



ATTACHMENT A

STATE OF NEW JERSEY
DEPARTMENT OF EDUCATION
BERGEN COUNTY OFFICE
ONE BERGEN COUNTY PLAZA
3RD FLOOR - ROOM 350
HACKENSACK, NJ 07601-7076
201-336-6875
FAX 201-336-6880

CHRIS CHRISTIE, GOVERNOR
KIM GUADAGNO, LT. GOVERNOR

ROCHELLE R. HENDRICKS, ACTING COMMISSIONER
AARON R. GRAHAM, EXECUTIVE COUNTY SUPERINTENDENT

Dr. Mark Porto
Superintendent
Hasbrouck Heights Board of Education
379 Boulevard
Hasbrouck Heights, NJ 07604

November 29, 2010

Dear Dr. Porto:

Attached are the approvals for Persons Employed in School Aide Positions in your district for 2010-2011. The approvals are granted with the understanding that you are aware of the district's responsibilities regarding education requirements for Instructional Aides in Title I programs as stated in NCLB legislation. In this regard, Title I Aides, where applicable in your district, are conditionally approved until evidence is submitted indicating that NCLB criteria has been met.

Paraprofessionals hired after January 8, 2002 and supported by Title 1 or Title 1 blended funds must meet NCLB highly qualified criteria by either: completing at least two years of study at an institution of higher education; obtaining an associate's (or higher) degree; and /or meeting a rigorous standard of quality and demonstrating, through a formal state or local academic assessment, knowledge of and the ability to assist in instruction, reading, writing, and mathematics. Paraprofessionals working in a "schoolwide" program must meet these requirements regardless of the source of funds used to pay their salaries. For paraprofessionals in targeted assistance programs, only those paid directly with Title I funds must meet these updated requirements.

As referenced in the Annual Report of Persons Employed in School Aide Positions, the Chief School Administrator signs and certifies that these qualifications are adhered to for those persons applicable. The principal of each school operating a program with Title I funds must verify the paraprofessionals qualifications and attest in writing on an annual basis as to the school's compliance with the law. This will be reviewed at the time of program monitoring.

If you have any questions with regard to the above requirements, please contact Norah Peck at (201) 336-6890.

Sincerely,

A handwritten signature in cursive script, reading "Aaron R. Graham".

Aaron R. Graham, Ed.D.

ARG/NP/er

To be removed. **Bold to be added.**

LEAVES

The board of education recognizes that certain absences are justifiable and will provide for employee absences authorized by law and consistent with contractual agreement.

A. Definition of unauthorized leave

Unauthorized leave is defined as nonperformance of those duties and responsibilities assigned by the district and its representatives including all duties and responsibilities as defined by statute, rules and regulations of the state board of education, policies of the board and administrative regulations of this school district. Such unauthorized leave may include but is not limited to collective refusals to provide service, unauthorized use of sick leave, unauthorized use of other leave benefits, nonattendance at required meetings and failure to perform supervisory functions at school-sponsored activities.

An employee is deemed to be on unauthorized leave at such time and on such occasions as the employee may absent himself/herself from required duties.

B. Disciplinary action

Unauthorized leave shall constitute a breach of contract and, therefore, may result in the initiation of dismissal procedures, loss of salary as described in regulation No. 4150, or such disciplinary action as may be deemed appropriate.

Beginning on the first day of unauthorized leave no warrant shall be drawn in favor of any employee who has not faithfully performed all duties prescribed.

C. Uncompensated leave

The board recognizes that in certain instances an employee may require extended leave for personal reasons and that the district could benefit from the return of that employee. For that reason, the board may award uncompensated leaves of absence for reasons other than those specified by statute.

The board reserves the right to specify the conditions when not otherwise covered by the terms of a negotiated agreement under which uncompensated leave may be taken.

D. Disciplinary action

Unauthorized leave shall constitute a breach of contract and may result in the initiation of dismissal procedures, loss of salary as described in regulation No. 4150, or other disciplinary action as may be deemed appropriate.

E. Verification of absence

The superintendent may require a physician's or other verification for an employee's claimed reason for absence in any situation in which it is believed that no valid grounds exist for the employee's claim for absence.

While the superintendent or principal may ask for a doctor's note at any time, a doctor's note is required AFTER the third consecutive sick day used.

Date: August 29, 1991
Revised (First Reading): November 11, 2010
Revised (Second Reading): December 16, 2010

Legal References: N.J.S.A. 18A:27-4 Powers of board of education to make rules governing employment of teacher, etc.; employment thereunder

N.J.S.A. 18A:30-1 et seq. Leaves of absence

To be removed. **Bold to be added.**

ATTENDANCE PATTERNS

The Board of Education believes that the regular presence of assigned personnel is vital to the success of the district's educational program. Consistent absenteeism or tardiness **or misuse of sick time** is unacceptable and subject to disciplinary action.

The Superintendent shall develop and the board shall adopt a plan to encourage all staff to strive for excellent attendance and punctuality records. **In order to maintain a quality instructional program for all students at all schools, all employees are required to call the designated "absence line" and indicate the following information clearly BEFORE 6:30 AM ON EACH DAY OF ABSENCE (unless the staff member has a board-approved leave of absence which would require the staff member to call only on the first day of absence):**

- Name;
- Date of absence;
- Reason for absence (personal day, sick day, etc.)
- School;
- Assigned job or grade or course;
- Indicate whether a substitute is needed.

For 12-month employees, pre-approved vacation and personal days do not require a call to the "absence line".

These procedures should include a requirement that the staff member personally report all illness and request all leave at the earliest possible time. procedures shall be **are** in accordance with New Jersey statutes and district negotiated contracts. The Superintendent shall report on staff attendance and punctuality **regularly** at every regular monthly board meeting. Provisions shall be made for public acknowledgment of outstanding staff attendance records.

Date: May 22, 1990

Revised (First Reading): November 11, 2010

Revised (Second Reading): December 16, 2010

Legal References: N.J.S.A. 18A:11-1 General mandatory powers and duties
N.J.S.A. 18A:27-4 Power of boards of education to make rules governing employment of teacher, etc.;
employment thereunder
N.J.S.A. 18A:29-14 Withholding increments; causes; notice of appeals
N.J.S.A. 18A:30 Leaves of absence.

ATTENDANCE PATTERNS

Legal References (continued)

N.J.A.C. 6:8-1.1 Words and phrases defined

N.J.A.C. 6:8-4.3(a)6iii, 6iv Evaluation of elements and standards (staff)

Montville Township Education Association v. Board of Education of the Township of Montville, 1984 S.L.D. (November 7)

City of Burlington Educational Association v. Board of Education of the City of Burlington, 1985 S.L.D. (July 1),
aff'd St. Bd. November 6, 1985

Manual for the Evaluation of Local School Districts (P.T.M. No. 700.7, revised July 1988.

HASBROUCK HEIGHTS BOARD OF EDUCATION

Hasbrouck Heights, New Jersey 07604
Exhibit

File Code: 9180



Volunteer Application

Hasbrouck Heights Public Schools

"Community Values - Global Skills"

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

PLEASE NOTE: District Volunteers are required to maintain complete 100% confidentiality and professional discretion at all times.

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings |

Interests

Tell us in which areas you are interested in volunteering

- ☐ Media Center/shelving books
- ☐ Media Center/book repair/covering
- ☐ Media Center/cataloguing new materials
- ☐ Media Center assisting w/projects
- ☐ Media Center/maintenance & upkeep
- ☐ Classroom/duties & routines & organization
- ☐ Classroom special activities/projects
- ☐ Classroom extended learning through teacher generated lessons for enriched learners
- ☐ Classroom reading support/listening/sight words
- ☐ Classroom reinforcing learning skills

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

--

Previous Volunteer Experience

Summarize your previous volunteer experience.

--

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Nature of Assignment

Please Note: Administration reserves the right to change the assignment of the building volunteer to best suit the needs of each learning atmosphere.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

HASBROUCK HEIGHTS BOARD OF EDUCATION

Hasbrouck Heights, New Jersey 07604
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Street Address	
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E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings |

Interests

Tell us in which areas you are interested in volunteering

- ☐ Media Center/shelving books
- ☐ Media Center/book repair/covering
- ☐ Media Center/cataloguing new materials
- ☐ Media Center assisting w/projects
- ☐ Media Center/maintenance & upkeep
- ☐ Classroom/duties & routines & organization
- ☐ Classroom special activities/projects
- ☐ Classroom extended learning through teacher generated lessons for enriched learners
- ☐ Classroom reading support/listening/sight words
- ☐ Classroom reinforcing learning skills

HASBROUCK HEIGHTS BOARD OF EDUCATION
Hasbrouck Heights, New Jersey 07604
Policy

File Code: 3541

Parental Transportation Contracts

All new transportation contracts will be based on the IRS mileage reimbursement rate, presently \$0.50 per mile. As appropriate, one or two round trip mileage calculations per day (to be predetermined at the outset of contract) will be utilized, dependent on whether parent transports one way or round trip. Calculation of reimbursement will be based only on days student is in attendance at school.

If IRS rate changes (increase or decrease), recalculation of rate will only be made at the anniversary date of the contract, based on the current rate at that time. All contracts presently in place will remain at their present rates and will only be adjusted in the event the IRS rate exceeds their present rate.

Parent or legal guardian will present the following documentation for transportation contract approval:

1. Copy of current driver's license. When license expires new copy must be presented.
2. Copy of current vehicle registration, for the vehicle that is used to transport the student. When registration expires, new copy must be presented.
3. Copy of insurance policy, including a rider detailing \$1,000,000 coverage for vehicle identified in #2 above.

Student attendance records will be verified on a monthly basis and reimbursement issued accordingly. Parent or guardian will need to sign prepared voucher in order to receive payment.

Contracts may only be issued when the parent or legal guardian is providing transportation. No other person may transport the student.

If a parent or legal guardian elects to discontinue the transportation contract, written notice must be provided to the Director of Special Services and the Business Administrator, no less than 10 business days prior to date of cancellation. This notification must include the reason for cancellation and whether school district provided transportation is being requested.

First Reading: November 11, 2010
Second Reading: December 16, 2010

CLASSROOM AIDES PARAPROFESSIONALS

Paraprofessional employment is on an annual basis, subject to satisfactory evaluative reports. Paraprofessionals who are hired after March 31, 2003 are not entitled to employee benefits. All Paraprofessionals hired before September 1, 2009 are expected to meet the criteria for "highly qualified": Holding an associate's degree or the equivalent of 60 credits or passing the appropriate PRAXIS for paraprofessionals. Paraprofessionals will have a maximum of one year from the date of hire to successfully pass the PRAXIS. Failure to do so will result in termination of employment. Effective September 1, 2009, all paraprofessionals who are hired must have an associate's degree or must have passed the PRAXIS to be considered for employment.

Teacher aides, paraprofessionals and teacher assistants shall be initially employed on a probationary basis. The probationary period will not entitle the new employee to any employee benefits. An aide shall be considered a per diem employee with the employment terminating on the last day of their service. An aide may be terminated by the superintendent of schools upon same day notification.

An aide shall remain in a probationary period until formally appointed to a regular position after a (90) ninety day review. Their services as an aide shall remain temporary and be dependent upon continued program need, satisfactory performance and good attendance.

The board, within its financial means, may hire **paraprofessionals** as recommended by the superintendent.

It is the responsibility of the classroom teacher to plan for any teacher aide's **paraprofessional's** constructive involvement with the class. The primary benefit must be to the **students**. pupils. **Paraprofessionals** shall be under the supervision of the classroom teacher.

All **paraprofessionals** shall be required to comply with the provisions of the law regarding health and security checks.

Date: August 29, 1991

Revised: November 23 1999

Revised (First Reading): November 11, 2010

Revised (Second Reading): December 16, 2010

Legal References: N.J.S.A. 18A:6-7.1 through -7.5 Criminal history record; employee in regular contact with pupils; grounds for disqualification from employment

N.J.S.A. 18A:11-1 General mandatory powers and duties

N.J.S.A. 18A:16-2 through -5 Physical examinations; requirement ...

N.J.A.C. 6:8-4.3(a)6ii Evaluation of elements and standards (staff)er

N.J.A.C. 6:11-4.5 Paraprofessional approval

N.J.A.C. 6:29-2.3 Testing for tuberculosis infection

Immigration Reform and Control Act of 1986, 8 U.S.C.A. 1100 et seq.

Manual for the Evaluation of Local School Districts (P.T.M. No. 700.7, revised July 1988)

Cross References: 3541/3541.1 Transportation; routes and services

3542 Food service

4212.4 Health examinations

4215/4216 Supervision; evaluation

5131 Conduct

6162.4 Community resources

HASBROUCK HEIGHTS PUBLIC SCHOOLS SCHOOL HEALTH SERVICES

VISION REFERRAL FORM

Dear Parent/Guardian:

Student: _____ Grade: _____ Date: _____

Your child had failed a vision-screening test in school and an eye examination is recommended. Please have this form completed and returned so we can update your child's medical records.

Sincerely,
The Nursing Department
Hasbrouck Heights Public Schools

Left Eye _____ Right Eye _____ Both _____

DOCTOR TO COMPLETE

	Distance	Near	Distance	Near
Vision without correction	Left _____	_____	Right _____	_____
Vision with correction	Left _____	_____	Right _____	_____
Muscle Balance	_____			
Fusion depth	_____			
Eye disease or defects	_____			
Recommendations	_____			

Student needs glasses **NO** **YES** **NEAR VISION** **DISTANCE**

Physician's Signature

Date

Please print or stamp: Physician's Name
Address
Telephone Number

If you need financial assistances for vision testing or eye glasses, please call your school nurse.

**HASBROUCK HEIGHTS PUBLIC SCHOOLS
SCHOOL HEALTH SERVICES****HEARING REFERRAL**

Dear Parent / Guardian:

Name: _____ Class: _____

Your child did not pass the hearing screening, you are advised to take him/her to your family medical doctor for an ear examination. Please have this form filled out and return it back to the nurse's office, so we can update your child's medical records. (As per School Health Services Guidelines passing is at 20dB HL).

RIGHT EAR**LEFT EAR**

	500	1000	2000	3000	4000		500	1000	2000	3000	4000
PASS						PASS					
FAIL						FAIL					

Audio Findings: _____

Right Ear: _____

Left Ear: _____

Diagnosis: _____

Recommendations: _____

Audiometer used: _____

Physician's Signature_____
DatePrint/Stamp Physician's Name
Address
Telephone*If you need financial assistance for a hearing exam, please call your school nurse.*

HASBROUCK HEIGHTS BOARD OF EDUCATION
Hasbrouck Heights, New Jersey 07604 File Code: 5141.26
Exhibit

**HASBROUCK HEIGHTS PUBLIC SCHOOLS
SCHOOL HEALTH SERVICES**

DENTAL REFERRAL FORM

Student: _____ Class: _____ Date: _____

Dear Parent/Guardian:

As a result of a screening by the dentist, it is recommended that you take your child to the dentist. Please have this form completed and returned so we can update your child's medical records.

Sincerely,
The Nursing Department
Hasbrouck Heights Public Schools

Dental Visit Form

Student Name: _____ Class: _____

The above named student was seen in this office on _____

for a dental exam. His/her teeth are:

_____ In good health

_____ In need of further treatment

Physician's Signature
Please print or stamp: Physician's Name
Address
Telephone Number

Date

If you need financial assistance for a dental examination, please call your school nurse.

<u>ORGANIZATION</u>	<u>CONTACT</u>	<u>FACILITY REQUEST</u>	<u>DATE REQUESTED</u>
	December 2010 facilities		

[illegible]

Hasbrouck Heights Board of Education

Policies and Procedures

Student Activity Accounts

Deposits

All funds of any class, club or organization, activity, etc. or special group, shall be deposited with the school secretary at Euclid School, Lincoln School or the Faculty Treasurer at the Middle/High School. Until all funds are collected in full, the cash/checks shall be placed in a locked location at each school building.

1. Deposits must be accompanied with the Student Activity Fund Transaction Request (Form A).
2. All deposits must designate the class, club, activity, etc., to which credit should be given. Each secretary/treasurer shall prepare the bank deposit ticket, make photocopies of all checks and the bank deposit ticket, and submit to the Assistant to the Business Administrator by interoffice mail.
3. The Assistant to the Business Administrator will make all appropriate bookkeeping entries.
4. Each secretary/treasurer will deliver each deposit to the bank.

Withdrawals

All funds of any class, club or organization, activity, etc. or special group, shall be requested through the school secretary at Euclid School, Lincoln School and the Faculty Treasurer at the Middle/High School. All responsible parties will verify the requested information.

1. Requests for withdrawals must be accompanied by the Student Activity Fund Transaction Request (Form A).
2. All withdrawals must specify to whom the order is payable.
3. All withdrawals must specify the reason for the withdrawal and be accompanied by a receipt or bill showing the amount requested along with the signatures of the advisor/teacher.
4. After the request for withdrawal is submitted it must be signed by the school secretary/Faculty Treasurer at the individual school and the school principal.
5. Form A will then be submitted to the Assistant to the Business Administrator who will then verify information, prepare a check and either return the check to the designated secretary/treasurer at each school or mail to the vendor to which the check is made payable.

Whenever possible, club sponsors will determine costs in advance and pay by check from the Student Activity Fund. When this is not possible, and personal credit cards must be used, prior verbal approval by the Business Administrator/Assistant to the Business Administrator is required. **Such requests may not exceed \$500.00.** For all reimbursements for expenses charged to personal credit cards, an original receipt showing the charge to the credit card (i.e., receipt with VISA xxxx-xxxx-1234) will be required. If this is not available, a copy of the charge appearing on your bill will be required (Internet copies acceptable).

HASBROUCK HEIGHTS BOARD OF EDUCATION

STUDENT ACTIVITY FUND TRANSACTION REQUEST (Form A)

School Name _____ Date _____

Club Name: _____

Sponsor Printed Name and Signature: _____

Deposit

Currency Total \$ _____

Coin Total \$ _____

Check Total \$ _____ (Please make copies of checks and submit with cash receipt.)

Deposit Total \$ _____

Description: _____

Check Request

Disbursement Total \$ _____ (Please include invoice or receipt.)

Payable To: Name: _____

Address: _____

Description: _____

Mail Check? ☐ Return for Processing? ☐
(Choose One)

Faculty Treasurer Signature: _____

Principal Signature: _____

Central Office Signature: _____

Please hand deliver to the Business Office, 201-393-8142