

MINNICK SCHOOLS



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Wytheville: 425 Grayson Rd., Building 6, Wytheville, VA 24308 • Phone (276) 228 – 8088 • Fax (276) 228 – 9087

Thank you for your interest in Minnick Schools. To complete the application process, please provide the following information and note that we cannot enroll a student until all applicable components have been submitted:

- Completed Minnick Application Packet
- Signed FAPT release listing Minnick Schools
- Most recent eligibility components to include minutes
- Current IEP
- CANS Assessment (Child and Adolescent Needs and Strengths)
- Immunization Record
- Functional Behavioral Assessment, Behavior Intervention Plan, or other behavioral documentation
- Most recent physical
- SOL score records
- Other standardized testing records
- Transcript and/or grade reports
- Most recent report card (please include grade summary if student is admitted mid-grading period)
- Transcript analysis signed by guidance counselor indicating courses taken and coursework needed to graduate (including verified credit analysis)

Please coordinate times for the parents/guardians to visit the school and meet with the staff during the admissions procedure. We require that the student also attend the visit. If it is not appropriate for the student to attend the initial visit, we will schedule a visit for the student prior to the enrollment date. Please contact me if you have any questions or require clarification.

A handwritten signature in black ink, appearing to read 'Ashley Wittl-Osborne'.

Ashley Wittl-Osborne
Director of Educational Services
awittl@enCircleAll.org

PUBLIC SCHOOL REFERRAL TO MINNICK SCHOOLS

Minnick School Location: _____

Date of Referral: _____

Student's Full Name: _____ Race/Ethnicity: _____

Birth Date: _____ Birthplace: _____

Referring School System: _____

Director of Special Education: _____

Address: _____

Telephone Number: _____

Parent/Legal Guardian: _____ Occupation/Employer: _____

Address: _____

Home Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____ Email Address: _____

Parent/Legal Guardian: _____ Occupation/Employer: _____

Address: _____

Home Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____ Email Address: _____



PUBLIC SCHOOL REFERRAL TO MINNICK SCHOOLS

School Student Currently Attending: _____

Assigned Public School (if different from above): _____

State Testing Identifier: _____

Primary Disability: _____

Current Grade Level (as of referral date): _____

Reason for Referral: _____

School Contact Person(s)

Please list the case manager and any other school personnel that will need to receive student updates. Include title, address, phone, and other contact information for each.

Name: _____ Title: _____

Address: _____

Phone Number: _____ Email Address: _____

Name: _____ Title: _____

Address: _____

Phone Number: _____ Email Address: _____

Name: _____ Title: _____

Address: _____

Phone Number: _____ Email Address: _____



ACADEMIC YEAR 2023 – 2024

STUDENT DATA FOR INITIAL AND ANNUAL ENROLLMENT

Date: _____ Grade Level for the 23-24 School Year: _____

Student Name: _____
first middle last

Date of Birth: _____ Place of Birth: _____

Sex assigned at birth: Male Female

Gender Identity (if different than sex assigned at birth): _____

Address: _____

Parent/Guardian Name: _____

Address: _____

Primary Phone Number: _____ cell home work

Secondary Phone Number: _____ cell home work

Email address: _____

Employer: _____

Parent/Guardian Name: _____

Address: _____

Primary Phone Number: _____ cell home work

Secondary Phone Number: _____ cell home work

Email address: _____

Employer: _____

Child is in custody of: Both Mother Father Other _____

Emergency Contacts (must be able to pick student up from school):

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Student Name: _____ Date of Birth: _____

Physician's Name: _____ Physician's Phone #: _____

Preferred Hospital: _____

PAST AND PRESENT HISTORY – STUDENT HEALTH CONDITIONS *(please check and explain below)*

- | | | |
|--|---|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Colostomy | <input type="checkbox"/> Migraine Headaches |
| <input type="checkbox"/> Allergies (please describe below) | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Muscular Dystrophy |
| <input type="checkbox"/> Food Allergies | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Orthopedic disorders |
| <input type="checkbox"/> Bee sting allergies | <input type="checkbox"/> Ear problem/hearing | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Eczema | <input type="checkbox"/> Sickle-cell anemia |
| <input type="checkbox"/> Bleeding disorder/hemophilia | <input type="checkbox"/> Emotional disorders | <input type="checkbox"/> Spina bifida |
| <input type="checkbox"/> Blood pressure disorder | <input type="checkbox"/> Feeding tube/ G tube | <input type="checkbox"/> Stomach spasms/ulcers |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Headaches | <input type="checkbox"/> Thyroid condition |
| <input type="checkbox"/> Catheterization | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Tracheostomy |
| <input type="checkbox"/> Cerebral palsy | <input type="checkbox"/> Hyperventilates | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Cochlear implant | <input type="checkbox"/> Menstrual Disorders | <input type="checkbox"/> Neurological disorders |
| <input type="checkbox"/> Other: (please describe) | | |

HEALTH CONCERNS *(Please explain any conditions indicated above)*

ALLERGIES: List known allergies to food, environment, medication, or other. Describe reaction and treatment.
****If student has allergies, please provide medical documentation so an appropriate health care plan can be written for your student.***

MEDICATIONS: All medication to be administered during the school day must be provided to the designated medication management personnel by the parent/guardian. Written parent permission and doctor's order is required before medication will be administered at school. See the Minnick Schools handbook for further information.

Is your child currently taking any routine medications (prescription and over-the-counter) at home or at school?

Yes (please list below) No

Name of Drug	Dosage	How Often	School or Home

**Please inform the school of any changes to your child's medications.*

Parent/Guardian Signature: _____ Date: _____

STUDENT NAME: _____ **DATE OF BIRTH:** _____**PLEASE CHECK THE BOXES AND SIGN AT THE BOTTOM OF THE FORM INDICATING THAT YOU UNDERSTAND EACH OF THE FOLLOWING:** The information provided on the Health Information Sheet is correct to the best of my knowledge. I give permission for the school to contact my child's physician when necessary. **Yes** **No** All medication (over the counter and prescribed) must be provided by the parent and must have written permission before any medication may be administered. Keep your child home if he/she has any of the following symptoms:

- A) a temperature greater than 100°
- B) vomiting
- C) diarrhea
- D) rash with fever
- E) appears severely ill

 Please call the school if your child will be absent due to illness or injury. Update the school of any changes to your child's medications. Keep school immunization records up to date. If your child receives immunizations after initial enrollment in the school, please give a copy to the school.**Parent/Guardian Signature:** _____ **Date:** _____

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

Parent/Guardian Name: _____

I hereby give any paid staff and/or designated volunteer of Minnick Schools bearing this notification, full permission to seek the services and carry out the recommendations of medical, dental, and/or psychological/psychiatric professionals to provide on-going medical, dental, psychiatric needs pertaining to my child. It is understood that in the case of a crisis or emergency when immediate care is necessary, the parent/guardian of the above-named student will be notified immediately. However, in the event all efforts to contact the parent/guardian have proven unsuccessful, I further authorize enCircle – Minnick Schools to seek immediate medical, dental, or mental health care. I understand this care will not include any surgical procedure or any experimental procedure without written informed consent.

Parent/Guardian Signature: _____ **Date:** _____

Student Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

 I give permission I do not give permission

to the staff of Minnick Schools to administer Acetaminophen (Tylenol) to my child, according to the dosage and frequency recommended by the manufacturer of this non-prescription medication. I further understand that I will be notified of the administration of the non-prescription medication via telephone and documentation on my child's daily behavior sheet.

Parent/Guardian Signature: _____ Date: _____

ACADEMIC YEAR 2023 – 2024

PARENT/PHYSICIAN CONSENT FORM FOR THE ADMINISTRATION OF MEDICATION

POLICY STATEMENT: No student is permitted to have in their possession either prescription or non-prescription medication. Non-prescription medication will not be administered without written permission from a physician. When a youth must take medication, whenever possible, it should be administered before or after school hours. However, when it is necessary for a student to take prescription or non-prescription medication during school hours, specially trained staff will administer medication(s) if a completed administration of medication form is on file at the school. If a youth is taking more than one medication, additional forms must be completed for each medication.

Student Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Medication Name: _____

Description of Medication (color, capsule, tablet, or liquid, dosage): _____

Time to be given: _____ Amount to be given: _____

Date to be given: (beginning) _____ (ending) _____

Reason for giving medication: _____

Please note: Prescribed medication must be in the pharmacy issued container with the name of the prescription, the dosage, and the means of administration, etc. printed clearly on the label. Non-prescription medications must be in the original package with directions clearly indicated. Please do not send medications in any other type of container.

Additional comments or instructions:

Signature of Parent/Guardian: _____ Date: _____

Physician's Signature: _____ Date: _____

Physician's Name: _____

Address: _____

Telephone Number: _____

Student's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Relationship: _____

Phone Number: _____

Presenting Behaviors (please check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Threatened to run away | <input type="checkbox"/> Past runaway - # of times _____ | |
| <input type="checkbox"/> Skipping school | <input type="checkbox"/> Threatened suicide | <input type="checkbox"/> Attempted suicide |
| <input type="checkbox"/> Currently suicidal | <input type="checkbox"/> Family conflicts | <input type="checkbox"/> Substance abuse |
| <input type="checkbox"/> Anger problems | <input type="checkbox"/> Depressed mood | <input type="checkbox"/> Grief or loss |
| <input type="checkbox"/> Lying | <input type="checkbox"/> Negative attitude | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Sexual Abuse | <input type="checkbox"/> Physical abuse | <input type="checkbox"/> Family Substance Abuse |
| <input type="checkbox"/> Exposed to traumatic event - Specify: _____ | | |

ADDITIONAL INFORMATION/CONCERNS:

I give my permission for my child to participate in student support services at school. I understand that the information shared in individual and group sessions will remain confidential. As mandated reporters, Minnick Schools is required to report any information which indicates abuse or neglect of a child or adult and any information regarding suicidal or homicidal behaviors to the appropriate person or agency. I understand that I can contact the school at any time regarding the services provided to my child or request additional services. I understand I may withdraw this consent to participate in individual or group sessions at any time.

Parent/Guardian Signature: _____ Date: _____

Student Name: _____ Date of Birth: _____

My child has permission to be transported by enCircle – Minnick Schools vehicles and/or staff personal vehicles. I understand off campus activities may include educational or recreation field trips as well as earned special activities. I further understand my child may be transported home or to an agreed upon supervised destination because of illness, injury, or serious disciplinary action.

Parent/Guardian Signature: _____ Date: _____

Student Name: _____**Date of Birth:** _____**Parent/Guardian Name:** _____

My signature below verifies:

- A. I have read or have read to me the Parent/Student Handbook.
- B. I have had an opportunity to ask questions regarding the Parent/Student Handbook and these questions have been answered to my satisfaction.
- C. I understand my rights as a parent/student at Minnick Schools.
- D. I understand staff will maintain confidentiality unless information conveys the potential for self-harm, harm to others, or any type of physical, sexual, or emotional abuse.
- E. I understand the staff of Minnick Schools have a legal obligation to report all incidents of physical, sexual, or emotional abuse to the proper authorities.
- F. I agree to support the behavior management procedures at Minnick by being an active participant in on-going communications with Minnick via school daily behavior reports, weekly teacher communications, parent/teacher conferences, student support meetings, IEP meetings, triennial reviews, and by supporting the consistency of my child's program while he/she is at home.
- G. I accept responsibility for the financial obligations incurred by my child through his/her vandalism or excessive destruction of school property. I understand these charges will be billed separately and are not part of the regular financial terms.
- H. I understand that regardless of the reason for the absences, Minnick staff will report absences to the assigned public-school division. I understand that if my child is absent from school 15 days in a row, he/she will be discharged from the program on the 16th day.

By initialing the following statement, I give my permission for:

Yes _____ No _____ My child to be photographed for educational purposes.

Yes _____ No _____ My child to participate in the behavior management system as described in the Parent/Student Handbook – including the use of Safety-Care and/or time-out.

Signature of Student_____
Date_____
Signature of Parent/Guardian_____
Date

Consent for the Release/Exchange of Information

In addition to the support available in school, many students and families receive services from outside agencies. Each agency needs specific information to provide services and benefits. By signing this form, I am allowing enCircle – Minnick Schools and outside agencies to exchange information so it will be easier for them to work together effectively to provide or coordinate services and/or benefits.

A separate form must be completed for each entity you wish for enCircle – Minnick Schools to release/exchange information. Additional forms available upon request.

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

Parent/Guardian Name: _____ **Relationship to Student:** _____

I give permission for enCircle – Minnick Schools to release/exchange information with:

Name of Person, Agency, Company, etc.: _____

Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Please check the information to be released/exchanged:

medical records

psychological records

educational records

discharge records

other (please specify): _____

medical diagnosis

mental health diagnosis

assessment information

This consent is effective for twelve (12) months from the date signed. The parent/guardian may revoke the consent at any time, which must be submitted to school personnel in writing.

Date: _____ **Parent/Guardian Signature:** _____

The guardian represents and warrants to enCircle – Minnick Schools that they have full power and authority to sign this document and give consent to the use of the designated information and supporting paperwork of the designation is in the file of the student served.

Permission for Promotional Materials

The purpose of this form is to make sure that your personal information is shared with your understanding and consent. Please review the following statements before signing this form so you have full knowledge. When this form is fully and properly filled out, it protects your right to privacy and makes sure that we have your consent to share your information.

What does “information” mean?

EnCircle – Minnick Schools will often ask people who receive our services if they would be willing to share their story so that others may be inspired and informed about what we do. This information may be your photo, a video containing your image and voice, or a combination and be used on social media (Facebook, Twitter, Instagram, LinkedIn), a blog post on our website, a feature story, or in a video.

How will it be used?

Published uses could include annual reports, print newsletters, brochures, advertisement, fact sheet, and signs.

What if I change my mind?

If you decide that you do not want us to use your information, please let us know in writing. As soon as we receive your request, we will stop using your information. Please understand that in some cases published material that has already been distributed cannot be retrieved. However, we will immediately stop disseminating your information outside of existing contracts.

Permission for Promotional Materials

Student Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Relationship to Student: _____

I authorize enCircle – Minnick Schools to use the following personal information (check all that apply):

Photograph Film/video Voice/sound recording

Name, please list name as it should appear: _____
(Note: full names will not be used for students and families who receive enCircle – Minnick Schools services)

Other (please specify): _____

I authorize enCircle – Minnick Schools to use the above information in the following format/ platforms (check all that apply):

Brochures or written publications Facebook Instagram

Commercials or video productions LinkedIn Twitter

Audio advertisements or sound bites enCircle website

Billboard or other photo displays Other: _____

EnCircle internal communications

This consent is effective for twelve (12) months from the date signed. The parent/guardian may revoke the consent at any time, which must be submitted to school personnel in writing. Note: Images may still be used to create future projects and current items may still be in circulation following the date unless consent is revoked.

Date: _____ Signature of Student: _____

Date: _____ Signature of Parent/Guardian: _____

The guardian represents and warrants to enCircle – Minnick Schools that s/he has full power and authority to sign this document and give consent to the use of the designated information and supporting paperwork of the designation is in the file of the student served.

CONSENT FOR BEHAVIOR ANALYTIC SERVICES

Minnick Schools incorporates behavior analytic services into its programming to support the implementation of students' IEPs and help students meet academic and behavior goals. These services are based on the principles and procedures of behavior analysis and may include, but are not limited to, the following:

- Classroom and student observations
- Development of data collection systems
- Ongoing data collection and analysis
- Academic and behavioral program support
- Preference assessments
- Implementation of evidence-based interventions to decrease challenging/disruptive behaviors, increase appropriate behaviors, and teach new skills.
- Criterion-referenced skill assessments (e.g., The Assessment of Functional Living Skills)
- Functional behavior assessments (requires separate consent)
- Development, implementation, and monitoring of behavior intervention and safety plans
- Consultation with classroom staff
- Staff training

Challenging and disruptive behaviors may increase temporarily when changes to behavior intervention strategies are made. Over time, challenging and disruptive behaviors typically decrease, and appropriate replacement behaviors and skills increase.

If you have any questions regarding behavior analytic services provided by Minnick Schools, you may contact your student's principal at any time. You may withdraw your consent at any time by contacting your student's principal and providing written notice. If you withdraw your consent, alternative options regarding services will be discussed.

Your signature below indicates you understand whom to contact with questions regarding behavior analytic services provided by Minnick Schools and have been given the opportunity to ask questions and receive answers. Further, you give permission for Minnick Schools to provide behavior analytic services as described above.

Student Name (Please Print)

Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date

Educational Technology Acceptable Use Policy

I. Purpose

The Minnick Schools and enCircle recognize that access to and use of technology has become a powerful tool for promoting educational excellence. Minnick Schools encourages the responsible use of computers, computer networks, the internet, and other electronic resources in support of the mission and goals of the enCircle. While these tools have become vital to communication and information access, not all material is suited for the K-12 environment. The division expects that faculty will blend thoughtful use of the schools' telecommunication systems and the Internet throughout the curriculum and will provide guidance and instruction to students on their safe and appropriate use.

II. Roles and Responsibilities

A. Minnick Schools' Rights and Responsibilities

It is the policy of Minnick Schools' leadership to maintain an environment that promotes ethical and responsible conduct in all online network activities by staff and students. It shall be a violation of this policy for any employee, student, or other individuals to engage in any activity that does not conform to the established purpose and general rules and policies of the network. Within this general policy, Minnick Schools recognizes its legal and ethical obligation to protect the well-being of students in its charge. To this end, Minnick Schools and enCircle retain the following rights and recognizes the following obligations:

1. To monitor the use of online activities. This may include real-time monitoring of network activity and/or maintaining a log of Internet activity for later review.
2. To monitor, archive, and review communication on enCircle resources, including enCircle-issued email accounts.
3. To provide internal and external controls as appropriate and feasible. Such controls shall include the right to determine who will have access to enCircle-owned equipment and, specifically, to exclude those who do not abide by the Minnick Schools' acceptable use policy or other policies governing the use of school facilities, equipment, and materials. Minnick Schools reserves the right to restrict online destinations through software or other means.
4. To provide guidelines and make reasonable efforts to train staff and students in acceptable use and policies governing online communications.

B. Minnick Technology Department Roles and Responsibilities

1. Monitor online activity and investigate student or staff use or network resources when requested.
2. Ensure all Administrators and staff are familiar with the Acceptable Use Policy as laid out in this document.
3. To provide schools with resources and training related to online safety.
4. To ensure that the use of enCircle technology conforms to all enCircle policies and state and federal law.

C. School Administrator Roles and Responsibilities

1. Monitoring the safe storage, assignment, and use of equipment and computers.
2. Assisting division leadership with the inventory and return of all computers and equipment provided by Minnick Schools.
3. Being knowledgeable about acceptable use and online safety issues.
4. Making certain that the faculty, staff, and students in their respective school facility or department understand and abide by the Minnick Schools Acceptable Use Policy as stated in this document.
5. If an administrator has reason to believe that a user, faculty, staff, or student, is misusing the systems, the administrator has the right to request that the individual's account and access be reviewed.
6. It is also the responsibility of the administrator to report any misuse of enCircle telecommunication systems and resources.

If an Administrator has reason to believe that a staff member or student is using these resources inappropriately, it is the responsibility of the Administrator to report any misuse of telecommunication systems and resources to the Technology Coordinator or their supervisor.

D. Staff Responsibilities

All staff are responsible for their own safe and responsible use of network resources, computers, and equipment. Staff will assist school and division leadership with the return of all computers and equipment provided by Minnick Schools. Staff is also responsible for monitoring student use of the same.

1. Each Minnick School teacher or staff person is responsible for being knowledgeable about acceptable use and online safety issues.
2. Every teacher who uses enCircle telecommunication systems with students is responsible for teaching their students about the safe and responsible use of networked environments and telecommunication systems including the intranet and Internet and integrating this training into their respective instructional areas.
3. Teachers are responsible for monitoring student activity while online and while using enCircle equipment and resources to make sure they are using them appropriately.
4. Teachers should make sure that students understand acceptable use and abide by the terms of acceptable and unacceptable use as defined in this document.

If a teacher has reason to believe that a student is using these resources inappropriately, it is the responsibility of the teacher to report any misuse of telecommunication systems and resources to the appropriate school administrator.

E. Student Responsibilities

1. Minnick School Students will understand that use of school computers is a privilege and can be limited or removed at any time if they fail to follow this policy.
2. Students will have the acceptable use policy shared with them and will follow the policy at all times when using school technology or network resources.
3. Students will report any violation even if accidental of this policy to their teacher.

III. Acceptable and Unacceptable Uses.

The use of enCircle Network resources is provided to Minnick Schools solely for educational purposes. Any use not directly related to education or school business is considered an unacceptable use unless. All equipment, computers, digital accounts, and licenses provided to staff remain the property of Minnick Schools and may be inspected, replaced, or revoked at any time.

Unacceptable Activities

1. Violation of any local, state, or federal law.
2. Sharing personal network login information or passwords.
3. Allowing others to use your login or password.
4. Posting or sending personally identifiable information about another person without permission (including, but not limited to, home address, telephone numbers, identification numbers, account numbers, access codes or passwords, photographs, height, and weight);
5. Sending threatening or harassing messages.
6. Making or transmitting any false, defamatory, or libelous statements about another person, group, or organization.
7. Accessing or sharing of any pornographic, sexually explicit, obscene, or otherwise harmful or inappropriate for minors.
8. Gaining or attempting to gain unauthorized access to enCircle or Minnick Schools computer or telecommunications systems.
9. Intercepting communications intended for another person without prior authorization.
10. Engaging in any commercial or fundraising purpose without prior authorization from the appropriate school official.
11. Engaging in any political activity
12. Streaming, downloading, uploading, or distributing any files, software, or other material in violation of federal copyright laws;
13. Violating software usage or licensing agreements;
14. Installing any software, applications, or computer program without the express permission of the Minnick Technology Department;

If a user accidentally accesses unacceptable materials or an unacceptable Internet site, the user shall immediately inform the appropriate school official of the accidental access. Doing so may serve as a defense against an allegation that the user has intentionally violated this policy.

IV. Filtering Internet Access

- A. Minnick Schools and enCircle will monitor and may record the online activities of minors, employees, and guests. The schools will employ technology protection measures during the use of any computers using school internet or networking resources by minors and adults. Those protection measures include, but are not limited to firewalls, filters, bandwidth monitoring, antivirus software, and anti-spyware software. The technology protection measures will be used to protect enCircle networking resources and prevent access to material deemed obscene, harmful to minors, or pornographic.
- B. The term "harmful to minors" means any picture, image, graphic image, file, video, or other media that depicts, describes, or represents in any way not suitable for minors, an actual or simulated sexual act, sexual contact, nudity, or excretion with no serious literary, artistic, or scientific value to minors.

V. Limited Expectation of Privacy

- A. By authorizing the use of the school division's telecommunication systems enCircle does not relinquish control over materials on the system or contained in files on the system. Users should expect only limited privacy in the contents of personal data or files on the school division equipment or systems.
- B. Routine maintenance and monitoring of the school division systems may lead to a discovery that a user has violated this policy, another school division policy, or state or federal law.
- C. An individual investigation or search will be conducted if school authorities have a reasonable suspicion that the search will uncover a violation of law or school division policy.
- D. Except when doing so would interfere with a law enforcement investigation, parents have the right at any time to investigate or review the contents of their child's files and e-mail files. Parents have the right to request the termination of their child's accounts at any time.
- E. School division employees should be aware that data and other materials in files maintained on the school division systems may be subject to review, disclosure, or discovery under federal and state statutes, Family Educational Rights and Privacy Act of 1974 (FERPA) §2.1-342 Code of Virginia (Inspection of Official Records).

VI. Limitations of Liability

Use of enCircle's telecommunication systems including the intranet and Internet is at the user's own risk. The system is provided on an "as is, as available" basis. enCircle will not be responsible for any damage users may suffer, including but not limited to loss, damage, or unavailability of data stored on school division storage media, including but not limited to diskettes, tapes, hard drives, jump drives, or servers, or for delays or changes in or interruptions of service or misdeliveries or non-deliveries of data, information or materials, regardless of the cause. The school division is not responsible for the accuracy or quality of any advice or information obtained through or stored on the school division's systems. The school division will not be responsible for financial obligations arising through unauthorized use of the school division's systems including the intranet and Internet.

VII. Internet Use Agreement Form

1. The safe use of the Internet and the educational value to be gained from its use is the joint responsibility of students, parents, and employees of Minnick Schools.
2. This policy requires all students to have permission of and supervision by the school's designated professional staff before and during internet use.
3. The Internet Use Agreement form must be read and signed by the student (If able to sign) and the parent or guardian. The form must then be filed at the school office.

VIII. Minnick Schools Online Safety Program

Minnick staff members, identified in Section II – Roles and Responsibilities, are provided network and online safety instruction on an ongoing basis. This training is provided in one or more of the following ways:

1. Online training
2. enCircle sponsored professional staff development (online and face-to-face)
3. ad hoc one-on-one mentoring, training, and model teaching (primarily conducted by other staff)
4. national, state, and local workshops, symposia, and conferences
5. Online resources are made available through enCircle Intranet.
6. Training to students is provided as part of the regular instructional program and is integrated into the classroom lessons where appropriate.

IX. Minnick Schools Equipment Loan Agreement

Minnick Schools provides students and staff with computers and other equipment for use to support instruction during the school year. It is important that you read and understand your responsibilities associated with the loan and use of Minnick School equipment and agree to the terms stated below.

The device and accessories loaned under this agreement:

1. Are the property Minnick Schools and shall be immediately returned to Minnick Schools upon any of the following conditions:
 - A. The withdrawal or separation from Minnick Schools.
 - B. The termination of this agreement due to non-compliance.
 - C. At the sole discretion of Minnick Schools but no later than the end of the instructional period or the current academic school year - whichever occurs first.
 1. Certain Staff may keep equipment between instructional years but will be expected to assist with yearly inventory and maintenance efforts.
 - D. May only be used for school / educational activities and under applicable local, state, and federal laws, the Minnick Educational Technology Acceptable Use Policy (AUP), and the Minnick Student Code of Conduct.

Student and Staff responsibilities include, but are not limited to:

1. Responsible, legitimate, and appropriate use and care of the device.
2. Immediate reporting to Minnick Staff of all incidents of inappropriate electronic communications transmitted.
3. Care and protection of the device by:
 - A. Storing equipment in a secure space and is kept away from pets, young children, etc.
 - B. Is only accessed by the student or staff the equipment is assigned to for schoolwork.
 - C. Settings are not altered or bypassed from those set by Minnick Schools.
 - D. Internet content filtering software (installed by Minnick Schools in compliance with legal requirements) is not turned off, bypassed, or attempted to be bypassed.

Legal References

17 U.S.C. §101 et. seq. (Copyrights) 15 U.S.C. 6501 et. seq.
18 U.S.C. §1460 (Obscenity Defined)
18 U.S.C. §2256 (Child Pornography)
47 U.S.C. §254(h)(7)(G) (Material Harmful to Minors)
Children's Internet Protection Act of 2000 (CIPA) 47 U.S.C. 254 47 C.E.R. 54.520 (FCC Rules Implementing CIPA)
Title III of the Elementary and Secondary Education Act of 1965, 20 U.S.C. 1601, et. seq., as amended.
20 U.S.C. §1232g, 34 CFR Part 99 Family Educational Rights and Privacy Act of 1974 (FERPA).
20 U.S.C. §1400-1485 and §2.1-377 through §2.1-386 Individuals with Disabilities Educational Act (IDEA).
§2.1-342 Code of Virginia (Inspection of Official Records)
§2.1-377 through 2.1-386 Code of Virginia (The Privacy Protection Act of 1976)
§18.2-372 Code of Virginia (Prevention of Access to Material Harmful to Minors)
§18.2-374.1:1 Code of Virginia (Child Pornography)
§18.2-390 Code of Virginia (Material Harmful to Minors)
§22.1-70.2 Code of Virginia (Acceptable Use Policies)
§22.2-374:1:1 Code of Virginia (Use of Internet Filters)

Internet Use and Equipment Loan Agreement Form

User Agreement *(to be signed by all adult users and student users above grade 5, if able)*

I have read or had read to me, understand, and will abide by the Acceptable Use Policy and Equipment Loan Agreement when using a computer and other electronic resources owned, leased, or operated by Minnick Schools and enCircle. I further understand that any violation of the regulations above against school policy, may be unethical or constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, school disciplinary action may be taken, and/or appropriate legal action may be initiated.

User Name (Please Print)

User Signature

Date

Parent Agreement *(to be signed by parent/guardian of all minor students and parent/guardian who retain guardianship rights of adult students)*

I have read the Acceptable Use Policy and Equipment Load Agreement. I understand that this access is designed for educational purposes. Minnick Schools has taken reasonable steps to control access to the Internet but cannot guarantee that all controversial information will be inaccessible to student users. I agree that I will not hold enCircle responsible for materials acquired on the network. Further, I accept full responsibility for supervision when my child's use is not in a school setting. I hereby give permission for my child to use network resources, including the Internet, that are available through enCircle.

Parent Name (Please Print)

Parent Signature

Date

Student Name: _____

**What type of technology do you have available for your child to use for schoolwork at home?
(Check all that apply)**

- | | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> Desktop PC | <input type="checkbox"/> Android Tablet | <input type="checkbox"/> Smart Phone |
| <input type="checkbox"/> Laptop PC | <input type="checkbox"/> Kindle or Nook | <input type="checkbox"/> None |
| <input type="checkbox"/> iPad | <input type="checkbox"/> Chromebook | <input type="checkbox"/> Other (please specify) |

Would you allow your child to use a device that the school issued for schoolwork at home?

-
- Yes
-
- No

How many devices are being used in the household?

-
- 1
-
- 2
-
- 3
-
- 4
-
- 5+

What type of Internet do you have at home?

- Broadband (via cable vendor hotspot)
- DSL (through phone company)
- Dial-Up (must connect via phone dial)
- Satellite (via a satellite dish)
- Cellular service
- I do not know
- We do not have internet access
- We do not want internet access

What is the connection speed of the internet at your home?

- No Internet
- Slow (0–5 Mbps): Stream music, email, and basic web browsing.
- Moderate (5–40 Mbps): Skype and Facetime calls, play online video games (single player), stream video from Netflix on a single device.
- Fast (40 – 100 Mbps): Stream video from Netflix or YouTube on multiple devices, download large files.
- Lightning speeds (100-500Mbps): Download large files quickly, enjoy 4K Netflix on multiple devices

If you do not have Internet access at home, do you have an alternate method for accessing the internet?

- No, we cannot access the internet
- Yes. Access at a local restaurant or business
- Yes. Access at the local library
- Yes. Access at a friend's or family member's house.