health Condition. This release, indemnification and hold harmless agreement shall take effect immediately and shall stay in effect for as long as the Student is provided permission to self-administer medication.

Parent/guardian signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____

III. STUDENT AGREEMENT

I will use the prescription asthma or anaphylaxis medication only as prescribed and as permitted by the Plan. I will not share the medication with others and I will not create an unnecessary distraction to others. I have been instructed how to self-administer this medication and understand the side effects of improper use and will promptly report self-administration and follow the Guidelines. I understand that if I do not abide by these terms, I may be disciplined and that this Plan will be re-evaluated. I release the school and its employees of any liability in any way related to this Plan or my use of the medication.

Student signature: _____ Date: _____

IV. MEDICAL MANAGEMENT PLAN

A. Health care services the Student may receive at school relating to Student's Health Condition: See Guidelines (Part V).

B. Evaluation of Student's understanding of and ability to self-manage Student's Health Condition.

The parents/guardians and the Physician certify that the Student has a sufficient level of understanding and ability to self-manage the Student's Health Condition as follows:

1. Access to Prescription Asthma/Anaphylaxis Medication

- ☐ May have medication in Student's possession at any time.
- ☐ May have medication in Student's possession when the health office is not accessible (for example, when the Student is out of the school on field trips or participating in extracurricular activities) but should otherwise be maintained in the health office.
- ☐ May not have medication in Student's possession except for emergency use.

2. Self-Administration of Prescription Asthma/Anaphylaxis Medication

- ☐ May self-administer independently and without supervision. The Student has had training and is proficient in self-administering medication.
- ☐ May self-administer when the health office or school staff authorized to administer medication are not readily accessible (for example, when the Student is out of the school on field trips or participating in extracurricular activities); but should otherwise have medication administered by the health office or authorized school staff.
- ☐ May not self-administer except for emergency use.

C. It is agreed that this Plan permits regular monitoring of Student's self-management of Student's Health Condition by an appropriately credentialed health care professional.

D. Name, purpose and dosage of prescription asthma or anaphylaxis medication prescribed for Student: See Student Asthma/Anaphylaxis Action Plan (Part IV(F)).

E. Procedures for storage and access to backup supplies of such prescription medication for Student's Health Condition:

1. The Student, when permitted to be in possession of medication, will have only the prescription medication that might be needed for the Student's own use. For example, the Student may have one inhaler, but not two, unless the first is nearly empty
2. The school will store any backup supply needed in accordance with its medication storage procedures.
3. The student may have access to the backup supply when necessary by requesting such from the health office.

F. Student Asthma/Anaphylaxis Action Plan

Student Name: _____ Date of Birth: ____/____/____
(Month) (Day) (Year)

EXERCISE PRECAUTION - Administer inhaler 15-30 minutes before exercise (eg, gym class, recess)

☐ Albuterol inhaler (Proventil, Ventolin) 2 inhalations

ASTHMA TREATMENT

Give or self-administer **quick relief medication** when Student experiences asthma symptoms such as, coughing, wheezing, or tight chest.

Quick relief medication:

- ☐ Albuterol inhaler (Proventil, Ventolin) 2 inhalations
- ☐ Pirbuterol inhaler (Maxair) 2 inhalations
- ☐ Albuterol inhaled *by nebulizer* (Proventil, Ventolin)
- ☐ 0.63 mg/3 mL
- ☐ 1.25 mg/3 mL
- ☐ Levalbuterol inhaled *by nebulizer* (Xopenex)
- ☐ 0.31 mg/3 mL
- ☐ 0.63 mg/3 mL
- ☐ 1.25 mg/3 mL
- ☐ May carry and self-administer metered-dose inhaler per Part IV(B) of Medical Management Plan.

IF SCHOOL STAFF INVOLVED-- CLOSELY OBSERVE STUDENT AFTER QUICK RELIEF ASTHMA MEDICATION IS ADMINISTERED

If after 10 minutes:

- Symptoms are improved, student may return to classroom after notifying parent/guardian.
- If no improvement in symptoms, repeat the above medication and notify parent/guardian immediately and determine student's ability to remain in school for the day.
- ***If student continues to worsen CALL 911 and INITIATE Emergency Response to Life-Threatening Asthma or Systemic Allergic Reactions Protocol (Asthma).***

ANAPHYLAXIS TREATMENT

Give or self-administer **epinephrine** when Student experiences allergy symptoms, such as hives, difficulty breathing (chest or neck "sucking in"), lips or fingernails turning blue, or trouble talking (shortness of breath).

☐ The Student has severe allergies to the following:

☐ Epinephrine injection (please specify):

- ☐ EpiPen 0.3 mg ☐ Twinject 0.3 mg
- ☐ EpiPen Jr. 0.15 mg ☐ Twinject 0.15 mg
- ☐ May carry and self-administer epinephrine injection per Part IV(B) Medical Management Plan.

IF SCHOOL STAFF INVOLVED--CLOSELY OBSERVE STUDENT AFTER EPINEPHRINE IS ADMINISTERED

- ***CALL 911 and closely observe the student.***
- Notify parent/guardian immediately.
- Even if student improves, the student should be observed for recurrent symptoms of anaphylaxis in an emergency medical facility.
- ***If student does not improve or continues to worsen, INITIATE Nebraska's schools Emergency Response to Life-Threatening Asthma or Systemic Allergic Reactions Protocol (Anaphylaxis).***

Possible adverse reactions to be reported to physician _____

Special instructions _____

I am the Student's Physician or other health care professional who prescribed the medication for treatment of the student's condition. Student has ☐ Asthma ☐ Anaphylaxis and has been prescribed the medication referenced above. Student has the ability to safely and responsibly self-manage Student's Health Condition in accordance with this Asthma or Anaphylaxis Medical Management Plan. I approve the Medical Management Plan and the Student Asthma/Anaphylaxis Action Plan and authorize Student to self-manage Student's Health Condition at school in accordance with the Plan.

Physician signature: _____ Date: _____

V. GUIDELINES FOR ASTHMA OR ANAPHYLAXIS MEDICAL MANAGEMENT PLAN

Term of Plan: The plan is effective for the current school year. A new plan must be established each school year or more often if changes occur to the student's health or prescribed treatment or student's ability to self-manage.

Medications: The parents or guardians are responsible for supplying any and all prescription asthma/anaphylaxis medications required under the Plan; the school is not responsible for providing the medications. Prescribed asthma/anaphylaxis medications to be used by the Student under this Plan must be furnished in a current original container from the pharmacy with the student's name and the name of the medication, and where applicable, the strength and the dosage to be given. Inhalers must have a label attached to the inhaler itself, not on the packaging. If the prescribed medication, dosage or time of medication changes, the parents or guardians must promptly submit to the school nurse or designee the new prescription and as necessary a new asthma/anaphylaxis action plan. Any non-prescription medication must be furnished in the original container from the manufacturer. The school will store any backup supply needed in accordance with its medication storage procedures. The student may have access to the backup supply when necessary by requesting such from the health office.

Health care services the Student may receive at school relating to Student's Health Condition.

1. Standard health services available to all students.
2. Storage of backup asthma or anaphylaxis medication supplies.
3. Recording of student self-administration reports.

Consultations: The school may consult with a registered nurse or other health care professional employed by such school during development of the plan.

Permitted Self-Management: Pursuant to the Asthma or Anaphylaxis Medical Management Plan the Student shall be permitted to self-manage the Student's asthma or anaphylaxis condition in the classroom or any part of the school or on school grounds, during any school-related activity, or in any private location specified in the plan.

Student Reports of Self-Administration: The Student shall promptly notify the school nurse, the school nurse's designee, or another designated adult at the school when the Student has self-administered prescription asthma or anaphylaxis medication pursuant to the Plan.

Responses to Student Misuse: The possession of medications by Students is a violation of the school's drug and student conduct policies and may result in an expulsion from school. To the extent this Asthma or Anaphylaxis Medical Management Plan permits the Student to be in possession of prescribed asthma/anaphylaxis medications, the Plan allows the Student an exception to the school drug and student conduct policies. However, this exception only extends to the extent provided in the Plan. In the event the Student uses his or her prescription asthma or anaphylaxis medication other than as prescribed, or possesses medication other than as permitted by the Plan, the Student is subject to disciplinary action by the school, up to and including an expulsion. The school will promptly notify the parent or guardian of any disciplinary action imposed. The disciplinary action will not include a limitation or restriction on the student's access to such medication; however, it is agreed that in the event of any such misuse, a re-evaluation of the Student's understanding of and ability to self-manage Student's Health Condition will occur and the re-evaluation may result in a modification or termination of this Plan.

Sharing Plan: It is agreed that this Asthma or Anaphylaxis Medical Management Plan may be shared with school officials and agents who have a need to be aware of it; that those who have the need to be aware of it include student health staff and also include staff responsible for student discipline (e.g. staff need to know that the Student is authorized to have the medication on the

Student's person so the Student is not reported for a violation of the school's drug policies). The school officials who may be informed of the Plan thus include: administration, school nurse, school office staff, teachers and any paraeducators or specialists who provide services to the Student, and the coaches and sponsors of extracurricular activities in which the Student participates.

Filing of Plan: This Asthma or Anaphylaxis Medical Management Plan is to be kept on file at the school where the Student is enrolled.

VI. SCHOOL NURSE ACKNOWLEDGEMENT OF ASTHMA OR ANAPHYLAXIS MEDICAL MANAGEMENT PLAN

- ☐ Parent Request and Liability Waiver signed ☐ Student Agreement signed.
- ☐ Management Plan (including Action Plan) signed by Physician.
- ☐ Guidelines reviewed with the Student and Parent/Guardian.
- ☐ Copy of Guidelines and Student Agreement received by Parent/Guardian for reference.

School Nurse or designee signature: _____ Date: _____

Asthma/Allergy Self-Management Log

Student Name _____

Student Date of Birth _____

Date Started	Medication	Dosage	Time	Frequency	Physician	Phone #

Date/time of report	Date/time administration	Observation/Complications	Employee Recording Student Report	Parent Notification
				Date: _____ <input type="checkbox"/> Phone <input type="checkbox"/> Form
				Date: _____ <input type="checkbox"/> Phone <input type="checkbox"/> Form
				Date: _____ <input type="checkbox"/> Phone <input type="checkbox"/> Form
				Date: _____ <input type="checkbox"/> Phone <input type="checkbox"/> Form
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				Date: _____ <input type="checkbox"/> Phone <input type="checkbox"/> Form
				Date: _____ <input type="checkbox"/> Phone <input type="checkbox"/> Form

Parents/Guardian _____ Phone _____
Teacher _____ Grade _____

Plan For _____ (Student) Dated: _____

DIABETES MEDICAL MANAGEMENT PLAN

I. CONTACT AND PLAN INFORMATION

Student's Name: _____ **Date of Birth:** ____/____/____
(Month) (Day) (Year)

Health Condition: ☐ Diabetes type 1 ☐ Diabetes type 2 (For this Plan "Health Condition" means diabetes)

Mother/Guardian: _____

Address: _____

Telephone: Home _____ Work _____ Cell _____

Father/Guardian: _____

Address: _____

Telephone: Home _____ Work _____ Cell _____

Student's Doctor/Health Care Provider: _____

Address: _____

Telephone: _____ Emergency Number: _____

Other Emergency Contacts: _____

Relationship: _____

Telephone: Home _____ Work _____ Cell _____

II. PARENT OR GUARDIAN AUTHORIZATION, APPROVAL AND LIABILITY WAIVER

The parents or guardians (hereinafter "Parent") request that District OR-1 Public Schools allow the Student to self-manage the health condition and accept and agree to this Medical Management Plan. The Guidelines for Diabetes Medical Management Plan are incorporated into and are a part of this Plan.

Parents understand and agree that if the Student injures school personnel or another student as the result of the misuse of necessary diabetes medical supplies, Parents shall be responsible for any and all costs associated with such injury. Parents acknowledge that (a) the school and its employees and agents are not liable for any injury or death arising from the Student's self-management of the Student's Health Condition and Parents release same from any such claims and (b) Parents shall and do hereby agree to indemnify and hold harmless the school and its employees and agents against any claim arising from the Student's self-management of Student's Health Condition. This release, indemnification and hold harmless agreement shall take effect immediately and shall stay in effect for as long as the Student is provided permission to self-administer medication.

Parent/guardian signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____

III. STUDENT AGREEMENT

I will use the prescription diabetes medication only as prescribed and as permitted by the Plan. I will not share the medication with others and I will not create an unnecessary distraction to others. I have been instructed how to self-administer this medication and understand the side effects of improper use and will follow the Guidelines. I understand that if I do not abide by these terms, I may be disciplined and that this Plan will be re-evaluated. I release the school and its employees of any liability in any way related to this Plan or my use of the medication.

Student signature: _____ Date: _____

IV. MEDICAL MANAGEMENT PLAN

A. Health care services the Student may receive at school relating to Student's Health Condition: See Guidelines (Part V).

B. Evaluation of Student's understanding of and ability to self-manage Student's Health Condition.

The parents/guardians and the Physician certify that the Student has a sufficient level of understanding and ability to self-manage the Student's Health Condition as follows:

1. Access to Prescription Diabetes Medication

- ☐ May have medication in Student's possession at any time.
- ☐ May have medication in Student's possession when the health office is not accessible (for example, when the Student is out of the school on field trips or participating in extracurricular activities) but should otherwise be maintained in the health office.
- ☐ May not have medication in Student's possession except for emergency use.

2. Self-Administration of Prescription Diabetes Medication

- ☐ May self-administer independently and without supervision. The Student has had training and is proficient in self-administering medication.
- ☐ May self-administer when the health office or school staff authorized to administer medication are not readily accessible (for example, when the Student is out of the school on field trips or participating in extracurricular activities); but should otherwise have medication administered by the health office or authorized school staff.
- ☐ May not self-administer except for emergency use.

C. It is agreed that this Plan permits regular monitoring of Student's self-management of Student's Health Condition by an appropriately credentialed health care professional.

D. Name, purpose and dosage of prescription diabetes medication prescribed for Student: See Student Diabetes Action Plan (Part IV(F)).

E. Procedures for storage and access to backup supplies of such prescription medication for Student's Health Condition:

1. The Student, when permitted to be in possession of medication, will only have the prescription medication that might be needed for the Student's own use.
2. The school will store any backup supply needed in accordance with its medication storage procedures.
3. The student may have access to the backup supply when necessary by requesting such from the health office.

F. Student Diabetes Action Plan

Student Name: _____ **Date of Birth:** ____/____/____
(Month) (Day) (Year)

EXERCISE PRECAUTION - Should not exercise (eg, gym class, recess) if blood glucose level is below _____ mg/dl or if moderate to large urine ketones are present

SUPPLIES TO BE CARRIED BY THE STUDENT**“USE” DESCRIBES PURPOSE, WHEN TO USE & AS RELEVANT,****DOSAGE**

Use: _____

☐ Blood glucose meter, blood glucose test strips, batteries for meter

Use: _____

☐ Lancet device, lancets, gloves, etc.

Use: _____

☐ Urine ketone strips

Use: _____

☐ Insulin pump and supplies

Use: _____

☐ Insulin pen, pen needles, insulin cartridges

Use: _____

☐ Fast-acting source of glucose

Use: _____

☐ Carbohydrate containing snack

Use: _____

☐ Continuous Glucose Monitor

Use: _____

☐ May carry and self-administer above medications and supplies per Part IV(B) of Medical Management Plan.

Possible adverse reactions to be reported to physician _____

Special instructions _____

I am the Student's Physician. Student has diabetes and has been prescribed the medication referenced above. Student has the ability to safely and responsibly self-manage Student's Health Condition in accordance with this Diabetes Medical Management Plan. I approve the Medical Management Plan and the Student Diabetes Action Plan and authorize Student to self-manage Student's Health Condition at school in accordance with the Plan.

Physician signature: _____ Date: _____

V. GUIDELINES FOR DIABETES MEDICAL MANAGEMENT PLAN

Term of Plan: The plan is effective for the current school year. A new plan must be established each school year or more often if changes occur to the student's health or prescribed treatment or student's ability to self-manage.

Medications: The parents or guardians are responsible for supplying any and all prescription diabetes medications required under the Plan; the school is not responsible for providing the medications. Prescribed diabetes medications to be used by the Student under this Plan must be furnished in a current original container from the pharmacy with the student's name and the name of the medication, and where applicable, the strength and the dosage to be given. If the prescribed medication, dosage or time of medication changes, the parents or guardians must promptly submit to the school nurse or designee the new prescription and as necessary a new diabetes action plan. Any non-prescription medication must be furnished in the original container from the manufacturer. The school will store any backup supply needed in accordance with its medication storage procedures. The student may have access to the backup supply when necessary by requesting such from the health office.

Disposal of Medical Supplies: The student shall be responsible for proper disposal of used syringes and other medical supplies. Used syringes and blood borne pathogen materials shall be immediately placed in a safe receptacle and properly disposed of in accordance with directions of the school health office and school administration.

Health care services the Student may receive at school relating to Student's Health Condition.

1. Standard health services available to all students.
2. Storage of backup diabetes medication supplies.
3. Individual Health Plan (IHP) for diabetes management may be developed on request.

Consultations: The school may consult with a registered nurse or other health care professional employed by such school during development of the plan.

Permitted Self-Management: Pursuant to the Diabetes Medical Management Plan the Student shall be permitted to self-manage the Student's diabetes condition in the classroom or any part of the school or on school grounds, during any school-related activity, or in any private location specified in the plan.

Student Reports of Self-Administration: The Student is not required to report self-administration when the Student has self-administered prescription diabetes medication pursuant to the Plan. The school health office will maintain a log of self-administration reports upon request of the parent or guardian.

Responses to Student Misuse: The possession of medications by Students is a violation of the school's drug and student conduct policies and may result in an expulsion from school. To the extent this Diabetes Medical Management Plan permits the Student to be in possession of prescribed diabetes medications, the Plan allows the Student an exception to the school drug and student conduct policies. However, this exception only extends to the extent provided in the Plan. In the event the Student uses his or her prescription diabetes medication other than as prescribed, or possesses medication other than as permitted by the Plan, the Student is subject to disciplinary action by the school, up to and including an expulsion. The school will promptly notify the parent or guardian of any disciplinary action imposed. The disciplinary action will not include a limitation or restriction on the student's access to such medication unless the school determines that the Student has endangered himself, herself, or others through the misuse or threatened misuse of such medical supplies. It is agreed that in the event of any such misuse a re-evaluation of the Student's understanding of and ability to self-manage Student's Health Condition will occur and the re-evaluation may result in a modification or termination of this Plan.

Sharing Plan: It is agreed that this Diabetes Medical Management Plan may be shared with school officials and agents who have a need to be aware of it; that those who have the need to be aware of it include student health staff and also include staff responsible for student discipline (e.g. staff need to know that the Student is authorized to have the medication on the Student's person so the Student is not reported for a violation of the school's drug policies). The school officials who may be informed of the Plan thus include: administration, school nurse, school office staff, teachers and any paraeducators or specialists who provide services to the Student, and the coaches and sponsors of extracurricular activities in which the Student participates.

Filing of Plan: This Diabetes Medical Management Plan is to be kept on file at the school where the Student is enrolled.

**VI. SCHOOL NURSE ACKNOWLEDGEMENT OF
DIABETES MEDICAL MANAGEMENT PLAN**

- ☐ Parent Request and Liability Waiver signed ☐ Student Agreement signed.
- ☐ Management Plan (including Action Plan) signed by Physician.
- ☐ Guidelines reviewed with the Student and Parent/Guardian.
- ☐ Copy of Guidelines and Student Agreement received by Parent/Guardian for reference.

School Nurse or designee signature: _____ Date: _____

Diabetes Self-Management Log (Optional)

Student Name _____

Student Date of Birth _____

Date Started	Medication	Dosage	Time	Frequency	Physician	Phone #

Date/time of report	Date/time administration	Observation/Complications	Employee Recording Student Report	Parent Notification
				Date: _____ <input type="checkbox"/> Phone <input type="checkbox"/> Form
				Date: _____ <input type="checkbox"/> Phone <input type="checkbox"/> Form
				Date: _____ <input type="checkbox"/> Phone <input type="checkbox"/> Form
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Parents/Guardian _____ Phone _____
Teacher _____ Grade _____