

# **Appendix to Student Handbooks**

## **2023-2024: Appendix A**

### **Federal Notifications**

**Notification of Parents Right to Know Professional Qualifications**

**Medical Forms/Homebound Services**

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**Meningococcal Vaccines**

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**Safe Surrender of Newborns**

**Security of Schools**



## **Notification of Rights under the Protection of Pupil Rights Amendment (PPRA)**

PPRA affords parents certain rights regarding our conduct of surveys, collection and use of information for marketing purposes, and certain physical exams. These include the right to:

*Consent* before students are required to submit to a survey that concerns one or more of the following protected areas ("protected information survey") if the survey is funded in whole or part by a program of the U.S. Department of Education (ED):

1. Political affiliations or beliefs of the student or student's parent
2. Mental or psychological problems of the student or student's family
3. Sex behavior or attitudes
4. Illegal, anti-social, self-incriminating, or demeaning behavior
5. Critical appraisals of others with whom respondents have close family relationships
6. Legally recognized, privileged relationships, such as with lawyers, doctors, or ministers
7. Religious practices, affiliations, or beliefs of the student or parents
8. Income, other than as required by law to determine program eligibility

*Receive* notice and an opportunity to opt a student out of:

1. Any other protected information survey, regardless of funding
2. Any non-emergency, invasive physical exam or screening required as a condition of attendance, administered by the school or its agent, and not necessary to protect the immediate health and safety of a student, except for hearing, vision, or scoliosis screenings, or any physical exam or screening permitted or required under State law
3. Activities involving collection, disclosure, or use of personal information obtained from students for marketing or to sell or otherwise distribute the information to others

*Inspect*, upon request and before administration or use:

1. Protected information surveys of students
2. Instruments used to collect personal information from students for any of the above marketing, sales, or other distribution purposes
3. Instructional material used as part of the educational curriculum

These rights transfer from the parents to a student who is 18 years old or an emancipated minor under State law.

The Roanoke Rapids Graded School District (RRGSD) will develop and adopt policies, in consultation with parents, regarding these rights, as well as arrangements to protect student privacy in the administration of protected information surveys and the collection, disclosure, or use of personal information for marketing, sales, or other distribution purposes. RRGSD will notify parents directly of these policies at least annually.

## ANNUAL ASBESTOS NOTIFICATION TO PARENTS, STUDENTS, AND EMPLOYEES

Roanoke Rapids Graded School District

(Pursuant to the AHERA Rule, 40 C.F.R. §§ 763.84 (c), 763.93 (g) (4))

Asbestos is a naturally occurring mineral which has, until about 1980, been commonly used in building materials. Asbestos will not burn, is an excellent insulator, has great strength, is resistant to chemicals, and absorbs sound. Examples of asbestos-containing building materials (ACBM) are vinyl floor tile, sprayed-on acoustical ceiling material, and pipe insulation. As ACBM deteriorates over time, or are disturbed by maintenance, renovation, or demolition activities, asbestos fibers may be released into the air. Inhalation of these airborne, microscopic fibers has been proven to cause such deadly diseases as lung cancer, mesothelioma (cancer of the lining of the lungs), and asbestosis (scarring of lung tissues). Uncontrolled asbestos contamination in buildings has been, and remains, a significant environmental and public health issue. In 1986, Congress enacted the Asbestos Hazard Emergency Response Act (AHERA) to require public and private, secondary and elementary schools to identify ACBM in their school buildings and take appropriate actions to control the release of asbestos fibers. In 1987, the US Environmental Protection Agency finalized a regulatory program which enforces the AHERA mandate. These regulations are incorporated within the AHERA 40 C.F.R. Part 763, Subpart E.

In compliance with the AHERA Rule, the Roanoke Rapids Graded School District had its school buildings inspected by an asbestos inspector, accredited by the State of North Carolina. During that inspection, areas of suspect ACBM were identified. The type, condition, and locations of the ACBM were noted. Samples were taken of some, or all, of the suspect ACBM. Laboratory analysis of these samples confirmed the presence or absence of ACBM. Suspect ACBM not sampled and analyzed were assumed to contain asbestos. Confirmed and/or assumed ACBM currently remain in certain locations in our school buildings. Upon confirmation of the presence of ACBM, an Asbestos Management Plan was developed for each of the school buildings in the Roanoke Rapids Graded School District by an asbestos management planner accredited by the State of North Carolina. The Asbestos Management Plan includes a description of the measures currently being taken to ensure that the ACBM remaining in our school buildings are maintained in a condition that will not pose a threat to the health of our students and employees. The Plan describes past response actions taken to abate ACBM. Information is provided on the periodical monitoring of the condition of ACBM remaining in our school buildings through triennial re-inspections, (2009, 2012, 2015, etc.) which are conducted by accredited asbestos inspectors, and through semiannual surveillance, conducted by trained school maintenance personnel.

The complete Asbestos Management Plan is available for your review at the Maintenance Directors office during regular office hours. A copy of each school's plan is located with the principal at each location. Mr. Robble Clements is the current designated Asbestos Program Coordinator for the Roanoke Rapids School District. Please direct all inquiries regarding the Asbestos Management Plan to him at telephone number 252-519-7100.



# Roanoke Rapids Graded School District

536 Hamilton St. Roanoke Rapids, North Carolina 27870-2702

(252) 519-7100 Fax (252) 519-7195

**Juliana Thompson, Superintendent**

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To: Parents

From: Principals and Superintendent

Subject: Notification of Parents Right to Know Professional Qualifications

The federal law Every Student Succeeds Act requires that Title I schools notify parents that they have a right to request and receive information on the professional qualifications of their child's classroom teachers and paraprofessional (teacher aides).

Parents have the right to request information on the following areas:

- Whether the teacher has met state *qualifications and licensing* criteria for the grade levels and subject areas in which the teacher provides instruction;
- Whether the teacher is teaching under *emergency or other provisional status* through which state qualifications or licensing criteria have been waived;
- Whether the teacher is teaching in the field of discipline of the certification of the teacher; and
- Whether the child is provided services by *paraprofessionals* and, if so, their qualifications

To request this information, please call or email the following staff:

- **Clara Hearne Pre-K**, Director Shelley Williams, 252-519-7700  
[williamss.ch@rrgsd.org](mailto:williamss.ch@rrgsd.org)
- **Belmont Elementary**, Principal Lindsey Goble, 252-519-7500 [goblel.bel@rrgsd.org](mailto:goblel.bel@rrgsd.org)
- **Manning Elementary**, Principal Jennifer Ott, 252-519-7400, [ottj.mann@rrgsd.org](mailto:ottj.mann@rrgsd.org)
- **Central Services**, Superintendent Juliana Thompson, 252-519-7100  
[thompsonji.co@rrgsd.org](mailto:thompsonji.co@rrgsd.org)



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# Homebound Services

AT ROANOKE RAPIDS GRADED SCHOOL DISTRICT

# Roanoke Rapids Graded School District Homebound Services

## Introduction

Roanoke Rapids Graded School District Homebound Services Procedures provides guidelines for educating students who are confined at home or in a health care facility for periods that would prevent normal school attendance as documented by a licensed physician or licensed clinical psychologist.

Homebound instruction is designed to provide continuity of educational services between classrooms and home or health care facilities for students whose medical needs, physical or psychiatric, contraindicate school attendance. Additionally, homebound instruction may be used to supplement the classroom program for children with health impairments whose conditions may interfere with regular school attendance. Homebound services are available to all qualifying students enrolled in Roanoke Rapids Graded School District. Homebound instruction is temporary. While no specific number of days can be set due to the many complex variations among children, the “temporary” requirement is based on the premise that instruction should take place in the school setting to the fullest extent possible. The inability to attend school for medical reasons, both physical and psychiatric, must be certified by a licensed physician or licensed clinical psychologist.

## Operational Procedures

Roanoke Rapids Graded School District provides homebound instruction for any student who is expected to be confined for four or more consecutive weeks at home for treatment or convalescence. The homebound instruction, based on the individual needs of the student, should be approximately two to three (2-3) hours per week. Students who qualify for homebound services may receive up to 2 sessions weekly. Once homebound services are approved medical updates are required every six to eight (6-8) weeks to determine continuation of services. To request homebound instruction, the following documentation is required:

1. 504/ IEP (completed in ECATS) if applicable
2. Medical Documentation- A medical statement, **signed by a licensed physician or licensed clinical psychologist** must be completed. Medical documentation other than the RRGSD School Referral for Homebound Instruction Form can be accepted **ONLY IF ALL** of the above points are included in documentation from the doctor, including doctor’s signature, on the forms provided by the doctor’s office. Medical Documentation should include:
  - a. A specific description of the medical condition
  - b. Confirmation that the student will be away from the classroom for more than three weeks
  - c. The anticipated length of time s/he is expected to be unable to attend school
  - d. Any physical or psychological limitations
3. Student and Parent/ Guardian Consent Form

## Homebound Request and Assignment Procedures

### 1. Obtaining Homebound Forms:

- a. Homebound forms will be available from a school level administrator, school counselor, or school nurse. It is the parent's responsibility to have the student's medical provider complete the Physician's Form. If the medical appointment has already taken place and the medical office is located out of town, the school can fax the required documentation to the medical office with a completed Release of Information form signed by parent/guardian.

### 2. Returned Homebound Forms:

- a. Returned homebound forms will be given to the school counselor or the school nurse. The school counselor or school nurse will notify the school level administrator.
- b. The school counselor will determine if the student has an IEP or 504 and will notify the 504 or IEP coordinator.

### 3. Administrator approval:

- a. Administrator approval is required by the school level administrator and the Director of Student Services at Central Office. A member of the core homebound team (school level administrator, counselor, nurse) should present the homebound form to these individuals for approval/ signatures. Information regarding the student's medical diagnosis, grades, attendance, and any pertinent information related to the student's homebound status should be disclosed at this time.

### 4. Once Homebound services have been approved, the school level administrator will assign a homebound teacher to the student. The school will notify the student's parents/guardians to schedule a meeting with the homebound services team. This meeting should include the following individuals:

- a. School level administrator
- b. Counselor
- c. Nurse
- d. 504 coordinator (if applicable)
- e. IEP coordinator and/or case manager (if applicable) \*\*Please note that homebound services for EC students require an IEP meeting.
- f. Homebound teacher
- g. Parent/ Guardian
- h. Student

This homebound services meeting should cover the following topics:

- a. Review the Parent/Guardian Permission and Release Form making sure that parent/ guardian has read and understands the information listed on this form.
- b. Ensure that the homebound teacher has the most up to date contact information for the student/parent/guardian.



- c. Discuss student specific goals for homebound services and the attendance policy as it relates to homebound services.
  - d. Ensure that parents are aware that medical updates are required every four (4) weeks for homebound services lasting longer than four (4) weeks or written with an “unknown” return date. This update must be in writing and must be on professional letterhead from the physician’s office.
  - e. Provide parent/guardian a copy of the Student Rights and Responsibility sheet and the Parental Guidelines and Consent Form.
5. 5. A homebound team meeting will take place prior to the student returning to their regular educational setting at the termination of homebound services.

### **Program Parameters**

Any student enrolled in RRGSD who is expected to be confined to home for four (4) or more consecutive weeks due to medical or psychological needs is eligible for homebound services.

### **Program Description**

The primary objective of the homebound program is to provide continuity of instructional services while a student is unable to attend school so that the student can return to school with the knowledge and skills sufficient to resume her/his previous academic programming.

### **Homebound Teacher**

An individual employed/contracted as a homebound teacher must hold a North Carolina license in education or be determined to be eligible for such by the North Carolina Department of Public Instruction Licensure section. The homebound instructor must follow RRGSD policies and fulfill the responsibilities on the Homebound Instructor Responsibilities Sheet.

### **Overview of Operation**

When the principal or designee has identified a need and the medical documentation has been received, a Homebound Teacher will be assigned contingent upon approval of services by the Director of Student Services. The following steps should be taken in registering student for homebound services:

- The school nurse should see that the Homebound Instruction Medical Form (or comparable documentation from the doctor) is completed.
- Send copies of the forms to the Director of Student Services for district level approval.
- If the student is approved for homebound services, the designee should notify appropriate personnel at the school including (administration, counselor, nurse, teachers, etc).

The Homebound teacher will get appropriate signatures on *Student and Parent/Guardian Consent Form* and return a copy of the form to the Director of Student Services.

### **Regular Education Homebound Teacher Responsibilities**

- A. When the homebound referral has been approved, the school administrator will contact a homebound teacher to provide educational services. The homebound teacher is to make initial contact with the parent/guardian of the student within forty-eight hours of the assignment. If needed, the homebound teacher should make contact with the school homebound services designee within forty-eight hours of assignment to arrange a meeting with the teachers to determine the areas of instruction and/or special needs.
- B. Arrange a conference with the parents explaining the program and your instruction, set the schedule that the student will be expected to follow.
- C. The homebound teacher will get appropriate signatures on the Parent/Guardian Consent form and return them to the Director of Student Services.
- D. Complete the Homebound Instruction Assignment Sheet weekly and turn it in with your timesheet monthly. Homebound instruction, based on the individual needs of the student, should be approximately three to four (3-4) hours per week.
- E. Timesheets sheets must be completed in ink and submitted by the last working day of each month. (Missed scheduled appointments of which the homebound teacher drove to the home and the student was not available can be documented as fifteen minutes on the timesheet).

### **School's Responsibility for Regular Education Homebound Instruction Program**

- A. The school homebound services designee will refer students for homebound instruction using the appropriate homebound forms. Please provide the name of each teacher.
- B. The designee will contact each of the student's teachers to let them know they will need to give the homework to the designated person at the school. This will be the contact person for the homebound teacher when they are ready to pick-up and drop-off homework.
- C. The designee will forward all paperwork to the Director of Student Services at Central Office.
- D. The school will assign a homebound teacher to work with the student when:
  - a. The medical or psychiatric doctor places students on homebound for physical or psychological problems.
  - b. The doctor orders bed rest during a pregnancy or the doctor recommends postpartum recovery.
- E. The designee or appropriate teacher will assist the Homebound teacher by providing:
  - a. Background information for appropriate continued instruction
  - b. Description of courses being taught

- c. Books and materials to be used by the student and supplying the necessary textbooks and teacher editions or keys
- d. Weekly assignments for the student
- e. Specific times for picking up weekly assignments which should be worked out between the school and the Homebound teacher. **Classroom teachers, in consultation with the homebound teacher, are responsible for all grading.**

- F. In the event the homebound teacher notifies the school designee of *two missed scheduled appointments*, the school designee will contact the parent/guardian to discuss the importance of the homebound instruction and explain that missing scheduled appointments without prior notice of an excusable absence will count as an unexcused absence. The school designee will also explain that after a third absence, homebound instruction may be discontinued. If the homebound teacher contacts the school designee when the student has missed three scheduled appointments, the school homebound services designee will contact the Director of Student Services. Whether homebound services should be discontinued after the third absence will be determined on a case-by-case basis after communication between parent and the Director of Student Services or the school homebound services designee.
- G. Notify the Director of Student Services at 252-519-7154 when the services will begin, if any significant concerns regarding a student's homebound instruction arise and when the student returns to school.

### **Appeals Process**

If parents/guardians disagree with the decision(s) made regarding their child's homebound services, they have the right to appeal as stated in Roanoke Rapids Graded School District's Board Policy for Student Grievance Procedure. [RRGSD Board Policy 1740](#)

A grievance is any situation occurring within the operation of normal procedures of the school which causes a student and/or parent to believe the student has been wronged because of a violation, misapplication, or misinterpretation of a specific policy, rule or law. Students and their parents are encouraged to discuss their concerns informally with the person(s) involved before invoking formal grievance procedures.

**Roanoke Rapids Graded School District  
SCHOOL REFERRAL FOR HOMEBOUND INSTRUCTION**

Student Name:		Student ID:	
Address:		City:	NC      Zip:
Age:	DOB:	Gender:	Ethnicity:
Parent/ Guardian Name:			
Home Phone:		Student Email:	
Work Phone:		Parent Email:	
Cellular Phone:		Language Spoken in the Home:	

**General Education Referral for In Home Instructional Support & IEP Referral for Homebound Services**

Regular education students can expect to receive 2-3 hours of instruction per week. The IEP team determines the extent of services required when a hospital/ homebound placement is determined.

<p>Referring School: _____</p> <p align="center"><b>Student Attendance: Year to Date</b></p> <p>Days Present: _____ Days Absent: _____</p> <p><b>A completed referral must include:</b></p> <ul style="list-style-type: none"> <li>• Referral Form</li> <li>• Parent Permission Form</li> <li>• Physician Referral</li> <li>• Attendance Report</li> <li>• Current Schedule</li> <li>• Current Grades</li> </ul> <p>If the student's extensive absences place the student at risk of failing the course(s) please indicate which course(s) the home-bound teacher should address to help the student capture some credit: _____</p>	<p>Does the student have an <b>IEP</b>?    <input type="checkbox"/> Yes    <input type="checkbox"/> No **If yes, please attach to this referral</p> <p>Does the student have a <b>504 Plan</b>?    <input type="checkbox"/> Yes    <input type="checkbox"/> No **If yes, please attach to this referral</p> <p><b>Reason for Referral:</b></p> <p><input type="checkbox"/> Physical</p> <p><input type="checkbox"/> Illness</p> <p><input type="checkbox"/> Injury: _____</p> <p><input type="checkbox"/> Mental Health: Diagnosis: _____</p> <p>Special Education Placement: _____</p> <p><b>Any special education meeting considering a homebound placement must include a representative from homebound services as a member of the IEP team.</b></p>
<p>School Counselor: _____</p> <p>Phone Number: _____</p> <p>School Nurse: _____</p> <p>Phone Number: _____</p>	<p>If applicable,</p> <p>EC Teacher: _____</p> <p>Phone Number: _____</p>

**Principal's Required Signature:** I understand that the student's classroom teacher(s) are responsible for grading and providing assignments to the students on a regular basis until the student is released from homebound.

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

**Director of Student Services**     Approved     Denied

Date Completed Packet Received:

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

**Homebound Teacher Assigned:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

**Roanoke Rapids Graded School District  
SCHOOL REFERRAL FOR HOMEBOUND INSTRUCTION  
Physician's Form**

<b>Student's Name:</b> _____	<b>DOB:</b> _____
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**Physician's Statement:** This student is being considered for homebound instruction that would require an absence of 4 weeks or greater. Your medical advice is needed to determine the student's eligibility for service.

**Medical Diagnosis:** Specify medical diagnosis which prevents the student from attending school.

Is the student free from contagious disease which would be harmful to school personnel?     Yes     No

Will any of the conditions allow a **modified/partial day schedule**?     Yes     No

**Do you recommend homebound instruction?**     Yes     No  
Specific Restriction, Recommendations, or Precautions:

Clarify how this condition interer with school attendance (be specific):

Expected duration the disability will prevent school attendance:

Date student may return to school:

**Pregnant Students:** Students who are pregnant may receive homebound instruction under certain conditions. While nausea, fatigue, back pain, etc are not in and of themselves sufficient reasons for a pregnant student to receive homebound services, it is recognized that they may be symptoms of more severe complications. Please be specific as to the nature of the complications that are detrimental to the health of the student. You may identify a diagnosis beyond the pregnancy. Education is the factor that most often and most quickly brings about security for teen moms and their babies. We encourage these students to be in school every day possible, both during pregnancy and following delivery. Homebound services are provided to students post-delivery for 4 weeks unless otherwise directed by the physician.

**Anticipated due date:** \_\_\_\_\_    **Anticipated date of return to school:** \_\_\_\_\_  
**Specific restrictions or precautions:**

**Psychiatric Diagnosis:** A student with a psychological/psychiatric disorder may qualify for homebound instruction under certain conditions. This service is of short duration and cannot be used in lieu of the normal school program. The student must be referred to the homebound office by his/her attending psychiatrist due to medical justification that would interfere with the student's ability to attend the general education classroom. A plan, which includes goals, education recommendation, anticipated medication, and a transition component for returning the student to school or placing him/her in a more appropriate setting, must accompany the referral.

**Psychiatric Diagnosis:** \_\_\_\_\_  
Specific restrictions or precautions while providing instruction in the home:  
Implications prescribed medication may have on student's performance:

**Medical Updates:** Medical update will be required every six to eight weeks for prolonged cases of eight weeks or more to determine continuation of homebound services.

Are there any instruction options which you would suggest that would make school attendance possible?

- Attend school half day
- Attend school 2-3 day per week
- Release student to visit school counselor when necessary
- Rest period during day
- Peer/buddy to assist in mobility
- Elevator
- Other accommodations:

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Physician's Name (printed): \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Physician Address: \_\_\_\_\_

**Roanoke Rapids Graded School District  
SCHOOL REFERRAL FOR HOMEBOUND INSTRUCTION  
Parent/Guardian Permission and Release Form**

My child \_\_\_\_\_ has been referred to receive homebound services while they are not able to participate in the school-based instructional program. Homebound instruction does not duplicate the regular classroom experience. Instructional time in the home is limited. The homebound teacher will, to the extent possible, follow the student's course of study and/or IEP. Students will remain enrolled in their school of attendance while receiving homebound. Assignments for the instructional sessions will be provided by the student's classroom teacher(s), who are the teachers of record and issue grades for work completed.

**I understand that:**

- An adult, 18 years or older, must be present in the home for the entire duration of the homebound teacher's visitation.
- Roanoke Rapids School's teachers are guaranteed a smoke, alcohol, and drug free environment. When the homebound teacher is present an instructional environment free from the above distractions must be provided or arrangements must be made for instruction to occur at another location. Teachers are also guaranteed a safe, healthy, harassment-free environment within which instruction can occur free of interference.
- The homebound teacher will not enter the home if pets are loose in the home. Pets must be constrained to the extent they are not seen or heard in the instructional area.
- It is the responsibility of the parent to inform the homebound teacher if the student or any member of the family has a contagious disease. I am responsible for my child's attendance during the scheduled instructional sessions and for supervising the completion of the class work assigned between homebound sessions.
- If the parent/guardian or student is not home when the homebound teacher arrives for a scheduled visit, the student will receive an unexcused absence. If at total of ten hours of unexcused absences from the scheduled instructional time is accrued it may cause discontinuation of services. The parent must contact the homebound teacher in advance of the scheduled visit to excuse their child.
- Students will remain enrolled in their school of attendance while receiving homebound services. Specific questions about class assignments should be directed to the classroom teacher(s).
- Students will return to their school of enrollment upon the termination of the services. All work completed by the student will be returned to classroom teachers for grading.

**The student may not be employed or otherwise engaged outside the home or participate in organized activities outside the home. It is expected the student is medically restricted to the home and as such unable to attend school.**

*I understand and accept these rules governing the delivery of homebound services. Homebound instruction is intended to support my child's academic progress until they are able to successfully return to school. I also understand that failure to honor these rules is cause for the temporary discontinuation of homebound instructional services.*

**Name of adult to be present in the home during homebound instruction:** \_\_\_\_\_

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

*I give my permission for Roanoke Rapids School's to contact my child's physician(s) and therapist(s) to obtain information pertaining to the effective delivery of educational services aimed at the successful return to the school environment. I authorize the release of any medical or psychological information necessary to process the application for homebound instruction, including future treatment plans and length of disability. I certify the information below is correct and authorize the release of any medical or psychological information necessary to process this referral, including present treatment programs, plans, and projected length of disability.*

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

**The homebound teacher will, to the extent possible, follow the student's course of study and/or IEP 504 in collaboration with the student's teachers at the assigned school.**

Homebound Teacher: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Please Print)

Homebound Teacher: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

### Homebound Service Plan

Student Name:		School:	
Grade:	Start Date:	Review Date:	
<u>Service Plan:</u> <input type="checkbox"/> Reading      ___ minutes      ___ per week <input type="checkbox"/> Math            ___ minutes      ___ per week <input type="checkbox"/> Science        ___ minutes      ___ per week <input type="checkbox"/> Social Studies ___ minutes      ___ per week <input type="checkbox"/> IEP services   ___ minutes      ___ per week		GenEd Teacher:	
		EC Teacher:	
		Next Status Review Date:	
List any classroom/testing accommodation that will be provide:			



**GFELLER-WALLER/NCHSAA  
STUDENT-ATHLETE  
CONCUSSION MANAGEMENT RESOURCES**

1. **Instructions** for completing the forms used when documenting a student-athlete's concussion can be found in the information below.
  - ❖ Gfeller-Waller/NCHSAA Concussion Management Guiding Principles
    - Key Tenets of Concussion Management
    - NCHSAA Specific Requirements Regarding the Gfeller-Waller Concussion Awareness Law as Defined by the NCHSAA Sports Medicine Advisory Committee (SMAC)
    - Health and Safety Personnel
  - ❖ Gfeller-Waller/NCHSAA Concussion Management Algorithm
  - ❖ Concussion Gradual Return-to-Play Protocol FAQ Sheet
  
2. **Forms** for use when documenting a student-athlete's concussion can be found below.
  - ❖ Gfeller-Waller/NCHSAA Student-Athlete Concussion Injury History Form
  - ❖ Medical Provider Concussion Evaluation Recommendations Form
  - ❖ Concussion Return-To-Learn Recommendations Form
  - ❖ NCHSAA Concussion Return to Play Protocol Form
  - ❖ Return to Play Form
  
3. **Organization** of the forms used when documenting a student-athlete's concussion can be done by using the checklist below.
  - ❖ Concussion Management Documentation Checklist





## Gfeller-Waller/NCHSAA Concussion Management Guiding Principles



### Key Tenets of Concussion Management

1. No athlete with a suspected concussion is allowed return to practice or play the same day that his or her head injury occurred.
2. Athletes should never return to play or practice if they still have ANY symptoms.
3. A concussion is a traumatic brain injury that can present in several ways and with a variety of signs, symptoms, and neurologic deficits that can present immediately or evolve over time.
4. Both academic and cognitive considerations should be addressed when managing a student-athlete with a concussion. The NC Dept. of Public Instruction now requires a "Return to Learn" plan for students with suspected head injury. Also, consider guidance on proper sleep hygiene, nutrition, and hydration.
5. More than one evaluation is typically necessary for medical clearance for concussion. Due to the need to monitor concussions for recurrence of signs and symptoms with cognitive or physical stress, Emergency Room and Urgent Care physicians typically should not make clearance decisions at the time of first visit.
6. In order to clear an athlete to return to sport without restriction, an athlete should be completely symptom-free both at rest AND with cognitive stress, then with full physical exertion (i.e. has completed Return to Play Protocol).
7. It is typically not feasible for a provider to diagnosis an acute concussion and provide clearance on the same day.

### NCHSAA specific requirements regarding the Gfeller-Waller Concussion Awareness Law as defined by NCHSAA Sports Medicine Advisory Committee (SMAC)

1. All NC public high school and middle school student-athletes must have a Licensed Physician's (MD/DO) signature on the **RETURN TO PLAY FORM** which serves as the medical clearance releasing the student-athlete to return to athletic participation prior to them returning to play.
2. The physician signing the **RETURN TO PLAY FORM** is licensed under Article 1 of Chapter 90 of the General Statutes and has training in concussion management.
3. Physicians may choose to delegate aspects of the student-athlete's care to an office based licensed athletic trainer, licensed nurse practitioner or licensed physician assistant who is working under that physician's supervision, and may work in collaboration with a licensed neuropsychologist in compliance with the Gfeller-Waller Concussion Law for RTP clearance.

### Health and Safety Personnel

**Licensed Physician** - Physician Licensed to Practice Medicine (MD or DO) under Article 1 of Chapter 90 of the General Statutes and has training in concussion management.

**Licensed Athletic Trainer (LAT)** - An individual who is licensed under Article 34 of Chapter 90 of the General Statutes entitling them to perform the functions and duties of an athletic trainer.

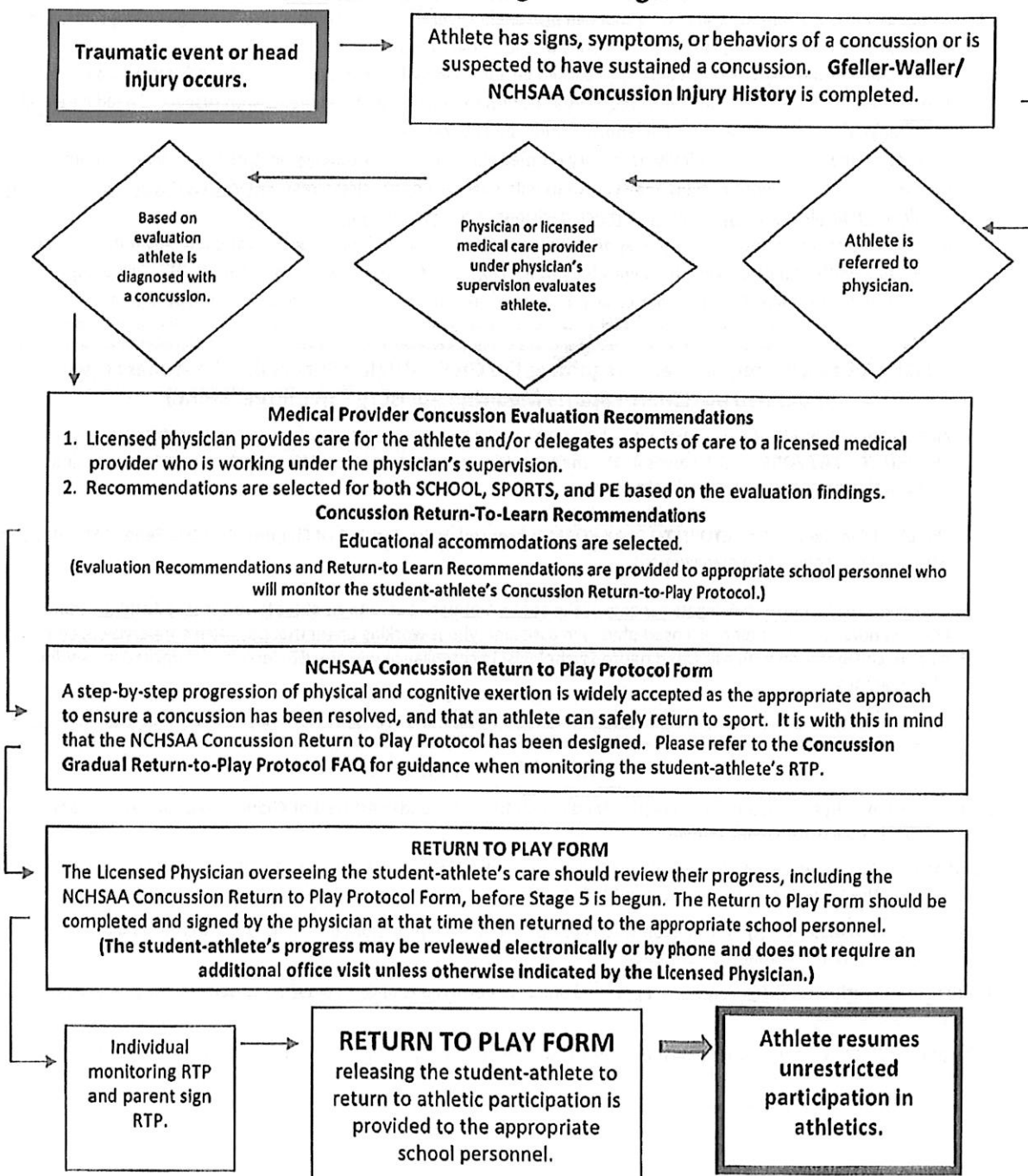
**Licensed Physician Assistant (PA)** - Any person who is licensed under the provisions of G.S. 90-9.3 to perform medical acts, tasks, and functions as an assistant to a physician.

**Licensed Nurse Practitioner (NP)** - Any nurse approved under the provisions of G.S. 90-18(14) to perform medical acts, tasks or functions.

**First Responder (FR)** - A first responder must meet the requirements set forth by the North Carolina State Board of Education Policy HRS-D-000.



## Gfeller Waller/NCHSAA Student-Athlete Concussion Management Algorithm





## Concussion Gradual Return-to-Play (RTP) Protocol FAQ



### How will I know if the student-athlete is symptom free and ready to begin the RTP Protocol?

Once a student-athlete is completely free of both documented clinical signs and symptoms at rest and classroom induced signs and symptoms (caused by cognitive stimulation such as reading, computer work, and schoolwork) a gradual Return-to-Play (RTP) progression can be started.

### Who can monitor the RTP Protocol?

The Licensed Physician who has examined the student-athlete (or their designee), Licensed Athletic Trainer, Licensed Physician Assistant, Licensed Nurse Practitioner, Licensed Neuropsychologist may monitor the athlete. If one of these licensed medical providers is not accessible, the school's first responder can monitor the RTP.

### Who must go through the RTP Protocol?

All student-athletes diagnosed with a concussion are required to complete a Return-to-Play Protocol that proceeds in a step-by-step fashion with gradual, progressive stages.

### Can a student-athlete engage in physical activity/exercise prior to starting Stage 1?

A qualified yes; keeping in mind that the physical activity/exercise should involve **NO** risk of head trauma and should occur only under direct orders of the treating licensed physician who has evaluated the student-athlete. This light exertion can be started before a student-athlete is entirely asymptomatic. There is evidence that "sub-symptom threshold exercise" (i.e. light exertion that does not cause new or worsen existing symptoms) is safe and may be helpful in concussion recovery,

### What activities are included in the RTP Protocol stages?

The RTP Protocol begins with light aerobic exercise designed only to increase your heart rate (e.g. stationary bicycle), then progresses to increasing heart rate with movement (e.g. running), then adds increased intensity and sport-specific movements requiring more levels of neuromuscular coordination and balance including non-contact drills and finally, full practice with controlled contact prior to final clearance to competition.

### How does the student-athlete know if he/she is ready to advance to the next stage?

After monitored completion of each stage without provocation/recurrence of signs and/or symptoms, a student-athlete is allowed to advance to the next stage of activity.

### How long is a stage?

The length of time of a stage is typically at least 24 hours.

### What should the student-athlete do if signs and/or symptoms return?

If signs/symptoms occur with exercise, the student-athlete should stop and rest. Once free of signs/symptoms for 24 hours, the student-athlete returns to the previously completed stage of the protocol that was completed without recurrence of signs/symptoms and progresses forward in the protocol. During this process, it is important that student-athletes pay careful attention to note any return of concussion signs/symptoms (headache, dizziness, vision problems, lack of coordination, etc.) both during and/or in the minutes to hours after each stage. In the event that signs/symptoms are experienced, they should be reported to the individual monitoring the student-athlete's RTP Protocol.

### What should be done if the student-athlete is unable to complete a stage successfully after two attempts?

If a student-athlete is unable to complete a stage twice without return of signs/symptoms, consultation with the licensed physician who has examined the student-athlete is advised. A student-athlete should be progressed to the next stage only if he/she does NOT experience any signs/symptoms.

### How long should the completed RTP Protocol form be kept on file?

The completed RTP Protocol form should remain on file at least until the student-athlete graduates from high school.



### Gfeller-Waller/NCHSAA Concussion Injury History

Student-Athlete's Name: \_\_\_\_\_ Sport: \_\_\_\_\_ Male/Female

Date of Birth: \_\_\_\_\_ Date of Injury: \_\_\_\_\_ School: \_\_\_\_\_

<u>Following the injury, did the athlete experience:</u>	<u>Circle one</u>	<u>Duration (write number/ circle appropriate)</u>	<u>Comments</u>
<i>Loss of consciousness or unresponsiveness?</i>	YES   NO	_____ minutes / hours	
<i>Seizure or convulsive activity?</i>	YES   NO	_____ minutes / hours	
<i>Balance problems/unsteadiness?</i>	YES   NO	_____ hrs / days / weeks /continues	
<i>Dizziness?</i>	YES   NO	_____ hrs / days / weeks /continues	
<i>Headache?</i>	YES   NO	_____ hrs / days / weeks /continues	
<i>Nausea?</i>	YES   NO	_____ hrs / days / weeks /continues	
<i>Emotional Instability (abnormal laughing, crying, anger?)</i>	YES   NO	_____ hrs / days / weeks/ continues	
<i>Confusion?</i>	YES   NO	_____ hrs / days / weeks /continues	
<i>Difficulty concentrating?</i>	YES   NO	_____ hrs / days / weeks /continues	
<i>Vision problems?</i>	YES   NO	_____ hrs / days / weeks /continues	
<i>Other</i> _____	YES   NO		

Person completing Injury History Section: Licensed Athletic Trainer, First Responder, Coach, Parent, Other (Please Circle)

Name of person completing Injury History: \_\_\_\_\_

Describe how the injury occurred: \_\_\_\_\_

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

Additional details: \_\_\_\_\_

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



## Medical Provider Concussion Evaluation Recommendations

(To be completed by Licensed Physician (MD/DO) or an LAT, PA, or NP under treating physician's supervision)

Name of Athlete: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

All NC public high school and middle school student-athletes must have a Licensed Physician's (MD/DO) signature on the Return to Play Form: **Medical Clearance Releasing the Student-Athlete to Return to Athletic Participation** prior to them returning to play. Due to the need to monitor concussions for recurrence of signs & symptoms with cognitive or physical stress, Emergency Room and Urgent Care physicians should not make clearance decisions at the time of first visit. All medical providers are encouraged to review the CDC site if they have questions regarding the latest information on the evaluation and care of the scholastic athlete following a concussion injury. *Providers should refer to NC Session Law 2011-147, House Bill 792 Gfeller-Waller Concussion Awareness Act for requirements for clearance, and please initial any recommendations you select.* (Adapted from the Acute Concussion Evaluation (ACE) care plan (<http://www.cdc.gov/concussion/index.html>) and the NCHSAA concussion Return to Play Protocol Form.)

The recommendations indicated below are based on today's evaluation.

**RETURN TO SCHOOL:**

PLEASE NOTE →

1. The North Carolina State Board of Education approved "Return-To- Learn after Concussion" policy effective 2016-2017 school year to address learning and educational needs for students following a concussion.
2. A sample of accommodations is found on the Concussion Return to Learn Recommendations page.

**SCHOOL (ACADEMICS):**

(Physician Identified below should check all recommendations that apply.)

- Out of school until \_\_\_\_\_.
- May return to school on \_\_\_\_\_ with accommodations selected on the Concussion Return to Learn Recommendations page.
- May return to school now with no accommodations needed.

**RETURN TO SPORTS:**

PLEASE NOTE →

A step-by-step progression of physical and cognitive exertion is widely accepted as the appropriate approach to ensure a concussion has resolved, and an athlete can return to sport safely. The NCHSAA Concussion Return to Play Protocol has been designed using a step-by-step progression.

**SPORTS & PHYSICAL EDUCATION**

(Physician Identified below should check all recommendations that apply.)

- Not cleared for sports or physical education at this time.
- May do light physical education that poses no risk of head trauma such (i.e. walking laps).
- May start RTP Protocol under appropriate monitoring.
- Must return to examining physician for clearance before returning to sports/physical education.
- Has completed a gradual RTP Protocol without any recurrence of symptoms. The **RETURN TO PLAY FORM** has been completed and signed by the Licensed Physician releasing the student-athlete to full participation.

**Physicians may choose to delegate aspects of the student-athlete's care to a physician practice based licensed athletic trainer, licensed nurse practitioner or licensed physician assistant who is working under that physician's supervision, and may work in collaboration with a licensed neuropsychologist in compliance with the Gfeller-Waller Concussion Law for RTP clearance. \* If this option is chosen, that individual should be designated by completing the requested information at the bottom of this page \*.**

\_\_\_\_\_  
Signature of Physician Licensed to Practice Medicine MD / DO

Date \_\_\_\_\_

Please Print Name

Office Address \_\_\_\_\_  
*Physician signing this form is licensed under Article 1 of Chapter 90 of the General Statutes and has training in concussion management.*

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

**\* The physician above has delegated aspects of the student-athlete's care to the individual designated below \*.**

\_\_\_\_\_  
Signature of Physician Practice Based LAT, NP, PA-C, Neuropsychologist (Please Circle)

Date \_\_\_\_\_

Please Print Name

Office Address \_\_\_\_\_

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



## Concussion Return-To-Learn Recommendations

(To be completed by Licensed Physician (MD/DO) or an LAT, PA, or NP under treating physician's supervision)

Name of Athlete: \_\_\_\_\_ Date: \_\_\_\_\_

Following a concussion, most individuals typically need some degree of cognitive and physical rest to facilitate and expedite recovery. Activities such as reading, watching TV or movies, playing video games, working/playing on the computer and/or texting require cognitive effort and can worsen symptoms during the acute period after concussion. Navigating academic requirements and a school setting present a challenge to a recently concussed student-athlete. A Return-To-Learn policy facilitates a gradual progression of cognitive demand for student-athletes in a learning environment. Healthcare providers should consider whether academic and school modifications may help expedite recovery and lower symptom burden. It is important to review academic/school situation for each student athlete and identify educational accommodations that may be beneficial.

Educational accommodations that may be helpful are listed below.

### Return to school with the following supports:

#### Length of Day

- Shortened day. Recommended \_\_\_\_\_ hours per day until re-evaluated or (date) \_\_\_\_\_.
- ≤ 4 hours per day in class (consider alternating days of morning/afternoon classes to maximize class participation)
- Shortened classes (i.e. rest breaks during classes). Maximum class length of \_\_\_\_\_ minutes.
- Use \_\_\_\_\_ class as a study hall in a quiet environment.
- Check for the return of symptoms when doing activities that require a lot of attention or concentration.

#### Extra Time

- Allow extra time to complete coursework/assignments and tests.
- Take rest breaks during the day as needed (particularly if symptoms recur).

#### Homework

- Lessen homework by \_\_\_\_\_ % per class, or \_\_\_\_\_ minutes/class; or to a maximum of \_\_\_\_\_ minutes nightly, no more than \_\_\_\_\_ minutes continuous.

#### Testing

- No significant classroom or standardized testing at this time, as this does not reflect the patient's true abilities.
- Limited classroom testing allowed. No more than \_\_\_\_\_ questions and/or \_\_\_\_\_ total time.
  - Student is able to take quizzes or tests but no bubble sheets.
  - Student able to take tests but should be allowed extra time to complete.
- Limit test and quiz taking to no more than one per day.
- May resume regular test taking.

#### Vision

- Lessen screen time (SMART board, computer, videos, etc.) to a maximum \_\_\_\_\_ minutes per class AND no more than \_\_\_\_\_ continuous minutes (with 5-10 minute break in between). This includes reading notes off screens.
- Print class notes and online assignments (14 font or larger recommended) to allow to keep up with online work.
- Allow student to wear sunglasses or hat with bill worn forward to reduce light exposure.

#### Environment

- Provide alternative setting during band or music class (outside of that room).
- Provide alternative setting during PE and/or recess to avoid noise exposure and risk of injury (out of gym).
- Allow early class release for class transitions to reduce exposure to hallway noise/activity.
- Provide alternative location to eat lunch outside of cafeteria.
- Allow the use of earplugs when in noisy environment.
- Patient should not attend athletic practice
- Patient is allowed to be present but not participate in practice, limited to \_\_\_\_\_ hours

#### Additional Recommendations:

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## NCHSAA Concussion Return to Play Protocol Form

Name of Student- Athlete: \_\_\_\_\_ Sport: \_\_\_\_\_ Male/Female

Date of Injury: \_\_\_\_\_ Date Concussion Diagnosed: \_\_\_\_\_ Date Symptom Free: \_\_\_\_\_

The Licensed Physician overseeing the student-athlete's care should review their progress, including the student-athlete's NCHSAA Concussion Return to Play Protocol Form, before Stage 5 is begun. The **RETURN TO PLAY FORM** should be completed and signed by the Licensed Physician at that time. (The student-athlete's progress may be reviewed electronically or by phone and does not require an additional office visit unless otherwise indicated by the Licensed Physician.)

STAGE	EXERCISE	GOAL	DATE STAGE SUCCESSFULLY COMPLETED	COMMENTS	MONITORED BY
1	20-30 min of cardio activity: walking, stationary bike.	Perceived intensity/exertion: Light Activity			
2	30 min of cardio activity: Jogging at medium pace. Body weight resistance exercise (e.g. push-ups, lunge walks) with minimal head rotation x 25 each.	Perceived Intensity/exertion: Moderate Activity			
3	30 minutes of cardio activity: running at fast pace, Incorporate Intervals. Increase repetitions of body weight resistance exercise (eg. sit-ups, push-ups, lunge walks) x 50 each. Sport-specific agility drills in three planes of movement.	Perceived intensity/exertion: Hard Activity, changes of direction with Increased head and eye movement			
4	Participate in non-contact practice drills. Warm-up and stretch x 10 minutes. Intense, <u>non-contact</u> , sport-specific agility drills x 30-60 minutes.	Perceived intensity/exertion: High/Maximum Effort Activity			
<b>The RETURN TO PLAY FORM should be signed by the Licensed Physician overseeing student-athlete's care before Stage 5 is begun.</b>					
5	Participate in full practice. If in a contact sport, controlled contact practice allowed.				
<b>If signs or symptoms occur after stage 5 the student-athlete must return to Licensed Physician overseeing student-athlete's care.</b>					
6	Resume full participation in competition.				

Individual who monitored the student-athlete's Return-to Play Protocol and parent/legal custodian or designee should sign and date below when stage 5 is successfully completed without return of signs or symptoms.

By signing below, I attest that I have monitored the above named student-athlete's return to play protocol.

\_\_\_\_\_  
Signature of Licensed Physician, Licensed Athletic Trainer, Licensed Physician Assistant, Licensed Nurse Practitioner, Licensed Neuropsychologist, or First Responder (Please Circle)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

By signing below, I hereby give consent for my child to return to full participation in athletics without restriction.

\_\_\_\_\_  
Signature of Parent/Legal Custodian or Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name



# North Carolina High School Athletic Association



222 Finley Golf Course Road  
Chapel Hill, NC 27515

Phone: (919) 240-7401

FAX: (919) 240-7399

Email: [www.nchsaa.org](http://www.nchsaa.org)

## RETURN TO PLAY FORM: CONCUSSION MEDICAL CLEARANCE RELEASING THE STUDENT-ATHLETE TO RETURN TO ATHLETIC PARTICIPATION

Name of Athlete: \_\_\_\_\_ Sport: \_\_\_\_\_ Male/Female

Date of Injury: \_\_\_\_\_ Date Concussion Diagnosed: \_\_\_\_\_ Date Symptom Free: \_\_\_\_\_

This is to certify that \_\_\_\_\_ (insert name of athlete) has been examined due to exhibiting the signs, symptoms, and behaviors consistent with a concussion. I attest that the above named student-athlete is now completely free of previously documented clinical signs, symptoms, and behaviors while at rest and with both full cognitive and full exertional stress. The student-athlete has, additionally, completed the NCHSAA Concussion Return to Play Protocol through stage 4. By signing below, I do, therefore, release the above named student-athlete to progress through Stage 5, and if symptom free may advance to Stage 6 resuming full athletic participation.

\_\_\_\_\_  
Signature of Physician Licensed to Practice Medicine MD or DO (Please Circle)  
*Physician signing this form is licensed under Article 1 of Chapter 90 of the General Statutes and has training in concussion management*

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

\_\_\_\_\_  
Please Print Name

Office Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

This form should be provided to the appropriate school personnel when it is completed and signed by the Licensed Physician.

Last Updated January 2017





**GFELLER-WALLER/NCHSAA  
STUDENT-ATHLETE  
CONCUSSION MANAGEMENT DOCUMENTATION CHECKLIST**

The forms used when documenting a student-athlete's concussion can be organized in a detailed fashion by using the checklist below. Please be reminded that The NCHSAA requires that the **Medical Provider Concussion Evaluation Recommendations Form**, the student-athlete's **Return to Play Protocol Form**, and **Return to Play Form** must be retained by the school and available for review upon request. It is recommended that all documentation pertaining to injuries sustained by student-athletes, both concussion and otherwise, be retained by the school.

- Concussion Injury History Form**
- \*Medical Provider Concussion Evaluation Recommendations Form\***
- Concussion Return to Learn Recommendations Form**
- \*NCHSAA Concussion Return to Play Protocol Form\***
- \*Return to Play Form\***

\*The NCHSAA requires that the **Medical Provider Concussion Evaluation Recommendations Form**, the student-athlete's **Return to Play Protocol Form**, and **Return to Play Form** be retained by the school and available for review upon request.



## Roanoke Rapids Graded School District

### Parent/Guardian 1-to-1 Device Agreement

By signing below, I agree to all of the following statements:

- I will take an active role in my student's use of the 1-to-1 device.
- I will strongly encourage my student to take proper care of their device and accessories.
- I have read the RRGSD Acceptable Use Policy and agree that my student will follow this policy with their 1-to-1 device.
- I understand that the device and accessories belong to RRGSD. My child (children) is/are able to use this equipment with the understanding that **damages, loss, or breakage are my responsibility**. Loss or damage replacement cost is **\$305.00 (\$260 for chromebook and \$45 for charger)**.
- I will not allow my student to root or attempt to root the device.

To help prevent the device from being damaged:

Do not allow other children/siblings to access the device.	Do not allow child to stack objects on top of the device.
Do not allow child to run while carrying the device.	Do not allow the device to be left outside or used near water such as a pool or bathtub.
Do not allow child to eat or drink while using the device.	Do not allow the device to be checked as luggage at the airport.
Do not allow the device to be placed on the floor or in a sitting area such as couches or chairs.	Pack student's lunch and/or water drink in a separate container or compartment in the backpack.
Do not allow the device to be left on table or desk edges.	Do not loan the device or charger to others.
Do not bring your charger to school. The device should be fully charged prior to bringing it to school each day.	Do not place stickers on the device.
Leave the device in the case if so equipped. The case is designed to protect the device from damage.	Do not leave the device in a vehicle.

Device: **Lenovo 100e Chromebook**

Serial Number:

Asset Tag:



## Roanoke Rapids Graded School District

### Parent/Guardian 1-to-1 Device Agreement

By signing below, I agree to all of the following statements:

- I will take an active role in my student's use of the 1-to-1 device.
- I will strongly encourage my student to take proper care of their device and accessories.
- I have read the RRGSD Acceptable Use Policy and agree that my student will follow this policy with their 1-to-1 device.
- I understand that the device and accessories belong to RRGSD. My child (children) is/are able to use this equipment with the understanding that **damages, loss, or breakage are my responsibility**. Loss or damage replacement cost is **\$305.00 (\$260 for chromebook and \$45 for charger)**.
- I will not allow my student to root or attempt to root the device.

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Do not allow child to eat or drink while using the device.	Do not allow the device to be checked as luggage at the airport.
Do not allow the device to be placed on the floor or in a sitting area such as couches or chairs.	Pack student's lunch and/or water drink in a separate container or compartment in the backpack.
Do not allow the device to be left on table or desk edges.	Do not loan the device or charger to others.
Do not bring your charger to school. The device should be fully charged prior to bringing it to school each day.	Do not place stickers on the device.
Leave the device in the case if so equipped. The case is designed to protect the device from damage.	Do not leave the device in a vehicle.

Device: **Lenovo 300e Chromebook**

Serial Number:

Asset Tag:

**Equipment Use Agreement between Roanoke Rapids Graded School District (RRGSD) and:**

Student: \_\_\_\_\_  
Last Name, First Name

Parent /Guardian: \_\_\_\_\_  
Last Name, First Name

RRGSD and Student and Parent/Guardian agree as follows:

1. **Equipment.** RRGSD assigns to Student the use of the following equipment and accessories:

MODEL: Lenovo 100e Chromebook

SERIAL: \_\_\_\_\_

RRGSD TAG: \_\_\_\_\_

ACCESSORIES: Power Adapter [  ]

2. **Period of Possession.** The term of this Use Agreement is from: August 23, 2022 to June 8, 2023 or until transfer to another campus, or withdrawal from the district, whichever is earlier. The Student or RRGSD may terminate this agreement at any time by written notice.
3. **Altering or Defacing Equipment.** Student will not alter, disfigure, or cover up any numbering, lettering, or insignia displayed on the Equipment. Student will not alter or remove district software, security software, and antivirus software or add unauthorized and unlicensed applications.
4. **Maintenance and Repair.** RRGSD agrees to keep the Equipment in good repair and operating condition. Normal and reasonable wear and tear are expected. Gross negligence will not be tolerated. It is the Student's responsibility to provide reasonable care and to coordinate required repairs through the RRHS Media Center. Parents/Guardians are responsible for reasonable cost of repair or replacement of deliberately damaged devices.
5. **Use.** Student agrees that the Equipment will not be subjected to unnecessarily rough usage, that it will be used in accordance with its design, and that its use will conform to all applicable laws, RRGSD board policies, and regulations. Student agrees not to allow the use of the Equipment for illegal purposes or for operating Student's own or another's personal or commercial business. Student will conform to the terms of the Acceptable Use Agreement and Student Technology Equipment Assignment Student/Parent Manual.
6. **Loss or Damage.** Students who act in bad faith to damage, steal, misplace or purposely not return the Equipment and/or accessories will be liable and/or the Parent/Guardian of the student will be liable to RRGSD for the replacement cost (**\$260.00**) of the Equipment and/or accessories as of the date of loss. If the device is stolen on campus, the student must immediately report it to the campus administrator so the campus administrator can obtain a RRGSD Police Report. If the device is stolen off campus, then the student must provide the campus administrator a copy of the police report entered by the parent no later than two (2) school days after the loss was determined. If a screen is broken one time during this period, RRGSD will replace the screen free of charge. If the screen is broken more than once during this period, a charge of **\$65.00** will be assessed to the student for repair. A lost charger is the responsibility of the student (**\$45.00**).
7. **Inspection by the District.** The District will have the right at any time to request a visual inspection of the equipment and to perform periodic inventories.
8. **Security measures.** The district may provide additional security measures as is technically possible for devices that will be used outside the district's network filters. This may include device security settings and/or software that may be used to manage and safeguard RRGSD's electronic resources. These tools may be used to track RRGSD inventory, block questionable sites, or limit access to sites when connected to the internet outside of RRGSD's network.
9. **Disclaimer.** While RRGSD uses technology protection measures to limit access to material considered harmful or inappropriate to students, it may not be possible for the district to absolutely prevent such access. Despite our best efforts and beyond the limits of filtering technology, a student may run across areas of adult content and some material that parents/guardians might find objectionable.

10. **Title.** Title to the Equipment will at all times remain with the District. Student will give the District immediate notice of any claim, levy, lien or legal process issued against the Equipment. The Equipment is and will remain for the term of this use agreement personal property, notwithstanding any attachment of it or part of it to real property or improvements on such real property.
11. **Insurance.** Student may, at Student's own expense, maintain liability and fire insurance and such other insurance as necessary for Student's protection and protection of the Equipment. Failure to carry such insurance will not relieve Student of liability as provided for in this Use Agreement.
12. **Assignment or Subletting.** Student will not assign this Use Agreement or any Equipment under the Use Agreement, or any interest in the Use Agreement or Equipment, without District's written consent. Student will not give or provide any part of the Equipment to unauthorized users under the Use Agreement without District's written consent.
13. **Surrender of Equipment at End of Use Agreement.** Student agrees, on termination of this Use Agreement, termination of initiative assigning this equipment, student transferring to another campus, student withdrawal from the district, or at the request of RRGSD, to return the Equipment at Student's own expense, in good condition, allowing for reasonable wear and tear, and free and clear of encumbrances, to the campus that assigned it or as the District may designate. In the event the asset is not returned, Student and Parent/Guardian understand that RRGSD shall report the device missing. After further attempts to recover or locate the device, which could include electronic surveillance and tracking of the device, the property may be declared stolen and further action can be taken by our police department to recover the asset. Student and Parent/Guardian understand and agree that transfer of the assigned equipment to another student is not the equivalent of surrender of Equipment to RRGSD, nor does it release Student or Parent/Guardian from responsibility for the district's asset, therefore RRGSD may have to file a theft report.
14. **Entire Agreement.** This Agreement embodies the entire agreement between the parties. It may not be modified or terminated except as provided in this Use Agreement or by other written agreement. If any provision of this Use Agreement is invalid it will be considered deleted from this Agreement, and will not invalidate the remaining provisions.
15. **Student and Parent/Guardian information workshop.** Student and parent/guardian have attended the required information workshop to receive training and orientation on acceptable use guidelines, applicable district policies, cyber safety, and the safe use and general care of the device.

*I hereby agree that I have reviewed the terms of this agreement and the information provided in the Acceptable Use Agreement, Parent/Guardian Device Agreement, Google Apps for Education document, and agree to abide by them.*

Student signature	Date
Parent/Guardian signature	Date
Home Address	
Home Phone No. / Work Phone No.	

**Equipment Use Agreement between Roanoke Rapids Graded School District (RRGSD) and:**

Student: \_\_\_\_\_  
Last Name, First Name

Parent /Guardian: \_\_\_\_\_  
Last Name, First Name

RRGSD and Student and Parent/Guardian agree as follows:

1. **Equipment.** RRGSD assigns to Student the use of the following equipment and accessories:

MODEL: Lenovo 300e Chromebook

SERIAL: \_\_\_\_\_

RRGSD TAG: \_\_\_\_\_

ACCESSORIES: Power Adapter [  ]

2. **Period of Possession.** The term of this Use Agreement is from: **July 27, 2022** to **May 19, 2023** or until transfer to another campus, or withdrawal from the district, whichever is earlier. The Student or RRGSD may terminate this agreement at any time by written notice.
3. **Altering or Defacing Equipment.** Student will not alter, disfigure, or cover up any numbering, lettering, or insignia displayed on the Equipment. Student will not alter or remove district software, security software, and antivirus software or add unauthorized and unlicensed applications.
4. **Maintenance and Repair.** RRGSD agrees to keep the Equipment in good repair and operating condition. Normal and reasonable wear and tear are expected. Gross negligence will not be tolerated. It is the Student's responsibility to provide reasonable care and to coordinate required repairs through the RRECHS Front Office. Parents/Guardians are responsible for reasonable cost of repair or replacement of deliberately damaged devices.
5. **Use.** Student agrees that the Equipment will not be subjected to unnecessarily rough usage, that it will be used in accordance with its design, and that its use will conform to all applicable laws, RRGSD board policies, and regulations. Student agrees not to allow the use of the Equipment for illegal purposes or for operating Student's own or another's personal or commercial business. Student will conform to the terms of the Acceptable Use Agreement and Student Technology Equipment Assignment Student/Parent Manual.
6. **Loss or Damage.** Students who act in bad faith to damage, steal, misplace or purposely not return the Equipment and/or accessories will be liable and/or the Parent/Guardian of the student will be liable to RRGSD for the replacement cost (**\$260.00**) of the Equipment and/or accessories as of the date of loss. If the device is stolen on campus, the student must immediately report it to the campus administrator so the campus administrator can obtain a RRGSD Police Report. If the device is stolen off campus, then the student must provide the campus administrator a copy of the police report entered by the parent no later than two (2) school days after the loss was determined. If a screen is broken one time during this period, RRGSD will replace the screen free of charge. If the screen is broken more than once during this period, a charge of **\$65.00** will be assessed to the student for repair. A lost charger is the responsibility of the student (**\$45.00**).
7. **Inspection by the District.** The District will have the right at any time to request a visual inspection of the equipment and to perform periodic inventories.
8. **Security measures.** The district may provide additional security measures as is technically possible for devices that will be used outside the district's network filters. This may include device security settings and/or software that may be used to manage and safeguard RRGSD's electronic resources. These tools may be used to track RRGSD inventory, block questionable sites, or limit access to sites when connected to the internet outside of RRGSD's network.
9. **Disclaimer.** While RRGSD uses technology protection measures to limit access to material considered harmful or inappropriate to students, it may not be possible for the district to absolutely prevent such access. Despite our best efforts and beyond the limits of filtering technology, a student may run across areas of adult content and some material that parents/guardians might find objectionable.

10. **Title.** Title to the Equipment will at all times remain with the District. Student will give the District immediate notice of any claim, levy, lien or legal process issued against the Equipment. The Equipment is and will remain for the term of this use agreement personal property, notwithstanding any attachment of it or part of it to real property or improvements on such real property.
11. **Insurance.** Student may, at Student's own expense, maintain liability and fire insurance and such other insurance as necessary for Student's protection and protection of the Equipment. Failure to carry such insurance will not relieve Student of liability as provided for in this Use Agreement.
12. **Assignment or Subletting.** Student will not assign this Use Agreement or any Equipment under the Use Agreement, or any interest in the Use Agreement or Equipment, without District's written consent. Student will not give or provide any part of the Equipment to unauthorized users under the Use Agreement without District's written consent.
13. **Surrender of Equipment at End of Use Agreement.** Student agrees, on termination of this Use Agreement, termination of initiative assigning this equipment, student transferring to another campus, student withdrawal from the district, or at the request of RRGSD, to return the Equipment at Student's own expense, in good condition, allowing for reasonable wear and tear, and free and clear of encumbrances, to the campus that assigned it or as the District may designate. In the event the asset is not returned, Student and Parent/Guardian understand that RRGSD shall report the device missing. After further attempts to recover or locate the device, which could include electronic surveillance and tracking of the device, the property may be declared stolen and further action can be taken by our police department to recover the asset. Student and Parent/Guardian understand and agree that transfer of the assigned equipment to another student is not the equivalent of surrender of Equipment to RRGSD, nor does it release Student or Parent/Guardian from responsibility for the district's asset, therefore RRGSD may have to file a theft report.
14. **Entire Agreement.** This Agreement embodies the entire agreement between the parties. It may not be modified or terminated except as provided in this Use Agreement or by other written agreement. If any provision of this Use Agreement is invalid it will be considered deleted from this Agreement, and will not invalidate the remaining provisions.
15. **Student and Parent/Guardian information workshop.** Student and parent/guardian have attended the required information workshop to receive training and orientation on acceptable use guidelines, applicable district policies, cyber safety, and the safe use and general care of the device.

*I hereby agree that I have reviewed the terms of this agreement and the information provided in the Parent/Guardian Device Agreement, Acceptable Use Agreement, Google Apps for Education document, and agree to abide by them.*

Student signature	Date
Parent/Guardian signature	Date
Home Address	

Home Phone No. / Work Phone No.



## Google Apps for Education - *Parent Permission Form*

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Google Apps for Education is available as a tool for our students and staff. It is a web service and may be used from any computer with internet access. This education version of Google provides a self-contained environment for students and staff to collaborate and share information in a controlled environment. The features and options available will be based on grade level, student awareness and formal permission from parents/guardians.

**For all students**, accounts will be set up to allow sharing of email and documents **only** within the school district Google site.

### **Student Responsibility**

Along with opportunity comes responsibility. Student use of Google Apps follows the expectations outlined in the district's Acceptable Use Policy.

### **School Responsibility**

Google Apps student accounts created by the school district will be managed based on parent permission, internet use training and grade level. Internet safety education will be included as part of introducing new web based tools. Teacher supervision and school content filters are used to prevent access to inappropriate content and ensure that student use of digital tools follows the district Acceptable Use Policy referenced above.

### **Parent/Guardian Responsibility**

Parents assume responsibility for the supervision of Internet use outside of school. Parents are encouraged to discuss family rules and expectations for using Internet-based tools, including Google Apps for Education. Parents are encouraged to report any evidence of cyberbullying or other inappropriate use to the school.



# Roanoke Rapids Graded School District (RRGSD) Photo, Video, and Internet Release Form

Parents, fill out the appropriate information in the blanks provided and return to your child's teacher.

Teachers, be sure that information is complete and forward to the Media Coordinator of your school.

Teacher's Name \_\_\_\_\_

Occasionally, television stations and newspapers request to videotape, photograph and interview students in the RRGSD. RRGSD has a web site that showcases each school in the district. This website presents activities in which students are involved.

It can be accessed at [www.rrgsd.org](http://www.rrgsd.org). Individual and/or group photos are used. Students may be identified by first names only. Please fill out the form below in order to give your consent for us to include your child as we present our school through the various media.

## Consent:

As parent/guardian of \_\_\_\_\_ (name of student)

\_\_\_\_\_ I hereby grant permission for my child to appear in videotapes, newspaper articles, photos, and school articles posted on the internet.

\_\_\_\_\_ I hereby **DO NOT** grant permission for my child to appear in videotapes, newspaper articles, photos, and school articles posted on the internet.

I understand that the purpose of the various media is to communicate with parents and the public and to promote the mission of the Roanoke Rapids Graded Schools.

Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_

# Roanoke Rapids Graded School District (RRGSD) Telecommunications Acceptable Use Agreement Student/Parent Use Agreement

This agreement is designed to cover students' use of the RRGSD's computer equipment, networks, and Internet access. The goal of the school system in providing this service is to facilitate resource sharing, innovation, and communication that are consistent with the educational objectives of the State of North Carolina and the RRGSD.

RRGSD has the right to place reasonable restrictions on the material you access, to determine the training you need to have before you are allowed to use the system, and to enforce all rules set forth in the school policies and the laws of the state of North Carolina. Furthermore, you may not use this network for commercial purposes to offer, provide, or purchase products or services; for cyberbullying; to access chat rooms and instant messaging; or for illegal or immoral purposes.

RRGSD uses Technology Protection Measures (filtering software) on our network. This filtering software helps to protect against access to visual depictions deemed "obscene," "child pornography," or "harmful to minors." RRGSD personnel will make every effort to monitor student use of the Internet to ensure that materials accessed are for the appropriate age. However, on a global network it is impossible to control all materials. If a user violates any of these provisions, his or her privilege to use the Internet will be terminated and future access may be denied. In a case where laws or the Student Code of Conduct are broken, further consequences will follow.

RRGSD prohibits connecting any equipment to our network without authorization from the Technology Department.

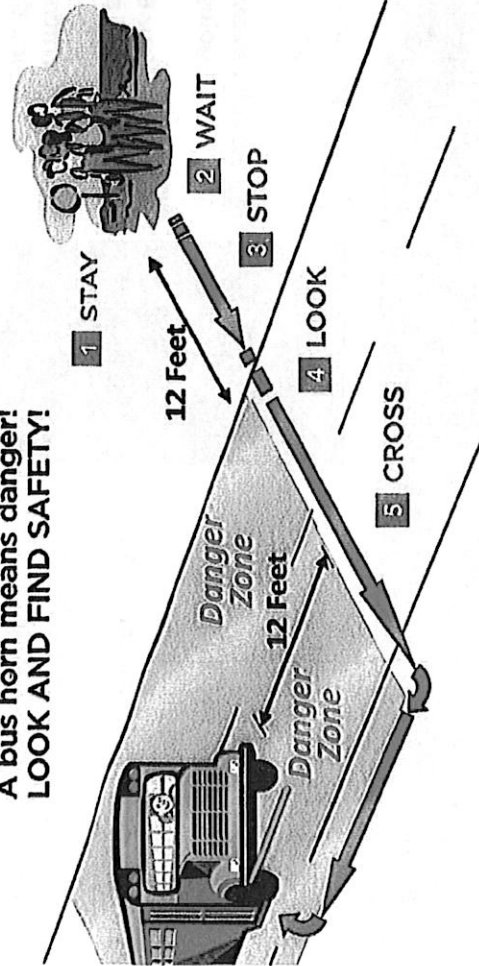
RRGSD Telecommunications Use Policy #3225/4312/7320 is available for viewing from our website.  
<http://www.rrgsd.org>

# Crossing the Street to Board the School Bus

## STUDENT AND PARENT INSTRUCTION

- 1 STAY:** on your side of the road, 12 feet away from traffic.
- 2 WAIT:** for the bus to stop and the stop arm to extend. The Driver will be holding his left palm up for you to wait for traffic to stop
- 3 STOP:** and look for traffic both ways, then check again.  
When it is OK the driver will give you a "thumbs up" and then point in the direction you will walk to cross the street
- 4 LOOK:** for moving traffic both ways as you walk directly across the road.
- 5 CROSS:** 12 feet in front of the bus in full view of your driver. Be careful in the danger zone and board the bus without delay.

**A bus horn means danger!  
LOOK AND FIND SAFETY!**



**Crossing the Highway  
is DANGEROUS -  
Cars May Not Stop!**

Your life depends on the following:

- You must **LOOK BOTH WAYS** for moving cars. If a car is moving, do not step into the road.
- **PAY ATTENTION!** Take ear buds out! Don't talk or text!
- If you hear the **HORN**, look and find safety!
- **PARENTS**, even if you are crossing with your child, please follow these same steps.

For more information go to [www.ncbussafety.org/safety](http://www.ncbussafety.org/safety) or contact NC Department of Public Instruction, Transportation Services 919-807-3570.

# MORNING

# Crossing the Street when Exiting the School Bus

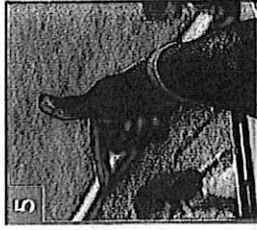
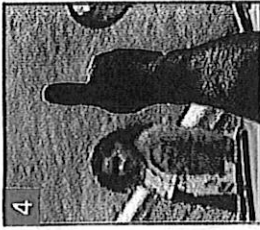
## STUDENT AND PARENT INSTRUCTION

**Crossing the Highway**  
**is DANGEROUS -**  
**Cars May Not Stop!**

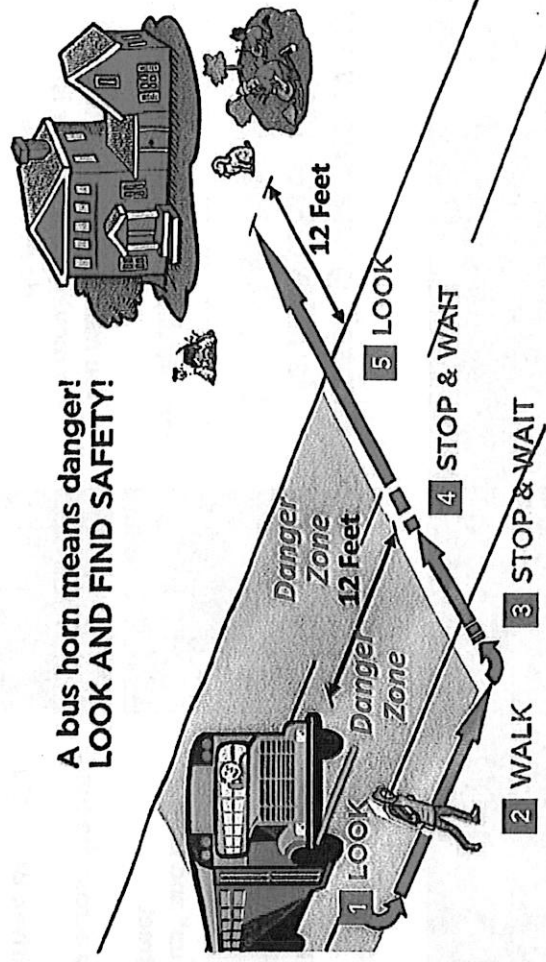
Your life depends on the following:

- You must **LOOK BOTH WAYS** for moving cars. If a car is moving, do not step into the road.
- **PAY ATTENTION!** Take ear buds out! Don't talk or text!
- If you hear the **HORN**, look and find safety!
- **PARENTS**, even if you are crossing with your child, please follow these same steps.

For more information go to [www.ncbussafety.org/safety](http://www.ncbussafety.org/safety) or contact NC Department of Public Instruction, Transportation Services 919-807-3570.



- 1 LOOK:** for traffic in all directions, especially to your right, before you step off the bus. Cars sometimes pass on the right side. When OK...
- 2 WALK:** away from the right front of the bus in full view of your driver, going past the extended bus crossing arm. Then stop and...
- 3 WAIT:** Your Bus Driver will be holding his right palm up for you to wait until all traffic is stopped.
- 4 STOP:** When it is OK to cross, the Driver will give you a "thumbs up" and then point in the direction you will walk to cross the street
- 5 LOOK:** for moving traffic as you promptly cross and move 12 feet off the road.



# AFTERNOON

# Cómo cruzar la calle para subirse al autobús escolar

## INSTRUCCIÓN PARA ALUMNOS Y PADRES DE FAMILIA

- 1 **QUÉDATE:** en tu lado de la calle, a 12 pies de distancia del tránsito vehicular.
- 2 **ESPERA:** a que el autobús se detenga y a que el conductor extienda el letrero de "Stop". El conductor sostendrá en alto la palma de su mano izquierda para indicarte que esperes a que los autos se detengan.
- 3 **DÉTENTE:** y mira hacia ambos sentidos del tránsito vehicular para ver si vienen autos, vuelve a fijarte de nuevo. Cuando todo esté bien, el conductor te lo indicará con el "pulgar hacia arriba" y luego te indicará la dirección hacia la cual debes cruzar la calle.
- 4 **FÍJATE:** en ambos sentidos del tránsito vehicular para ver que no vengan autos conforme cruzas la calle.
- 5 **CRUZA:** a 12 pies de distancia del frente del autobús, a plena vista del conductor. Ten cuidado de no acercarte a la zona de peligro del autobús y súbete sin demoras.



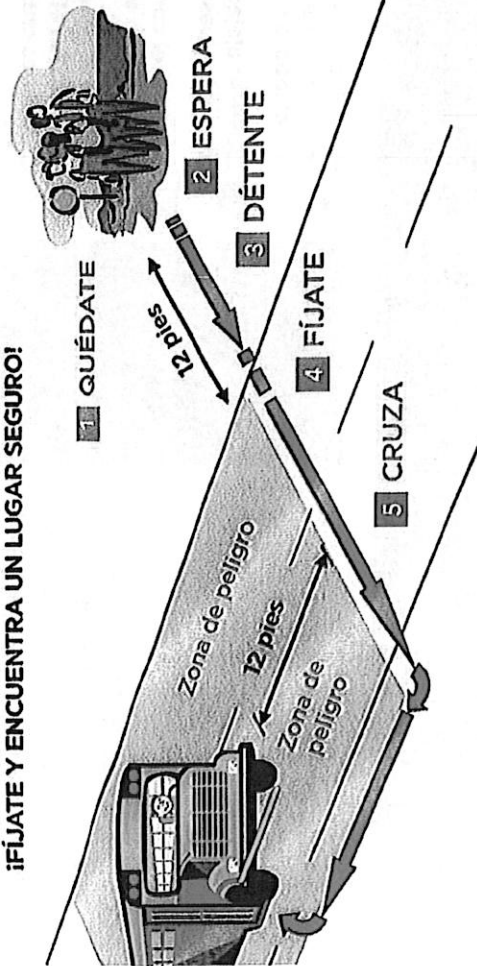
Cruzar las calles es **PELIGROSO** - posiblemente los automóviles no se detengan.

Tu vida depende de lo siguiente:

- **Debes FIJARTE HACIA AMBOS SENTIDOS** de la calle para ver que no vengan autos. Si un auto está en movimiento, no pongas un pie en la calle.
- **PRESTA ATENCIÓN** No tengas puestos audífonos. Tampoco hables ni mandes mensajes de texto.
- Si escuchas un **CLAXÓN**, fíjate y encuentra un lugar seguro.
- **PADRES**, aún cuando estén cruzando la calle con sus hijos, sigan las mismas indicaciones.

Para obtener más información, visite la página Web:  
[www.ncbussafety.org/safetyo](http://www.ncbussafety.org/safetyo) bien, comuníquese a los Servicios de Transporte del Departamento de Educación Pública de Carolina del Norte al 919-807-3570.

El sonido del claxon del autobús significa peligro.  
**¡FÍJATE Y ENCUENTRA UN LUGAR SEGURO!**



# EN LA MAÑANA

# Cómo cruzar la calle para bajarse del autobús escolar

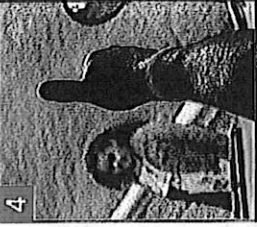
## INSTRUCCIÓN PARA ALUMNOS Y PADRES DE FAMILIA

Cruzar las calles es

**PELIGROSO** – posiblemente los automóviles no se detengan.

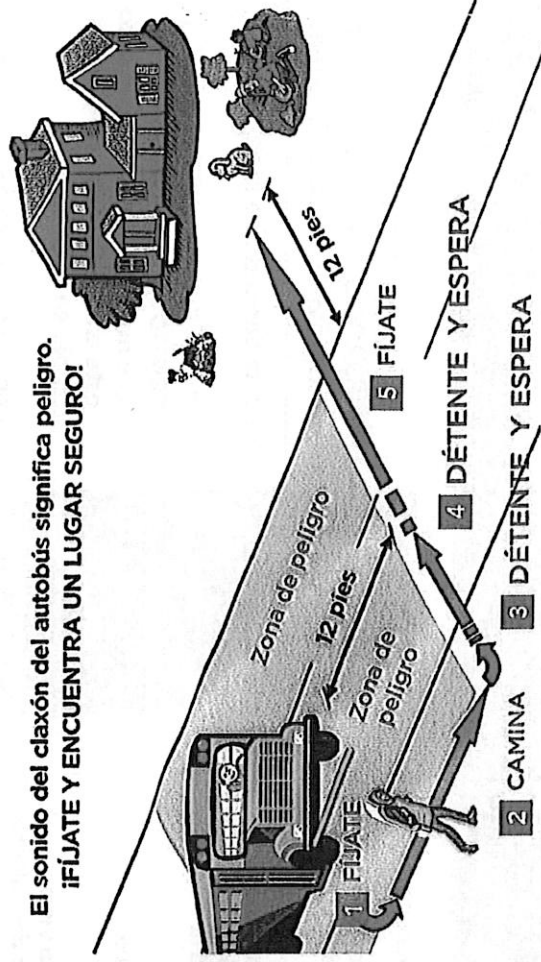
Tu vida depende de lo siguiente:

- Debes **FIJARTE HACIA AMBOS SENTIDOS** de la calle para ver que no vengan autos. Si un auto está en movimiento, no pongas un pie en la calle.
- **PRESTA ATENCIÓN** No tengas puestos audifonos. Tampoco hables ni mandes mensajes de texto.
- Si escuchas un **CLAXÓN**, fíjate y encuentra un lugar seguro.
- **PADRES**, aún cuando estén cruzando la calle con sus hijos, sigan las mismas indicaciones.



- 1 FÍJATE:** en todas direcciones para ver si se acercan autos, especialmente a tu derecha, antes de que te bajes del autobús. Algunas veces los autos rebasan por el lado derecho. Cuando todo esté bien....
- 2 CAMINA:** alejado del lado derecho y del frente del autobús, a plena vista del conductor, pasando el letrero de "Stop" del autobús. Entonces deténte y....
- 3 ESPERA:** el conductor sostendrá en alto la palma de su mano derecha para indicarte que esperes hasta que el tránsito vehicular se detenga.
- 4 DETÉNTE:** cuando todo esté bien para cruzar la calle, el conductor te lo indicará con el "pulggar hacia arriba" y luego te indicará la dirección hacia la cual debes cruzar la calle.
- 5 FÍJATE:** para ver que no vengan autos mientras cruzas rápidamente y llegues a 12 pies de distancia de la calle.

El sonido del claxón del autobús significa peligro.  
**¡FÍJATE Y ENCUENTRA UN LUGAR SEGURO!**



Para obtener más información, visite la página Web:  
[www.ncbussafety.org/safety](http://www.ncbussafety.org/safety) bien, comuníquese a los  
Servicios de Transporte del Departamento de Educación  
Pública de Carolina del Norte al 919-807-3570.

# EN LA TARDE

# Meningococcal Vaccines for Preteens and Teens



All preteens and teens should get vaccines to protect against meningococcal disease. Talk with your child's doctor or nurse about meningococcal vaccination to help protect your child's health.

## Why does my child need meningococcal vaccines?

Meningococcal vaccines help protect against the bacteria that cause meningococcal disease. Meningococcal disease can refer to any illness caused by a type of bacteria called *Neisseria meningitidis*. Meningococcal disease is not very common in the United States, but teens and young adults are at increased risk.

The two most common types of illnesses include infections of the

- **Lining of the brain and spinal cord (meningitis)**
- **Bloodstream**

Even with treatment, about 10 to 15 out of 100 people with meningococcal disease will die from it. Meningococcal vaccines are the best way to protect preteens and teens from getting meningococcal disease.



## When should my child be vaccinated?



Dose 1: Ages 11-12  
Dose 2: Age 16

**All preteens and teens should get 2 doses of the meningococcal conjugate (MenACWY) vaccine.** They should get the first dose at ages 11-12 and a booster dose at 16 years old. If your teen hasn't gotten this meningococcal shot, talk to their doctor or nurse about getting it as soon as possible.

Teens and young adults (16 through 23 years old) may also get a serogroup B meningococcal (MenB) vaccine (2 doses). The preferred age to get MenB vaccine is 16 through 18 years old. Talk with your teen's doctor or nurse about meningococcal vaccination to help protect your child's health.

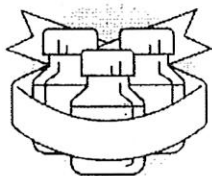
## Are meningococcal vaccines safe for my child?

**Researchers have studied the meningococcal vaccines very carefully and they are shown to be very safe.** Like any vaccine, meningococcal vaccines may cause mild side effects, like redness and soreness where the shot was given (usually in the arm). Note that your child can get both meningococcal vaccines during the same visit, but in different arms.

Some preteens and teens might faint after getting a meningococcal vaccine or any shot. To help avoid fainting and injuries related to fainting, preteens and teens should sit or lie down when they get a shot and then for about 15 minutes after getting the shot. Serious side effects from meningococcal vaccines are rare.

## How can I get help paying for these vaccines?

Most health insurance plans cover routine vaccinations. The Vaccines for Children (VFC) program also provides vaccines for children 18 years and younger who are uninsured, underinsured, Medicaid-eligible, American Indian, or Alaska Native. Learn more at [www.cdc.gov/Features/VFCprogram](http://www.cdc.gov/Features/VFCprogram).



Talk to your child's doctor or nurse about meningococcal vaccines, or visit [www.cdc.gov/meningococcal/vaccine-info.html](http://www.cdc.gov/meningococcal/vaccine-info.html)





# PROJECT CHILD FIND

## PROYECTO BÚSQUEDA DE NIÑOS

Please contact  
Ponerse en contacto con:

LEA - Local Education Agency / Agencia Local de Educación - Sistema Escolar Local  
 District's Program for Exceptional Children / Programa de Niños Excepcionales

Phone / Teléfono

Address / Dirección



The Exceptional Children Division of the North Carolina Department of Public Instruction is looking for all children and youth ages birth through 21 with special needs who may not be receiving the help needed.

- Children and youth with:
- Physical disabilities
  - Emotional disabilities
  - Intellectual disabilities

- Children and youth suspected of having a disability who are:
- Highly mobile/migrant and/or homeless
  - Advancing from grade to grade

Contact your Local Education Agency (LEA) / School System for additional information.

- Resources:
- North Carolina Department of Public Instruction: Exceptional Children Division: 919.807.3969  
 Office of Early Learning (age 3-5): 919.807.3946
  - North Carolina Department of Health and Human Services - Local Children's Developmental Services Agency  
 Division of Public Health/Early Intervention (birth-2): 919.707.5520
  - Office of Citizen Services - CARE-LINE: 1.800.662.7030 or (TTY) 1.877.452.2514
  - Exceptional Children's Assistance Center - Parent Information Line: 1.800.962.6817
  - Family Support Network of North Carolina: 1.800.852.0042

### THE FIRST STEP IN HELPING CHILDREN WITH SPECIAL NEEDS IS TO FIND THEM!

La División para Niños con Necesidades Especiales del Departamento de Enseñanza Pública de Carolina del Norte está buscando a todos los niños y jóvenes de nacimiento a 21 años de edad que tengan necesidades especiales pero que no estén recibiendo la ayuda que necesitan:

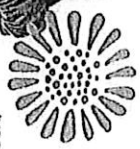
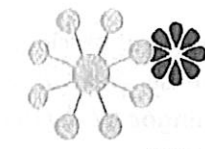
- Niños y jóvenes con:
- Discapacidades físicas
  - Discapacidades emocionales
  - Discapacidades intelectuales

- Niños y jóvenes que se sospecha tengan una discapacidad y que son:
- Migrantes/o parte de una población muy móvil y/o que se encuentran sin hogar
  - Están pasando de un grado escolar al siguiente sin la ayuda necesaria

Contacto local de la agencia de educación/sistema escolar local Para obtener información adicional.

- Recursos:
- Departamento de Educación Pública de Carolina del Norte (NCDPI): División de Niños Excepcionales: 919.807.3969  
 Oficina de Temprano Aprendizaje (edad 3-5): 919.807.3946
  - Departamento de Salud y Servicios Humanos de Carolina del Norte (NCDHHS) - Agencia Local de Servicios para el Desarrollo del Niño (CDISA)  
 División de Salud Pública/Rama de Intervención Temprana (edad nacimiento-2): 919.707.5520
  - Oficina de Servicios a la Población - CARE-LINE: 1.800.662.7030 • (TTY) 1.877.452.2514
  - Centro de Asistencia para Niños Excepcionales (ECAIC) - Línea de Información de los padres: 1.800.962.6817
  - Red de Apoyo de la Familia de Carolina del Norte (FSN-NIC): 1.800.852.0042

EL PRIMER PASO PARA AYUDAR A LOS NIÑOS CON NECESIDADES ESPECIALES ES ENCONTRARLOS!



LOCATING EXCEPTIONAL CHILDREN IN OUR SCHOOLS! • LOCALIZAR A LOS NIÑOS EXCEPCIONALES EN NUESTRAS ESCUELAS!



# Flu Information for Parents

## What is flu?

Flu is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and lungs. Flu viruses cause illness, hospital stays, and deaths in the United States each year.

## How serious is flu?

Flu illness can vary from mild to severe. While flu can be serious even in kids who are healthy, it can be especially dangerous for young children and children of any age who have certain chronic health conditions. Children younger than 5 years old—especially those younger than 2—are at higher risk of developing serious flu-related complications. Children of any age with certain chronic health conditions like asthma and diabetes are also at higher risk.

## What are the signs and symptoms of flu?

### Symptoms of the flu can include:

- Fever\* or feeling feverish/chills
- Cough
- Sore throat
- Runny or stuffy nose
- Muscle or body aches
- Headaches
- Fatigue (tiredness)
- Some people may have vomiting and diarrhea, though this is more common in children than adults.

\* It's important to note that not everyone with flu will have a fever.

## Protect your child

**The first and best way to protect against flu is to get a yearly flu vaccine for yourself and your child.**

Ask your health care provider which flu vaccine is right for your child.

- Everyone 6 months of age and older should get a flu vaccine by the end of October, if possible.
- Children 6 months through 8 years of age may need 2 doses of vaccine.
- Children younger than 6 months are at higher risk of serious flu illness, but are too young to be vaccinated. Parents, siblings, and people who care for infants should be vaccinated in order to help protect younger children you cannot be vaccinated.

**In addition to getting a flu vaccine, you and your child should take everyday actions to help prevent the spread of germs.**

- Stay away from people who are sick, cover your coughs and sneezes, wash your hands often with soap and water, do not touch your eyes, nose, and mouth.

## If your child is sick

### What can I do if my child gets sick?

**Talk to your doctor right away if you are worried about your child's illness.**

- Make sure your child gets plenty of rest and drinks enough fluids. If your child is at higher risk for flu complications, call your doctor or take them to the doctor right away if they develop flu symptoms.
- If your child becomes sick with flu illness, CDC recommends that they stay home for at least 24 hours after their fever is gone and their symptoms have improved or resolved. (The fever should be gone without the use of a fever-reducing medicine.) A fever is defined as 100°F (37.8°C)\* or higher.

\*Many authorities use either 100 (37.8 degrees Celsius) or 100.4 F (38.0 degrees Celsius) as a cut-off for fever, but this number can vary depending on factors such as the method of measurement and the age of the person.

### Is there medicine to treat flu?

Yes. Antiviral drugs are prescription medicines that can be used to treat flu illness. They can shorten your illness and make it milder, and they can prevent serious complications that could result in a hospital stay. Antiviral treatment of the flu works best when given as soon as possible, ideally 1-2 days after flu symptoms develop. Antiviral drugs are recommended to treat flu in people who are very sick (for example, people who are in the hospital) or people who are at higher risk of serious flu complications who get flu symptoms. Antivirals can be given to most children and pregnant people.



For more information, visit  
[www.cdc.gov/flu/protect/children.htm](http://www.cdc.gov/flu/protect/children.htm)  
or call 800-CDC-INFO

#FIGHT FLU



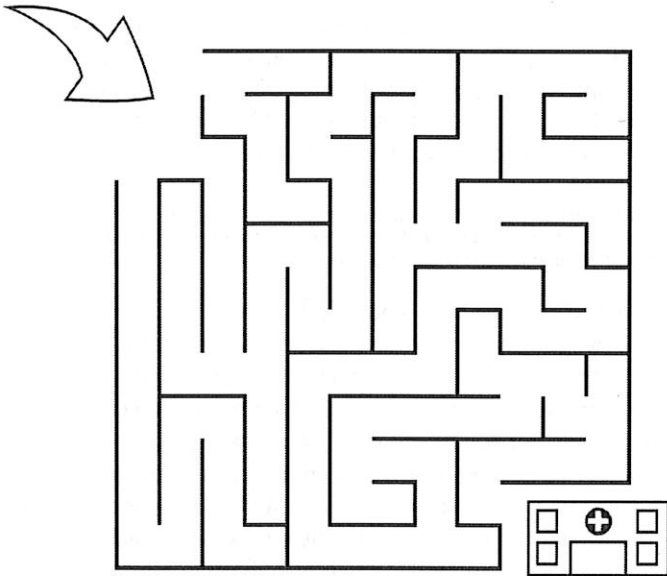
U.S. Department of  
Health and Human Services  
Centers for Disease  
Control and Prevention

# FIGHT FLU

People most often get flu in the fall and winter. Getting your flu vaccine is the best way to protect yourself from getting sick. Learn more about flu with the activities below.

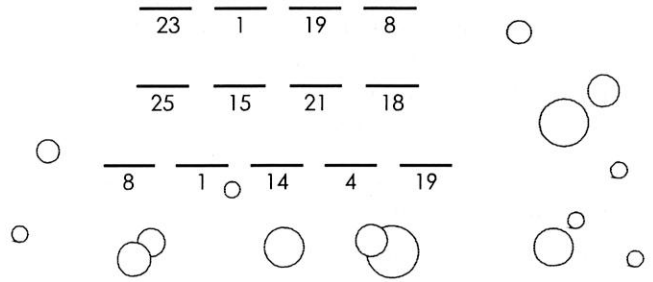
## Doctor Office Maze

Follow the maze to get to the doctor's office.

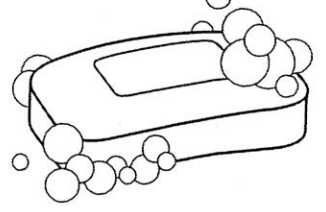


## Secret Message

Decode the secret message for one step to take to help prevent the flu.



KEY	7-G	14-N	21-U
	1-A	8-H	15-O
	2-B	9-I	16-P
	3-C	10-J	17-Q
	4-D	11-K	18-R
	5-E	12-L	19-S
	6-F	13-M	20-T
			22-V
			23-W
			24-X
			25-Y
			26-Z



## Flu Word Search

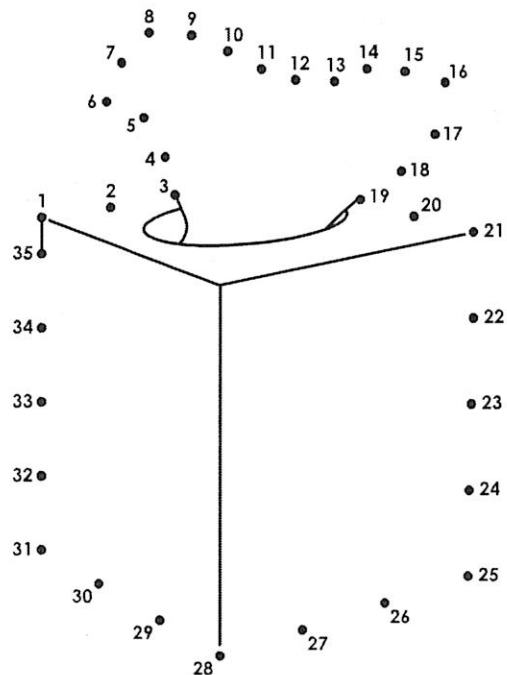
Find all of the flu words below. The words can be across, down, or even diagonal.

B K I R W S H O T K S M V  
 Z E V C R G K U D I W W J  
 K K O H I Q E H Y Z F L U  
 C H H P C C G H A R F M V  
 W E J S T U F F Y U E L C  
 V A M F O F Z U C V P S P  
 M D O C B T F O G E P H T  
 Q A H Z P S N E E Z E T D  
 U C P S C J V T V G A K L  
 Q H N I I R I V P E U F J  
 H E Q X D C E E W B R V V  
 J P K E L D K M K K O A M  
 T Y P V G E R M S I F M T

COUGH	FEVER	FLU
GERMS	HEADACHE	REST
SHOT	SICK	SNEEZE
STUFFY		

## Connect the dots

Connect the dots to find a tissue box.



# NC BACK TO SCHOOL Immunization Requirements

## Grade Level Entry Vaccine Requirements\*

<b>K</b> Kindergarten	DTaP	5 doses
	Polio	4 doses
	Hib (4-YEAR-OLDS ONLY)	3-4 doses
	MMR (or 2 measles, 2 mumps, 1 rubella)	2 doses
	Hepatitis B	3 doses
	Varicella	2 doses
<b>7<sup>th</sup></b> Seventh Grade	Pneumococcal conjugate (4-YEAR-OLDS ONLY)	4 doses
	DTaP	5 doses
	Polio	4 doses
	MMR (or 2 measles, 2 mumps, 1 rubella)	2 doses
	Hepatitis B	3 doses
	Varicella	1 dose
<b>12<sup>th</sup></b> Twelfth Grade	Tdap	1 dose
	Meningococcal conjugate	1 dose
	DTaP	5 doses
	Polio	4 doses
	MMR (or 2 measles, 2 mumps, 1 rubella)	2 doses
	Hepatitis B	3 doses
Varicella	1 dose	
Tdap	1 dose	
Meningococcal conjugate (EFFECTIVE 2020-21 SCHOOL YEAR)	2 doses	

\* At all ages and grades, the number of doses required may vary by a child's age and when they were vaccinated.



NC DEPARTMENT OF  
HEALTH AND  
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North Carolina  
Public Health

NC Department of Health and Human Services • Division of  
Public Health • Women's and Children's Health Section •  
Immunization Branch • [www.immunize.nc.gov/](http://www.immunize.nc.gov/) • NCDHHS is  
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# DE REGRESO A CLASES EN CAROLINA DEL NORTE

## Requisitos de Vacunación

### Requisitos de vacunación para ingresar al año escolar\*

	Vacuna DTaP (contra difteria-tétanos-tos ferina)	5 dosis
	Vacuna contra la polio	4 dosis
	Vacuna Hib (contra la influenza tipo B) (SÓLO PARA NIÑOS DE 4 AÑOS)	3-4 dosis
	Vacuna MMR (2 contra sarampión, 2 contra paperas y 1 contra rubéola)	2 dosis
	Vacuna contra la hepatitis tipo B	3 dosis
	Varicela	2 dosis
	Vacuna antineumocócica conjugada (SÓLO PARA NIÑOS DE 4 AÑOS)	4 dosis
	Vacuna DTaP (contra difteria-tétanos-tos ferina)	5 dosis
	Vacuna contra la polio	4 dosis
	Vacuna MMR (2 contra sarampión, 2 contra paperas y 1 contra rubéola)	2 dosis
	Vacuna contra la hepatitis tipo B	3 dosis
	Vacuna contra la varicela	1 dosis
	Vacuna Tdap (refuerzo contra difteria-tétanos-tos ferina)	1 dosis
	Vacuna antimeningocócica conjugada	1 dosis
	Vacuna DTaP (contra difteria-tétanos-tos ferina)	5 dosis
	Vacuna contra la polio	4 dosis
	Vacuna MMR (2 contra sarampión, 2 contra paperas y 1 contra rubéola)	2 dosis
	Vacuna contra la hepatitis tipo B	3 dosis
	Vacuna contra la varicela	1 dosis
	Vacuna Tdap (refuerzo contra difteria-tétanos-tos ferina)	1 dosis
	Vacuna antimeningocócica conjugada (A PARTIR DEL AÑO ESCOLAR 2020-21)	2 dosis

*\* A cualquier edad y grado escolar, el número de dosis requerida puede variar dependiendo de la edad del menor y cuándo fue vacunado.*



NC DEPARTMENT OF  
HEALTH AND  
HUMAN SERVICES



North Carolina  
Public Health

Departamento de Salud y Servicios Humanos de Carolina del Norte •  
Sección de Salud de Mujeres y Niños • Sección de Vacunaciones de  
Carolina del Norte • [www.immunize.nc.gov/](http://www.immunize.nc.gov/) • NCDHHS es un empleador  
y proveedor que ofrece igualdad de oportunidades. • 02/2020

## Reproductive Health & Safety Education

### *For Grades 7, 8, 9*

This year students in 7<sup>th</sup>, 8<sup>th</sup>, and 9<sup>th</sup> grades will receive reproductive health and safety education in compliance with the **Healthy Youth Act**. This instruction will include information on abstinence from sexual activity and its benefits; sexually transmitted diseases (STD) transmission, risks, consequences, and prevention; FDA approved contraceptive methods; and information regarding sexual assault, sexual abuse, and risk reduction. Instructional materials are available for review in the school's media center.

If you wish to withdraw your child from all or part of this instruction, please inform the principal in writing.

# Safe Surrender of Newborns

## What everyone needs to know about North Carolina's Law



Safe Surrender:  
*It's in your hands.*

In an emergency:  
911

**What is the new Safe Surrender Law?** An infant up to 7 days old may be left with a responsible adult, legally and anonymously. This is North Carolina state law, properly called the "Infant Homicide Prevention Act."

**Why is there such a law?** The risk of homicide on the first day of life is 10 times greater than the rate during any other time of life. Every year, several babies are either killed or left to die in North Carolina by a parent in crisis, who may feel they have no other choice. The law hopes to provide such parents a way to surrender their unwanted newborn safely and anonymously.

**Who can receive an infant through safe surrender?** The law states that a baby may be surrendered to "any responsible adult." Some people are especially cited: on-duty health care provider, law enforcement officer, social services worker or emergency medical services worker. However, "any responsible adult" could mean just about anyone.

**What happens to these babies?** An adult who receives the baby is required to keep it safe and warm, and to call 911 or the local department of social services right away. They should know that the surrendering parent is not required to give any identifying information. The goal is to have the baby adopted into a safe and loving home as quickly as possible.

**How big a problem is infanticide and child homicide?** In our state, an average of two infants are killed or left unprotected to die every year. Every two weeks, a North Carolina child is killed by a parent or caregiver in some form of child abuse.

**Has the law worked?** No official numbers exist, but since the law was enacted in 2001, at least two newborns have been highlighted in the media as having been safely surrendered. However, at the same time, a number of newborns have also been abandoned unsafely or killed (six have died). Public awareness is crucial to help parents know this option exists, and also to alert the public that receiving a surrendered newborn is legal. Help us spread the word by copying and distributing this fact sheet.

**What about fathers? Don't they have rights too?** There is a natural concern that a woman may have a baby and surrender it without the father knowing it exists. Any man who hears of a surrendered infant and believes it may be his should come forward.

**Is Safe Surrender the same as Safe Haven?** Many states have what are called Safe Haven laws. These designate places where a baby may be surrendered. North Carolina's law is unique in that it designates people, not places.

## Security of Schools

Working in conjunction with school system administration, local law enforcement, and other emergency personnel, RRGSD has implemented a comprehensive system of security measures, including security cameras, designed to make RRGSD campuses safe places to learn and work. We have placed signs at the entrances and in the offices of our school buildings notifying students, staff, and visitors that the cameras may record audio as well as video. Please note that cameras are only installed in common areas such as front offices, entrances, hallways, gymnasiums, cafeterias, outside of buildings, and buses. Students or parents with any security concerns should notify an administrator at their school site, contact the Director of Student Services at (252) 519-7100, or use the *See Something, Say Something* anonymous reporting app on our school websites. Surveillance recordings with information about a specific student are considered education records and are subject to FERPA requirements.

