

# Pre-Session School Report

School Name: \_\_\_\_\_ School ID: \_\_\_\_\_

Principal: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Best Way to Contact You: \_\_\_\_\_

Board Meeting Dates and Time: \_\_\_\_\_

Board Chair \_\_\_\_\_ Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Faculty Meeting Dates and Time: \_\_\_\_\_

Faculty Worship Day and Time: \_\_\_\_\_

School-wide Professional Growth Year-long Goal (specific to PBL in your school):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List professional growth activities the school plans to participate in for this current school year that work toward your school-wide goal.

DATE	ACTIVITY/TOPIC	PRESENTER	TEACHERS ATTENDING	CLOCK HOURS

**Attach:**

**Teacher's Professional Development Plan**

**School Calendar**

**ALL class schedules**

**Supervision Policy**

BEGINNING SCHOOL TIME: \_\_\_\_\_ a.m.

CLOSING SCHOOL TIME: \_\_\_\_\_ p.m.

FRIDAY CLOSING TIME: \_\_\_\_\_ p.m.

LUNCH BREAK: \_\_\_\_\_ Minutes

(ELEMENTARY: SEE NPUC CODE #2158:00)

(JUNIOR ACADEMY: SEE NPUC CODE #2350:88)

**The NPUC Harassment Policy has been reviewed with all employees. (NPUC Code #4306:01).**

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

**I have read the NPUC Harassment Policy and understand what defines improper conduct and the procedure for reporting any incidents regarding this policy.**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

The state Child Abuse Policy has been reviewed with all employees. (NPUC Code #4310:91).

a) The school has a policy that excludes one-on-one student/teacher/employee contact.

b) Abuse prevention training has been provided for all staff.

Oregon: <https://apps.state.or.us/Forms/Served/de9061.pdf>

Washington: [http://www.del.wa.gov/sites/default/files/imported/publications/development/docs/Protecting the Abused & Neglected Child DSHS booklet.pdf](http://www.del.wa.gov/sites/default/files/imported/publications/development/docs/Protecting%20the%20Abused%20&%20Neglected%20Child%20DSHS%20booklet.pdf)

Date \_\_\_\_\_ Description \_\_\_\_\_

c) Abuse prevention training will be provided for parents.

Sign of Child Abuse: <https://www.childwelfare.gov/pubpdfs/whatiscan.pdf>

Oregon: <http://www.oregon.gov/DHS/children/child-abuse/Pages/Reporting-Numbers.aspx>

Washington: <https://www.dshs.wa.gov/ca/child-safety-and-protection/how-report-child-abuse-or-neglect>

Date \_\_\_\_\_ Description \_\_\_\_\_

d) All volunteers have approved background checks via the Oregon Conference Office.

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

**I have received training on Child Abuse prevention and understand the procedures I need to follow to report any of my concerns. I will provide my students with age-appropriate Child Abuse Prevention in my classroom.**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

## Schools with K-8 or K-10 Programs

**Supervision policies and procedures have been reviewed with all staff according to the NPUC Teacher Handbook.**

“Student supervision must be provided in the classroom, on the playground, during recess, before and after school, and during activities sponsored by the school. Adequate supervision requires close attention to whatever is occurring in the area being supervised. It is not enough to have a teacher just standing in the area. The teacher **must be alert and aware of the various groups and their activities.**”

**Supervision policies and procedures are attached and have been discussed and published for your school staff.**

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

**I have a clear understanding of what the NPUC, Oregon Conference, and my school expect for student supervision.**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

1. I understand that my school shall not enter into **any type** of contract, lease and/or legal agreement (including but not limited to teachers, staff and any outside entities) without approval from OC Education Department. (i.e., office equipment, places of student activities, rental facilities).

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

2. Section 504 of the Rehabilitation Act of 1973 prohibits discrimination against students and/or employees with disabilities: Accommodations are provided to the extent the school is able.

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

3. All employees have signed Accountability and Conflict of Interest Statements, which are securely filed at \_\_\_\_\_.

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

9. The school will conduct two active shooter drills at the beginning of the school year. Training provided by your local Sheriff's Office for your staff is highly recommended. Other Active Shooter Training Information is available at: <http://iloveguys.org/srp.html>, <https://www.alicetraining.com/our-program/alice-training/k12-education/>, <https://www.dhs.gov/active-shooter-preparedness>.

Scheduled Active Shooter Drill Date \_\_\_\_\_

Scheduled Active Shooter Drill Date \_\_\_\_\_

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

4. The Exposure Control Plan for Bloodborne Pathogens has been reviewed with my staff and procedures have been implemented. [https://www.osha.gov/OshDoc/data\\_BloodborneFacts/bbfact01.pdf](https://www.osha.gov/OshDoc/data_BloodborneFacts/bbfact01.pdf)

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

5. I have reviewed and understand when my school needs to purchase additional student accident insurance and additional general liability activity insurance. (see field trip resources tab)

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

6. The following protocol is in place for injury related incidents at my school.

- An injury report form will be provided to parent/guardian the day of injury.
- A copy of the injury report form is kept in school file
- Student Insurance Claim Form is provided to parent/guardian the day of injury when further medical attention might be needed.
- Injury report forms and Student Insurance Claim Forms are taken on field trips.

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

7. The following protocol is followed for the use of medication.
- Designated school personnel have received training and are the only ones to administer medication to students. (OR: ORS 339.870, OAR 581-021-0037, WA: RCW 28A.210.260 and 270)
  - Medication authorization forms are required and kept current for administration.
  - A medication log is kept for every medication of each student.

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

8. Concussion protocol has been reviewed with the school staff and a check list for what to watch for in a student with a head injury has been provided.

[https://www.cdc.gov/headsup/pdfs/schools/tbi\\_factsheet\\_teachers-508-a.pdf](https://www.cdc.gov/headsup/pdfs/schools/tbi_factsheet_teachers-508-a.pdf)

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

9. The AED installed within the school building is up-to-code and in good working condition. (2010 SB 1033),

Location of AED: \_\_\_\_\_

Expiration Date of Pads: \_\_\_\_\_

Expiration Date of Battery: \_\_\_\_\_

Replacements for AED Pads and Batteries:

<https://www.heartsmart.com/philips-heartstart-aed-defibrillator-a/306.htm>

**Jeff Petak**

**National Sales Director for PHILLIPS**

Email: [jeffp@onebeatcpr.com](mailto:jeffp@onebeatcpr.com)

Phone: 954.257.8311

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

10. There is a currently dated Epi Pen within the school building for general use in emergencies. (2013 ORS 433.805)

Expiration Date of Epi Pen: \_\_\_\_\_

<https://public.health.oregon.gov/ProviderPartnerResources/EMSTraumaSystems/Pages/epi-protocol-training.aspx>

Resource: <https://www.epipen4schools.com/>

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

11. A First Aid Kit is required for every classroom, as well as a portable First Aid Kit taken on every field trip, sporting event, as well as readily available during outside play. Please check the First Aid Kits your school has:

- We have \_\_\_\_\_ First Aid Kits, which equal one per classroom
- We have \_\_\_\_\_ portable First Aid Kits for outside play and Field Trips
- We have \_\_\_\_\_ First Aid Kits in the office, sick room, or common areas

By signing below, you are verifying that every First Aid Kit utilized by your school has been checked by the check list and contains the required items in good condition. (See First Aid Check List Resource)

Recommended: First Aid App by Red Cross

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_