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Santa Cruz County Office of Education
Alternative Education

GENERAL INFORMATION
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.
Santa Cruz County Office of Education
Alternative Education Programs

Public Roster
Santa Cruz County Office of Education
Michael C. Watkins, Superintendent
Alternative Education Programs
Site Roster
2015-16

County Office of Education | Phone # | Title
--- | --- | ---
John Rice | 466-5724 | Sr. Program Director
John Armstrong | 466-5726 | Program Director
Denise Sanson | 466-5739 | Assistant Program Director
Rosa Rosas | 466-5722 | Department Coordinator
Jules Skelton | 466-5721 | Fiscal Accountant
Denise Pitman-Rosas | 466-5736 | Bil. Guidance Counselor/Project Coordinator
Melissa Gomez | 466-5725 | Student Data Specialist II
Cheryl Carrasco | 466-5770 | Student Data Specialist/Registrar
Michael Paynter | 466-5729 | Manager BASTA/FYS
Sandra Pedroza | 466-5728 | Student Data Specialist/Receptionist
Lea/Toni | 466-5735 | PART-TIME
Fax | 466-5730 |

Community Schools

The Camp
P.O Box 66569 (3192 Glen Canyon Rd.)
Scotts Valley, CA 95066
438-1868 Fax 438-5833

DeWitt Anderson Community School
2716 Freedom Blvd
Corralitos, CA 95076
786-3890 Fax 786-3904

Natural Bridges High/Green Career Center
313 Swift Street
Santa Cruz, CA 95060
457-8254/457-8212 Fax 459-9825

La Manzana
521 Main Street-Building Y
Watsonville, CA 95076
724-2997

Stephanie Spungin (Teacher) T# 461-4406

Megan Thom (IS Teacher) 291-0135
Daniel Stonebloom (Teacher)
Wayne Sandles (Teacher)

Becca Bing (Teacher) T# 252-6782
Kimber Collins (Inst. Aide)

Leta VanDenHeuevel (Head Teacher)#239-5020
Brad King (Teacher)
Jenn Izant (Teacher)
Linda Hooper (Inst. Aide)

Javier Gonzales (Teacher) T# 252-6761
Angela Brener (Teacher) # 212-7231
Daniel Stonebloom (Teacher)
<table>
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<tr>
<th>School Name</th>
<th>Address</th>
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<tr>
<td>Louden Nelson Center, Room 6 &amp; 7</td>
<td>301 Center Street, Santa Cruz, CA 95060</td>
<td>425-4891</td>
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<tr>
<td>Lorraine Trombino (Teacher)</td>
<td>(Sub Aide)</td>
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<tr>
<td>OASIS</td>
<td>350 Bldg. Cabrillo College, Aptos, CA 95003</td>
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<tr>
<td>Tracy Schultz (Head Teacher) 466-5653</td>
<td>Jeanne Milnes (Teacher) 466-5652</td>
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<tr>
<td>Dorrie Stallings (Teacher) 466-5657</td>
<td>Kelly Schirzke (Teacher) 466-5655</td>
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<tr>
<td>Tamara Myers (Teacher) 466-5656</td>
<td>Ted Albright (Math Teacher) 466-5659</td>
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<tr>
<td>Kathleen Proffitt (Inst. Aide)</td>
<td>Ren Proshen (Inst. Aide)</td>
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<tr>
<td>Jade Taylor (Counselor) 466-5660</td>
<td>Christian Spaeth (Teacher) 435-9942</td>
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<td>Sub Aide</td>
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<tr>
<td>Ponderosa High School</td>
<td>305 Marion Ave, Ben Lomond, CA 95005</td>
<td>336-9338 Fax 336-8972</td>
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<tr>
<td>Brian King (Teacher) 818-2747</td>
<td>Desiree Miller (Teacher)</td>
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<tr>
<td>Josh Engelhardt (Teacher)</td>
<td>Laura Macondray (Counselor/Proj. Coord.)</td>
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<tr>
<td>San Lorenzo Valley Community Highlands Park</td>
<td>8500 Highway Park, Ben Lomond, CA 95005</td>
<td>336-3165 Fax 336-2830</td>
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<tr>
<td>Camy Ditter (Teacher)</td>
<td>Nora Baer (Teacher)</td>
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<tr>
<td>Santa Cruz Community</td>
<td>411 Roxas Ave, Santa Cruz, CA 95062</td>
<td>425-7107</td>
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<tr>
<td>Jeff McCormick (Teacher)</td>
<td>Carol Trent (Sr. Inst. Aide)</td>
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<tr>
<td>Lisa Carlton (Teacher)</td>
<td>Richard Rodriguez (Instr. Aide)</td>
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<td>SOS Program</td>
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<td>Charmaine Ryan (Teacher)</td>
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<td>Sub Aides</td>
<td>Liliana Denevan (Inst. Aide)</td>
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<tr>
<td>STAR Community School</td>
<td>359-2665 Fax 786-4707</td>
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<tr>
<td>Dave Spencer (Teacher)</td>
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<tr>
<td>Star of the Sea Church</td>
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<td>Brandon Proctor (Teacher)</td>
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305 Evergreen
Santa Cruz, CA 95060
420-6190

Watsonville Community School
221 Airport Boulevard
Freedom, CA 95019
722-9419/722-9550/761-1037
Fax 722-5086

Angela Brener (IS Teacher) #212-7231
Michael Polhamus (Teacher) #566-0135
Marissa Velasquez (Teacher)
Mark Matthews (IS Teacher) 332-6218
Daniel Stonebloom (IS Teacher) 252-6820
Sandra Ronquillo (Bil. Project Spec.) # 252-6806
Gloria Moreno (Sr. Inst. Aide)
Steve Hunt (Inst Aide)

Teenage Parent Program (Watsonville TAP)
722-9419
Watsonville Community Day Care
768-7643/724-8964

Blanca Sanchez (Instr. Aide)
Krystal McCrary (Inst. Aide)
Sub Aides

Teen Center (Louden Nelson)
301 Center St
Santa Cruz CA 95060

Elizabeth Burnham-Grau (Teacher) 212-2414

Y.E.S School
709 Mission Street
Santa Cruz, CA 95060
458-2637 Fax 425-1526

Elizabeth Shaw (Teacher)

Court Schools
Corralitos Community School
2716 Freedom Blvd
Corralitos, CA 95076
786-3890 Fax 786-3904

Becca Bing (Techer)
Kimber Collins (Inst Aide)

Escuela Quetzal School
241 East Lake
Watsonville, CA 95076
786-3890 Fax 786-3904

Mike Powers (Teacher)
Veronica Ramirez (Sr. Inst Aide) # 252-6815

Esperanza Middle School- 6th, 7th, 8th
221 Freedom Blvd.
Watsonville, CA 95019
722-9419 Fax 722-5086

Tonette Higgins (Teacher)
Yvonne Vermillion (Inst. Aide)

Freedom Community School
1430 Freedom Blvd

Javier Gonzales (Teacher)
Andrew Martinez (Inst Aide)
Watsonville, CA 95076
786-8971  Fax 786-9793

Robert A. Hartman  Kirstein Pohlman (Teacher)
Probation Center  Cyndi Anderson (Counselor/Inst Aide)
3650 Graham Hill Rd. (P.O Box 1812)  (Joe) Tzahuiztil Sanchez-Ferguson (Inst Aide)
Santa Cruz, CA 95060
454-3850 Fax 454-3874

Success Academy School  Sarah Prescher (Teacher)
221 Freedom Blvd.  Adele Wade (Inst. Aide)
Watsonville, CA 95019  722-9419  Fax 722-5086
School Calendars
# 2015-2016 Alternative Education Programs School Calendar

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**NOTABLE DATES**

- **July 3**: Independence Day (observed)
- **Aug. 24**: Orientation Day
- **Aug. 24-25**: Teacher Work Days
- **Aug. 26**: First Student Day
- **Sept. 7**: Labor Day
- **Nov. 11**: Veterans Day
- **Nov. 25, 27**: Board Holiday
- **Nov. 26**: Thanksgiving Day
- **Dec. 21**: Jan 1 - Winter Break
- **Dec. 24**: Admissions Day (in lieu of)
- **Dec. 25**: Legal Holiday
- **Dec. 31**: Board Holiday
- **Jan. 1**: Legal Holiday
- **Jan. 18**: ML King Jr. Day
- **Feb. 8**: Lincoln’s Birthday
- **Feb. 15**: Presidents’ Day (observed)
- **April 4**: April 8 - Spring Break
- **May 30**: Memorial Day
- **June 9**: Last Student Day

### LEGEND
- **Legal Holiday**
- **Board Holiday**
- **No School**
- **First/Last Day of School**
- **Teacher Work Days**
- **Staff Develop Days**

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Board Approved: April 16, 2015
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 6-12 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
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 classified staff, however, they will be required to attend meetings that are state mandated. A staff development calendar is included in this handbook.

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.
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.
**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 packets are sent 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.

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 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.
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 so that students will be prepared to pass the California High School Exit Exam.

**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 2015-2016 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
- Drivers ED
- R.O.P.
- Journalism

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**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.

CAHSEE

In addition to successful completion of the course of study, students must also pass the California High School Exit Exam (CAHSEE) in order to receive a diploma. (E.C. 51412, 51216, 51217.7)
Early Graduation
Principal, Parent and student planning 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
Students in grades 6, 7, and 8 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.

Family Life Education
A written notice must be given to parents for pupil instruction in grades 7 to 12 on sexually transmitted diseases, AIDS, human sexuality or family life, 10-15 days prior to instruction. This includes instruction by outside organizations or guest speakers, and from a teacher or administrator. If the student’s parent or guardian declines to permit the student to receive such instruction, the school must make an alternative education activity available to the student. (EC 51554-5)

Driver’s Education
Students enrolled in Driver’s Education classes must be 15 and one half years of age. Students will receive a minimum of thirty hours of instruction in basic knowledge of motor vehicles, the California Vehicle Code and social, physical and emotional responsibilities associated with driving. Each student will take no more than one hour of instruction per day over a minimum of six weeks. Students will receive 2.5 credits for completing the Driver’s Education class. The class may be challenged by passing (80%) the Driver’s Education Test adopted from current tests administered by the Department of Motor Vehicles.

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.
Independent Study
Independent Study 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, rather it is an alternative for working students, young parents, and those with other barriers that inhibit daily attendance.

Independent Study 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 Independent Study 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. Independent Studies students receive a Weekly Assignment/Work Product sheet specifying the period’s academic assignments. At each meeting, the Independent Studies 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 Watsonville Community School. Child care 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 in preparation for the California High School Exit Exam (CAHSEE). 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.

CELDT
The California English Language Development Test 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.

CAHSEE
Students who will be graduating in the year 2006 and beyond are required to pass the California High School Exit Exam (CAHSEE) in addition to meeting district graduation requirement in order to receive a high school diploma. The primary purpose of the CAHSEE, mandated by state law, is to ensure that all students who graduate from high school can demonstrate grade level competency in the state’s academic content standards for reading, writing and mathematics.

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 propio.

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 apro-priados en la ropa que promueve drogas, alcohol o dibujos ob senso 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.
• **Arreglar las diferencias en una manera pacifica**: Sin intimidación. Sin armas. Sin violencia física.
• **Seré un líder positivo ya sea en mi casa, escuela y comunidad.**
• **Siguiré las direcciones y reglas**: No fumar. No visitores sin permisión del empleado. No holgazanear 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 area limpio**: No escupir, no tirar basura, no hacer marcas con grafiti o destruir de ningún modo mis alrededores..
• **Estando en areas designadas para caminar en la escuela**: No holgazanear en los pasillos entradas o visitar otras clases cuando no me corresponden, no quedarme enfrente de la escuela y solo estacionaré solo atras 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 lessons 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 located at Santa Cruz Community School and OASIS. Samples of new materials are also available for preview.
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 to 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@santacruz.k12.ca.us.

Maintenance/Repair Requests
Work Order forms are available in the office. Requests for repairs can be submitted in writing to the office and the immediate supervisor will forward them to the Maintenance, Operations and Transportation Department. 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. 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. A physician’s request for the administration of medicine by school personnel and B. 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 enumerated in this section and related to school activity or attendance which occur at any time, including, but not limited, to the following:

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

Reasons for suspensions under Education Code 48900:
- Caused, attempted to cause, or threatened to cause physical injury to another person or willfully used force or violence upon another person except in
- Possession, use, sale, or furnishing weapons including imitation firearms.
- Possession, use, sale, or furnishing of drugs or alcohol; or being under the influence of these substances.
- Negotiation to sell or deliver a substitute drug.
- Committed or attempted to commit robbery or extortion.
- Caused or attempted to cause damage to school or private property.
- Stole or attempted to steal school or private property.
- Possession or use of tobacco or any products containing tobacco or nicotine products.
- Commission of obscene acts or engagement in habitual profanity or vulgarity.
- Possessed, offered, arranged, or negotiated to sell drug paraphernalia.
- Disrupted school activities or otherwise willfully defied the authority of school personnel engaged in the performance of their duties.
- Knowingly received stolen school or private property.
- Committed sexual harassment, sexual assault, or sexual battery.
- 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.
PERSONNEL FORMS

1. Orientation Checklist
2. Sample Timesheets
3. Request for Authority to Travel
4. Mileage Reimbursement Claim Form
5. Incident Report Form
6. Leave Request Form
7. Professional Growth Request Form
8. AESOP Directions
9. Address/Name Change
10. Notification of Leave/Retirement
New Employee Orientation Checklist/Classified Employees

State law and/or the Santa Cruz County Office of Education policy requires that a number of forms be completed and verifications/provided by all new classified employees of the Santa Cruz County Office of Education. Your prompt response in completing the forms is appreciated. The items below are to be completed by you and submitted to HR by __________. Please initial items indicating receipt.

**ALL FORMS MUST BE COMPLETED AND RETURNED PRIOR TO FIRST DAY OF SERVICE.**

<table>
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<tr>
<th>Employee's Initials</th>
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<td>CalPERS Member Reciprocal Self-Certification Form</td>
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<td>Catastrophic Sick Leave Bank Information</td>
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<td>COE Application</td>
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<td>Confidentiality of Students **</td>
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<td>CSEA Bargaining Unit Agreement</td>
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<td>CSEA Membership Form</td>
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<td>Deferred Net Pay (2011-12th employees-prior to September payroll only)</td>
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<td>Direct Deposit Form **</td>
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<td>Driver’s License (copy) **</td>
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<td>Emergency Exit Diagrams**</td>
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<td>Emergency Medical Form **</td>
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<td>Equipment Inventory Form</td>
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<td>Evaluation (sample)</td>
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<td>Hepatitis B/Consent Process for Vaccine</td>
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<td>I-9 Form **</td>
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<td>Job Description</td>
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<td>Live Scan Fingerprinting **</td>
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<td>Member Reciprocal Self-Certification Form</td>
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<td>Personnel Commission’s Annual Report</td>
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<td>Personal Use of Automobile **</td>
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<td>Personnel Information Form</td>
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<td>Personnel Leave Form</td>
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<td>Personnel Use</td>
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<td>School Calendar (COE) **</td>
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<td>Sexual Harassment **</td>
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<td>Social Security Card (copy) **</td>
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<td>Tax Shelter Annuity (TSA)</td>
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<td>TB Test **</td>
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<td>43.</td>
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<td>Time Sheet</td>
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<td>Transfer of Sick Leave</td>
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<td>Unemployment Insurance Pamphlet **</td>
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<td>W-4 Form **</td>
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<td>Workers’ Comp. Pamphlet &amp; Medical Providers Network **</td>
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** Included in the Basic Hire Packet

*New EmployeeShared/Forms/NEW HIRE FORMS/NEW HIRE CHECKOFF LISTS-CLASS & CERT/Orientation Classified Employee Check Off List - Feb 2014.doc*
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**Total Days Worked**

**For Payroll Use Only**

**CHANGES:**
- Sick Leave

**BALANCES:**
- Sick Leave
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</tbody>
</table>

**DATE:**

**EMPLOYEE'S SIGNATURE:**

**DATE:**

**SUPERVISOR'S SIGNATURE:**

For Payroll Use Only

**CHANGES:**

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

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

(revised 6/25/2015)
Santa Cruz County Office of Education
REQUEST FOR AUTHORITY TO TRAVEL

Name
Dept:

Name & Location of Conference

Dates:

ESTIMATED CONFERENCE COSTS (Attach copies of registration & itinerary)
Registration/Meals (Pay to: _________________________) $ __________
Lodging (Pay to: _________________________) $ __________
Transportation (Pay to: _________________________) $ __________
Meals (Please see reverse side for additional reimbursement 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? ______ Account #: ____________________________
Y/N Amount: $ __________

Employee: ____________________________ Signature: ____________________________

APPROVED:
Program Manager: ____________________________ Superintendent/Deputy: ____________________________
Associate Supt./CBO: ____________________________

Date ____________________________ Date ____________________________ 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>
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<tbody>
<tr>
<td>1.</td>
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<td>5.</td>
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</table>

Total Meals: $ __________
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.

Distribution (see reverse side)
## Santa Cruz County Office of Education
### 2015 Mileage Reimbursement Claim Form

**NAME:**

**DATES COVERED:**

**COMPLETE ACCOUNT CODE**

<table>
<thead>
<tr>
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<th>FROM</th>
<th>TO</th>
<th>PURPOSE</th>
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</table>

Approved by:

I certify that this claim is true and correct.

<table>
<thead>
<tr>
<th>Program Manager</th>
<th>Date</th>
<th>Employee’s Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

## Business Department Use Only

**Total miles** [ ] @ .575 **Total Reimbursement:** [ ] $0.00

Approved:

Chief Business Official

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

Date
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 ____________________
# Personnel Leave Request Form

**Employee Type (Check One):**
- [] Classified
- [] Certified
- [] R.O.P. Certified
- [] Management
- [] Other

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Social Security Number</th>
<th>Program</th>
<th>Date Submitted</th>
</tr>
</thead>
</table>

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

ADDRESS: ____________________________________________________________________________________________

PHONE NUMBER: (_____) ________________________________________________________________

CITY: ______________ STATE: _______ ZIP: ______________

**REQUEST FOR LEAVE FROM:** ________________ To: ________________ In Increments of ____________________________

- [ ] Personal Necessity Leave (Indicate Reason Per Your Unit Contract):
- [ ] Personal Business Leave (2-Days, Certified 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 (5-Days, Certified/3-Days Classified)—Relationship to the Employee:
  - Request is for additional days because I am traveling beyond a 250 mile radius. [ ] Yes [ ] No

- [ ] Sabbatical Leave (Certified 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 FormFiled: [ ] 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. Division Assistant Superintendent/Date

3. Associate Superintendent, Student & Personnel Services/Date

---

**Employee's Signature/Date**

---

**Personnel Use Only**

<table>
<thead>
<tr>
<th>HR Assistant’s Initials:</th>
<th>Date Received:</th>
<th>Date Distributed:</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>HR Director’s Initials:</th>
<th>Date:</th>
</tr>
</thead>
</table>

**Actual Date Employee Returned From Leave:** ________________ Release to Return to Work Form Received: [ ] Yes [ ] No [ ] N/A

- [ ] Payroll Verification Sent
- [ ] Full Release
- [ ] Modified Duty
- [ ] ADA Reasonable Accommodation
- [ ] Not Approved for Return to Work Status
# Professional Growth Application

**Name**

**Date Submitted**

**Position Title**

**Work Location/Dept.**

**Work Phone**

**Course/Organization Title**

**Home Phone**

**Date Course Starts**

**Time Starts**

**Ends**

**Date Course Ends**

**Location**

- Su
- M
- T
- W
- TH
- F
- S

**Days of Week course takes place**

- 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 time sheet (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.

**Increments:**

- Organization/Elected Office, Job Related: 1.5 units per year
- 15 hour courses/workshops = 1 unit
- 6 units job related + 4 units non-job related \( \times 250 \)
- *Non-job related units must have been earned prior to 7/1/2005*
- *Beginning 7/1/2013 a maximum of three non-job related units may be applied to an increment.*

**Distribution:**

1. Professional Growth permanent file.
2. Employee's Personnel File
3. Employee receives copy after Professional Growth Activity has been completed.
4. After committee's action, copy to employee for verification.
5. Employee

### Committee Use Only

**Date Request Received:**

**Committee Action:**

- Approved
- Disapproved
- Job Related
- Career/Education Plan

**Explanation of Action:**

**Verification Received Date**

- Completed
- Not Completed

**Number of Units**

**Number of Hours**

**Units/Hours Approved/Posted**

**Chairperson's Signature**

Revised 1/22/2014
Request for Approval of Professional Growth for Salary Recognition

Salary recognition for professional growth credits is provided by the County Board of Education Policy No. 4131 and accompanying regulations.

Approval for credits is given by the Superintendent’s designee based upon an assessment of the extent to which the course or other activity fulfills the intent of the above policy by enhancing the professional competencies of the individual. An appeal to this process is available. Check the above regulations.

For other than college/university coursework, approval may be granted for one unit of semester credit for each fifteen hours of time directly involved in the activity. Credit may be approved in not less than five-hour increments.

Credits shall be considered for approval to be allowed for advancement on the current year salary schedule if they are reported and verified in the Office of the Superintendent’s designee by the close of the workday preceding October 1 of each year. If not reported and verified by that date, salary recognition shall not be given until the following school year.

Name: ___________________________ Date: ___________________________
(Please Print)
Current Work Assignment: _________________________________________

College or University Coursework

Course Title: _______________________________________________________
Date of Course: _____________________________ Units-Semester Quarter
Institution: ___________________________________ Required for Credential? Yes No
If yes, which credential? _____________________________
If no, state how course content will enhance your professional competencies: _____________________________
Course Description: _______________________________________________

Professional Growth Other Than College/University Coursework

Name of Activity: ___________________________________________________
Description of Activity: _____________________________________________
Total Hours Spent in Activity: ___________ Inclusive Dates: ___________
State how this activity will enhance your professional competencies: _____________________________

Date Submitted: ___________________________ Employee’s Signature: ___________________________
Approved: ___________________________ Disapproved: ___________________________
Comments: ___________________________
Date: ___________________________ Supervisor’s Signature: ___________________________
Date: ___________________________ Signature: ___________________________

Assistant Superintendent, Student Services/Personnel
When you call Aesop

To Review or Change your Personal Information, Press 5
- To review or change the recording of your name and title, Press 0
- To change your PIN number, Press 9
- To change your phone number, Press 9
- To return to the previous menu, Press 6

Special Things to Note

- If Aesop prompts you, you will need to make a voice recording. This should only be your Name and Title:
  - Name (First and Last Name)
  - Title (Grade Level and/or Subject Matter)

- You can create an absence up to one month in advance on the phone.
- In the review menu, if a substitute has accepted your absence Aesop will read off his or her name.
- If you work at multiple school locations please refer to the Employee Web guide for detailed instructions.

Pressing the star key (*) will always take you back one menu level anywhere in the phone system.

Aesop Phone Menu at a Glance

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 4 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
   - For Specific Start/End Times, Press 4
   > If option 4 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 “600” 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 0
   - To re-enter, Press 0
   - To cancel, Press 0

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 0
      - To change some of the details, Press 0
      - To change all of the details, Press 0

7. Save your absence
   1. If you can decide whether a sub is needed:
      - If your absence requires a substitute, Press 0
      - If your absence does not require a substitute, Press 0
   2. If you can assign a substitute:
      - If you want to select a specific sub to assign to the absence, Press 0
      - It is your responsibility to contact the sub to see if they are willing to accept this absence before assigning.
      - If you want me (Aesop) to find a sub, Press 0
      - If option 0 is selected you will need to enter the sub’s full 10-digit phone number.

1.800.942.3767

When you call Aesop

To Review or Cancel Your Upcoming Absences, Press 3

Aesop will play back your entitlement balances.

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 0
   - To cancel this absence, Press 0
   - To return to the Main Menu, Press 0

Available 24/7
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
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
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 Programs
### 2015—2016 Calendar

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<th>Year</th>
<th>Date</th>
<th>Event</th>
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<td>Dec. 21- Jan. 1</td>
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Total Credits Earned: 134.50
Cumulative GPA Qtr 9-12: 2.2500
CalSBE ELA: Not Passed
CalSBE Math: Not Passed

Registrar: Not official unless signed and stamped.

DATE: __________
## Alternative Education

### Graduation Requirements

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<th>Student Has Completed</th>
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<td><strong>TOTAL</strong> 200</td>
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Santa Cruz County Office of Education
Alternative Education Programs/OASIS
Independent Study Master Agreement

Student Name: ___________________________ Grade Level: ___________________________

Address: _______________________________ DOB: _______________________________

Home/Parent Phone: ______________________ Student Phone/#/email: ________________

Duration of Agreement:
1 Semester Maximum

Beginning Date: _________________________ Ending Date: _________________________

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, alternatives, 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 part of this agreement. Any subsidiary agreement(s) are also
part of this agreement.

<table>
<thead>
<tr>
<th>Subject/Course</th>
<th>Course Credit</th>
<th>Subject/Course</th>
<th>Course Credit</th>
</tr>
</thead>
</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 report teachers as scheduled. Unless noted differently on the assignment sheet,
meetings will be held at the OASIS program according to the following schedule:

Time: ___________________________ Day: ___________________________ Frequency: Weekly, or as arranged with Supervising Teacher.

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 terminus student record and maintained for three years from the date
of the evaluation and will be forwarded 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: ___________________________
Date: ________________

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]

TO BE SIGNED AND RETURNED BY PARENT/GUARDIAN

☐ 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
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,

[Signature]

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):

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

THIS IS TO VERIFY that the student has been informed of the reasons for this suspension, presented with the facts upon which the suspension is based and given the opportunity to present his/her explanation of what occurred. Student's signature not required if an emergency situation exists.

__________________________________________

[Signature]

[Position of Administration]

[Date]

Parents/Guardians:

☐ 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 ______
   Specifics 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.]
   [continue on back or additional sheet]

Actions needed or taken to prevent like incidents in future? _________________________________________________________________________________________ [see 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]

10. Apparent Nature of Injury at time of Report: Abrasion ____ Cut ____ Laceration ____ Scratches ____ Puncture ____ Burn ____ Bite ____ Teeth ____
    Bruising ____ Swelling ____ Loss of consciousness ____ Possible: Strain/Sprain ____ Dislocation ____ Concussion ____ Fracture ____
    Other (specify) __________________________________________________________

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): _________________________________________________________________________________

14. Disposition of injured after accident: Class ____ Home ____ Doctor ____ Hospital ____ 911 called ____ Via ambulance ____
    Transported by ___________________________________ Relationship to injured: _____________________________

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

4/12/13
Court and Community Schools

Absence Log

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Teacher's Signature

__________________________________________________________________
ALTERNATIVE EDUCATION

Dear Parent or Guardian:

We have a number of children for whom medication is prescribed to be taken during school hours. We are required to have specific written orders from your child's physician before we can administer any medication.

This form is to be completed and signed by your child's physician. Please have the form completed and returned to the school with your signature as soon as possible.

The medication must be clearly marked with your child's name, physician's name, name of medication, amount and time to be given. When sending medication to school, hand the medication to your child's bus driver, or bring it to the school. If there is any change in medication, you are responsible for notifying the school and completing a new form.

Please call _______ school _______ at _______ with any questions.

PERMISSION TO GIVE MEDICINE AT SCHOOL

I understand the medication may be dispensed by other than a nurse. I hereby agree to hold the SCCOE, its officers, agents, and employees harmless from any and all liability which may arise out of the SCCOE's performance under this agreement.

Parent/Guardian: ___________________________ Date: ___________________________

ALL MEDICINES MUST BE IN ORIGINAL CONTAINERS

Student's Name ___________________________ Birthdate: ___________________________

Address: _________________________________________________________________

Condition for which medication is to be given: __________________________________

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Possible reactions that need to be reported to physician: __________________________________

__________________________________________________________ Date

Physician's Signature

__________________________________________________________ Date

Signature of Parent/Guardian
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.
# Supplemental Educational Services Application / Aplicación para Servicios Educativos Suplementarios

**Parent Request for Free Tutorial Services / Solicitud de Padre para Tutoría Gratuita**

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<th>State / Estado</th>
<th>ZIP Code / Código Postal</th>
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<tr>
<th>Parent or Guardian Name / Nombre de Padres / Guardian</th>
<th>Phone / Teléfono</th>
<th>Teacher / Maestro / Maestra</th>
</tr>
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<tr>
<th>School / Escuela</th>
<th>Grade / Grado</th>
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</table>

**Preferred Tutoring Company Selected by Parent / Guardian**

<table>
<thead>
<tr>
<th>Preferencia de Compañía de Tutoría del Guardian / Padres</th>
</tr>
</thead>
</table>

**Parent / Guardian Signature / Firma de Padres / Guardian**

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 a cumplir con los criterios: estudiante de bajo ingreso en una escuela de Título I y puntuación de CST de Matemáticas o inglés de 299 o por debajo, o, puntuación de CAHSEE de Matemáticas o inglés de 349 o por debajo, o, déficit de crédito en Matemáticas o inglés.

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 del proveedor 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 regularmente a la program o loguearse para no ser eliminado del programa.

4. The SCCOE Alternative Education Program is only obligated to pay up to a State-assigned amount for the services I have selected. The services will end when the allotment is spent and/or if SES funding ends.
   - El Programa de Educación Alternativa SCCOE sólo está obligado a pagar hasta un monto asignado por el estado por los servicios que he seleccionado. Los servicios terminarán cuando se agoten o si el financiamiento SES termina.

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 del padre.

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.

Signature / Firma: __________________________ Date / Fecha: ____________

Please return this form to your child’s school office or to the Santa Cruz County Office of Education: Alternative Education Program, 400 Eucaliptus Street, Santa Cruz, CA 95062. Attention: John Rice, (831) 466-5724. Por favor regresa esta forma a la escuela de tu hijo / hija o a la Oficina de Educación del Condado de Santa Cruz, Programa de Educación Alternativa, 400 Eucaliptus Street, CA 95062. Atención: John Rice, (831) 466-5724
Alternative Education

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:

- **Name**: 
- **Address**: 
- **City**: 
- **State**: 
- **Zip Code**: 

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>
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<th>AMOUNT</th>
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</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: ____________________________________________

<table>
<thead>
<tr>
<th>Description</th>
<th>Account Number</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
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</table>

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: ___________________________
FREE TUTORING
TUTORIA GRATUITA
2015 – 2016

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/ Solitación de Padre para Tutoría Gratuita**

<table>
<thead>
<tr>
<th>Last/Apellido</th>
<th>First/Primer Nombre</th>
<th>M.I.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student’s Full Name/ Nombre del Estudiante:</th>
<th>Date of Birth/ Fecha de Nacimiento:</th>
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</table>

<table>
<thead>
<tr>
<th>Student’s Address/Dirección:</th>
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<table>
<thead>
<tr>
<th>Street Address/ Dirección:</th>
<th>Apartment/ Unit/ Apartamento:</th>
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</thead>
</table>

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<tr>
<th>City/Ciudad:</th>
<th>State/Estado:</th>
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<th>Parent or Guardian Name/Nombre de Padres/Guardián:</th>
<th>Phone/ Teléfono:</th>
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<thead>
<tr>
<th>Preferred Tutoring Company Selected by Parent/Guardian/ Preferencia de Compañía de Tutoría del Guardian/Padres:</th>
</tr>
</thead>
</table>

## 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 supeditada 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 puntuaje inglés de 349 o por debajo, o, el crédito deficiencia en Matemáticas o Ingles.

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 estar 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 he seleccionado. 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 hasta la 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>
</table>

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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 o a la Oficina de Educación del Condado de Santa Cruz, Program de Educación Alternativa, 400 Encinal Street, CA 95060, Atención: John Rice, (331) 466-5724.
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
TO: ALL STAFF

FROM: John Rice

SUBJECT: End-of-Year Responsibilities

DATE: June 5, 2015

By June 16, 2014, you will need to turn the following items into this office before you leave for summer vacation. All areas must be initiated by the appropriate staff.

Rosa
- Keys
  - Clearly labeled

Rosa
- Time Sheets
  - All certificated, classified and supplemental time sheets.

Rosa
- Work Orders
  - For site repairs, materials, cleaning and moving items

Jules
- Purchase Orders
  - Turn in all receipts.

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

Jules
- Lunch Recap Sheet

Rosa
- Cell Phones

Leslie
- Grades Entered in Power School

Leslie
- Withdrawal Graduated enter on Alt Ed Drop Form in Power School

Johnny
- Recommendations -For Fall school planning. Please return recommendations to Johnny

John
- Inventory Equipment - see attached

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

HAVE A NICE SUMMER!
Equipment Inventory:

Do not include any equipment that is attached to the building (ie mounted projectors).
Do not include desktop computers:

Please list the number from the blue tag if possible. If no blue tag, list how many.

Laptop _____

LCD projector (portable) _____

Cell Phone (If you are keeping it for Summer Session) _____

Tablet (iPad) _____

Document Camera ______

Camera ______
Santa Cruz County Office of Education
REQUEST FOR AUTHORITY TO TRAVEL

Name ___________________________ Dept: ___________________________

Name & Location of Conference ___________________________________________

Dates: ____________ - ____________

ESTIMATED CONFERENCE COSTS (Attach copies of registration & itinerary)

Registration/Meals (Pay to: ____________________________) $ ____________
Lodging (Pay to: ____________________________) $ ____________
Transportation (Pay to: ____________________________) $ ____________

Meals (Please see reverse side for additional reimbursement 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: $ ____________

Employee: ___________________________ Account #: ___________________________
Signature

APPROVED:
Program Manager ___________________________ Date ____________
Superintendent/Deputy ___________________________ Date ____________
Associate 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>
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<tbody>
<tr>
<td>1.</td>
<td>$ ________</td>
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<td>4.</td>
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<td>5.</td>
<td>$ ________</td>
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</table>

Total Meals: $ ____________

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.

Distribution (see reverse side)
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)

DEPARTURE

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<tr>
<th>Time</th>
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ARRIVAL

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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
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/Extracurricular 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 35338).

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 # ____________

Medical Insurance Carrier ____________ Policy Number ____________ Phone ____________

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
SANTA CRUZ COUNTY OFFICE OF EDUCATION
PARENTAL CONSENT FOR A FIELD TRIP WHICH INCLUDES WATER ACTIVITIES AND EMERGENCY MEDICAL AUTHORIZATION FORM

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 #: _______________

Medical Insurance Carrier: ________________________ Policy Number: _______________ Phone: _______________

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.
<table>
<thead>
<tr>
<th>Column1</th>
<th>Column2</th>
<th>Column3</th>
<th>Column5</th>
<th>Column6</th>
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<tbody>
<tr>
<td>Dry Goods</td>
<td>Quantity</td>
<td>Description</td>
<td>Food</td>
<td>Quantity</td>
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<tr>
<td>Baby Wipes</td>
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<td></td>
<td>Applesauce</td>
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<tr>
<td>Band Aids</td>
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<tr>
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<td>300 Cold Cups</td>
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<td>Can'd Pineapple</td>
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<tr>
<td>150 Hot Cups</td>
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<td></td>
<td>Can'd Tomatoes</td>
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<tr>
<td>500 Forks</td>
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<td></td>
<td>Cereal (Type)</td>
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<tr>
<td>500 Knives</td>
<td></td>
<td></td>
<td>Cheese</td>
<td></td>
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<tr>
<td>300 Lg Plates</td>
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<td>Hot Sauce</td>
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<td>2 DZ Eggs</td>
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<tr>
<td>Expo Markers</td>
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<td>Goldfish</td>
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<tr>
<td>Sponges</td>
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<td>Hamburger Buns</td>
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<tr>
<td>Kleenex</td>
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<td></td>
<td>Hot Dog Buns</td>
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</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>
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<tr>
<td>Dish Soap</td>
<td></td>
<td></td>
<td>Ketchup</td>
<td></td>
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</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>
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<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>
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<tr>
<td>Toilet paper</td>
<td></td>
<td></td>
<td>Sugar</td>
<td></td>
<td></td>
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<tr>
<td>Window Cleaner</td>
<td></td>
<td></td>
<td>Tea</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Tortilla Chips</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Vegetable Oil</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Waters</td>
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</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>
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</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>
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</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>
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</tr>
<tr>
<td>Copier Paper (Ream)</td>
<td></td>
<td></td>
<td>Lysol Disinfect Aerosol</td>
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</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>
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<tr>
<td>Paper Clips (Large)</td>
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<tr>
<td>Rulers</td>
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<tr>
<td>White Board Eraser</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Binders 1&quot;</td>
<td></td>
<td></td>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>Binders 2&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scissors</td>
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</table>

### Office Supplies

<table>
<thead>
<tr>
<th>Office Supplies</th>
<th>Quantity</th>
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<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:_______________________________________________________
**DUPICATION ORDER FORM**

**Budget #**

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

**Job No.**

**PRINT SHOP USE ONLY**

**Date Received**

**APPROVED by:**

**Phone**

**Date**

**Document Title**

**Date Needed**

**Return completed job to:**

**GRAPHICS NEEDED?** ☐ NO ☐ YES if yes: ☐ print ☐ PDF ☐ for web

**DUPLICATION:**
- ☐ print from file location:
- ☐ black ink ☐ colored ink
- **# of ORIGINALS**
- **# of COPIES wanted**
- ☐ 1 sided ☐ 2 sided ☐ combo ☐ 8.5x11 ☐ 8.5x14 ☐ 11x17
- **papertype:** ☐ 20# bond ☐ BrightWhite ☐ astro ☐ gloss ☐ RoyalFiber ☐ bristol ☐ NCR
- **pt=**
- **sets**
- ☐ tabs
- **other**
- **paper color:**
- **special instructions:**

**ASSEMBLY:**
- ☐ UNCOLLATED ☐ COLLATE ☐ DISTAPLE ☐ please mark one
- ☐ DRILL 2-hole / 3-hole please circle one
- **TRIM TO**
- **size**
- ☐ FOLD TO **size**
- ☐ PAD ☐ PUNCH & BIND plastic spiral / velo please circle one
- **special instructions:**

---

**PRINT SHOP USE ONLY**

**color** ☐ 1 sided pages ☐ copies = ☐ sheets
- ☐ 8.5x11 ☐ 8.5x14 ☐ 11x17
- ☐ RFiber ☐ bristol ☐ NCR
- **pt=**
- **sets**

**color** ☐ 1 sided pages ☐ copies = ☐ sheets
- ☐ 8.5x11 ☐ 8.5x14 ☐ 11x17
- ☐ RFiber ○ bristol ☐ NCR
- **pt=**
- **sets**

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- ☐ 8.5x11 ☐ 8.5x14 ☐ 11x17
- ☐ RFiber ☐ bristol ☐ NCR
- **pt=**
- **sets**

**color** ☐ 2 sided pages ☐ copies = ☐ impressions = ☐ sheets
- ☐ 8.5x11 ☐ 8.5x14 ☐ 11x17
- ☐ RFiber ☐ bristol ☐ NCR
- **pt=**
- **sets**

**color** ☐ 2 sided pages ☐ copies = ☐ impressions = ☐ sheets
- ☐ 8.5x11 ☐ 8.5x14 ☐ 11x17
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- ☐ 8.5x11 ☐ 8.5x14 ☐ 11x17
- ☐RFiber ☐ bristol ☐ NCR
- **pt=**
- **sets**

**color** ☐ 2 sided pages ☐ copies = ☐ impressions = ☐ sheets
- ☐ 8.5x11 ☐ 8.5x14 ☐ 11x17
- ☐ RFiber ☐ bristol ☐ NCR
- **pt=**
- **sets**

**color** ☐ slip sheets ☐

**BLANK BACKS**

**ASSEMBLY (not performed by copier):**
- PUNCH & BIND ☐ sheets with ☐ # bindings ☐ plastic spiral ☐ size ☐ velo
- COLLATE ☐ sheets FOLD ☐ sheets STAPLE ☐ sheets DRILL ☐ sheets PAD ☐ sheets
- TRIM ☐ sheets to ☐ (size)= ☐ final sheets
- **OTHER:**

---

**Operator**

**Date**

**Assembler**

**Date**

**Billing completed**

---

**GRAPIC hours**

---

**02/04**
Alternative Education Testing Calendar 2015 - 2016

<table>
<thead>
<tr>
<th>What Test</th>
<th>Who Tests</th>
<th>When</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>CELDT</td>
<td>All identified English Learners</td>
<td>8/26/15 - 10/31/15</td>
<td>Students may be tested throughout the year if necessary</td>
</tr>
<tr>
<td>California English Language Development Test</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAHSEE</td>
<td>10th, 11th and 12th graders</td>
<td>Nov 4 and 5, 2015</td>
<td>Nov: 11 &amp; 12th graders only</td>
</tr>
<tr>
<td>California High School Exit Exam*</td>
<td>Feb 3 and 4, 2016</td>
<td>Feb: 10th and 12th graders</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>March 17 and 18, 2016</td>
<td>March: absent 10th graders</td>
</tr>
<tr>
<td></td>
<td></td>
<td>July 2016 TBD</td>
<td>any 11th or 12th grader</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>July: 5th year only</td>
</tr>
<tr>
<td>CAASPP (SBAC)</td>
<td>6, 7, 8, and 11th graders</td>
<td>Spring Window, generally April</td>
<td>This test is done online through a secure browser.</td>
</tr>
<tr>
<td>California Assessment of Student Performance and Progress</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Science CST/CMA</td>
<td>8th and 10th graders only</td>
<td>Spring Window, generally April</td>
<td>CMA is for Special Ed students with this specific modification in place.</td>
</tr>
<tr>
<td>California Standards Test, California Modified Assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CAPA</td>
<td>grade 6 - 11 ELA and Math for identified students only</td>
<td>Spring Window, generally April</td>
<td>CAPA is for Special Ed students with this specific modification in place.</td>
</tr>
<tr>
<td>Star Renaissance</td>
<td>All Students</td>
<td>Each student is to be tested at least twice a year.</td>
<td>Test within 30 days of enrollment, and a second time after May 1 and before the end of the year.</td>
</tr>
</tbody>
</table>