

Acknowledgment Forms Section – Requiring Signatures

Annual Notification Regarding School Provided or Sponsored Mental Health Services

Mental Health Services

The school system provides or sponsors the following mental health services.

1. **Large group guidance** - includes school counselor or professional visiting the classroom to discuss topics such as bullying, class scheduling, stress management, test anxiety or guest speakers to discuss good choices, substance abuse prevention, etc.
2. **Small group guidance** - includes small group of students with school counselor or professional to discuss topics such as test anxiety, grief, healthy coping skills, etc.
3. **Mentoring** - Peer Helpers work with students in school on topics such as friendships, healthy relationships, anger management, and anxiety.
4. **Assessments or Surveys** - includes questionnaires provided to students related to social behaviors, feelings, etc.
5. **Crisis intervention** - short-term, immediate assistance by school counselor or professional for a specific situation.
6. **School-Based Mental Health** - On-going counseling services by school professionals or private practitioners in the school setting. **Note:** Parent or legal guardian's permission will be obtained during an intake meeting before services are provided.

Review of Materials

You may request to review any materials used in the guidance and counseling programs available to students by contacting the student's principal.

Information Regarding How to Allow, Limit, or Prevent Your Child's Participation in Mental Health Services

Under Alabama law, no student under the age of fourteen may participate in ongoing school counseling services including, but not limited to, mental health services, unless (1) the student's parent or legal guardian has submitted a written opt-in granting permission for the student to participate or (2) there is an imminent threat to the health of the student or others.

Therefore, if your child is under fourteen, they will only be allowed to participate in mental health services if you opt-in. **If you would like the school system to be able to offer and/or provide mental health services to your child, you must opt-in for each service listed for them to participate in that service.**

Even if you do not opt-in to mental health services, your child may be provided mental health services if there is an imminent threat to their health or others. School employees may determine in their discretion whether such an imminent threat exists and provide any mental health services they deem necessary under the circumstances.

Parent of students with disabilities: Please note that the opt-in process is not applicable to any school counseling services or "mental health services" contained in a student's IEP or §504 plan. Consent for those services will be obtained and information regarding your child's mental health services will be provided through the usual special education process.

OPT-IN FOR MENTAL HEALTH SERVICES

As of the date of my signature below, my child, _____, is under the age of 14 years old:

- Yes
 No

If No, stop here.

If Yes, continue below.

I hereby give my permission for my child to participate in the following mental health services:

[Check the box for each mental health service you want to be available to your child]

- Check this one box to include all services listed below** or check individual services.
- Large group guidance** - includes school counselor or professional visiting the classroom to discuss topics such as bullying, class scheduling, stress management, test anxiety or guest speakers to discuss good choices, substance abuse prevention, etc.
- Small group guidance** - includes small group of students with school counselor or professional to discuss topics such as test anxiety, grief, healthy coping skills, etc.
- Mentoring** - Peer Helpers work with students in school on topics such as friendships, healthy relationships, anger management, and anxiety.
- Assessments/Surveys** – includes questionnaires provided to students related to social behaviors, feelings, etc.
- Crisis intervention** - short-term, immediate assistance by school counselor or professional for a specific situation.
- School-Based Mental Health** - On-going counseling services by school professionals or private practitioners in the school setting. **Note:** Parent or legal guardian's permission will be obtained during an intake meeting before services are provided.

You may rescind permission for a student to participate in mental health services at any time by providing written notice to school administration

Parent/Guardian Name (Printed)

Parent/Guardian Name (Signature)

Date: _____

Little Ridge Intermediate School

This School-Parent Compact is in effect during the school year: 2022-23

School Responsibilities:

Little Ridge Intermediate School will:

- 1. Provide high-quality curriculum and instruction in a supportive and effective learning environment that enables the participating children to meet the state's student academic achievement standards as follows:**
 - Alabama Reading Initiative Reading Strategies, Reading Coach and Reading Intervention Specialists
 - Open Court Reading curriculum with Multi-Sensory Explicit Phonics Instruction and iReady Reading individualized online instructional program
 - Three-tiered Reading and Math Instruction and Intervention
 - Alabama Math, Science, and Technology Initiative and Effective Teaching Practices, Math Coach, and Math Interventionist
 - Ready Classroom Math curriculum with iReady Math individualized online instructional program
 - One-on-one technology initiative
- 2. Hold parent-teacher conferences during which this Compact will be discussed as it relates to the individual child's achievement.**
 - Parent Orientation/ Open House
 - Parent Involvement/Title 1 Program Meeting
 - Fall and Spring Parent/Teacher Conference Days
 - Conferences are scheduled throughout the year as requested by parent and/or teacher
- 3. Provide parents with frequent reports on their child's progress.**
 - Learning Management Systems (LMS): Class Dojo, See Saw, Schoology, and Remind communication systems for student/parent/teacher
 - PowerSchool software includes current grades, midterm grades, comprehensive progress and nine weeks information
 - Blackboard Mobile Communication APP and PowerSchool APP
 - Parents will receive periodic/weekly progress reports through the daily/weekly folders and interpreters/translation available for EL population
- 4. Provide parents reasonable access to staff.**
 - Little Ridge Intermediate School Website/ Email exchange
 - Phone calls – messages will be taken for teachers to return call during planning or after school
 - Interpreters available for EL population
 - Conferences as requested and scheduled by appointment
 - Parental Engagement/Title I Meeting; Conferences; Open Houses
- 5. Provide parents opportunities to volunteer and participate in their child's class and to observe classroom activities, as follows:**
 - Volunteer to assist with special events/activities such as: Book Fair, Field Day Events, Read Across America events, Reading and Math Nights, PTO events, Teacher Appreciation Activities, etc.
 - Volunteer to assist teacher in preparing materials for class activities
- 6. Ensure regular two-way, meaningful communication between family members and school staff and, to the extent practicable, in a language that family members can understand.**
 - Interpret communication in native languages and provide translators at each school

Parent Responsibilities:

We, as parents, will support our child's learning in the following ways:

- Ensure good attendance including minimal to zero tardies and check-outs
- Work with the school to encourage positive behavior and accepting responsibility for actions
- Ensure student gets appropriate amount of sleep with established bedtime routine
- Establish a time that homework is completed daily
- Read with my child 30 minutes per day and study math facts 15 minutes per day
- Attend parent meetings and parent-teacher conferences
- Participate in parent activities such as Title I sponsored events
- Check LMS site to monitor my child's progress
- Review classroom notebook/ folders daily
- Monitor the amount of video games/internet access/ television that my child watches each day
- Serve to the extent possible as a parent leader, School Advisory Council member, Federal Programs Advisory committee member, and any other school advisory or policy group

Student Responsibilities:

I, as a student will share the responsibility to improve my academic achievement and achieve the state's high standards. Specifically, I will:

- Read 30 minutes daily and study math facts 15 minutes per day with my parents
- Behave in a manner that exhibits good citizenship, responsibility and character
- Take responsibility for completing all classroom assignments and homework every day and ask for help when needed
- Give my parents all notices and communications from school each day

SCHOOL-PARENT COMPACT

Little Ridge Intermediate School, and the parents of the students participating in activities, services, and programs funded by Title I, Part A of the Every Student Succeeds Act of 2015 (ESSA), agree that this compact outlines how the parents, the entire school staff, and the students will share the responsibility for improved student academic achievement and the means by which the school and parents will build and develop a partnership that will help children achieve the state's high standards.

Principal Signature & Date

Parent Signature & Date

Student Signature & Date

Fort Payne City School Student Code of Conduct and Student Handbook
Acknowledgement Form

Homeroom Teacher _____

I, _____, (name of student) enrolled in Fort Payne City
Schools
and my parent(s)/guardian(s) hereby acknowledge by our signatures that we have received and
read or had read to us, the foregoing Code of Conduct and Student Handbook.

Print _____
Student

Signed _____
Parent/Guardian

Signed _____
Parent/Guardian

Date _____

Note: The student is to sign the above statement. If the student lives with both parents, both parents are to sign the statement. If the student lives with only one parent or guardian, only one is required to sign with the student.

I give permission for my child to be photographed, videotaped, or named in newspaper articles, journals, video presentations, etc., which involve school related events and/or activities.

_____ Yes _____ No

Signed _____
Parent/Guardian

I agree to adhere to the rules regarding the cell phone and electronic device policy.

_____ Yes _____ No

Signed _____
Student

Date _____

Student Acceptable Use Policy for Internet/Network Services

I have read the Student Acceptable Use Policy for Internet/Network Services and agree to abide by the provisions contained within the document. I understand that I can be disciplined if I violate the Student Acceptable Use Policy for Internet/Network Services. Such discipline may consist of the revocation of Internet/network access up to and including suspension, expulsion and/or legal action based on the seriousness of the violation.

Name (Print) _____

Signature _____

School _____ Signature of Parent/Guardian _____

Date _____

Internet/Email Usage _____ Yes _____ No

****By choosing No your child will be excluded from Internet/Email resources even if these activities are an integral part of the educational activities being pursued at the school.***

****Please have the student return it to the homeroom teacher**

COPPA and Online Resources Agreement

The Children's Online Privacy Protection Act (COPPA) requires websites to gain parent permission for users under the age of 13 and/or 18 before creating individual online accounts. Many educational sites used by Fort Payne City Schools require student accounts and, thus, parental permission. To view the "FPCS Approved Online Tools and Resources" list, go to the **Parent Information Section** on the District website.

I give permission for the school system to upload the basic directory information of my child in order to create an account on these educational websites.

_____ Yes _____ No

Student's Name (print) _____ Parent/Guardian Signature _____

Date _____

Video Conferencing Call Permissions

I give permission for my child to participate in group (class/school) video conference calls while in class/school during the 2022-2023 school year. I understand that this is for instructional purposes only, and that my child's teacher or school administrator will be leading the session. Students will be visible to other participants in the video call. Students will be able to ask/answer questions during the video call.

_____ Yes _____ No

Student's Name (print) _____ Parent/Guardian Signature _____

Date _____