Alternative Education Programs Staff Handbook 2018-2019
## General Information
- Mission and Schoolwide Goals .................................................. 7
- Program Philosophy .................................................................. 8
- 2018 – 2019 Site Roster .............................................................. 9
- 2018 – 2019 Alternative Education School Calendar ................... 12
- 2018 – 2019 Alternative Education Programs ............................. 13
- Program Overview and Description ............................................. 15

## Personnel
- Timesheets .................................................................................. 19
- Payroll ....................................................................................... 19
- Work Day ................................................................................... 19
- Substitute Employees ................................................................. 19
- Conferences and Workshops ...................................................... 19
- Mileage ...................................................................................... 19
- Professional Growth Credit ....................................................... 20
- Professional Leave ..................................................................... 20
- Injuries/Workman’s Compensation ............................................ 20
- Staff Performance Evaluations ................................................. 20
- Classified/Certificated Employee Unit Agreement .................... 20

## Student Records
- Enrollment .................................................................................. 22
- Cumulative Folders ..................................................................... 23
- Immunizations .......................................................................... 24
- Transcripts ................................................................................ 24
- Report Cards ............................................................................. 24
- Withdrawal Forms ..................................................................... 24
- Progress Reports ....................................................................... 24
- Release of Information ............................................................... 24
- Individual Learning Plans ........................................................... 24
- Student ID’s .............................................................................. 24

## Instructional Programs
- Instructional Year ....................................................................... 26
- Course of Study ........................................................................ 26
- Credits ...................................................................................... 26
- Grades ....................................................................................... 26
- Transition Requirements ........................................................... 26
- Class Standing .......................................................................... 26
- Graduation—High School ......................................................... 27
- Alternatives to Fulfilling Graduation Requirements ................... 28
- Regional Occupational Program ............................................. 28
- Community College Classes .................................................... 28
- Extended Program .................................................................... 28
- Early Graduation ....................................................................... 28
- Graduation—Eight Grade .......................................................... 29
- Substance Abuse Education ...................................................... 30
- Special Education ..................................................................... 30
Career Education .................................................. 31
Work Experience .................................................. 32
Work Permits ......................................................... 32
Contracted Learning ............................................. 32
Counseling .......................................................... 33
Teenage Parent Program ...................................... 33
Online Academy Site & Independent Studies ............ 33
Assessment .......................................................... 33
Student Expectations .......................................... 36
Expectaciones de Estudiantes ............................... 37

Materials and Resources
Standard Stock .................................................... 38
Purchase Orders ................................................... 38
Approved Books and Resources ............................. 38
Films and Movies .................................................. 38
Reimbursement ..................................................... 38
Library Materials ................................................... 38

Site Policies and Procedures
Attendance .......................................................... 39
Attendance Accounting Procedures ........................ 39
Truancy ............................................................... 39
School Attendance Review Board (SARB) ............... 40
Incident Reports ................................................... 40
Student Lunches ................................................... 40
Telephone Use ...................................................... 40
Closed Campus ..................................................... 40
Public Information/Photographs ............................. 41
Interviews ............................................................. 41
Field Trips ............................................................ 41
Technical Support/Repair ...................................... 41
Maintenance/Repair Requests ............................... 41
Site Security ........................................................ 41
Personal Items ....................................................... 42
Emergency Procedures ........................................... 42
Student Injuries ................................................. 42
Safety Drills ........................................................ 42
Medication ............................................................ 43
Health Related Issues .......................................... 43
Healthy Families Program ..................................... 43
Child Abuse Reporting ........................................... 43
Transportation of Students .................................... 43
Vehicle Use Policy ............................................... 43
Parent Conferences .............................................. 44
Open House/Back to School Nights ......................... 44
Recognition Ceremonies ....................................... 44
Performances ....................................................... 44
Guest Speakers/Artists/Presenters/Volunteers ............ 44
Student Discipline ............................................... 45
Site Rules and Traditions ....................................... 45
Suspensions ........................................................ 45
Liability of Parent or Guardian for Injury to Persons or Property.............................................. 47
Employee Intervention in Student Disturbances................................................................. 47
Search and Seizure............................................................................................................... 47
Gang Identification/Intervention........................................................................................ 47
Substance Abuse Identification and Intervention.............................................................. 47

**Personnel Forms**........................................................................................................... 50
Orientation Checklist
Sample Time Sheets
Request for Authority to Travel
Mileage Reimbursement Claim Form
Incident Report Form
Leave Request Form
Professional Growth Request Form

**Student Record Forms**.................................................................................................. 63
Sample Transcript
Graduation Requirements
Independent Studies Agreement
North County Special Education Interim Placement Form
Student Withdrawal Form
Lunch Recap Form
Truancy Letter #1
Truancy Letter #2
Incident Report
Notice of Suspension
Accident or Illness Report
Suspected Child Abuse Report Form
Student Enrollment Information Form
Emergency Medical Aid Form
Field Trip Permission Form
Authorization for Public Information
Home Language Survey
Parent/Guardian Rights
School Placement Contract
Healthy Families Information Request
Internet Acceptable Use Agreement
Medical Insurance Information
Student Residency Questionnaire
Parent/Guardian Complaint Rights
Alternative Education Program Dress Code
Supplemental Education Services (SES) Form

**Instructional Program Forms**......................................................................................... 84
Warrant Order Request
Request For Check From Donation
Purchase Requisition Form

**Site Forms**..................................................................................................................... 87
End of Year Responsibilities
Request for Authority to Travel
Field Trip Request Form
Voluntary Activities Participation Form
Work Order Request Form
Supply Request
Duplication Order
Alternative Education Program

Mission Statement

To provide a safe, supportive learning environment where students are empowered to achieve academic, social, and vocational excellence.

Schoolwide Goals

The SCCOE Alternative Education Program will prepare students to be...

1. Literate.
   Literate students...
   - Think critically and problem solve
   - Demonstrate growth in multiple academic disciplines
   - Communicate and receive ideas effectively through reading, writing, listening, speaking and visual representations
   - Value life-long learning
   - Apply 21st century technological competencies

2. Ethical.
   Ethical students...
   - Show respect for themselves, others and the environment
   - Are responsible for their actions, the choices that they make and for the resulting outcomes
   - Possess effective social skills and manage conflict constructively.
   - Are active and positive members in their communities who seek ways to serve or give back
   - Are financially responsible and responsible family members

3. Empowered.
   Empowered students...
   - Explore a variety of career pathways and post-secondary educational opportunities and construct realistic career goals based on interest and ability
   - Discover their unique talents and abilities and utilize them to advocate for themselves and their communities
   - Understand the relationship between school success and success in the workplace
   - Can advocate for themselves in the post-secondary academic community and in the world of work.
   - Develop and utilize personal and community resources to promote a healthy lifestyle
Philosophy

We believe that the educational success of our students is dependent upon quality academic and effective programs, which are supported by a healthy organization, our students’ families, and effective community partnerships. Our programs are student-centered and adapt to meet individual needs. We value personal and professional development. Staff works collaboratively to facilitate learning and change.

We believe that:

- All students can learn.  
- All students can grow socially and emotionally to become productive citizens.  
- Each student should be given the opportunity to fully develop his/her potential.  
- There is a need to facilitate learning by drawing on individual strengths and learning styles.  
- Structured educational environments and programs help our students to learn.  
- Each student has a right to a physically and emotionally safe environment that is conducive to learning.  
- There is a need to embrace diversity.  
- Collaborative relationships are essential in delivering quality services and effective programs to our students.  
- We are accountable through evaluation of students and programs.
<table>
<thead>
<tr>
<th>County Office of Education</th>
<th>Phone #</th>
<th>Cell #</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Rice</td>
<td>466-5724</td>
<td>566-7525</td>
</tr>
<tr>
<td>John Armstrong</td>
<td>466-5726</td>
<td>252-2390</td>
</tr>
<tr>
<td>Denise (Sony) Sanson</td>
<td>466-5739</td>
<td>251-3352</td>
</tr>
<tr>
<td>Adam Wade</td>
<td>466-5812</td>
<td></td>
</tr>
<tr>
<td>Rosemary Ybarra</td>
<td>466-5883</td>
<td></td>
</tr>
<tr>
<td>Rosa Rosas</td>
<td>466-5722</td>
<td></td>
</tr>
<tr>
<td>Jules Skelton</td>
<td>466-5721</td>
<td></td>
</tr>
<tr>
<td>Denise Pitman-Rosas</td>
<td>466-5730</td>
<td></td>
</tr>
<tr>
<td>Melissa Gomez</td>
<td>466-5725</td>
<td></td>
</tr>
<tr>
<td>Sharon Wright-Miller</td>
<td>466-5770</td>
<td></td>
</tr>
<tr>
<td>Sandra Pedroza</td>
<td>466-5728</td>
<td></td>
</tr>
<tr>
<td>Michael Paynter</td>
<td>466-5729</td>
<td></td>
</tr>
<tr>
<td>Lea/Toni</td>
<td>466-5735</td>
<td></td>
</tr>
<tr>
<td>Fax</td>
<td>466-5730</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community Schools 44-10447-44-30278</th>
<th>Phone #</th>
<th>Cell #</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Camp</td>
<td>Elizabeth Svensson (Teacher) 408 493-3562</td>
<td></td>
</tr>
<tr>
<td>P.O Box 65569 (3192 Glen Canyon Rd.) Scotts Valley, CA 95066 438-1868 Fax #430-9051</td>
<td>Megan Thom (Teacher) TH,F Jen Izant (Teacher) Cell M,F Brandon Proctor (Teacher) W</td>
<td></td>
</tr>
<tr>
<td>County Office of Education IS Program 400 Encinal Street Office 465-5738 Santa Cruz, CA 95060 cell # 345-6723</td>
<td>Becca Bing (Teacher)</td>
<td></td>
</tr>
<tr>
<td>DeWitt Anderson Community School 2716 Freedom Blvd Corralitos, CA 95076 786-3890 Fax 786-3904</td>
<td>David Spencer (Teacher) (Sub Aide) Camy Ditter (Teacher) (Sub. Aide)</td>
<td></td>
</tr>
<tr>
<td>La Manzana 18 West Lake Ave Watsonville, CA 95076 P 722-9031</td>
<td>Lorraine Trombino (Teacher)</td>
<td></td>
</tr>
<tr>
<td>Light House 515 Frederick St. Santa Cruz, CA 95062 Phone 459-7971 Fax 459-9219</td>
<td>Leta Van DenHeuvel (Head Teacher) Nigel West (Teacher) Marissa Velasquez (Teacher) Linda Hooper (Inst. Aide)</td>
<td></td>
</tr>
<tr>
<td>Louden Nelson Center, Room 6 301 Center Street Santa Cruz, CA 95060 P 425-4891 Fax 425-4515</td>
<td>Elizabeth Burnham-Grau (Teacher) Joe Sanchez-Ferguson (Inst Aide)</td>
<td></td>
</tr>
<tr>
<td>Natural Bridges High/Green Career Center 313 Swift Street Santa Cruz, CA 95060 457-8254 Fax 459-9825</td>
<td>Tracy Schultz (Head Teacher) 466-5653 Jeanne Milnes (Teacher) 466-5652 Dorrie Stallings (Teacher) 466-5657 Kelly Schiwirke (Teacher) 466-5655 Ann Brooke (Teacher) 466-5662 Ted Albright (Teacher) Math 466-5659 Jerome Randy Klein (Sub Teacher) Kathleen Profitt (Inst. Aide) Richard Rodriguez (Inst Aide) (Sub Aide)</td>
<td></td>
</tr>
<tr>
<td>Sequoia Junior High (7-9) 229 Green Valley Road Freedom CA 95019 466-5680</td>
<td>466-5650 Fax 475-2169</td>
<td></td>
</tr>
</tbody>
</table>
Ponderosa High School
305 Marion Ave
Ben Lomond, CA 95005
336-9338 Fax 336-8972

Josh Engelhardt (Teacher)
Paul Garcia (Teacher)
Desiree Hunt (Teacher)
Laura Macondray (Project Coord.)

San Lorenzo Valley Community
8500 Highway 9
Ben Lomond, CA 95005
336-3165 Fax 336-2830

Nora Baer (Teacher)
Patty Atchley-Freedman (Project Spec.)
Maggie East (Instructional Aide)

Santa Cruz Community/Phoenix Academy
411 Roxas Ave
Santa Cruz, CA 95062
Phone 425-7107 Fax 425-2006

Jeff McCormick (Teacher)
Carol Trent (Sr. Instructional Aide)

Seabright School
411 Roxas Ave
Santa Cruz, CA 95062
Phone 425-7106 Fax 425-2006

Lisa Carlton (Teacher)
(Sub Aide)

SOS Program 750-5605
318 Union Street
Watsonville, CA 95076 Fax 786-4707
786-4800
786-4801

Kimberely Taite (Teacher)
Maria Rojas (Sr. Instructional Aide)
Maja Richardson-Smith (Teacher)
(Sub Aide)

Star Community
515 Frederick St.
Santa Cruz, CA 95062
Phone 459-9741 Fax 459-9219

Emily Merrifield (Teacher)
Veronica Ramirez (Inst. Aide) T252-2865

The Cottage
325 Evergreen
Santa Cruz, CA 95060
P 420-6193

Brandon Proctor (Teacher)
Richard Stevens (Instructional Aide)

Sequoia High School
229 Green Valley Road
Freedom CA 95019
466-5680

Michelle Delibert (Teacher)
Mike Powers (Teacher)
Vito Chiaramonte (Teacher)
Angela Brener (IS Teacher)
Mark Matthews (IS Teacher)
Kelly Podesta (IS Teacher)
Afah Adlan (IS Teacher)
Sandra Ronquillo (Bil. Project Coord.) T 252-6806 X5684
Yvonne Pizano (Admin Secretary)
Debra Guile (Inst. Aide)
Brennan Bynes (Inst. Aide)
Blanca Corrales (Counselor)
D. Steve Hunt (Counselor)

Blanca Sanchez (Instructional Aide)
(Sub Aide)
(Sub Aide)

Early Care Sequoia
229 Green Valley Road
Freedom CA 95019
P 466-5682

Elizabeth Svensson (Teacher) Cell 408-493-3562

Y.E.S School plus therapy/meetings
515 Frederick St
Santa Cruz Ca 95062 459-9741
Youth Services 429-6350

Monika Clark (Teacher) T/Th

Teen Center
301 Center Street
Santa Cruz Ca 95060

Blanca Corrales (Counselor)
D. Steve Hunt (Counselor)
Court Schools 44-30146

Escuela Quetzal School
241 East Lake
Watsonville, CA 95076
786-0558 Fax 728-3629

Jessica Vargas (Teacher)
Yesenia Anaya (Instructional Aide)

Freedom Community School
1430 Freedom Blvd
Watsonville, CA 95076
786-8971 Fax 786-9793

Javier Gonzales T 252-6761
Andrew Martinez (Instructional Aide)

Robert A. Hartman
Probation Center
3650 Graham Hill Rd. (P O Box 1812)
Santa Cruz, CA 95060
454-3650/454-3869 Fax 454-3874

Kirsten Pohlman (Teacher/RSP)
Tyrone Fu (Sub Aide)

Sequoia Academy
229 Green Valley Road
Freedom CA 95019
466-5680

Tara Kemp (Teacher)
Roderick (Rory) Bruce (Sr. Instructional Aide)

Support Services
Sp Ed Resource Specialist
Sp Ed/RSP Teacher
Sp Ed/RSP Teacher
School Psychologist
Project Coordinator
Work Experience Specialist
Work Experience Specialist/Counselor
Work Experience Specialist
Health Educator/Counselor
Gang Intervention Specialist
Counselor
Counselor
Counselor
Counselor

Rene LaBranche- 466-5731 Pers. Cell #818-4690
Mari Cope 466-5733
Michael Semas 466-5732 Pers.
Shira Smith 466-5737
Will Rosse Cell #425-3399

Christian Spaeth (NBHS,Oasis)
Lori Davenport (Workability) T 252-6768
Jack Michael (COE,Ponderosa)
Lucy Corrales (Workability) 466-5734
Xlac Cabanes 831 239-4505

Willie Stokes (Louden,The Cottage)
Kimber Collins (Dewitt,La Manzana)
D. Steve Hunt (Sequoia Jr, High,Sequoia)
Ren Proshan (Oasis,Highlands)
Blanca Corrales (Sequoia)
Tierney Ward (Lighthouse, Phoenix, Seabright)

Student Support/Foster Youth Services
Foster Ed Project Lead 466-5665
Foster Ed Liaison 466-5664
Foster Youth Services Ed Liaison 466-5663
Foster & Homeless Youth Liaison 466-5702
Foster Ed Liaison (831) 227-7426
Foster Ed Liaison (831) 228-2119

Michael Paynter Director
Kim Corneille kcorneille@santacruzcoe.org
Olivia Buttt obutt@santacruzcoe.org
Caroline Currie ccurrie@santacruzcoe.org
Laura Gonzalez lgonzalez@santacruzcoe.org
Erika Hernandez ehernandez@santacruzcoe.org
Norma Sanchez nsanchez@santacruzcoe.org
2018-2019 Alternative Education Programs School Calendar

### NOTABLE DATES

- **July 4** - Independence Day
- **Aug. 20** - Orientation Day
- **Aug. 20-21** - Teacher Work Days
- **Aug. 22** - First Student Day
- **Sept. 3** - Labor Day
- **Nov. 12** - Veterans Day
- **Nov. 21, 23** - Board Holiday
- **Nov. 22** - Thanksgiving Day
- **Dec. 21 – Jan 4** - Winter Break
- **Dec. 24** - Board Holiday
- **Dec. 25** - Legal Holiday
- **Dec. 31** - Board Holiday
- **Jan. 1** - Legal Holiday
- **Jan. 21** - MLK Jr. Day
- **Feb. 11** - Lincoln’s Birthday
- **Feb. 18** - Presidents’ Day
- **May 27** - Memorial Day
- **June 7** - Last Student Day

### LEGEND

- **Legal Holiday**
- **Board Holiday**
- **School Holiday**
- **First/Last Day of School**
- **Teacher Work Days**
- **Staff Develop Days**

---

Board Approved: March 15, 2018
The Camp
A school within an in-patient drug and alcohol treatment center. The school is open year round and employs a staff with extensive experience and training related to providing education services within a therapeutic setting.
Phone: (831) 438-1868
Address: 3192 Glen Canyon Rd., Scotts Valley, CA 95066

The Cottage
This small single-classroom site creates an inclusive environment that re-engages students who have not experienced success in a larger setting. Through the use of tech-based instruction, The Cottage aims to build back student confidence in their ability to learn and be successful in society.
Phone: (831) 588-7267
Address: 325 Evergreen St., Santa Cruz, CA 95060

DeWitt Anderson School
Is a strong, supportive, and empowering learning community for girls. The teaching and counseling staff are trained and experienced in supporting students as they transition to comprehensive high school, the work place, or college.
Phone: (831) 786-3890
Address: 2716 Freedom Blvd., Corralitos, CA 95076

Freedom Community School
A single classroom site for students who excel in a smaller, supportive, and structured environment. Freedom Community School provides students with the tools and support to help them achieve their academic and personal goals.
Phone: (831) 786-8971
Address: 1430 Freedom Blvd., Watsonville, CA 95076

Hartman School
Educates the youth detained at the Santa Cruz County Juvenile Hall. Named after a dedicated teacher, Robert A. Hartman, the school is open year round and employs a staff with extensive experience. Hartman School provides a highly structured learning environment that supports individualized and group learning.
Phone: (831) 454-3812
Address: 3650 Graham Hill Rd., Felton, CA 95018

San Lorenzo Valley Community School (Highlands)
Patience, understanding, and unwavering support for students with a variety of academic needs have been the key to success for students. SLV Community School has been educating the youth of San Lorenzo Valley for nearly 20 years.
Phone: (831) 336-3165
Address: Highlands Park, 8500 Highway 9, Ben Lomond, CA 95005

La Manzana Learning Community
A small, personalized learning community that provides a small, safe learning environment. All students are supported and encouraged to achieve their individualized academic, social and emotional goals.
Phone: (831) 722-9031
Address: 521 Main St.-Building Y, Watsonville, CA 95076

Lighthouse High School
The personalized learning community mentors students to continue on their individualized paths of personal development in an environment that is supportive, non-judgmental, and nurturing of the multiple intelligences. A combination of teacher-led lessons, group experiences, and independent studies assignments provide opportunities for students to focus on academic growth while refining a vision of themselves in both the present and the future. Lighthouse High School is located on the Star Community School campus.
Phone: (831) 459-7971
Address: 515 Frederick St., Santa Cruz, CA 95060

Louden Nelson High School
Located in the Louden Nelson Community Center in downtown Santa Cruz, LNHS teaches students to be intelligent, thoughtful, and compassionate individuals. Students experience success through sound academic instruction in an environment that is safe, supportive, and stresses community values.
Phone: (831) 425-4891
Address: 301 Center St.-Rm 6, Santa Cruz, CA 95060

Natural Bridges High School/Career Training Center
A program designed for students 15 and older seeking education and employment training. NBHS is a successful collaborative effort between the Santa Cruz COE Alternative Education Department and the CTEP department.
Phone: (831) 457-8254
Address: 313 Swift St., Santa Cruz, CA 95060

Oasis High School
Designed to meet the needs of students who benefit from a personalized learning program. Oasis staff works collaboratively with the student, their parents/guardians, teacher, and counselor to design an education plan. Oasis is located on the Cabrillo College campus and works closely with the college to provide students the opportunity to fulfill the requirements for admission to a CSU or UC through a combination of Oasis and Cabrillo coursework. Oasis staff work to empower students and provide a literal "oasis" that is safe and supportive.
Phone: (831) 466-5650
Address: Cabrillo College, 350 Bldg., 6500 Soquel Dr., Aptos, CA 95003
Ponderosa High
Designed for students seeking to earn a high school diploma through a curriculum focused on academic, experiential, vocational school is a successful collaborative effort between the Santa Cruz COE Alternative Education Department and the CTEP department.
Phone: (831) 336-9338

Escuela Quetzal
A school program designed for youth who are willing to actively participate in counseling services to learn how to make empowered decisions towards positive personal growth. EQ is made possible through a successful partnership between the Santa Cruz COE and Encompass Community Services.
Phone: (831) 786-0558

Santa Cruz Community School (Phoenix Academy)
Santa Cruz Community School is a structured learning environment that uses the S.E. L. framework to guide adolescents in grades 6-9. We focus on and encourage students’ interests and abilities, so that each student achieves academic, social, and emotional success.
Phone: (831) 425-7107

Santa Cruz Teen Center
Is a unique program where students’ work is individualized and the program is tailored to meet the individual academic, social, and personal needs of each and every student.

Seabright High School
We are creative, flexible, ambitious, independent and responsible learners. We are creating a learning community where students have choices, reach their goals, appreciate diversity and feel safe. Through individualized programming, small daily classes, and recreational activities, we work together in a personalized learning community, supporting each individual to realize their potential! Seabright is located on the Santa Cruz Community School campus.
Phone: (831) 425-7106

SCCOE and Sequoia Independent Studies Program
Located at the Santa Cruz County Office of Education and at the Sequoia Schools campus. Students meet with teachers individually once a week. Independent Studies students are offered the same supports as day program students and each student is supported to move forward academically, emotionally and vocationally through an individual approach.
Phone: (831) 466-5728
Phone: (831) 466-5680

Sequoia High School
Committed to Social, Emotional, Academic learning with an emphasis on vocational training and community involvement. SHS promotes this through restorative practices and CTEP classes all encompassed in a 21st Century learning environment.
Phone: (831) 466-5680

Sequoia Academy School
A self-contained classroom designed to assist students who need extra support with study skills and setting educational goals. Sequoia Academy is committed to Social, Emotional, Academic learning with an opportunity for vocational training and community involvement.
Phone: (831) 466-5680

Sequoia Junior High School
Emphasis on Social Emotional Learning in a safe, healthy, and positive learning environment. Adolescents in the Sequoia Junior High Program learn study skills as well as life skills, and gain experience in the classroom and community.
Phone: (831) 466-5680

Sequoia Personalized Learning Center
Provides a safe, respectful, and supportive environment for students who need comprehensive academic support in a small, self-contained classroom. A combination of teacher-led lessons, group experiences, and independent studies assignments support student achievement.
Phone: (831) 466-5680

SOS Program (Second Opportunity for Students)
An individualized and blended learning student centered program designed for student ages 14-22. With a focus on Rigor, Relevance, and Relationships. S.O.S. uses a thematic approach within its curriculum. Staff collaborates with each student and his/her family for successful outcomes. Job skills/life skills, computer literacy, vocational, and college emphasis is intertwined within the program goals.
Phone: (831) 750-5605
Address: Cabrillo College, 318 Union St., Watsonville, CA 95076

Star Community School
Small, student-centered community that provides a safe, nurturing environment that fosters academic and behavioral growth, so students can develop the self-confidence needed to be successful adults in the 21st century.
Phone: (831) 459-9741

Y.E.S. (Youth Experiencing Success)
This small program supports students in recovery from drug and alcohol addiction through community-based self-empowerment centered upon healthy lifestyle choices, group counseling, college and career readiness and peer/alumni mentoring. Y.E.S. is the result of a successful collaboration between the Santa Cruz COE and Encompass Community Services.
Phone: (831) 459-9741

Program Overview
The Santa Cruz County Office of Education’s Alternative Education Programs consists of 18 sites totaling 23 school programs located throughout the county. Students in grades 7 – 12 who meet the definition of “at risk” are eligible. Students are referred by local school districts, Probation Departments, School Attendance Review Boards and Social Services. The purpose of the programs is to identify and remediate the factors that have prevented students from succeeding in the regular comprehensive school environment. Length of placement varies, but is generally considered to be short term with the ultimate goal of transitioning students to less restrictive environments or post secondary vocational and educational opportunities. The curriculum is focused on improving literacy, numeracy, independent living skills, and vocational skills while earning credits towards graduation. A strong emphasis is placed on building personal and social responsibility while improving personal and interpersonal interactions. The program content and structure is based on student’s needs. All programs are success-oriented.

Student Population Description
Alternative Education Programs serve four types of students. The legal definition and description are covered in the Welfare and Institutions Code and the Education Code. Frequently, community school youths are referred to as 601, 602, 654 and 300. To clarify these terms, and more appropriately describe the youth eligible for and served by the community schools, each term is defined below.

300’s are children who have been removed from the home and are dependents of the court. Reasons a child may become a dependent of the court include child physical, sexual or emotional abuse; and or the children who are neglected, abandoned or freed for adoption by their parents.

601’s are status offenders. They are children who may be truants, incorrigibles, beyond parental control, or may have committed serious crimes but have not yet been fully adjudicated. They have been placed under Probation’s jurisdiction and supervision.

602’s are children who have been fully adjudicated and convicted of a crime which would be a felony if the child had been tried in adult court. They have been incarcerated in a juvenile hall, ranch, camp, day center or group home and were then placed under the supervision of a probation officer, or were placed on probation in lieu of incarceration.

654’s are children who have been placed on informal supervision by the probation department for six months at the request of the parents.
Accreditation
In 2012 the Alternative Education Program received a six-year accreditation from the Western Association of Schools and Colleges (WASC). Critical Areas for Follow-up identified by the WASC visiting committee paralleled the Action Plan outlined by the Alternative Education Department. Action Plan items include:

- Increase student achievement by implementation of the Common Core Standard
- Use Student Data to Inform Instruction
- Increase Achievement for English Learners

An informational video about the Alternative Education Department Programs is available for view. Site and program brochures are also available for parents, agency presentations, etc. Please contact the office if you are interested in these materials.

Communication
Staff and site mail are located in the main office in the Alternative Education Department. Mail should be picked up twice a week by site staff. Messages for staff are directed to the sites or are placed in the site mail file in the main office.

Forms
Site and personnel forms, including enrollment, attendance and suspension forms are available in the Alternative Education Resource Room. For samples of all forms and procedures, see the Forms Section in this handbook.

Staff Meetings/Professional Development
Staff meetings are held on Wednesday afternoons, starting at 1:30 pm. Meetings are generally held at a mid-county site. All certificated personnel are required to attend. The meetings are optional for part time classified staff, however, they will be required to attend meetings that are state mandated. A staff development calendar is included in this handbook. This year we will focus our professional development on the following three critical areas: increasing student achievement through the implementation of the Common Core State Standards, Using Data to Inform Instruction, and Increasing Achievement for English Language Learners.

Teachers please note:
You are required to attend Wednesday afternoon Staff Development meetings (1:30–3:30) and all Staff Development Days. If you fail to attend these meetings you must use sick time or personal necessity.

Calendar
The SCCOE Alternative Education Annual School Calendar is included in the Front Section of this handbook. A separate court school calendar is developed for Juvenile Hall. Students and parents living in district attendance areas need to be reminded of our days of attendance since they may differ from those of their home school.

Collaborative Relationships
The Alternative Education Department maintains numerous collaborative partnerships that help us create and maintain successful educational programs for our unique population. These relationships include those with group home staff, probation, mental
health, private counselors and therapists, local businesses, school districts, government agencies, private nonprofit agencies, etc. We encourage teachers to utilize the resources available in our community for these youth. Contacts made with outside agencies should be part of a coordinated plan for the site or student and should be discussed with program administrators at site meetings.

Site staff need to be aware of the special conditions or rules that may be imposed on a student from their home environment, the group home agency, the referring school district, SARB, or Probation.
Santa Cruz County Office of Education
Alternative Education

PERSONNEL
**Timesheets**
Timesheets are available in the Alternative Education Programs’ Office.

**Certificated employees** (contracted teachers, full and part time) are required to submit Certificated timesheets by the 18th of each month.

**Classified employees**, full and part time are required to submit Payroll Leave Documents for Regular Classified Employees by the 18th of each month.

**Temporary certificated employees** (teacher substitutes) are required to submit salmon colored timesheets by the 18th of each month.

**Temporary classified employees** (instructional aide substitutes) are required to submit green timesheets by the 18th of the month.

**Payroll**
Temporary employees are paid on the 10th of each month. Regular employees are paid on the last working day of the month. Questions concerning payroll should be directed to the SCCOE Business Department.

**Work Day**
Full time certificated employees are under contract to provide a 7.5 hour day. Full time instructional aides are expected to work 6 hours.

**Substitute Employees**
The substitute calling service is fully automated. To obtain a substitute, call the automated substitute calling system or login to AESOP at www.aesoponline.com To be activated in the system, call 1-800-942-3767. Call this number to record all absences whether or not you need a substitute. A quick reference card with instructions for substitute calling procedures is available in the Human Resources Department. A substitute’s performance can be evaluated using the **Substitute Evaluation Form** which is available in the Human Resources Department.

**Conferences and Workshops**
Descriptions and listings of conferences and workshops are available at staff meetings. In addition, announcements of local conferences of interest are placed in site mail files. Please contact your supervisor if you are interested in attending a conference. Complete the “Request for Authority to Travel” for every conference, both within county and out of county.

**Mileage**
Mileage claims may be submitted by staff members for mileage incurred while carrying out their duties. Prior approval by the program administrator is required.
Professional Growth Credit
Professional Growth credit can be obtained for the completion of university courses, workshops and conferences. Certificated staff requesting professional growth credit must submit the request prior to the workshop or class for approval. Forms are available in the Human Resources Department.

Self Improvement Growth is available to classified employees. Approval is granted by the Self Improvement Growth Committee. Requests must be submitted not more than ten working days after the last day of class. Forms are available at the SCCOE front desk.

Professional Leave
Certificated employees are allowed one day per month sick leave. Seven of these days each school year are allowed for personal necessity leave. Additional provisions are outlined in the Certificated Employee Unit Agreement. Employees must submit a Personnel Leave Request Form, obtaining prior approval when possible and record the leave on their monthly time sheets.

Injuries/Workman's Compensation
Staff injured on the job must notify the program administrator and file a Workman's Compensation Claim within 24 hours of the occurrence. Forms are available by contacting the Human Resources Department.

Staff Performance Evaluations
Certificated staff evaluations are conducted by the Alternative Education Programs' administrators according to the Certificated Employee Unit Agreement.

Instructional Aide evaluations are conducted by the teacher and/or the Alternative Education Programs administrators as defined in the Classified Employee Unit Agreement. All other classified staff are evaluated by their immediate supervisor.

Classified/Certificated Employee Unit Agreement
All binding personnel policies and procedures are described in the Classified or Certificated Employee Unit Agreements. These agreements are presented to newly hired employees and are distributed to all employees at the beginning of a new term of contract. They are available in the Human Resource Department.
Santa Cruz County Office of Education
Alternative Education

STUDENT RECORDS
Student Records

Enrollment
Registration for new and returning students is now done online through our InfoSnap portal for all new and returning students and must be completed prior to admission. Student intakes and enrollment for sites other than Robert Hartman School are conducted at the County Office of Education.

Sites are notified by phone of newly enrolled students and the enrollment process is completed prior to student admission. Teachers should contact the parent/guardian and student and schedule the site orientation.

The enrollment registration includes the following:

Student Enrollment Information should be reviewed by staff to ensure completeness and accuracy. Making sure this information is accurate will save time in receiving the student's school records. It is important to list the city or county for the last school of attendance. Each student's social security number is also required.

Emergency Medical Aid must be completed and signed to permit transportation and treatment of students in case of an emergency. Pertinent medical history is included on the reverse side of the card. Site staff should review this card immediately during a student’s orientation.

Each student’s emergency card should be easily accessible to site staff members. Emergency cards should be reviewed during the student’s orientation at the site. Staff members should be aware of all relevant medical information with the student and family, and make any necessary provisions. If a student must be given medicine at school, there MUST BE a signed form from the doctor. (We have them in the office).

The Field Trip And Voluntary Activities Participation authorize and inform parents/guardians of our intent to provide additional learning opportunities outside the classroom. This yearly form does not take the place of an individual permission slip for class trips which must be obtained prior to departure for every off campus excursion.

The Authorization for Public Information makes it possible to provide positive publicity about the program. Media requests to interview students must be cleared by an administrator.

The Home Language Survey identifies a student's first language and most commonly used language. This information assists teachers in instructional planning and curriculum delivery. It is also the primary source data for administering the CELDT.

Acknowledgment of Receipt of Parents’ Rights Information is provided upon enrollment and parents are provided with a statement of Parent/Guardian Rights. This form acknowledges that parents have received their rights and that they have the right to permit or refuse their child’s participation in certain school activities. The central office staff will notify the site staff if a parent refuses to have their son/daughter participate in any activity.
Court and Community School Placement Contract
Signatures of students and parents are required on this contract for all students who are eligible for admission under Section 654 of the Welfare and Institutions Code.

Student Intake History
Each student is interviewed during the intake process. Information regarding the student's school history, behaviors and academic functioning is recorded on the Student Intake Form. This form is sent to the teacher with the enrollment and emergency forms.

Image Permission Slip provides permission for student images to be included in media productions that would document or promote legitimate educational activities.

Healthy Families Information Request provides families with an opportunity to seek more information about low-cost healthcare for children and teens.

Internet Acceptable Use Agreement
Provides the rules and conditions for student use of computers and the Internet at school.

Student Residency Questionnaire/Affidavit
Addresses the McKinney Vento Assistance act, and helps to provide services to homeless students in a timely manner.

Notice to Parents/Guardians; Complaint Rights provides information to parents required by E.C. 35186 regarding student rights to sufficient textbooks and instructional materials, as well as clean, safe, well maintained classrooms and school sites. The form provides instructions to parents should a complaint be needed.

Supplemental Education Services (SES) informs parents of further resources available to students, including afterschool programs and tutoring.

Dress Code Policy provides information to students and parents regarding school dress code. Dress codes are universally enforced to ensure student safety and an acceptable work environment.

Notification of Instruction in Comprehensive Sexual Health Education and HIV Prevention informs families that instruction will take place during the school year. Parents/guardians have the right to excuse a student from all or part of the instruction by submitting a written request to the district. Because students enroll throughout the school year, it is imperative that the teacher makes contact with the family if a student enters while this course is being taught.

Cumulative Folders
Cumulative Records are developed for every student in the state of California. The cumulative (Cum) folders are requested by the central office staff after a student is enrolled. Cum folders are stored at the COE and must be checked out from the Registrar before being removed.
Immunizations
Students are expected to have had all immunizations in order to attend the school program. Because of the transiency of our students, they are allowed additional time to produce immunization records before being required to be re-immunized. However, as of August 2011, no student in grades 7-12 may be enrolled without proof of having received a Tdap booster. Parents can sign a waiver, which includes a doctor’s signature, stating they refuse to immunize their child because of personal belief. Immunization Records are kept in the cumulative folder and copies are placed in the student file in the Alternative Education Department office.

Transcripts
Student transcripts are developed by the Registrar and Pupil Data Specialist. Transcripts are developed on every student, with twelfth graders and transitioning students receiving priority. Teachers may request a student transcript by calling the registrar. Teachers may also review student transcripts online.

Withdrawal Process
A Student Withdrawal Form must be completed in PowerSchool for all withdrawing students within two working days of their exit from the program. Online Withdrawal Forms should be completely filled out. Teachers can assign “No Grade, No Credit” for students whose attendance or work completion is below .5 credit.

Progress Reports
Teachers are encouraged to provide regular (daily if requested) progress reports to parents. Sample report forms are available from the administrator.

Report Cards
Teachers submit grades and credits quarterly. Letter grades are assigned in all courses, however, “Pass” may be assigned if the student is receiving less than one credit. The reports are due within one week of the last day of the quarter.

Grades and credits may be entered by the teacher electronically using the PowerSchool student information system. The registrar mails Report Cards to the parent or guardian.

Release of Information
Information, written or verbal, regarding students may not be provided to a requesting agency or person without parental permission “Release of Information” forms are available in the office.

Individual Learning Plans
Individual Learning Plans for each student should be developed by the teacher and student during the first month of attendance. Individual Learning Plan forms are available in the office. A sample of a completed form is included in the Forms Section. Plans should be reviewed, turned in to site administrator, and updated quarterly.

Student IDs
Identification Cards are created upon enrollment for each student by designated staff members. Students should keep them in their possession at all times.
Santa Cruz County Office of Education
Alternative Education

INSTRUCTIONAL PROGRAMS
Instructional Year
The community school calendar consists of 185 instructional days. A summer session is offered to students who need to make up additional credits or who need to improve their academic skills. Students enrolled in court schools attend classes year round.

Course of Study
It is the policy of the County Board of Education and superintendent to award a diploma of high school graduation to any student enrolled in the Alternative Education schools who has completed the prescribed course of study and who has met the standards of proficiency adopted by the board. This policy, as required by California Education Code, Section 51225, establishes the minimum academic standards for graduation from high school. The graduation requirements of the Santa Cruz County Office of Education meet or exceed those required by the state. This course of study is designed to prepare prospective students for community colleges, vocational training, and to obtain entry level employment. A copy is available at your school site.

The uniform core curriculum includes: English/Language Arts, Mathematics, Social Studies, Science and Health. Emphasis is placed on improving literacy/numeracy and personal and interpersonal skills.

Credits
Credits are awarded based on a fifteen hours to one credit ratio. On the average, a student receives 2.5 credits per course, per quarter, or 5.0 credits per semester. An average class load for a student is five to six courses per semester. Variable credit can be awarded for twelve or fewer hours. However, no less than .5 credits should be awarded in any subject area. The maximum credits allowed in one semester is 45 units.

Grades
Letter grades are assigned for each class for each quarter. Guidelines are as follows: A= Outstanding, B= Above Average, C= Average, D= Below Average, F = Fail. Grading is most effective when it is both objective and consistent.

Transition Requirements
Referrals for students who are eligible to return to district programs are made by the classroom teacher to the program administrator. Factors to be considered when making the referral include: attendance, grades, number of credits, academic functioning, behavioral functioning, services needed, and compliance with SARB or district contracts. Students must also demonstrate sustained motivation and the study skills necessary to be successful in a district program.

Class Standing
Upon enrollment, students in middle school are placed at the grade level commensurate with their age and the number of years they have attended school. High school students are classified as follows: Freshman (9th graders) have earned between 0-49 credits, Sophomores (10th graders) 50-104 credits, Juniors (11th graders) 105-159 credits, and seniors (12th graders) 160 - 220 credits. Comprehensive high schools require a total of 220 credits to graduate.
Graduation — High School
Graduation ceremonies occur at the end of each semester. These are significant events in the lives of our students and are conducted with dignity and joy. Students are encouraged to prepare short speeches that reflect on their education and futures. The superintendent and/or assistant superintendent, board members, program administrators and parents and guardians and families attend these ceremonies. Students must be approved for graduation in the quarter before they graduate.

Graduation Requirements
The minimum total credits needed for graduation will be 200 and shall include the courses specified by Ed Code 51225.3. Students will be required to enroll in the Alternative Education Programs for a minimum of 10 units of credit in the semester in which they intend to graduate.

Graduation Exercises
Graduation exercises will be provided twice each year in the months of January and June to honor those who completed the requirements as set forth in the Administrative Procedures.

For the 2017 – 2018 school year, the following courses will be required for graduation:

- English (30 units)
- Mathematics (10 Units)
- Algebra (10 additional units)

Social Studies:
- U.S. History/Geography (10 Units)
- World History/Geography (10 Units)
- Economics (5 Units)
- Government (5 Units)
- Life Science (10 units)
- Physical Science (10 units)
- Fine Arts (10 Units)
- Applied Arts (10 Units)
- Physical Education (20 Units)
- Career Education (5 Units)
- Health (5 Units)
- Electives (50 Units)

Examples of Elective Credits:
- Community Service
- Psychology
- R.O.P.
- Journalism

Total 200 Credits
All high school students are eligible to receive credit for graduation purposes by taking courses through Regional Occupation Programs, colleges or universities or other approved courses up to a total of 40 units.
Alternatives to Fulfilling Graduation Requirements
Students may use alternative means to complete the requirements for graduation. These include: work experience or outside school experience, Independent Study, and earned credits at a post-secondary institution. (EC 51225.3) Alternative Education students may also receive credit through completion of the following programs and classes:

Regional Occupational Program
Regional Occupational Programs (ROP) classes provide high school students and adults with vocational training through vocational/technical classes. Students must be 16 years of age or older to attend, and parent/guardian permission is required for students under 18. Classes are designed to train students with entry level jobs within Santa Cruz County. The classes are located through Santa Cruz County, in businesses, government agencies and at the comprehensive high schools. Classes are generally offered during the day, but night and weekend classes are available. Successful completion of each class results in high school Applied Arts credit towards graduation.

The Career Technical Education Project Director and Work Experience Specialists conduct presentations on available course offerings each semester at the Alternative Education school sites. Students wishing to enroll in ROP classes should contact the ROP office at the Santa Cruz County Office of Education.

Community College Classes
High school students 16 years of age and older are permitted to enroll in community college classes on a space-available basis with permission from their school administrator. A special waiver and permission form is necessary for the student to enroll. This form is available in the Alternative Education Programs office. Community college classes can be taken for high school credit.

Credit is allowed toward high school graduation at the rate of 3 1/3 (three and one-third) semester periods for each credit hour earned in college (5 California Administrative Code Article 2 A 1630).

In addition, the California Legislature has provided two alternatives to the high school diploma: the High School Equivalency Certificate, granted after passage of the General Education Development Test (GED) and the Certificate of Proficiency, granted after passage of the California High School Proficiency Exam (CHSPE). (E.C. 51420, 51425).

Extended Program
Director or Assistant Director permission is required for a student to be enrolled in more than 30 credit hours during any semester.

Early Graduation
Planning that includes the student, family, and administration is required for graduation in less than eight semesters. This planning shall take place early in the semester of graduation and shall include a counseling conference involving the parent, student, and principal or his/her delegate. If the student plans to graduate before completing eight semesters, 220 credits will be required.
Graduation – Eighth Grade
Board policy establishes minimum standards for Eighth Grade graduation.

Middle School Subject Requirements
Middle School students in the Alternative Education Schools shall follow the subjects below:

Reading: One Period daily each semester
Language Arts: One Period daily each semester
Mathematics: One Period daily each semester
Social Science: One Period daily each semester
Science/Health: One Period daily each semester

Graduation Eligibility
A. The transcripts of students transferring into the district during the school year will be reviewed to determine eligibility for graduation. Grades from other schools will be accepted.
B. Students who receive an “Incomplete” grade for the quarter may arrange with the teacher of that class to make up the work. Students will be responsible for all required work in the course. Students may make up an “F” grade in summer school.

Ineligibility for Graduation Exercises and Diploma Issuance
Students not meeting graduation requirements will not participate in the graduation exercises and will not receive a diploma.

- Any student not meeting graduation requirements will be passed to high school with the understanding that s/he will be granted an eighth grade diploma upon successfully passing one semester of work with satisfactory attendance at the high school level. Upon receiving proof from the student that the above has been met, the school will issue the diploma.
- The student may be retained in the eighth grade only with the mutual agreement of the student’s parent or guardian, school counselor, teacher, and Director.
- In cases of extreme discipline problems, the Director may exclude individual students who are eligible for a diploma from participating in graduation exercises.

Notification of Parents
The school will be responsible for providing parents and students with a written summary of eighth grade graduation requirements.
Substance Abuse Education
Instruction on drug education and the effects of the use of tobacco, alcohol, narcotics, dangerous drugs and substances is required in grades 7-12. Health courses in the Alternative Education Department's Course of Study include the above. In-service training on drug and alcohol abuse prevention is provided annually for all staff members.

Special Education
The Resource Specialist Program (RSP) component of the Alternative Education Programs provides direct services to identified learning handicapped students. Services provided to students include:
- Assessment of academic abilities and individual learning style
- Prescription of material, methods and ideas
- Remediation of learning problems on an individual basis, with student, parent and teacher involvement in planning and implementation
- Assistance in class with assignments and functioning,
- Counseling with regard to learning styles, educational
- Creation of differential standards for graduation for individual students as appropriate.
- Development of the student's Individualized Education Plan (IEP)

RSP services provided to staff include:
- Assessment and diagnostic information on individual students.
- Recommendations for materials, techniques, and modifications of work to coincide with the student's learning style
- Meeting with students, staff and parents as part of the I.E.P. Process
- Facilitate communication between student, school staff, and parents
- Consultation regarding student goals and objectives
- Acquisition of materials and media that relate to the student's needs
- Direct instruction of special education students or team teaching with regular classroom teacher.

The educational needs of Resource Specialist students are served in a variety of ways. Students can be seen on an individual or small group basis from one to three hours per week. Some students work on individual contracts developed by the Resource Specialist, while others receive tutorial help in completing the work assigned by their classroom teacher. The Resource Specialist or Instructional Technician may also work alongside the regular classroom teacher to assist learning handicapped students in the regular classroom.

RSP Eligibility
According to the legal definition of student eligibility for Resource Specialist Program (Title V California Administrative Code, Eligibility Criteria for Disabled), A student is eligible for the Resource Specialist Program (RSP) when:
- a pupil has a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an impaired ability to listen, think, speak, read, write, spell, or do mathematical calculations, and has a severe discrepancy between intellectual ability and achievement in one or more of the academic areas specified in Section 56337(a) of the Education Code.
For the purpose of Section 3030(j): (a) Basic psychological processes include attention, visual process, auditory processing, sensory-motor skills, cognitive abilities including association, conceptualization, and expression. (b) Intellectual ability includes both acquired learning and learning potential and shall be determined by a systematic assessment of intellectual functioning. (c) The level of achievement includes pupil’s level of competence in materials and subject matter explicitly taught in school and shall be measured by standardized achievement tests.

Referrals
Students should be referred to the Student Study Team if:
1) They demonstrate ability that is at least 2-3 years below expected grade level functioning in a given subject and if this delay cannot be explained by truancy or other circumstances.
2) They demonstrate delays on one or more perceptual processes, such as auditory and visual memory, visual discrimination, sequencing, attention disorders, language problems, or cognitive deficits.
3) They show evidence of severe emotional problems such as severe depression, inability to maintain satisfactory interpersonal relationships, fears associated with personal or school problems. These problems must be severe and demonstrated over a long period of time (over six months). Conduct disorders (aggressive or resistant behaviors generally associated with juvenile offenders) will not qualify a student as seriously emotionally disturbed (SED). When referring a student for consideration for Seriously Emotionally Disturbed (SED), written documentation on observed behaviors is extremely important and should be included in the referral.

Students are referred for an assessment by the Student Study Team. Site staff may contact the Resource Specialist to obtain referral forms.

Note: Alternative education programs are not specifically designed to serve students who require special day class (SDC) or severely emotionally disturbed class (SED) placement. Should such a requirement be discovered, the IEP team may reconvene to review placement options.

Differential Standards
Differential standards are minimum competency standards that are modified for a special education student. They are developed by the IEP team and are documented. Before the standard for graduation is modified, every effort must be made to see that special education students achieve the standards prescribed for students in the regular program.

Career Education
Career Education Staff or the classroom teacher shall administer the Career Locker Assessment test. All students 16 years of age and older should receive a vocational assessment to identify career interests, aptitudes, strengths and weaknesses. This will assist students to plan for future job training programs and career opportunities. No more than 20 Career Education Credits may be applied to graduation requirements.
Work Experience

The work experience program allows high school students to receive up to 10 credits per semester for experience gained while working in the community. Working students must also attend a one-hour class weekly and complete related instructional units in addition to regular school work in order to receive work experience credit. Students interested in earning work experience credit should be referred to the Career Education Coordinator for assistance.

Work Permits

No minor under 18 years of age will be allowed to work without a Work Permit. (E.C. 49160). Permits for students enrolled in the Alternative Education Programs are issued at the Santa Cruz County Office of Education. A work permit is not required for odd jobs in private homes (mowing lawns, baby-sitting, etc.). Minors under 18 cannot work more than 8 hours per day or more than a total of 48 hours per week (ILC 1391). A minor cannot work more than 4 hours on a day when school is in session. 16 and 17 year olds are permitted to work if they attend school at least four fours a day. No minor under 16 can be employed in a job considered to be "dangerous or hazardous", in a job selling or serving alcohol, and no minor under 18 can be employed for the purpose of driving a car (Veh. Code Sec. 12515). Other specific rules can be found on the back of the green "Request for Work Permit" form. Students are required to have the form completed by a parent and employer before actually obtaining a work permit.

Contracted Learning

Contracted Learning is an alternative to classroom instruction for students who are self-motivated, responsible and have the ability and aptitude to direct their own learning. It is not intended to supplant the regular school program, but rather it is an alternative for working students, young parents, and those with other barriers that inhibit daily attendance.

Contracted Learning offers educational opportunities consistent with the district's standard curriculum and graduation requirements. Students can obtain academic credits while working full or part-time. Upon enrollment, the appropriate Contracted Learning documents will be completed and a written contract shall be agreed upon. This agreement shall specify objectives, number of credits attempted, duration of the contract, time and place of weekly meetings, methods of evaluation, and provide a supervising site. The written contract shall be signed by all participants.

Students are expected to report weekly and demonstrate progress toward fulfillment of the contractual agreement. Contracted Learning students receive a Weekly Assignment/Work Product sheet specifying the period’s academic assignments. At each meeting, the Contracted Learning teacher computes the total hours earned, corrects the assignments, and prepares a new Weekly Assignment/Work Product Sheet for the student. In most instances, one credit is earned for 15 hours of assigned work completed. Subject to the judgment of the teacher, partial credit may be awarded for incomplete homework. Grades are assigned for completed activities.

Positive attendance accounting procedures require that students meet with the instructor at specified increments per the student’s Contract Agreement. The student must submit evidence of having satisfactorily completed a minimum of 20 hours weekly of assigned
work at home. Average Daily Attendance (A.D.A.) is accrued at the rate of one day for each four hours of work. A.D.A. is recorded every meeting using PowerSchool. Records and other documentation are kept on file to (a) satisfy attendance requirements, (b) comply with audit functions, and (c) to provide a means to calculate grades and credits. No student with a current IEP for special education may be enrolled in Independent Study unless the IEP specifically provides for such enrollment.

Counseling
School site counselors work with students both individually and in groups. The goals of the Guidance and Counseling Program for Alternative Education Schools include:
- Providing students, as well as their parents, with information in such areas as graduation requirements and educational alternatives
- Helping students to learn more effective personal and interpersonal skills
- Helping students with educational and career planning
- Identifying and working with students who need special assistance (e.g. emotional, attendance problems)
- Referring students to appropriate community resources
- Monitoring the students’ academic, attendance and behavioral progress
- Assisting students to improve skills in decision-making, problem-solving and conflict resolution.
- Developing open communication between and among faculty, students and parents
- Providing problem-solving assistance for staff, students and parents
- Integrating guidance services into the school curriculum.
- Encouraging a positive school climate

Teenage Parent Program
A Teenage Parent Program designed for young men or women who are parents is offered at Sequoia Schools. An Early Care Education Center is also provided for infants and toddlers. This program allows students to continue earning credits while learning how to be an effective parent. Referrals are made through the program administrator or site teacher.

Online Academy Site & Independent Study (OASIS)
Online learning opportunities have become a vital component of a student’s educational experience. The Alternative Education Department has established computer labs in both North and South County to assist students to enhance their educational experience through technology. OASIS instruction will provide direct teaching and tutorial assistance to support those students who are on Independent Studies and/or who need additional assistance. OASIS is a learning support program for all students.

Assessment
Assessment is an essential component in evaluating student learning. Pupils will be assessed upon entry and during the Alternative Education instructional program.

Initial assessment is completed upon enrollment to determine individual pupil needs. This may include:
- Review of cumulative records
- Review of special education records
- Standardized pretests to determine program placement
- Evaluation of transcripts
- Informal teacher evaluation

Ongoing assessment of pupil progress occurs to plan for immediate and future needs and to measure effectiveness of instruction. This may include:
- Progress on Individual Learning Plans
- Portfolios
- Projects (individual and/or group, written and/or oral)
- Tests in subject areas
- Academic or behavioral progress reports
- Credits and grades earned
- Standardized test
- District competency tests
- Self assessments
- Program surveys
- Verbal or written progress reports or parents, employers, Probation, etc.
- Class participation

Transition assessment is necessary to help plan for future placement. This may include:
- Progress reports
- Progress on Individual Learning Plans
- Criterion referenced tests
- Standardized tests
- Conferences with appropriate personnel
- GED/California High School Proficiency Exam results*
- Transcripts and/or report cards

All students will be tested using the computerized STAR Math and Reading assessment. Students are to be tested upon initial entry into the program (Diagnostic Test) and then tested once each quarter. Results/Reports are to be placed in the student’s cum folder and a copy sent to the office.

Physical Fitness Test
This test is for all community school students. It is generally given in May.

ELPAC
The English Language Proficiency Assessments for California will be given by teachers to students where the Home Language Survey indicates that the primary language is not English.

GED
Students are eligible to take the GED two months prior to their eighteenth birthday, or if incarcerated, at age 17. The GED is comprised of seven tests in Writing Skills, Social Studies, Science, Literature, Arts, and Mathematics. Each test is given individually and the length of administration is 8-9 hours. California Education Code only permits authorized agencies (e.g. districts) to administer the test. Juvenile Hall programs contract with Adult Education Programs to provide this service. Students who are not
incarcerated need to contact their local school district for the available preparation classes and test dates. There is a fee to take the test. Incarcerated students will receive the assistance of Juvenile Hall staff to arrange for preparation and administration of the GED test.

**California High School Proficiency Exam (CHSPE)**
The California High School Proficiency Exam (CHSPE) is offered twice each school year (in November and April). The CHSPE is a three-hour test designed to evaluate the basic level of proficiency a student needs to earn a high school equivalency. To be eligible, student must be sixteen years of age. The test is administered at the County Office of Education on the weekend. There is a fee for taking the test. Students who achieve a passing score may stop attending high school with the permission of a parent or guardian. Applications are available in the Alternative Education Programs office or at local libraries.

**Standardized Testing**
All students in grades 3 -11 participate annually in the SBAC online test. California has selected the California Standards Tests (CST) for Science testing. Students are assessed in the spring semester of each school year. Teachers will be provided with the test and instructions.

**Adult School/Community College Sources of Credit:**
With parent/guardian and Administrator permission, students may attend local adult school or community college classes. Up to 30 high school credits toward graduation will be accepted from these sources.
Alternative Education Student Expectations

Respect Myself
I have a right to be a successful and educated individual.
I will contribute to the school learning community by:
• Attending class daily and on time
• Putting forth my best effort in class
• Setting and achieving my goals
• Keeping my promises and agreements

Respect Others in My School, Family and Community
I have a right to be respected and will give respect to all others in my family, school and community.
I agree to:
• Wear neutral clothing only: No "colors," including any red or blue clothing (except blue jeans), no red or blue jewelry or accessories, no steel-toed shoes, belts with letters or signs or any other clothing associated with violence, the promotion of illegal activity or the intimidation of others.
• Communicate with respect: No profanity, threats, mad-dogging, flashing gang signs, horseplay, gossip.
• Work out differences in a peaceful way: No intimidation. No weapons. No physical violence.
• Strive to be a positive leader and contributing member in my school, family and community.
• Follow staff directions and school rules: No smoking. No visitors without permission of staff. No loitering in or around vehicles.

Respect My Environment
I have a right to learn in a clean, safe environment.
I respect the school and neighborhood grounds by:
• Keeping areas clean: No spitting, littering, graffiti, tagging, or vandalism of any kind.
• Following designated travel areas and school boundaries: No loitering in hallways or entry ways, no cutting through yards, no hanging out in front of school, park only in the rear of the school.
• Taking care of materials and equipment: No stealing, no writing or drawing on textbooks or school materials, no kicking volleyballs or basketballs, or hanging on nets.
Alternativa Educación Expectaciones de Estudiantes

Respetarme a Mi Mismo
Yo tengo el derecho de ser un individuo educado y correcto.
Yo contribuiré a la escuela con lo siguiente:
• Asistiendo a las clases diariamente y a tiempo
• Poniendo mi mejor esfuerzo en clase
• Fijando y logrando mis metas
• Manteniendo mis promesas y acuerdos

Respetar a Los Demas en Mi Escuela, Familia y Comunidad
Yo tengo el derecho de ser respetado y daré respeto a los demás en mi familia, escuela y comunidad.
Estoy de acuerdo a:
• Usaré ropa de colores neutros: No llevar "colores," incluyendo ropa roja o azul, de sinturones, joyería o acesorios que me identifiquen como miembro de una pandilla o dibujos no apropiados en la ropa que promueve drogas, alcohol o dijubos ob sus o zapatos con casquillo.
• Me comunicaré con respeto: No usar malas palabras para amenazar o insultar a otra persona. No hacer signos de pandilla, chismear o hablar mal de otra persona cuando no esta presente.
• Seré un líder positivo ya sea en mi casa, escuela y comunidad.
• Sigo las direcciones y reglas: No fumar. No visitores sin permisión del empleado. No holgazaneo en o cerca de vehículos.

Respetar el Ambiente
Yo tengo el derecho de aprender en un ambiente limpio y sano. Yo respetaré la escuela y mi vecindario con lo siguiente:
• Manteniendo el área limpio: No escupir, no tirar basura, no hacer marcas con graffiti o destruir de ningún modo mis alrededores.
• Estando en áreas designadas para caminar en la escuela: No holgazaneo en los pasillos entradas o visitar otras clases cuando no me corresponden, no quedarme enfrente de la escuela y solo estacionaré solo atrás del edificio.
Materials and Resources

Standard Stock
General classroom supplies such as paper, pencils, art supplies can be ordered using the Standard Stock order form available in the Alternative Education Resource Room. Additional items may be purchased from local retailers with prior approval. Contact the Office Manager or program administrator with your requests.

Purchase Orders
Textbooks, curriculums and resource materials may be ordered on Purchase Order Request Forms. Purchases should be discussed with program administrators before submission. Allow 8-10 weeks for delivery of materials.

Approved Books and Resources
A list of state adopted materials is available in the office for grades K-8. High school texts and curriculum for the Alternative Education Program have been approved through a public hearing process. Contact the program supervisor for a list of recommended and approved curricula and/or consult the Alternative Education Course of Study.

Films and Movies
The use of educational videotapes and other audio-visual aides can be a valuable asset in the classroom to stimulate interest in a subject, to summarize a lesson or create topics for discussion. Care should be taken when choosing DVDs or films to make sure that content is appropriate for school use. Movies rated "R", but which have some educational value, may not be shown without parental permission and approval of a program administrator. Furthermore discretion should be used with regard to films depicting violence, racism, drugs, inappropriate language, or sexually provocative material.

Reimbursement
Teachers and instructional aides may be reimbursed for out-of-pocket expenses. Prior approval is required from the program administrators before making such purchases. For purchases under $35.00, please use the Revolving Fund reimbursement form. For purchases larger than $35.00, a Warrant Order Request Form (WORF) is required. Reimbursement for purchases made without prior approval may be denied.

Library Materials
Sample materials and resources are available for preview and distribution in the Alternative Education Resource Rooms at various school sites and at the COE main office. Samples of new materials are also available for preview.
Santa Cruz County Office of Education
Alternative Education

SITE POLICIES & PROCEDURES
Attendance

Daily school attendance is required by the Compulsory Attendance Education Code (EC 48200) for students 6 to 18 years of age. Daily school attendance improves student achievement. California Education Code does allow excusable absences for the following reasons:

1) Illness (More than 2 consecutive days of absence, may require a doctor's written explanation.)
2) Medical, dental or optometry service
3) Funeral Services for immediate family
4) Quarantine

In addition, students, with written parental permission, may be excused from school for justifiable personal reasons, including but not limited to, an appearance in court, religious ceremonies and exercises, or an employment conference, when approved in the advance of the absence according to the standards established by the governing board. Students absent for justifiable personal reasons shall be allowed to complete assignments or tests missed during the absence according to regulations established by the governing board.

Parents must contact the school any time a child is absent. If parents do not contact the school, the staff should make every effort to contact the parent on the same date that the student is out.

The State of California only awards funding to schools for actual attendance. They do not fund schools for the days that students are excused for absences due to illness or a doctor's appointment. This is called positive attendance accounting. It is the main source of revenue for all schools. Therefore, encouraging attendance and making attendance a priority at each school site is important. Incentive programs to encourage attendance may include: class and individual privileges, awards and recognition ceremonies, friendly competitions, and notification of Probation and SARB. It is important to involve parents and guardians in the effort to improve their child's attendance.

Besides negatively impacting learning, other consequences for truancy can include: loss of credits and/or privileges at home and/or school, revocation of a student's work permit, risking the loss of a driver's license or suspension of the license to age 18 (Vehicle Code 132027), probation violation, sanctions from Cal Works, and referral through SARB to Truancy Court, with potential prosecution by the District Attorney.

Attendance Accounting Procedures

Each student's attendance is recorded daily using PowerSchool. Additionally, teachers maintain an Absence Log that records the reason for the absence and how the parent was contacted. The teacher verifies and signs a hard-copy of the attendance record weekly. This is turned in weekly to the Student Data Specialist along with the Absence Log. A sample Absence Log is included in the forms section of this handbook.

Truancy

Failure to excuse a student's absence results in a recorded truancy on the student's record. Site staff should send a letter informing the parents of a potential declaration of truancy after 3 unexcused tardies or absences. If the unexcused absences and tardies continue, teachers are required to contact the program administrators for further action.
A second letter indicating habitual truancy will be mailed to a parent when involvement of the School Attendance Review Board (SARB) is warranted, and program administrators have been notified.

School Attendance Review Board (SARB)
Students who have severe attendance and behavior problems are referred to their local School Attendance and Review Board (SARB). Santa Cruz City Schools, Pajaro Valley Unified School District and the Santa Cruz County Office of Education operate these multi-agency collaboratives. Each SARB meets monthly. Frequently contracts outlining agreements and responsibilities are written with input from students, parents, and the school. Contracts are forwarded to the student’s teacher. If SARB interventions are not successful the case can be forwarded to the District Attorney for further action. SARB Referral Forms are available in the office.

Incident Reports
Incident reporting forms are available in the office and should be completed on all incidents that endanger the safety and security of school staff, students and site, or interrupt the educational process. Examples include: neighbor complaints, student injury, theft, vandalism, parent complaints, intruders, etc. All such incidents should be reported to the program administrator. If a student is involved in violating the California Education Code 48900 (See Behavior Policy), a suspension form should be completed. In most cases, this will suffice as a matter of record in lieu of an incident report.

Student Lunches
School lunches are provided by the local school districts and are delivered to the school sites. Eligibility for free or reduced price lunches is based on family income. Central Office staff will determine student eligibility upon intake. Students living in Licensed Child Care Institutions (Group Homes) automatically qualify. Once a student is determined to be eligible for a free lunch, an approval form is sent to the school site. Students are then added to the color-coded Lunch Recap Sheets. As a student receives the lunch (student MUST take an entrée plus 1 additional item of choice) his/her name is checked on the Lunch Recap sheet. The Lunch Recap sheets are then submitted to the Alternative Education Programs office at the end of the month. The Pupil Data Specialist then forwards these to the school district. Students who are not eligible to receive a free or reduced lunch may purchase a lunch. Lunch orders must be called into the district providing the service each morning by 8:30 A.M. Failure to do so will jeopardize the delivery of lunches for that day.

Telephone Use
Telephones are placed at each of the school sites for safety and convenience. Staff members should limit the use of telephones during school hours. Students are not allowed to use the phone unless it is an emergency. Student calls must be monitored by a staff member. Parents, guardians, and other interested parties should be encouraged to call staff before or after class time.

Closed Campus
All Alternative Education Programs are operated on closed campuses. Students are not allowed off campus during the school day unless they are supervised by SCCOE employees. Any exceptions require administrative approval.
Public Information/Photographs
Taking videos, still or motion pictures of school pupils, employees of the SCCOE and building for commercial purposes is normally prohibited. Any exceptions require an application in writing and the approval of the Superintendent of School for SCCOE employees and buildings, or, in the case of students, the written approval of the parent or guardian.

Interviews
Students may not be interviewed without permission of the administrator. However, law enforcement officials may come on campus and question a student while that student is attending school. Staff members should contact the program administrator in this event. Students have the right to have a staff member present if they are interviewed by law enforcement officers conducting an investigation. Parents should also be notified if this occurs on campus.

Field Trips
Field Trip Request forms are available in the central office. Field trips require approval of program administrators and/or the assistant superintendent or superintendent and must be submitted two weeks in advance of the trip. A ratio of one adult for every three students is required for out of county trips. Certain activities are identified as “At Risk Activities” by the SCCOE Board of Education. (i.e. surfing, skiing, mountain climbing, etc.) Any activity which could be considered “at risk” must be developed into a written proposal and submitted to the department administrator for approval by the Superintendent.

Transportation by parents, group home staff, or SCCOE staff must receive prior approval from the Business Office. Students are not permitted to transport other students on field trips. (A Sample Field Trip form is provided in the forms section of the handbook.

Technical Support /Repair
In order to receive technical support, please send an email to techsupport@santacruzcoe.org.

Maintenance/Repair Requests
Work Order forms are available in the office. Requests for repairs can be submitted online to the Maintenance, Operations and Transportation Department at MCOSupport@santacruzcoe.org. It is the responsibility of site staff to inspect their facility daily and report cleaning and maintenance needs. Immediate needs (e.g. plumbing or electrical) should be reported to the central office at the time of occurrence.

Site Security
Staff may obtain site keys from the central office upon assignment. Keys are to be kept on separate rings from your personal keys. They should also be kept with the staff member at all times and should not be left in desk drawers or unattended. Staff must report missing keys immediately to the program administrators. Each site is required to maintain an inventory of COE identification and serial numbers for capital outlay items including: computers, printers, cameras, overhead projectors and all other A/V equipment. A copy of the inventory should be sent to the office.
Personal Items
Personal items for students and staff should be kept in locked, secure areas. Personal items should not be left where students can have access to them. This policy also applies to guest speakers, artists, and parents.

Emergency Procedures
Emergency procedures are outlined in the Santa Cruz County Office of Education’s Disaster Preparedness Plan and the Alternative Education Program’s School Safety Plan. A separate Emergency Response Pamphlet should be kept near the telephone. For emergencies requiring an immediate response from police, fire or medical personnel call 911. Report all emergencies to the office immediately following the call to 911. Safety trainings are held throughout the year. Staff should familiarize themselves with emergency procedures at their sites annually.

Student Injuries
A student injury may occur at any time. When a staff member observes or is informed of an injury to a student, he/she must at that time determine if the injury is life threatening or non-life threatening. If it is determined that an injury is life threatening:
1) An emergency 911 call should be made immediately, and first aid administered thereafter.
2) Parents should be notified as soon as possible.
3) In the event that you are unable to contact a parent refer to the Emergency card for secondary numbers.
4) A staff member must accompany the student in the ambulance, or to the hospital, in the event a parent is unavailable. In addition, staff must take the emergency card to the hospital authorizing medical care.
5) A student accident report must be submitted on the same day of the incident.

For non-life-threatening problems, such as fractures, minor laceration, minor eye or ear injuries, etc.:
1) Call parent to come and take child to doctor/hospital.
2) If parent is not available, call family doctor (see emergency form) to ask for advice.
3) If no family doctor is listed, call 911 to take child to nearest emergency room.
4) If parent is not available, staff person MUST accompany the child to the emergency room, and MUST bring the “Emergency Medical Aid” card with him/her. This will be required by the hospital before treating the student.
A report of Accident or Illness to Students form must be completed following the student injury incident. See a sample in forms section.

Safety Drills
Each school site shall schedule drills for emergency situations such as: fire, earthquake, and intruder alert. Staff should follow the procedures outlined in the SCCOE Disaster Preparedness Plan.
Medication
A teacher is not allowed to dispense any medication or nutritional supplement, (including over the counter medication) to students without the following on file:
- A physician’s request for the administration of medicine by school personnel and
- A signed parent release form authorizing the dispensation of medication.

Health Related Issues
Basic universal health precautions are recommended with interacting with others. Staff should protect themselves and others by demonstrating proper eating, hygiene, and health care habits. Any concerns regarding infectious diseases should be directed to the Alternative Education Administrators.

The Healthy Families Program
Offers health coverage for teenagers at an affordable price. For information direct parents or guardians to call 1-800-880-5305.

Child Abuse Reporting
School Personnel are mandated reporters of suspected child abuse. Any employee of the Santa Cruz County Office of Education who suspects child abuse or neglect must file a report. Article 2.5 of the Penal Code provides that it is a crime for certain professionals and laypersons who have a special working relationship or contact with children not to report suspected abuse to the proper authorities. Failure to report by telephone immediately or as soon as practically possible within 36 hours is a misdemeanor.

Reports of suspected abuse are made directly to Children’s Protective Services (CPS). The mandated reporter must provide his or her name and the following information when making the telephone report: the name of the child, present location of the child, nature and extent of the injury, and any other information including that which led the person to suspect the abuse. A written report must be submitted within 24 hours of the verbal report and an administrator must be informed. Suspected Child Abuse Report Forms are available in the office. A sample form is included in the forms section of the handbook.

Child abuse crimes include physical injury, sexual abuse, willful cruelty or unjustifiable punishment, cruel or inhuman corporal punishment, neglect or abuse in out-of-home care (Pen. Code 273d). Because of the serious and sensitive nature of this issue, extreme care should be demonstrated in working with students suspected of being abused. It is important to inform the student of your legal obligation to report abuse. Obtain assistance from the site counselor and program administrators when filing the reports.

Transportation of Students
Staff must have prior authorization before transporting any students. Authorization must be obtained each year from the business department. To obtain authorization, you must submit a copy of your automobile insurance, driver’s license, and DMV printout. Forms are available in the Business Department. Once a staff member has been approved for student transport, they must still notify and receive approval from their site administrator before taking a student off campus.

Vehicle Use Policy
(Alternative Education Staff) County Office of Education vans may be used to transport students to and from local sporting events and approved field trips. Teachers who
wish to use these vehicles must reserve them 3 days in advance, this can be handled by contacting the Alternative Education Department central office. Only those staff members who have been approved by the COE business office will be allowed to check out a vehicle. Vans may only be checked out on the day of the trip and they must be returned by 5:00 p.m. There are no overnight privileges unless a staff member has authorization. **BE AWARE!!! Tickets received while driving a county vehicle are your responsibility. You will not be reimbursed.**

**Special Site Events**

**Parent Conferences**
Parents and guardians play a significant role in their child’s education. Our goal is to make parent conferences a positive experience for everyone. To develop a strong home/school partnership, staff members are encouraged to contact parents regularly, informing them of student progress, accomplishments, and needs as well as contacting them regarding negative or inappropriate behaviors. Parent conferences should be held each semester.

**Open House/Back to School Nights**
Back to School Nights and Open House events should be scheduled each semester. This is an opportunity to meet parents and provide information about your school. Handouts describing your curriculum and behavioral expectations are important.

**Recognition Ceremonies**
Monthly award and recognition ceremonies are strongly encouraged. Parents and guardians are generally invited as are administrators, COE staff, employers, probation officers, counselors, etc. Students receive awards recognizing them for their accomplishments. Sample awards are available in the Alternative Education Programs office.

**Performances**
Performances for students or by students are conducted annually. Staff members should notify the program administrators when scheduling these events. Performances must follow the guidelines regarding student privacy.

**Guest Speakers/Artists/ Presenters/ Volunteers**
Guest speakers, artists and presenters need to be approved by the Alternative Education Programs administrators prior to their classroom appearance. Teachers need to have knowledge of the content of these presentations and they are required to be present at all times when guests are interacting with students. Speakers should be clearly informed regarding the nature of the students, appropriate interactions, effective presentation strategies, and site security procedures. Speakers who present inappropriate materials unexpectedly should be interrupted and should engage in a private discussion with the teacher regarding the limitations of the presentations. An Administrator should be informed if this has occurred. Every effort should be made to make the experience positive for both presenter and the students.
Student Discipline

Behavioral Interventions
Teachers are encouraged to use a variety of means to bring about a change in student behavior. The goal of any behavior management system is positive change. Studies have shown that the most effective way to bring about change is through positive reinforcement of desired behavior. Successful and effective behavior management programs target the behavior rather than the student, are honest and direct, fair, objective and consistent, are respectful of the student, use appropriate consequences for misbehavior, and demonstrate follow-through.

Site Rules and Traditions
Each Alternative Education Program site will develop its own rules and traditions which must be approved by the immediate supervisor. Traditions are those positive and effective behaviors and activities that are implemented year after year. Rules refer to specific and clearly defined behaviors and consequences that students must follow for the safe and orderly operation of the school. A written notice of the rules and procedures are provided to students and parents.

Site staff members need to be aware of the special rules or conditions that may be imposed on a student by their parents, group home agency, referring school district, SARB, or Probation. Students will be expected to adhere to those rules and conditions, provided they are consistent with site rules that maintain safety and order.

Suspensions
Suspension may be imposed only when other means of correction fail to bring about proper conduct. A pupil may be suspended for acts which are listed in this section and related to school activity or attendance which occur at any time, including, but not limited, to the following:

a. While on school grounds
b. While going to and from school
c. During, or while going to, or coming from, a school sponsored activity.

Reasons for suspensions under Education Code 48900:
a. Caused, attempted to cause, or threatened to cause physical injury to another person or willfully used force or violence upon another person except in
b. Possession, use, sale, or furnishing weapons including imitation firearms.
c. Possession, use, sale, or furnishing of drugs or alcohol; or being under the influence of these substances.
d. Negotiation to sell or deliver a substitute drug.
e. Committed or attempted to commit robbery or extortion.
f. Caused or attempted to cause damage to school or private property.
g. Stole or attempted to steal school or private property.
h. Possession or use of tobacco or any products containing tobacco or nicotine products.
i. Commission of obscene acts or engagement in habitual profanity or vulgarity.
j. Possessed, offered, arranged, or negotiated to sell drug paraphernalia.
k. Disrupted school activities or otherwise willfully defied the authority of school personnel engaged in the performance of their duties.
l. Knowingly received stolen school or private property.
m. Committed sexual harassment, sexual assault, or sexual battery.
n. Intentionally engaged in harassment, threats, or intimidation, creating an intimidating or hostile educational environment.
o. Caused, attempted to cause, threatened to cause, or participated in an act of hate violence.
p. Made terrorist threats against school officials or school property or both.
q. To fire-set or attempt fire-setting including the activation of false alarms or tampering with emergency equipment.
r. To forge, falsify, alter, or use forged school correspondence, passes, etc.
s. To leave campus without proper authorization
t. To gamble and wager
u. To exhibit any dress, grooming, or appearance which disrupts, or tends to disrupt, the education process, or affects the health or safety of individuals
v. To possess any disruptive items such as radios, cell phones, tape players, paging and signaling equipment, without the prior written consent of an administrator and parent.

In-house Suspensions
Students may receive an “in-house” suspension. If this consequence is levied, students will receive individual work and may be restricted from group activities. Teachers should record “in-house” suspensions on the Suspension Form.

Truancy, Tardiness and/or Absenteeism
With regard to truancy, tardiness and/or absenteeism it is the expressed legislative intent that alternatives to suspension be utilized.

Student is expected to be under the supervision of a parent during school hours when serving suspension days at home. Student shall not appear on or about any school campus during the period of suspension, unless coming to the office on official business with the parent/guardian and by prior arrangement with a school administrator. Student is not to attend any school sponsored event, on or off campus during the suspension. The responsibility of obtaining and doing class work lies with the student. The teacher may require the student to complete any assignments/activities and tests missed during the suspension (E.C. 48913)

Length of Suspension
Teachers may suspend for the day of the act plus the following day. An administrator may suspend a pupil for no more than five consecutive school days, for a yearly total of 20 school days. Special education students may be suspended for no more than 10 days without educational services.

Due Process
The student must be informed of the reasons for the suspension and the evidence against him or her. The student must be given an opportunity to present his version of the events, unless an emergency situation exists. As soon as possible the teacher must report the suspension to the administrator, prepare a detailed, written report of the suspension and request a parent-teacher conference regarding the suspension. Students and parents have a right to appeal disciplinary action taken against a student. A meeting must be requested with the administrator/designee prior to any further appeal. (E.C. 48914)
Liability of Parent or Guardian for Injury to Persons or Property
The parent or guardian of a pupil is liable for damages stemming from a minor’s willful misconduct and resulting in damage to persons or property. When the minor is unable to pay for damages, the school shall provide a program of voluntary work for the minor in lieu of the payment for monetary damages (E.C. 48904)

Employee Intervention in Student Disturbances
Employees are expected to intervene in student altercations and/or disturbances, by using appropriate action to stop altercations and/or disturbances as quickly as possible. However, no employee is expected to place himself/herself in any unreasonable personal physical danger during such student disturbances.

Search and Seizure
Staff members must have reasonable suspicion to search a student or his/her belongings. Reasonable suspicion is the cause to believe a school rule or law is being broken. It can be the result of “tips” from another student, visual inspection, or student’s direct statement to an authority. The extent of the search must be “reasonably related” to the infraction, and must be conducted in the presence of another adult. The search cannot be “excessively intrusive” in light of the student’s age, sex, and the nature of the infraction. Education Code specifically prohibits school employees from conducting body searches, or removing student’s clothing to look at underwear, breasts, buttocks, or genitalia. (E.C. 49050)

A general search of students is not allowed unless there is a genuine emergency such as a bomb threat or search for a dangerous weapon.

Gang Identification/Intervention
There are at least two major gangs in Santa Cruz County. **Surenos** include five local gangs: Poorside Watson, Villa San Carlos, Santa East Side, Brown Pride, Mara Salvatrucha. The **Nortenos** include eleven local gangs: City Hall Watson, Clifford Manor Locos, Northside Watson, Varrio Green Valley, Watsonville Varrio Loco Park, Northside Chico, Northside Girls, Watsonville Varrio Norte, Westside Santa Cruz, and Northside Santa Cruz. Surenos distinguish themselves be wearing the color “blue” and claiming the number “13”. Nortenos wear the color “red” and claim the number “14”. Several smaller gangs including “White Pride” and “Skinheads”, also have members in this county. Students are not permitted to dress in gang colors (red or blue), or wear clothing or accessories that are associated with gangs or illegal activities. Students may not engage in any gang-related behaviors at the school site. Graffiti and tagging are not allowed and should be removed immediately.

Substance Abuse Identification and Intervention
It is important that staff be alert to those symptoms which indicate that the student is under the influence of controlled substances. Symptoms include:

- Fixed or dilated pupils
- Abrupt change in mood or attitude
- Sudden decline in attendance or performance at school
- Sudden resistance to discipline at home or school
- Impaired relationships with family or friends
- Drowsiness
- Change in physical appearance such as weight loss or inattention to grooming
- Stealing
- Heightened secrecy about actions and possessions
- Association with new friends, especially individuals known to use drugs

Prevention and intervention programs are in place at each school site. Education, referral and treatment options are available for substance involved youth. Site staff should confer with administrators and counseling staff.
Santa Cruz County Office of Education

Alternative Education

PERSONNEL FORMS

1. Sample Timesheets
2. Request for Authority to Travel
3. Mileage Reimbursement Claim Form
4. Incident Report Form
5. Leave Request Form
6. Professional Growth Request Form
7. AESOP Directions
8. Address/Name Change
9. Notification of Leave/Retirement
### Attendance Timesheet - Regular CERTIFICATED Employee

#### Instructions Available Online

<table>
<thead>
<tr>
<th><em>Reason Codes</em></th>
<th><em>OL - OTHER LEAVE (Record time Absent)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>H</td>
<td>Holiday</td>
</tr>
<tr>
<td>SB</td>
<td>School Business</td>
</tr>
<tr>
<td>S</td>
<td>Sick Leave</td>
</tr>
<tr>
<td></td>
<td>Other Leaves require approval on a separate PERSONNEL LEAVE REQUEST FORM</td>
</tr>
<tr>
<td>Bereavement</td>
<td>Personal Necessity</td>
</tr>
<tr>
<td>Family Medical Leave</td>
<td>Sick Leave 5+ Days</td>
</tr>
<tr>
<td>Industrial Accident &amp; Illness</td>
<td>Unpaid Leave</td>
</tr>
<tr>
<td></td>
<td>Military Leave</td>
</tr>
<tr>
<td></td>
<td>Jury Duty/Witness</td>
</tr>
<tr>
<td></td>
<td>Unpaid Disability Leave</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Regular(days worked)</th>
<th>Leave(days not worked)</th>
<th><em>Reason Code</em></th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Days Worked**

**DATE:**

**EMPLOYEE'S SIGNATURE**

**DATE:**

**SUPERVISORS SIGNATURE**

*For Payroll Use Only*

**CHANGES:**

<table>
<thead>
<tr>
<th>Sick Leave</th>
<th>PN</th>
<th>PB</th>
</tr>
</thead>
</table>

**BALANCES:**

<table>
<thead>
<tr>
<th>Sick Leave</th>
<th>PN</th>
<th>PB</th>
</tr>
</thead>
</table>
## Attendance Timesheet - Regular CLASSIFIED Employee

**Employee:**  
(Last Name)  
(First Name)  
(SSN XXX-XX-)  
(Department)

**Month:**  
**Year:**

**Instructions Available Online**

### SUPERVISORY APPROVED

<table>
<thead>
<tr>
<th>ADDITIONAL TIME EARNED</th>
<th>TIME ABSENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compensatory Time</td>
<td>V Vacation</td>
</tr>
<tr>
<td>+CR Regular (Straight Time)</td>
<td>S Sick Leave</td>
</tr>
<tr>
<td>+CO Overtime</td>
<td>FH Floating Holiday</td>
</tr>
<tr>
<td>(Enter Actual Hours Worked)</td>
<td>-C Comp Time Taken</td>
</tr>
<tr>
<td>*OL Other leave</td>
<td>*OL Other leave</td>
</tr>
</tbody>
</table>

### SUPERINTENDENT/DESIGNEE APPROVED ONLY

*OL - OTHER LEAVE (Record time Absent)

Other Leaves require approval on a separate PERSONNEL LEAVE REQUEST FORM

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bereavement</td>
<td>Family Medical Leave</td>
<td></td>
</tr>
<tr>
<td>Personal Necessity</td>
<td>Sick Leave 5+ Days</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>Unpaid Leave</td>
<td></td>
</tr>
<tr>
<td>Military Leave</td>
<td>Jury Duty/Witness</td>
<td></td>
</tr>
</tbody>
</table>

### Date

<table>
<thead>
<tr>
<th>Date</th>
<th>ESTIMATE</th>
<th>ACTUAL</th>
<th>ESTIMATE</th>
<th>ACTUAL</th>
<th>KEY</th>
<th>REASON FOR ABSENCE</th>
<th>SUPERVISOR'S APPROVAL &amp; DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DATE:**  
**EMPLOYEE'S SIGNATURE:**  

**DATE:**  
**SUPERVISOR'S SIGNATURE:**  

For Payroll Use Only

CHANGES:

<table>
<thead>
<tr>
<th></th>
<th>Vacation</th>
<th>Floating Holiday</th>
<th>Sick Leave</th>
<th>PN</th>
<th>Comp</th>
<th></th>
</tr>
</thead>
</table>

BALANCES:

<table>
<thead>
<tr>
<th></th>
<th>Vacation</th>
<th>Floating Holiday</th>
<th>Sick Leave</th>
<th>PN</th>
<th>Comp</th>
<th></th>
</tr>
</thead>
</table>

Revised 6/25/2015
Santa Cruz County Office of Education  
REQUEST FOR AUTHORITY TO TRAVEL  

Name: ___________________________ Department: ___________________________

Name of Conference: ___________________________  
Location of Conference: ___________________________  
Dates: ___________________________

ESTIMATED CONFERENCE COSTS (Attach copies of registration & itinerary)

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration/Meals (Pay to:</td>
<td>$</td>
</tr>
<tr>
<td>Lodging (Pay to:</td>
<td>$</td>
</tr>
<tr>
<td>Transportation (Pay to:</td>
<td>$</td>
</tr>
<tr>
<td>Meals (Reimbursed only when overnight stay is required. Please see reverse side for additional information and entire travel policy). Per diem maximum amounts are: Breakfast: $10.00; Lunch: $15.00; Dinner: $25.00, including 15% tip)</td>
<td>$</td>
</tr>
</tbody>
</table>

Other Expenses:  
Advance requested? Y/N  
Amount: $ ___________*  
TOTAL ESTIMATED COST $ ___________

Employee: ___________________________ Signature: ___________________________  
Account #: ___________________________

APPROVED:  
Program Manager: ___________________________ Date: ___________________________
Superintendent/Deputy: ___________________________ Date: ___________________________
Deputy Supt./CBO: ___________________________ Date: ___________________________

CLAIM FOR REIMBURSEMENT – ACTUAL EXPENSES  
Registration Fees (Receipt required) $  
Lodging (Receipt required) $  
Transportation – Commercial (Receipt required) $  
Transportation – personal (MapQuest required) $  
(Total number of miles)

MEALS (see reverse side for per diem maximums):

<table>
<thead>
<tr>
<th>Date</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
<th>Daily Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

Total Actual Expenses: $  
Total Meals: $  
Total Other Expenses: $  
Total Amount Claimed $  
Less: ADVANCE $  
NET AMOUNT DUE: $  

APPROVED:  
Associate Supt./CBO: ___________________________ Date: ___________________________

I, ___________________________ (Signature)  
Certify that this claim is true and correct  
*May not exceed 80% of estimated employee out-of-pocket costs.
# 2018 Mileage Reimbursement Claim Form

For Mileage from January 1 ~ December 31, 2018 only

<table>
<thead>
<tr>
<th>Name</th>
<th>Dates Covered</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Complete Account Code</th>
<th>Fund</th>
<th>Resource</th>
<th>Year</th>
<th>Goal</th>
<th>Function</th>
<th>Object</th>
<th>School</th>
<th>Management</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>From</th>
<th>To</th>
<th>Purpose</th>
<th>Miles</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Approved by</th>
<th>I certify that this claim is true and correct.</th>
</tr>
</thead>
</table>

Program Manager | Date |
|----------------|------|

Employee’s Signature | Date |
|---------------------|------|

**Business Department Use Only**

Total miles  | @ .545  | Total Reimbursement: | $0.00 |
|-------------|---------|----------------------|-------|

Approved: ___________________ Date: ________________

Chief Business Official Date: ________________

Please make a photocopy for your records prior to turning in the original to Accounts Payable.
INCIDENT REPORT

Date of report: ____________________ Location of incident: ____________________

Date of incident: ____________________ Time of Incident: ____________________

Name of individual(s), title and organization of individuals directly involved in the incident:

__________________________________________________________________________

__________________________________________________________________________

______________________________

Name and titles of witnesses:

__________________________________________________________________________

__________________________________________________________________________

DESCRIPTION OF EVENTS (Clearly state events in chronological order):

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

(Use additional sheets as needed)

What agencies or personnel were contacted regarding this incident? (Law Enforcement, CPS, District Schools or Personnel, parents, etc.)

__________________________________________________________________________

__________________________________________________________________________

Recommended follow-up:

__________________________________________________________________________

__________________________________________________________________________

Signature of Individual completing this report ____________________

Rev 17-06
# Personnel Leave Request Form

<table>
<thead>
<tr>
<th>Employee Type (Check One):</th>
<th>□ Classified □ Certificated □ R.O.P. Certificated □ Management □ Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Name</td>
<td>Social Security Number</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Please tell us where you can be reached during your leave)

ADDRESS: ___________________ PHONE NUMBER: (_______)
CITY: ____________________ STATE: __________ ZIP: __________

Request for Leave from (1st Day Out): _______ To (Return Date): _______ In Increments of (days/hrs.)

☐ Personal Necessity Leave (Indicate Reason Per Your Unit Contract):

☐ Personal Business Leave (2-Days, Certificated Only – Deducted from PN)

☐ Jury Duty/Witness—Attach jury room service slip (refer to your unit agreement for information).

☐ Sick Leave (5 Days or More)—Provide us with a physician’s note estimating the date on which you will be released to return to work.

☐ Unpaid Disability Leave—Please provide a copy of a physician’s note at the beginning of your leave and every additional month thereafter. A medical release to return to work is also required.

☐ Unpaid Leave—Reason:

☐ Family Medical Leave—Relationship to the Employee:
  I am requesting access to the following during my leave:
  ☐ Vacation Time (Classified Only) and/or ☐ Authorized Personal Necessity and/or ☐ Unpaid Leave.
  A copy of your physician’s note is required at the beginning of your leave and every additional month thereafter.

☐ Bereavement Leave (3-days/5 days when travel beyond a 250 mile radius)—Relationship to the Employee:
  Request is for additional days because I am traveling beyond a 250 mile radius. ☐ Yes ☐ No

☐ Sabbatical Leave (Certificated Only)—I have requested paid leave: ☐ Yes ☐ No
  Please file an application with the Sabbatical Leave Committee.

☐ Industrial Illness and Accident Leave—Worker’s Compensation Form Filed: ☐ Yes ☐ No
  Qualified Injured Worker’s Report Received: ☐ Yes ☐ No (A medical release to return to work is required)

☐ Military Leave—Please attach orders.

☐ Other Leave—Please specify:

## Required Signatures

I certify that this leave is in accordance with my Unit Agreement

1. Program Supervisor/Date

2. Deputy Superintendent/Associate Superintendent/Date

Employee’s Signature/Date

3. Superintendent or Designee/Date

## Personnel Use Only

HR Assistant’s Initials: __________________ Date Received: __________ Date Distributed: __________

HR Director’s Initials: __________________

Actual Date Employee Returned From Leave: __________ Release to Return to Work Form Received: ☐ Yes ☐ No ☐ N/A

☐ Payroll Verification Sheet ☐ Full Release ☐ Modified Duty ☐ ADA Reasonable Accommodation ☐ Not Approved for Return to Work Status
SANTA CRUZ COUNTY OFFICE OF EDUCATION  
Michael C. Watkins, Superintendent  
Santa Cruz, California

PROFESSIONAL GROWTH APPLICATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Date Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position Title</td>
<td>Work Location/Dept.</td>
</tr>
<tr>
<td>Course/Organization Title</td>
<td>Work Phone</td>
</tr>
<tr>
<td>Date Course Starts</td>
<td>Ends</td>
</tr>
<tr>
<td>Days of Week course takes place</td>
<td>Su</td>
</tr>
<tr>
<td>Location</td>
<td></td>
</tr>
</tbody>
</table>

Will you earn units or hours? How Many?  
☐ Units  [ ]  ☐ Hours

If the course is taken during regular work hours, you must submit a copy of your timesheet (or other form of verification) indicating that you used approved authorized leave.

Description of course, workshop, or organization. Be sure to include course, or any other relevant support material. Requests for organization must include office held.

Please state why the course is related to your position:

Refer to Article 21 - Professional Growth - of the Classified Employee Unit Agreement for rules.

<table>
<thead>
<tr>
<th>Increments:</th>
<th>Distribution:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization/Elected Office, Job Related 1.5 units per year 15 hour courses/workshops = 1 unit</td>
<td>1. Professional Growth permanent file.</td>
</tr>
<tr>
<td>8 units job related + 4 units non-job related* = $250</td>
<td>2. Employee's Personnel File</td>
</tr>
<tr>
<td>*Non-job related units must have been earned prior to 7/1/2005</td>
<td>3. Employee receives copy after Professional Growth Activity has been completed</td>
</tr>
<tr>
<td>*Beginning 7/1/2013 a maximum of three non-job related units may be applied to an increment.</td>
<td>4. After committee's action, copy to employee for verification.</td>
</tr>
<tr>
<td></td>
<td>5. Employee</td>
</tr>
</tbody>
</table>

Committee Use Only

<table>
<thead>
<tr>
<th>Date Request Received</th>
<th>Committee Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date</td>
</tr>
<tr>
<td></td>
<td>☐ Job Related</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Verification Received Date</th>
<th>Number of Units</th>
<th>Number of Hours</th>
<th>Units/Hours Approved/Posted</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Completed</td>
<td>☐ Not Completed</td>
<td></td>
<td>Chairperson's Signature</td>
</tr>
</tbody>
</table>

Revised 1/22/2014
Phone System Instructions for Employees

Aesop: (800) 942-3767
Help Desk: (831) 466-5756

Important Reminders about Aesop

➤ You are unable to report absences to the Aesop system after 7:00 a.m. You will need to call your department's substitute coordinator.

➤ Your Login ID is your 10 digit phone number.

➤ Your Password is the last 5 digits of your Social Security Number (unless you have changed it).
When you call Aesop

1. Dial 1.800.942.3767
2. Enter your ID number followed by the pound key (#)
3. Enter your PIN number followed by the pound key (#)

To Create an Absence, Press 1

1. Select the Start Date
To enter an absence for:
- TODAY, Press 1
- Tomorrow, Press 2
- Another Day, Press 3
- Monday, Press 4
  > If option 3 is selected then Aesop will prompt you to enter the DAY OF MONTH followed by the pound key (#).

2. Enter the number of days

3. Enter the Start and End times
- For a Full Day, Press 1
- For a Half-Day in the Morning, Press 2
- For a Half-Day in the Afternoon, Press 3
- Specific Start/End Times, Press 4
  > If option 2 is selected then Aesop will prompt you to enter time in "hh:mm" format and the choice of AM or PM.
  For example: 8:00 AM
  a. Enter "8:00" followed by the pound key (#)
  b. Press 1 for AM or Press 2 for PM

www.aesoponline.com

When you call Aesop

4. Select Absence Reason

5. Confirm absence information
- If correct, Press 1
- To re-enter, Press 2
- To cancel, Press 3

6. For a multiple day absence
   1. Enter the day of month followed by the pound sign (#)
   2. Aesop will ask the following:
      - If the details are the same as the previous date, Press 7
      - To change some of the details, Press 8
      - To change all of the details, Press 9

7. Save your absence
   1. If you can decide whether a sub is needed:
      - If your absence requires a substitute, Press 1
      - If your absence does not require a substitute, Press 2
   2. If you can assign a substitute:
      - If you want to select a specific sub to assign to the absence, Press 3
      > It is your responsibility to contact the sub to see if they are willing to accept this absence PRIOR to assigning.
      - If you want me (Aesop) to find a sub, Press 4
      > If option 4 is selected you will need to enter the sub's full 10-digit phone number.

1.800.942.3767

Available 24/7

When you call Aesop

When you have successfully created an assignment Aesop will play back the confirmation number.

To Check Entitlement Balances, Press 2

Aesop will play back your entitlement balances.

To Review or Cancel Your Upcoming Absences, Press 3

- To review your absences for the next 30 days, Press 1
- To return to the Main Menu, Press 3

Aesop will read off all absence details:
- To hear this again, Press 1
- To cancel this absence, Press 2
- To listen to the next absence, Press 3
- To return to the Main Menu, Press 4

To Review or Cancel a Specific Absence, Press 4

Enter the confirmation number followed by the pound key (#).

Aesop will read off the absence details:
- To Hear again, Press 1
- To cancel this absence, Press 2
- To return to previous menu, Press 3
CHANGE OF NAME AND/OR ADDRESS

EMPLOYEE ____________________________

SOCIAL SECURITY # ____________________

☐ CERTIFICATED  ☐ CLASSIFIED  ☐ REGULAR  ☐ TEMPORARY

☐ CHANGE OF NAME (NEEDS SIGNATURE)

FROM _______________________________

TO _________________________________

☐ NEW ADDRESS

STREET _____________________________

C/O ________________________________

CITY __________________ STATE _______ ZIP CODE ______

☐ NEW TELEPHONE NUMBER (____) _______

EFFECTIVE DATE _____________________

SIGNATURE __________________________

DATE _______________________________

☐ EMAIL  ☐ LETTER

DISTRIBUTION:

White Personnel
Yellow Benefits
Pink Accounts Payable
Green Payroll

Santa Cruz County
Office of Education

MICHAEL C. WATKINS, SUPERINTENDENT
NOTIFICATION OF VOLUNTARY RESIGNATION/RETIREMENT

NAME: _______________________________ DATE: ______________

Please Print

JOB CLASSIFICATION: __________________________________________

PROGRAM/DEPARTMENT: _________________________________________

This is to inform you of my voluntary resignation/retirement:

(1) ___________________________ (Last Date Worked)

(2) ___________________________ (Date of Retirement from PERS/STRS)

I have attached my letter of resignation/retirement □ yes □ no; If no, please complete the following:

My reasons for leaving are:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Employee Signature: __________________________

My forwarding and/or current address is:

________________________________________________________________________

________________________________________________________________________

Street

City State Zip Code

(_____) Phone Number

ACKNOWLEDGED BY:

SUPERVISOR

DATE

DIVISION ASSISTANT SUPERINTENDENT

DATE

APPROVED AND ACCEPTED BY:

DEPUTY SUPERINTENDENT

DATE

CC: Payroll, Benefits, Supervisor, Personnel File, Employee
Santa Cruz County Office of Education

Alternative Education

Student Record Forms

1. Student Calendar
2. Sample Transcript
3. Graduation Requirements
4. Independent Studies Agreement
5. Truancy Letter #1
6. Truancy Letter #2
7. Incident Report
8. Notice of Suspension
9. Accident or Illness Report
10. Suspected Child Abuse Report
11. Absence Log
12. Call Log
13. Permission to Administer Medication
14. Caregiver Authorization
15. Supplemental Education Services (SES) Form
# Alternative Education Program
## School Calendar

### 2018 – 2019

<table>
<thead>
<tr>
<th>2018</th>
<th>Event</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 20</td>
<td>Staff 1&lt;sup&gt;st&lt;/sup&gt; Day</td>
<td></td>
</tr>
<tr>
<td>August 22</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; Student Day</td>
<td></td>
</tr>
<tr>
<td>September 3</td>
<td>Labor Day</td>
<td>No School</td>
</tr>
<tr>
<td>September 10</td>
<td>Staff Development Day</td>
<td>No School</td>
</tr>
<tr>
<td>October 15</td>
<td>Staff Development Day</td>
<td>No School</td>
</tr>
<tr>
<td>November 12</td>
<td>Veterans Day</td>
<td>No School</td>
</tr>
<tr>
<td>November 21-23</td>
<td>Thanksgiving</td>
<td>No School</td>
</tr>
<tr>
<td>Dec 21 – Jan 4&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Winter Break</td>
<td>No School</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2019</th>
<th>Event</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 16</td>
<td>Fall Graduation</td>
<td>No School</td>
</tr>
<tr>
<td>January 21</td>
<td>Martin Luther King Day</td>
<td>No School</td>
</tr>
<tr>
<td>February 1&lt;sup&gt;st&lt;/sup&gt;</td>
<td>Staff Development Day</td>
<td>No School</td>
</tr>
<tr>
<td>February 11&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Lincoln’s Birthday</td>
<td>No School</td>
</tr>
<tr>
<td>February 18&lt;sup&gt;th&lt;/sup&gt;</td>
<td>President’ Day</td>
<td>No School</td>
</tr>
<tr>
<td>April 1-5&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Spring Break</td>
<td>No School</td>
</tr>
<tr>
<td>May 27</td>
<td>Memorial Day</td>
<td>No School</td>
</tr>
<tr>
<td>June 7&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Last Day of School Session</td>
<td></td>
</tr>
</tbody>
</table>
2018-2019 Quarter Breakdown

First Quarter 08/22/2018 – 10/19/2018
Second Quarter 10/22/2018 – 12/20/2018
Third Quarter 01/07/2019 – 03/15/2019
Fourth Quarter 03/18/2019 – 06/07/2019
## Official Transcript

### Santa Cruz COE
**Alternative Education**
400 Encinal Street  
Santa Cruz, CA 95060  
Phone(831) 466-5728 Fax(831) 466-5730

<table>
<thead>
<tr>
<th>Semester 1</th>
<th>Semester 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qtr 1</td>
<td>Qtr 2</td>
</tr>
<tr>
<td><strong>16-17 Sequoia High School</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subject</th>
<th>Qtr 1</th>
<th>Qtr 2</th>
<th>Qtr 3</th>
<th>Qtr 4</th>
<th>SS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applied Arts</td>
<td>A+ 3.00</td>
<td></td>
<td></td>
<td>A 1.75</td>
<td></td>
</tr>
<tr>
<td>Organic Gardening</td>
<td>A+ 2.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economics</td>
<td>A 1.00</td>
<td></td>
<td></td>
<td>A 4.00</td>
<td></td>
</tr>
<tr>
<td>Elective</td>
<td>A 5.00</td>
<td>A 5.00</td>
<td>A 5.00</td>
<td>A 5.00</td>
<td></td>
</tr>
<tr>
<td>Math</td>
<td>A 1.00</td>
<td>C 1.50</td>
<td>A 1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phys Ed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROP Landscape Design</td>
<td>A 4.75</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>US History</td>
<td>A 2.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROP Landscape Design</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>English</td>
<td>C 2.50</td>
<td>B 2.00</td>
<td>C 1.75</td>
<td>A 9.25</td>
<td></td>
</tr>
<tr>
<td>Fine Arts</td>
<td>A 2.50</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government</td>
<td>A 1.00</td>
<td>A 4.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>US History</td>
<td></td>
<td>B 1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vocational Ed</td>
<td></td>
<td>A 5.00</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Semester 1</th>
<th>Semester 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qtr 1</td>
<td>Qtr 2</td>
</tr>
<tr>
<td><strong>16-17 Watsonville Community School</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subject</th>
<th>Qtr 1</th>
<th>Qtr 2</th>
<th>Qtr 3</th>
<th>Qtr 4</th>
<th>SS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Math</td>
<td>A 1.00</td>
<td>A 1.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>English</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phys Ed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>English</td>
<td>C 5.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Math</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Math</td>
<td>A 2.50</td>
<td>B 2.50</td>
<td>D 1.50</td>
<td>B 3.00</td>
<td>A 1.00</td>
</tr>
<tr>
<td>Life Science</td>
<td>A 1.25</td>
<td>D 1.75</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phys Ed</td>
<td>A 1.50</td>
<td>A 1.50</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phys Ed</td>
<td></td>
<td>B 5.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phys Science</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>US History</td>
<td>A 2.00</td>
<td>A 7.00</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>World History</td>
<td>A 1.50</td>
<td>B 1.75</td>
<td>A 2.25</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Semester 1</th>
<th>Semester 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qtr 1</td>
<td>Qtr 2</td>
</tr>
<tr>
<td><strong>14-15 Pajaro Valley High School</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subject</th>
<th>Qtr 1</th>
<th>Qtr 2</th>
<th>Qtr 3</th>
<th>Qtr 4</th>
<th>SS</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>F 0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spanish</td>
<td>F 0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biology</td>
<td>C 2.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physics</td>
<td>C 2.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>World Civ</td>
<td>C 2.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Semester 1</th>
<th>Semester 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qtr 1</td>
<td>Qtr 2</td>
</tr>
<tr>
<td><strong>14-15 Pajaro Valley HS / SCCOE</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subject</th>
<th>Qtr 1</th>
<th>Qtr 2</th>
<th>Qtr 3</th>
<th>Qtr 4</th>
<th>SS</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>D 2.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spanish</td>
<td>F 0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biology</td>
<td>F 0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physics</td>
<td>F 0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>World Civ</td>
<td>C 2.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Semester 1</th>
<th>Semester 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qtr 1</td>
<td>Qtr 2</td>
</tr>
<tr>
<td><strong>14-15 Watsonville Community School</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subject</th>
<th>Qtr 1</th>
<th>Qtr 2</th>
<th>Qtr 3</th>
<th>Qtr 4</th>
<th>SS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Math</td>
<td>A 2.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>English</td>
<td>A 1.50</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Geometry</td>
<td>A 2.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>World History</td>
<td>A 2.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life Science</td>
<td>C 5.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Science</td>
<td>F 0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Ed</td>
<td>F 0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>D 5.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fine Arts</td>
<td>A 5.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applied Arts</td>
<td>A 1.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vocational Ed</td>
<td>A 2.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Credits</td>
<td>209.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Credits Earned</th>
<th>Credits Required</th>
<th>Credits Remaining</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>30.50</td>
<td>30.00</td>
<td>-0.50</td>
</tr>
<tr>
<td>World History</td>
<td>10.00</td>
<td>10.00</td>
<td>0.00</td>
</tr>
<tr>
<td>US History</td>
<td>10.00</td>
<td>10.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Government</td>
<td>5.00</td>
<td>5.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Economics</td>
<td>5.00</td>
<td>5.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Algebra</td>
<td>10.00</td>
<td>10.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Math</td>
<td>10.00</td>
<td>10.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Life Science</td>
<td>10.00</td>
<td>10.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Physical Science</td>
<td>10.00</td>
<td>10.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Physical Ed.</td>
<td>20.00</td>
<td>20.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Health</td>
<td>5.00</td>
<td>5.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Fine Arts</td>
<td>10.00</td>
<td>10.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Applied Arts</td>
<td>10.00</td>
<td>10.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Vocational Ed</td>
<td>5.00</td>
<td>5.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Electives</td>
<td>50.00</td>
<td>50.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

---

Total Credits Earned: 209.00  
Cumulative GPA Gr 9-12: 3.0822

---

Registrar  
Not official unless signed and stamped.

DATE
Alternative Education High School
Graduation Requirements

Name: ________________________________

<table>
<thead>
<tr>
<th>Required Coursework</th>
<th>Credits Required</th>
<th>Credits Completed</th>
<th>Still to Finish</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Math</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Algebra</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>US History</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>World History</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economics</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life Science</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Science</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fine Arts</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applied Arts</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Ed</td>
<td>20</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voc. Ed</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electives</td>
<td>50</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL CREDITS</strong></td>
<td><strong>200</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Santa Cruz County Office of Education  
Alternative Education Programs/OASIS  
Independent Study Master Agreement

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Grade Level:</th>
<th>IEP:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>DOB:</td>
<td>Age:</td>
</tr>
<tr>
<td>Home/Parent Phone:</td>
<td>Student Phone#/email:</td>
<td></td>
</tr>
<tr>
<td>Duration of Agreement:</td>
<td>Beginning Date:</td>
<td>Ending Date:</td>
</tr>
<tr>
<td>1 Semester Maximum</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Objectives, Methods of Study, Methods of Evaluation and Resources:
The student is to complete the subjects/courses listed below. Subject/course objectives reflect the curriculum adopted by the Santa Cruz County Board of Education and are consistent with the course standards as outlined in the course descriptions. The specific objectives, methods of study, methods of evaluation, alterations, and resources for each assignment covered by this agreement will be described in the administrative regulations regarding independent study or in the work product sheets that are a part of this agreement. Any subsidiary agreement(s) are also part of this agreement.

<table>
<thead>
<tr>
<th>Subjects/Courses Enrolled:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject/Course</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Manner of Reporting:
Students will report to their teachers as scheduled in methods designed to best facilitate the learning process and ensure progress is being made towards earning credit. These methods may include, but not be limited to: face to face, small groups, fax, e-mail, phone, etc. Students are required to meet teachers as scheduled. Unless noted differently on the assignment sheet, meetings will be held at the OASIS program according to the following schedule:

<table>
<thead>
<tr>
<th>Time:</th>
<th>Day:</th>
<th>Frequency:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Weekly, or as arranged with Supervising Teacher.</td>
</tr>
</tbody>
</table>

Assignments:
A learning plan will be established with assigned dates. Each date will be equivalent to a full day's work. In compliance with the Santa Cruz County Office of Education policies as set forth in the administrative regulations, all assignments must be turned in to the teacher on the due date noted on the assignment sheet, unless a prior exception has been made in accordance with program policy. After two missed appointments and/or missed/poor qualitative or quantitative assignments resulting in ten school absences per this contract, an evaluation will be made to determine whether independent study is an appropriate strategy for this student. The results of this evaluation will be considered as a mandatory interim student record and maintained for three years from the date of the evaluation and will be forwarded if the student transfers to another California public school.

Voluntary Statement:
Independent study is an optional educational alternative that students voluntarily select, including expelled students (EC 48915) and/or students whose expulsion has been suspended (EC 48917). All students who choose independent study must have the continuing option of returning to the classroom.

Signature and Dates:
I have read and understand the terms of this agreement, and agree to all the provisions set forth.

Student: ___________________________ Date: __________
Parent/Guardian/Caregiver: __________ Date: __________
Supervising Teacher: _______________ Date: __________
<table>
<thead>
<tr>
<th>SUBJECT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSIGNMENT and WORK RECORD FORM: Objectives, methods, resources.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hours assigned/earned</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Next Appointment: ____________________________

Total hours assigned: ____________
Total hours earned: ____________

Attendance Credit: Month: ____________ 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
21 22 23 24 25 26 27 28 29 30 31. Month: ____________ 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

My signature below indicates that I, the supervising teacher, have personally evaluated the time value (apportionment credit) of the student's work products, or that I have personally reviewed the evaluations made by other certified teachers.

Supervising Teacher: ____________________________ Date: ____________

NOTES:
Dear ____________________________,

This letter is to inform you that your son/daughter, ____________________________, who is enrolled at ______________________ School, has developed a pattern of excessive unexcused tardies/absences. This is a problem we consider to be very serious because of the negative impact it has on your child's education.

California Education Code Section 48260 states that "Any pupil subject to full-time education or to compulsory education who is absent from school without a valid excuse more than three days or tardy in excess of 30 minutes on each of more than three days in one school year is a truant and shall be reported to the principal, attendance supervisor or superintendent of the school district."

Your son/daughter has had excessive tardies/absences on the following dates:

______________________________________________________________________

We are requesting your involvement as follows:

☐ Please discuss this matter with your son/daughter so future problems can be avoided.

☐ This is the second notification of your son's/daughter's excessive absences.

Please contact me at school within the next five days to set up a conference to discuss this problem and find a solution. My phone number is ________________________.

Sincerely,

Teacher

☐ I have talked with my son/daughter, ____________________________, and we have resolved the problem concerning his/her attendance so that it will not interfere with his/her education.

☐ A conference is needed. I will be calling the school to set up an appointment. The most convenient times for me are: ☐ Morning ☐ Afternoon

Parent/Guardian ____________________________ Date __________

DISTRIBUTION: WHITE – PARENTS/GUARDIAN  YELLOW – SARB  PINK – COE

Rev 5-07
Date: ____________

Dear ____________________________,

This letter is to inform you that your son/daughter, ____________________________, who is enrolled at ___________________________ School, has been referred back to your local School Attendance and Review Board (SARB) for disposition in regard to the matter of excessive unexcused absences. Our intervention efforts to solve the problem at the school site level have been unsuccessful. A meeting with the district Child Welfare and Attendance Officer is mandatory if you would like us to reconsider your child for reinstatement in our school program.

California Education Code Section 48262 states that "Any pupil is deemed a habitual truant if they have been reported as a truant three or more times per school year, provided that no pupil shall be deemed a habitual truant unless an appropriate district officer or employee has made a conscientious effort to hold at least one conference with a parent or guardian of the pupil and the pupil himself, after the filing of the reports required by Education Code sections 48260 or 48261."

Your son/daughter has had excessive tardies/absences on the following dates:

__________________________

You were contacted on the following dates:

☐ Phone contacts: ____________________________
☐ Conferences: ____________________________
☐ Letters mailed on: ____________________________

It is important that you understand that it is the responsibility of parents to ensure their children attend school and that legal action could be taken against you by the District Attorney's office.

You will be contacted by the supervisor of child Welfare and Attendance concerning action by the School Attendance Review Board. Should you have questions concerning this hearing, please call my office at 479-5330, between 7:30 A.M. and 4:30 P.M.

Sincerely,

__________________________

John Rice, Senior Director
Alternative Education Programs

Distribution: White – Parents/Guardian  Yellow – SARB  Pink – COE

Rev 5-07
INCIDENT REPORT

Date of report: ____________________ Location of incident: ____________________

Date of incident: ____________________ Time of incident: ____________________

Name of individual(s), title and organization of individuals directly involved in the incident:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Name and titles of witnesses:

________________________________________________________________________

________________________________________________________________________

DESCRIPTION OF EVENTS (Clearly state events in chronological order):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

(Use additional sheets as needed)

What agencies or personnel were contacted regarding this incident? (Law Enforcement, CPS, District Schools or Personnel, parents, etc.)

________________________________________________________________________

________________________________________________________________________

Recommended follow-up:

________________________________________________________________________

________________________________________________________________________

Signature of individual completing this report ____________________
ALTERNATIVE EDUCATION PROGRAMS
Notice of Suspension

Student Name: ___________________________ School Site: ___________________________

Birthdate: ______/____/____ Grade: ______ Parent/Guardian: __________________________

Suspended by: ___________________________ Title: __________________________

Period of Suspension: ______/____/____ to ______/____/____ Student may return on ______/____/____

Issued: ______/____/____ Parent Contacted: ______/____/____ Mailed: ______/____/____

Reason for suspension under Education Code Section 48900:

☐ a Caused, attempted to cause, or threatened to cause physical injury to another person or willfully used force or violence upon another person except in self-defense.

☐ b Possession, use, sale, or furnishing of weapons including imitation firearms.

☐ c Possession, use, sale, or furnishing of drugs or alcohol, or being under the influence of these substances.

☐ d Negotiation to sell or deliver a substitute drug.

☐ e Committed or attempted to commit robbery or extortion.

☐ f Caused or attempted to cause damage to school or private property.

☐ g Stole or attempted to steal school or private property.

☐ h Possession or use of tobacco or any products containing tobacco or nicotine products.

☐ i Commission of obscene acts or engagement in habitual profanity or vulgarity.

☐ j Possessed, offered, arranged, or negotiated to sell drug paraphernalia.

☐ k Disrupted school activities or otherwise willfully defied the valid authority of school personnel engaged in the performance of their duties.

☐ l Knowingly received stolen school or private property.

☐ m Committed sexual harassment, sexual assault, or sexual battery.

☐ n Intentionally engaged in harassment, threats, or intimidation, creating an intimidating or hostile educational environment.

☐ o Caused, attempted to cause, threatened to cause, or participated in an act of hate violence.

☐ p Has made terrorist threats against school officials or school property or both.

Factual explanation of incident(s):

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

_________________________ __________________________
Date: ___________________________ Signature of administrator/authorizer

_________________________ __________________________
Signature of student

_________________________

Students suspended must not be on or near the school campus

☐ Your appointment is at ______/____/____ at ______ with __________________________._

If you cannot make this appointment, please call __________ at ______.

☐ Parent conference not required. Parent may call __________ for additional information.

FOR THE CONDITIONS OF SUSPENSIONS AND EXPLANATIONS OF STUDENT'S AND PARENTS' RIGHTS AND LEGAL RESPONSIBILITIES, SEE THE ATTACHED INFORMATION.

REV 7-08
SANTA CRUZ COUNTY OFFICE OF EDUCATION
STUDENT ACCIDENT REPORT

CONFIDENTIAL
(For District Use Only)

Note: The school employee either witnessing the accident or supervising at the time should complete and submit this form within 24 hours – with the assistance of the site nurse/health assistant, as applicable, on items 10 thru 17.

IN CASE OF SERIOUS INJURY, A TELEPHONE REPORT IS TO BE MADE IMMEDIATELY TO THE OFFICE OF ??????

1. School __________________________ Date and Time of Accident: __________________________ a.m. ____ p.m.

2. Injured Student's Name __________________________ Male ______ Female ______ Age ______ Grade ______

3. Home address __________________________ Phone number(s) __________________________

4. Location of accident: School Building ______ School Grounds ______ School Bus ______ Off school premises ______
Under School Jurisdiction ______

Specifcs of location/equipment/structures/involved: __________________________

5. Describe accident in detail (REQUIRED) – [What was student doing? List any specific acts by other individuals, or conditions that led to accident. Include any tools, machinery, equipment, or instrument involved] __________________________

Actions needed or taken to prevent like incidents in future? __________________________ [use additional sheet, as needed]

6. Who was in charge at the time of the accident? (employee's name and phone) __________________________
Was he/she present at that time? Yes ______ No ______

7. Who was supervising? __________________________ Contact info: __________________________

8. Did the injured violate any school rules? Yes ____ No ____ Explain: __________________________

9. Witness(es) - name, address, and contact information: __________________________
[continue on back or additional sheet]


11. Part(s) of Body injured: Head _____ Neck _____ Back _____ Finger _____ Arm _____ Leg _____ Face _____ Eye _____ Teeth _____ Abdomen _____ Hand _____ Foot _____ Knee _____ Other (describe and indicate left or right as applicable) __________________________

12. Was First Aid administered? Yes ____ No ____ By Whom: Name: __________________________ Job Title: __________________________ And if so, how soon, and what was done: __________________________

13. Forms or guidance given to parent/guardian (what, by whom): __________________________


15. Who was notified? __________________________ Relationship to injured: __________________________

16. If student left school, released to whom? __________________________ Relationship to injured: __________________________

17. Did parent/guardian contact the school again after the accident? ______ Comments: __________________________

18. Report completed by: __________________________ Title: __________________________

Signature: __________________________ Date: __________________________

19. Site Administration Name: __________________________ Title: __________________________

Signature: __________________________ Date: __________________________

ORIGINAL TO RISK & SAFETY
COPY REMAINS AT SITE
CONFIDENTIAL – NOT TO BE RELEASED
Report of Accident or Illness to Students

Student Name
Student Address
School or Program Name
Address
Name and address of attending □ Physician □ Dentist □ Hospital

☐ ACCIDENT
DID SCHOOL PERSONNEL KNOW OF THE ACCIDENT AT THE TIME IT HAPPENED?
☐ YES – Whom?

Date of Accident ____________________ Time ______ am or pm
Place ________________________________
How did the accident happen, and what was the injury?

For more details, contact Supervisor, teacher, or other authority

☐ NO- Please give reason. For example, the accident did not occur at school, or was not reported at the time.

☐ ILLNESS
Please describe

Person Completing Report ___________________________ (Title) ___________________________ (Date)
(Phone Number)

This report is due within 24 hours of the accident or illness. Original: Business Dept Copy: Program Administrator
## Suggested Instructions

### A. Reporting Party
- **NAME OF MANDATED REPORTER**
- **TITLE**
- **MANDATED REPORTER CATEGORY**
- **REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS**
- **Street**
- **City**
- **Zip**
- **DID MANDATED REPORTER WITNESS THE INCIDENT?**
  - Yes
  - No
- **REPORTER'S TELEPHONE (DAYTIME)**
- **SIGNATURE**
- **TODAY'S DATE**

### B. Report Notification
- **APPROVED LAW ENFORCEMENT**
- **COUNTY PROBATION AGENCY**
- **COUNTY WELFARE / CPS (Child Protective Services)**
- **ADDRESS**
- **Street**
- **City**
- **Zip**
- **DATE/TIME OF PHONE CALL**

### C. Victim
- **NAME (LAST, FIRST, MIDDLE)**
- **BIRTHDATE OR APPROX. AGE**
- **SEX**
- **ETHNICITY**
- **ADDRESS**
- **Street**
- **City**
- **Zip**
- **TELEPHONE**

### D. Involved Parties
- **NAME (LAST, FIRST, MIDDLE)**
- **ADDRESS**
- **Street**
- **City**
- **Zip**
- **HOME PHONE**
- **BUSINESS PHONE**

### E. Incident Information
- **DATE / TIME OF INCIDENT**
- **PLACE OF INCIDENT**

---

**Definitions and Instructions on Reverse**

**DO NOT** submit a copy of this form to the Department of Justice (DOJ). The investigating agency is required under Penal Code Section 11169 to submit to DOJ a Child Abuse Investigation Report Form SS 8583 if (1) an active investigation was conducted and (2) the incident was determined not to be unfounded.

**WHITE COPY**-Police or Sheriff's Department; **BLUE COPY**-County Welfare or Probation Department; **GREEN COPY**-District Attorney's Office; **YELLOW COPY**-Reporting Party.
## Court and Community Schools
### Absence Log

<table>
<thead>
<tr>
<th>Date</th>
<th>Student's Name</th>
<th>Reason For Absence</th>
<th>Excused By</th>
<th>Logged By</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Teacher's Signature
# Daily Call Log

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Student's Name</th>
<th>Name of Person Contacted</th>
<th>Notes</th>
<th>Name of Person who Called</th>
</tr>
</thead>
</table>
Medication Authorization Form

Pursuant to Title 29 of the District of Columbia Municipal Regulations (DCMR), Section 377.1: "No Child Development Facility may provide medicine or treatment, with the exception of emergency first aid, to any child, unless the Facility has obtained a written medical order or prescription from the child's licensed health care practitioner and the written consent of the child's parent(s) or guardian(s)."

Pursuant to Title 29 of the District of Columbia Municipal Regulations (DCMR), Section 377.4: "The Facility shall maintain a medication log, on a form approved by the Director, on which the Facility shall record the date, time of day, medication, medication dosage, method of administration, and the name of the person administering the medication, each time any medication is administered to a child."

Part I: To be completed by the parent/guardian and child’s physician:

I do hereby give permission to _______________________________ to administer the below noted prescribed medication to my child ________________________________.

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Time/Frequency</th>
<th>Dosage</th>
<th>Effective Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Facility __________ DOB __________

Signature of Physician __________ Date __________

Signature of Parent/Guardian __________ Date __________

Part II: To be completed by designee administering medication:

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Date</th>
<th>Time Given</th>
<th>Reaction</th>
<th>Staff Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CAREGIVER'S AUTHORIZATION AFFIDAVIT

Use of this affidavit is authorized by Part 1.5 (commencing with Section 6550) of Division 11 of the California Family Code.

Instructions: Completion of items 1-4 and the signing of the affidavit is sufficient to authorize enrollment of a minor in school and authorize school-related medical care. Completion of items 5 through 8 is additionally required to authorize any other medical care. Print clearly.

The minor named below lives in my home and I am 18 years of age or older.

1. Name of minor: ____________________________________________

2. Minor's birth date: ________________________________________

3. My name: _______________________________________________
   (adult giving authorization)

4. My home address: ________________________________________

5. [ ] I am a grandparent, aunt, uncle, or other qualified relative of the minor or (see back of this form for a definition of "qualified relative").

6. Check one or both (for example, if one parent was advised and the other cannot be located):
   [ ] I have advised the parent(s) or other person(s) having legal custody of the minor of my intent to authorize medical care, and have received no objection.
   [ ] I am unable to contact the parent(s) or other person(s) having legal custody of the minor at this time, to notify them of my intended authorization.

7. My date of birth: ________________________________________

8. My California driver's license or identification card number: ____________________________

Warning: Do not sign this form if any of the statements above are incorrect, or you will be committing a crime punishable by a fine, imprisonment, or both.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: ____________________________ Signed: ____________________________

NOTICES

1. This declaration does not affect the rights of the minor's parents or legal guardian regarding the care, custody, and control of the minor, and does not mean that the caregiver has legal custody of the minor.

2. A person who relies on this affidavit has no obligation to make any further inquiry or investigation.

3. This affidavit is not valid for more than one year after the date on which it is executed.

PR-E-LP-023 (Revised October 11, 2011) CAREGIVER'S AUTHORIZATION AFFIDAVIT www.sacourt.ca.gov
ADDITIONAL INFORMATION

TO CAREGIVERS:

1) "Qualified relative", for purposes of item 5, means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great" or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution.

2) The law may require you, if you are not a relative or a currently licensed foster parent, to obtain a foster home license in order to care for a minor. If you have any questions, please contact your local department of social services.

3) If the minor stops living with you, your are required to notify any school, health care provider, or health care service plan to which you have given this affidavit.

4) If you do not have the information requested in item 8 (California driver's license or I.D.), provide another form of identification such as your social security number or Medi-Cal number.

TO SCHOOL OFFICIALS:

1) Section 48204 of the Education Code provides that this affidavit constitutes a sufficient basis for a determination of residency of the minor, without the requirement of a guardianship or other custody order, unless the school district determines from actual facts that the minor is not living with the caregiver.

2) The school district may require additional reasonable evidence that the caregiver lives at the address provided in item 4.

TO HEALTH CARE PROVIDERS AND HEALTH CARE SERVICE PLANS:

1) No person who acts in good faith reliance upon a caregiver's authorization affidavit to provide medical or dental care, without actual knowledge of facts contrary to those dated on the affidavit, is subject to criminal liability or to civil liability to any person, or is subject to professional disciplinary action, for such reliance if the applicable portions of the form are completed.

2) This affidavit does not confer dependency for health care coverage purposes.
FREE TUTORING
TUTORIA GRATUITA
2017 – 2018

Dear Parents/Guardians,

Your child may qualify for free, after-school tutoring in reading and math through the Santa Cruz Co. Office of Education Supplemental Educational Services. Please complete the form on the back of this flyer.

Thank you,
Alternative Education
(831) 466-5728

Estimados Padres/Guardianes,

Su hijo/hija califica para tutoría gratuita en lectura y matemáticas a través de la Oficina de Educación del Condado de Santa Cruz, Servicios Educativos suplementarios. Por favor complete la forma detrás de este volante.

Gracias,
Educación Alternativa
(831) 466-5728
# Supplemental Educational Services Application/ Aplicación para Servicios Educativos Suplementarios

### Parent Request for Free Tutorial Services/ Solicitud de Padre para Tutoría Gratuía

<table>
<thead>
<tr>
<th>Student's Full Name/ Nombre del Estudiante:</th>
<th>Date of Birth/ Fecha de Nacimiento:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last/Apellido</td>
<td>First/Primer Nombre</td>
</tr>
<tr>
<td>M.I</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student's Address/Dirección:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address/Dirección</td>
</tr>
<tr>
<td>Apartamento/Unidad / Apartamento</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City/Ciudad</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>State/Estado</th>
<th>ZIP Code/Código Postal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent or Guardian/ Name/Nombre de Padres/Guardián:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Grade/Grado:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>School/Escuela:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Teacher/Maestro/ Maestra:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

| Preferred Tutoring Company Slected by Parent/Guardian/ Preferencia de Compañía de Tutoría del Guardian/Padres: |
|                                                                                                           |
|                                                                                                           |

### Parent/Guardian Signature/ Firma de Padres/Guardián

I understand that: Yo estoy de acuerdo que:

1. My child's approval for these services is contingent on meeting the criteria of low income student in a Title I school and CST Math and/or English score of 299 or below, or, CAHSEE Math or English score of 349 or below, or, credit deficiency in Math or English.
   La aprobación de mi hijo o hija para estos servicios está sujeta al cumplimiento de los criterios de bajo ingreso en una escuela de Título I y Matemáticas CST y/o una puntuación de inglés de 299 o por debajo, o, CAHSEE Matemáticas o puntuación inglés de 349 o por debajo, o, el crédito deficiencia en Matemáticas o Idiomas.

2. I must attend a meeting with a representative of the tutoring provider to develop and sign the Individual Supplemental Services Agreement for my child.
   Debo asistir a una reunión con un representante de tutoría para desarrollar y firmar el Acuerdo Individual de Servicios Suplementarios para mi hijo o hija.

3. My child must regularly attend or log on to the program or risk being dropped from the program.
   Mi hijo debe asistir o iniciar en el programa o estará en riesgo de ser eliminado del programa.

4. The SCCOE Alternative Education Program is only obligated to pay up to a State-allotted amount for the services I have selected. The services will end when the allotment is spent and/or if S.E.S. funding ends.
   El Programa de Educación Alternativa SCCOE sólo está obligado a pagar hasta un Estado-asignado de cantidad por los servicios que me seleccioné. Los servicios terminarán cuando se terminen los fondos y/o si SES termina financiación.

5. Any transportation costs to and from the tutoring provider are the responsibility of the parent.
   Todos los gastos de transporte desde y hacia el local de tutoría son responsabilidad de los padres.

6. I hereby authorize the Santa Cruz County Office of Education personnel to release my child's information to the tutoring provider.
   Yo autorizo a la Oficina del Condado de Santa Cruz de personal a darle la información de mi hijo o hija al proveedor de tutoría.

<table>
<thead>
<tr>
<th>Signature/Firma:</th>
<th>Date/ Fecha:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please return this form to your child's school office or to the Santa Cruz County Office of Education: Alternative Education Program, 400 Encinal Street, Santa Cruz, CA 95060, Atención: John Rice, (831) 466-5724. Por favor regrese esta forma a la escuela de su hijo/hija o a la Oficina de Educación del Condado de Santa Cruz, Programa de Educación Alternativa, 400 Encinal Street, CA 95060, Atención: John Rice, (831) 466-5724.
Instructional Program Forms

1. Warrant Order Request
2. Request for Reimbursement less than $35
**Warrant Order Request**

Please issue a warrant to the following vendor:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

City       | State | Zip Code |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List items/or consolidate by reference to attachment. An original receipt or invoice (and 1 copy) for each item must be attached.

<table>
<thead>
<tr>
<th>Description/Invoice #</th>
<th>FUND</th>
<th>RESOURCE</th>
<th>YEAR</th>
<th>GOAL</th>
<th>FUNCTION</th>
<th>OBJECT</th>
<th>SCHOOL</th>
<th>MGMT</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

GRAND TOTAL

Briefly state purpose of expenditures:

I certify that the submitted expenditures were actual and necessary.

Signed: ______________________

Warrant Receipt/Requester

Date: ______________________

Approved: ______________________

Program Administrator

Date: ______________________

Approved: ______________________

Assistant/Associate Superintendent, Division

Date: ______________________

**BUSINESS OFFICE USE ONLY**

Budget Approval: ______________________

Approved for payment:

___________________________________

Assistant/Associate Supt./ Business Services

Date: ______________________

Vendor# ______________________

Pay Voucher # ______________________

Warrant # ______________________

Date: ______________________

Original: Accounts Payable   Copy: Department  4/10/12
Santa Cruz County Office of Education
Request for reimbursement from the REVOLVING FUND – Amount not to exceed $35.00

Project Name/Dept.: ___________________________ Date: ____________

Please write a check payable to: ___________________________

Address: __________________________________________

Description | Account Number | Amount
-------------|---------------|--------

go to next page

SUPERVISOR'S APPROVAL:

BACK UP, OR PROOF OF PURCHASE MUST BE ATTACHED TO THIS FORM

For Business Office Use Only

Approved by
CBO: ___________________________ Check #: ___________________________ Issue Date: ____________

Santa Cruz County Office of Education
Request for reimbursement from the REVOLVING FUND – Amount not to exceed $35.00

Project Name/Dept.: ___________________________ Date: ____________

Please write a check payable to: ___________________________

Address: __________________________________________

Description | Account Number | Amount
-------------|---------------|--------

go to next page

SUPERVISOR'S APPROVAL:

BACK UP, OR PROOF OF PURCHASE MUST BE ATTACHED TO THIS FORM

For Business Office Use Only

Approved by
CBO: ___________________________ Check #: ___________________________ Issue Date: ____________
Santa Cruz County Office of Education

Alternative Education

Site Forms

1. End of Year Responsibilities
2. Equipment Inventory
3. Request for Authority to Travel
4. Field Trip Request Form
5. Parental Consent for Field Trips
6. Parental Consent for Water Activity Field Trips
7. Maintenance Work Order Request Form
8. Costco Order Form
9. General Supply Order Form
10. Print Shop Duplicate Order Form
MEMO

TO: ALL STAFF
FROM: John Rice
SUBJECT: End-of-Year Responsibilities
DATE: May 31, 2019

By June 7, 2019, you will need to turn the following items into this office before you leave for summer. All areas must be initialed by the appropriate staff.

Rosa
   ___ Keys - Clearly labeled (if you are not working summer school)
   ___ Time Sheets - All certificated, classified and supplemental time sheets.
   ___ Work Orders - On line for site repairs, materials, cleaning and moving items

Rosa
   ___ TracFones _ Labeled with Name and #

Jules
   ___ Invoices - Turn in all receipts.

Melissa
   ___ Monthly Attendance - Submit Attendance Sheets and Absence Logs.

Jules
   ___ Lunch Recap Sheets

Sharon
   ___ 4th Quarter Grades Entered in Power School

Sharon
   ___ Withdrawal Graduates in Power School

John
   ___ Placement Recommendations in Power School for Summer and Fall

THIS FORM, ONCE ALL SIGNATURES ARE OBTAINED, MUST BE TURNED IN TO ROSA

HAVE A NICE SUMMER!

[Image of a sun wearing sunglasses]
Employee Name: (please print) ____________________________________________

Department: ____________________________________________________________

Supervisor’s Name (please print) _________________________________________

Last updated: ________ / _______ / ______ No equipment or keys have been distributed.

<table>
<thead>
<tr>
<th>Item</th>
<th>Date Received</th>
<th>Employee’s Signature</th>
<th>Date Returned</th>
<th>Disposition (i.e., Item Returned to:)</th>
<th>Supervisor’s Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cell Phone</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serial No.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone No.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer for home use:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serial No.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer – Laptop</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serial No.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keys (please list key ID Number):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pager</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serial No.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone Headset</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serial No.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Security Code:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Distribution: Original signed copy to HR
Supervisor will retain 1 copy
Employee will receive 1 copy.

It is the supervisor’s responsibility to verify all items are returned prior to an employee’s exit date. After signing to verify return, please send supervisor’s copy to HR for placement in employee’s personnel file.

\Orcal\Personnel\Shared\FORMS\inventory form - 11-01.doc
Santa Cruz County Office of Education
REQUEST FOR AUTHORITY TO TRAVEL

Name: ___________________________ Department: ___________________________

Name of Conference: ___________________________ Dates: ___________________________

Location of Conference: ___________________________

ESTIMATED CONFERENCE COSTS (Attach copies of registration & itinerary)

Registration/Meals (Pay to: ___________________________ ) $__________
Lodging (Pay to: ___________________________ ) $__________
Transportation (Pay to: ___________________________ ) $__________

Meals (Reimbursed only when overnight stay is required. Please see reverse side for additional information and entire travel policy). Per diem maximum amounts are:
Breakfast: $10.00; Lunch: $15.00; Dinner: $25.00, including 15% tip)

Other Expenses: ___________________________
Advance requested? Y/N
Amount: $__________

TOTAL ESTIMATED COST $__________

Employee: ___________________________ Signature: ___________________________
Account #: ___________________________

APPROVED:

Program Manager: ___________________________ Date: ___________
Superintendent/Deputy: ___________________________ Date: ___________
Deputy Supt./CBO: ___________________________ Date: ___________

CLAIM FOR REIMBURSEMENT - ACTUAL EXPENSES

Registration Fees (Receipt required) $__________
Lodging (Receipt required) $__________
Transportation – Commercial (Receipt required) $__________
Transportation – personal (MapQuest required) $__________

(Total number of miles)

MEALS (see reverse side for per diem maximums):

<table>
<thead>
<tr>
<th>Date</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
<th>Daily Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>2.</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>3.</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>4.</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>5.</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
<td>$_________</td>
</tr>
</tbody>
</table>

Total Actual Expenses: $__________
Total Meals: $__________
Total Other Expenses: $__________
Total Amount Claimed: $__________
Less: ADVANCE $__________
NET AMOUNT DUE: $__________

APPROVED:

Associate Supt./CBO: ___________________________ Date: ___________

1. ___________________________ (Signature)
Certify that this claim is true and correct

*May not exceed 80% of estimated employee out-of-pocket costs.
REQUEST FOR FIELD TRIP APPROVAL

A field trip is an educational event where students and teachers leave a school site. Transportation may be required. Approval is required before leaving the school site. Field trips will relate directly to the Individual Educational Plan (IEP) goals and objectives and/or the program goals and objectives for the particular exceptionality or program involved. Field trips shall be planned and implemented with special attention to the safety and welfare of the students who are involved. [Board Policy – 6153]

Program________________________ Site___________________________________________
Instructor in Charge________________________ Organization Co-Sponsor______________
Date of Request________________________ Field Trip Date__________________________
# of Pupils______ # of Adult Chaperones______ # of Male Pupils______ # of Female Pupils______
Names of Chaperones:

# of Male Adults______ # of Female Adults______ # of Teachers______
# of Volunteers______(SCCOE FINGERPRINT CLEARANCE REQUIRED)

<table>
<thead>
<tr>
<th>DEPARTURE</th>
<th>ARRIVAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>Place</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Estimated Reimbursable Costs
Food $____ Personnel $____ Lodging $____
Supplies $____ Transportation $____ Fees/Charges $____
TOTAL COSTS $____

TRANSPORTATION
Mode of Transportation ____________________________
COE Vehicles Assigned ____________________________ Drivers Assigned ________________
Time Leave Starting Point ________________ Time Start Return Trip ________________
Special Instructions ____________________________

SPECIFIC INDIVIDUAL and/or PROGRAM GOALS and OBJECTIVES TO BE ACHIEVED

TYPE OF FIELD TRIP (see back) Please circle one: CLASS I CLASS II CLASS III CLASS IV

APPROVALS (see back page)
Program Administrator: Approved/Disapproved________________________ Date________
Director: Approved/Disapproved________________________ Date________
Asst. Superintendent: Approved/Disapproved________________________ Date________
Cabinet: Approved/Disapproved________________________ Date________

Req for Field Trip rev 7/1/09
TYPE OF FIELD TRIPS

Class I:  Within walking distance of school site; 50% or less of the school day to complete; no transportation requirements; no school funds required. All volunteers need to be fingerprinted.  
APPROVAL: Program Administrator

Class II: Beyond walking distance, but within Santa Cruz County; will not exceed normal school day; use County Transit system or COE vehicles; school funds required. All volunteers need to be fingerprinted.  
APPROVAL: Program Administrator/Director

Class III: Out of county; may exceed school day, but not overnight; use COE vehicles, charter bus or other arrangements, school funding required. All volunteers need to be fingerprinted. All driver forms on file. 
APPROVAL: Program Administrator/Director/Assistant Superintendent/Cabinet

Class IV: Has unique requirements of distance, time, transportation or other costs and, therefore, fails to meet requirements of any of the other classifications. All volunteers need to be fingerprinted. All driver forms on file. 
APPROVAL: Program Administrator/Director/Assistant Superintendent/Cabinet

REGULATIONS

1. Parental permission slips for field trips shall be on file for each student participating. The teacher shall ascertain that all pupils' records are on file and note any need for a pupil to receive special medication while she/he is on the field trip.

2. The teacher shall submit a field trip plan on the prescribed form to the Program Administrator at least 10 days before the planned event. Teacher shall: a) describe objectives from program goals; b) indicate method of transportation and c) list the itinerary. The plan shall respect regulations governing transportation when this service is required.

3. The Program Administrator shall act on each written request for a field trip as soon as possible following receipt of the request and forward it to other authorities as necessary that will also act expeditiously to approve/disapprove the request.

4. Teacher will notify parents of planned field trips by letter. (After the field trip approval has been obtained from appropriate persons).

5. Required for Class III and Class IV field trips only. If in the judgment of the teacher the event was an outstanding success or problems were encountered, the teacher shall submit a field trip evaluation within 24 days.

6. The Superintendent will make no payment of reimbursement for food, lodging, or other personal expenses without prior approval.

7. The Superintendent will authorize and approve transportation costs (in addition to normal costs of operating the classes) when applicable. The parent is responsible for all other expenses. With permission of the Program Administrator, the teacher may also use donation funds.

8. Out-of-County and/or overnight field trips are permissible when sound educational goals are evident, as determined by the Program Administrator, and when transportation can be provided without interfering with the regular transportation system. All out-of-county or overnight field trips shall require prior approval of the Cabinet.

9. Class I and II field trips which have been approved in writing and which are regularly scheduled and designed to achieve curriculum goals and objectives, require only prior notification to parents as well as approval from the Program Administrator as to departure time, destination, and expected return.
Dear Parent / Guardian: Kindly complete this voluntary water excursion form and return to your child’s teacher.

My son/daughter/ward, ___________________________ a student at ___________________________ School, has my permission to participate in the following voluntary water activity/field trip:

Water Activity/Field Trip: __________________________________________________________

Date of Activity: ______________ Departure Time: ____________ Return Time: ____________

Describe Water Activity: __________________________________________________________

Mode of Transportation: __________________________________________________________

In the event of illness or injury, I hereby authorize Santa Cruz County Office of Education personnel to use their judgment in obtaining emergency medical services, including x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I understand that the Santa Cruz County Office of Education does not have insurance which pays the medical or hospital costs that might be incurred on behalf of my child.

I agree to hold the Santa Cruz County Office of Education officers, agents and employees harmless from any and all liability or claims, which may arise out of, or in connection with, my child’s participation in this activity/field trip. I assume all liability for the conduct of my child and agree to indemnify the SCCOE for any claims arising against it resulting from my child’s conduct (California Education Code Section 35330).

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.

My Child/Ward knows how to swim: _______ My Child/Ward does not know how to swim: _______ (Please initial) (Please initial)

Parent/Guardian Signature: ___________________________________ Date: __________________________

Address: ___________________________ Phone #: _______________ Emergency #: _______________

My child has the following special medical needs: __________________________________________________________

My child has the following allergies: ________________________________________________________________

My child will need to take the following medication: ______________________________________________________
(Note: If the school has not already been informed of the need to dispense medication, you will need to meet with school officials to make the proper arrangements)

FAILURE TO RETURN SIGNED FORM WILL MEAN STUDENT WILL NOT BE ALLOWED TO PARTICIPATE IN THIS WATER ACTIVITY/FIELD TRIP. THIS FORM IS TO BE CARRIED ON THE TRIP BY THE SCHOOL REPRESENTATIVE.
SANTA CRUZ COUNTY OFFICE OF EDUCATION
PARENTAL CONSENT FOR FIELD TRIP OR EXTRA CURRICULAR ACTIVITY AND EMERGENCY MEDICAL AUTHORIZATION FORM

Dear Parent / Guardian: Kindly complete this voluntary excursion form and return this form to your child’s teacher.

My son/daughter/ward, ______________________, a student at ______________________ School, has my permission to participate in the following voluntary activity/field trip:

Field Trip/Extra-curricular Activity: ______________________

Date of Field Trip: ___________ Departure Time: ___________ Return Time: ___________

Describe Activity: ____________________________________________________________

Mode of Transportation: ______________________________________________________

In the event of illness or injury, I hereby authorize Santa Cruz County Office of Education personnel to use their judgment in obtaining emergency medical services, including x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. I understand that the Santa Cruz County Office of Education does not have insurance which pays the medical or hospital costs that might be incurred on behalf of my child.

I agree to hold the Santa Cruz County Office of Education officers, agents and employees harmless from any and all liability or claims, which may arise out of, or in connection with, my child’s participation in this activity/field trip. I assume all liability for the conduct of my child and agree to indemnify the SCCOE for any claims arising against it resulting from my child’s conduct (California Education Code Section 35330).

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.

Parent/Guardian Signature: ______________________ Date: ___________

Address: ______________________ Phone #: ________ Emergency #: ________

My child has the following special medical needs: ____________________________________________

My child has the following allergies: ______________________________________________________

My child will need to take the following medication: ______________________

(Note: If the school has not already been informed of the need to dispense medication, you will need to meet with school officials to make the proper arrangements)

FAILURE TO RETURN SIGNED FORM WILL MEAN STUDENT WILL NOT BE ALLOWED TO PARTICIPATE IN THIS ACTIVITY/ FIELD TRIP.

THIS FORM IS TO BE CARRIED ON THE TRIP BY THE SCHOOL REPRESENTATIVE
# Maintenance/Operations Work Order Request

**Site Name:**

**Room/Location:**

**Site Contact:**

**Phone:**

**Date Prepared:**

## Nature of Request:

<table>
<thead>
<tr>
<th>Date Completed</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Request work done by:

**Requested by:**

**Authorized by:**

**Approved by:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Maintenance/Operations Staff</th>
<th>Actual Work Performed</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Instructions—

All work order requests should include the following:

1. Indicate work to be done — i.e., repair, fabricate, replace, remove, etc.
2. Include a simple sketch with dimensions.
3. Indicate the contact person on site for more information.
4. On equipment to be repaired, moved or modified, include the Manufacturer/Model/Serial #/COE #.
5. Emergency requests can be phoned into Maintenance/Operations with a work order to follow.

**Approval:**

**Comments:**

**Work order number:**

Distributed: White/Yellow to M/O, Pink retained by Originator

12/05/08 500
Please place order at least 2 weeks in advance

<table>
<thead>
<tr>
<th>Dry Goods</th>
<th>Quantity</th>
<th>Description</th>
<th>Food</th>
<th>Quantity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baby Wipes</td>
<td></td>
<td></td>
<td>Applesauce</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Band Aids</td>
<td></td>
<td></td>
<td>Bread</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bleach</td>
<td></td>
<td></td>
<td>Nuts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>300 Cold Cups</td>
<td></td>
<td></td>
<td>Butter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>150 Hot Cups</td>
<td></td>
<td></td>
<td>Can'd Pineapple</td>
<td></td>
<td></td>
</tr>
<tr>
<td>500 Forks</td>
<td></td>
<td></td>
<td>Can'd Tomatoes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>500 Knives</td>
<td></td>
<td></td>
<td>Cereal (Type)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>300 Lg Plates</td>
<td></td>
<td></td>
<td>Cheese</td>
<td></td>
<td></td>
</tr>
<tr>
<td>250 Sm Plates</td>
<td></td>
<td></td>
<td>Hot Sauce</td>
<td></td>
<td></td>
</tr>
<tr>
<td>500 Spoons</td>
<td></td>
<td></td>
<td>Ground Coffee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expo Markers</td>
<td></td>
<td></td>
<td>2 DZ Eggs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sponges</td>
<td></td>
<td></td>
<td>Goldfish</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kleenex</td>
<td></td>
<td></td>
<td>Hamburger Buns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Large Trash Bags</td>
<td></td>
<td></td>
<td>Jams/Preserves</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gloves</td>
<td></td>
<td></td>
<td>Juices</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dish Soap</td>
<td></td>
<td></td>
<td>Ketchup</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spray Disinfect</td>
<td></td>
<td></td>
<td>Mustard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disinfect Wipes</td>
<td></td>
<td></td>
<td>Mayonnaise</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paper Towels</td>
<td></td>
<td></td>
<td>Nacho Cheese</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pencils</td>
<td></td>
<td></td>
<td>Pasta</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pens</td>
<td></td>
<td></td>
<td>Potatoes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spray Cleaner</td>
<td></td>
<td></td>
<td>Saltines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toilet paper</td>
<td></td>
<td></td>
<td>Sugar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Window Cleaner</td>
<td></td>
<td></td>
<td>Tea</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Tortilla Chips</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Vegetable Oil</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Waters</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Alternative Education Supply Request

<table>
<thead>
<tr>
<th>Classroom Supplies</th>
<th>Quantity</th>
<th>Color(s)</th>
<th>Kitchen/Cleaning Supplies</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ball Point Pens (Dozen)</td>
<td></td>
<td></td>
<td>Cups Hot (150 Count)</td>
<td></td>
</tr>
<tr>
<td>Pencils #2 (Dozen)</td>
<td></td>
<td></td>
<td>Cups Cold (300 Count)</td>
<td></td>
</tr>
<tr>
<td>White Board Markers</td>
<td></td>
<td></td>
<td>Plates 8 1/2 (250 Count)</td>
<td></td>
</tr>
<tr>
<td>Color Pencils Set</td>
<td></td>
<td></td>
<td>Forks (500 Count)</td>
<td></td>
</tr>
<tr>
<td>Colored Markers Set</td>
<td></td>
<td></td>
<td>Spoons (500 Count)</td>
<td></td>
</tr>
<tr>
<td>Highlighters (Dozen)</td>
<td></td>
<td></td>
<td>Paper Towels</td>
<td></td>
</tr>
<tr>
<td>Binder Paper (Ream)</td>
<td></td>
<td></td>
<td>Windex</td>
<td></td>
</tr>
<tr>
<td>Copier Paper (Ream)</td>
<td></td>
<td></td>
<td>Lysol Disinfect Aerosol</td>
<td></td>
</tr>
<tr>
<td>Colored Paper (Ream)</td>
<td></td>
<td></td>
<td>Lysol Wipes</td>
<td></td>
</tr>
<tr>
<td>Scotch Tape Refill</td>
<td></td>
<td></td>
<td>Kleenex</td>
<td></td>
</tr>
<tr>
<td>Staples</td>
<td></td>
<td></td>
<td>Band - Aids</td>
<td></td>
</tr>
<tr>
<td>Paper Clips (Small)</td>
<td></td>
<td></td>
<td>Hand Sanitizer (Pump Bottle)</td>
<td></td>
</tr>
<tr>
<td>Paper Clips (Large)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rulers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White Board Eraser</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Binders 1&quot;</td>
<td></td>
<td>Other</td>
<td></td>
<td>Quantity</td>
</tr>
<tr>
<td>Binders 2&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scissors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Office Supplies</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>File Folders</td>
<td></td>
</tr>
<tr>
<td>White Out</td>
<td></td>
</tr>
<tr>
<td>Post-Its (3X3)</td>
<td></td>
</tr>
<tr>
<td>Legal Pad (Small)</td>
<td></td>
</tr>
<tr>
<td>Legal Pad (Large)</td>
<td></td>
</tr>
<tr>
<td>Ink Cartridge</td>
<td></td>
</tr>
<tr>
<td>Brand</td>
<td></td>
</tr>
<tr>
<td>Number</td>
<td></td>
</tr>
</tbody>
</table>

ALL REQUESTS NEED TO BE SUBMITTED TO ROSA TO BE APPROVED BY John. REQUESTS MAY TAKE UP TO TWO WEEKS.

FAX: 466-5730

Your Name__________________________

Date:______________________________

School Site:_______________________

Phone:____________________________

Approved By:______________________
## DUPLICATION ORDER

**Job No.**

**Print Shop Use Only**

**Budget #:**

**Approved by:**

**Requester's Name & Department or Site:**

**Phone Date**

**Document Title**

**Date Needed**

**Return completed job to:**

### Duplication:

- [ ] Print from file
- [ ] Location:
- [ ] Black Ink
- [ ] Colored Ink
- [ ] 

**# of Originals**

**# of Copies wanted**

- [ ] 1 sided
- [ ] 2 sided
- [ ] Combo
- [ ] 8.5x11
- [ ] 8.5x14
- [ ] 11x17

**Paper Type:**

- [ ] 20# Bond
- [ ] Bright White
- [ ] Astro
- [ ] Gloss
- [ ] Royal Fiber
- [ ] Bristol
- [ ] NCR

**pt =**

- [ ] Sets
- [ ] Tabs

**Other:**

**Paper Color:**

**Special Instructions:**

### Assembly:

- [ ] Uncollated
- [ ] Collate
- [ ] Staple
- [ ] Drill- 2-hole / 3-hole

**Trim to**

**Size**

**Fold to**

**Size**

**Pad**

**Punch & Bind**

**Plastic Spiral / Velo**

**Special Instructions:**

### Print Shop Use Only:

- [ ] Color

- [ ] 1 sided pages X copies = sheets

- [ ] Bond

- [ ] Bristol

- [ ] NCR

- [ ] Pt = sets

- [ ] BrWhite

- [ ] 8.5x11

- [ ] 8.5x14

- [ ] 11x17

- [ ] RFiber

- [ ] Bond

- [ ] Bristol

- [ ] NCR

- [ ] Pt = sets

- [ ] Astro

- [ ] Gloss

- [ ] tabs

- [ ] Impressions = sheets

- [ ] Impressions = sheets

- [ ] Impressions = sheets

- [ ] Impressions = sheets

- [ ] Impressions = sheets

- [ ] Blank Backs

### Assembly (not performed by copier):

- [ ] Punch & Bind sheets

- [ ] Collate sheets

- [ ] Fold sheets

- [ ] Staple sheets

- [ ] Drill sheets

- [ ] Pad sheets

- [ ] TRIM sheets to final sheets

- [ ] Other:

**Operator**

**Date**

**Assembler**

**Date**

**Billing completed**

**04/11**