

Acknowledgement

Policy 5.8, Code of Student Conduct, lists the District's rules for students in Broward County Public Schools. The rules apply to all activities occurring on school grounds, on other sites being used for school activities, and on any vehicles authorized to transport students. Your signature below does not indicate that you agree or disagree with the rules, **but rather that you have reviewed the electronic copy of these rules** (<http://www.browardschools.com/codeofconduct>). Return this form to school within 3 days from the first day of school or from the date of enrollment. If you would prefer to complete all required forms electronically, please access the Back to School Toolkit (<https://www.browardschools.com/backtoschool>).

Parents need to be involved in the education of their children and have the responsibility to:

- Know that for school safety, schools are not required to provide supervision more than 30 minutes prior to the official starting time, nor are they required to provide supervision for more than 30 minutes after the official closing time (F.S. 1003.31 (2)).
- Know that for school safety, for students who ride a school bus, drivers are NOT permitted to let students off the bus except at the designated stop.
- Provide the school with the names of current emergency contact person(s) and/or telephone numbers on an annual basis and when there are changes.
- Notify the school of anything that may affect their child's ability to learn, to attend school regularly, or to take part in school activities.
- Be aware that medicine must be administered in accordance with SB Policy 6305 and 6305.1, as may be amended, and that consequences for transmittal and/or sale or attempted sale of over-the-counter medications and possession and/or use of unauthorized medications can be found in SB Policy 5006. SB Policy 6305 outlines the rules regarding over-the-counter and prescription drugs and SB Policy 5006 outlines the consequences for violating those rules. You may view the complete health and suspension and/or expulsion policies, as well as all School Board policies, on the Web at: <http://www.Broward.k12.fl.us/sbbcpolicies>
- Be aware that parents have rights with regard to the privacy and confidentiality of student records that are maintained by schools as defined in Section VIII of this booklet.
- Neither the School Board of Broward County nor its employees will be held liable for items that are prohibited and are lost, stolen, or confiscated; or for wireless communication devices or other personal technology that are lost, stolen, or confiscated.
- Be aware that confiscated items not claimed by the end of the school year will be donated to local charities.
- Recognize that they are responsible for their student's behavior on the way to and from school and at the bus stop. A safe and respectful learning environment is key to academic achievement; therefore any student's off campus actions that seriously affect a student's ability to learn or a staff member's ability to teach may be handled as a disciplinary infraction. For serious incidents that occur at bus stops and/or that are not on School Board property, parents should contact law enforcement directly. For bullying incidents (see bullying definition, Section II), school officials should be notified and will investigate and/or provide assistance and intervention, as the principal/designee deems appropriate, which may include the use of the School Resource Officer.
- Ensure their child demonstrates legal, ethical and responsible use of technology including networks, digital tools, the Internet, and software, as defined in Section IV of this booklet.
- Parents will continue to maintain responsibility for students who reach the age of majority, (18 years or older), for all educational and discipline purposes, with exceptions as provided by statute.

Note: Parental selection for each form within the Code of Student Conduct will be effective until a new form is submitted.

Student Name (PRINT)

Student Signature

Parent/Guardian Name (PRINT)

Parent/Guardian Signature

Date

Media Release Form 2020/2021 School Year (All Grades)

As a parent of a student in Broward County Public Schools, I understand that my child may be photographed, videotaped or interviewed by the news media or by the School District for informational and/or promotional purposes. I understand that pictures and interviews may be used on the District's website, in School District publications, external publications and electronic media as indicated below.

You Must Mark a Choice in Both Section A and Section B

(If no choice is marked in both sections, then the choice will default to Choice #1)

Section A - External Outlets/Media

Please Check Choice #1 or Choice #2

1. ____ I **WILL** permit my student to be photographed, videotaped, and/or interviewed by the news media when the news media has secured proper authorization from Broward County Public Schools.
2. ____ I **WILL NOT** permit my student to be photographed, videotaped, and/or interviewed by the news media.

Section B - Broward County Public Schools

Please Check Choice #1 or Choice #2

1. ____ I **WILL** permit my student to be photographed, videotaped, and/or interviewed for school publications, such as school yearbooks, school newspapers, school and/or District websites, social media/BECON TV, or for other communication tools by Broward County Public Schools or its approved vendors. I understand the District may be required to release this information if requested by the media or other members of the public (i.e., public records requests). **Note: Student's name, student's home address, student/parent phone number, grade level, student identification number, teacher's name and room number may be released in order to facilitate school-based publications. Athletic team member's team position and jersey number may be disclosed during sporting events.**
2. ____ I **WILL NOT** permit my student to be photographed, videotaped, and/or interviewed for school publications, such as school yearbooks, school newspapers, school and/or District websites, social media/BECON TV, or for other communication tools by Broward County Public Schools or its approved vendors.

Student Name (PRINT)

Student Signature

Date

Parent/Guardian Name (PRINT)

Parent/Guardian Signature

Date

FERPA Opt-Out Notification Form 2020/2021 School Year (All Grades)

ATTENTION! Checking items below will prevent the selected information from appearing in school publications, including, but not limited to, the yearbook, even if you provide permission in Section B on the Media Release Form.

For Example: Checking "Student's Name" below may prevent the student's photograph from appearing in the yearbook.

PURPOSES OF DISCLOSURE OF DIRECTORY INFORMATION

"Directory Information" is personally identifiable information that would not generally be considered harmful or an invasion of privacy if disclosed. Pursuant to FERPA, SBBC may disclose, in its discretion, directory information of a student in any grade level, if the parent or student age 18 or over did not "opt out" of the disclosure. SBBC reserves the right to release the Directory Information only:

- (a) to colleges, universities or other institutes of higher education in which the student is enrolled, may seek enrollment or may be recruited;
- (b) for athletic events, school publications, instructional materials and other school communication tools (including, but not limited to, yearbooks, athletic programs, graduation programs, recruitment brochures, theatrical programs, school and District websites, social media, and postings and displays throughout the school facility);
- (c) to Broward County health officials for purposes of communicating with parents to address conditions of public health importance as determined by Florida Department of Health (64D-3, F.A.C.), including information to meet or to prepare for a potential or confirmed health threat; and/or
- (d) to class reunion committees (and the like) for purposes of class reunion activities.

TYPES OF DIRECTORY INFORMATION

Parents/guardians of students in any grade level, or eligible students (those over the age of 18, emancipated, or attending a postsecondary institution), may opt out of having any or all of the following types of directory information disclosed by indicating, with a check mark (✓), those items NOT TO BE DISCLOSED:

___ Student's Name	___ Parent's Name	___ Residential Address
___ Telephone Number(s)	___ Date of Birth	___ Place of Birth
___ Major Field of Study	___ School-Sponsored Activities and Sports	___ Height and Weight of Athletic Team Members
___ School Grade Level	___ Dates of School Attendance	___ Jersey Number and Team Position
___ Degrees & Awards*	___ Name of the Most Recent/Previous School or Program Attended	___ Room Number

*Degrees and awards include exemplary work (including artwork), recognitions of all types, and graduation status (i.e., a list of graduating students), and exclude Grade Point Average (GPA).

Note: This form must be completed and submitted to the school on an annual basis, regardless of whether any of the above items were checked or not, WITHIN 10 DAYS FROM THE FIRST DAY OF SCHOOL or from the date of enrollment, if a student enrolls after the start of each school year.

Student Name _____ School _____

Parent/Guardian/Eligible Student's Name (Print) _____

Parent/Guardian/Eligible Student's Signature _____ Date _____

Note: Regarding former students, SBBC shall continue to honor any valid request to opt out of the disclosure of directory information made while a student was in attendance, unless the former student rescinds the opt out request (34 CFR 99.37(b)).

For parents in selected occupations:

Note: Pursuant to Florida Statute 119.071, for individuals in certain occupations (as well as their spouses and children), selected personal information is confidential and exempt from public disclosure, only if the individual submits a written request for the exemption. If you are employed in a qualifying occupation and wish to request that your, your spouse's and your child's personal information remain confidential, please schedule an appointment with your child's school in order to complete the Parental Request for Exemption of Personal Information for Selected Occupations form.

ESSA Opt-Out Form (11th & 12th Grades) 2020/2021 School Year

MILITARY & POSTSECONDARY

Pursuant to the Every Student Succeeds Act (ESSA), the District is required to disclose, upon request, **student name, address, and telephone number** of 11th and 12th graders without prior written consent to:

- **Armed services/military recruiters** (the District Commander or Senior Officer of the regional or satellite offices of the Armed Forces, including the United States Coast Guard) for their use in mailing notices to students in regard to opportunities available to them in the United States Armed Forces. Confidentiality of the list shall be protected by the armed services personnel responsible for such lists.
- **Institutions of higher education** (postsecondary institutions). Confidentiality of the list shall be protected by the higher education personnel responsible for such lists.

However, parents/guardians and eligible students (those over the age of 18), may opt out of having this information disclosed by indicating their choice below.

Information disclosed to armed services/military recruiters:

1. _____ I **WILL** permit the limited information listed above to be disclosed to armed services/military recruiters.
2. _____ I **WILL NOT** permit the limited information listed above to be disclosed to armed services/military recruiters without prior permission.

Information disclosed to postsecondary institutions:

1. _____ I **WILL** permit the limited information listed above to be disclosed to postsecondary institutions.
2. _____ I **WILL NOT** permit the limited information listed above to be disclosed to postsecondary institutions without my prior permission.

Note: This form must be completed and submitted to the school on an annual basis, regardless of the chosen option, WITHIN 10 DAYS FROM THE FIRST DAY OF SCHOOL or from the date of enrollment, if a student enrolls after the start of each school year.

In addition to this form, all 11th and 12th grade students must also complete the FERPA Opt-Out Notification Form provided in the Code of Student Conduct.

Student Name _____ Grade _____

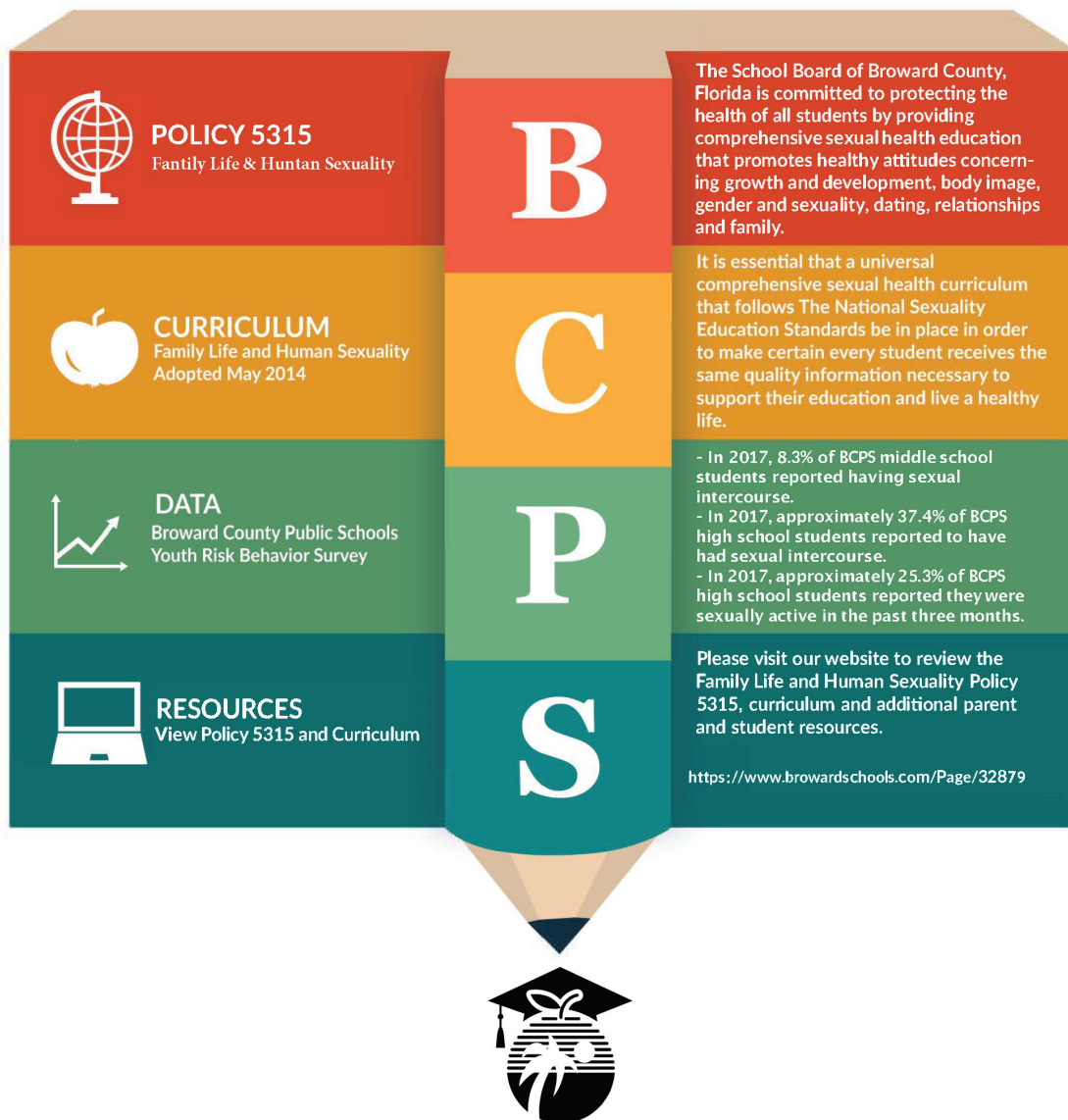
School Name _____

Parent/Guardian/Eligible Student's Name (Print) _____

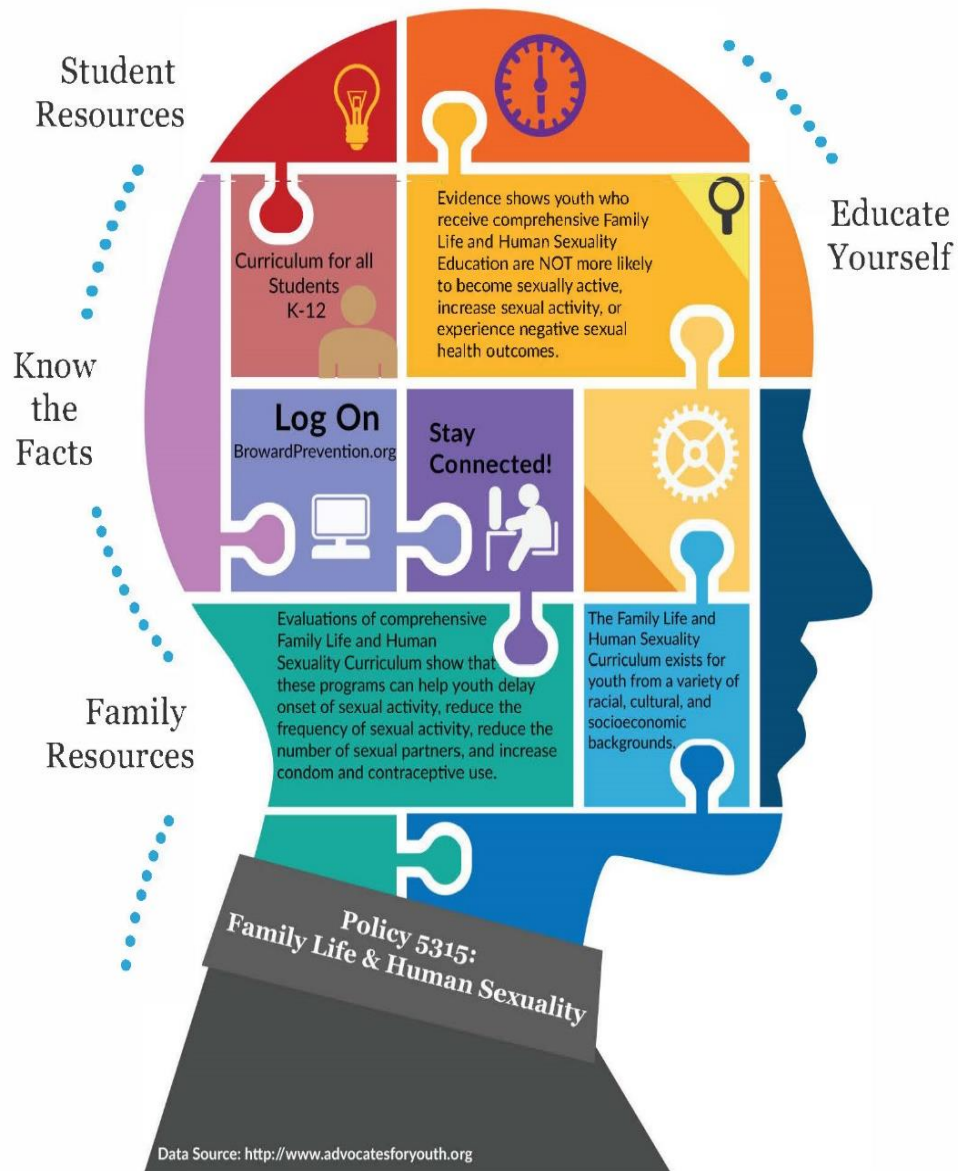
Parent/Guardian/Eligible Student's Signature _____

Date _____

Family Life & Human Sexuality



Broward County Public Schools



What does the curriculum cover?

K-3

The Kindergarten-Third Grade curriculum includes lessons on feelings, positive self image, decision making, sexual abuse prevention and ways to stay healthy.

4-5

The Fourth-Fifth Grade curriculum incorporates lessons on puberty, reproduction, HIV, friendship and self esteem.

6-8

The Sixth-Eighth Grade curriculum contains lessons on topics such as abstinence, communication, decision making, reproduction and HIV.

9-12

The Ninth-Twelfth Grade curriculum includes lessons on abstinence, risk education, sexual exploitation, sexually transmitted infections and healthy communication.

Family Life/Human Sexuality Exemption Form 2020/2021 (All Grades)

Florida Statute 1003.42, requires instruction in Human Sexuality Education as part of a Comprehensive Health Education Program. The School Board of Broward County, Florida, has authorized teaching Family Life/Human Sexuality and HIV/AIDS Prevention as a component of Health Education.

Policy 5315, Family Life/Human Sexuality, states in part:

"It is essential that a universal comprehensive sexual health curriculum that follows the National Sexuality Education Standards be in place in order to make certain every student receives the same quality information necessary to support their education and live a healthy life."

Broward County Public Schools respects the rights of parents and their role in the education of their children. According to F.S. 1003.42(3), "Any student whose parent makes written request to the school principal shall be exempt from the teaching of reproductive health or any disease, including HIV/AIDS, its symptoms, development, and treatment. A student so exempted may not be penalized by reason of that exemption."

Only if you wish for your child to be excused from attending this course, should you complete the form below and return it to the school. Your child will then be scheduled into an alternative assignment during the Family Life/Human Sexuality lessons.

We appreciate your interest and cooperation in the implementation of our Comprehensive Health Education Program.

The Family Life/Human Sexuality curriculum will be presented by District trained teachers selected by your school principal and may include presentations from District approved experts in the field of sexually transmitted infection prevention as a supplemental resource.

You may review the curriculum content and instructional materials by visiting <https://www.browardschools.com/page/33679> or by scheduling an appointment with your child's school. Additional parent resources and videos for strategies on how to talk to your child about sexual health are available at <https://www.browardschools.com/page/45860>.

Note: Please check the box and sign below, to exempt your child from participation in the curriculum. This form should be completed and submitted to the school on an annual basis, WITHIN 10 DAYS FROM THE FIRST DAY OF SCHOOL or from the date of enrollment, if a student enrolls after the start of each school year. Failure to return this form constitutes permission for your child to participate in the Family Life/Human Sexuality curriculum.

☐ I **DO NOT** want my child to participate in any of the Family Life/Human Sexuality lessons.

School Name _____

Student Name _____ Grade _____

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____ Date _____

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THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

1400 N.W. 14th Court • Fort Lauderdale, Florida 33311 • Office: 754-321-1575 • Fax: 754-321-1696

Coordinated Student Health Services
Marcia Bynoe, ARNP-BC,MSN, FNP/SNP, Director
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marcia.bynoe@browardschools.com

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Broward County, Florida

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Dear Parent,

The following information is to assist you, as the parent/guardian, with providing health information required for your child by Broward County Public Schools. If you should have any questions, please feel free to contact your school.

Medical Examination

All students entering Broward County Public Schools for the first time must have a medical examination performed within one year of registration. The medical examination should be documented on the Florida Department of Health Form 3040 or on the provider's office/medical facility stationery. The appropriate form/stationary should be completed, signed and dated by the healthcare provider.

Communicable Diseases/Illnesses

Please inform the school if your child is out sick with a diagnosed communicable illness such as meningitis, measles, salmonella, etc.

Please keep your child home if your child has:

- Flu-like symptoms
- Fever greater than 100.4 degrees
- Sore throat, coughs, chills, and/or body aches
- Rashes, yellow eye drainage, or greenish-yellow phlegm from a cough or cold, vomiting, diarrhea, etc.

Chronic Health Conditions

If your child has any of the following health conditions, including, but not limited to, asthma, diabetes, cystic fibrosis, sickle cell anemia, seizures, allergic reactions to food, insect bites, etc., please inform the school.

Parents should:

- Document the chronic health condition on the Student Emergency Contact Card and complete the history on the back of the card.
- Meet with school administration to discuss care of the student while at school
- Provide the school with a current Medication Authorization form signed by the healthcare provider and parent, if the student is on medication

Note: A Diabetes Medication/Treatment Authorization form must be completed by the healthcare provider and parent for students with diabetes. Students who received insulin via an insulin pump must also complete an Insulin Pump Medication/Treatment Authorization form.

Medication Administration at School (Prescription or Over-the-Counter)

- No medication will be administered in school or during school-sponsored activities without the parent's/guardian's written authorization and a written authorized prescriber order. This includes both prescription and over-the-counter (OTC) medications
- The parent/guardian is responsible for filling out Part I and obtaining the authorized prescriber's order and signature on Part II. A new Medication Authorization form must be completed every 12 months or when changes are made to an existing Medication Authorization. Information necessary includes student's name, diagnosis, allergies (specify none or n/a if there aren't any), medication name, strength of medication, dosage, time of administration, route of administration, possible side effects, prescriber's signature and date
- All medications will be administered by onsite healthcare personnel or by a trained school staff member designated by the principal
- The medication must be delivered to the school by the parent/guardian or, under special circumstances, an adult designated by the parent/guardian. All medication must be signed into the clinic by the parent/guardian and counted with the school health nurse or school personnel. Medication delivered by the student will not be administered by the school health nurse or school personnel
- All prescription medication must be provided in an original pharmacy container with the pharmacy label attached. The pharmacy label cannot be expired. Non-prescription OTC medication must be received in the original packaging with the safety seal intact
- The first day's dosage of any new non-emergency medication must have been given at home before it can be administered at school
- The parent/guardian is responsible for collecting any unused portion of a medication after expiration date of the medication or expiration date of the authorized prescriber's order. If the medication is unclaimed by the parent/guardian after three contact attempts, the medication will be forwarded to the Risk Management department and will be destroyed
- An authorized prescriber's order and parent/guardian permission are necessary for self-carry/self-administered emergency medications such as inhalers for asthma or epinephrine auto-injectors/Auvi-q auto injectors for anaphylaxis. **It is imperative that the student understands the necessity for reporting to either the school nurse or school staff members that they have self-administered their inhaler without any improvement or have self-administered an epinephrine/Auvi q auto injector so 911 may be called**
- The school nurse will call the authorized prescriber, as allowed by the Health Insurance Portability and Accountability Act (HIPAA), if a question arises about the student and/or the student's medication

Authorization for Selected Over-the-Counter Medication (OTC) with Parental Approval (Grades 9-12 Only)

If your child needs to take over-the-counter (OTC) medication at school or on a field trip, an Authorization for Selected Over-the-Counter Medication (OTC) with Parental Approval form must be completed and signed by the parent/guardian, student and be notarized.

- Self-carry, self-administration of the selected over-the-counter medications only:
 - o Tylenol
 - o Midol
 - o Ibuprofen
 - o Tums
 - o Allegra
 - o Claritin
 - o Lactaid

Authorization for Over-the-Counter (OTC) Topical Products with Parental Approval

- Students in all grade levels are permitted to self-carry and self-administer bug, insect, mosquito repellent (wipes, towelettes or lotions only) and sunscreen (no aerosol products permitted)
- An Authorization for Over-the-Counter (OTC) Topical Products with Parental Approval Only form must be completed and signed by the parent/guardian

Note: Plan ahead for field trips if your child needs medication for an overnight trip that he/she may not normally take at school. Update changes to your child's health condition as they occur.

Immunizations (Please refer to F.S. 1003.22)

- Make sure your child's required immunizations are up to date. If you are not sure, you can check with your healthcare provider or the Florida Department of Health-Broward at (954) 467-4700
- Parents may obtain medical exemptions from their healthcare provider or a religious exemption from the Florida Department of Health-Broward

School Health Centers, Community Resources, Immunizations & Health Care

- Information is available on Broward County Public Schools website at <http://www.browardhealthservices.com/resources/>
- If you do not have insurance, you can request an application for Florida KidCare Insurance at your child's school
- The Florida Heiken Children's Vision Program provides vision examinations and eyeglasses when prescribed, to students in need of comprehensive vision services at no cost to the student
- Eligible students for the program must meet the criteria of the Free and Reduced Lunch Program and have failed the vision screening
- The Florida Children's Vision Program consent form will be sent home during the first week of school for parent/guardian signature
- If your child meets the above criteria and you would like your child to participate in the program, please complete, sign and return the consent form to the school

Additional information on school entry requirements is available at <http://www.browardhealthservices.com/parent-information/registration-requirements/>.
If you have any questions, please contact your child's school.

Authorization for Medication Form 2020/2021 (All Grades)

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Coordinated Student Health Services • 1400 NW 14th Court, Ft. Lauderdale, FL 33311 • (754) 321-1575

Authorization for Medication/Treatment Prescription or Over-the-Counter (OTC) Medication

PART I: TO BE COMPLETED BY PARENT/GUARDIAN

I grant the principal or his/her designee the permission to assist or perform the administration of each medication to or for my child during the school day, including when he/she is away from school property for official school events. If my child has been authorized by his/her physician to self-administer their medication(s), I grant permission for my child to self-administer their medication at school and when they are away from school property for official school events. If my child is unable to self-administer their medication, I give permission for the principal/designee to perform the administration of the prescribed medication. I give permission to contact the physician/provider prescribing this medication(s) to clarify information provided on the authorization should the need arise.

Student Name _____ Date of Birth _____ Grade _____

School _____

Parent/Guardian Signature _____ Phone # _____ Date _____

PART II: TO BE COMPLETED BY PHYSICIAN/PROVIDER

Allergies _____

Diagnosis _____

MEDICATION	STRENGTH	DOSAGE	TIME(S) TO BE GIVEN	ROUTE	SIDE EFFECTS

Please check the appropriate box:

- ☐ I believe that this student has received adequate information on how and when to use their medication and they can use it properly.
- ☐ The student is to carry the medication on their person with the principal's knowledge. (An additional supply, to be used as backup may be kept in the school health room or other approved locations)
- ☐ The medication will be kept in the school health room.

Please list any limitations/precautions that should be considered _____

Physician's Name (Print) _____ Physician's Signature _____

Physician's Telephone # _____ Physician's Fax # _____

Date Completed _____

PART III: TO BE COMPLETED BY SCHOOL HEALTH NURSE/DESIGNEE

Check as appropriate:

- ☐ Parts I and II are completed in entirety, including signatures.
- ☐ Prescription medication is properly labeled by pharmacist.
- ☐ Medication authorization and medication label are consistent and pharmacy label is **NOT** expired.
- ☐ Over-the-counter medication is in an original container with the manufacturer's dosage and label, labeled with student's name and safety seal is intact.
- ☐ Medication has been signed into clinic by parent and counted with school staff member.

School Designee/Healthcare Personnel (Print) _____

School Designee/Healthcare Personnel (Signature) _____

Date _____

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Authorization for Selected Over-the-Counter (OTC) Medication with Parental Approval (Grades 9-12)

2020/2021

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Coordinated Student Health Services • 1400 NW 14th Court, Ft. Lauderdale, FL 33311 • (754) 321-1575

Authorization for Selected Over-The-Counter (OTC) Medication with Parental Approval Form (Grades 9-12)

Instructions: Each section must be completed by parent/guardian for student to self-carry or self-administer any of the selected over-the-counter (OTC) medication with parental approval only. The form is void if any section is incomplete. This form is to be signed by the parent/guardian, student and notarized.

I. Student/Parent Information

Student's Name (Print Name)	Birth Date	Allergies	Grade
Parent/Guardian (Print Name)		Address	
Home Phone	Work Phone	Other Phone	
II. Medication (To Be Completed by Parent/Guardian)			

THIS REQUEST IS TO BE EFFECTIVE FOR THE SCHOOL YEAR 20____ - 20____ OR FROM _____ TO _____
Only ONE medication may be selected. Only **2 doses** of the medication are allowed on person

Medication to be Administered by Mouth	Dosage and Times	Symptoms	Comments	Expiration Date of Medication
Acetaminophen (Tylenol) <input type="checkbox"/> YES <input type="checkbox"/> NO	Administer according to the manufacturer's label	For relief of minor aches and pain; (100.4 temperature will not be treated in school)	Student with temperature over 100.4 must be sent home	
Calcium Carbonate <input type="checkbox"/> YES <input type="checkbox"/> NO	Administer according to the manufacturer's label	For stomach ache or heart burn	Alert: May cause constipation	
Ibuprofen (Advil, Motrin) <input type="checkbox"/> YES <input type="checkbox"/> NO	Administer according to the manufacturer's label	For the relief of body aches & menstrual cramps; (100.4 temperature will not be treated in school)	Alert: Contains no aspirin but should not be given if student has asthma or allergy to aspirin	
Midol <input type="checkbox"/> YES <input type="checkbox"/> NO	Administer according to the manufacturer's label	Menstrual cramps	Alert: Aspirin sensitive students should be careful	
Allegra <input type="checkbox"/> YES <input type="checkbox"/> NO	Administer according to the manufacturer's label	For relief of the symptoms of seasonal allergies (sneezing, itching, runny nose)	Alert: Avoid taking any other cold or allergy medicine unless your doctor has told you to	
Lactaid <input type="checkbox"/> YES <input type="checkbox"/> NO	Administer according to the manufacturer's label	Lactose intolerance	No common side effects when used in small doses	
Claritin <input type="checkbox"/> YES <input type="checkbox"/> NO	Administer according to the manufacturer's label	For relief of the symptoms of seasonal allergies (sneezing, itching, runny nose)	Alert: Avoid taking any other cold or allergy medicine unless your doctor has told you to	

III. Parental Permission (To be completed by Parent/Guardian only)

By signing below, I (the parent or legal guardian) understand that the selected over-the-counter medication with parent only permission will be self-carried and self-administered by the student. I understand that if I permit my child to self-carry and self-administer medication, I assume full responsibility for any consequence resulting from medication administration by my child. I understand that all medication must be in the original container and clearly labeled with the student's full name. I understand and have discussed with my son/daughter that if he/she uses the OTC medication in excess of the authorized two (2) daily doses, sells or transmits this medication, he/she will receive the consequence as outlined in the District's Discipline Matrix. By signing this form, I assume full responsibility of any consequence resulting from the self-carry and self-administration of the selected over-the-counter medications. I am also releasing The School Board of Broward County, Florida from any liability that results in my son/daughter using the medication in excess of the authorized doses, selling or transmitting any of the medication identified above.

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____ Relationship to the Student _____

Home Phone _____ Business/Mobile Number _____

Email Address _____

IV. Student Acknowledgement (To be completed by Student only)

Student Name (Print) _____

Student Signature _____

V. To Be Completed by Notary Public Only

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me this __ day of _____, 20_____, by _____.

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

(Notary Seal)

Official Notary Signature

Printed Name of Notary

Authorization for Over-the-Counter (OTC) Topical Products with Parental Approval (All Grades) 2020/2021

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Coordinated Student Health Services • 1400 NW 14th Court, Ft. Lauderdale, FL 33311 • (754) 321-1575

Authorization for Over-The-Counter (OTC) Topical Products with Parental Approval Form (All Grades)

Effective for School Year 20____ - 20____

Instructions: Each section must be completed by parent/guardian for student to self-carry and self-administer any of the listed Over-the-Counter Topical Products with parental approval only. The form is void if any section is incomplete.

I. Student/Parent Information

Student's Name (Print Name)	Birth Date	Allergies	Grade
Parent/Guardian (Print Name)		Address	
Home Phone	Work Phone	Other Phone	

To Be Completed by Parent/Guardian

NO AEROSOL OR PUMP PRODUCTS PERMITTED

Bug, Insect & Mosquito Repellent

Self-carry and self-administration of wipes, towelettes or lotions only

Parent Initial: _____

Administer according to the manufacture's label

Sunscreen Products

Self-carry and self-administration

Parent Initial: _____

Administer according to the manufacture's label

Parental Permission (To be completed by Parent/Guardian only)

By signing below, I (the parent or legal guardian) understand that the over-the-counter topical products with parent only permission will be administered by the student and not by healthcare personnel. I take full responsibility that the topical product that I have signed for is age-appropriate. I understand that I may permit my child to self-carry and self-administer the above listed topical products and I assume full responsibility for any consequence resulting from topical products administration by my son/daughter. I understand that all topical products must be carried on self, in the original sealed container and clearly labeled with the student's full name. I understand and have discussed with my son/daughter that if he/she inappropriately uses, sells or transmits the topical products, he/she will be issued a consequence as outlined in the District's Discipline Matrix. By signing this form, I assume full responsibility of any consequence resulting from the administration of the above listed topical products. I am also releasing The School Board of Broward County, Florida from any liability that results in my son/daughter inappropriately using, selling or transmitting the topical products identified above.

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____ Relationship to the Student _____

Home Phone _____ Business/Mobile Number _____

Email Address _____

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Authorization for Respiratory Treatment Form 2020/2021 (All Grades)

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Coordinated Student Health Services • 1400 NW 14th Court, Ft. Lauderdale, FL 33311 • (754) 321-1575

Authorization for Medication Treatment - Respiratory Treatment Form

PART I: TO BE COMPLETED BY PARENT/GUARDIAN

I grant the principal or his / her designee the permission to assist or perform the administration of each treatment/procedure to or for my child during the school day, including when he/she is away from school property for official school events. I give permission to contact the physician/health care provider prescribing this medication(s) to clarify information provided on the authorization should the need arise. **NOTE: School personnel may administer only treatments authorized by a physician/healthcare provider. It is the parent/guardian's responsibility to notify the school when there is a change in treatment regimen.**

School _____

Student Name _____ Date of Birth _____ Grade _____

Parent/Guardian Signature _____ Phone # _____ Date _____

PART II: TO BE COMPLETED BY PHYSICIAN/PROVIDER

This section is to be completed by the physician when specific nurse/trained personnel expertise is needed to administer medications and/or treatments to students within the school day. When applicable, review of this order will be conducted by the Individualized Education Plan (IEP) team for determination of support and services to be provided to this student.

Diagnosis	Allergies
<input type="checkbox"/> Artificial Airway Type _____ Size _____	<input type="checkbox"/> Oxygen Oxygen delivered via <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Face Mask Oxygen Flow Rate _____ Liters Per Minute (LPM)
<input type="checkbox"/> Ventilator Type _____ Model _____ Pressure Support _____ Pressure/IPAP _____ Tidal Volume _____ Respiratory Rate _____ FIO2/LPM _____ PEEP/EPAP _____ Inspiratory Rate _____ Low Minute Volume _____ High Pressure _____ Low Pressure _____	<input type="checkbox"/> Pulse Oximeter Monitoring Frequency _____ Keep Oxygen saturations above ____% <input type="checkbox"/> CPT Frequency: _____
<input type="checkbox"/> Suctioning <input type="checkbox"/> Oral/Nasal <input type="checkbox"/> Tracheostomy	<input type="checkbox"/> BiPAP/CPAP Settings: _____
<input type="checkbox"/> Nebulizer Please specify order _____ As needed/Daily for _____ (Please circle one)	<input type="checkbox"/> Inhaler Please specify order _____ As needed/Daily for _____ (Please circle one)

List any limitations/precautionary measures that should be considered; e.g. physical education, activity intolerance, outdoor activities, heat sensitivity, transporting, lifting, moving, special devices/equipment: _____

There are no extraordinary emergency medical services available at school. Since only CPR and first aid are available until 911 arrives, is this adequate for student survival? ☐ Yes ☐ No, specify: _____

Physician's Name (Print) _____ Physician's Signature _____

Physician's Telephone # _____ Physician's Fax # _____

Date Completed _____

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Authorization for Gastrointestinal/Genitourinary Treatment Form 2020/2021 (All Grades)

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Coordinated Student Health Services • 1400 NW 14th Court, Ft. Lauderdale, FL 33311 • (754) 321-1575

Authorization for Medication/Threatment - Gastrointestinal/Genitourinary (GI/GU) Treatment Form

PART I: TO BE COMPLETED BY PARENT/GUARDIAN

I grant the principal or his / her designee the permission to assist or perform the administration of each treatment/procedure to or for my child during the school day, including when he/she is away from school property for official school events. I give permission to contact the physician/health care provider prescribing this medication(s) to clarify information provided on the authorization should the need arise. **NOTE: School personnel may administer only treatments authorized by a physician/healthcare provider. It is the parent/guardian's responsibility to notify the school when there is a change in treatment regimen.**

School _____

Student Name _____ Date of Birth _____ Grade _____

Parent/Guardian Signature _____ Phone # _____ Date _____

PART II: TO BE COMPLETED BY PHYSICIAN/PROVIDER

This section is to be completed by the physician when specific nurse/trained personnel expertise is needed to administer medications and/or treatments to students within the school day. When applicable, review of this order will be conducted by the Individualized Education Plan (IEP) team for determination of support and services to be provided to this student.

Diagnosis	Allergies
<input type="checkbox"/> G-Tube G-Tube Type _____ Size _____ FR Length _____cm Balloon Volume _____mL <input type="checkbox"/> Oral feeds tolerated <input type="checkbox"/> Nothing by mouth <input type="checkbox"/> Not accessed during school hours Type(s) of oral feeds tolerated _____ Tube feeding formula _____ Feeding amount _____ Delivered via <input type="checkbox"/> Pump _____mL/hr <input type="checkbox"/> Gravity Frequency _____ Water flush _____mL Frequency _____ If G-Tube becomes dislodged and student is receiving services of trained one to one nurse, nurse may replace G-Tube <input type="checkbox"/> Yes <input type="checkbox"/> No Specify Instructions _____	Ostomy Care Instructions _____ Catheterization: <input type="checkbox"/> Indwelling <input type="checkbox"/> Suprapubic <input type="checkbox"/> Condom <input type="checkbox"/> Mitrofanoff <input type="checkbox"/> Straight <input type="checkbox"/> Urostomy Catheter Size _____ Frequency _____

List any limitations/precautionary measures that should be considered; e.g. physical education, activity intolerance, outdoor activities, heat sensitivity, transporting, lifting, moving, special devices/equipment _____

There are no extraordinary emergency medical services available at school. Since only CPR and first aid are available until 911 arrives, is this adequate for student survival? ☐ Yes ☐ No, specify _____

Physician's Name (Print) _____ Physician's Signature _____

Physician's Telephone and Fax # _____ Date Completed _____

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Health Screening Opt-Out Form 2020/2021 (Grades KG, 1st, 3rd and 6th)

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Coordinated Student Health Services • 1400 NW 14th Court, Ft. Lauderdale, FL 33311 • (754) 321-1575

Health Screening Opt-Out Form

According to the guidelines established by the Florida Legislature, at the beginning of each year, parents shall be notified of the screening activities available through the School Health Services Program. Florida Statue 381.0056(5)(g), mandates health screening to public school students in Kindergarten (KG), 1st, 3rd and 6th grades and for students new to the county. It should be understood that such screenings do not substitute for a thorough examination by a health care provider.

The screenings include vision, hearing, height and weight, Body Mass Index (BMI) and Scoliosis. They are offered in an effort to decrease health barriers to learning and may be performed individually or in groups. **Parents or guardians have the right to opt their child out of the screenings.**

Note: If you DO NOT want your child to receive one or more of the screenings, please check the appropriate box below, print and sign your name, and return this form to your child's school *WITHIN 10 DAYS FROM THE FIRST DAY OF SCHOOL* or from the date of enrollment, if a student enrolls after the start of each school year.

Student Name _____ Gender _____

School _____ Grade _____

DO NOT SCREEN:

- ☐ Vision (Grades KG, 1st, 3rd and 6th)
- ☐ Hearing (Grades KG, 1st and 6th)
- ☐ Height and Weight / BMI (Grades 1st, 3rd and 6th)
- ☐ Scoliosis (Grade 6th)

Parent/Guardian Name (Print) _____

Parent/Guardian Signature _____

Date _____

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Florida Heiken Children's Vision Program Form 2020/2021 (All Grades)



THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
Coordinated Student Health Services • 1400 NW 14th Court, Ft. Lauderdale, FL 33311 • (754) 321-1575

Florida Heiken Children's Vision Program (Broward Free Eye Exam & Eyeglasses School Program)

YES ☐ NO ☐ I allow my child to be photographed by FHCVP for public relations purposes, and waive any/all present/future claims to the photos.

School (Full Name) _____ Grade _____ Teacher _____ Student I.D. _____

Student's Name _____ Male/Female (Circle One) Student's Date of Birth _____

Address _____ Apt. _____ City _____ Zip Code _____

Home Phone _____ Parent/Guardian Day Phone _____

Parent/Guardian Name (Print) _____ E-mail Address _____

Ethnicity (Circle One): African-American Asian Hispanic Native-American White (Non-Hispanic) Haitian Other _____

Spoken Language (Circle One): English Spanish Creole Portuguese Other _____

Has your child seen an eye doctor in the past year? Yes _____ No _____ Does your child wear glasses? Yes _____ No _____

Please list any medication or eye drops your child uses: _____

Please list any allergies your child has: _____

Does your child have any special needs/developmental delays? Yes _____ No _____ Explain: _____

Does your child require any auxiliary aids (such as interpreter, sign language, visual aids, wheelchair, Braille)? Yes _____ No _____ If Yes, please explain: _____

Has your child had any of the following:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Eye Surgery / Injury
<input type="checkbox"/>	<input type="checkbox"/>	Vision Therapy
<input type="checkbox"/>	<input type="checkbox"/>	Headaches
<input type="checkbox"/>	<input type="checkbox"/>	Glaucoma
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell
<input type="checkbox"/>	<input type="checkbox"/>	Asthma

Has your child's family had any of the following:

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Eye Turn / Lazy Eye
<input type="checkbox"/>	<input type="checkbox"/>	Blindness
<input type="checkbox"/>	<input type="checkbox"/>	Macular Degeneration
<input type="checkbox"/>	<input type="checkbox"/>	Glaucoma
<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure
<input type="checkbox"/>	<input type="checkbox"/>	Sickle Cell
<input type="checkbox"/>	<input type="checkbox"/>	Other

Please explain any "YES" answers from above: _____

Consent for eye examinations - By signing below, I authorize Florida Heiken Children's Vision Program to provide my eligible child with a comprehensive dilated eye examination, either at the school site by a mobile Optometrist or at the office of an assigned participating provider.

Notice of privacy practices - By signing below, I understand that the Notice of Privacy Practices for the Florida Heiken Children's Vision Program is available for review, if I should request a copy via phone at (305) 856-9830/(888) 996-9847.

Mutual exchange of information - By signing below, I authorize the mutual release of information between the Florida Heiken Children's Vision Program and Broward County Public Schools (BCPS) of any and all optometry medical reports on my child to participating program providers, to determine appropriate care. I also authorize BCPS to release any required information on my child's eligibility for the free/reduced lunch program and any missing or unclear information requested to process this application. I/We release and hold harmless the County School Board of any and all responsibility and liability for any injury or claim resulting from participation in the Florida Heiken Children's Vision Program because of accident or mishap involving the participation of my child/ward in the program.

LEGAL GUARDIAN SIGNATURE (to receive exam) _____ Date: _____

Authorization to bill insurance - If my child has an insurance plan that is accepted and has an opportunity to be seen on a mobile unit visit (only), I hereby authorize Florida Heiken Children's Vision Program to bill my child's insurance for a comprehensive, dilated eye exam and eyeglasses. If prescribed (includes selected frames, clear poly lenses and no add-ons). I understand this will use my child's insurance vision benefit.

Signature (Authorization to bill insurance) _____ Date: _____

The Florida Heiken Children's Vision Program is an equal opportunity organization and does not discriminate against otherwise qualified applicants on the basis of race, color, religion, ancestry, age, sex, marital status, national origin, disability or veteran status.

PARENTS: Apply for this FREE service with faster processing from your mobile phone at: <http://www.floridaheiken.org/>. If you don't have internet access, complete, sign, and return this to your child's school. For any questions, please call 1-888-996-9847.

FOR FASTER, SECURE PROCESSING, APPLY ON YOUR PHONE AT: <http://www.floridaheiken.org/>

For School Personnel Use Only: County: Broward Referring school/agency: _____ Vision Screening Fail Date (Mandatory): _____ Qualifies for Free/Reduced Program (Circle One): YES NO Signature: _____ Date: _____	For Heiken Use Only: Scanned <input type="checkbox"/> Account #: _____ Eligibility Status: _____ Eligibility Date: _____ Insurance: _____
---	--

School/Agency: Please fax completed form with Heiken Fax Cover Sheet to (305) 856-9840/ 1(888) 980-8474

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Walking and Biking to School Parent Survey 2020/2021 (All Grades)

Dear Parent or Caregiver,

Your child's school wants to learn your thoughts about children walking and biking to school. This survey will take about 5-10 minutes to complete. We ask that each family complete only one survey, per school your children attends. If more than one child from a school brings a survey home, please fill out the survey for the child with the next birthday from today's date.

After you have completed this survey, send it back to the school with your child or give it to the teacher. Your responses will be kept confidential and neither your name nor your child's name will be associated with any results. **Thank you for participating in this survey!**

+	CAPITAL LETTERS ONLY – BLUE OR BLACK INK ONLY	+
---	---	---

School Name:

[illegible]

1. What is the grade of the child who brought home this survey? Grade (PK, K, 1, 2, 3...)

2. Is the child who brought home this survey male or female? ☐ Male ☐ Female

3. How many children do you have in Kindergarten through 8th grade?

- 4. What is the street intersection nearest your home?** (Provide the names of two intersecting streets)

[illegible]

+	Place a clear “X” inside box. If you make a mistake, fill the entire box, and then mark the correct box.	+
---	--	---

5. How far does your child live from school?

- ☐
- Less than ¼ mile
- ☐
- ½ mile up to 1 mile
- ☐
- More than 2 miles

- ☐ ¼ mile up to ½ mile ☐ 1 mile up to 2 miles ☐ Don't know

+	Place a clear "X" inside box. If you make a mistake, fill the entire box, and then mark the correct box.	+
---	--	---

6. On most day, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

Arrive at School

- ☐ Walk
- ☐ Bike
- ☐ School Bus
- ☐ Family vehicle (only children in your family)
- ☐ Carpool (Children from other families)
- ☐ Transit (city bus, subway, etc.)
- ☐ Other (skateboard, scooter, inline skates, etc.)

Leave from School

- ☐ Walk
- ☐ Bike
- ☐ School Bus
- ☐ Family vehicle (only children in your family)
- ☐ Carpool (Children from other families)
- ☐ Transit (city bus, subway, etc.)
- ☐ Other (skateboard, scooter, inline skates, etc.)

6. On most day, how does your child arrive and leave for school? (Select one choice per column, mark box with X)

+	Place a clear "X" inside box. If you make a mistake, fill the entire box, and then mark the correct box.	+
---	--	---

7. How long does it normally take your child to get to/from school? (Select one choice per column, mark box with X)

Travel time to school

- ☐ Less than 5 minutes
- ☐ 5 – 10 minutes
- ☐ 11 – 20 minutes
- ☐ More than 20 minutes
- ☐ Don't know/Not sure

Travel time from school

- ☐ Less than 5 minutes
- ☐ 5 – 10 minutes
- ☐ 11 – 20 minutes
- ☐ More than 20 minutes
- ☐ Don't know/Not sure

+ Place a clear "X" inside box. If you make a mistake, fill the entire box, and then mark the correct box. +

8. Has your child asked you for permission to walk or bike to/from school in the last year? ☐ Yes ☐ No

9. At what grade would you allow your child to walk or bike to/from school without an adult?

(Select a grade between PK, K, 1, 2, 3 ...) grade (or) ☐ I would not feel comfortable at any grade

+ Place a clear "X" inside box. If you make a mistake, fill the entire box, and then mark the correct box. +

10. What of the following issues affected your decision to allow, or not allow, your child to walk or bike to/from school?

(Select ALL that apply)

Distance

Convenience of driving

Time

Child's before or after-school activities

Speed of traffic along route

Amount of traffic along route

Adults to walk or bike with

Safety of intersections and crossings

Crossing guards

Violence or crime

Weather or climate

11. Would you probably let your child walk or bike to/from allow, or not allow, your child to walk or bike to/from school? (Select one choice per line, mark box with X)

☐ My child already walks or bikes to/from school

☐ Yes ☐ No ☐ Not Sure

☐ Yes ☐ No ☐ Not Sure

☐ Yes ☐ No ☐ Not Sure

☐ Yes ☐ No ☐ Not Sure

☐ Yes ☐ No ☐ Not Sure

☐ Yes ☐ No ☐ Not Sure

☐ Yes ☐ No ☐ Not Sure

☐ Yes ☐ No ☐ Not Sure

☐ Yes ☐ No ☐ Not Sure

☐ Yes ☐ No ☐ Not Sure

☐ Yes ☐ No ☐ Not Sure

+ Place a clear "X" inside box. If you make a mistake, fill the entire box, and then mark the correct box. +

12. In your opinion, how much does your child's school encourage or discourage walking and biking to/from school?

☐ Strongly Encourage ☐ Encourages ☐ Neither ☐ Discourage ☐ Strongly Discourage

13. How much fun is walking or biking to/from school for your child?

☐ Very Fun ☐ Fun ☐ Neither ☐ Boring ☐ Very Boring

14. How healthy is walking or biking to/from school for your child?

☐ Very Healthy ☐ Healthy ☐ Neutral ☐ Unhealthy ☐ Very Unhealthy

+ Place a clear "X" inside box. If you make a mistake, fill the entire box, and then mark the correct box. +

15. What is the highest grade or year of school you completed?

☐ Grade 1 through 8 (Elementary) ☐ College 1 to 3 years (Some college or technical school)

☐ Grades 9 through 11 (Some high school) ☐ College 4 years or more (College graduate)

☐ Grades 12 or GED (High School graduate) ☐ Prefer not to answer

16. Please provide any additional comments below.

Student Housing Questionnaire (SHQ) 2020/2021 (All Grades)



STUDENT HOUSING QUESTIONNAIRE (SHQ)



ATTENTION parents, caregivers and unaccompanied youth (not living with a parent or legal guardian):

The purpose of this questionnaire is to help identify school-aged children and youth who are experiencing housing instability as defined by Subtitle V11-B of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11431 et seq.) According to this federal legislation, via the guidance of the HEART program, Broward County Public Schools is responsible for removing systemic barriers to the education of students experiencing homelessness by implementing the provisions of the law.

By completing this questionnaire, your school-aged child(ren) may qualify for HEART services and resources to help ensure school stability.

1. With whom does the student(s) live?

- ☐ Parent
- ☐ Legal guardian
- ☐ An adult (18+) caring for student who is unable to live with parent or legal guardian at this time.

Name (first and last): _____ Relationship: _____

***IMPORTANT: Please contact the student's school to complete the required Caregiver Authorization Form.**

- ☐ I am an unaccompanied youth. I do not live with either of my parents or a legal guardian at this time.

2. Where do you currently live?

- ☐ I rent or own my home —→ **STOP HERE AND SKIP TO QUESTION #4.**
- ☐ In an emergency or transitional shelter (A)
- ☐ Temporarily with a family member or friend (doubled-up) due to loss of housing, financial hardship, or similar reason (B)
- ☐ In a vehicle, trailer park or campground, abandoned building, or other substandard housing (D)
- ☐ In a hotel or motel due to loss of housing, financial hardship, or similar reason (E)

3. What caused your temporary residence?

- ☐ Eviction; Domestic Violence; Unemployment; Medical/Mental Disability; Poverty; Lack of Affordable Housing (O)
- ☐ Mortgage Foreclosure (M) ☐ Hurricane (H) ☐ Earthquake (E) ☐ Flood (F) ☐ Man-made Disaster (D)
- ☐ Tropical Storm (S) ☐ Tornado (T) ☐ Wildfire or house fire (W) ☐ Natural Disaster - Other (N)

***IMPORTANT: Please complete the requested information below for all school-aged children (PreK-12) enrolled in, or pending enrollment in a Broward County, FL public or charter school. If you have children enrolled in multiple schools, please return a completed questionnaire to each school.**

Student's Full Name (First and Last)	Student ID #	M/F	Date of Birth (mm/dd/yy)	Grade	School Currently Enrolled

By signing below, I am attesting that the information provided is accurate:

PRINT FULL NAME (Person completing this form)

SIGNATURE

DATE

MAILING ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE #: _____

E-MAIL: _____

Florida Statute 837.06, provides that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.

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Power Up Meal Charge Policy 2020/2021 (All Grades)

It's time to
POWER UP!

Broward County Public Schools
Food and Nutrition Services



Meal Charge Policy

Broward County Public Schools (BCPS) understands how important it is to make sure kids receive balanced and nutritious meals in order to power up and learn!

BREAKFAST AND LUNCH MEAL CHARGE POLICY

- Universal Free Breakfast is available every school day to **ALL** BCPS students at no charge.
- Students are expected to pay for their lunch meal at the time of service.
- If a student is unable to purchase lunch, our policy allows for one meal to be charged to their account.
- If their account is not replenished, students will receive an alternative lunch.
- We do our best to ensure students are alerted with daily verbal reminders along with a letter sent home. Parents receive daily notifications through phone calls until funds are replenished.

MEAL PAYMENTS

- Make meal payments online at www.myschoolbucks.com or by downloading the MySchoolBucks app on your smart phone.
- MySchoolBucks allows you to manage students lunch accounts, including setting up automatic payments and low balance alerts. (A convenience fee of \$1.95 is charged per credit/debit transaction).
- Cash or check payments may also be sent to your student's school cafeteria.

FREE AND REDUCED-PRICE MEALS

- BCPS offers free and reduced-price meals to students who qualify for the meal benefits.
- All students must pay the full price for lunch unless designated through Meal Benefits to be eligible for free or reduced-price meals.
- Applications are accepted at any time throughout the school year and only one application needs to be completed per household.
- Families may complete a meal benefits application to determine eligibility for free and reduced-price meals. This may be completed at www.myschoolapps.com.
- For additional information and application status contact Meal Benefits at 754-321-0250.

MEAL PRICES

SCHOOL LEVEL	BREAKFAST PRICE	LUNCH PRICE
Elementary	FREE	\$2.00
Middle	FREE	\$2.35
High	FREE	\$2.50
Reduced Price (Qualifying Students)	FREE	\$0.40
Adult	\$1.80	\$2.75
Half Pint of Milk	\$0.50	\$0.50
À La Carte Items	browardschools.com/Page/30956	

Food and Nutrition Services • 7720 W. Oakland Park Blvd. Sunrise, FL 33351 • 745-321-0215

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Multi-Tiered System of Supports



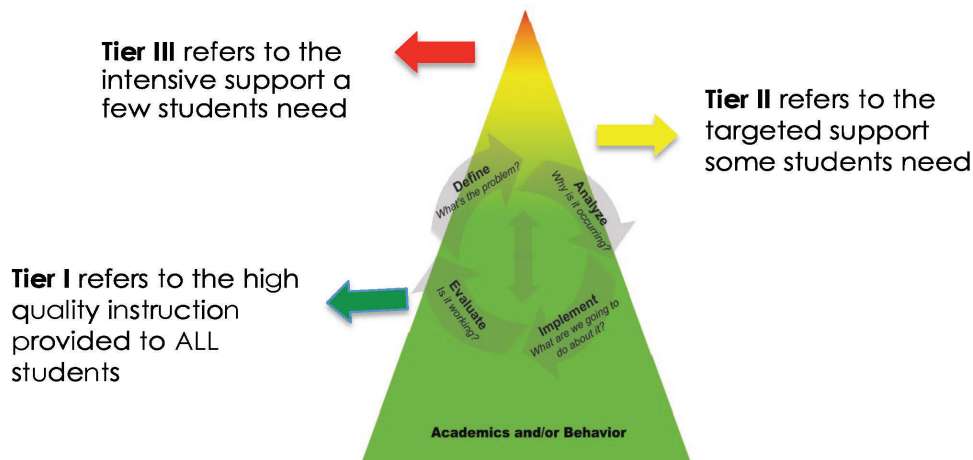
Multi-Tiered System of Supports (MTSS)/Response to Intervention (RtI) Parent Guidance

What is Multi-Tiered System of Supports (MTSS)?

MTSS is a term used to describe an evidence-based model of schooling that integrates academic and behavioral instruction and intervention to promote the success of all

What is Response to Intervention (RtI)?

RtI is the practice of providing high quality instruction and intervention matched to the student's need with close monitoring of how a student responds to different types of instruction



How will MTSS/RtI impact my child?

- Multi-tiered System of Supports (MTSS) ensures that your child receives varying levels of academic and behavior supports based upon his or her need
- Your child will be included in early identification of academic or behavioral problems so assistance can be provided at the first signs of difficulty
- Help for your child will increase or decrease depending on his or her needs
- You are encouraged to participate and become involved in planning and providing interventions to help your child
- You will receive frequent updates of your child's progress

What should I do if I believe my child is struggling?

- Talk with your child's teacher
- Review and assist with homework assignments
- Ask for regular meetings with your child's teacher
- Celebrate your child's successes
- Learn more about the curriculum, assessments, and interventions being used in your child's school
- Participate in conferences and problem-solving meetings for your child

Parental Resources

This video for parents introduces the use of problem solving and how it may affect your child.

<http://www.florida-rti.org/parentresources/videos.htm>

To review the real "truths" behind common myths of RtI and MTSS, visit the following link:

<http://www.florida-rti.org/parentResources/myths/index.htm>

If you have any questions, please contact School Climate & Discipline at 754-321-1655 or access <https://www.browardschools.com/Page/32437> for additional information and guidance.



How can I participate in MTSS/RtI?

Families play a critical role in supporting what their children are learning in school. The more parents are involved in student learning, the higher the student achievement. Ask questions to learn more about MTSS/RtI in your child's school:

- Is my child successful? How do I know? If not, why and what can we do differently?
- If needed, how is additional help going to be provided? By whom? How often? For how long?
- How can I participate in problem-solving about my child?
- What can I do to help with the interventions for my child at home?
- How will I know if interventions are working?

<http://florida-rti.org/parentresources/floridatools.htm>

Acknowledgement - Parent Copy

Policy 5.8, Code of Student Conduct, lists the District's rules for students in Broward County Public Schools. The rules apply to all activities occurring on school grounds, on other sites being used for school activities, and on any vehicles authorized to transport students. Your signature below does not indicate that you agree or disagree with the rules, **but rather that you have reviewed the electronic copy of these rules** (<http://www.browardschools.com/codeofconduct>). Return this form to school within 3 days from the first day of school or from the date of enrollment. If you would prefer to complete all required forms electronically, please access the Back to School Toolkit (<https://www.browardschools.com/backtoschool>).

Parents need to be involved in the education of their children and have the responsibility to:

- Know that for school safety, schools are not required to provide supervision more than 30 minutes prior to the official starting time, nor are they required to provide supervision for more than 30 minutes after the official closing time (F.S. 1003.31 (2)).
- Know that for school safety, for students who ride a school bus, drivers are NOT permitted to let students off the bus except at the designated stop.
- Provide the school with the names of current emergency contact person(s) and/or telephone numbers on an annual basis and when there are changes.
- Notify the school of anything that may affect their child's ability to learn, to attend school regularly, or to take part in school activities.
- Be aware that medicine must be administered in accordance with SB Policy 6305 and 6305.1, as may be amended, and that consequences for transmittal and/or sale or attempted sale of over-the-counter medications and possession and/or use of unauthorized medications can be found in SB Policy 5006. SB Policy 6305 outlines the rules regarding over-the-counter and prescription drugs and SB Policy 5006 outlines the consequences for violating those rules. You may view the complete health and suspension and/or expulsion policies, as well as all School Board policies, on the Web at: <http://www.Broward.k12.fl.us/sbbcpolicies>
- Be aware that parents have rights with regard to the privacy and confidentiality of student records that are maintained by schools as defined in Section VIII of this booklet.
- Neither the School Board of Broward County nor its employees will be held liable for items that are prohibited and are lost, stolen, or confiscated; or for wireless communication devices or other personal technology that are lost, stolen, or confiscated.
- Be aware that confiscated items not claimed by the end of the school year will be donated to local charities.
- Recognize that they are responsible for their student's behavior on the way to and from school and at the bus stop. A safe and respectful learning environment is key to academic achievement; therefore any student's off campus actions that seriously affect a student's ability to learn or a staff member's ability to teach may be handled as a disciplinary infraction. For serious incidents that occur at bus stops and/or that are not on School Board property, parents should contact law enforcement directly. For bullying incidents (see bullying definition, Section II), school officials should be notified and will investigate and/or provide assistance and intervention, as the principal/designee deems appropriate, which may include the use of the School Resource Officer.
- Ensure their child demonstrates legal, ethical and responsible use of technology including networks, digital tools, the Internet, and software, as defined in Section IV of this booklet.
- Parents will continue to maintain responsibility for students who reach the age of majority, (18 years or older), for all educational and discipline purposes, with exceptions as provided by statute.

Note: Parental selection for each form within the Code of Student Conduct will be effective until a new form is submitted.

Student Name (PRINT)

Student Signature

Parent/Guardian Name (PRINT)

Parent/Guardian Signature

Date

In alignment to Policy 5.8 adopted June 11, 2019