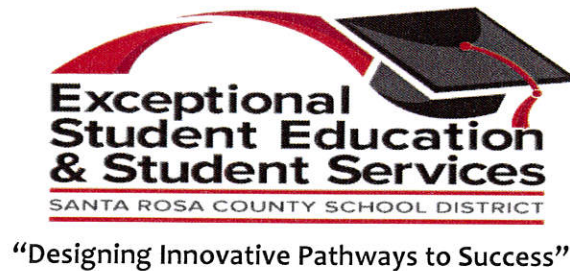


Sherry L. Smith
Director
Student Services



6751 Berryhill Street
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MEMO

To: School Board Members
From: Sherry Smith/Mary Lou Darby *MSD*
Date: April 14, 2016
CC: Tim Wyrosdick, Bill Emerson
Subject: *Student Records Handbook* Revisions

The following proposed revisions to the *Student Records Handbook* have been indicated due to a conference with the Health Department's Nursing Supervisor and comments from school personnel. Pages are attached that pertain to specific additions in the document. Additions are noted by being underlined and deletions by strikeouts.

Pages	Area of Document	Title/Content Summary
18	X. Transfer of Student Records	A. Faxing of parts of records
25 - 26	XVI. Related Components of a Permanent Educational Record	C. Cumulative Health Records additions
27	XVI. Related Components of a Permanent Educational Record	B. Health Card sent to receiving school in district and kept until new one is completed
31	Appendix	Deleted due to redundancy (in Table of Contents)
47 - 50	Appendix H: Medical Alert Codes	New revision available
54	Appendix L: Cumulative Record Organizational Order	# 4. Cumulative School Health Record item deletion and additions
58 - 59	Appendix N: Registration Form	Form 62-02-01A Revised 04/16

Should you have questions or concerns, please feel free to call Sherry Smith (983-5052) or Mary Lou Darby (983-5156).

student by name or disclosing the student's electronic identifier or email address in a class in which the student is enrolled.

- H. Schools are prohibited from using a social security number to identify or help identify a student or the student's records when disclosing or confirming directory information unless the student has provided written consent.

IX. PERIODIC REVIEW OF RECORDS

- A. To assure that school records are not inaccurate, misleading or otherwise in violation of the privacy or other rights of students and to provide an opportunity for the correction or deletion of any inaccurate, misleading, or inappropriate data, the principal shall be responsible for establishing appropriate procedures for the periodic review of personal data collected on each student.
- B. Once a request for access has been made by the parent, guardian, or eligible student, information cannot be amended or destroyed until after the person making the request has had an opportunity to review the information.
- C. In the review of a record, if inaccurate or misleading information is found, the material will not be transferred to other schools or agencies or used in making any future educational decisions. If the information is necessary as a source document for FTE audits, it will be maintained for FTE purposes only.

X. TRANSFER OF STUDENT RECORDS

- A. Education records of all students are to be forwarded within 10 school days upon written request on school letterhead from a school in which a student has enrolled. Education records must include an electronic copy from 3270 so that all recent assessment information is included in the student's records. This written request applies only to schools out of district. Public notice of this policy shall be given annually in lieu of requesting permission or notification for the transfer of records. Parts of the records may be faxed for an immediate need of the receiving school. However, the following MUST be stated on the fax cover sheet:

NOTICE TO RECIPIENT: The information contained in this fax is intended only for the individual or entity to which it is addressed and may contain confidential information that is legally privileged. A confirmation of receipt from the intended recipient by return fax, email, or a phone call is requested. If you are not the intended recipient, any review, use, dissemination, distribution, or copying of this information is strictly prohibited. If you have received this fax in error, please notify us immediately by return fax, email, or by telephone and destroy all information included in the fax.

A. EXCEPTIONAL STUDENT EDUCATION (ESE)

All ESE documentation that is sent to the school will be maintained in the student's educational record. The following material shall be placed in the permanent educational record:

1. Student Services Referral
2. Informed Notice and Consent for Evaluation
3. Psychological Report
4. Eligibility Summary
5. Individualized Educational Plan
6. Parent Notice and Consent for Placement

B. ENGLISH LANGUAGE LEARNER (ELL) RECORDS

The Home Language Survey should be a part of each student's educational record. For English Language Learners, in addition to the Home Language Survey, the following should be kept in the permanent educational record:

1. ELL Eligibility Assessment form
2. Copy of the Idea Proficiency Test (IPT) answer sheet
3. ELL Committee Review form (if appropriate)
4. Annual ELL Student Plan
5. ELL Update form (if appropriate)
6. Reclassification/Exit form and Parent Notification of Exit (if appropriate)
7. Parent Notification of ELL Placement form and Notification of Continued Participation (if appropriate)
8. CELLA Results for Grades K - 12

C. CUMULATIVE SCHOOL HEALTH RECORDS

The Cumulative School Health Record (DH3041) should be a part of a student's educational record. Parts of the Health Record may be kept separate from the Cumulative Record as long as the location is specified on the cover of the Cumulative Record or on the Health Record. The Cumulative School Health Record and should contain the following (See Appendix C, Public Notice to Parents, Guardians, and Eligible Students, Rights Under the Health Insurance Portability & Accountability Act of 1996—HIPPA):

1. Florida Certificate of Immunization (DH680) with immunization status and exemptions if relevant
2. Student Entry Hhealth Examination form (DH3040)
3. ~~Documentation of birth~~
4. ~~Weight and height of student should be recorded on the cumulative school health record~~
3. Health screenings containing, but not limited to, hearing, vision, scoliosis, tuberculosis, and blood pressure growth development (height, weight, body mass index)
4. Health Care Plan: students with severe health impairments needing possible assistance by school personnel will be documented by a Health Care Plan. Students who have a Health Care Plan will have the appropriate indicator posted in the Student Information System.

The following may be filed in the Health Folder in the Cumulative Record or filed in another place; however, the location must be printed on a label placed on the Cumulative Record or Health Folder. These additional files follow the student:

5. Documentation of subsequent physical examinations
6. Other health history regarding chronic or complex health conditions
7. Physician's treatment plan or medical management plan
8. Documentation of injuries and /or episodes of sudden illness referred for Sick-care or emergency health care
9. Documentation of nursing assessments, general and child-specific training of unlicensed assistive personnel delegated and trained by the registered nurse (RN)
10. Health counseling
11. Documentation of any consultations with school staff, students, parents/ Guardians or service providers about a student's health problem, recommendations and results
12. Documentation of physician's orders and parental permission to administer medication or medical treatments given in school
13. Documentation of health services provide to the student (treatment log and/or medication administration record)

D. SCHOOL HEALTH CARD

The Santa Rosa District Schools' health card should be kept separate from the Cumulative School Health Record and should be placed in an easily accessible location for use by the school health technician and/or nurse and by school personnel. When a student transfers to another school, a new health card is completed. Students who have medical problems are entered in the Gateway Student Information System with a medical alert code (See Appendix H: Medical Alert Codes). Students moving to a new school within the district should have the health cards sent along with the cumulative records. When a new card is completed, the old one is destroyed in a secure manner.

E. TITLE I

The following is a list of Title I related records that should be maintained in the student's permanent educational records:

1. Record of standardized test scores or other screening instruments used to determine program placement or dismissal
2. Documentation of Notification of Participation Letter for Title I
3. Parental request or permission to remove a student from the Title I program. This parent/guardian request becomes invalid at the end of the school year and another one is obtained for each ensuing year.

F. SECTION 504 PLAN

Students needing specific class accommodations (with the exception of ESE students), should have a 504 Plan. The most current Section 504 Plan and the parent/guardian notification of Section 504 eligibility shall be maintained in the student's permanent educational record. Students who have 504 Plans will have the appropriate indicator posted on the Gateway Student Information System.

G. REGISTRATION FORM

See XXI Appendix item N. for Santa Rosa District Schools' approved registration form, Revised April 2014. This form should not be purged at any point in the student's school career.

XVII. STUDENT SURVEYS

The Protection of Pupil Rights Amendment (PPRA) (20 U.S.C. Section 1232h; 34 CFR Part 98) is a federal law that affords definite rights to parents of minor students in relation to surveys that ask questions of a personal nature. The *No Child Left Behind Act of 2001* (NCLB) includes a significant amendment to PPRA that gives parents rights relating to the surveying of minor students and the collection of information from students for marketing purposes.

A. U.S. Department of Education Surveys

PPRA provides that schools and contractors make instructional materials available for inspection by parents if those materials will be used in

~~XXI. APPENDIX~~

~~Table of Contents~~

~~A. Record of Disclosure~~

~~B. Notice Defining School Officials~~

~~C. Public Notice to Parents, Guardians, and Eligible Students~~

- ~~• Rights Under the Family Education Right & Privacy Act (FERPA)~~
- ~~• Rights Under the Health Insurance Portability & Accountability Act of 1996 (HIPPA)~~

~~D. Sample Notification to Parents Regarding Student Surveys~~

~~E. Letter of Notification of a Subpoena~~

~~[For student(s) eighteen (18) years old or older]~~

~~F. Letter of Notification of a Subpoena~~

~~[For student(s) under eighteen (18) years of age]~~

~~G. Waiver of the Right of Access~~

~~H. Medical Alert Codes~~

~~I. Records Disposition Document~~

~~J. Special Power of Attorney (*in loco parentis*)~~

~~K. Parent Request for No/Limited Disclosure of Directory Information~~

~~L. Cumulative Record Organizational Order~~

~~M. Authorization for Release of Information~~

~~N. Registration Form~~

H. MEDICAL ALERT CODES

HC_CODE	HC_DESC	HC_CODE	HC_DESC
AA	ALLERGIC TO ASPIRIN	BD-F7	BLEEDING DISORDER - FACTOR 7
ACIDREFL	ACID REFLUX	BDI	BORDERLINE DIABETIC
AD	ADDISON'S DISEASE	BE	ALLERGIC/REACTS TO BEE STINGS
ADD	ATTENTION DEFICIT DISORDER	BEHAV	BEHAVIORAL ISSUES
ADHD	ATTN DEFICIT HYPERACTV DISORDR	BIP	BIPOLAR
ADKINSON	ADKINSON DISEASE	BK	BLADDER & KIDNEY PROBLEMS
AHA	AUTO-IMMUNE HEMOLYTIC ANEMIA	BLDEF	BLOOD DEFICIENCY
AL	ALLERGIES (GENERAL)	BLIND	BLIND OR LEGALLY BLIND
ALBAN	ALBANISM	BONEDIS	BONE DISORDER
ALDRUG	ALLERGIC TO CERTAIN DRUGS	BR	BRONCHITIS
ALFISH	ALLERGIC TO FISH	BRT	BRAIN TUMOR
ALFOOD	ALLERGIC TO CERTAIN FOODS	BS	BONE SPUR
ALIN	ALLERGIC TO INSECT BITES	BT	BLOOD TRANSFUSION NOT ALLOWED
ALIO	ALLERGIC TO IODINE	BU	BILATERAL URETOROSTOMIES
ALLATEX	ALLERGIC TO LATEX	CA	CONGENITAL ADRENAL
ALO	ALOPECIA	CB	COLOR BLIND
ALPEANUT	ALLERGIC TO PEANUTS	CD	CROHN'S DISEASE
ALPEST	ALLERGIC TO PESTICIDES	CE	CHRONIC ENCOPRESIA
ALREDDYE	ALLERGIC TO RED DYE	CELIAC	CELIAC DISEASE
ALTYLENL	ALLERGIC TO TYLENOL	CF	CLUB FEET
AMPUTEE	AMPUTEE	CFP	CLEFT PALATE
AN	ANXIETY ATTACKS	CM	CHARCOT MERIE TOOTH DISORDER
ANEMIA	ANEMIA	CMAL	CHIARI MALFORMATION
ANGED	ANGIOEDEMA	CN	CANCER
AP	ARTIFICIAL LIMB / EYE	CP	CEREBRAL PALSY
APD	AUDITORY PROCESSING DISORDER	CS	CRANIOSYNOSTOS
APKID	APENDICOSTOMY KIDNEY	CTD	CONNECTIVE TISSUE DISORDER
AR	ARTHRITIS	CVID	COMMON VARIABLE IMMUNE DEF
AS	STUDENT HAS ASTHMA	CVS	CYCLIC VOMITING SYNDROME
ASD	AUTISM SPECTRUM DISORDER	CY	CYSTIC FIBROSIS
ASPBERG	ASPBERGERS SYNDROME	CYSTS	CYSTS
ASPERTS	ASPERTS SYNDROME	DBS	DEEP BRAIN STIMULATION
ASU	ALLERGIC TO SULFA MEDICATION	DELSYN	DELETION SYNDROME
ATRODERM	ATROPHIC DERMATITIS	DERM	DERMATOLOGICAL
AUTISTIC	AUTISTIC	DERMA	DERMATOMYOSITIS
BB	BRITTLE BONES	DI	STUDENT HAS DIABETES
BC	BACK PROBLEMS	DIGEORGE	DIGEORGE SYNDROME
BD	INFLAMATORY BOWEL DISEASE	DIZ	DIZZY SPELLS

HC_CODE	HC_DESC	HC_CODE	HC_DESC
LPD	LEGG-PERTHES DISEASE	PERVAS	PERVASIVE DEVELOPMENT DISORDER
LT	LIVER TRANSPLANT	PHYSDIS	PHYSICAL DISABILITY
LU	LUPUS	PICA	PICA
LUK	LEUKEMIA	PITD	PITUITARY DWARFISM
MAR	MARFANS SYNDROME	PK	PKU
MD	MYOTONIC DYSTROPHY	PN	ALLERGIC TO PENICILLIN
MENO	MENORRHAGIA	POLY	POLYMYOSITIS
MG	MYASTHENIA GRAVIS	PR	PROFOUND RETARDATION
MH	MIGRAINE HEADACHE	PREPUB	PRECOCIOUS PUBERTY
MITOCHON	MITOCHONDRIAL DISORDER	PS	PSORIASIS
MOOD	MOOD DISORDER	PSE	PSEUDOARTHROSIS CLAVICAL
MP	METAL PLATES IN HEAD	PSY	PSYCHOSIS
MPSD	MUCO POLY SACCHARIDE DISORDER	PTSD	POST TRAUMATIC STRESS DISORDER
MUSCDYST	MUSCULAR DYSTROPHY	PTUM	PSEUDO TUMOR
MUSCLE	MUSCLE DISORDER	PULREG	PULMONIC REGURGITATION
MV	MITRAL VALVE PROLAPSE	PULST	PULMONARY STENOSIS
MYO	MYOPIA	PVS	PULMONIC VALVE STEMOSIS
N	NO	REAIRDIS	REACTIVE AIRWAY DISEASE
NARCOLEP	NARCOLEPSY	RESPIR	RESPIRATORY DISORDER
NB	SEVERE NOSEBLEEDS	RET	RETT SYNDROME
NCS	NEUROCARDIOGENIC SYCOPE	RI	STUDENT TAKES RITALIN
ND	NERVE DAMAGE	RSILVER	RUSSELL SILVER SYNDROME
NEPHRSYN	NEPHRITIC SYNDROME	RX	PRESCRIPTION DRUGS
NF	NEUROFIBROMATOSIS	SB	SPINA BIFIDA
NKA	NO KNOWN ALLERGIES	SC	SICKLE CELL ANEMIA
NL	NEUROLOGICAL DISORDER	SCH	SCHEUERMANN'S DISEASE
NOMID	NEONATAL ONSET INFLAM DISEASE	SD	SLEEP DISORDER
NPS	NAIL-PATTELLA SYNDROME	SE	STUDENT MAY HAVE SEIZURES
NV	NON-VERBAL	SEPOPDSY	SEPTUM OPTIC DYSPLASIA
NY	NYSTAGMUS	SHUNT	SHUNT IN HEAD
OB	OVERACTIVE BLADDER	SI	SURGICAL IMPLANT
OCD	OBSESSIVE COMPULSIVE DISORDER	SL	SCOLIOSIS
ODD	OPPOSITIONAL DEFIANCE DISORDER	SLD-LD	LEARNING DISABILITY
OSGSCH	OSGOOD-SCHLATTER DISEASE	SLDIGEST	SLOW DIGESTION
OST	OSTEOPOROSIS	SN	SINUS
PA	PANIC ATTACKS	SNEEZE	SNEEZE ATTACKS
PACEMAKR	PACEMAKER	SP	SPLENECTOMY
PCA	PRECORDIAL CATCH SYNDROME	SPCOL	SPASTIC COLON
PD	PSYCHOTROPIC DISORDER	SPHEROCY	HEREDITARY SPHEROCYTOSIS
PECECVAC	PECTUS EXCAVATUM/CARINATUM	SPON	SPONDYLOLYSIS

L.

Cumulative Record Organizational Order

All schools will follow this district cumulative record organizational order beginning with Kindergarten (not primary) and the class that will matriculate to the next school. The color designation may be indicated by a colored file folder, a colored label, a colored dot, or a colored line on the index tab. Bulleted items are examples of paperwork and are not all inclusive of papers that may be included (placement does not indicate a particular order within the colored folder unless indicated).

1. LEGAL (Pink)

- Record of Disclosure (If there is no other legal paperwork, this form may be loose in the cumulative folder, but it must be the first item in the folder. It may also be attached to the LEGAL folder.)
- Birth certificate
- Divorce/custody paperwork
- Name change paper
- Restraining orders
- Adoption papers
- Foster parent paperwork
- Department of Children and Families (DCF) papers
- Reassignment approval
- Parent Notification Letters of Out-of-Field Teachers

~~Special Note: Birth certificate, though a legal document, must be placed inside the health folder.~~

2. REGISTRATION PAPERWORK (most current unless the sheet has a Home Language Survey)

3. HOME LANGUAGE SURVEY (If the student qualifies for the English Language Learner ELL program, this form is to be placed in the ELL folder)

4. CUMULATIVE SCHOOL HEALTH RECORD (~~Published from the Florida Department of Health~~) (DH3041) Note: For further clarification, see XVI: Related Components of a Permanent Record, Item C: Cumulative School Health Records and Item D: School Health Card.

- ~~Birth Certificate~~
- Vision/hearing screenings
- Physical examinations
- School Entry Health Exam form (DH3040)
- Florida Certification of Immunization (DH680)
- Social Work referrals (only if health issues)
- Lakeview referrals
- Health Care Plan
- Treatment Log and/or medication administration record
- All other documentation listed under XVI. C. Cumulative Health Records



SANTA ROSA DISTRICT SCHOOLS
REGISTRATION FORM

For Office Use Only
Grade: _____ Teacher: _____
Date of Entry: _____
FL Student ID # _____
Records requested (Date): _____

62-02-01A
Rev. 04/16

Social Security # (optional) _____ Student's Current Grade Level _____

Student's Legal Name _____
(Last) (First) (Middle)

Date of Birth _____ Place of Birth _____ Country of Birth _____

Sex: ☐ Male ☐ Female First Date of Entry into a U.S. School _____
(Month) (Day) (Year)

PROOF OF RESIDENCY IS MANDATORY. (For example: water bill, power bill, etc.)

Mailing Address _____
(Street) (City) (State) (Zip)

Primary Residential Address _____
(Street) (City) (State) (Zip)

Email Address _____

Home Phone # _____

Mother's Name _____ Cell Phone # _____

Mother's Place of Employment _____ Work Phone # _____

Father's Name _____ Cell Phone # _____

Father's Place of Employment _____ Work Phone # _____

Guardian's Name _____ Cell Phone # _____

Guardian's Place of Employment _____ Work Phone # _____

Student Lives With: ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian
☐ Mother and Stepfather ☐ Father and Stepmother ☐ Foster Parents

Special Considerations: (Custody, Pick-up, Legal Restrictions-Copy of most current documentation required.)

What is the consideration? _____

Siblings in Santa Rosa schools: Names and Grades _____

Names and Grades _____

Has student attended Pre-K? ☐ Yes ☐ No If yes, please check: ☐ Private ☐ Headstart ☐ Other

Has student ever been retained? ☐ Yes ☐ No If yes, what grade (s)? _____

Has student ever attended a Florida school? ☐ Yes ☐ No If yes, where? _____

Was your student enrolled in IB/Advanced classes at his/her previous school? ☐ Yes ☐ No

Name of LAST SCHOOL attended: _____
(School Name) (County) (School Phone #)

(Street) (City) (State) (Zip) (School Fax #)

Permission is granted for your student to be videotaped/photographed for viewing or publication inside and outside of the district for the duration of the student's time in Santa Rosa County Schools. This also includes newspaper and television activities. ☐ Yes ☐ No Your student's picture may be published in yearbook only. ☐ Yes ☐ No

Is this student currently enrolled in any of the following programs? If so, check appropriate boxes below:

- | | | | |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> Educable Mentally Handicapped | <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Speech Impaired | <input type="checkbox"/> Gifted |
| <input type="checkbox"/> Specific Learning Disabled | <input type="checkbox"/> Language Impaired | <input type="checkbox"/> Physically Impaired | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Emotionally Handicapped | <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Autistic | |
| <input type="checkbox"/> Trainable Mentally Handicapped | <input type="checkbox"/> Profoundly Mentally Handicapped | | |

If so, do you have a copy of the most current Individual Educational Plan (IEP)?

☐ Yes

☐ No

Does the student have a current 504 Plan? ☐ Yes ☐ No

County written Health Care Plan? ☐ Yes

☐ No

Information gathered pursuant to Florida Statute 1006.07 Duties to School Safety and Discipline

Has this student ever been expelled?

☐ Yes

☐ No

Has this student ever been arrested and charged by the court or are they currently facing charges?

☐ Yes

☐ No

Is this student returning to public school directly from a Juvenile Justice Program?

☐ Yes

☐ No

A "Yes" answer to any of the above items requires completion of a full disclosure statement

Home Language Survey

1. Is a language other than English used in the home? Language? _____

☐ Yes

☐ No

2. Does the student have a first language other than English?

☐ Yes

☐ No

3. Does the student most frequently speak a language other than English?

☐ Yes

☐ No

4. What is the predominant language spoken in the home by the parent(s)/guardian? _____

The term immigrant children and youth means individuals who are ages 3 through 21; and were not born in any State, the District of Columbia or Puerto Rico; and have not been attending one or more schools in any one or more States for more than 3 full academic years.

When a parent or guardian cannot be reached, please contact one of the persons listed below for emergency pick up:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

1. Is your child Hispanic or Latino? (Please, circle only "Yes" OR "No" for question one.)

Yes	Yes, my child is Hispanic or Latino -- A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race
No	No, my child is not Hispanic or Latino

2. What is your child's race? (Please, circle "Yes" or "No" for each of the five responses.)

Yes	No	White -- A person having origins in any of the original peoples of Europe, the Middle East, or North Africa
Yes	No	Black or African American -- A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American"
Yes	No	American Indian or Alaska Native -- A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment
Yes	No	Asian -- A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, e.g., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
Yes	No	Native Hawaiian or Other Pacific Islander -- A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

Florida Statute 837.06: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

By my signature below, I attest that all information on this form is true to the best of my knowledge.

Parent/Guardian _____ Date _____