

CARSON CITY SCHOOL DISTRICT
1402 West King Street
Carson City, Nevada
Tuesday, September 10, 2013

SCHOOL BOARD MEETING

AMENDED AGENDA

LOCATION OF MEETING: **Sierra Room**
 Community Center
 851 E. William Street
 Carson City, Nevada

CALL TO ORDER – 7:00 P.M.

1. Flag Salute: **Steve Reynolds**

2. Adoption of the Agenda, as submitted – **for possible action (public comment will be taken prior to any action).**
Please Note: The Board reserves the right to (1) take items in a different order, (2) combine two or more Agenda items for consideration, and (3) to remove an item from the Agenda or delay discussion relating to an item on the Agenda at any time, in or to accomplish the business on the Agenda in the most efficient manner.

3. Superintendent's Report – **for information only.**
 *Follow-up on inquiries made to the Superintendent
 - Information on upcoming School Based Vaccination Clinics
 - Announcements

4. Board Reports/Board Member Comments – **for information only.**
 - Carson High School Activities
 - Pioneer High School Activities
 - Announcements
 - Nevada Association of School Boards (NASB) Update

5. Association Reports – **for discussion only.**

6. Public Comment – Comments may be made by members of the public on any matter within the authority of this Board. Although members of the Board may respond to questions and discuss issues raised during Public Comment, no action may be taken on such a matter until the matter is placed on an agenda for action at a meeting of the Board. In making Public Comment, speakers are asked to sign in, speak into the microphone at the podium, identify themselves for the record, not simply repeat comments made by others and limit comments to no more than three (3) minutes. Please note that Public Comment will be taken on any item on this agenda on which action may be taken, before action is taken on the item. – **for discussion only.**

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| 7. | Report on the types of services provided to CCSD by Northwestern Regional Professional Development Program (NWRPDP) for 2012-2013 School Year – for discussion only. | Susan Keema
Kirsten Gleisner |
| 8. | Presentation on the use of Restraints or Aversive Interventions on Students with Disabilities per NRS 388.521 – 388.5315 – for discussion only. | Jan Albertson |
| 9. | Discussion and Possible Action on the Designation of the Director of Student Support Services to serve as the CCSD Board of Trustees’ Designee to Receive and Act upon Reports as Required by NRS 388.5275, NRS 388.528, and NRS 388.5295 – for possible action. | Richard Stokes
Jan Albertson |
| 10. | Report on Activities for Transportation Department; including but not limited to the schedule for updating of School Buses and Vehicles for the Carson City School District – for discussion only. | Richard Stokes
Kevin Curnes |
| 11. | Informational Update on the Carson City School District Race to the Top Grant – for discussion only. | Dr. Steve Pradere |
| 12. | Report on Compilation of School Progressive Discipline Plans for Students, as required by NRS 392.4644 – for discussion only. | Susan Keema |
| 13. | Discussion and Possible Action on Selecting a Topic for the 2013 – 2014 Carson City School District Board of Trustees Sponsored American Citizen Essay Contest – for possible action. | Richard Stokes |
| 14. | Discussion and Possible Action to Adopt, as the Official Mission Statement for the CCSD, as it exists in the Strategic Plan; <i>“In Partnership with the Community, we will make the most of everyday for every student by empowering them with the skills, knowledge, values and opportunities to thrive.”</i> – for possible action. | Richard Stokes |
| 15. | Approval of Consent Agenda – for possible action (public comment will be taken prior to any action). | |

ALL MATTERS LISTED UNDER THE CONSENT AGENDA ARE CONSIDERED ROUTINE AND MAY BE ACTED UPON BY THE CARSON CITY BOARD OF SCHOOL TRUSTEES WITH ONE ACTION AND WITHOUT EXTENSIVE HEARING. ANY MEMBER OF THE BOARD OR ANY CITIZEN MAY REQUEST THAT AN ITEM BE TAKEN FROM THE CONSENT AGENDA, DISCUSSED AND ACTED UPON SEPARATELY DURING THIS MEETING.

- a. Approval and Ratification of Purchase Orders and Payables, and Authorization for Signing of Warrant Registers, Payroll Journals and other orders for goods and services for Processing and Payment.
- b. Approval of Board Meeting Minutes.
- c. Notification of budget transfers for the prior month.

- d. Approval of employee leave requests.
- e. Approval of sick leave bank withdrawals.
- f. Request for permission for 16-year-old to withdraw from school to take GED.
- g. Request for permission for Home School/Charter High School students to participate in athletics at Carson High School.
- h. Request for permission for student exemption of required vaccinations pursuant to NRS 392.437
- i. Approval of Nevada Department of Taxation Quarterly Economic Survey
- j. Notification of Changes in the Classified and Nursing Staff, including New Hires and Terminations
- k. Approval of Offers of Employment to Certified Staff, Notice of Non-Hires, and Notice of Terminations

16. Requests for Future Agenda Topics

17. Adjournment

A copy of the Agenda of this meeting has been posted before 9:00 AM on Thursday, September 5, 2013, at the following locations: 1) Department of Education, 700 E. Fifth Street; 2) School Administration Office, 1402 W. King Street; 3) Carson City Public Library, 900 N. Roop Street; and 4) Carson City Manager's Office, 201 N. Carson Street.

Copies of supporting material may be requested from Mrs. Renae Cortez, Executive Administrative Assistant, at 1402 W. King Street, Carson City, NV 89703; by mail addressed to Mrs. Cortez at Carson City School District, Administrative Offices, P.O. Box 603, Carson City, NV 89702; by phone at (775) 283-2100 or by email to rcortez@carson.k12.nv.us. Copies of supporting material are available to the public at the District Office, 1402 W. King Street, Carson City, NV 89703, on the District website, www.carsoncityschools.com, and at the meeting on the date and place listed on the first page of this document.

Carson City School District is pleased to provide accommodations for individuals with disabilities. If you have a disability, please contact us at 775-283-2100, and we will provide assistance or accommodate you in any way that we possibly can. [Watch the Board Meeting live at Access Carson City](#)

BOARD OF TRUSTEES MEETING

September 10, 2013

EXECUTIVE SUMMARY

- 7. Report on the types of services provided to CCSD by Northwestern Regional Professional Development Program (NWRPDP) for 2012-2013 School Year**
Per NRS 391.556 an annual report provided by Northwestern Regional Professional Development Program (NWRPDP) must be submitted to each district as well as the appropriate State agencies and committees. This report will be presented by Ms. Kirsten Gleisner, NWRPDP Director, who will detail professional development services provided to district employees for the 2012-2013 school year. Information on NWRPDP's professional development plan for the 2013-2014 school year will also be presented.
- 8. Presentation on the use of Restraints or Aversive Interventions on Students with Disabilities per NRS 388.521**
Mrs. Jan Albertson, Director of Student Support, will present on NRS Chapter 388.521-5317, which codifies processes for school districts regarding the use and prohibition of aversive intervention, physical restraint and mechanical restraint on students with disabilities. She will explain what constitutes violations and acceptable practices for the District. Mrs. Albertson will also explain corrective action for violations as described in NRS 388.5295, and will propose logistical practices to keep the district compliant with the requirements of the statute.
- 9. Discussion and Possible Action on the Designation of the Director of Student Support Services to serve as the CCSD Board of Trustees' Designee to Receive and Act upon Reports as Required by NRS 388.5275, NRS 388.528 and NRS 388.5295**
Mr. Stokes and Mrs. Albertson will present information regarding reports and other information required by NRS 388.5275 through NRS 388.5317. The designation of the Director of Student Support Services allows this person to fulfill the requirements associated with the statutes. Staff recommends approval.
- 10. Report on Activities for Transportation Department; including but not limited to the schedule for updating School Buses and Vehicles for the Carson City School District**
Mr. Kevin Curnes, Manager, Safety Services will provide information on various aspects of the Transformation Department; previous bus replacement plan, current fleet status, and other related information.
- 11. Informational Update on the Carson City School District Race to the Top Grant**
The focus of this month's presentation is to report the current progress of the district in meeting goals connected to the Strategic Plan and the RTT-D project. In late August and early September two groups that have begun their work; the Secondary Counselor PLC and the Community PLC groups. The secondary counselors are building the student e-portfolio, school to career program opportunities, and parent access to our student related information. This group is currently creating a hard copy set of models that can be used as a foundation to build the e-portfolio. This model will then be used to as the foundation to build the student e-portfolio experience. The second group, the Community PLC had its first meeting at Carson High School on August 28, 2013. This meeting was designed to provide background knowledge and collect input from stakeholders on implementation of the strategic plan. The process provided a strong foundation for establishing performance targets for the Strategic Plan and next steps for the RTT-D project. The September RTT-D board presentation will highlight these items as well as provide an overall report on the district progress on current implementation of the RTT-D project.

12. Report on the Compilation of School Progressive Discipline Plans for Students, as required by NRS 392.4644

In accordance with NRS 392.4644 on or before November 30th of each year, the Board of Trustees shall submit a report to the Superintendent of Public Instruction that reports the progress of each school within the district in complying with the requirements of this Statute. The presentation will inform the Board that all 10 Carson City Schools, including Carson Montessori Charter School have complied with submitting their discipline plans to Educational Services. The plans will be posted on the District website. For your information a copy of the template used by each school site is included in your board packet.

13. Discussion and Possible Action on Selecting a Topic for the 2013-2014 Carson City School District Board of Trustees Sponsored American Citizen Essay Contest

Mr. Stokes will present information outlining the essay contest. Included in your board packet is a timeline, along with an overview and list of possible topics for the 2013-2014 Essay Contest.

14. Discussion and Possible Action to Adopt, as the Official Mission Statement for the CCSD, as it exists in the Strategic Plan; *“In Partnership with the Community, we will make the most of everyday for every student by empowering them with the skills, knowledge, values and opportunities to thrive.”*

Prior to adopting the Strategic Plan, the District had the following mission statement; *“The mission of the Carson City School District is to contribute to the development of successful young adults who will make healthy contributions to themselves, their families, the State of Nevada, our great nation and the world.”*

This agenda item allows Board members the opportunity to discuss and adopt an official mission statement for the District.

Dear Parent:

Carson City Health and Human Services (CCHHS) is working with your child's school to offer your child seasonal flu vaccination. There will be a team of CCHHS licensed nurses at your child's school the week of September 23rd, 2012, to administer the flu vaccine. The vaccination is a safe and preventive health action that benefits *all age groups* to protect against influenza illness. This year the vaccine will protect against four flu viruses.

There are two kinds of influenza vaccines that are available:

Inactivated Influenza "flu shot" — containing killed virus that is given with a needle, usually in the arm. The flu shot is approved and recommended for people 6 months of age and older.

Live Intranasal spray flu vaccine — a vaccine made with live, weakened viruses (LAIV) that **do not** cause the flu. LAIV is approved for use in people 2 years to 49 years of age who are not pregnant and have **no** chronic medical conditions.

The Influenza Vaccine Information Statement will be given to your child on the day of vaccination or can be obtained from the CCHHS School Located Vaccination Program website at: <http://gethealthycarsoncity.org/school-located-vaccination-program/>

Previously, CCHHS has been able to provide this vaccination at no cost. Due to a decrease in funding to support this program, it is now necessary to **one** of the following:

1. Bill your child's health insurance, which includes Medicaid and Nevada Check-up, *or*
2. If your child is eligible for Vaccines for Children (VFC), the vaccine will be provide for a \$15.00 administration fee or whatever you can afford to pay, *or*
3. If you have a private health insurance plan that CCHHS is not contracted with, the vaccine is available for a *reduced* fee of \$20.00. A receipt will be provided to submit for possible reimbursement from your private health insurance plan.

Attached to this letter you will find a vaccination screening questionnaire. If you want your child to receive the vaccination:

1. Complete and sign the screening questionnaire. **Be sure to indicate the type of vaccine you child may receive.**
2. Payment options –
 - If your child has health insurance from one of the private health insurance plans listed on the back of the questionnaire, complete all the insurance information, *or*
 - If your child is uninsured, American Indian, Alaska Native, or your child's health insurance plan does not pay for immunizations, they are eligible for the VFC Program. Under the VFC program, the only cost is the administration fee of \$15.00 or whatever you can afford to pay, *or*
 - If your child has health insurance from a private health insurance plan not listed on the back of the questionnaire, please pay \$20.00 by check, cash, or credit card. If paying by credit card, provide your credit card information on the back of the questionnaire.
3. **Put the screening questionnaire and payment in an envelope and return to your child's teacher by September *****.**

Please refer to the schedule below for when a team of Registered Nurses will be at your child's school:

Bordewich-Bray	Early Childhood	Empire	Fremont	Fritsch	Mark Twain
9/25/2013	9/12/2013	9/25/2013	9/23/2013	9/24/2013	9/24/2013
Seeliger	Montessori	Carson MS	Eagle Valley MS	Carson High	Pioneer
9/24/2013	9/23/2013	9/23/2013	9/25/2013	9/26/2013 9/27/2013	9/27/2013

Children needing 2 doses of annual influenza vaccine: If your child is *younger than 9 years of age* on the day the vaccine is administered, he/she will need 2 influenza doses if: they are receiving influenza vaccine for the first time, or have not received 2 doses of influenza vaccines since 2010.

Should your child need a second dose, Monday is immunization day at Douglas County Community Health Clinic (located at: 1538 Highway 395 North, Gardnerville, NV 89410, 1:00 p.m. to 4:30 p.m., or you may contact your healthcare provider.

If you have any questions you may contact me at (775) 283-7704 or Rachael Rasner, RN at (775) 283-7503.

Sincerely,



Nicki Aaker, MSN, MPH, RN





Influenza Immunization Questionnaire



PLEASE PRINT the Following Information

Name _____ Phone (____) _____

Street Address _____ City/State/Zip Code _____

Birth Date ____/____/____ Age Today _____ Gender F M History of Chicken Pox Yes No
Month Day Year

Parent/Guardian Email _____ Cash Amount Sent with Child: \$ _____

Race:

Caucasian Black/African American
 Asian Native American
 Pacific Islander

Ethnicity: Hispanic or Latino
 Non-Hispanic or Non-Latino

Insurance Status:

Private Insurance **Turn over for Private Insurance Information** →
 Insured, but vaccines are not covered
 Uninsured / No insurance
 Medicaid # _____
 Nevada Check-up # _____

ATTENTION: It is advised to wait approximately 15 minutes after receiving a vaccination before driving.

Please answer the following questions about **THE PERSON** to be vaccinated.

1. Sick today?..... Yes No
2. Allergic to eggs, food, medication, vaccine component or latex?..... Yes No
If yes, state allergy _____
3. Had a serious reaction to or fainted with any previous immunization?..... Yes No
4. Had Guillain-Barré syndrome in the past?..... Yes No
5. Had a seizure or other nervous system problem?..... Yes No
6. Have cancer, AIDS or other immune system problems?..... Yes No
7. Taken any cortisone, prednisone or any steroids, anti-cancer drugs, or radiation in the last 3 months?..... Yes No
8. Received antiviral drugs in the last 3 months?..... Yes No
9. Received any other immunizations, including influenza, in the last month?..... Yes No
If yes, type of vaccine _____ date: _____
10. Received a transfusion of blood or blood product, or been given immune (gamma) globulin in the last year?..... Yes No
11. Have long-term health problems with diabetes, heart disease, lung disease, asthma, wheezing, kidney disease, anemia or other blood disorders?..... Yes No
12. Pregnant or plan to become pregnant in the next month?..... Yes No
13. Been vaccinated against influenza in the past?..... Yes No
14. Vaccine to be received (*please select only one*):..... **Either Shot or Nasal** **Shot** **Nasal**

- I have received and understand the vaccine information sheet(s) for the immunization(s) to be administered.
- I authorize CCHHS to enter this information into the Nevada Immunization Registry, unless otherwise specified.
- I understand the CCHHS Notice of Privacy is available upon request & at: <http://getthehealthycarsoncity.org/school-located-vaccination-program/>

Client/Parent/Guardian Signature _____ Date ____/____/____

Client/Parent/Guardian Print Name _____

(Parent signature required if under 18 years old)

PLEASE DO NOT WRITE BELOW THIS LINE

	Manufacturer	Lot #	Exp.	Circle Location Below					
Fluarix - Quad (90686) V04.81 <small>VIS 7/2013</small>	GSK			<input type="checkbox"/> VFC	<input type="checkbox"/> Private	RD	LD		IM
Flu Mist (90660) V04.81 <small>VIS 7/2013</small>	Med-Immune			<input type="checkbox"/> VFC	<input type="checkbox"/> Private	Nasal			

Administered by: _____ Date: ____/____/____ Clinic Location: _____
(Write Legibly) First Initial Last Name Credentials



Immunization Payment Information



Immunization Fee: \$20

Child's school: _____ Teacher's Name _____ Grade: _____

To Have CCHHS Bill Your Health Insurance:

- We Accept:
- | | | |
|-------------------|---------------------------|--|
| ● Cigna | ● Aetna | ● Anthem Blue Cross/Blue Shield |
| ● Hometown Health | ● Coventry Health Care | ● Gov't Employee Health Association (GEHA) |
| ● PEBP | ● Humana | ● Nevada Preferred Provider |
| | ● St. Mary's Health Plans | ● Universal Health |

If you have one of the above health insurance, please provide the following information for the POLICY HOLDER or attach a copy (front and back) of the policy holder's insurance card. Please PRINT

Insurance Company Name: _____

Customer Service Phone # (on insurance card): _____

Insurance ID #: _____ Group #: _____

Policy Holder Name: _____
Last First M.I.

S.S # _____ - _____ - _____ Birth Date ____/____/____ Gender M F

Mailing Address: _____
Street Apt # City State Zip Code

Daytime Phone #: (____) _____ Relationship to Patient: _____

I authorize CCHHS to bill my insurance and release information necessary to process this claim. I understand that I am responsible for knowing covered services and knowing if the family's deductible has been met. I understand that I may be responsible for a payment to CCHHS. I hereby authorize payment directly to CCHHS.

Signature _____ Date ____/____/____

If your child has health insurance from a private insurance company not listed above, please pay with credit card, check or cash for the amount of the immunization . For informational purposes, what company is your child's health insurance through? _____

To Pay by Credit Card: Immunization Fee Amount: \$ _____

VISA or MasterCard #: _____

Exp. Date: ____/____/____ CVV2 Code: _____ (3 digit number on back of credit card)

Cardholder Name: _____

Cardholder Signature: _____

To Pay by Check: Immunization Fee: \$ _____

Make check payable to: **Carson City Health and Human Services**

For office use only
Date ____/____/____ Amount \$ _____ Check Cash Credit Initials _____



Cuestionario de Inmunización Contra la Gripe



POR FAVOR INGRESE LA INFORMACIÓN

Nombre _____ Telefono # (____) _____
 Dirección _____ Ciudad/Estado/Código Postal _____
 Fecha de Nacimiento Mes ____ / Día ____ / Año ____ Edad de Hoy ____ Sexo F M Le ha dado Varicela Si No
 Padres /Guardián Email _____ Total de Efectivo Mandado con el Niño \$ _____

Raza:

Caucásico Afro-Americano
 Asiático Americano Nativo
 Isleño del Pacifico

Ethnia: Hispano o Latino
 No Hispano o No Latino

Estafo de cobertura medico:

Seguro Medico Privado *volteé la página para la información sobre el seguro medico* →
 Tiene seguro medico, pero no paga las vacunas
 No tiene seguro Medico
 Medicaid # _____
 Nevada Check-up # _____

ATENCION: Se le informa que debe esperarse 15 minutos después de recibir su vacuna antes de manejar

Favor de contestar las siguientes preguntas sobre **LA PERSONA** que se va a vacunar.

1. ¿Esta enfermo hoy?..... Sí No
2. ¿Es alérgico a los huevos, comida, medicamento, látex o algún componente de vacunas?..... Sí No
Si tiene alergia, a que? _____
3. ¿Ha tenido alguna reacción seria o se a desmayado con alguna vacuna en el pasado?..... Sí No
4. ¿Ha tenido el síndrome de Guillain-Barre?..... Sí No
5. ¿Ha tenido convulsiones o algún problema del sistema nervioso?..... Sí No
6. ¿Tiene cáncer, SIDA u otros problemas del sistema Inmunológico?..... Sí No
7. ¿Ha tomado cortisona, predisone o algún esteroide, medicina anticancer o radiación en los últimos 3 meses?..... Sí No
8. ¿Ha recibido alguna medicina antiviral en los últimos 3 meses?..... Sí No
9. ¿Ha recibido otras vacunas en los últimos 28 días, como la de la influenza (gripe)?..... Sí No
Si contesto si, ¿tipo de vacuna?: _____ fecha: _____
10. ¿Ha recibido una transfusión de sangre o productos de sangre, le han dado gamma inmune (gama) Globulina en el ultimo año?..... Sí No
11. ¿Tiene problemas a largo plazo de diabetes, enfermedad Cardiaca, enfermedad pulmonar, enfermedad renal, asma, Anemia, o algún desorden sanguíneo?..... Sí No
12. ¿La persona que se va a vacunar hoy esta embarazada o planea quedar embarazada en el próximo mes?..... Sí No
13. ¿Ha sido vacunado(a) / a contra la influenza en el pasado?..... Sí No
14. Mi hijo (a) puede recibir la vacuna antigripal **Ya sea** la Nasal o Inyectable Inyectable Nasal

He recibido y entendido las hojas de información sobre las vacunas que serán administradas. Entiendo que El Aviso de Privacidad de salud de CCHHS esta disponible si usted lo desea y también <http://gethealthycarsoncity.org>. Autorizo a CCHHS que documente esta información en el Registro de Nevada de Inmunizaciones, a menos de que indiquen lo contrario. Yo autorizo a la clínica de CCHHS para cobrar a mi seguro medico y compartir mi información si es necesario para procesar el cobro. Autorizo por este medio el pago directo a CCHHS.

Firma del Cliente/ Padre/ Guardián _____ Fecha ____/____/____

Escriba claro el nombre del Cliente/Padre/Guardián _____

(Se requiere la firma de los padres para menores de 18 años) **POR FAVOR NO ESCRIBA DEBAJO DE LA LINEA**

	Manufacturer	Lot #	Exp	Circle Location Below								
Fluarix - Quad (90686) V04.81 VIS 7/2013	GSK			<input type="checkbox"/> VFC	<input type="checkbox"/> Private			RD	LD			IM
Flu Mist (90660) V04.81 VIS 7/2013	Med-Immune			<input type="checkbox"/> VFC	<input type="checkbox"/> Private			Nasal				

Administered by: _____ Date: ____/____/____ Clinic Location: _____
 (Write Legibly) First Initial Last Name Credentials



Información de Pago por Inmunización



El costo por la vacuna es : **\$ 20**

Escuela de su hijo (a) _____ Nombre del Maestro _____ Grado: _____

Para que CCHHS pueda mandar el cobro a su seguro medico:

- Aceptamos:
- Aetna
 - Anthem Blue Cross/Blue Shield
 - Coventry Health Care
 - Gov't Employee Health Association (GEHA)
 - Humana
 - Nevada Preferred Provider
 - PEHP
 - St. Mary's Health Plans
 - Universal Health

Si usted tiene seguro medico enlistado arriba, favor de completar la siguiente información sobre LA PERSONA PRIMARIA en el seguro medico o adjunte una copia de adelante y atrás de la tarjeta del seguro medico.

Favor de Completar

Nombre de la compañía de seguro medico: _____

Numero de teléfono de servicio al cliente (# en la tarjeta de seguro medico): _____

Numero de identificación de seguro medico #: _____ Numero de Grupo: _____

Nombre de la Persona Primaria: _____

Apellido

Nombre

Inicial

Numero de Seguro Social #: ____ - ____ - ____ Fecha de Nacimiento ____ / ____ / ____ Sexo M F

Dirección: _____

Calle

Apartamento

Cuidad

Estado

Código Postal

Teléfono de día #: (____) _____ Relación al paciente: _____

Yo autorizo que CCHHS mande el cobro a mi seguro medico y provea la información necesaria para procesar este servicio. Yo entiendo que soy responsable de saber los servicios que son cubiertos y también si el deducible de la familia se ha cumplido. Yo entiendo que yo puedo ser responsable por el pago a CCHHS. Yo autorizo el pago directo a CCHHS.

Firma _____ Fecha ____ / ____ / ____

Si su hijo(a) tiene seguro medico privado no enlistado arriba, favor de pagar con tarjeta de crédito, efectivo o cheque. Por motivos de información ¿cual seguro medico tiene su hijo (a)? _____

Para Pagar con Tarjeta de Credito: El Costo por la Vacuna es: \$ _____

VISA o MasterCard #: _____

Fecha de vencimiento: ____ / ____ / ____ CVV2 Code: _____ (numero de 3 dígitos, por la parte de atrás de la tarjeta)

Nombre de la persona en la tarjeta : _____

Firma de la persona en la tarjeta : _____

Para Pagar con Cheque: El Costo por la Vacuna es: \$ _____

Haga el Cheque Pagable a: **Carson City Health and Human Services**

For office use only

Date ____ / ____ / ____ Amount \$ _____ Check Cash Credit Initials _____

District: Carson City School District

Regional Professional Development Program Training
Reporting Requirement Pursuant to NRS 391.556
School Year Ended : 2012-13

(1) Unduplicated Attendance Counts	No.
<i>Number of Teachers attending 1 or more sessions</i>	378
<i>Number of Administrators attending 1 or more sessions</i>	34
<i>Number of Other School Staff attending 1 or more sessions</i>	38
Total Teachers, Administrators, and Staff attending training sessions	450
(2) Duplicated Attendance Counts	
Teacher/Administrative/Staff training attendance by content area (NRS 389.520):	
<i>Literacy and English (including reading, writing, and composition)</i>	12
<i>Math</i>	265
<i>Science</i>	12
<i>Social Studies (including history, geography, economics and gov't)</i>	15
<i>Computer Education and Technology</i>	0
<i>Health and Physical Education</i>	0
<i>Administration</i>	150
<i>Other Training (List below)</i>	0
<i>[1] District Staff</i>	77
<i>[2] Assessment/DOK</i>	12
<i>[3] Sheltered Instruction & Instructional Strategies</i>	592
<i>[4] Professional Learning Communities</i>	126
Total RPDP training sessions attended	1,261

NRS 391.556 Submission of annual report by board of trustees. The board of trustees of each school district shall submit an annual report to the State Board, the Commission, the Legislative Bureau of Educational Accountability and Program Evaluation that includes for the immediately preceding year: **(1)** The number of teachers and administrators employed by the school district who received training through the program; and **(2)** An evaluation of whether that training included the standards of content and performance established by the Council to Establish Academic Standards for Public Schools pursuant to NRS 389.520.

Name of person completing this form: Kirsten Gleissner

Title: Director, NW RPDP

Phone: (775) 861 - 1242

Please contact Julie Waller at 775-684-6873 or jwaller@lcb.state.nv.us with questions or concerns.

What are the nature and extent of services?

Participant Counts and Training Categorizations

Professional development services are reported in two formats: unduplicated counts which show how many teachers, administrators and paraprofessionals were served in each county; and duplicated counts which reflect how many educators participated in trainings, some more than once. Tables 2 and 3 show this data.

Table 2: Unduplicated Number of Educators Trained by the NWRPDP

District	ES Teachers	MS Teachers	HS Teachers	Administrators	*Others	Total by District
Carson	214	112	52	34	38	450
Churchill	68	12	14	4	9	107
Douglas	194	46	8	20	6	274
Lyon	177	60	40	12	22	311
Storey	13	11	19	0	0	43
Washoe	957	52	67	19	163	1258
Totals	1623	293	200	89	238	2443

*Others included certified personnel who did not specify a grade level, substitutes, school counselors, district-level certified positions and other participants such as parents and community members.

Table 3: Duplicated Number of Educators Trained by the NWRPDP

District	ES Teachers	MS Teachers	HS Teachers	Administrators	*Others	Total by District
Carson	539	421	74	150	77	1261
Churchill	173	48	18	4	14	257
Douglas	602	77	14	77	10	780
Lyon	426	138	80	24	31	699
Storey	62	64	78	0	0	204
Washoe	1908	74	97	43	257	2379
Totals	3710	822	361	298	389	5580

*Others included certified personnel who did not specify a grade level, substitutes, school counselors, district-level certified positions and other participants such as parents and community members.

A total of 2443 educators, 43.3% of the 5647 educators employed in the region, participated in programs provided by the NWRPDP during 2012-2013 (unduplicated count). In Carson City 82.2% of the teachers and administrators participated in programs, 40.3% of the teachers and administrators in Churchill County participated in programs, in Douglas County 62.9% participated, 28.4% of teachers and administrators in Washoe County, 49.4% of the certified staff in Lyon County and in Storey County 100% of the educators were served. Many educators attended programs on more than one occasion, resulting in a total of 5580 contacts between the NWRPDP and educators during the year (duplicated count).

Type and Focus of Services

The NWRPDP provides a wide variety of services for the six counties in the region. Figure 1 shows the breakdown of the types of services provided by regional trainers throughout the district with a significant majority of services being in the form of training.

Another measure of services is the focus of the services provided. This measure looks at the content of the services offered in the region (See Figure 2). The major areas of services provided were in the implementation of the Common Core State Standards (CCSS) in English language arts and mathematics in all counties served by the region. Another area that received a large portion of the services was implementation of best practices and pedagogy.

Figure 1: Types of Services Provided by the NWRPDP

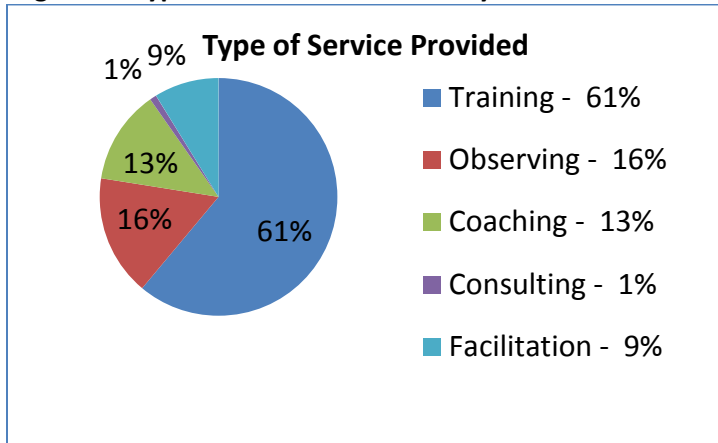
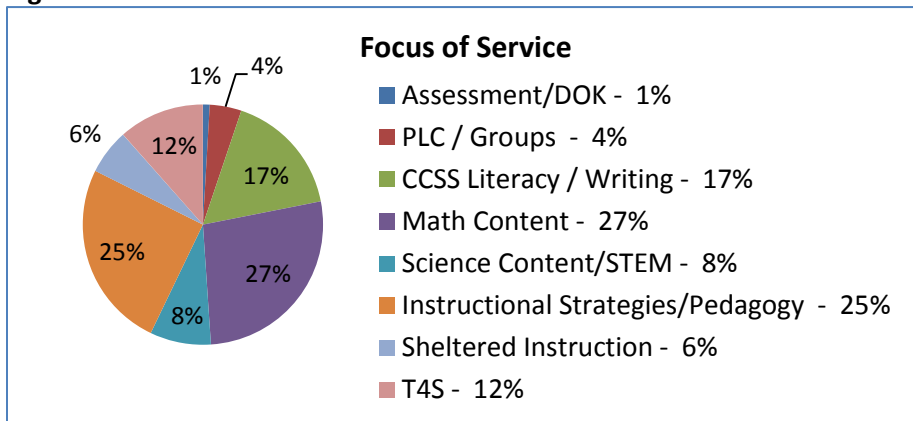


Figure 2: Focus of Services of the NWRPDP



Types of Services Provided by District

Carson City School District has eleven schools; six elementary schools, two middle schools, one comprehensive high school, one alternative high school and one charter school. A full-time trainer coordinates services for Carson City. All sites received training and support for mathematics teachers in grades K-12 on curriculum and assessment development and implementation for the Common Core State Standards in Mathematics. Professional Learning Communities (PLCs) observations and data collection were conducted as requested. The district-wide initiative to train all teachers and administrators in sheltered instruction, including observations and coaching, was supported by a trainer. All district sites, with the exception of the charter school, continued to receive services through the collection of T4S data (See Appendix F).

AB 56

**THE USE OF AVERSIVE INTERVENTION,
PHYSICAL RESTRAINT AND MECHANICAL
RESTRAINT ON PUPILS WITH DISABILITIES**

REPORTING REQUIREMENTS

TECHNICAL ASSISTANCE DOCUMENT

AB 56

**THE USE OF AVERSIVE INTERVENTION,
PHYSICAL RESTRAINT AND MECHANICAL
RESTRAINT ON PUPILS WITH DISABILITIES**

**TECHNICAL ASSISTANCE GUIDELINES AND SCHOOL
DISTRICT REPORTING REQUIREMENTS FOR NRS
§388.521-388.5315**

THE USE OF AVERSIVE INTERVENTION, PHYSICAL RESTRAINT AND MECHANICAL RESTRAINT ON PUPILS WITH DISABILITIES

TECHNICAL ASSISTANCE GUIDELINES AND SCHOOL DISTRICT REPORTING REQUIREMENTS FOR NRS §388.521-388.5315

August 2009

I. BACKGROUND

Assembly Bill 280 (AB280) was passed by the Nevada State Legislature in 1999 in response to concerns about the use of aversive interventions and physical or mechanical restraints with students with disabilities. According to the legislative history, "the legislation was intended to promote the use of positive behavioral supports and to prohibit the use of aversive or deprivation techniques, especially when those techniques were used because of a disability." The provisions of AB280 are now contained in Nevada Revised Statutes at §388.521-388.5315, and apply specifically to students with disabilities eligible for special education services under the provisions of Nevada Administrative Code Chapter 388. These statutes are commonly and collectively referred to as the "AB280" law.

Assembly Bill 56 was passed by the Nevada State Legislature in 2009. This bill revised some NRS provisions regarding the use of aversive interventions, physical restraints and mechanical restraints on pupils with disabilities. The revisions added new reporting requirements for the state, districts, and schools; and added required steps for schools and staff which are triggered according to the number of times a given student has been subjected to physical or mechanical restraints under emergency conditions in a given school year.

This document is intended to provide technical assistance in the implementation of statutory provisions contained in NRS §388.521-388.5315. Tasks and timelines contained in the statutes are highlighted, and some additional steps are recommended when they provide consistency even though they are not required by statute. When these recommendations are made, they are intended to be advisory. Nothing in this document is intended to create requirements or obligate school districts to use any particular forms or means for ensuring compliance with NRS §388.521-388.5315, or to take steps beyond those specifically required in the statutes.

II. DEFINITIONS

Several definitions are provided in NRS §388.521-526. Some key definitions are set forth below.

What is a physical restraint?

The use of physical contact to limit a person's movement or hold a person immobile.

What is a mechanical restraint?

The use of devices, including, without limitation, mittens, straps and restraint chairs to limit a person's movement or hold a person immobile.

What is an aversive intervention?

Any of the following actions, if the action is used to punish a student with a disability or to eliminate, reduce or discourage maladaptive behavior of a student with a disability:

- ✓ Noxious odors and tastes
- ✓ Water and other mists or sprays
- ✓ Blasts of air
- ✓ Corporal punishment (intentional infliction of physical pain, including, hitting, pinching, or striking)
- ✓ Verbal and mental abuse (actions or utterances that are intended to cause and actually cause severe emotional distress to a person)
- ✓ Electric shock
- ✓ Chemical restraint (administration of drugs for the specific and exclusive purpose of controlling an acute or episodic aggressive behavior when alternative intervention techniques have failed to control the behavior; does not include drugs administered on a regular basis as prescribed by a physician)
- ✓ Placement of a person alone in a room where release from the room is prohibited by a mechanism, or otherwise preventing the person from leaving the room (including a lock, device or object positioned to hold the door closed)
- ✓ Requiring a person to perform exercise under force ("forced" if student (a) required to perform the exercise because of a behavior related to his/her disability; (b) required to exercise even though harmful to student's health; (c) required to exercise even though the student's disability prevents participation in the exercise)

- ✓ Deprivation of necessities needed to sustain the health of a person, regardless of the length of the deprivation (including denial or unreasonable delay in the provision of (a) food or liquid at a time when it is customarily served; or (b) medication)

III. PERMISSIBLE USES OF PHYSICAL AND MECHANICAL RESTRAINTS

Both physical and mechanical restraints have uses that are permitted under the statutes. Aversive interventions are never permitted.

Permissible Uses

(NRS §388.5275.2) – A physical restraint may be used to:

- Assist the student in completing a task;
- Escort or carry a student to safety if the pupil is in danger; or
- Conduct medical examinations or treatments.

(NRS §388.528.2) – A mechanical restraint may be used to:

- Treat the medical needs of the student;
- Protect a student who is known to be at risk of injury;
- Provide proper body alignment to a student; or
- Position a student who has physical disabilities in a manner prescribed in the IEP.

Emergency Uses in Compliance with Statute

The statutes also permit the use of physical or mechanical restraints in emergency situations if all requirements of the statute have been satisfied. Under the statutes, *emergency* means a situation in which immediate intervention is necessary to protect the physical safety of a person or others from an immediate threat of physical injury or to protect against an immediate threat of severe property damage.

(NRS §388.5275.1) – Permissible emergency use of physical restraint requires:

- An emergency that necessitates the use of physical restraint;
- A limited period of use necessary to contain behavior; and
- A force which does not exceed that which is reasonable and necessary.

(NRS §388.528.1) – Permissible emergency use of mechanical restraint requires:

- An emergency that necessitates the use of mechanical restraint;
- A medical order which is included in the student's IEP before application of mechanical restraint;
- An examination of the student by the physician who signed the medical order or the attending physician as soon as practicable after application of mechanical restraint;

- A trained and qualified staff to apply mechanical restraint;
- An opportunity to move and exercise at least 10 minutes per every 60 minutes of restraint, unless otherwise prescribed;
- A determination whether the student will stop injury to himself without the use of the restraint every 15 minutes;
- Documentation in the record of the above determination, the response of the student and the response of the member of the staff of the school who applied the mechanical restraint;
- Continuous monitoring by staff; and
- Use only for the period that is necessary to contain the behavior so that the student is no longer an immediate threat of causing physical injury to himself.

IV. PROHIBITED ACTIONS

The statutes prohibit any use of aversive interventions, regardless of the situation. The statutes also prohibit non-permissible uses of physical or mechanical restraints, which include (1) emergency uses that do not comply with the statutory requirements, and (2) any other uses not specifically defined as permissible.

V. PROCEDURAL STEPS RECOMMENDED

If a staff member or other person working within the district uses a physical or mechanical restraint or an aversive intervention with a student with a disability, the school district should adopt procedures for conducting an investigation within 24 hours. This 24-hour timeframe is important because when physical or mechanical restraints are used in an emergency, a report must be made within one working day, and for violations of the statutes, a report must be made within 24 hours or as soon thereafter as a violation is discovered. Because these timeframes for filing reports are very short, schools and school districts should have procedures which trigger immediate action.

Following is a series of recommended steps to ensure that districts are in compliance with the provisions of the statutes. Where certain actions are mandated by the statutes, those requirements are identified. When certain actions are recommended for consistency, those recommendations are also identified.

A flow chart of suggested procedures, including steps required by the statutes and steps recommended for consistency, is provided with these materials.

Step 1: Determine whether the student is a student with a disability. If not, the provisions of these statutes do not apply. However, other protections exist and questionable actions should be reported to supervisors (e.g., corporal punishment is prohibited for all students under NRS §392.4633).

Step 2: Determine whether the use is clearly listed as permissible under the statutes.
Was it one of the specified permissible uses of a physical restraint?

- *assist student with task*
- *escort or carry student to safety*
- *conduct medical exams/treatments*

Was it one of the specified permissible uses of a mechanical restraint?

- *treat medical needs*
- *protect student known to be at risk of injury*
- *provide proper body alignment*
- *position in manner prescribed in IEP*

If the answer is clearly "Yes, the use is permitted under the statute," appropriate notes and/or documentation should be kept and the staff member must be prepared to explain his/her determination that the use was permissible. No reporting is required; however, see below for recommended steps.

In all other instances, the staff member should immediately report the situation to the School Principal/Designee (SP/D). This includes these instances:

- Uses of physical or mechanical restraints in emergency situations that comply with the statutes, and are therefore not violations
- Uses of physical or mechanical restraints that do not comply with the permissible uses under the statutes, and therefore are violations
- Uses of physical or mechanical restraints, when staff members are uncertain about whether the use complies with the permissible uses under the statutes, and which may or may not be violations
- Uses of aversive interventions, which are violations

Because a very short timeline exists to take necessary actions in the situations listed above, School Principals should establish and clearly communicate the identity of the Designee if Designees are used.

Step 3: When the School Principal or Designee (SP/D) is informed that one of the above situations has occurred, the SP/D should conduct an investigation of the incident. Because the statutes contain strict timelines for action following the use of restraints in emergency situations and when violations of the statutes occur, it is recommended that no more than 24 hours should pass without conducting an investigation, making a determination about what occurred, and developing the Restraints/Aversive Interventions Investigation Report ("Investigation Report").

The investigation may include the following activities:

1. The SP/D gathers information from student, teacher(s), aide(s), or others involved, student(s) who may have witnessed the incident, and teacher(s) and/or staff who may have witnessed the incident. The SP/D maintains detailed notes of the investigation.

For the possible use of a physical or mechanical restraint in an emergency in compliance with the statute, Worksheet A may be used as a guideline to the "emergency" requirements. In the event that an emergency use of a physical or

mechanical restraint has been used in compliance with the statute, Worksheet A would be attached to the Investigation Report.

For the possible use of a non-permissible physical or mechanical restraint, Worksheet B may be used as a guideline. In the event that a non-permissible physical or mechanical restraint has been used, Worksheet B would be attached to the Investigation Report.

For the possible use of an aversive intervention, Worksheet C may be used as a guideline. In the event that an aversive intervention has been used, Worksheet C would be attached to the Investigation Report.

2. In consultation with the Director of Special Services (or Designee), the SP/D completes the Investigation Report, and one of the following four boxes is checked in the "Conclusion" section:

Permissible Use of Physical or Mechanical Restraint ("No Violation")

Emergency Use of Physical or Mechanical Restraint in Compliance with Statute ("No Violation") (Attach Worksheet A)

Non-Permissible Use of Physical or Mechanical Restraint ("Violation") (Attach Worksheet B)

Aversive Intervention ("Violation") (Attach Worksheet C)

Step 4: Depending upon the conclusion reached by the SP/D in consultation with the Director of Special Services (or Designee), one of the four following courses of action would be followed. Some procedures are recommended, yet not required by the statutes. Note that the worksheets have incorporated recommendations concerning placing reports in the student's Cumulative Record and Special Education Confidential File, and providing reports to IEP Committees including the parent or guardian, even where the statute does not specifically require that these steps be taken. Timelines provided in the statutes are underlined for clarity.

Permissible Use of Physical or Mechanical Restraint ("No Violation")

Ordinarily, clearly permissible uses are not investigated and reports are not generated. However, if a staff member is uncertain about whether a use of restraint was permissible, staff members should report those uses to the SP/D, and it is recommended that the SP/D investigate and prepare an Investigation Report.

The statutes do not require that the Investigation Report be placed in the student's Cumulative Record and Special Education Confidential File if a determination has been made that the use was permissible (and not a permissible emergency use, which has separate reporting requirements noted below). However, for consistency and to foster

communication with the parent, the district may elect to place the Investigation Report in the student's Cumulative Record and Special Education Confidential File and contact the parent to advise of the occurrence.

Emergency Use of Physical or Mechanical Restraint in Compliance with Statute ("No Violation")

The statutes require that a report must be placed in the student's Cumulative Record and Special Education Confidential File within one working day of emergency use. The Investigation Report form included with this document may be used for this purpose.

A copy of the report must be provided to the Board of Trustees or its Designee, and to the student's IEP Committee including the parent or guardian of the student. The statutes do not prescribe a timeframe for providing this report to these individuals, but since the report must be placed in the student's file within one working day, it is recommended that the report be provided to these individuals within one working day as well.

Determination of Denial of Rights

The report is provided to the Board of Trustees or its Designee for the purpose of determining whether there has been a denial of student's rights. If the Board or its designee determines that there has been a denial of the student's rights, the Board or its designee submits a report to the Nevada Department of Education (NDE). The report must set forth in detail the factual circumstances surrounding the denial. The denial of rights must also be reported to the student's Cumulative Record and Special Education Confidential File. Although it is not required in the statutes, it is recommended that the denial of the student's rights be reported to the student's IEP committee including the parent or guardian. The format for this report is not specified in the statutes; school districts may use whatever format they deem appropriate. The statutes also do not prescribe a timeframe for the Board or its Designee to determine whether there has been a denial of the student's rights or to report the denial of rights to the student's Cumulative Record, Special Education Confidential File, and the NDE.

Although the statute does not define "denial of rights," a review of the legislative history suggests that these rights include protections found elsewhere in federal and state law (e.g., protection from discrimination, the right to be treated with dignity and respect).

If the NDE receives a report from the Board of Trustees concerning a denial of rights, the NDE may investigate apparent violations and act to resolve disputes relating to apparent violations.

Additional Steps Based on Cumulative Reports

Three Reports. If a student has three reports of the use of physical or mechanical restraint in an emergency situation in one school year, the school district must notify the school where the student is enrolled to review the circumstances of the use of the restraint on the student and provide a report to the school district on its findings.

Five Reports. If a student has five reports of the use of physical or mechanical restraint in an emergency situation in one school year, the school district must convene a meeting to review the student's IEP.

Subsequent Reports. If physical or mechanical restraints in emergency situations continue after the IEP review, the IEP must be revised to include "additional methods that are appropriate for the pupil to ensure that the restraint does not continue, including, without limitation, mentoring, training, a functional behavioral assessment, a positive behavior plan and positive behavioral supports."

Non-Permissible Use of Physical or Mechanical Restraint ("Violation")

The statutes do not require that the Investigation Report be placed in the student's Cumulative Record and Special Education Confidential File if a determination has been made that the use of physical or mechanical restraints was non-permissible (i.e., a violation). The statutes also do not require that the Investigation Report be provided to the student's IEP Committee including the parent or guardian. However, for consistency and to foster communication with the parent, the district may elect to place the Investigation Report in the student's Cumulative Record and Special Education Confidential File and provide copies to the student's IEP Committee including the parent. Since the statutes require that the violation be reported to the Board of Trustees not later than 24 hours after the violation, or as soon thereafter as the violation is discovered, it is recommended that the Investigation Report be placed in the student's Cumulative Record and Special Education Confidential File and provided to the IEP Committee including the parent or guardian within 24 hours as well.

The statutes require that the violation be reported to Board of Trustees not later than 24 hours after violation occurred, or as soon thereafter as the violation is discovered. Note that in this section of the statutes, there is no provision for reporting to a designee of the Board of Trustees.

The Board of Trustees, in cooperation with Superintendent, must develop a Corrective Plan to ensure that appropriate action is taken within 30 calendar days to prevent future violations. The Superintendent submits the Corrective Plan to NDE. The NDE reviews and advises if revision is necessary. The Corrective Plan is implemented and documentation is maintained.

Aversive Intervention ("Violation")

The statutes do not require that the Investigation Report be placed in the student's Cumulative Record and Special Education Confidential File if a determination has been made that there was use of an aversive intervention (i.e., a violation). The statutes also do not require that the Investigation Report be provided to the student's IEP Committee including the parent or guardian. However, for consistency and to foster communication with the parent, the district may elect to place the Investigation Report in the student's Cumulative Record and Special Education Confidential File and provide copies to the

student's IEP Committee including the parent. Since the statutes require that the violation be reported to the Board of Trustees not later than 24 hours after the violation, or as soon thereafter as the violation is discovered, it is recommended that the Investigation Report be placed in the student's Cumulative Record and Special Education Confidential File and provided to the IEP Committee including the parent or guardian within 24 hours as well.

The statutes require that the violation be reported to the Board of Trustees not later than 24 hours after the violation occurred, or as soon thereafter as the violation is discovered. Note that in this section of the statutes, there is no provision for reporting to a designee of the Board of Trustees.

The Board of Trustees, in cooperation with the Superintendent, must develop a Corrective Plan to ensure that appropriate action is taken within 30 calendar days to prevent future violations. The Superintendent must submit the Corrective Plan to the NDE. The NDE will review and advise within 45 days of receipt of the Corrective Plan if revision is necessary. The Corrective Plan should include:

1. The identification of the specific aversive intervention(s) or non-permissible physical and/or mechanical restraint(s) used and the date and time of the occurrence;
2. What investigative actions were taken;
3. The reason(s) why the action was determined to be a violation;
4. The date and time that notice was provided to the Board of Trustees;
5. A copy of the Corrective Plan and the date the plan was developed by the Board of Trustees in cooperation with the school district superintendent; and
6. What corrective actions were taken and the date each action was completed.

Note that if the school where a violation occurred does not meet the requirements of the plan to the satisfaction of the NDE, the NDE may appoint a licensed administrator to oversee the school to ensure that the school meets the requirements of the plan. An administrator serves at the pleasure of the Superintendent of Public Instruction and is entitled to receive such compensation as may be set by the Superintendent. A school district that contains a school for which an administrator is appointed shall reimburse the NDE for any expenses incurred by the NDE pursuant to the statutory requirements.

VI. NOTICE OF A DENIAL OF RIGHTS

The statutes also address the situation where the Board of Trustees receives a notice that a student's rights have been denied. Although the statutes are not clear on this point, presumably these rights include protections found elsewhere in federal and state law (e.g., protection from discrimination, the right to be treated with dignity and respect). If the Board of Trustees receives notice of a denial of rights, a "Full Report" must be developed and provided to the NDE. The denial must be entered in the student's Cumulative Record and Special Education Confidential File. Although it is not required in the statutes, it is recommended that the denial of the student's rights be reported to the student's IEP committee including the parent or guardian.

VII. PROCEDURAL COMPLAINTS

If a school district fails to report the use of a restraint in an emergency situation, or fails to report a denial of student's rights, or fails to report a violation of the statutes as required under the law, and a parent or guardian files a complaint against the district, the NDE will refer that individual back to the district to exhaust procedural safeguards prior to NDE intervention. If the NDE is satisfied that procedural safeguards have been exhausted; the NDE may (a) conduct a procedural review to determine if the district has complied with the requirements of NRS § 388.521-5315; (b) assist the district to conduct an investigation; and/or (c) conduct its own investigation upon a determination that the district has had an opportunity and failed to carry out the procedures under NRS § 388.521-5315.

VIII. ANNUAL DATA COLLECTION AND REPORTING TO THE NDE

On or before August 1 of each year, the school district must prepare a report, by school, that includes:

1. The number of instances in which physical restraint was used during the previous school year, which must indicate the number of instances per teacher and per pupil (without disclosing personally identifiable information).
2. The number of instances in which mechanical restraint was used during the previous school year, which must indicate the number of instances per teacher and per pupil (without disclosing personally identifiable information).
3. The number of violations of the statutes, by type of violation, which must indicate the number of violations per teacher and per pupil (without disclosing personally identifiable information).

The school district must prescribe a form for each school within the district to report this information and a time by which those reports must be submitted to the school district.

The school district must submit the report to the NDE by August 15 of each year. The NDE will compile the data and prepare a report (disaggregated by school district). The report must be submitted by October 1 each year to:

- o In even-numbered years, the Director of the Legislative Counsel Bureau
- o In odd-numbered years, the Legislative Committee on Education

Adult uses a physical or mechanical restraint or an aversive with a student on an IEP.

Is the restraint permissible* under the statute?
(*Assist the student in completing a task; escort; carry the student when they are in danger conduct a medical examination.)

Yes, this was clearly permissible. Staff member keeps appropriate notes and is prepared to describe use and explain should questions arise.

If questions arise regarding the staff member's determination that the restraint was permissible under the statute, the matter is immediately reported to the principal and an investigation ensues.

No, this was not permissible.

Adult immediately reports situation to school principal or designee.

Principal has adult witnesses complete an investigative summary report and submits to Director of Special Services. Determination of one of the following occurs within 24 hours:

- Permissible Use of Physical or Mechanical Restraint ("No Violation")
- Emergency Use of Physical or Mechanical Restraint ("No Violation")
- Non-Permissible Use of Physical or Mechanical Restraint ("Violation")
- Aversive ("Violation")

Permissible Use of Physical or Mechanical Restraint ("No Violation")

Investigation summary and worksheet are placed in student's cumulative file, special education folder, and the parents are notified.

Emergency Use of Physical or Mechanical Restraint in compliance with the Statute ("No Violation")

Investigation summary report (ISR) must be placed in student's cumulative file, special education folder, and provided to the IEP team (including the parent) within **ONE WORKING DAY** of emergency use. Copy of the ISR must be provided to the Director of Special Services (Board Designee) to determine if a denial of the student's rights has occurred within **ONE WORKING DAY** of emergency use. If the Director determines that a denial of rights occurred, this determination must be reported to the student's cumulative folder, special education folder, the IEP team (including the parents) and the NDE. After 3 reports of emergency use, district notifies the school to review the circumstances and prepare a board report; After 5 reports of emergency use, the IEP team must be reconvened. If the restraints continue, the IEP must contain mentoring for the teacher and training in CPI, a FBA, a BIP with positive behavioral supports.

Non-Permissible Use of Physical or Mechanical Restraint ("Violation")

Investigation summary report (ISR) must be placed in student's cumulative file, special education folder, and provided to the IEP team (including the parent) within **ONE WORKING DAY** of violation. A violation must be reported to the Board of Trustees **NOT LATER THAN 24 HOURS AFTER THE VIOLATION OCCURRED, OR AS SOON THEREAFTER AS THE VIOLATION IS DISCOVERED.** The Board, in cooperation with the Superintendent, must develop a corrective action plan to ensure that appropriate action is taken **within 30 calendar days** to prevent further violations. The Superintendent must submit the corrective action plan to NDE. The NDE reviews and advises if revision is necessary. Corrective action plan is implemented and documentation is maintained.

Aversive Intervention ("Violation")

If the Board receives a notice of a denial of rights, a "full report" is developed and provided to NDE, and this denial is entered into the cumulative and special education folders. The denial of rights notification is also provided to the IEP team, including the parents.

**Restraints/Aversive Interventions
Investigation Report**

NRS §388.521-388.5315

Student Name: _____

Grade: _____ Date of Incident: _____

School: _____ Time of Incident: _____

Name(s) and Position(s) of Persons Providing Statements:

Description of Incident (DO NOT USE NAMES) (ATTACH ADDITIONAL PAGES AS NECESSARY):

******OFFICIAL USE ONLY—DO NOT WRITE BELOW THIS LINE******

Conclusion:

- Permissible Use of Physical or Mechanical Restraint ("No Violation")
- Emergency Use of Physical or Mechanical Restraint in Compliance w/ Statute ("No Violation") (Attach Worksheet A)
- Non-Permissible Use of Physical or Mechanical Restraint ("Violation") (Attach Worksheet B)
- Aversive Intervention ("Violation") (Attach Worksheet C)

Additional Comments:

WORKSHEET A

Notice of Emergency Use of Physical and/or Mechanical Restraint in Compliance with NRS ("No Violation")

NRS §388.5275-528

This form and the Investigation Report must be:

1. placed in Student's Cumulative Record and Special Education Confidential File within one working day of an emergency use in compliance with statute;
2. provided to the Student's IEP Committee, including the parent; and
3. provided to the Board of Trustees or its designee to determine whether a denial of rights has occurred.

Student Name: _____

Grade: _____ Date of Incident: _____

School: _____ Time of Incident: _____

Identify the restraint(s) used:

- Physical Restraint** — "Physical restraint" means the use of physical contact to limit a person's movement or hold a person immobile.

Identify restraint used: _____

Number of emergency physical restraints previously reported this school year, and date of each use of restraint: _____

- Mechanical Restraint**— "Mechanical restraint" means the use of devices, including, without limitation, mittens, straps and restraint chairs to limit a person's movement or hold a person immobile.

Identify restraint used: _____

Number of emergency mechanical restraints previously reported this school year, and the date of each use of restraint: _____

Date/Time Investigation Report placed in Student's Cumulative Record and Confidential File: _____

Date/Time Investigation Report provided to IEP Committee (Including parent): _____

Date/Time Investigation Report provided to Board of Trustees to determine whether a denial of rights has occurred: _____

Complete the following two questions in order to determine which section of this report must be completed on the following page:

1. This reports addresses emergency use of physical restraint(s): no yes — complete section A
2. This reports addresses emergency use of mechanical restraint(s): no yes — complete section B

SECTION A: Emergency use of physical restraint(s)

The restraint was used in an emergency situation:

- an emergency existed that necessitated use of physical restraint due to immediate threat of harm to:
 self others property

and

- the physical restraint was used only for the period that was necessary to contain the behavior of the student so that the student was no longer an immediate threat of causing physical injury to self or others or causing severe property damage

and

- the use of force in the application of physical restraint did not exceed the force that was reasonable and necessary under the circumstances precipitating the use of physical restraint

SECTION B: Emergency use of mechanical restraint(s)

The restraint was used in an emergency situation:

- an emergency existed that necessitated use of mechanical restraint due to immediate threat of harm to:
 self others property

and

- a medical order authorizing the use of mechanical restraint was included in the student's IEP before the application of the mechanical restraint (attach medical order)

and

- the physician who signed the order or the attending physician examined the student as soon as practicable after the application of the mechanical restraint

name of physician: _____

student examined within _____ minutes of application of restraint

and

- the mechanical restraint was applied by a member of the staff of the school who is trained and qualified to apply mechanical restraint

individual(s) is trained/qualified to apply restraint: yes no

and

- the student was given the opportunity to move and exercise restrained body parts at least 10 minutes for every 60 minutes of restraint unless otherwise prescribed by the physician who signed the order (attach additional medical order(s) if appropriate)

duration of restraint: _____

number of opportunities to move body parts: _____

and

- a member of the staff of the school lessened or discontinued the restraint every 15 minutes to determine if the student would stop injury to himself without the use of restraint

and

- the record of the student contains a notation that includes the time of day that the restraint was lessened or discontinued, the response of the student and the response of the member of the staff of the school who applied the mechanical restraint (attach copy of notation)

and

- a member of the staff of the school continuously monitored the student during the time that mechanical restraint was used on the student

and

- the mechanical restraint was used only for the period that was necessary to contain the behavior of the student so that the student was no longer an immediate threat of causing physical injury to himself

duration of restraint: _____

WORKSHEET B

Notice of Non-Permissible Use of Physical and/or Mechanical Restraint ("Violation")

NRS §388.5295

1. This form and the Investigation Report must be reported to the Board of Trustees not later than 24 hours after the violation occurred, or as soon thereafter as the violation is discovered.
2. The Board of Trustees must develop, in cooperation with the Superintendent, a corrective plan to ensure that within 30 calendar days after the violation occurred, appropriate action is taken by the school and the Board of Trustees to prevent future violations.
3. The Superintendent shall submit the plan to the Nevada Department of Education and make appropriate revisions as required by the Department of Education.

Student Name: _____

Grade: _____ Date of Incident: _____

School: _____ Time of Incident: _____

Identify the restraint(s) used:

- Physical Restraint** — "Physical restraint" means the use of physical contact to limit a person's movement or hold a person immobile.

Identify restraint used: _____

- Mechanical Restraint**— "Mechanical restraint" means the use of devices, including, without limitation, mittens, straps and restraint chairs to limit a person's movement or hold a person immobile.

Identify restraint used: _____

Date/Time Investigation Report placed in Student's Cumulative Record and Confidential File (*recommended*): _____

Date/Time Investigation Report provided to IEP Committee (including parent) (*recommended*): _____

Date/Time Use of Non-Permissible Physical and/or Mechanical Restraint reported to Board of Trustees (*required*): _____

WORKSHEET C

Notice of Use of Aversive Intervention ("Violation")

NRS §388.5215, §388.5265, §388.5295

1. This form and the Investigation Report must be reported to the Board of Trustees not later than 24 hours after the violation occurred, or as soon thereafter as the violation is discovered.
2. The Board of Trustees must develop, in cooperation with the Superintendent, a corrective plan to ensure that within 30 calendar days after the violation occurred, appropriate action is taken by the school and the Board of Trustees to prevent future violations.
3. The Superintendent shall submit the plan to the Nevada Department of Education and make appropriate revisions as required by the Department of Education.

Student Name: _____

Grade: _____ Date of Incident: _____

School: _____ Time of Incident: _____

Date/Time Investigation Report placed in Student's Cumulative Record and Confidential File (*recommended*): _____

Date/Time Investigation Report provided to IEP Committee (including parent) (*recommended*): _____

Date/Time Use of Aversive Intervention reported to Board of Trustees (*required*): _____

1. Was the intervention used to punish a student with a disability? yes no
2. Was the intervention used to eliminate, reduce or discourage maladaptive behavior? yes no
3. Identify the intervention(s) used:

Noxious Odors and Tastes — identify: _____

Water and Other Mists or Sprays — identify: _____

Blasts of Air — identify: _____

Corporal Punishment — identify: _____

"Corporal punishment" means the intentional infliction of physical pain, including, without limitation, hitting, pinching or striking.

Verbal and Mental Abuse — identify: _____

"Verbal and mental abuse" means actions or utterances that are intended to cause and actually cause severe emotional distress to a person.

Electric Shock — identify: _____

"Electric shock" means the application of electric current to a person's skin or body. The term does not include electroconvulsive therapy.

Chemical Restraint — identify: _____

“Chemical restraint” means the administration of drugs for the specific and exclusive purpose of controlling an acute or episodic aggressive behavior when alternative intervention techniques have failed to limit or control the behavior. The term does not include the administration of drugs on a regular basis, as prescribed by a physician, to treat the symptoms of mental, physical, emotional or behavioral disorders and for assisting a person in gaining self-control over his impulses.

Placement of a person alone in a room . . .

The placement of a person alone in a room where release from the room is prohibited by a mechanism, including, without limitation, a lock, device or object positioned to hold the door closed or otherwise prevent the person from leaving the room.

Student prevented from leaving room by:

- door held shut by lock – identify: _____
or
- door held shut by device – identify: _____
or
- door held shut by object positioned to hold door closed – identify: _____
or
- other methods used to prevent student from leaving room – identify: _____

Forced Exercise

Requiring a person to perform exercise under forced conditions if the: (a) Person is required to perform the exercise because he exhibited a behavior that is related to his disability; (b) Exercise is harmful to the health of the person because of his disability; or (c) Nature of the person's disability prevents him from engaging in the exercise.

Intervention is prohibited because:

- student was required to exercise because the student exhibited a behavior related to his/her disability
or
- the student was required to exercise even though the exercise was harmful to the student's health
or
- the student was required to exercise even though the student's disability prevents participation in the exercise

Deprivation of necessities . . .

The deprivation of necessities needed to sustain the health of a person, regardless of the length of the deprivation, including, without limitation, the denial or unreasonable delay in the provision of: (a) Food or liquid at a time when it is customarily served; or (b) Medication.

Denial or unreasonable delay of:

- food or liquid at time when it's customarily served
or
- medication – identify: _____
or
- other – identify: _____

School Progressive Discipline Plan

2013-14

Due: June 14, 2013

School:

Principal:

Individuals responsible for developing site Progressive Discipline Plan.

Per NRS 392.4644, plans are to be developed with input/participation from teachers & parents of enrolled pupils

Name:

Title:

Prevention:

How does the school use prevention to deter inappropriate behavior.

Behavior Management:

How is the behavior plan distributed to pupils and their families? Where it available at the site?

Staff training as it refers to the Progressive Discipline Plan:

Show evidence the site's Progressive Discipline Plan is consistent with written rules of behavior prescribed in accordance with NRS 392.463:
Ex: list rules, progressive discipline steps, consequences, etc

Plan for temporary removal of a pupil from the classroom in accordance with NRS 392.4645:

NRS 392.4644

On or before November 1st – Associate Superintendent submits a compilation of site plans to the Board of Trustees

On or before November 30th – Associate Superintendent submits written reports to Superintendent of Public Instruction on behalf of the Board of Trustees.



SAFETY SERVICES DEPARTMENT

P. O. Box 603
1402 West King Street
Carson City, Nevada 89702

Telephone 775/283-2006
Cell 775/690-1733
Fax 775/283-2091

September 6, 2013

Carson City School District Transportation Department Status

History of School Bus Replacement

In 1996 the Carson City School District School Board implemented a school bus replacement plan. The decision at the time was to buy 3 buses per year to maintain a 12 year fleet replacement plan.

A tracking system for cost/performance was implemented on each unit and has been maintained to provide historical data. This data has been used to determine unit replacement priorities. This data provides a Life-To-Date/Cost-Per-Mile figure which we can use to prioritize high cost/maintenance units for replacement.

Currently we have 21 units of our fleet of 44 which would have qualified under the original plan (12 years old) for replacement. In the past few years we have not kept up with the replacement cycle due to funding restraints.

Of the 21 units we have, 4 exceed our LTD/CPM (above .23 cents per mile); the remaining units are rotated in as replacements, as needed for those that have mileage/maintenance costs nearing LTD/CPM.

Current Department Information

Current Staff

1 Transportation Department Supervisor
1 Driver Trainer
1 Administrative Office Specialist
5 Substitute Bus Drivers
8 Disabled Students Bus Drivers
8 Disabled Students Bus Aides
20 Bus Drivers (9% reduction, due to EVMS going to regular
Schedule)

1 Fleet & Equipment Maintenance Coordinator
2 Equipment Mechanics
47 Total

Challenges

1. Introduction of all-day kindergarten requires transportation to and from school.
2. McKinney Vento students require transportation to their home schools.
 - In the 2012/13 school year; 32 McKinney Vento Students received specialized door to door transportation (could not be placed and transported on existing routes), 6 of these students were transported to Jacks Valley Elementary.
 - For the current 2013/14 school year; we have started with 7 McKinney Vento Students receiving specialized door to door transportation and 1 of these students being transported to Jacks Valley Elementary.

2012/13 Department History

Staff	1 Transportation Department Supervisor 1 Driver Trainer 1 Administrative Office Specialist 5 Substitute Bus Drivers 8 Disabled Students Bus Drivers 8 Disabled Students Bus Aides 22 Bus Drivers 1 Fleet & Equipment Maintenance Coordinator <u>2 Equipment Mechanics</u> 49 Total
Passenger count	713,542 Students (3% reduction from 2011-12)
Total Route Mileage	267,613
Out of Town Trips (Includes Athletics)	411 (7% reduction from 2011-12)
Out of Town Trip Mileage	31,805 (3% reduction from 2011-12)
In Town Trips	674 (14% reduction from 2011-12)
In Town Trip Mileage	10,520 (14% reduction from 2011-12)
Charter expenses	\$10,140.07
Billable Services Income	\$149,643.25

Respectively,

Kevin C. Curnes
Safety Services Manager
Carson City School District

**CARSON CITY SCHOOL DISTRICT
 CONSENT AGENDA ITEM SUMMARY
 September 10, 2013**

EMPLOYEE LEAVE REQUESTS			
Name	Position/Subject	Location	Type of Leave
James Poss	Para Professional	CHS	Sick Leave Bank
Steven Dilley	Teacher	CHS	FMLA
Shawn Greenberg	Bus Driver	Transportation	FMLA

REQUEST WITHDRAWAL TO TAKE GED			
Name	Grade	School	

REQUEST ATHLETIC PARTICIPATION FOR HOMESCHOOL/CHARTERSCHOOL STUDENTS			
Name	Grade	School	Sport

REQUEST VACCINATION EXEMPTION PER NRS 392.437			
Grade	School	Personal	Religious

CARSON CITY SCHOOL DISTRICT - STAFF INFORMATION

September 10, 2013

ADMINISTRATIVE STAFF

2013-2014 - NEW HIRES				
Name	Position/Subject	Location	Hire Date	New/Replace
Michael Walker, Jr.	Vice Principal	Fritsch Elementary	8/22/2003	New - FY 14

2012-2013 - RESIGNATIONS/RETIREMENTS					
Name	Position/Subject	Location	Hire Date	Term Date	Resign/Retire
None					

CERTIFIED STAFF

2013-2014 - NEW HIRES				
Name	Position/Subject	Location	Hire Date	New/Replace
Tanya Long	CLS/Special Education Teacher	Carson High School	TBD	Replace - FY 14

2012-2013 - RESIGNATIONS/RETIREMENTS					
Name	Position/Subject	Location	Hire Date	Term Date	Resign/Retire
Catherine Adams	2nd Grade Teacher	Bordewich/Bray Elementary	2/4/1985	6/7/2013	Retirement
Natalie Aglietti	6th Grade English Teacher	Carson Middle School	8/19/2008	6/7/2013	Resignation
Chris Arnett	Psychologist	Student Support Services	8/23/1996	8/13/2013	Resignation
Robert Baker	NJROTC Instructor	Carson High School	8/23/1996	6/7/2013	Retirement
Brenna Bell	English Teacher	Carson High School	8/19/2008	6/7/2013	Resignation
Rhonda Berning	6th Grade Math Teacher	Carson Middle School	8/21/2006	6/7/2013	Resignation
Charles Burt	B.I.P. Teacher	Pioneer High School	8/22/2003	6/7/2013	Retirement
Virginia Collier	3rd Grade Teacher	Seeliger Elementary	8/25/1988	6/7/2013	Retirement
Liliana Copado	ESL Teacher	Carson High School	8/18/2009	6/7/2013	Resignation
Genevieve Detloff	Psychologist	Student Support Services	8/9/2010	6/14/2013	Resignation
Diana Easby	4th Grade Teacher	Fritsch Elementary	8/23/1996	6/7/2013	Retirement
Gayle Edwards	LD/Special Education Teacher	Empire Elementary	8/26/1982	6/7/2013	Retirement
Koni Elliott	Counselor	Bordewich/Bray Elementary	8/22/2003	6/7/2013	Retirement
Ellen Fallon	8th Grade Algebra Teacher	Carson Middle School	8/27/1992	6/7/2013	Resignation
Kevin Fallon	Physical Education Teacher	Carson Middle School	8/25/1988	6/7/2013	Resignation
Tiffany Ferguson	6th Grade Social Studies Teacher	Carson Middle School	8/24/2001	6/7/2013	Resignation
Betty Foerster	Computer Lab, Business Teacher	Carson High School	8/22/2003	6/7/2013	Retirement
Veronica Griffith	4th Grade Teacher	Seeliger Elementary	8/26/2011	6/7/2013	Resignation
Sydney Hannon	Kindergarten Teacher	Seeliger Elementary	9/10/1991	6/7/2013	Retirement
Annette Hodorowicz	2nd Grade Teacher	Bordewich/Bray Elementary	8/25/1989	6/7/2013	Retirement
Susan Hoffman	6th Grade English Teacher	Carson Middle School	8/22/2007	6/7/2013	Retirement
Irene Huntington	2nd Grade Teacher	Empire Elementary	8/21/2006	6/7/2013	Resignation
Donna Johnston	LD/Special Education Teacher	Carson High School	8/17/2012	6/7/2013	1 Yr ONLY Position Ended
Linda King	1st Grade Teacher	Empire Elementary	8/21/1998	6/7/2013	Resignation

CARSON CITY SCHOOL DISTRICT - STAFF INFORMATION

September 10, 2013

CERTIFIED STAFF

2012-2013 - RESIGNATIONS/RETIREMENTS - Continued					
Name	Position/Subject	Location	Hire Date	Term Date	Resign/Retire
Amanda Laca	7th/8th Grade English Teacher	Eagle Valley Middle School	8/17/2012	6/7/2013	1 Yr ONLY Position Ended
Stephanie Lachman	Psychologist	Student Support Services	8/8/2011	6/14/2013	Resignation
Peter Lathrop	Science Teacher	Carson High School	8/27/1987	6/7/2013	Retirement
Jillian Lauderdale	Math Teacher	Pioneer High School	8/30/2010	6/7/2013	Resignation
Mikel Lopategui	Graphic Design, 3D Animation Teacher	Carson High School	8/22/1997	6/7/2013	Resignation
Gaylea Manning	Librarian	Eagle Valley Middle School	11/27/1989	6/14/2013	Retirement
Stephen Mathis	LD/Special Education Teacher	Eagle Valley Middle School	8/24/2001	6/7/2013	Resignation
Darlene McClurg	3rd Grade Teacher	Mark Twain Elementary	8/27/1992	6/7/2013	Retirement
Tracy McQuay	1st Grade Teacher	Mark Twain Elementary	9/15/1993	6/7/2013	Retirement
Tammie Moniz	LD/Special Education Teacher	Seeliger Elementary	8/22/2007	6/7/2013	Resignation
Kirsten Odegard	WNRTP Instructor	PDC/Educational Services	8/21/1998	8/30/2013	Resignation
Terry Parent	8th Grade Science Teacher	Carson Middle School	8/25/1989	6/7/2013	Retirement
Susan Peterson	2nd Grade Teacher	Bordewich/Bray Elementary	7/30/1979	6/7/2013	Retirement
Cindi Randall	5th Grade Teacher	Mark Twain Elementary	8/17/2012	6/7/2013	Resignation
Susan Reed	Science Teacher	Pioneer High School	9/18/2006	6/7/2013	Resignation
Lisa Schuette	7th Grade CTE/8th Grad Health Teacher	Carson Middle School	8/28/2000	6/7/2013	Retirement
Katherine Sharp	LD/Special Education Teacher	Carson High School	8/22/2007	6/7/2013	Resignation
Deborah Sheltra	Reading Teacher	Eagle Valley Middle School	8/19/2008	6/7/2013	Retirement
Cassandra Smith	3rd Grade Teacher	Seeliger Elementary	8/26/2010	6/7/2013	Resignation
Jarod Sorum	Band Teacher	Carson High School	8/22/2007	6/7/2013	Resignation
Jennifer Spohr	4th Grade Teacher	Seeliger Elementary	8/15/2011	6/7/2013	Resignation
Margaret Stillwell	LD/Special Education Teacher	Mark Twain Elementary	8/25/1995	6/7/2013	Retirement
Mary Surber	Agriculture Science Teacher	Carson High School	11/1/2012	6/7/2013	Resignation
Johanna Tackitt	1st Grade Teacher	Empire Elementary	8/22/2007	6/7/2013	Resignation
James Taplin	CLS/Special Education Teacher	Carson High School	8/19/2008	6/7/2013	Retirement
Erin Urrutia	LD/Special Education Teacher	Pioneer High School	8/22/2007	6/7/2013	Resignation
Carrie Ward	Psychologist	Student Support Services	8/17/2012	6/14/2013	Resignation
Barbara Young	TOSA/Academic Interventionist	Eagle Valley Middle School	3/13/2013	6/7/2013	Remain of Yr ONLY Position Ended

CARSON CITY SCHOOL DISTRICT - STAFF INFORMATION

September 10, 2013

CLASSIFIED STAFF

2013-2014 - NEW HIRES				
Name	Position/Subject	Location	Hire Date	New/Replace
None				

2012-2013 - RESIGNATIONS/RETIREMENTS					
Name	Position/Subject	Location	Hire Date	Term Date	Resign/Retire
Cecilia Avitia-Fiddler	Para Professional ESL	Carson High School	11/26/2012	6/7/2013	1 Yr ONLY Position Ended
Julie Balderson	Inst Asst IV for Deaf & Hard of Hearing	Student Support Services	7/20/2010	6/7/2013	Resignation
Justin Clark	School Safety Officer	Carson High School	8/18/2011	6/7/2013	1 Yr ONLY Position Ended
Barbara Cooper	Bus Attendant, Disabled Students	Transportation Dept.	2/23/1999	6/7/2013	Retirement
Cathy Craft	Cook/Baker	Carson High School	1/3/2011	6/7/2013	Resignation
Marisol Delgado	Office Specialist	PDC	9/4/2012	6/7/2013	1 Yr ONLY Position Ended
Larry Ficken	School Safety Worker	Carson High School	5/29/1998	6/7/2013	R.I.F.
Vannesa Macias	Para Pro - Bilingual Parent Engagement Coord.	Eagle Valley Middle School	9/10/2012	6/7/2013	1 Yr ONLY Position Ended
Hollie Miller	Para Professional IV	Empire Elementary	8/27/1996	6/7/2013	Resignation
Pamela Miller	Cook/Baker	Bordewich/Bray Elementary	2/28/1989	6/7/2013	Retirement
Sandra Miller	Bus Driver	Transportation Dept.	1/9/2004	6/7/2013	Retirement
Debra Sliger	Para Professional IV	Eagle Valley Middle School	8/26/2003	6/7/2013	Retirement
Lavon Sollberger	Para Professional I	Fritsch Elementary	8/22/2012	6/7/2013	1 Yr ONLY Position Ended

NURSING STAFF

2013-2014 - NEW HIRES				
Name	Position/Subject	Location	Hire Date	New/Replace
None				

2012-2013 - RESIGNATIONS/RETIREMENTS					
Name	Position/Subject	Location	Hire Date	Term Date	Resign/Retire
Barbara Copeland	School Nurse - R.N.	Eagle Valley Middle School	11/1/2005	6/7/2013	Retirement

EXECUTIVE STAFF

2013-2014 - NEW HIRES				
Name	Position/Subject	Location	Hire Date	New/Replace
None				

2012-2013 - RESIGNATIONS/RETIREMENTS					
Name	Position/Subject	Location	Hire Date	Term Date	Resign/Retire
None					