



THE DAY PROGRAM

DEVELOPING ALABAMA YOUTH FOUNDATION, INC.

Dear Parent or Guardian:

Thank you for this opportunity to serve your son/daughter. We appreciate your partnership with The DAY Program!

Your son/daughter will be most successful if you are an active participant in his/her education. Please do not hesitate to contact us at any time should you have questions or concerns.

The counselor assigned to your son/daughter may be reached directly or you may call the office at 205-664-1600.

Please visit our website at <http://thedayprogram.com> to learn more about our program.

Our Executive Director, Ms. Lucy Mosley, will also be happy to meet and talk with you should you need her for any reason. She may be contacted at Lucy.mosley@thedayprogram.com.

We look forward to working with you and your son/daughter.

The DAY Program Counselors

Darren Popwell
205-624-3389
darren.popwell@thedayprogram.com

La'Toya Collier
205-624-4315
latoya.collier@thedayprogram.com

LeVelle Tyson
205-624-3326
lavelle.tyson@thedayprogram.com

Khalia Wilkinson
205-624-3295
Khalia.Wilkinson@thedayprogram.com

The DAY Program Enrollment Contract

Student Name: _____

Grade: _____

Home School: _____

Birth Date: _____

Sex: M _____ F _____

Congratulation on being accepted into The DAY Program. This accelerated program is not available in every public school system, so it is a privilege to have the opportunity to participate in this program. The goals of this program is to assist in recovering credits necessary to graduate and to provide therapeutic services to address individual and family needs.

As a student given this opportunity to be enrolled in The DAY Program, I understand and agree to the following guidelines:

1. In order to maintain my placement, I will attend ten (10) consecutive school days (two weeks), and be on time each day. My inability to fulfill this expectation will result in being placed on an attendance contract, which if not fulfilled could result in dismissal from the program.
2. My commitment to this program will be consistently demonstrated by my school attendance. In order to receive credit for attendance, I will be at school from 8:30 am – 2:00 pm. I understand that excessive absences, tardiness, and check outs, which warrant school disciplinary conferences and consequences, may result in being terminated from the program.
3. Because this is an accelerated program, I understand that academic achievement must be at a faster pace than at my home school. Failure to stay on the appropriate pace to meet my individual academic goals may result in being dismissed from the program.
4. I understand that my poor choices and individual decision that result in out of school as well as in school consequences may serve as the basis for being terminated from the program. Concerns that can be deemed as negative behavior by and public school system will not be tolerated and can be grounds for termination.
5. With participation in The DAY Program being a privilege, transportation to and from campus each day is ultimately a responsibility of the parent. Bus transportation is available at designated location within the county.

Student Signature _____

Date _____

Parent/Guardian Signature _____

Date _____



A Non-profit Organization



Social History Questionnaire

Student's Name: _____ Birthdate: _____ Age: _____

Home Street Address: _____ Home/Cell Phone: _____

City/State/Zip: _____ Student Phone #: _____

Race: _____ Sex: _____ Social Security #: _____

Lives with: _____ Relationship: _____

Parents: Father's Name: _____ Mother' Name: _____

Address if different than above: _____

Custodial Parent or Guardian's Employer: _____ Phone: _____

Emergency Contact: _____ Phone: _____ Cell: _____

Parent/s E-mail: _____

List persons living in home with student:

Name	Date of Birth	School/Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

History of behaviors: _____

What has been tried to correct problem(s)? _____

Please tell us about the following:

Habits: _____

Interest: _____

Sleep Disturbances: _____

Strengths: _____

Weaknesses / Challenges: _____

FAMILY EVENTS which may have especially influenced the child negatively or positively:

Deaths: _____

Moving: _____

Siblings: _____

Accidents: _____

Divorce: _____

Peers/Bullying: _____

Finances: _____

Family Conflicts: _____

Caregivers Health: _____

Other: _____

FAMILY HISTORY

Indicate biological family history of the following (Circle all that apply):

Mental illness / Poor Mental Health:	Mother	Father	Child	Sibling
Alcoholism:	Mother	Father	Child	Sibling
Drug Abuse:	Mother	Father	Child	Sibling
Physical/Sexual/Emotional/Abuse:	Mother	Father	Child	Sibling
Neglect:	Mother	Father	Child	Sibling

Has your child ever received psychological counseling? **YES / NO**

If so, by whom (professional/agency) and when: _____

Has your child ever participated in therapy services from a private entity? (i.e., speech, occupational, physical, vision therapy, etc.) **YES / NO**

If so, by whom (professional/agency) and when: _____

Has your child ever participated in educational services from a private entity (i.e., private tutor, Sylvan Learning Center)? **YES / NO**

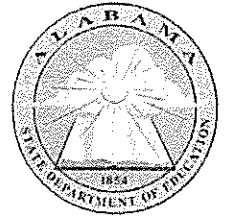
If so, by whom (professional/agency) and when: _____

Persons answering this questionnaire: _____ Date: _____

Relationship to child _____



ALABAMA STATE DEPARTMENT OF EDUCATION



HEALTH ASSESSMENT RECORD

School Year: _____

To Parent or Guardian:

The purpose of this form is to provide the school nurse with additional information regarding your child's health needs. The school nurse may contact you for further information. The information requested is essential for the school nurse to meet the health needs of your child.

This information will be kept confidential.

PLEASE complete both sides of this form (Return to the School Nurse)

Name of Student (Last, First, Middle) | Birth Date | Sex | School

Address (Street)

Home Telephone Number: | Cell Phone Number: | Additional Phone Number: | Grade | Teacher/Homeroom

Name of Parent/Guardian (Last, First Middle) | Work Phone Number:

Transportation
 Bus Rider Bus Number: Car Rider Special Needs Bus After School

Part I – Health Information

Place your child receives health care: Physician's Name: Address: Phone:
 Community Health Center
 Health Department
 Hospital Clinic
 No Regular Place
 Private Doctor /HMO
Your child's Insurance Information:
 ALL KIDS
 Medicaid
 No Insurance
 Other
 Private Insurance
Place your child receives dental care: Dentist's Name: Address: Phone:
 Community Health Center
 Health Department
 Hospital Clinic
 No Regular Place
 Private Dentist /HMO
Preferred Hospital:

Part II – Medical History Medical Equipment /Procedures Required at School

Catheter Gastric Tube Nebulizer Treatments Oxygen Supplement Tracheostomy
 Vagal Nerve Stimulator (VNS) Ventilator Wheelchair Walker
 Other Please explain:

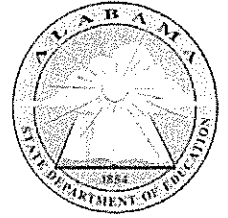
Medications and Procedures at School require a Prescriber/Parent Authorization Form (one for each medication or procedure) Please see your school nurse.

Please Complete Back of Form (Signature Required)





ALABAMA STATE DEPARTMENT OF EDUCATION



HEALTH ASSESSMENT RECORD

School Year: _____

Name of Student _____

Part III – Medical History

<input type="checkbox"/> YES <input type="checkbox"/> NO	KNOWN HEALTH PROBLEMS If NO, go directly to the bottom of the page and provide parent/guardian signature If YES, and diagnosed by a physician, answer each question below.
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	Attention Deficit Disorder (ADD) Attention Deficit Hyperactivity Disorder (ADHD) Requires medication <input type="checkbox"/> At school <input type="checkbox"/> At Home
<input type="checkbox"/> YES <input type="checkbox"/> NO	Allergies: <input type="checkbox"/> Food _____ <input type="checkbox"/> Insects _____ <input type="checkbox"/> Environmental _____ <input type="checkbox"/> Medications _____ <input type="checkbox"/> Hives/rash <input type="checkbox"/> Medications <input type="checkbox"/> Breathing difficulty <input type="checkbox"/> Epi-pen <input type="checkbox"/> Other:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Asthma <input type="checkbox"/> Uses an inhaler at school <input type="checkbox"/> Uses an inhaler at home
<input type="checkbox"/> YES <input type="checkbox"/> NO	Blood/Bleeding Problems: <input type="checkbox"/> Hemophilia, <input type="checkbox"/> Von Willebrand's, <input type="checkbox"/> Other <input type="checkbox"/> Requires medication <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Frequent Nose Bleeds: <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Cancer/Leukemia: <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Cerebral Palsy: <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Cystic Fibrosis: <i>Please explain</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Dental Problems: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Diabetes <input type="checkbox"/> Type 1 Diabetes <input type="checkbox"/> Monitors Blood Sugars at school <input type="checkbox"/> Requires Insulin at school <input type="checkbox"/> Type 2 Diabetes <input type="checkbox"/> Managed with diet <input type="checkbox"/> Insulin pump <input type="checkbox"/> Glucagon order <input type="checkbox"/> Oral medication
<input type="checkbox"/> YES <input type="checkbox"/> NO	Emotional/Behavioral/Psychological: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Gastrointestinal/Stomach Problems: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Genetic / Rare Disorders: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Headaches: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Hearing Problems: <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear <input type="checkbox"/> Both ears <input type="checkbox"/> Hearing loss <input type="checkbox"/> Hearing aid <input type="checkbox"/> Tubes <input type="checkbox"/> Cochlear Implant
<input type="checkbox"/> YES <input type="checkbox"/> NO	Heart Condition: <input type="checkbox"/> Activity restrictions: <input type="checkbox"/> Medications taken at home: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Hypertension (High Blood Pressure): <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Juvenile Arthritis/Bone-Joint Problems: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Kidney/ Bladder/ Urinary Problems: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Scoliosis: <input type="checkbox"/> No Treatment <input type="checkbox"/> Wears Brace <input type="checkbox"/> Surgery <input type="checkbox"/> Family History
<input type="checkbox"/> YES <input type="checkbox"/> NO	Seizures/Convulsions: Type of seizure: _____ <i>Medications:</i> <input type="checkbox"/> Diastat <input type="checkbox"/> Klonopin <input type="checkbox"/> Versed <input type="checkbox"/> Medication taken at home <input type="checkbox"/> Other _____ <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Sickle Cell: <input type="checkbox"/> Anemia <input type="checkbox"/> Trait
<input type="checkbox"/> YES <input type="checkbox"/> NO	Shunt: <input type="checkbox"/> VP shunt <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Spina Bifida:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Special Diet: <i>Please explain:</i>
<input type="checkbox"/> YES <input type="checkbox"/> NO	Vision Problems: <input type="checkbox"/> Wears glasses <input type="checkbox"/> Wears contacts <input type="checkbox"/> Other
<input type="checkbox"/> YES <input type="checkbox"/> NO	Other Medical Conditions: <i>Please include any medications taken at home only.</i>

Required Signatures

(Electronic or Written) Parent(s) or Guardian Signature: _____ Date: _____

(Electronic or Written) School Nurse Signature: _____ Date: _____

School Lunch and Wellness

Student Name

Policy: The Day Program provides a reimbursable meal at no cost to each student participating in the school lunch program; for any a-la-carte items there will be a charge as determined by the Montevallo Lunch Program Manager.

A reimbursable meal contains items as posted in the lunchroom and/or at the DAY Program.

My Child _____ Does _____ Does NOT have food allergies or need for food exceptions.

Please explain if your child does have food allergies: _____

If yes, counselor please have the parent complete the Shelby County Food Allergy Form if needed.

Parent Signature

Date





Student Name

United Way requests the following information from our clients.

Please answer to the best of your ability and know that the information will be kept confidential.

Please check one of the following:

Individual

- a. Less than \$16,100
- b. Less than \$26,850
- c. Less than \$42,950
- d. More than \$61,350

4 or more in the household

- a. Less than \$26,500
- b. Less than \$38,350
- c. Less than \$61,350
- d. More than \$61,350

Signature: _____

Date: _____



Emergency Treatment / Fieldtrip Permission

Medical Information

Student's Name _____

Home address _____

Father's/Guardian's Name _____

Mobile/Home Number _____

Mother's/Guardian's Name _____

Mobile/Home Number _____

Emergency and Medical Information

Emergency Contact (must be at least 18 years old) _____

Emergency contact's phone _____

Doctor's name/Address _____

Doctor's phone _____

Medical Insurance Carrier/Policy Number _____

Known medical conditions _____

Known allergies _____

Current medications _____

____The DAY Program Staff has the authority to act in loco (in place of parent) and take my child for emergency treatment to a physician or hospital

____I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish for the school authorities to take the following action _____

DAY Program's Fieldtrip Permit

The student has my permission to participate in trips to various locations as part of the instructional/co-curriculum activities during the school year.

Parent Guardian Signature _____

Date _____

Transportation / Checkout Authorization

Student Name: _____

The following people have permission to transport and check my child out of school in the event I (the parent/guardian) am not available.

Be sure to include your (parent/guardian) information below as well!

Name	Relationship	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Exceptions may be made by Authorized Staff in emergency situations only. This form is to be completed during intake or delivered to the front office by a parent/guardian. If the above information should at any time need to be modified, it is the responsibility of the parent/guardian to notify school personnel.

Parent/Guardian Signature

Date





THE DAY PROGRAM
DEVELOPING ALABAMA YOUTH FOUNDATION, INC.

On _____, the Code of Conduct of the DAY Program was reviewed and discussed during an intake interview. I have received a personal copy of these rules and fully understand them. Further, I agree to abide by them.

I also understand that the Day Program abides by the Shelby County Board of Education Attendance Policy.

Student Signature Date

Parent/Guardian Signature Date

Random Drug Screening

As the parent/guardian we/I give permission for a D.A.Y Program staff member to do random drug screenings on the above named student. I agree that the information may be released to the Director of the D.A.Y. program or any pertinent authorized agent. This release remains in effect as long as the student is enrolled at the D.A.Y. program.

Parent/Guardian Signature Date

Student Date

DAY PROGRAM

Student Code of Conduct

(July 19, 2022)

INTRODUCTION: It is a privilege to attend the DAY Program. It affords the opportunity to be successful and reach goals that otherwise would not be possible to achieve in such a timely manner. It is the desire of the DAY Program staff to insure success and to provide a safe and nurturing environment suitable for learning so that success may be achieved. With these goals in mind the Student Code of Conduct was implemented.

The purpose of the Student Code of Conduct is to assist students, parents, and program staff in maintaining a positive learning environment at the DAY Program. The Code of Conduct also guides students in developing the personal skills which can help them achieve appropriate goals in relationships, education, employment, and life away from the DAY Program. Students are expected to follow these rules, to successfully complete the DAY Program, and to earn privileges such as breaks, extra breaks, and special activities or events at the Program. Students at the DAY Program are subject to this Code of Conduct during the school day, at school sponsored events or trips, and while being transported on school buses. Unless otherwise stated, DAY Program students are also subject to the same code of conduct as other Shelby County students. A point system is utilized to modify student behavior and determine privileges and consequences.

ATTENDANCE:

Students are expected to come to the DAY Program every day on which classes are scheduled. **If a student cannot come to school when he or she should, his/her parent or guardian must call the DAY Program (664-1600) before 8:30 a.m., and explain why the student is not coming that day.** If a staff member is unavailable, then a message should be left with the answering service. Follow-up telephone calls will be made to verify the absence. Upon returning to school the student is expected to bring a written note to be filed explaining the reason for the absence due no later than the second day back. Students out for three or more days in a row for illness are expected to bring a written doctor's excuse upon their return to the program. Doctor's excuses may not be accepted if more than two days from the date of the student's return to school. After the 3rd unexcused absence, a letter will be sent home. The DAY Program follows all Early Warning procedures established by the Shelby County Board of Education and the Juvenile Court System. The legitimacy of any excuse presented for an absence will be determined at the discretion of the Director.

INCLEMENT WEATHER:

The DAY Program will follow the Shelby County School inclement weather and dismissal procedures. Students/families should watch the local news stations for announcements or may view the Shelby County School website for weather related announcements.

ANY absence without a WRITTEN parent, doctor, or court note will be unexcused.

For action on attendance problems the DAY Program follows the guidelines established by the Shelby County Board of Education in cooperation with the Juvenile Court System. The DAY Program notifies the Juvenile Court Services daily concerning probationers' absences and tardiness.

PUNCTUALITY:

The DAY Program school day starts each scheduled day at 8:30 a.m. Students who arrive any time after 8:30 a.m. are considered tardy. The DAY Program building is open at 8:00 a.m. Wanding of students occurs upon entry into the 2nd floor main lobby.

Students arriving at the DAY Program site are expected to enter the building immediately if staff is present. No loitering outside is allowed. Once inside the DAY Program building, no one may leave the building without

permission. Students are expected to return to classes immediately after breaks according to the daily schedule. Students who enter the classrooms after the “tardy” bell has rung are considered late to class.

APPROPRIATE INTERACTION WITH ADULTS:

Adults, working with students, shall be treated with respect. All persons associated with the DAY Program - students and staff- are expected to treat each other with respect. Students are expected to follow the instructions of adults and to allow adults to assist them when problems occur. Adults are expected to instruct students regarding their expectations in a courteous and respectful manner. Staff is encouraged to consider reasonable student suggestions presented in an appropriately respectful and courteous manner; however, the responsibility for a final decision rests with the adult.

APPROPRIATE INTERACTION WITH PEERS:

Students are expected to get along with each other. When conflicts among students occur, students are expected to try to work out a solution without resorting to verbal or physical hostility. If students are unable to work out conflicts on their own, they are expected to allow staff to help or even to take control if necessary. Fighting is not considered an acceptable way to work out conflicts. Racial/ethnic slurs, bullying, and sexual harassment will not be tolerated. Touching of any kind is prohibited. This includes any outward signs of affection; such as kissing, hugging, etc. It also includes outward signs of aggression: such as jabbing, pushing, shoving, kicking, etc. General rule: KEEP YOUR HANDS AND FEET TO YOURSELF. Students are expected to treat each other with respect.

ACADEMIC/COUNSELING RESPONSIBILITY:

During academic or counseling work periods, students are expected to start their work, pay attention to their own work, bring necessary supplies (i.e. pencils, pens, paper, etc.), and complete work assigned during the time allowed. Students are not to distract classmates by talking, making noise, disruptions, etc. Students are expected to show satisfactory progress toward reaching set goals.

APPROPRIATE LANGUAGE:

Students are expected to show respect for themselves and adults by speaking in words that are considered acceptable in other school settings. Profanity, disrespectful, or vulgar language, expressions, signs, gestures, drawings, or writings are not considered acceptable ways of communication and will not be tolerated.

RESPECT FOR PROPERTY:

Students are expected to show their respect for others by respecting others’ property and belongings. This includes other students’ personal possessions and work materials; adults’ personal items and work materials; and the furniture, equipment, and materials of the DAY Program. Such respect is shown by getting others’ permission to use their things and using those things correctly so they aren’t broken, marred, destroyed, or lost. Furthermore, students are expected to put their materials away at the close of each period or program event in a neat and orderly manner.

ACADEMIC HONESTY:

Students are expected to be honest and trustworthy. They are expected to do their own work with their own skills. Cheating or copying another’s work will not be tolerated. Students are expected to accept the consequences of their choices and actions.

DRESS CODE:

Students are expected to make an acceptable physical appearance by dressing neatly and meeting basic personal hygiene and grooming standards. Clothing items are to be worn in the manner in which they were designed. Clothing should be neat and clean. Any clothing with holes or distressing should be in appropriate areas. Pajamas and hoodies are prohibited.

The DAY Program adheres to the Shelby County Schools dress code which reads as follows:

Dress Code Guidelines:

- A. All students must wear shirts, blouses, or dresses with a collar or with a non-revealing neckline, such as crew neck, jewel neck, or boat neck. Low cut, open back, bare midriff or clothing that allows the midriff to be exposed, are not permitted.
- B. Male students must wear sleeved garments. Female students may wear sleeveless garments which adequately cover undergarments. Spaghetti and/or thin-strapped shirts may be worn only if over another T-shirt or if covered by a blouse with sleeves. Only sleeveless blouses or dresses in which the shoulder is fully covered from the base of the neck to top of arm will be considered acceptable.
- C. No obscene language and/or illegal substance advertisements (to include alcoholic and tobacco advertisements) may be worn on clothing or accessories.
- D. No hats, caps, head coverings, hair curlers, picks, or sunglasses will be worn in school.
- E. Skirts, shorts and dresses must be mid-thigh or longer in front and back. No slits or leg openings may be above mid-thigh. Leggings, or other similar garment (i.e. jeggings), should be worn with the appropriate outer garment (i.e. shorts, dress, or skirt) and must be of proper length. Excessively tight leggings or jeggings will not be allowed.
- F. Belts must be worn at the waist with pants, shorts, and skirts that have belt loops. Pants, shorts, and skirts without belt loops must be worn at the waist and should fit properly. Articles of clothing worn too low, too long, too large, too tight, or too loose are not permitted. Pajama style pants, snap

always, and sweatpants are prohibited. Athletic type pants may be worn only during physical education classes. (Including but not limited to, wind suit pants and soccer shorts.)

- G. Jackets and coats are to be worn in good taste. Generally, these are inappropriate to be worn in the classroom.
- H. Students are required to wear appropriate shoes at all times. Shoes with wheels are not appropriate for the school environment.
- I. Students' clothing should be neat and clean and should not be in noticeable disrepair. Unhemmed (cut-off) shorts, skirts, shirts, pants, and garments with inappropriate holes or inappropriate slits above mid-thigh are not allowed.
- J. Appropriate undergarments must be worn and not visible.
- K. Students are prohibited from wearing any metal chains, metal spiked apparel, over-sized belt buckles, or accessories.
- L. Students are to wear clothing in the manner it is designed to be worn, i.e., clothing worn backwards or inside out is not allowed. No excessively tight or revealing clothing, such as fishnet or see-through garments, may be worn.
- M. Students are prohibited from wearing any sign, symbol, logo, or garment, which has become synonymous with any gang, cult, Satanism, or unauthorized club or organizational activity. This also includes any avenue for the promotion of products or activities prohibited by school policy or that is inflammatory and may generate negative feelings among the student body. The above items serve as a minimum guide. The executive director shall have the discretion to outline other appropriate guidelines for special occasions.

TRANSPORTATION:

Students who ride the school bus to and from the DAY Program will be expected to meet the bus at the time and place set by the bus schedule and get off the bus at the scheduled stop only. Students must be at the stop 10 minutes before and after designated times. Students are expected to follow the bus driver's instructions. They are expected to remain seated while riding the school bus. **All other Sections of the Code of Conduct apply to students while riding the bus.** Refusal to comply with bus driver's instructions may result in permanent removal from the bus. **Any changes in transportation arrangements must be accompanied by written permission of the parent/guardian of each student involved. Proposed changes must also receive the approval of the Director. Students who have a valid driver's license and proof of insurance are allowed to drive to school with parental permission. Copies of the driver's license and insurance coverage must be presented to the school office before driving.**

TELEPHONE USE:

Students may use a DAY Program phone only in the event of an emergency situation and/or with verbal or written permission from their counselor or the Director. Cellphones are not allowed on campus. Cellphones will be collected at the start of each day and returned upon dismissal.

RESTROOM USE:

Students are expected to use the student restrooms in a sanitary way. Students are not to use staff restrooms.

LUNCHTIME RULES:

Students are expected to stay in the designated lunch area, to clean up after themselves, and leave the area free of any mess.

Students may eat snacks and drink water/sodas during designated breaks times. Snacks and drinks may be bought at the program during these times and consumed in the designated area or an area approved by a staff member. With the exception of I.S.S. students, students may buy snacks and drinks before and after school.

PROHIBITED MATERIALS AND ACTIVITIES:

Students are not to have certain items in their personal possession within the school-zone. The following items are not allowed: weapons of any kind, alcohol, tobacco products, lighters, matches, drugs, including medication, drug paraphernalia, beepers or cellular phones, CD/DVD players, or CD's, laser pointers. Also not allowed are: book bags, zippered binders, hats, caps, head coverings, hair curlers, picks, combs, sunglasses, or purses. Any and all prohibited materials and items are subject to seizure by the staff. The disposal or return of such items is at the discretion of the Director. Properly documented prescription and non-prescription medication is to be turned in to the front office. Students are prohibited from fighting, from sexual and/or criminal activity, or talking about such. Violation of these rules may result in required parent conferences, referral to Juvenile Court Services, pressing of charges, and drug/alcohol screens as appropriate. This rule does not apply to individual or group discussions conducted under the authority of staff and following staff guidelines for that discussion.

VAPE POLICY:

1st Offense:

Student will be assigned 3 days of ISS and required to complete a vape education online module at DAY. Parent/Guardian and JPO will be contacted.

2nd Offense:

Student will be suspended for 3 days, and student and parent/guardian will be required to attend the Vape Class through Alabaster City Schools. The Class typically meets on Tuesday evenings in the ACES building. Information will be given during the parent/guardian, student, JPO, and director discipline meeting. Failure to attend these classes can result in dismissal from the DAY program.

3rd Offense:

Student may receive expulsion from the DAY program.

Silent Lunch:

Any student who receives two cards in a class period automatically receives silent Lunch.

Silent Lunch Rules:

1. Any time missed due to check outs or other reasons will be made up on the following day.
2. Students will be assigned to a separate area during break/lunch and will be required to work on academics during said time.
3. When in the designated area:
 - a. Do your work.
 - b. Do not talk.
 - c. Do not sleep.
 - d. Follow all instructions.

Note: This is not the time to engage in conversation with the person/s monitoring the no break/lunch or to expect tutoring services unless either is initiated by staff.

It is the desire of the DAY Program staff to insure success and to provide the opportunity for success to be achieved, but ultimately success or failure is the student's responsibility. To assist students as they strive to reach their goals, the DAY Program utilizes behavior modification techniques based on the following point system:

Behavior Management System:

The following indicate minor and major infractions. Three minor infractions in a day earn ISS for the next school day. Please see the attached chart for more information.

Minor Infractions:

- off task
- abuse of phone
- abuse of bathroom use
- inappropriate language or gesture/sign
- tardy to class
- not prepared for class
- misuse of materials
- showing lack of respect or courtesy
- not following instructions
- violating dress code
- out of class without permission
- horse play
- inappropriate touching/display of affection
- disruptive behavior
- non-compliance with lunchtime rules
- arguing with classmates
- loitering outside of the school building a.m./p.m.
- racial or ethnic slurs
- not following bus regulations
- bringing chewing gum, candy, food, or drink from home, book bags, hats, caps, head coverings, hair curlers, picks, combs, make-up, sunglasses, purses, hats, CD players, or CD's to school
- transporting a student without permission or being transported by an unauthorized person
- use of inappropriate language with staff or arguing with staff
- dishonesty
- breaking silent lunch rules
- tardy to school
- communication with a student in silent lunch or ISS
- failure to bring a note for absence (applies for 2 days)

Major Infractions

Any student will AUTOMATICALLY be placed IN SCHOOL SUSPENSION (ISS) for:

- scratching or marring furniture, pictures, walls, etc.
- touching/tampering with video cameras
- unexcused absence
- leaving building unexcused
- possession of beeper, cell phone, or laser pointer
- sexual harassment, bullying, possession of pornography
- being in unsupervised area
- total noncompliance
- fighting (police will be called)
- possession of or passing to another student alcohol or drugs;
 - a. any type of pill, tablet, capsule or paraphernalia, etc.

- (Illegal/Narcotics – law enforcement will be notified.)
- possession of weapons (law enforcement will be notified)
- major vandalism (\$50.00 to repair plus replacement cost at fair market value.)
- use or possession of tobacco (any form) inside the DAY Program building, within the school zone or on school property (including the school buses). Since smoking is illegal for minors, law enforcement will be notified.
- cheating or stealing
- spitting, bumping, etc., in anger
- threatening a staff

Any of the above, isolated or in combination, may result in: **IN-SCHOOL SUSPENSION, PARENT/GAURDIAN CONFERENCE, and NOTIFICATION OF PROBATION OFFICER.** It may also include referral to Juvenile Court Services, pressing of charges, and drug/alcohol screening as appropriate.

WHAT HAPPENS IN ISS:

(While in ISS students will be monitored by the Behavioral Aid. Actions and communication may be recorded on video. These videos may be used by the administration as deemed necessary.)

1. WHEN A STUDENT IS PLACED IN ISS IT WILL BE FOR ONE TO THREE DAYS. IN ORDER TO BE RELEASED, THERE MUST BE COMPLIANT BEHAVIOR AND SATISFACTORY COMPLETION OF REQUIRED ASSIGNMENTS.
2. EACH DAY OF NON-COMPLIANCE WILL NOT COUNT AS A SUCCESSFULLY COMPLETED DAY IN ISS.
3. ISS BEGINS AT 8:30A.M. OR UPON ENTRY TO THE BUILDING AND ENDS AT TIME OF DISMISSAL.
4. STUDENTS WILL BE GIVEN CLASSWORK TO BE COMPLETED SATIFACTORILY OR WITH PASSING GRADES.
5. POINTS MAY BE TAKEN FOR ANY COMMUNICATION (VERBAL, EYE, FACIAL, OR HAND SIGNAL) WITH ANY PEER AND FOR NON-COMPLIANCE WITH ISS RULES.
6. STUDENTS WILL EAT THEIR LUNCH IN DESIGNATED ISS AREA ONLY.
7. RESTROOM AND WATER BREAKS WILL BE SCHEDULED AND STUDENTS WILL BE ESCORTED BY A MEMBER OF THE STAFF. ANY STUDENT WHO LEAVES THE ISS AREA UNESCORTED WILL BE REGARDED AS "NON-COMPLIANT" AND ADDITIONAL DISCIPLINARY ACTIONS WILL BE TAKEN.
8. ANY HOURS, WHOLE DAYS, PART-OF-DAYS MISSED (TARDIES ETC.) WILL BE MADE UP.

DAY PROGRAM

STUDENT EXPECTATIONS

THE DAY PROGRAM STUDENTS ARE...

RESPECTFUL


to themselves, peers, staff,
and all visitors in the building.

RESPONSIBLE

and expected to be leaders among
their peers. They promote a safe and
orderly environment at all times.

READY TO LEARN

and come to school
and class prepared.

	<h1>S</h1> SELF-CONTROL	<h1>O</h1> ON-TASK	<h1>A</h1> ACHIEVEMENT	<h1>R</h1> RESPECT
INDIVIDUAL RESPONSIBILITY	<ul style="list-style-type: none"> Follow Instructions Stay on task Keep hands and feet to yourself Use inside voice Control your emotions 	<ul style="list-style-type: none"> Stay focused on your task Listen for instructions Ask questions when needed 	<ul style="list-style-type: none"> Complete all assignments on time Ask for help when confused Study for tests Do your own work 	<ul style="list-style-type: none"> Help others in need Speak in a kind voice Clean up after yourself Believe in yourself
HALLWAY RESPONSIBILITY	<ul style="list-style-type: none"> Follow directions Walk Keep hands and feet to yourself Use inside voice Control your emotions 	<ul style="list-style-type: none"> Go straight to your designated area Get everything you will need for class Visit while walking to class 	<ul style="list-style-type: none"> Arrive to class before the tardy bell Have everything you need for class Use time wisely between classes Walk to class without causing problems 	<ul style="list-style-type: none"> Use kind words Follow directions without arguing Help others Report bullying or possible fights
CAFETERIA RESPONSIBILITY	<ul style="list-style-type: none"> Follow instructions Collect your lunch quietly Keep hands and feet to yourself Use inside voice Control your emotions 	<ul style="list-style-type: none"> Keep food on your plate Clean up area and pick up anything that falls on the floor Throw away trash without mingling with other students 	<ul style="list-style-type: none"> Get your lunch quickly and quietly when the counselor calls you Keep your conversation at your table Leave your area cleaner than when you found it Enjoy lunch without disturbing others 	<ul style="list-style-type: none"> Follow directions Report bullying or possible fights Be kind to everyone at your table Leave your area clean Help others

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	<h1>S</h1> SELF-CONTROL	<h1>O</h1> ON-TASK	<h1>A</h1> ACHIEVEMENT	<h1>R</h1> RESPECT
GROUP RESPONSIBILITY	<ul style="list-style-type: none"> Follow instructions Keep hands and feet to yourself Use inside voice Control your emotions Walk to designated area 	<ul style="list-style-type: none"> Stay in one spot unless asked to move Listen to person speaking Participate in activity 	<ul style="list-style-type: none"> Listen and participate Stay quiet while someone is speaking Enjoy the activity without drama 	<ul style="list-style-type: none"> Follow directions without arguing Use kind words Treat everyone like a friend Leave your area cleaner than you found it
BATHROOM RESPONSIBILITY	<ul style="list-style-type: none"> Follow directions Keep hands and feet to yourself Use inside voice Control your emotions 	<ul style="list-style-type: none"> Use the restroom without disturbing others Go to the restroom to use it not to fight or socialize 	<ul style="list-style-type: none"> Use the restroom without fighting or socializing Use the restroom only in the toilet Wash hands and dry them Do not break doors or waste toilet paper 	<ul style="list-style-type: none"> Give people privacy Use kind words Leave the restroom with clean floors and sinks Leave the restroom with doors and toilet paper in their proper places
LIBRARY RESPONSIBILITY	<ul style="list-style-type: none"> Follow instructions Find a book you will actually read instead of visiting with friends Keep hands and feet to yourself Use inside voice Control your emotions 	<ul style="list-style-type: none"> Walk while looking for a book to read Stay on task when completing assignments Go straight to class once you are finished in the library 	<ul style="list-style-type: none"> Turn in books on time Choose a book that interests you Use your time wisely Complete assignments 	<ul style="list-style-type: none"> Follow directions without arguing Push chairs back under tables when finished Pick up trash Take care of books and library equipment Be polite when checking out books

DAY PROGRAM

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and come to school and class prepared.

	<h1>S</h1> SELF-CONTROL	<h1>O</h1> ON-TASK	<h1>A</h1> ACHIEVEMENT	<h1>R</h1> RESPECT
BUS RESPONSIBILITY	<ul style="list-style-type: none"> Follow Instructions Keep hands and feet to yourself Use inside voice Control your emotions 	<ul style="list-style-type: none"> Load the bus quickly without hitting or yelling at others Keep hands inside the bus Face forward Stay quiet at railroad crossings 	<ul style="list-style-type: none"> Visit with friends without yelling or using inappropriate language Ride the bus without hitting or fighting Follow directions 	<ul style="list-style-type: none"> Follow directions without arguing Use appropriate language Help others Pick up trash Report bullying or possible fights
SCHOOL GROUNDS RESPONSIBILITY	<ul style="list-style-type: none"> Walk to designated areas Take care of equipment/ areas 	<ul style="list-style-type: none"> Knock dirt off shoes before entering the building Take care of equipment/ area Put trash in the garbage can 	<ul style="list-style-type: none"> Keep building clean Make sure equipment/ areas are cleaner than you found them 	<ul style="list-style-type: none"> Report anyone tearing up or destroying property
SUBSTITUTE CLASS VISITOR RESPONSIBILITY	<ul style="list-style-type: none"> Follow instructions Stay on task Keep hands and feet to yourself Use inside voice Control your emotions 	<ul style="list-style-type: none"> Work on assignments without distracting others Follow directions without arguing 	<ul style="list-style-type: none"> Finish work without behavior issues Stay quiet when asked to stop talking Attempt assignment even when you do not understand it 	<ul style="list-style-type: none"> Follow directions without arguing Use kind words Keep a positive attitude Help others Watch your body language towards others

Grievance Procedures

This grievance procedure is available to provide for the prompt and equitable resolution of student grievances. Complaints, grievances and requests for corrective action may be brought to the attention of the student's counselor by the student or a parent/guardian on behalf of the student with respect to the D.A.Y. Program's Code of Conduct, policies and procedures or any concern affecting the student.

The grievance is to be initiated orally or in writing at Level One and must be filed within 15 work days following the act or condition which is the basis for the complaint. Beyond the initial step, the grievance shall be in writing.

Procedures

Each level of the procedure shall be observed and the proper channels followed. At the request of the student or parent/guardian, the following steps are to be taken:

- A. **Level One (Informal Procedures)** The aggrieved student or parent/guardian shall first seek resolution of the complaint or grievance through free and informal communication as close as possible to the point of origin. A student with a grievance must first take it to his/her counselor or assistant director. Both shall be consulted prior to further solution procedures.
- B. **Level Two (Formal Procedures)** If, as a result of the discussion between the student, counselor and assistant director, the matter is not resolved to the satisfaction of the student or parent/guardian, then within five work days, the student or parent/guardian shall submit the grievance in writing to the Executive Director specifying the following:
 - The nature of the complaint or grievance
 - Dissatisfaction with the decision previously rendered

The Executive Director shall hear the grievance and render a decision within 15 workdays.

It shall be understood that the timelines imposed at each level and step shall be strictly enforced, and unless the appeal is made within the time allotted, the grievance shall be deemed to have been settled and the student or parent/guardian shall have no further right to appeal said grievance.

Student Signature

Parent Signature

MEDICATION PROCEDURES SUMMARY

Dear Parents/Guardians,

The following summary is to inform you of the requirements of the medication procedures, should your child require **Prescription or Over-the-counter (OTC)** medications while attending school.

- ❖ **All medications**, whether Prescription or Over-the-Counter, **must** be turned into the school office by the student's parent/guardian or other responsible adult.
- ❖ **Medications can NOT be transported on the bus by the student** (*except for emergency medications and approved medications prescribed for self-administration and carry on person, both require physician signature on authorization form*).
- ❖ No student will be permitted to carry or possess **any type of medications**, whether Prescription (controlled or not controlled) or OTC, on his/her person at any time (*except emergency medications and physician approved medications prescribed for self-administration and carry on person*). Controlled substances require extra considerations and documentation to be self-carried.
- ❖ **The parent/guardian must sign a School Medication Authorization Form** before any medication can be administered at school.
- ❖ **Over-the-Counter medications will require the parent/guardian signature only on the medication authorization form and is valid for the entire school year.**
- ❖ **Prescription medication will require the physician/prescriber signature on the authorization form as well as the parent/guardian signature.**
- ❖ If the **Prescription medication** order is **changed** during the school year, a **new** authorization form is required. Both physician/prescriber and parent/guardian must sign the form.
- ❖ For **Prescription** medications, a **current dated pharmacy labeled** container is required which includes the student's name, physician name, name of medication, strength, dosage, time interval, route and date of drug's discontinuation when appropriate. The amount signed into the health room can NOT exceed the amount dispensed at the pharmacy.
- ❖ For **Over-the-Counter** medications, **an unexpired, unopened, age appropriate, original manufacturer's container** is required and all manufacturer's labeling must be clearly legible. The student's name **must be written on the container**.
- ❖ The school will not supply any Prescription or OTC medication to staff or students.
- ❖ ~~School stocked emergency medication are for school use only and cannot be removed from the school campus. Parents should provide any known emergency medication for their student if one has been prescribed.~~ **The DAY Program does not stock any medications.**
- ❖ All unused medications not picked up by parents/guardians by **the last day of each school year will be discarded. No medication, including emergency, can be kept over the summer months.**
- ❖ **Non-FDA approved supplements/substances used to treat medical conditions, including essential oils and CBD type oils, cannot be administered at school. Students, parents and staff are not allowed to *possess* CBD oil substances on school property. This includes students enrolled in physician-guided studies per federal law.**

These medication procedures were developed with your child's safety in mind. If you have any questions concerning these medication procedures, please contact your local school nurse. Medication Authorization forms are available upon request or can be found on the Shelby County Website in the Student Health Services section.



DAY Program Acknowledgement Form

1. Video and Audio Surveillance

I acknowledge that I am aware and my child _____ is aware that there is audio and video surveillance used at the DAY Program. This audio/video is the property of the DAY Program and may be used for legal and safety purposes of the Program.

Parent Signature

Date

.....

2. Special Education Services (if applicable)

I acknowledge that the DAY Program is a private school and as such may not be able to meet all the objectives of my child's (student name) _____ Individual Education Plan. I further acknowledge that it will be my responsibility as parent/guardian to work with the referring school regarding any special needs indicated in the plan that may not be met at the DAY Program.

Parent Signature

Date

STUDENT USER AGREEMENT

As a student user of the DAY Program's electronic resources, I hereby agree to comply with the rules as outlined in the Acceptable Use Agreement and to communicate over the network in an appropriate fashion while honoring all relevant laws and restrictions.

STUDENT SIGNATURE: _____

I understand that some objectionable materials may be accessed even with content filtering in place. I understand that individuals and families may be held liable for violations. I will accept responsibility for guidance of Internet use by setting and conveying standards for my son/daughter to follow when exploring on-line information and media on an independent basis. The DAY Program cannot be responsible for ideas and concepts that my child may gain by his or her inappropriate use of the Internet.

I understand and accept the conditions stated and agree to release, indemnify, and hold harmless, the DAY Program, the DAY Program Board of Directors, and/or their employees or agents from any and all claims and liability associated with or arising from the above student's independent use and/or access to the Internet.

As the parent or legal guardian of the minor student signing above or as a student 18 years of age or older, I have read this contract, the Acceptable Use Agreement and the descriptions for Web Publishing and Media Coverage. I grant permission for this student in the following areas:

Agree

Do NOT Agree

A. This student has permission to independently access the Internet.

B. The DAY Program has permission to publish this student's work and image on the Internet (as allowed or disallowed by the Department of Youth Services (DYS).

C. The DAY Program has permission to allow unrestricted media coverage (*field trips Special Group Activities*) of this student (as allowed or disallowed by DHS).

AUTHORIZING SIGNATURE
(Parent, Guardian, or Student 18 or older)

DATE

NAME OF STUDENT

DATE OF BIRTH



The DAY Program

PARENT PERMISSIONS

A. Student User Agreement and Independent Internet Access

We are pleased to offer students of the DAY Program access to electronic resources. Our goal in providing this service is to promote educational excellence in our school facilitating resource sharing, innovation, and communication. Electronic resources provide students with access to vast amounts of information and numerous opportunities for communication.

Our intent is to make Internet access available to further educational goals and objectives. However, parents/guardians should be warned that if students disregard the guidelines of the school and/or program, they may find ways to access other materials via the Internet which may contain items that are illegal, defamatory, inaccurate, or potentially offensive to some people. We believe that the benefits to students from access to the Internet, in the form of information resources and opportunities for collaboration, exceed any disadvantages.

Ultimately, parents and guardians of minors are responsible for setting and conveying the standards that their children should follow when using media and information sources. To that end, the DAY Program supports and respects each family's right to decide whether or not to approve independent Internet access and communication. To gain independent access to the Internet, all students under the age of 18 must obtain parental/guardian permission and must sign and return the attached form to the Executive Director or Counselor. Students 18 and over may sign their own forms.

Student Responsibilities

Electronic resources are provided for students to enhance the learning experience. Access to services is given to students who agree to act in a responsible manner. Student use must be consistent with the educational objectives of the DAY Program.

Students are responsible for good behavior on school computer networks just as they are in a classroom or a school hallway. Communications on the network are often public in nature. General school rules for behavior and communications apply.

Network storage areas will be treated like school property. School counselors or administrators and teachers may review files, bookmarks, and communications under the same standards set for school property to insure the integrity of the electronic media. Privacy is not guaranteed for files stored on school servers nor will files be maintained indefinitely. Students should also be advised that they should have no expectation of privacy for any information created or communicated using the DAY Program electronic resources.

School and Parent Responsibility

Within reason, freedom of speech and access to information will be honored. During school, teachers will guide students toward appropriate materials. Outside of school and with independent access, parents/guardians bear the same responsibility for such guidance as they exercise with information sources such as television, telephones, movies, and other potentially offensive media.

The DAY Program will insure that procedures for access and standards of conduct regarding Internet use are communicated to students. It is presumed that students given access will comply with school standards and will honor the agreements they have signed. The school cannot be responsible for ideas and concepts that a student may gain by his or her inappropriate use of the Internet.

District Electronic Access and Internet Rules

The following uses of the DAY Program electronic resources are not permitted and may result in disciplinary action:

- Violating existing board policy or regulation or local, state, or federal statute;
- Violating copyright laws;
- Using electronic resources for non-instructional purposes;
- Using obscene language;
- Sending or displaying offensive messages or pictures;
- Harassing, insulting, or attacking others;
- Intentionally spreading viruses or malicious software;
- Sharing personal login information or using another person's login;
- Publishing personal information (name; address; photograph) without teacher/parent approval;
- Using an email account at school other than one provided by the school;
- Using district provided email for non-instructional purposes;
- Using personal electronic devices at school without appropriate permission;
- Attempting to bypass network security to gain unauthorized access to information; and intentionally wasting limited resources.

Sanctions

The use of the DAY Program's electronic resources is a privilege, not a right, and inappropriate use will result in cancellation of privileges. Access entails responsibility. School administrators will deem what is inappropriate use and their decision is final.

Additional disciplinary action may be determined at the school in keeping with existing procedures and practices regarding inappropriate language or behavior. When applicable, law enforcement agencies or legal action may be involved.

B. Web Publishing

A web page has been established for the DAY Program as a dynamic forum to educate and inform the public. This communication vehicle serves to publicize the goals, accomplishments, activities, and services of the school. Intended audiences include: students, parents, prospective parents, employees, prospective employees, and the community at large. All content contained on the web site is consistent with the educational aims of the school. Student work and image will not be published or displayed on the school web site without the express consent of DYS and the parent or guardian of a student under 18 years of age or from the student if 18 years of age or older. Permission is indicated on the attached form.

In order to safeguard students, the following procedures have been established:

1. The name of a student will not be published in conjunction with a picture or video of that student on the DAY Program web site. Likewise, personal information about students will not be published.

2. Contingent upon receiving permission from the Department of Youth Services (DYS) and signed releases from the minor student's parent/guardian or from the student 18 years or older, student work may be published on the DAY Program web site under the following

Guidelines:

- Grades 6-8 - Authors of electronically published work may be identified only by first name. The DAY Program may choose to let students adopt "net names."
- Grades 9-12 - Authors of electronically published work may be identified by first and last name.
- All student work published must pertain to a class project, course, or other school-related activity.

C. Media Coverage

With permission from DYS, the DAY Program may periodically issue information or permit media coverage to highlight student accomplishments. This may include, but is not limited to, a student making the honor roll, taking part in a school activity, or receiving an award. The DAY Program student pictures, video, names, or accomplishments will not be released to the public media or published in any media without permission from DYS and the express consent of the parent or guardian of a student under 18 years of age or from the student if 18 years of age or older. Permission is indicated on the attached form.

Family Counseling Agreement

I/we understand that as part of the DAY Program Success and Treatment Plan that I/we will be expected to attend Family Counseling sessions no less than (but may be more often):

1. Once per month for every month that my child/student is enrolled if my child has court involvement.
2. Once per quarter if my child does not have court involvement

These sessions are at no cost to me or my student. I may schedule monthly sessions to coincide with Report Card Conferences during months which they are held if deemed necessary. I further understand that it is my responsibility to make these appointments with my child's counselor. If I cannot keep a scheduled appointment I will need to call and reschedule as soon as possible.

Family Counseling appointments may generally be scheduled from 9:00a.m. until 2:00p.m. Other times may be scheduled if needed due to work or transportation issues.

I understand failure to schedule and attend these family counseling sessions could result in my child being removed from the Program and if it applies could result in court action by the Juvenile Court authorities.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Student Signature

Date

Date of first scheduled family counseling session _____

****Opportunities for me to be a part of my child's success: In-take meeting, Counseling sessions, Field Day, Honor's Day, Report Card Conferences, and through two way communication and the DAY Program's open door policy.



JILL HALL LEE
DISTRICT ATTORNEY

P.O. BOX 706
SHELBY COUNTY COURTHOUSE
COLUMBIANA, AL 35051
PHONE: (205) 669-3750

EIGHTEENTH JUDICIAL CIRCUIT
SHELBY COUNTY

August 1, 2021

Dr. Lewis Brooks
Superintendent, Shelby County Schools
410 East College St.
Columbiana, AL 35051

Dear Dr. Brooks,

Shelby County is an excellent place to live and raise children and our school system certainly plays a vital part in the ongoing pursuit of excellence. However, student misconduct and truancy threaten to disrupt the positive learning environment that the schools strive so diligently to create. During this school year I would like to join you in doing everything possible to make our schools and our children safer.

As you know, Alabama law requires parents to make sure that their children go to school, stay in school, and behave while they are there. That same law also requires you to report violations to me and I am asking you to do so. While I have every intention of aggressively prosecuting those violations, I also want to make sure that parents who need help get it. To that end, I ask you to join me, along with many cooperating community agencies and organizations, as a partner in the Shelby County's Supporting Families Initiative. The Shelby County's Supporting Families Initiative is designed to offer early intervention for an at-risk student whose violation results in suspension or alternative school, but not an arrest. Our mission is to ensure that schools are safer by offering disruptive students and their families the resources they need to solve problems that interfere with their child's education.

Throughout the school year, my office will work with the Shelby County Board of Education to monitor incidents of student misconduct and truancy. When it appears that parents may be in violation of the law, I will ask that those parents and their child (provided the child is at least eight years old) appear before Shelby County District Judge Jim Kramer, who has agreed to conduct an EARLY WARNING session to explain the law and help parents abide by it. Attendance at these sessions is not optional, and parents who refuse to cooperate with the school in attempts to resolve these issues will be subject to prosecution.

The Shelby County District Attorney's Office and the Shelby County Board of Education want all children to be successful. I hope this letter is sufficient to emphasize the serious consequences that may result when children make poor decisions and misbehave. Please do not hesitate to contact me if I may be of further assistance.

Sincerely,

Jill H. Lee
Shelby County District Attorney

JHL/ac



JUVENILE COURT OF SHELBY COUNTY
Probation and Court Services

L RANN RIGNEY
DIRECTOR OF COURT SERVICES
CHIEF PROBATION OFFICER

DAVID HALL
SENIOR PROBATION OFFICER

Early Warning Flow Chart

ATTENDANCE:

1. When a child is absent, local school sends an automated call to the parent / guardian telephone number indicated on student's registration informing them of child's absence and a request for the child to bring an excuse upon his or her return to school.
2. Local school will typically send parent/guardian written notice when student incurs two unexcused absences and the need to provide a written excuse.
3. Upon third or fourth unexcused absence, local school administrator will attempt to contact the parent/guardian to set up a conference to discuss the accumulated absences and need for providing excuses.
4. Upon the seventh unexcused absence, local school administrator will submit to the Board of Education a referral for truancy. Referral will be screened and forwarded to intake at Juvenile Court for processing. First time referrals will be sent to the Early Warning Program.
5. On repeat truancy referrals, the Board of Education will screen and forward to intake at Juvenile Court for processing. Typically, dependent on the attendance issue involved, an agency meeting will be conducted whereby a representative from the Board of Education, Department of Human Resources, Juvenile Probation Officer and occasionally Mental Health will collectively meet with the parent and child to discuss the referral to gain insight and understanding as to why the pattern remains the same and to openly discuss and give suggestions to improve and resolve the truancy issue.
6. Following an agency meeting, should a third referral occur, the Board of Education will screen and forward to intake at Juvenile Court for processing. Dependent on what the latest referral indicates for truancy, and taking into account the past history on the child for the same, several different actions may be taken:
 - a. attempt another agency meeting should the prior meeting have been at least one school year prior and dependent on the extent of the present truancy.
 - b. refer the matter to the Supporting Families Initiative
 - c. file a formal truancy petition on the child and direct the case to Truancy Court
 - d. consult the District Attorney's office for prosecuting the parent for failing to educate their child.

CONDUCT:



All students are expected to abide by the Shelby County Board of Education Code of Conduct that explicitly outlines the rules and regulations regarding attendance and behavior. A copy of this code of conduct is given to each student at the beginning of each school year with an acknowledgement form to be submitted by the student back to his or her school acknowledging they have received, read and understand its content.

Title 16-28-12 directs that any parent or guardian of a child in their custody or control must ensure that their child properly conducts himself or herself in accordance with the code of conduct adopted by that local board of education. Failure to compel their child to behave in a school setting can result in criminal action against the parent. The District Attorney's Office is charged with enforcing this law.

1. Children misbehaving in school can be referred to Early Warning once he or she has incurred a third in or out of school suspension for behavior related incidents. Early Warning will apprise the parent and student of their obligation to ensure proper behavior and to take the steps necessary to correct any misbehavior. Early Warning provides an array of resource information to the parent to consider to remedy the behavioral difficulties being experienced with their child.

2. As with truancy referrals, a second conduct referral will be screened by the Board of Education and forwarded to intake at Juvenile Court. An agency meeting will be conducted whereby an agency representative from the Board of Education, Juvenile Probation Office, Department of Human Resources, Supporting Families Initiative and occasionally Mental Health, will collectively meet with the parent and child to discuss the referral to gain insight and understanding as to why the pattern remains the same and to openly discuss and give suggestions to improve and resolve the conduct issue.

3. Following an agency meeting, should a third referral occur, the Board of Education will screen and forward to intake at Juvenile Court for processing. Dependent on what the latest referral indicates for conduct and taking into account the past history on the child for the same, the following actions may be taken:

- a. attempt another agency meeting should the prior meeting have been at least one school year prior and dependent on the extent of the present conduct.
- b. refer the matter to the Supporting Families Initiative

In addition, if the conduct issues are still occurring and the family has failed to follow through with agency resources, the family may be referred to the Supporting Families Initiative without a third referral being filed.

4. If the family fails to comply with the Supporting Families Initiative and the behavior continues, then the Board of Education will consult the District Attorney's office for prosecuting the parent for failing to compel their child to behave in a school setting.

**Shelby County Schools
Early Warning Prevention Program
Pre-Referral Conference & Acknowledgement Form**

LEGISLATIVE ACT 94-782

Section 16-28-12, Code of Alabama, 1975 specifies actions the court will take against parents or guardians who do not make their child obey school rules and regulations adopted by local boards of education.

The law states that any parent or guardian who fails to enroll his or her child in school, or who fails to require the child to regularly attend school, or who fails to compel the child to properly conduct himself or herself at school shall be guilty of a misdemeanor and, upon conviction, shall be fined not more than \$100, and may also be sentenced to hard labor for not more than 90 days.

Your signature in the space provided below indicates that you have been informed of the consequences to parents and students should any portions of this Act be violated.



Student Name: _____ School: _____

Date of Conference _____ Reason: Truancy _____ Conduct _____

Persons Attending Conference: _____

List Conference Objectives & Strategies for Improvement:

1. _____
2. _____
3. _____
4. _____

Principal's Comments: _____

I have been informed of Act 94-782 and received a copy of the letter from the District Attorney.

Student Signature

Parent Signature

Principal or Designee

Please indicate dates when parent/guardian was contacted or contact was attempted.

The DAY Program

School Transportation Information

For School Year 20____ - 20____

Bus_____

Car_____

Student Driver_____

Regular School Zone_____

Student Name_____

DOB: _____

Students Physical Address _____

Contact Information

Name_____

Number_____

Name_____

Number_____

Circle one: YES or NO Does the student have a Health Concern the Bus Driver needs to be aware of?

If yes, please give details: _____

Assigned Bus #_____

Bus Driver Name_____

Pick Up Time(s) Summer _____ Regular _____ A. M.

Drop Off Time(s) Summer _____ Regular _____ P.M.

Other: _____

Bus Stop Location_____

Counselor Name_____



Student Driver Permission Slip

In order for students to drive to and from the DAY Program they must be in good standing, have a valid driver's license and current insurance coverage.

Student Name _____

Vehicle Information

Make/Model of Vehicle _____

Color of Vehicle _____

Tag Number _____

Year of Vehicle _____

Student's License Number _____

VIN Number _____

Insurance Company _____

Policy Number _____

Expiration of Policy _____

It is the responsibility of the parent to update and inform the DAY Program if any changes in coverage/company occur.

Student driving privileges may be revoked if abused. Students may not transport other students without expressly written permission from both sets of parents/guardians.

I have read and understand the DAY policies regarding driving, insurance and the transportation of other students.

Parent/Guardian Signature

Student Signature

Date

Attach a copy of the driver's license and insurance card/paperwork to this form.

2024/2025 Bus Schedule (07-18)

North Route (Mashburn)

<u>Location</u>	<u>AM</u>	<u>PM</u>
Publix (Caldwell Mill Road)	7:15	3:00
Benson Plaza (Chelsea-280)	7:45	2:25
Home Depot (Pelham-CR 52/Hwy. 31)	8:05	2:45
D.A.Y. Program	8:15	

South Route (Clower) (07-24)

Square Shopping Center (Thrift Store) Columbiana	7:45	2:40
Calera Publix (Calera Crossings)	8:00	2:25
Montevallo Crossroads Baptist Church (Hwy. 119)	8:10	2:10
D.A.Y. Program	8:20	

July 2024

S	M	T	W	TH	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

August 2024

S	M	T	W	TH	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

September 2024

S	M	T	W	TH	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

October 2024

S	M	T	W	TH	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November 2024

S	M	T	W	TH	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December 2024

S	M	T	W	TH	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

January 2025

S	M	T	W	TH	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February 2025

S	M	T	W	TH	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

March 2025

S	M	T	W	TH	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

April 2025

S	M	T	W	TH	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

May 2025

S	M	T	W	TH	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

June 2025

S	M	T	W	TH	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

1st Quarter

- July 23 - 24 Staff Workday - No Students
- July 25 1st Semester Starts -Summer Bell Schedule
- August 8 Fall Bell Schedule Starts
- August 30 Early Dismissal - Staff Workday
- September 2 Labor Day - No School
- September 3-6 1st Qtr Break - No School
- September 27 Staff Work Day / Conference Day

2nd Quarter




- October 11 Remote Learning Day - Staff Work Day
- October 14-18 2nd Qtr Break - No School
- November 11 Veteran's Day - No School
- November 22 Thanksgiving Luncheon/Early Dismissal
- November 25-29 Thanksgiving Break - No School
- December 19 Early Dismissal
- Dec 20 - Dec 31 Christmas Break - No School


3rd Quarter

- January 1 - 3, 2025 New Year's Holiday - No School
- January 6 Staff Workday - No Students
- January 7 2nd Semester Starts
- January 20 Martin Luther King Jr. Day - No School
- February 14 Staff Workday - No Students
- February 17 President's Day - No School
- March 7 Remote Learning Day/Staff Work Day/Conference Day
- March 24 - April 4 3rd Qtr Break - No School

4th Quarter

- April 18 Early Dismissal - Staff Workday
- April 25 Remote Learning Day
- April 28 Staff Workday - No Students
- May 9 Honor's Day/Early Dismissal
- May 22 Summer Bell Schedule Starts
- May 23 Staff Workday - No Students
- May 26 Memorial Day - No School
- June 2 2nd Semester Ends June 3-Staff Workday

 Staff Work Day - No Students
  Early Dismissal
 Remote Learning Day
  School & Office Closed

Summer Bell Schedule  8:30 - 11:45
 Regular Bell Schedule 8:30 - 2:00

1st Qtr	July 25 - September 30	42 Days
2nd Qtr	October 1 - December 19	47 Days
3rd Qtr	January 7 - March 21	51 Days
4th Qtr	April 7 - June 2	38 Days
178 Student days / 187 Staff Days		