

POLICY COMMITTEE

#1POL

RESOLUTION NO. _____

SECOND READING AND ADOPTION OF REVISED POLICIES AND REGULATIONS

BE IT RESOLVED, the Fort Lee Board of Education approves the **second reading** and adoption of the following policies/regulations listed below and attached hereto:

Policy/Reg No.	Topic
P1522	SCHOOL-LEVEL PLANNING (M) (ABOLISHED)
P5305	HEALTH SERVICES PERSONNEL (REVISED)
P5306 & R5306	HEALTH SERVICES TO NONPUBLIC SCHOOLS (M) (REVISED)
P5308 & R5308	STUDENT HEALTH RECORDS (M) (REVISED)
P5310 & R5310	HEALTH SERVICES (M) (REVISED)
P5339	SCREENING FOR DYSLEXIA (M) (NEW)
P5530 & R5530	SUBSTANCE ABUSE (M) (REVISED)
P5756	TRANSGENDER STUDENTS (NEW)

DATED: January 12, 2015

Attachments

1522 SCHOOL-LEVEL PLANNING (Abolish)

The administrative code requiring Policy Guide 1522 – School-level Planning, N.J.A.C. 6A:32-12.2, has been recently repealed from the administrative code and no longer requires this Policy. This code provision was repealed because the Quality Annual Assurance Report is no longer used by the New Jersey Department of Education to evaluate school districts as the evaluation system has been replaced by New Jersey Quality Single Accountability Continuum (QSAC). Policy Guide 1522 should be abolished by the Board of Education with a simple motion to abolish Policy 1522 as being no longer required.

Adopted: 23 August 2010

Revised: 13 June 2011, 12 January 2015



5305 HEALTH SERVICES PERSONNEL

The Board of Education shall appoint at least one school physician pursuant to N.J.S.A. 18A:40-1. The Board may appoint a lead school physician to serve as health services director if more than one school physician is required. The school physician shall be currently licensed by the New Jersey Board of Medical Examiners in medicine or osteopathy whose training and scope of practice includes child and adolescent health and development. The school district shall conduct a criminal history background check on any physician before entering into an agreement for delivery of services.

The school physician shall provide, at a minimum, the following services:

1. Consultation in the development and implementation of school district policies, procedures, and mechanisms related to health, safety, and medical emergencies pursuant to N.J.A.C. 6A:16-2.1(a);
2. Consultation to school district medical staff regarding the delivery of school health services, which includes special health care needs of technology-supported and medically fragile children, including students covered by 20 U.S.C. § 1400 et seq., Individuals with Disabilities Education Improvement Act;
3. Physical examinations conducted in the school physician's office or other comparably equipped facility for students who do not have a medical home or whose parent has identified the school as the medical home for the purpose of a sports physical examination;
4. Provision of written notification to the parent stating approval or disapproval of the student's participation in athletics based upon the medical report;
5. Direction for professional duties of other medical staff;
6. Written standing orders that shall be reviewed and reissued before the beginning of each school year;



7. Establishment of standards of care for emergency situations and medically-related care involving students and school staff;
8. Assistance to the certified school nurse or non-certified nurse in conducting health screenings of students and staff and assistance with the delivery of school health services;
9. Review, as needed, of reports and orders from a student's medical home regarding student health concerns;
10. Authorization of tuberculin testing for conditions outlined in N.J.A.C. 6A:16-2.2(c);
11. Review, approval, or denial with reasons of a medical home determination of a student's anticipated confinement and resulting need for home instruction; and
12. Consultation with the school district certified school nurse(s) to obtain input for the development of the school nursing services plan pursuant to N.J.A.C. 6A:16-2.1(b).

The Board shall employ a certified school nurse to provide nursing services while school is in session pursuant to N.J.S.A. 18A:40-1 and 3.3. The certified school nurse shall work under the direction of the school physician and Superintendent of Schools.

The certified school nurse shall possess a standard educational certificate with a school nurse endorsement or school nurse/non-instructional endorsement pursuant to N.J.A.C. 6A:9-13.3 or 13.4. The certified school nurse shall possess a current New Jersey registered professional nurse license issued by the New Jersey State Board of Nursing; a bachelor's degree from a regionally accredited college or university; a current Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillators (AED) certification as issued by the American Heart Association, the American Red Cross, the National Safety Council, or other entities determined by the Department of Health to comply with the American Heart Association's CPR guidelines.

The certified school nurse shall complete training in airway management and in the use of nebulizers and inhalers consistent with nationally recognized standards including, but not limited to, those of the National Institutes of Health and the American Academy of Allergy, Asthma, and Immunology.



The role of the certified school nurse shall include, but not be limited to:

1. Carrying out written orders of the medical home and standing orders of the school physician;
2. Conducting health screenings which include height, weight, blood pressure, hearing, vision, and scoliosis pursuant to N.J.A.C. 6A:16-2.2 and monitoring vital signs and general health status for emergent issues for students suspected of being under the influence of alcohol and controlled dangerous substances pursuant to N.J.S.A. 18A:40-4 and 12;
3. Maintaining student health records, pursuant to N.J.S.A. 18A:40-4 and N.J.A.C. 6A:16-2.4;
4. Recommending to the school Principal students who shall not be admitted to or retained in the school building based on a parent's failure to provide evidence of the child's immunization according to the schedules specified in N.J.A.C. 8:57-4;
5. Annually reviewing student immunization records to confirm with the medical home that the medical condition for the exemption from immunization continues to be applicable, pursuant to N.J.A.C. 8:57-4.3;
6. Recommending to the school Principal exclusion of students who show evidence of communicable disease, pursuant to N.J.S.A. 18A:40-7, 8, and 10;
7. Directing and supervising the emergency administration of epinephrine and glucagon, and training school staff designated to serve as delegates, pursuant to N.J.S.A. 18A:40-12.6 and 12.14;
8. Administering asthma medication through use of a nebulizer;
9. Directing and supervising the health services activities of any school staff to whom the certified school nurse has delegated a nursing task;
10. Providing classroom instruction in areas related to health pursuant to N.J.A.C. 6A:9-13.3;
11. Reviewing and summarizing available health and medical information regarding the student and transmitting a summary of



- relevant health and medical information to the Child Study Team for the meeting pursuant to N.J.A.C. 6A:14-3.4(h);
12. Writing and updating, at least annually, the individualized health care plan and the individualized emergency healthcare plan for students' medical needs and instructing staff as appropriate;
 13. Writing and updating, at least annually, any written healthcare provisions required under Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794(a), for any student who requires them;
 14. Assisting in the development of and implementing healthcare procedures for students in the event of an emergency;
 15. Instructing teachers on communicable disease and other health concerns, pursuant to N.J.S.A. 18A:40-3; and
 16. Providing other nursing services consistent with the nurse's educational services certification endorsement as a school nurse issued by the State Board of Examiners and current license approved by the State Board of Nursing.

A certified school nurse who possesses the school nurse/non-instructional certificate is not authorized to teach in areas related to health pursuant to N.J.A.C. 6A:9-13.4.

The Board may appoint a non-certified nurse under the supervision of a certified school nurse to supplement the services of a certified school nurse in accordance with the provisions of N.J.A.C. 6A:16-2.3(c). The non-certified nurse shall be assigned to the same school building or complex as the certified school nurse pursuant to N.J.S.A. 18A:40-3.3(a) and is limited to providing services only as permitted under the non-certified nurse's license issued by the State Board of Nursing.

N.J.A.C. 6A:9-13.3; 6A:9-13.4; 6A:16-2.3

Adopted: 23 August 2010

Revised: 12 January 2015



5306 HEALTH SERVICES TO NONPUBLIC SCHOOLS

A Board of Education having nonpublic schools within the school district boundaries shall provide nursing services to students enrolled full-time in the nonpublic school pursuant to N.J.S.A. 18A:40-23 et seq. and N.J.A.C. 6A:16-2.5.

The Board shall provide for the extension of emergency care provided to public school students and to full-time nonpublic school students who are injured or become ill at school or during participation on a school team or squad pursuant to N.J.A.C. 6A:16-2.1(a)4. The Board may provide additional services to those required under N.J.A.C. 6A:16-2.5(a) and under conditions as outlined in N.J.A.C. 6A:16-2.5(c).

The nursing services shall be provided by a registered nurse licensed in the State of New Jersey who is an employee of the school district, third-party contractor, or an independent contractor. The nursing services provided to nonpublic school students shall not include instructional services.

A nonpublic school may decline nursing services required or permitted under N.J.A.C. 6A:16-2.5 by submitting to the Board of Education notification signed by the Chief School Administrator of the nonpublic school pursuant to N.J.S.A. 18A:40-29. A student who is enrolled in a nonpublic school and whose parent objects to the student receiving any service provided under N.J.A.C. 6A:16-2.5 shall not be compelled to receive the service except for a physical or medical examination to determine whether the student is ill or infected with a communicable disease pursuant to N.J.S.A. 18A:40-30.

The Board shall consider the provision of health services to nonpublic schools based upon the considerations outlined in N.J.A.C. 6A:16-2.5(h)1 through 3. The Superintendent or designee shall confer annually with the administrator of the nonpublic school to advise the nonpublic school of the amount of funds allocated by the Department of Education to the nonpublic school; to agree on the basic health services that shall be provided and the additional medical services that may be provided as set forth in N.J.S.A. 18A:40-23 et seq.; to inform the nonpublic school the County Office of Education shall provide assistance in the event an agreement cannot be reached regarding the health services and additional medical services to be provided to the nonpublic school; to assure the nonpublic school receiving services receives a copy of N.J.S.A. 18A:40-23 to 31 and



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N.J.A.C. 6A:16-2.5; and to assure that a description of the provision of nursing services is reflected in the school district's Nursing Services Plan.

The Board providing health services to a nonpublic school(s) shall submit information to the Executive County Superintendent on or before October 1 annually that includes: a written statement verifying the required annual conference was held with the nonpublic school; a copy of the contract with another agency to provide the services, if applicable; a copy of the Board meeting minutes approving the contract; and a description of the type and number of services that were provided during the previous school year on a Commissioner of Education approved form. A copy of the information submitted to the Executive County Superintendent shall also be provided to the Chief School Administrator of each nonpublic school within the school district boundaries.

N.J.S.A. 18A:40-23 et seq.

N.J.A.C. 6A:16-2.5 et seq.

Adopted: 23 August 2010

Revised : 12 January 2015



R 5306 HEALTH SERVICES TO NONPUBLIC SCHOOLS

- A. A Board of Education having nonpublic schools within the school district boundaries shall provide nursing services to students enrolled in a nonpublic school pursuant to N.J.S.A. 18A:40-23 et seq. and N.J.A.C. 6A:16-2.5.
1. The school district shall provide services to students who are enrolled full-time;
 2. Services shall be made available only to students of a nonpublic school that provided to the Board of Education a report of the type and number of services provided during the previous school year;
 3. The provision of nursing services shall include:
 - a. Assistance with medical examinations including dental screening;
 - b. Screening of hearing;
 - c. Maintenance of student health records and notification of local or county health officials of any student who has not been properly immunized; and
 - d. Scoliosis examinations of students between the ages of ten and eighteen.
- B. The Board of Education shall provide for the extension of emergency care provided to public school students and to full-time nonpublic school students who are injured or become ill at school or during participation on a school team or squad pursuant to N.J.A.C. 6A:16-2.1(a)4.
- C. The Board of Education may provide additional services to those required under A. above under the following conditions:



HEALTH SERVICES TO NONPUBLIC SCHOOLS (M)

1. Additional medical services may be provided only when all basic nursing services required under A. and B. above have been or will be provided;
 2. Additional medical services may include the necessary equipment, materials, and services for immunizing from diseases for students who are enrolled full-time in the nonpublic school as required by N.J.A.C. 8:57-4;
 3. Equipment comparable to that used in the school district may be purchased by the school district to loan without charge to the nonpublic school for the purpose of providing services under N.J.A.C. 6A:16-2.5. However, such equipment shall remain the property of the district Board of Education; and
 4. Costs of supplies comparable to that used in the school district and transportation costs may be charged to the funds allocated for each participating nonpublic school provided the costs are directly related to the required basic nursing services and the permitted additional medical services.
- D. Nursing services shall be provided by a registered nurse licensed in the State of New Jersey who is an employee of the school district, a third-party contractor, or an independent contractor.
- E. The nursing services provided to nonpublic school students shall not include instructional services.
- F. A nonpublic school may decline nursing services required or permitted under N.J.A.C. 6A:16-2.5 by submitting to the Board of Education notification signed by the Chief School Administrator of the nonpublic school pursuant to N.J.S.A. 18A:40-29.
- G. A student who is enrolled in a nonpublic school and whose parent objects to the student receiving any service provided under N.J.A.C. 6A:16-2.5 shall not be compelled to receive the service except for a physical or medical examination to determine whether the student is ill or infected with a communicable disease pursuant to N.J.S.A. 18A:40-30.
- H. The Board of Education shall consider the provision of health services based upon the following:



1. The funding for services shall be based upon the nonpublic school enrollment on the last school day prior to October 16 of the preceding school year;
 2. The provision of services shall be only to a student of a nonpublic school that provided to the Board of Education a report of the type and number of services provided during the previous school year; and
 3. The funds expended by the Board of Education for administrative costs shall be limited to the actual costs or six percent of the funds allocated for each participating nonpublic school, whichever is less.
- I. The Superintendent or designee shall confer annually with the administrator of the nonpublic school for the following purposes:
1. To advise the nonpublic school of the amount of funds allocated to it by the Department of Education or otherwise made available by the school district for the provision of health services for full-time students enrolled in the nonpublic school;
 2. To agree on the basic health services that shall be provided and the additional medical services that may be provided as set forth in N.J.S.A.18A:40-23 et seq.;
 3. If the Superintendent or designee and the nonpublic school administrator cannot reach agreement regarding the health services and additional medical services to be provided, the County Office of Education shall provide assistance;
 4. To assure that each nonpublic school that receives nursing services has a copy of N.J.S.A. 18A:40-23 through 31 and N.J.A.C. 6A:16-2; and
 5. To assure that a description of the provision of nursing services is reflected in the school district's Nursing Services Plan.



- J. For the purposes of monitoring and recordkeeping, the Board of Education providing health services to nonpublic schools shall submit to the Executive County Superintendent on or before October 1 annually the following information and shall provide a copy to the Chief School Administrator of each nonpublic schools within school district boundaries:
1. A written statement verifying that the required conference was held with the nonpublic school;
 2. A copy of the contract with another agency to provide services, if applicable, and approved minutes of the Board of Education meeting approving the contract that describes the methods by which the health services will be provided to nonpublic school students for the ensuing year, including a rationale for the distribution of funds; and
 3. A description of the type and number of services that were provided during the previous school year on a Commissioner of Education approved form.

Issued: 23 August 2010

Revised: 12 January 2015



5308 STUDENT HEALTH RECORDS

The school district shall maintain mandated student health records for each student pursuant to N.J.A.C. 6A:16-2.4. The district will document student health records using a form approved by the Commissioner of Education.

The maintenance and security of student health records shall be in accordance with N.J.A.C. 6A:32-7.4 and 6A:16-2.4. Student health records may be stored electronically or in paper format and shall be maintained separately from other student records in a secure location accessible to authorized personnel while school is in session. The health history and immunization record shall be removed from the student's health record and placed in the student's mandated record upon graduation or termination and kept according to the schedule set forth in N.J.A.C. 6A:32-7.8.

The transfer of student health records when a student transfers to or from a school district shall be in accordance with N.J.A.C. 6A:16-7.1 et seq.

Any Board of Education employee with knowledge of, or access to, information that identifies a student as having HIV infection or AIDS; information obtained by the school's alcohol or drug program which would identify the student as an alcohol or drug user; or information provided by a secondary school student while participating in a school-based alcohol or drug counseling program that indicates a parent, guardian, or other person residing in the student's household is dependent upon or illegally using a substance shall comply with restrictions for sharing such information in accordance with N.J.A.C. 6A:16-2.4(b) through (e) and as required by Federal and State statutes and regulations.

Access to and disclosure of information in a student's health record shall meet the requirements of the Family Education Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, and 34 CFR Part 99, incorporated herein by reference, as amended and supplemented, and N.J.A.C. 6A:32-7, Student Records.

The school district shall provide access to the student's health record to licensed medical personnel, who are working under contract with or as employees of the school district only to the extent necessary to enable the licensed medical personnel to perform their duties. Secretarial or clerical personnel under the supervision of the certified school nurse shall be permitted access to those portions of the student health record necessary for entry and recording of data and



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STUDENT HEALTH RECORDS (M)

for conducting routine clerical tasks as outlined in N.J.S.A. 18A:40-3.4 and N.J.A.C. 6A:32-7.5.

Nothing in N.J.A.C. 6A:16-2.4 or in Policy and Regulation 5308 shall be construed to prohibit school personnel from disclosing to students or adults in connection with an emergency the information contained in the student health record if the release is necessary to protect the immediate health or safety of the student or other persons pursuant to N.J.A.C. 6A:32-7.54.

N.J.A.C. 6A:16-2.4 et seq.; 6A:32-7.4 et seq.;
6A:32-7.5 et seq.

Revised: 15 December 2014, 12 January 2015



R 5308 STUDENT HEALTH RECORDS

Student health records shall be maintained for each student pursuant to N.J.A.C. 6A:16-2.4. Maintenance and security of student health records shall be in accordance with N.J.A.C. 6A:32-7.4.

A. Mandated Student Health Records

1. The following mandated student health records shall be maintained:
 - a. Findings of health histories, medical examinations, and health screenings pursuant to N.J.A.C. 6A:16-2.2 and 4.3; and
 - b. Documentation of immunizations against communicable diseases or exemption from these immunizations pursuant to N.J.A.C. 8:57-4.1, 4.3, and 4.4.
2. The district will document the findings of student health histories, health screenings, and required medical examinations that are relevant to school participation on the student's health record using a form approved by the Commissioner of Education.

B. Maintenance of Student Health Records

1. The school district shall maintain student health records in accordance with N.J.A.C. 6A:32-7.4 as follows:
 - a. Student health records may be stored electronically or in paper format. When records are stored electronically, proper security and backup procedures shall be administered;
 - b. Student health records, whether stored on paper or electronically, shall be maintained separately from other student records, until such time as graduation or termination whereupon the health history and immunization



record shall be removed from the student's health record and placed in the student's mandated record; and

- c. Student health records shall be accessible during the hours in which the school program is in operation.

C. Transferring Student Health Records

The school district shall ensure compliance with the requirements of N.J.A.C. 6A:32-7 – Student Records and Policy and Regulation 8330 when transferring student health records.

D. Restrictions for Sharing Student Health Information

- 1. Any Board of Education employee with knowledge of, or access to, the following health information shall comply with restrictions for sharing information as required by Federal and State statutes and regulations.
 - a. Information that identifies a student as having HIV infection or AIDS shall be shared only with prior written informed consent of the student age twelve or greater, or of the student's parent as required by N.J.S.A. 26:5C-1 et seq. and only for the purpose of determining an appropriate educational program for the student.
 - b. Information obtained by the school's alcohol and other drug program which would identify the student as an alcohol or other drug user may be disclosed only for those purposes and under those conditions permitted by 42 CFR Part 2.
 - c. Information provided by a secondary school student while participating in a school-based alcohol or other drug counseling program that indicates a parent, guardian, or other person residing in the student's household is dependent upon or illegally using a substance shall be shared only for those purposes and conditions permitted by N.J.S.A. 18A:40A-7.1.



E. Access to Student Health Records

1. Access to and disclosure of information in the student's health record shall meet the requirements of the Family Education Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g and 34 CFR Part 99, incorporated herein by reference, as amended and supplemented, and N.J.A.C. 6A:32-7 et seq., Student Records.
2. The school district shall provide access to the student health records to licensed medical personnel not holding educational certification who are working under contract with or as employees of the school district only to the extent necessary to enable the licensed medical personnel to perform their duties.
 - a. Secretarial or clerical personnel under the supervision of the certified school nurse shall be permitted access to those portions of the student's health record necessary for entry and recording of data and for conducting routine clerical tasks as outlined in N.J.S.A. 18A:40-3.4 and N.J.A.C. 6A:32-7.5.

Nothing in N.J.A.C. 6A:16-2.4 or in Policy and Regulation 5308 shall be construed to prohibit school personnel from disclosing to students or adults in connection with an emergency the information contained in the student health record if the release is necessary to protect the immediate health or safety of the student or other persons pursuant to N.J.A.C. 6A:32-7.4.

Issued:

Revised: 12 January 2015



5310 HEALTH SERVICES

The Board of Education shall develop and adopt the following written policies, procedures, and mechanisms in accordance with N.J.A.C. 6A:16-2.1(a) for the provision of health, safety, and medical emergency services, and shall ensure staff are informed as appropriate:

1. The review of immunization records for completeness pursuant to N.J.A.C. 8:57-4.1 through 4.20 (Policy and Regulation 5320);
2. The administration of medication to students in the school setting in accordance with N.J.A.C. 6A:16-2.1(a)2. (Policy and Regulation 5330);
3. The review of Do Not Resuscitate (DNR) orders received from the student's parent or medical home (Policy 5332);
4. The provision of health care in emergency situations, including:
 - a. The emergency administration of epinephrine via Epi-pen auto-injector pursuant to N.J.S.A. 18A:40-12.5 (Policy and Regulation 5330);
 - b. The emergency administration of glucagon pursuant to N.J.S.A. 18A:40-12.14 (Policy and Regulation 5338);
 - c. The care of any student who becomes injured or ill while at school or participating in school-sponsored functions (Policy and Regulation 8441);
 - d. The transportation and supervision of any student determined to be in need of immediate medical care (Policy and Regulation 8441); and
 - e. The notification to parents of any student determined to be in need of immediate medical care (Policy and Regulation 8441).



5. The treatment of asthma in the school setting in accordance with the provisions of N.J.A.C. 6A:16-2.1(a)5 (Policy 5335);
6. The administration of student medical examinations, pursuant to N.J.S.A. 18A:40-4, N.J.S.A. 18A:35-4.8, and N.J.A.C. 6A:16-2.2 (Policy and Regulation 5310);
7. Utilization of sanitation and hygiene when handling blood and bodily fluids pursuant to N.J.A.C. 12:100-4.2, Safety and Health Standards for Public Employees, and in compliance with 29 CFR 1910.1030, Public Employees Occupational Safety and Health Program (PEOSH) Bloodborne Pathogens Standards;
8. Provision of nursing services to nonpublic schools located in the school district as required by N.J.S.A. 18A:40-23 et seq. and N.J.A.C. 6A:16-2.5 (Policy and Regulation 5306);
9. Self-administration of medication by a student for asthma or other potentially life-threatening allergic reaction pursuant to N.J.S.A. 18A:40-12.3, 12.5, and 12.6, and the self-management and care of a student's diabetes as needed pursuant to N.J.S.A. 18A:40-12.15;
10. Development of an individual healthcare plan and individualized emergency healthcare plan for students with chronic medical conditions, including diabetes, asthma, and life-threatening allergies, requiring special health care in accordance with N.J.S.A. 18A:40-12.11.c, 12.12, 12.13, and 12.15; and N.J.A.C. 6A:16-2.3(b)3xii; and
11. Management of food allergies in the school setting and the emergency administration of epinephrine to students for anaphylaxis pursuant to N.J.S.A. 18A:40-12.6a through 12.6d.

The Board of Education shall annually adopt the school district's nursing services plan at a regular meeting.

The Board of Education shall comply with the following required health care as outlined in N.J.A.C. 6A:16-2.2.



1. Immunization records shall be reviewed and updated annually pursuant to N.J.A.C. 8:57-4.1 through 4.24.
2. A Building Principal or designee shall not knowingly admit or retain in the school building any student whose parent has not submitted acceptable evidence of the child's immunization, according to the schedule specified in N.J.A.C. 8:57-4, Immunization of Pupils in School.
3. The school district shall perform tuberculosis tests on students using methods required by and when specifically directed to do so by the New Jersey Department of Health based upon the incidence of tuberculosis or reactor rates in specific communities or population groups pursuant to N.J.S.A. 18A:40-16.
4. The school district shall immediately report by telephone to the health officer of the jurisdiction in which the school is located any communicable diseases identified as reportable pursuant to N.J.A.C. 8:57-1, whether confirmed or presumed.
5. Each school in the district shall have and maintain for the care of students at least one nebulizer in the office of the school nurse or a similar accessible location pursuant to N.J.S.A. 18A:40-12.7.
6. Each student medical examination shall be conducted at the medical home of the student. If a student does not have a medical home, the school district shall provide the examination at the school physician's office or other comparably equipped facility pursuant to N.J.S.A. 18A:40-4.
7. The findings of the medical examinations as required under 8. below shall include the following components:
 - a. Immunizations pursuant to N.J.A.C. 8:57-4.1 through 4.24;
 - b. Medical history, including allergies, past serious illnesses, injuries, operations, medications, and current health problems;
 - c. Health screenings including height, weight, hearing, blood pressure, and vision; and



- d. Physical examinations.
8. The school district shall ensure that students receive medical examinations in accordance with N.J.A.C. 6A:16-2.2(f) and 6. above and:
- a. Prior to participation on a school-sponsored interscholastic athletic team or intramural athletic team or squad for students enrolled in any grade six to twelve in accordance with N.J.A.C. 6A:16-2.2(h)1;
 - b. Upon enrollment in school in accordance with N.J.A.C. 6A:16-2.2(h)2;
 - c. When applying for working papers in accordance with N.J.A.C. 6A:16-2.2(h)3;
 - d. For the purposes of the comprehensive Child Study Team evaluation pursuant to N.J.A.C. 6A:14-3.4 in accordance with N.J.A.C. 6A:16-2.2(h)4; and
 - e. When a student is suspected of being under the influence of alcohol or controlled dangerous substances, pursuant to N.J.S.A. 18A:40A-12 and N.J.A.C. 6A:16-4.3 in accordance with N.J.A.C. 6A:16-2.2(h)5.
9. The Board of Education shall make accessible information regarding the New Jersey FamilyCare Program to students who are knowingly without medical coverage pursuant to N.J.S.A. 18A:40-34.
10. Information concerning a student's HIV/AIDS status shall not be required as part of the medical examination or health history pursuant to N.J.S.A. 26:5C-1 et seq.
11. The Board of Education shall ensure that students receive health screenings as outlined in N.J.A.C. 6A:16-2.2(k).
12. The school nurse or designee shall screen to ensure hearing aids worn by students who are deaf and/or hard of hearing are



functioning properly. The school nurse or designee will ensure any FM hearing aid systems in classrooms or any school equipment in the school building used to assist students hear are functioning properly.

N.J.S.A. 18A:40-4 et seq.
N.J.A.C. 6A:16-1.; 6A:16-2.2 et seq.

Adopted: 23 August 2010

Revised: 12 January 2015



R 5310 HEALTH SERVICES

A. Definitions – N.J.A.C. 6A:16-1.3

1. Advanced practice nurse – means a person who holds a current license as nurse practitioner/clinical nurse specialist from the State Board of Nursing.
2. The certified school nurse shall possess a standard educational certificate with a school nurse endorsement or school nurse/non-instructional endorsement pursuant to N.J.A.C. 6A:9-13.3 or 13.4. The certified school nurse shall possess a current New Jersey registered professional nurse license issued by the New Jersey State Board of Nursing; a bachelor's degree from a regionally accredited college or university; a current Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillators (AED) certification as issued by the American Heart Association, the American Red Cross, the National Safety Council, or other entities determined by the Department of Health to comply with the American Heart Association's CPR guidelines.
3. Medical Examination – means the assessment of an individual's health status.
4. Medical Home – means a health care provider, including New Jersey FamilyCare providers as defined by N.J.S.A. 30:4J-12 and the provider's practice site chosen by the student's parent for the provision of health care.
5. Non-certified Nurse – means a person who holds a current license as a professional nurse from the NJ State Board of Nursing and is employed by a district Board of Education or nonpublic school, and who is not certified as a school nurse by the Department of Education.
6. Physical Examination – means the examination of the body by a professional licensed to practice medicine or osteopathy, or an advanced practice nurse. The term includes specific procedures required by statute as stated in N.J.A.C. 6A:16-2.2.



7. School Physician – means a physician with a current license to practice medicine or osteopathy from the New Jersey Board of Examiners who works under a contract or as an employee of the school district. The physician is also referred to as the medical inspector as per N.J.S.A. 18A:40-1.

B. Medical Examinations – General Conditions

Each student medical examination shall be conducted at the medical home of the student. If a student does not have a medical home, the school district shall provide the examination at the school physician's office or other comparably equipped facility pursuant to N.J.S.A. 18A:40-4.

The findings of required examinations under C. through G. below shall include the following components:

1. Immunizations pursuant to N.J.A.C. 8:57-4.1 through 4.24;
2. Medical history including allergies, past serious illnesses, injuries, operations, medications, and current health problems;
3. Health screenings including height, weight, hearing, blood pressure, and vision; and
4. Physical examinations.

The Board of Education shall make accessible information regarding the New Jersey FamilyCare Program for students who are knowingly without medical coverage pursuant to N.J.S.A. 18A:40-34.

Pursuant to N.J.S.A. 18A:40-4.4, a student who presents a statement signed by his/her parent that required examinations interfere with the free exercise of his/her religious beliefs shall be examined only to the extent necessary to determine whether the student is ill or infected with a communicable disease or under the influence of alcohol or drugs or is disabled or is fit to participate in any health, safety, or physical education course required by law.

Information concerning a student's HIV/AIDS status shall not be required as part of the medical examination or health history pursuant to N.J.S.A. 26:5C-1 et seq.



C. Medical Examinations - Prior to Participation on a School-Sponsored Interscholastic or Intramural Athletic Team or Squad for Students Enrolled in Any Grade Six to Twelve

The school district shall ensure that students receive medical examinations prior to participation on a school-sponsored interscholastic or intramural athletic team or squad for students enrolled in any grade six to twelve.

1. The examination shall be conducted within 365 days prior to the first practice session.
2. The medical examination shall include a health history questionnaire completed and signed by the parent.
 - a. The report of health findings of the medical examination for participation shall be documented on the Athletic Preparticipation Physical Examination Form approved by the Commissioner of Education to determine whether the student had or currently has any of the following since their last physical:
 - (1) Injuries;
 - (2) Chronic or ongoing illness;
 - (3) Need for prescribed medication;
 - (4) Allergies;
 - (5) Head-related conditions;
 - (6) Heart-related conditions;
 - (7) Eye, ear, nose, mouth, or throat conditions;
 - (8) Neuromuscular/orthopedic conditions; or
 - (9) General or exercise-related conditions.



- b. The medical report shall include a determination concerning the student's participation that includes, at a minimum, the following normalities:
- (1) Measurement of weight, height, and blood pressure;
 - (2) Examination of the skin to determine the presence of infection, scars from previous surgery or trauma, jaundice, a rash, and purpura;
 - (3) Examination of the eyes to determine visual acuity, use of eyeglasses or contact lenses, and examination of the sclera for the presence of jaundice;
 - (4) Examination of the ears to determine the presence of acute or chronic infection, perforation of the eardrum and gross hearing loss;
 - (5) Examination of the nose to assess the presence of deformity which may affect endurance;
 - (6) Assessment of the neck, back, and spine to determine range of motion, the presence of pain associated with such motion, and abnormal curvature of the spine;
 - (7) Examination of chest contour;
 - (8) Auscultation and percussion of the lungs;
 - (9) Assessment of the heart with attention to the presence of murmurs, noting rhythm and rate;
 - (10) Assessment of the abdomen with attention to the possible presence of hepatomegaly, splenomegaly, or abnormal masses;
 - (11) Examination of upper and lower extremities to determine abnormal mobility or immobility,



deformity, instability, muscle weakness or atrophy,
surgical scars and varicosities;

- (12) Examination of the testes to determine the presence and descent of testes, abnormal masses, or configurations, or hernia;
- (13) Assessment of physiological maturation; and
- (14) Neurological examination to assess balance and coordination.

- c. The medical report shall indicate if a student is allowed or disallowed to participate in the required sports categories and shall be completed and signed by the original examining physician, advanced practice nurse, or physician's assistant.
- d. An incomplete form shall be returned to the student's medical home for completion unless the school nurse can provide documentation to the school physician that the missing information is available from screenings completed by the school nurse or physician within the prior 365 days.

- 3. Each student whose medical examination was completed more than sixty days prior to the first practice session shall provide a health history update of medical problems experienced since the last medical examination. This shall be completed and signed by the parent. The health history update shall include the following information:

- a. Hospitalization/operations;
- b. Illnesses;
- c. Injuries;
- d. Care administered by a physician of medicine or osteopathy, advanced practice nurse, or physician's assistant; and



e. Medications.

4. Each school district shall provide to the parent written notification signed by the school physician stating approval of the student's participation in athletics based upon the medical report or the reasons for the school physician's disapproval of the student's participation.
5. A student who does not have a completed Athletic Preparticipation Physical Examination Form shall not be permitted to participate.

D. Medical Examinations - Upon Enrollment in School

1. The school district shall ensure that students receive medical examinations upon enrollment in school. The parent shall be required to provide examination documentation of each student within thirty days of enrollment in the school.
2. When a student transfers to another school, the sending school district shall ensure the entry-examination documentation is forwarded to the receiving school district pursuant to N.J.A.C. 6A:16-2.4(d).
3. Students transferring into this school district from out-of-State or out-of-country may be allowed a thirty-day to obtain entry examination documentation.
4. The school district shall notify parents through its website or other means about the importance of obtaining subsequent medical examinations of the student at least once during each developmental stage: at early childhood (pre-school through grade three), pre-adolescence (grades four through six), and adolescence (grades seven through twelve).

E. Medical Examinations - When Students Apply for Working Papers

1. Pursuant to N.J.S.A. 34:2-21.7 and 21.3, the school district may provide for the administration of a medical examination for a student pursuing a certificate of employment.



2. The school district shall not be held responsible for the costs for examinations at the student's medical home or other medical provider(s).
- F. Medical Examinations - For the Purposes of the Comprehensive Child Study Team Evaluation Pursuant to N.J.A.C. 6A:14-3.4
1. The school district shall ensure that students receive medical examinations for the purposes of the comprehensive Child Study Team evaluation pursuant to N.J.A.C. 6A:14-3.4.
- G. Medical Examinations - When a Student is Suspected of Being Under the Influence of Alcohol or Controlled Dangerous Substances pursuant to N.J.S.A. 18A:40A-12 and N.J.A.C. 6A:16-4.3
1. If a student who is suspected of being under the influence of alcohol or controlled dangerous substances is reported to the certified school nurse, the certified school nurse shall monitor the student's vital signs and general health status for emergent issues and take appropriate action pending the medical examination pursuant to N.J.A.C. 6A:16-4.3.
 2. No school staff shall interfere with a student receiving a medical examination for suspicion of being under the influence of alcohol or controlled dangerous substances pursuant to N.J.A.C. 6A:16-4.3.

The Board of Education shall ensure that students receive health screenings in accordance with N.J.A.C. 6A:16-2.2(k).

1. Screening for height, weight, and blood pressure shall be conducted annually for each student in Kindergarten through grade twelve.
2. Screening for visual acuity shall be conducted biennially for students in Kindergarten through grade ten.
3. Screening for auditory acuity shall be conducted annually for students in Kindergarten through grade three and in grades seven and eleven pursuant to N.J.S.A. 18A:40-4.



4. Screening for scoliosis shall be conducted biennially for students between the ages of ten and eighteen pursuant to N.J.S.A. 18A:40-4.3.
5. Screenings shall be conducted by a school physician, school nurse, or other school personnel properly trained.
6. The school district shall provide for the notification of the parent of any student suspected of deviation from the recommended standard.

Issued: 23 August 2010

Revised: 12 January 2015



5339 SCREENING FOR DYSLEXIA

In accordance with the provisions of N.J.S.A. 18A:40-5.1 et seq., the Board of Education shall ensure each student enrolled in the school district who has exhibited one or more potential indicators of dyslexia or other reading disabilities is screened for dyslexia and other reading disabilities using a screening instrument selected pursuant to the provisions of N.J.S.A. 18A:40-5.2. This screening shall be administered no later than the student's completion of the first semester of the second grade.

In the event a student who would have been enrolled in Kindergarten, grade one, or grade two during or after the 2014-2015 school year enrolls in the district in Kindergarten through grade six during or after the 2015-2016 school year and has no record of being previously screened for dyslexia or other reading disabilities, pursuant to N.J.S.A. 18A:40-5.2 et seq., the Board shall ensure the newly-enrolled student is screened for dyslexia and other reading disabilities using a screening instrument selected pursuant to N.J.S.A. 18A:40-5.1. This screening shall be administered at the same time other students enrolled in the student's grade are screened for dyslexia and other reading disabilities, or if other students enrolled in the student's grade have previously been screened, within ninety calendar days of the date the student is enrolled in the district. The screenings shall be administered by a teacher or other teaching staff member properly trained in the screening process for dyslexia and other reading disabilities.

For the purposes of this Policy, "potential indicators of dyslexia or other reading disabilities" means indicators that include, but shall not be limited to, difficulty in acquiring language skills; inability to comprehend oral or written language; difficulty in rhyming words; difficulty in naming letters, recognizing letters, matching letters to sounds, and blending sounds when speaking and reading words; difficulty recognizing and remembering sight words; consistent transposition of number sequences, letter reversals, inversions, and substitutions; and trouble in replication of content.

In accordance with the provisions of N.J.S.A. 18A:40-5.2(a), the Commissioner of Education shall distribute to each Board of Education information on screening instruments available to identify students who possess one or more potential indicators of dyslexia or other reading disabilities. The Commissioner shall provide information on the screening instruments appropriate for Kindergarten through grade two students and on screening instruments that may be suitably used for older students. The Board shall select and implement age-appropriate



screening instruments for the early diagnosis of dyslexia and other reading disabilities.

In accordance with provisions of N.J.S.A. 18A:40-5.2(b), the Commissioner shall also develop and distribute to each Board of Education guidance on appropriate intervention strategies for students diagnosed with dyslexia or other reading disabilities.

In the event a student is determined, through the screening conducted in accordance with N.J.S.A. 18A:40-5.3, to possess one or more potential indicators of dyslexia or other reading disabilities pursuant to the provisions of N.J.S.A. 18A:40-5.1 et seq., the Board shall ensure the student receives a comprehensive assessment for the learning disorder. In the event a diagnosis of dyslexia or other reading disability is confirmed by the comprehensive assessment, the Board shall provide appropriate evidence-based intervention strategies to the student, including intense instruction on phonemic awareness, phonics and fluency, vocabulary, and reading comprehension.

N.J.S.A. 18A:40-5.1; 18A:40-5.2; 18A:40-5.3; 18A:40-5.4

Adopted: 12 January 2015



5530 SUBSTANCE ABUSE (M)

The Board of Education recognizes that a student's abuse of harmful substances seriously impedes that student's education and threatens the welfare of the entire school community. The Board is committed to the prevention of substance abuse and the rehabilitation of substance abusers by educational means, but will take the necessary and appropriate steps to protect the school community from harm and from exposure to harmful substances. Accordingly, the Board will establish policies and procedures in operating programs to support the social, emotional, and physical development of students in accordance with the provisions of N.J.S.A. 18A:40A-1 et seq. and N.J.A.C. 6A:16-4.1 et seq. The Board of Education will maintain a comprehensive substance abuse intervention, prevention, and treatment referral program in the schools of this district.

A. Definitions

N.J.S.A. 18A:40A-9
N.J.A.C. 6A:16-1.3; 6A:16-4.1 et seq.

The definitions as outlined in N.J.S.A. 18A:40A et seq., N.J.A.C. 6A:16 et seq., and those terms defined in Regulation 5530 shall be used for the purposes of this Policy and Regulation.

B. Discipline

N.J.S.A. 18A:40A-10; 18A:40A-11
N.J.A.C. 6A:16-4.1(c)2.; 6A:16-6.3(a)

The Board prohibits the use, possession, and/or distribution of alcohol or other drugs on school grounds according to N.J.S.A. 18A:40A-9, 10, and 11.

A student who uses, possesses, or distributes a alcohol or other drugs will be subject to discipline in accordance with the district's Code of Student Conduct. School authorities also have the authority to impose a consequence on a student for conduct away from school grounds in accordance with the provisions of N.J.A.C. 6A:16-7.5. Discipline may include suspension or expulsion. The Board will establish consequences for a student not following through on the recommendations of an evaluation for alcohol or other drug abuse and related behaviors.



C. Instruction

N.J.S.A. 18A:40A-1 et seq.
N.J.A.C. 6A:16-3.1

The Board shall provide an instructional program on the nature of drugs, alcohol, anabolic steroids, tobacco, and controlled dangerous substances in accordance with the provisions of N.J.S.A. 18A:40A-1 et seq. and N.J.A.C. 6A:16-3.1.

D. Reporting, Notification, and Examination

N.J.S.A. 18A:40A-11 through 18A:40A-17
N.J.A.C. 6A:16-3.1; 6A:16-4.1; 6A:16-4.2; 6A:16-4.3

1. Alcohol or Other Drugs

- a. Any educational staff member or other school of district employee to whom it appears that a student may be currently under the influence of alcohol or other drugs as identified in N.J.S.A. 18A:40A-9 and N.J.A.C. 6A:16-4.1(a), on school grounds shall report the matter in accordance with N.J.A.C. 6A:16-4.3(a)1.
- b. An immediate medical examination shall be conducted and a written report of the medical evaluation shall be furnished to the parent of the student, the Principal, and the Superintendent in accordance with N.J.A.C. 6A:16-4.3(a)2 through 4.3(a)8.
- c. If the written report of the medical examination is not provided within twenty-four hours of the referral of the student, the student shall be allowed to return to school until such time as a positive determination of alcohol or other drug use is received from the examining physician, unless the student was also removed for violating the Code of Student Conduct.
- d. If the written report of the medical evaluation verifies that alcohol or other drugs do not interfere with the student's physical or mental ability to perform in school, the student shall be immediately returned to school. If there is a



positive determination from the medical examination indicating the student's alcohol or other drug use interferes with his or her physical or mental ability to perform in school, the student shall be returned to the care of the parent as soon as possible. Attendance at school shall not resume until a written report has been submitted to the parent, Principal, and Superintendent from a physician licensed to practice medicine or osteopathy who has examined the student that verifies the student's alcohol or other drug use no longer interferes with his or her physical and mental ability to perform in school.

- e. Removal of a student with a disability shall be in accordance with N.J.A.C. 6A:14.
 - f. While a student is at home because of the medical evaluation or after the student returns to school, an appropriately certified school staff member(s) will conduct an alcohol and other drug assessment of the student and a reasonable investigation of the situation and may initiate referral alcohol or other drug abuse treatment in accordance with N.J.A.C. 6A:16-4.3(a)12, 4.3(a)13, and 4.3(a)14.
 - g. Disclosure to law enforcement authorities of the identity of a student in instances of alcohol and other drugs shall be in accordance with the requirements of N.J.A.C. 6A:16-4.3(a)3.
 - h. The Board may provide additional intervention and referral services for the student according to the requirements of N.J.S.A. 18A:40A-10 and N.J.A.C. 6A:16-8.
2. Anabolic Steroids
- a. Whenever any teaching staff member, certified or non-certified school nurse, or other educational personnel has reason to believe a student has used or may be using anabolic steroids, the person shall report the matter in accordance with N.J.A.C. 6A:16-4.3(b)1.
 - b. The Principal or designee upon receiving such report shall



immediately notify the parent and Superintendent and shall arrange for an examination of the student as soon as possible to determine whether the student has been using anabolic steroids in accordance with N.J.A.C. 6A:16-4.3(b)2.

- c. Disclosure to law enforcement authorities of the identity of students in instances of anabolic steroids shall be in accordance with the requirements of N.J.A.C. 6A:16-4.3(b)3.
 - d. A written report of the examination shall be provided by the examining physician to the parent Principal, and Superintendent.
 - e. If it is determined the student has used anabolic steroids, an appropriately certified school staff member(s) shall interview the student and others to determine the extent of the student's involvement with and use of anabolic steroids and the possible need for referral for treatment in accordance with N.J.A.C. 6A:16-4.3(b)5.
 - f. If the results of a referral for evaluation have positively determined the student's involvement with and use of anabolic steroids represents a danger to the student's health and well-being, an appropriately certified school staff member(s) shall initiate a referral for treatment to agencies and/or private practitioners as outlined in N.J.A.C. 6A:16-4.3(b)6.
- 3. A school employee who seizes or discovers alcohol or other drugs, or an item believed to be a controlled dangerous substance, including anabolic steroids, or drug paraphernalia, shall comply with the provisions of N.J.A.C. 6A:16-6.4.
 - 4. The Board will provide intervention, referral for evaluation, and referral for treatment services to those students that are affected by alcohol or other drug use in accordance with the provisions of N.J.A.C. 6A:16-4.1(c)7.



5. Refusal or failure by a parent to comply with the provisions of N.J.S.A. 18A:40A-12 and N.J.A.C. 6A:16-4.3 shall be treated as a policy violation of the Compulsory Education Act, pursuant to N.J.S.A. 18A:38-25 and 31, and child neglect laws, pursuant to N.J.S.A. 9:6-1 et seq. and N.J.A.C. 6A:16-11.
6. Refusal or failure of a student to comply with the provisions of N.J.S.A. 18A:40A-12 and N.J.A.C. 6A:16-4.3 shall be treated by the school district as a policy violation and handled in accordance with N.J.A.C. 6A:16-4.1(c)2.

E. In-Service Training

N.J.S.A. 18A:40A-15

The Board directs the Superintendent to develop a program of in-service training for all teaching staff members involved in the instruction of students in accordance with the provisions of N.J.S.A. 18A:40A-15. The Board will provide time for the conduct of the program during the usual school schedule. The in-service training program required in N.J.S.A. 18A:40A-15 shall be updated at regular intervals in order to ensure teaching staff members have the most current information available on this subject.

F. Parent Training Program/Outreach Program

N.J.S.A. 18A:40A-16; 18A:40A-17
N.J.A.C. 6A:16-4.1(c)8

The Board will provide a parent training program/outreach program in accordance with the provisions of N.J.S.A. 18A:40A-16 and 17.

G. Records and Confidentiality of Records

42 CFR Part 2
N.J.S.A. 18A:40A-7.1; 18A:40A-7.2
N.J.A.C. 6A:16-3.2; 6A:32-7.1 et seq.



Notations concerning a student's involvement with substances may be entered on his/her records, subject to N.J.A.C. 6A:32-7.1 et seq. and Policy 8330 regarding confidentiality. Information concerning a student's involvement in a school intervention or treatment program for alcohol or other drug abuse shall be kept strictly confidential according to 42 CFR Part 2, N.J.S.A. 18A:40A-7.1 and 7.2, N.J.A.C. 6A:16-3.2, and N.J.A.C. 6A:16-6.5.

If an elementary or secondary student who is participating in a school-based drug or alcohol abuse counseling program provides information during the course of a counseling session in that program which indicates that the student's parent or other person residing in the student's household is dependent upon or illegally using a substance as that term is defined in N.J.S.A. 18A:40A-9, that information shall be kept confidential and may be disclosed only in accordance with N.J.S.A. 18A:40A-7.1 and N.J.A.C. 6A:16-3.2.

H. Nonpublic School Students

N.J.S.A. 18A:40A-5; 18A:40A-17(c)

The Board has the power and duty to loan to students attending nonpublic schools located in this district and to the parents of such students all educational materials on the nature and effects of drugs, alcohol, anabolic steroids, tobacco, and controlled dangerous substances developed and made available by the Commissioner of Education. The Board shall not be required to expend funds for the loan of these materials.

I. Civil Immunity

N.J.S.A. 18A:40A-13; 18A:40A-14;
N.J.A.C. 6A:16-4.3(c)

No action of any kind in any court of competent jurisdiction shall lie against any employee, officer, or agent of the Board because of actions taken under the education statutes on substance abuse, N.J.S.A. 18A:40A-1 et seq., provided the skill and care given is that ordinarily required and exercised by other such employees, officers, and agents of the Board in accordance with the provisions of N.J.S.A. 18A:40A-13.

Any educational or non-educational Board employee who in good faith reports a student to the Principal or designee in compliance with N.J.A.C.



6A:16-4.3 shall not be liable in civil damages as a result of making such a report, as specified in N.J.S.A. 18A:40A-13 and 14.

J. Reporting Students to Law Enforcement Authorities

N.J.A.C. 6A:16-4.1; 6A:16-6.3

The Superintendent or designee shall disclose to law enforcement authorities the identity of a student reasonably believed to be in possession of a controlled dangerous substance, including anabolic steroids, or related paraphernalia or involved or implicated in distribution activities regarding controlled dangerous substances, including anabolic steroids pursuant to N.J.A.C.6A:16-4.1(c)9. The Superintendent or designee shall not disclose the identity of the student who has voluntarily sought and participated in an appropriate treatment or counseling program for an alcohol or other drug abuse problem, provided the student is not reasonably believed to be involved or implicated in drug-distribution activities.

The Superintendent or designee may disclose to law enforcement authorities the identity of a student suspected to be under the influence of alcohol and/or other drugs, pursuant to N.J.A.C. 6A:16-4.1(c)9.i. Law enforcement authorities shall not be notified of the findings if a student's alcohol or other drug test was obtained as a result of a district's voluntary random drug testing program pursuant to N.J.S.A. 18A:40A-22 et seq. and N.J.A.C. 6A:16-4.4.

K. Policy Review and Accessibility

N.J.S.A. 18A:40A-10; 18A:40A-11

N.J.A.C. 6A:16-4.2(a) and (b)

The Board will annually review the effectiveness of Policy and Regulation 5530 on student alcohol and drug abuse. The Board may solicit parent, student, and community input, as well as consult in the review process with local alcohol or other drug abuse prevention, intervention, and treatment agencies licensed by the New Jersey Department of Human Services.

This Policy and Regulation shall be annually disseminated to all school staff, students, and parents through the district website or other means.



POLICY

FORT LEE
BOARD OF EDUCATION

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SUBSTANCE ABUSE (M)

N.J.S.A. 18A:40A-1 et seq.; 18A:40A-7.1 et seq.
N.J.A.C. 6A:16-1.1 et seq.; 6A:16-4.1 et seq.; 6A:16-6.1 et seq.

Adopted: 23 August 2010

Revised: 12 January 2015



R 5530 SUBSTANCE ABUSE

The following procedures are established in implementation of Policy 5530, Substance Abuse.

A. Definitions

1. "Evaluation" means procedures used by a certified or licensed professional to make a positive determination of a student's need for programs and services which extend beyond the general school program by virtue of learning, behavior, or health difficulties of the student or the student's family.
2. "Other drugs" mean substances as defined in N.J.S.A. 18A:40A-9 and substances as defined in N.J.A.C. 6A:16-4.1(a).
3. "Parent" means the natural parent(s) or adoptive parent(s), legal guardian(s), foster parent(s) or parent surrogate(s) of a student. When parents are separated or divorced, "parent" means the person or agency who has legal custody of the student, as well as the natural or adoptive parent(s) of the student, provided such parental rights have not been terminated by a court of appropriate jurisdiction.
4. "Referral for evaluation" means programs and services suggested to a student or his or her family in order to make a positive determination regarding a student's need for services that extend beyond the general school program.
5. "Referral for treatment" means programs and services suggested to a student or to his or her family to help implement the recommendations resulting from an evaluation, pursuant to N.J.A.C. 6A:16-1.3 and 4.1(c)5 and 6; in response to a positive alcohol or other drug test result, pursuant to N.J.A.C. 6A:16-4.4; or in response to the family's request for assistance with a learning, behavior, or health difficulty, pursuant to N.J.A.C. 6A:16-4.1(c)7 and 8.
6. "School grounds" means and includes land, portions of land, structures, buildings, and vehicles, owned, operated or used for the provision of academic or extracurricular programs sponsored by



the district or community provider and structures that support these buildings, such as school wastewater treatment facilities, generating facilities, and other central facilities including, but not limited to, kitchens and maintenance shops. "School grounds" also include other facilities as defined in N.J.A.C. 6A:26-1.2, playgrounds; and other recreational places owned by local municipalities, private entities, or other individuals during those times when the school district has exclusive use of a portion of such land. "School grounds" also includes athletic stadiums; swimming pools; any associated structures or related equipment tied to such facilities including, but not limited to, grandstands; greenhouses; garages; facilities used for non-instructional or non-educational purposes; and any structure, building, or facility used solely for school administration as defined in N.J.A.C. 6A:26-1.2.

7. "Substance" as defined in N.J.S.A. 18A:40A-9 and N.J.A.C. 6A:16-4.1(a) means alcoholic beverages, controlled dangerous substances, including anabolic steroids as defined at N.J.S.A. 24:21-2 and N.J.S.A. 2C:35-2, any chemical or chemical compound which releases vapors or fumes causing a condition of intoxication, inebriation, excitement, stupefaction, or dulling of the brain or nervous system, including, but not limited to, glue containing a solvent having the property of releasing toxic vapors or fumes as defined at N.J.S.A. 2C:35-10.4, and over-the-counter and prescription medications that are improperly used to cause intoxication, inebriation, excitement, stupefaction, or dulling of the brain or nervous system.
8. "Substance abuse" means the consumption or use of any substance for purposes other than for the treatment of sickness or injury as prescribed or administered by a person duly authorized by law to treat sick and injured human beings.
9. "Under the influence" of substances means that the student is observed in the use of a substance or exhibits physical and/or behavioral characteristics that indicate the immediate use of a substance.



B. Discipline

1. Any violation of Board rules prohibiting the use, possession, and/or distribution of a substance is a serious offense, and the student who violates a substance abuse rule will be disciplined accordingly. Repeated violations are more severe offenses and warrant stricter disciplinary measures. Students who violate the substance abuse rules will be disciplined as per Student Code of Conduct.
2. In accordance with N.J.A.C. 6A:16-4.1(c), the following disciplinary action will be taken in the event the student does not follow through on the recommendations of an evaluation for alcohol or other drug abuse and related behaviors per Student Code of Conduct.

C. Intervention, Referral for Evaluation, and Referral for Treatment Services

1. The provision of intervention, referral for evaluation, and referral for treatment services for students who are affected by alcohol or other drug use.
 - a. The intervention, referral for evaluation, and referral for treatment services shall be provided by an individual who holds the educational services certificate with the student assistance coordinator endorsement issued by the New Jersey State Board of Examiners, or by an individual who holds one of the following educational services certificate endorsements: school nurse; school nurse/non-instructional; school psychologist; school counselor; school social worker; or student personnel services and is trained in alcohol and other drug abuse intervention, assessment, referral for evaluation, and referral for treatment skills.
 - b. The intervention, referral for evaluation, and referral for treatment services shall include one or more of the following:
 - (1) Provisions for a program of instruction, counseling, and related services provided by the district Board



of Education while a student receives medical treatment for a diagnosed alcohol or other drug dependency problem;

- (2) Referral to a community agency, as defined in N.J.A.C. 6A:16-4.1(b), out-of-State agencies licensed by the appropriate State regulatory agency for alcohol and other drug services, or private practitioners authorized by the appropriate drug and alcohol licensing board;
- (3) Provisions for support services for students who are in, or returning from, medical treatment for alcohol and other drug dependency; or
- (4) A special class, course or educational program designed to meet the needs of students with alcohol or other drug use problems.

D. Reporting, Notification, and Examination Procedures

- 1. Students Suspected of Using Anabolic Steroids – N.J.A.C. 6A:16-4.3(b)
 - a. Whenever a teaching staff member, certified or non-certified school nurse, or other educational personnel has reason to believe that a student has used or may be using anabolic steroids, the person shall report the matter as soon as possible to the Principal or, in the Principal's absence, to a person designated by the Principal and either the certified or non-certified school nurse, the school physician, or the student assistance coordinator.
 - b. In response to a report of suspected anabolic steroid use, including instances when a report is made to law enforcement, the Principal or designee shall immediately notify the student's parent and the Superintendent. The Principal or designee shall arrange for an examination of the student by a physician licensed to practice medicine or osteopathy selected by the parent.



- (1) If the physician chosen by the parent is not available to perform the examination, the examination shall be conducted by the school physician or other physician identified by the Principal.
 - (2) The student shall be examined as soon as possible for the purpose of determining whether the student has been using anabolic steroids.
- c. The Superintendent or designee may disclose to law enforcement authorities the identity of a student suspected to have used or to be using anabolic steroids.
 - (1) The Superintendent or designee shall disclose to law enforcement authorities the identity of a student reasonably believed to be in possession of anabolic steroids or related paraphernalia or a student reasonably believed to be involved or implicated in distribution activities involving anabolic steroids.
- d. The examining physician shall provide to the parent, Principal, and Superintendent a written report of the examination.
- e. If it is determined the student has used anabolic steroids, an individual who holds the Educational Services Certificate with the student assistance coordinator endorsement issued by the New Jersey State Board of Examiners or an individual who holds one of the following educational services certificate endorsements: school nurse, school nurse/non-instructional, school psychologist, school counselor, school social worker, or student personnel services and is trained to assess alcohol and other drug abuse shall interview the student and others, as necessary, for the purpose of determining the extent of the student's involvement with and use of anabolic steroids and the possible need for referral for treatment.
 - (1) To make this determination, the school staff member(s) identified above may conduct a



reasonable investigation, which may include interviews with the student's teachers and parents and consultation with experts in student.

- f. If results of a referral for evaluation positively determine the student's involvement with and use of anabolic steroids represents a danger to the student's health and well-being, the school staff member(s) identified in D.1.e. above who is trained to assess alcohol and other drug abuse shall initiate a referral for treatment to appropriate community agencies as defined in N.J.A.C. 6A:16-4.1(b), to out-of-State agencies licensed by the appropriate State regulatory agency for alcohol and other drug services, or to private practitioners certified by the appropriate drug and alcohol licensing board.

2. Students Suspected of Being Under the Influence of Alcohol or Other Drugs Other Than Anabolic Steroids – N.J.A.C.6A:16-4.3(a)

- a. Any educational staff member or other professional to whom it appears that a student may be currently under the influence of alcohol or other drugs on school grounds shall report the matter as soon as possible to the Principal or, in his or her absence, to his or her designee and either the certified school nurse, non-certified school nurse, school physician, or student assistance coordinator, pursuant to N.J.S.A. 18A:40A-12.
 - (1) In instances where the Principal and either the certified school nurse, non-certified school nurse, school physician or the student assistance coordinator are not in attendance, the staff member responsible for the school function shall be immediately notified.
 - (2) The referring staff member shall file with the Principal a report describing the incident. The form shall include all information necessary for a complete, accurate reporting on the Electronic Violence and Vandalism Reporting System



(EVVRS) according to N.J.S.A. 18A:17-46 and N.J.A.C. 6A:16-5.3.

- b. In response to every report by an educational staff member or other professional of suspected student alcohol or other drug use, including instances when a report is made to law enforcement, the Principal or designee shall:
 - (1) Immediately notify the student's parent and the Superintendent or designee;
 - (2) Arrange for an immediate medical examination of the student for the purposes of providing appropriate health care and for determining whether the student is under the influence of alcohol or other drugs, other than anabolic steroids; and
 - (3) Any substance screening conducted by the school nurse and/or other staff is not a substitute for the required medical examination required in N.J.S.A. 18A:40A-12.
- c. The Superintendent or designee may disclose to law enforcement authorities the identity of a student suspected to be under the influence of alcohol or other drugs.
 - (1) The Superintendent or designee shall disclose to law enforcement authorities the identity of a student reasonably believed to be in possession of a controlled dangerous substance or related paraphernalia or a student reasonably believed to be involved or implicated in distribution activities regarding controlled dangerous substances.
- d. The medical examination shall be performed by a physician licensed to practice medicine or osteopathy who is selected by the parent.
 - (1) The parent will be provided, in writing, the minimum requirements for the immediate medical



examination, which will include, but not be limited to, the substances to be tested by the physician, the cut-off levels of each substance to be tested, the time period the immediate medical examination must be conducted, and any other requirements of the examination.

- (2) The examination shall be at the expense of the parent and not the district Board of Education.
- e. If the physician chosen by the parent is not immediately available, the medical examination shall be conducted by the school physician.
- (1) If the school physician is not available, the student shall be accompanied by a member of the school staff designated by the Principal to the emergency room of the nearest hospital for examination.
 - (2) The student's parent, if available, shall also accompany the student.
 - (3) When the medical examination is conducted by the school physician or a physician at the emergency room of the nearest hospital, the examination shall be at the expense of the district Board of Education.
- f. The Board of Education will have a plan in place for the appropriate supervision of the student:
- (1) While waiting for a parent to take the student to the physician selected by the parent, or while the student is waiting for and receiving the medical examination by the school physician or the physician in an emergency room; and
 - (2) Provisions will be made for the appropriate care of the student while awaiting the results of the medical examination.



- g. A written report of the medical examination of the student shall be furnished to the student's parent, the Principal, and the Superintendent of Schools by the examining physician within twenty-four hours of the referral of the student for suspected alcohol or other drug use.
 - (1) The school district, in cooperation with the school physician or medical professionals licensed to practice medicine or osteopathy, shall establish minimum requirements for the medical report. The minimum requirements for the examination will be periodically reviewed and updated as needed.
 - (2) The report's findings shall verify whether the student's alcohol or other drug use interferes with his or her physical and mental ability to perform in school.
- h. When the medical examination is performed by a physician other than the school physician or at the emergency room of the nearest hospital, the school district will require the to submit verification within twenty-four hours of the notification that the student is suspected of alcohol or other drug use that a medical examination was performed in compliance with this Policy.
 - (1) The verification shall include, at a minimum, the signature, printed name, address, and phone number of the examining physician, the date and time of the medical examination, and the date by which the report required in this Policy will be provided.
 - (2) Refusal or failure by a parent to comply with this requirement shall be treated as a policy violation and handled in accordance with N.J.A.C. 6A:16-4.3(d).
- i. If the written report of the medical examination is not submitted to the parent, Principal, and Superintendent within twenty-four hours of the referral of the student for suspected alcohol or other drug use, the student shall be



allowed to return to school until such time as a positive determination of alcohol or other drug use is received from the examining physician, unless the student was also removed for violating the Code of Student Conduct.

- j. If the written report of the medical examination verifies that alcohol or other drugs do not interfere with the student's physical and mental ability to perform in school, the student will be immediately returned to school.
- k. If there is a positive determination from the medical examination, indicating the student's alcohol or other drug use interferes with his or her physical or mental ability to perform in school:
 - (1) The student will be returned as soon as possible to the care of the parent;
 - (2) Attendance at school shall not resume until a written report has been submitted to the parent, the Principal, and Superintendent from a physician licensed to practice medicine or osteopathy who has examined the student to determine whether alcohol or other drug use interferes with his or her physical or mental ability to perform in school.
 - (a) The report shall verify that the student's alcohol or other drug use no longer interferes with the student's physical and mental ability to perform in school.
 - (3) Removal of a student with a disability shall be made in accordance with N.J.A.C. 6A:14.
- l. While the student is home because of the medical examination or after the student returns to school, an individual who holds the Educational Services Certificate with the student assistance coordinator endorsement issued by the New Jersey State Board of Examiners or an individual who holds one of the following Educational



Services Certificate endorsements: school nurse, school nurse/non-instructional, school psychologist, school counselor, school social worker, or student personnel services and is trained to assess alcohol and other drug abuse shall:

- (1) Conduct an alcohol and other drug assessment of the student and a reasonable investigation of the situation, which may include interviews with the student's teachers and parents and consultation with experts in student alcohol or other drug abuse, for the purpose of making a preliminary determination of the student's need for educational programs, supportive services, or treatment that extend beyond the general school program by virtue of the student's use of alcohol or other drugs.
 - (a) The findings of the assessment alone shall not prevent a student from attending school; and
 - (2) Cooperate with community agencies as defined in N.J.A.C. 6A:16-4.1(b) and juvenile justice officials in providing evaluation, referral, and continuity of care for alcohol or other drug abuse treatment.
- m. While the student is at home because of the medical examination or after his or her returns to school, the Principal or Superintendent may recommend or require alcohol and other drug assessment of the student or evaluation by appropriately certified or licensed professionals to make a positive determination of a student's need for programs and services that extend beyond the general school program, as necessary.
- (1) The findings of these additional evaluations alone shall not be used to prevent a student from attending school.



- n. If at any time it is determined that the student's use of alcohol or other drugs presents a danger to the student's health and well-being, an individual who holds the Educational Services Certificate with the student assistance coordinator endorsement issued by the New Jersey State Board of Examiners or an individual who holds one of the following Educational Services Certificate endorsements: school nurse, school nurse/non-instructional, school psychologist, school counselor, school social worker, or student personnel services and is trained in alcohol and other drug abuse treatment referral shall initiate a referral for alcohol or other drug abuse treatment.

E. Handling of Alcohol or Other Drugs

1. A student's person, effects, or school storage places may be searched for substances in accordance with Board Policy and applicable laws regarding searches in schools.
2. A school employee who seizes or discovers a substance, or an item believed to be a substance or drug paraphernalia, shall immediately notify and turn it over to the Principal or designee.
 - a. The Principal or designee shall immediately notify the Superintendent or designee who in turn shall notify the County Prosecutor or other law enforcement official designated by the County Prosecutor to receive such information.
 - b. In accordance with the provisions of N.J.A.C. 6A:16-6.4(a), the school employee, Principal or designee shall safeguard the alcohol, other drug, or paraphernalia against further destruction and shall secure the alcohol, other drug, or paraphernalia until it can be turned over to the County Prosecutor or designee.
 - c. The Principal or designee shall provide to the County Prosecutor or designee all information concerning the manner in which the alcohol, other drug, or paraphernalia was discovered or seized, including:



- (1) The identity of all persons who had custody of the substance or paraphernalia following its discovery or seizure; and
 - (2) The identity of the student believed to have been in possession of the substance or paraphernalia.
 - d. The Principal or designee shall not disclose the identity of a student who voluntarily and on his or her own initiative turned over the alcohol, other drug, or paraphernalia to a school employee, provided there is reason to believe the student was involved with the alcohol, other drug, or paraphernalia for the purpose of personal use and not distribution activities, and further provided the student agrees to participate in an appropriate treatment or counseling program.
 - (1) For the purposes of N.J.A.C. 6A:16-6.4, an admission by a student in response to questioning initiated by the Principal or teaching staff member, or following the discovery by the Principal or teaching staff member of a controlled dangerous substance, including anabolic steroids, or drug paraphernalia shall not constitute a voluntary, self-initiated request for counseling and treatment.
- F. Reporting Students to Law Enforcement Agencies
 1. Subject to N.J.A.C. 6A:16-6.5, any staff member who, in the course of his or her employment, has reason to believe that a student has unlawfully possessed or in any way been involved in the distribution of a controlled dangerous substance, including anabolic steroids, or drug paraphernalia shall report the matter as soon as possible to the Principal or, in the absence of the Principal, to the staff member responsible at the time of the alleged violation.
 2. Either the Principal or the responsible staff member shall notify the Superintendent, who in turn shall notify as soon as possible the County Prosecutor or other law enforcement official designated by the County Prosecutor to receive such information.



3. The Superintendent or designee shall provide to the County Prosecutor or designee all known information concerning the matter, including the identity of the student involved.
4. The Superintendent or designee; however, shall not disclose the identity of a student who has voluntarily sought and participated in an appropriate treatment or counseling program for an alcohol or other drug abuse problem, provided the student is not reasonably believed to be involved or implicated in drug-distribution activities.
5. For the purpose of N.J.A.C. 6A:16-6.3, an admission by a student in response to questioning initiated by the Principal or teaching staff member, or following the discovery by the Principal or teaching staff member of a controlled dangerous substance, including anabolic steroids, or drug paraphernalia, shall not constitute a voluntary, self-initiated request for counseling and treatment.
6. The Superintendent or designee may disclose to law enforcement authorities the identity of a student suspected to be under the influence of alcohol and/or controlled dangerous substances, pursuant to N.J.A.C. 6A:16-4.3(a), or a student suspected to have used or who may be using anabolic steroids, pursuant to N.J.A.C. 6A:16-4.3(b), and who is referred for a medical examination, pursuant to N.J.A.C. 6A:16-4.3(a) or (b), as appropriate, for the purposes of providing appropriate health care for the student and for determining whether the student is under the influence of alcohol or other drugs or has been using anabolic steroids. The Superintendent or designee shall disclose to law enforcement authorities the identity of a student reasonably believed to be in possession of a controlled dangerous substance or related paraphernalia or a student reasonably believed to be involved or implicated in distribution activities regarding controlled dangerous substances.
7. Law enforcement authorities shall not be notified of the findings if a student's alcohol or other drug test, pursuant to N.J.A.C. 6A:16-4.3(a)3i and N.J.A.C. 6A:16-4.3(b)3i and N.J.A.C. 6A:16-4.3(a)4, was obtained as a result of the district Board of Education's



voluntary random drug testing policy, pursuant to N.J.S.A. 18A:40A-22 et seq. and N.J.A.C. 6A:16-4.4.

G. Parent Training Program/Outreach Programs

1. A substance abuse training program will be offered to the parents of students enrolled in the district. The program will be offered at times. The Board will establish an outreach program to provide substance abuse education for the parents of students in the district. In establishing the program, the Board shall consult with such local organizations and agencies as are recommended by the Commissioner. The Board shall insure the program is offered at times and places convenient to the parents of the district on school premises, or at other suitable facilities.
2. The program shall, at a minimum, provide:
 - a. A thorough and comprehensive review of the substance abuse instruction curriculum to be taught to the children of the parents during the school year, with recommendations as to the ways in which the parent may enhance, reinforce, and supplement that program;
 - b. Information on the pharmacology, physiology, psychosocial, and legal aspects of substance abuse;
 - c. Instruction to assist the parent in the identification of the symptoms and behavioral patterns that might indicate a child may be involved in substance abuse;
 - d. Information on the State, local, and community organizations which are available for the prevention, early intervention, treatment, and rehabilitation of individuals who show symptoms of substance abuse; and
 - e. A review of the Board Policy and Regulation on substance abuse with attention to the role of parents.



- f. In addition to the substance abuse education program required pursuant to N.J.S.A. 18A:40A-17, the Board shall provide assistance to parents who believe that their child may be involved in substance abuse.

H. Records and Confidentiality of Records

1. Notations concerning a student's involvement with substances may be entered on his/her records, subject to N.J.A.C. 6A:32-7.1 et seq. and Policy 8330.
2. Information concerning a student's involvement in a school intervention or treatment program for alcohol or other drug abuse shall be kept strictly confidential according to 42 CFR Part 2, N.J.S.A. 18A:40A-7.1 and 7.2, and N.J.A.C. 6A:16-3.2.
3. If a student is involved in a school-based drug and alcohol counseling program and provides information during the course of a counseling session which indicates the student's parent or other person residing in the student's household is dependent upon or illegally using substances pursuant to N.J.S.A. 18A:40A-7.1 and 7.2, that information shall be kept confidential and may be disclosed only under the circumstances expressly authorized as follows:
 - a. Subject to the student's written consent, to another person or entity whom the student specifies in writing in the case of a secondary student, or to a member of the student's immediate family or the appropriate school personnel in the case of an elementary student;
 - b. Pursuant to a court order;
 - c. To a person engaged in a bona fide research purpose; except that no names or other information identifying the student or the person with respect to whose substance abuse the information was provided, shall be made available to the researcher; or



- d. To the Division of Child Protection and Permanency (DCP&P) or to a law enforcement agency, if the information would cause a person to reasonably suspect that the student or another child may be an abused or neglected child in accordance with statute or administrative code.

Any disclosure made pursuant to H.3.a. and b. above shall be limited to that information which is necessary to carry out the purpose of the disclosure, and the person or entity to whom the information is disclosed shall be prohibited from making any further disclosure of that information without the student's written consent. The disclosure must be accompanied by a written statement from the Superintendent or designee advising the recipient that the information is being disclosed from the records the confidentiality of which is protected by (N.J.S.A. 18A:40A-7.1 et seq. and that this law prohibits any further disclosure of this information without the written consent of the person from whom the information originated.

Nothing in this Policy or Regulation prevents the DCP&P or a law enforcement agency from using or disclosing the information in the course of conducting an investigation or prosecution. Nothing in this Policy or Regulation shall be construed as authorizing the violation of any Federal law.

The prohibition on the disclosure of information provided by a student shall apply whether the person to whom the information was provided believes that the person seeking the information already has it, has other means of obtaining it, is a law enforcement or other public official, has obtained a subpoena, or asserts any other justification for the disclosure of this information.

A person who discloses or willfully permits the disclosure of information provided by a student in violation of this Policy is subject to fines in accordance with N.J.S.A.18A:40A-7.2.



4. Each incident of substance abuse shall be reported to the Commissioner on the Electronic Violence and Vandalism Reporting System (EVVRS).

Issued: 23 August 2010

Revised: 12 January 2015



5756 TRANSGENDER STUDENTS

The Board of Education strives to provide a safe and supportive environment for all students. In furthering this goal, the Board adopts this Policy to address the needs of transgender and gender nonconforming students enrolled in the school district.

For the purposes of this Policy:

1. "Gender expression" refers to the way a student represents or expresses gender to others, often through behavior, clothing, hairstyles, activities, voice, or mannerisms.
2. "Gender identity" means a student's deeply held sense or psychological knowledge of their own gender, regardless of the gender they were assigned at birth.
3. "Gender identity or expression" also means having or being perceived as having a gender-related identity or expression whether or not stereotypically associated with a person's assigned sex at birth.
4. "Gender nonconforming" describes a student whose gender expression differs from stereotypical expectations, such as "feminine" boys, "masculine" girls, and those who are perceived as androgynous.
5. "Transgender" describes students whose gender identity is different from their gender assigned at birth.

Gender-related identity may be provided to the school district by a parent of a student or by an adult student with evidence including, but not limited to, medical history, care or treatment of the gender-related identity, consistent and uniform assertion of the gender-related identity, or any other evidence that the gender-related identity is sincerely held as part of the student's core identity.



The Board of Education believes the responsibility for determining a student's gender-related identity rests with the student, or in the case of young students not yet able to advocate for themselves, with the parent. Therefore, the Board will accept a student's assertion of his or her gender identity when there is consistent and uniform assertion of the gender-related identity, or any other evidence that the gender-related identity is sincerely held as a part of the student's core identity. The Board authorizes the Superintendent or designee to question a student's asserted gender identity when there is a credible basis for believing the student's gender-related identity is being asserted for some improper purpose. Confirmation of a student's asserted gender must include a letter from a parent or the adult student to the Superintendent of Schools indicating the student is gender non-conforming.

The Board recognizes school-related issues regarding transgender students will vary on a case-by-case basis. Therefore, the Superintendent of Schools or designee will meet with the parent and student to discuss school-related issues such as the name and pronoun to be used by district staff in referring to the student, the gender identification to be used on the student's records, district staff members that should be informed of the student's access and use of restrooms, locker rooms, changing facilities, physical education classes, and other gender issues affecting the transgender student and his/her attendance at school. The school district will take reasonable measures to accommodate the needs of transgender students.

Adopted: 12 January 2015

