



TOPSFIELD VOCATIONAL ACADEMY & STEP PROGRAM DISCIPLINARY POLICY 2018- 2019

SCHOOL RULES

Appropriate behavior, attitude and language are expected of all students attending TVA & STEP programs.

RULES

- 1) No drugs or alcohol in school. Do not come to school under the influence of substances.
- 2) No weapons, violence or threats of violence.
- 3) No destruction of property.
- 4) No stealing.
- 5) No leaving the school building without permission.
- 6) No using the phone without permission.
- 7) No smoking in the building or on school grounds.
- 8) No driving to school, being driven to school or being picked up from school without permission.
- 9) Appropriate attendance is required
- 10) Appropriate dress is required.

INTERVENTIONS

- 1) Group – Group is utilized as part of *reality therapy* process. Group is used to discuss various behaviors and attitudes, to discuss rules and encourage students in their understanding of school rules.
- 2) Time out – Time out is used when a student feels the need to distance him / herself from a certain situation to gain control. We do not have a “time-out” room. Students use a quiet area in the school when they require this intervention. The student is observable at all times, is directly observed by designated staff at least every 15 minutes. The time out room is documented in the student’s file, including date, reason for intervention and length of time, who approved procedure, and who directly observed the student every 15 minutes.

STUDENT EXPECTATIONS AND SOME TYPICAL STAFF RESPONSE,
Make an effort to notify parents of the situation and consequences prior to student's going home. The student should be informed of consequences prior to going home

- 1) Drugs – The individual should be separated from the community, notify principal first, call the police.
- 2) Threats – Determine if the threats are credible and notify parents of both students. Give therapeutic leaves for safety to the person making the threats.
- 3) Posturing should be looked at as intimidation and threats.
- 4) Theft – search the students, property must be returned or monetary compensation must be given, notify parents.
- 5) Staff will not allow students that are under 16 to leave school grounds under any circumstances. Students that are 16 years or older who choose to leave school grounds without permission will not be forcibly held back. Police will be called, there will be restrictions placed on the student which may include an inability to leave school grounds for activities.
- 6) NO electronic or CELL phones are allowed in school without staff permission. If violation continues, we ask parent that the phones stay home from this point on.

*The United States Supreme Court has ruled that though students retain the right of freedom of expression, schools **may establish dress code to protect the learning environment**. We expect students to dress appropriately for school.

- 1) Students **MAY NOT** wear clothing that is sexually suggestive or that features crude or vulgar messages, depicts drugs, tobacco, alcoholic beverages, racial / ethnic clubs or gang affiliation in words, pictures or colors.
- 2) Students **MAY NOT** wear head coverings including, but not limited to hoods, scarves, and bandanas, hats are permitted.
- 3) If wearing pants, slacks or jeans, they are to be worn at the waist with a belt if necessary, with no undergarments visible.
- 4) If wearing shorts, skirts or dresses, they are to reach at least mid-thigh when standing. They should have a finished hem, worn at the waist with a belt if necessary, with no under garments visible.
- 5) Shirts must cover the chest, back and shoulders (*no spaghetti straps*) and **MAY NOT** expose the midriff or show excessive armpit area.
- 6) Shoes must be worn at all times. Slippers are not acceptable shoes.
- 7) Students **MAY NOT** wear see-through clothing, spandex-type clothing, or attach chains to their clothing.
- 8) Dress code violations **MAY NOT** be covered up by wearing a jacket or other garment over the inappropriate item of clothing.
- 9) Pajamas are not acceptable clothing for school.



**Coordinated Intake Packet
Topsfield Vocational Academy & STEP Program
248 Boston Street
Topsfield, MA 01983
Tel 978-887-8881
Coordinated Intake Packet**

Absent/Tardy Call-In Procedure

Dear Parents/Guardians,

If your son/daughter is going to be absent or tardy, it is very important that you contact the school before the start of the school day.

Our daily work and class schedules are adjusted to reflect known absences, so messages left early are greatly appreciated. Please leave a message with your student's name and whether they will be absent or tardy. If tardy, an approximate arrival time is appreciated.

**All absent and tardy calls should be made to your student's
Program Secretary's phone or
email as soon as possible.**

Sue 978-887-8881 Extension 1521

smartini@nsedu.org

**You may text to 978-561-6293 (this is text only, no phone calls
can be made or accepted at this number)**

Please note, any student who has required a psychiatric evaluation, an emergency room visit, or has been placed in inpatient hospitalization must return to school with a signed discharge summary from the hospital/clinician providing treatment. The plan should include, in writing, any changes in medication, medical procedures, and any follow up plans with clinicians, therapists, and any other treatment procedures.

Thank you for your cooperation.



Coordinated Intake Packet

Dear Parents/Guardians,

All medical forms included in this packet are required by the Massachusetts Department of Public Health. **Your student may be excluded from school until the Emergency Medical Information Form is completed.** Please remember that it is vital for you to *notify the nursing office if any of the information changes during the school year, including medication changes even if the medication is not administered at school.*

A current physical (performed within the past year) is also required to be on file in the nursing office prior to, or by the first day of a student's enrollment at Topsfield Vocational Academy. Thereafter, physicals with immunization records are required every three years in grades 3, 7 and 10.

Immunization records are required by law to be on file in the nursing office prior to, or by the first day of a student's enrollment at Topsfield Vocational Academy. Students can be denied entrance to programs if record is not on file.

Please be aware that the **Over the Counter Medication Consent** form must be signed by a parent or guardian for the nurse to administer any of the over-the-counter medications listed.

Daily medications and treatments cannot be given at school without an updated medication order from the student's physician and a current physical. Please have your child's physician fill out, sign, and date the **Medication/Treatment Order Form**. Parents/Guardians must also sign form giving their permission for the school nurse or school personnel designated by the school nurse to administer or supervise their child in taking medications/treatments.

- Medication must be in a container with prescription labeled by the pharmacist with the student's name, date, medication name, dosage, and physician's name.
- Medication must be brought into school nurse by a parent/guardian, or responsible adult or alternative arrangements can be made by contacting the school nurse.
- Parents must notify the nurse of any changes or discontinuation of medication.
- Students carrying their own inhalers, enzyme supplements, glucose monitoring systems, insulin delivery systems, and/or EpiPens will demonstrate their ability to self-administer and sign a self-administration form. An extra supply of self-administered medication/glucose testing supplies should be kept in the nurse's office.

All forms should be sent to your student's program nurse. Do not hesitate to call the nurse, Paula Purcell at extension 1525, with any questions.



Topsfield Vocational Academy & STEP Program
248 Boston Street
Topsfield, MA 01983
Tel 978-887-8881

Coordinated Intake Packet

Student Information

Last Name _____ First Name _____ Middle Initial _____

Date of Birth _____ Place of Birth _____

Child's Physical _____

Address _____ Town/City _____ State MA Zip _____

Child's Legal _____

Address _____ Town/City _____ State _____ Zip _____

Email of Legal Guardian _____

Primary Phone(1st) _____ cell ___ home ___ work ___

Phone(2nd) _____ cell ___ home ___ work ___

Phone(3rd) _____ cell ___ home ___ work ___

Gender ___ Male ___ Female Grade Level _____ Primary Language _____

Is the child in DCF custody? ___ Yes ___ No

Military Family Member? ___ Yes ___ No

Race and Ethnicity

Is child Hispanic or Latino?

___ Yes, Hispanic or Latino ___ No, not Hispanic or Latino

What is child's race? (choose one or more)

___ American Indian/Alaska Native ___ White

___ Black or African American ___ Unknown/Other (explain)

___ Asian _____

___ Native Hawaiian/other Pacific Islander



Coordinated Intake Packet

Student's Name: _____ **Date of Birth** _____

Parent/Guardian

Name _____ Relationship _____

Address _____ Town/City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Place of Employment _____ Work Phone _____

Does the above individual have legal custody of the student? ____ Yes ____ No

Does the above individual have physical custody of the student? ____ Yes ____ No

Primary Language _____ Secondary Language _____

Parent/Guardian

Name _____ Relationship _____

Address _____ Town/City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Place of Employment _____ Work Phone _____

Does the above individual have legal custody of the student? ____ Yes ____ No

Does the above individual have physical custody of the student? ____ Yes ____ No

Primary Language _____ Secondary Language _____



Coordinated Intake Packet

Student's Name: _____ **Date of Birth** _____

Parent/Guardian

Name _____ Relationship _____

Address _____ Town/City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Place of Employment _____ Work Phone _____

Does the above individual have legal custody of the student? ____ Yes ____ No

Does the above individual have physical custody of the student? ____ Yes ____ No

Primary Language _____ Secondary Language _____

If legal guardians are living apart should school information be sent to all parties? ____ Yes ____ No

Is there a guardian alert? ____ Yes ____ No When does Alert expire? _____

Are other children in your family attending Northshore Education Consortium? ____ Yes ____ No

Siblings Names and ages who are attending Northshore Education Consortium

Are there any current restraining orders preventing contact with the student? ____ Yes ____ No

In order to ensure compliance with current court orders, we request a copy of the active restraining order be attached to this form and submitted at the time of enrollment. We require current updates as needed.

Education

Current School District _____ School District Contact _____

Phone Number _____ Grade most recently completed _____

Previous school districts in past 5 years _____



Coordinated Intake Packet

Student's Name: _____ **Date of Birth** _____

Other Contacts	Name	Office/Court Location	Phone Number	Involved Since
Guardian Ad Litem				
Attorney				
Department of Children and Family				
Department of Mental Health				
Department of Youth Services				
Department of Developmental Services				
Probation				

Other Contacts	Name	Agency	Phone Number	Involved Since
Psychiatrist				
Therapist				
Community Service Agency				
Other Community Resources				



Coordinated Intake Packet

Student's Name: _____ **Date of Birth** _____

Name of Legal Guardian _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Please provide at least three additional adults who can be called in case of an emergency and we are unable to contact the child's guardian.

Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Name _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Name of Insurance Company _____

Contact Number (on back of card) _____

Policy/Identification Number _____

Physicians Name _____ Phone _____

Dental Provider _____ Phone _____

Other Medical Provider _____ Phone _____

Signature of Legal Guardian _____ Date _____



Coordinated Intake Packet

Student's Name: _____ **Date of Birth** _____

Medical Information:

Please list all the child's allergies (food, seasonal, animals, medication, etc. If the child does not have allergies, please write "None")

Please list all of the child's medical problems or medical considerations (If the child does not have any medical problems, please write "None")

Does the student wear glasses? ____Yes ____No

Does the student wear a hearing aid? ____Yes ____No

Medical Alerts _____ **Medical Alert Expires** _____

Authorization: In the event of an emergency, I hereby authorize the Northshore Education Consortium or any physician or qualified person designated by the aforesaid parties to perform whatever interventions may be necessary for the preservation of life, limb, or health of the above named party. I also authorize Northshore Education Consortium, if necessary, to transport the above name party by ambulance to a medical facility for emergency medical treatment.

Signature of Legal Guardian _____ Date _____



Coordinated Intake Packet

Student's Name: _____ **Date of Birth** _____

Request for Release of Medical Records

Primary Care Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Other Specialists: _____ Phone: _____

Other Specialists: _____ Phone: _____

Does the student receive therapy, counseling or psychological services? Yes _____ No _____

If yes, name of provider: _____ Phone: _____

I hereby give permission with any of the providers listed above to exchange information/release medical information to Topsfield Vocational Academy and/or STEP Program for professional use.

Student Name: _____ Date of Birth _____

Signature of Parent/Guardian: _____ Date: _____



Coordinated Intake Packet

Student's Name: _____ Date of Birth _____

Over the Counter Medication Consent

- Mark this **ALL** box if you give permission for a school nurse or other appropriate trained individuals to administer to your child, according to established protocols, **ALL** of the following over-the-counter medications.

OR

- Mark this box and applicable boxes below if you only give permission for the following **selected** OTC medications (marked with an X) to be administered to your child.
- Acetaminophen (Tylenol) – dose according to child's weight.
 - Anti-Itch Lotion (Calamine Lotion) – as needed to relieve pain and itching associated with rashes due to poison ivy, poison oak or poison sumac; insect bites, minor skin irritations.
 - Bacitracin Ointment – topical ointment as need for minor cuts, scrapes.
 - Cough Drop – temporary relief of cough, lubricate and soothe sore throat.
 - Diphenhydramine HCL (Benadryl) – oral antihistamine as needed or the temporary relief of symptoms due to hay fever or other respiratory allergies; runny nose, sneezing, itchy, watery eyes, itching of the nose or throat. Also used to treat hives.
 - Ibuprofen (Advil) – dose according to child's weight for minor aches, pains, menstrual cramps, and headache.
 - Tums or other calcium carbonate antacid product – as needed for temporary relief of acid indigestion, heart burn or sour stomach.

To the best of my knowledge, my child has no allergy/sensitivity to any of the above medications I have marked for school use.

Consent must be renewed each academic year.

Signature of Legal Guardian _____ Date _____



Coordinated Intake Packet

Medication & Treatment Order Form School Year 2018-2019

Physician: Please complete this form if the below named student must take prescribed medication during school hours and it cannot be given at home.

Student's Name: _____ **Date of Birth** _____

Diagnosis: _____ **Allergies:** _____

MEDICATIONS/TREATMENTS TO BE GIVEN DURING SCHOOL HOURS

Start/Stop Date	Medication & Dose/Treatment	Route & Frequency	Treatment Purpose	Special instructions (Including parameters for vital sign monitoring, if needed)	Possible Side Effects

Unless indicated by Physician, above medications may be administered by trained staff.

MEDICATIONS/TREATMENTS BEING TAKEN BY STUDENT AT HOME

Medication & Dose	Route & Frequency	Treatment Purpose	Prescribed by

Physician Name (*print*): _____ Address: _____

Physician Phone #: _____

Physician Signature: _____ Date: _____

****Please note: This form will expire one year from date signed. Please inform Nursing Department of any changes***

Parent/Guardian: I, the undersigned, give permission to the school nurse or school personnel designated by the school nurse to administer to or supervise my child in taking the above medications/treatments. I give permission to the school nurse to share with appropriate school personnel information relative to the prescribed medicine administration (e.g. adverse side effects) as he/she determines necessary for my child's health and safety.

Signature of Legal Guardian _____ Date _____

**Coordinated Intake Packet**

Student's Name: _____ **Date of Birth** _____

Authorization for Testing

I hereby grant permission for my son/daughter _____
to participate in academic and vocational testing administered by Northshore Education Consortium
staff in order to determine current levels of performance.

Signature of Legal Guardian _____ Date _____



Coordinated Intake Packet

Student's Name: _____ **Date of Birth** _____

Photo/Digital Image Release Form

In order to celebrate our success and promote our school program, we often take pictures of students that we would like to share within our school or with the larger community.

We would like your permission to photograph or record your child under the following conditions:

1. Internal Use: These pictures would only be used within our school program, for bulletin board displays, special events, etc.
2. External Use; NEC Website, Facebook Page, Newsletter, Brochure, Professional Development Presentation or Local Media. These pictures would capture positive experiences to share with the broader community. No name or identifying data would be used unless we ask your permission explicitly. NEC will never knowingly release images to social media sites over which we have no control.

I give permission for images to appear in the following:

In-school displays, yearbooks, or other internal publications _____ Yes _____ No

NEC website, NEC-controlled Facebook Page, NEC/TVA & STEP newsletter _____ Yes _____ No

Local Media _____ Yes _____ No

I understand that this consent is valid for one school year unless I withdraw it in writing.

Signature of Legal Guardian _____ Date _____



Coordinated Intake Packet

Student's Name: _____ **Date of Birth** _____

Recreation and Athletic Activities Consent and Release Form

I, as the legal guardian of the above named minor, do hereby consent to his/her participation in voluntary athletic or recreation programs of the Northshore Education Consortium.

I agree to forever release Northshore Education Consortium and all employees, agents, board members, volunteers, and any and all individuals and organizations assisting or participating in voluntary recreation or athletic programs of the Northshore Education Consortium from any and all claims, rights of action, and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly from personal injuries to my child or property damage resulting from my child's participation in the Northshore Education Consortium voluntary recreation or athletic programs.

I further affirm that I have read the Consent and Release Form and that I understand the contents of this form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in the Northshore Education Consortium recreation and athletic programs with full knowledge that the releases will not be liable to anyone for personal injuries and/or property damage my child may suffer in voluntary Northshore Education Consortium recreation or athletic programs.

I give my child permission to participate in voluntary recreation & athletic activities ___ Yes ___ No

Signature of Legal Guardian _____ Date _____



Coordinated Intake Packet

Student's Name: _____ **Date of Birth** _____

Authorization of Transportation & Notification of Early Dismissal Procedure

Children enrolled at Northshore Education Consortium have the opportunity throughout the course of the year to participate in a variety of community based educational and recreational activities. In order for your child to participate, we need your authorization.

Please read each of the options below and select "Yes" or "No" for each option. If you would like to indicate additional restrictions on your authorization, please use the space provided.

Walking trips _____ Yes _____ No Restrictions _____

Bus/Van trips _____ Yes _____ No Restrictions _____

A faculty or staff member's vehicle in the case of a non-life threatening emergency?

_____ Yes _____ No Restrictions _____

All students under the age of 18 must take their assigned transportation from school unless a signed permission slip from the legal guardian has been provided to the school by the day of said dismissal. Any student who takes alternative transportation without permission may be subject to disciplinary action.

Any student being dismissed early from school must have written permission from their legal guardian. The permission must indicate the time and date of the dismissal, the name and relationship of the person picking the child up from school if other than the legal guardian, and the reason for the dismissal. Anyone picking a child up from the school must report to the office and show valid picture identification at the time of the dismissal.

Signature of Legal Guardian _____ Date _____



Coordinated Intake Packet

Student's Name: _____ **Date of Birth** _____

Internet Acceptable Use Guidelines

While the child is a student at the Northshore Education Consortium, they may have the opportunity to use the internet. The following is an overview of our guidelines for the acceptable and appropriate use of that technology.

1. All guardians and students should be advised that no communication over the internet are guaranteed to be private. Internet use is monitored and illegal activities may be reported to authorities.
2. The use of the internet during school hours must be in support of the educational objectives of the child's academic program.
3. The internet is an open system that contains material that many people may find offensive. It is possible to encounter pictures or texts that are objectionable. We ask for your assistance in developing responsible student attitudes and behaviors toward using and self-monitoring the use of this tool.
4. Students may only use the internet under the supervision of a member of the staff. However, it is impossible to monitor a student every moment, we ask guardians to assist us in helping their child understand how to be a responsible user of this tool.
5. While the benefits of the internet are enormous, we seek to teach the students that there is no guarantee that information they obtain is accurate. Users must use good judgment in determining the reliability of content gathered from this source.
6. The use of the internet at the Northshore Education Consortium is a privilege and not a right. Inappropriate use of the internet will result in a loss of this privilege.

Students are expected to follow the guidelines stated below in addition to the rules of the specific classroom in which they are using the internet as well as those expressed by the staff member supervising the child's use of internet.

User Guidelines

1. A student must have a signed permission slip on file in order for them to use the internet at school.
2. Use of the internet during school time must be in support of the child's education program.
3. Student may not post any personal information without permission of a staff member.
4. Students are prohibited from using the internet to access or process pornographic material, inappropriate text files, information that advocates illegal acts or information that lacks any educational value.



Coordinated Intake Packet

Student's Name: _____ **Date of Birth** _____

User Guidelines Continued

5. Student must immediately tell a teacher or staff member about any material that is not appropriate or makes the student uncomfortable.
6. Student, be advised that no communications over the internet are guaranteed to be private. Internet use is monitored and illegal activities may be reported to authorities.
7. Plagiarism, the taking of material created by others and presenting it as if it were one's own is not acceptable and may be subject to disciplinary actions.
8. Students may not use the internet for commercial purposes, product advertisement or political lobbying. Products or services may not be purchased or offered. The student and his/her guardian(s) will be responsible for any liabilities stemming from such an unauthorized use of the internet.
9. Students may not use the internet for any illegal purposes or for the support of illegal activities.
10. Student use of the internet must not serve to disrupt its use by other individuals or connecting networks.
11. Student passwords should be treated as confidential. All passwords must be protected by the user and not shared or displayed. Individual users shall, at all times, be responsible for the proper use of accounts issued in their name.
12. Students who violate these guidelines, associated policies and/or administrative procedures will be subject to the termination of system privileges and will be subject to appropriate disciplinary action and/or prosecution.

Please sign below to indicate that you have read and understood this document and have reviewed the expectations for internet use with your child.

Signature of Student _____ Date _____

Signature of Legal Guardian _____ Date _____

**Coordinated Intake Packet**

Student's Name: _____ **Date of Birth** _____

Student's Handbook Signature Page

I have read and understand all the information provided in the Northshore Education Consortium's Handbook.

<https://www.nsedu.org/wp-content/uploads/2014/08/TOPSFIELD-Handbook-2017-18.pdf>

Signature of Student _____ Date _____

Signature of Legal Guardian _____ Date _____