

THE GLADYS H. OBERLE SCHOOL

Enrollment

Information 2022-2023

DATE:

<p>STUDENT INFORMATION: Full Name: _____ Date of Birth: _____ Age: _____ Race: _____ Gender: (Please choose one) Male Female Transgender Non-Binary/Gender Expansive Address: _____ Home Phone# _____ Student Cell# _____ LEGAL CUSTODY INFORMATION: (If different from parent) Guardian Name: _____ Address: _____ Cell: _____ Work: _____ FIRST POINT OF CONTACT: Name:: _____</p>	<p>PARENT INFORMATION: Father: Name: _____ Address: _____ Home#: _____ Cell#: _____ Work#: _____ Email: _____ Mother: Name: _____ Address: _____ Home #: _____ Cell# _____ Work# _____ Email:: _____</p>
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AUTHORIZED TRANSPORTATION

The following person(s) is authorized to pick up student from The Gladys H. Oberle School.
 Please note, student will ONLY be released to those listed below:

Full Name: _____ Vehicle Make: _____ License Plate Number: _____	Full Name: _____ Vehicle Make: _____ License Plate Number: _____
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CASE MANAGEMENT INFORMATION

Social Worker: Office#: _____ Cell: _____ E-mail: _____ Counselor: Office#: _____ Cell#: _____ E-mail: _____ Probation Officer: Office#: _____ Cell#: _____ E-mail: _____	Mentor: Office#: _____ Cell: _____ E-mail: _____ Other: Office#: _____ Cell#: _____ E-mail: _____ Other: Office#: _____ Cell#: _____ E-mail: _____
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**THE GLADYS H. OBERLE SCHOOL
MEDICAL INFORMATION
2022-2023**

Please note that you must update this information as soon as ANY changes occur!

Student Name: Medical Insurer: Policy Number:	Physician's Name: Telephone: Physician's Name: Telephone:
List all medical conditions, allergies (include substance abuse, physical and mental health): <p>* Please note, per State law, a copy of your child's immunization record and verification that a physical has been done <u>must be provided to ERI prior to enrollment.</u></p>	Prescribed Medications: 1) Name of Medication: Dosage: Schedule: 2) Name of Medication: Dosage: Schedule: 3) Name of Medication: Dosage: Schedule: <p>* If ERI personnel are to assist with administration of medication(s) during school, the student's physician and parent/guardian must complete and turn in the Request for Medication During School Hours Form.</p>

IN CASE OF AN EMERGENCY:

Name: _____ Telephone#: _____ Relationship to Student: _____	Name: _____ Telephone#: _____ Relationship to Student: _____
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I, _____, residing in the Commonwealth of Virginia and the parent/guardian of _____, a minor child born on _____ who resides with me, do hereby authorize and empower the staff of Employment Resources Incorporated or school chaperones to consent to administer any X-Ray examinations, anesthetic, medical, or surgical diagnosis or treatment, and hospital care to be rendered to this minor child under the general or special supervision and on the advice of a duly licensed physician or surgeon. Further, I do hereby authorize staff to contact appropriate personnel, refer and/or transport my child to an emergency service worker should he or she be deemed a danger to himself or others. Further, I do hereby authorize staff to contact appropriate personnel for a possible screening should my child appear to be under the influence of alcohol or drugs. This authorization is in effect for all school functions including transition training experience, field trips and recreational activities during the **2022-2023 school year that begins August 9, 2022 and ends July 31, 2023.**

Signature of Parent/Guardian

Date

Regulations On The Administration Of Medication/Treatment During School Hours

No student shall be given medications/treatments during school hours except upon the written request from a licensed physician who has the responsibility for the medical management of the student. All such requests must be signed by the parent or guardian. Medication/treatments must be brought to the school by a parent/guardian.

Responsibility of the Parent or Guardian:

1. Parents or guardians will assume full responsibility for the supplying of all medications (please ask the pharmacist to provide a separate container for the school).
2. Parents or guardians should deliver any medication/treatment to be administered under this policy. All controlled medication will be counted and documented at the time of delivery.

Responsibility of the Physician:

1. A request form for each prescribed medication treatment must be completed by the student's physician, signed by the parent or guardian, and filed with the school.
2. Medication containers must be clearly labeled with the following information:
 - A. Student's full name
 - B. Prescriber's name
 - C. Prescriber's telephone number
 - D. Name of medication/treatment
 - E. Dosage schedule
 - F. Prescription expiration
3. Indicate to pharmacy if another bottle needs to be prepared for the school.

Responsibility of the School Personnel:

School staff is trained in Medication Administration and Training for Youth (MATY) and follow approved medication administration procedures.

1. A school designee will assume responsibility for placing medication in a double-locked cabinet. Controlled medication will be counted and documented at the time of acceptance.
2. Per school policy, the school designee will provide the student access to all medications/treatments as ordered by the physician and will document date/time/dosage.
3. Discontinued or unused medications must be picked up by the parent/guardian. If not claimed by the end of the school year, the school will properly dispose of the medication.

THE GLADYS H. OBERLE SCHOOL

404 Willis Street
Fredericksburg, VA 22401
(540) 372-6710
(540) 373-1791 FAX
(888) 371-0597 toll free

2022-2023

REQUEST FOR MEDICATION/TREATMENT DURING SCHOOL HOURS

THIS APPLIES TO ANY MEDICAL PRESCRIPTION

Employment Resources Incorporated (ERI) requires that if medication/treatments are to be taken by a student during the day, the school **MUST** have the following information completed and on file. In addition, this information **MUST** be updated as soon as changes occur.

TO BE COMPLETED BY THE PHYSICIAN: (Please print)

Student's Full name: _____

Medication/Treatment: _____

Dosage and Time Schedule: _____

Diagnosis: _____

Length of Time Medication/Treatment Required: _____

Precautions, Special Instructions, Possible Side Effects, Comments: _____

Name of Prescriber: _____

Signature of Prescriber: _____

Address: _____

Telephone: _____ Date: _____

TO BE COMPLETED BY PARENT OR GUARDIAN:

I request that school personnel assist my child in taking the above medication/treatment ordered by the physician as stated and according to the directions given. I authorize a representative of the school to share information regarding this medication/treatment with a health care provider in an emergency. I understand and agree to comply with the school's policies and procedures.

Signature of Parent/Guardian

Date

THE GLADYS H. OBERLE SCHOOL

404 Willis Street
 Fredericksburg, VA 22401
 (540) 372-6710
 (888) 371-0597 toll free
 2022-2023

REQUEST FOR OVER-THE-COUNTER MEDICATION/TREATMENT MEDICAL STANDING ORDERS

THIS APPLIES TO ANY OVER THE COUNTER MEDICATION

Employment Resources Incorporated (ERI) **MUST** have the following information completed and on file if medication/treatments are to be taken by a student during the school day. In addition, this information **MUST** be updated as soon as changes occur:

I, _____, authorize _____
 Doctor's Name Patient's Name

to receive the following over the counter medications administered according to the indications and instructions of that medication's label.

Check all that apply:

- Acetaminophen
- Antacid tablets
- Antibiotic cream/ointment
- Calamine (anti-itch topical)
- Cough syrup
- Hydrocortisone Cream (1%)
- Ibuprofen
- Menthol drops
- Midol
- Other: _____
- Other: _____

To my knowledge the patient has the following medication allergies:

Parent/Guardian Signature: _____ Date: _____

Prescriber Signature: _____ Date: _____

THE GLADYS H. OBERLE SCHOOL
Asthma Awareness Information
2022-2023

Student's Name: _____ Date of Birth: _____

Parent(s)/Guardian(s) Name: _____ Phone: _____

Known Asthma Triggers: (check all that apply)

Colds	Mold	Exercise	Tree pollens
Dust	Strong odors	Grass	Flowers
Excitement	Weather changes	Animals	Smoke
Food (specify):		Other (specify):	

Typical Signs and Symptoms of an asthmatic episode: (check all that apply)

Fatigue	Rapid respirations	Dark circles under the eyes
Flaring nostrils	Persistent coughing	Gray/blue lips/fingernails
Difficulty playing	Difficulty eating	Difficulty drinking
Difficulty talking	Face red, pale, or swollen	Wheezing
Sucking in chest/neck	Mouth open(panting)	Agitation
Grunting	Restlessness	Complains of chest pain or tightness

Other(s): _____

Parent/Guardian Signature: _____ Date: _____

THE GLADYS H. OBERLE SCHOOL
Flu and Illness Agreement
2022-2023

To ensure the safety of all students and staff, I will keep my child home from school if they show symptoms of the flu to include fever (100 degrees Fahrenheit, 37.8 degree Celsius or greater), cough, sore throat, a runny or stuffy nose, body aches, headache, and feeling very tired. I will not send my child back to school until at least 24 hours after they are symptom free and have not had a fever, or signs or a fever, without the use of fever-reducing medications.

In the event, my child becomes ill at school with at least two flu-like symptoms, I will make arrangements for my child to be picked up within one (1) hour of being notified.

I have read and agree to comply with the Gladys H. Oberle School Flu and Illness Agreement. I understand that it is my responsibility to make arrangements for my child to be picked up from school within one (1) hour in the event he or she presents with at least two (2) flu-like symptoms.

Print Parent/Guardian Name: _____

Signature Parent/Guardian: _____ Date: _____

THE GLADYS H. OBERLE SCHOOL
Mask Opt-Out Form
2022-2023

The Gladys H. Oberle School adheres to recommended CDC mitigation strategies including the use of face masks to protect staff and students against the spread of COVID-19. As of **March 1, 2022**, parents who do not want their child to participate in this effort may opt out. However, face masks are required during transit in school vehicles. There may be times when off-site activities including, but not limited to, field trips or community-based learning excursions are planned to enrich and enhance your child's educational experiences. Students who do not comply with this regulation shall not attend such events.

I further acknowledge and agree to keep my child home from school if they show any symptoms associated with COVID to include, but not limited to, fever (100.5 degrees Fahrenheit, 37.8 degree Celsius or greater), fatigue, cough, sore throat, congestion, body aches, headache, shortness of breath, loss of taste/smell, nausea, and diarrhea. I will contact the school to report suspected or confirmed cases of COVID-19 and make arrangements for virtual learning until my child has been cleared to return to in-person learning in accordance to CDC guidelines. In the event my child becomes symptomatic at school, I will make arrangements for my child to be picked up within one (1) hour of being notified.

A parent or guardian's decision to "Opt-Out" their child from the masking mitigation strategy no way changes or exempts their child from required quarantines following exposure to a person during the school day who later tests positive for COVID. A parent or guardian may at any time rescind the "Opt Out" status for their child by notifying the school in writing.

By signing, I authorize the right for my child to not wear a face mask while at school. I have also read and agree to comply with the supplemental terms of this contract as outlined above.

Parent/Guardian Name: _____

Signature Parent/Guardian: _____ Date: _____

Student's Name: _____

THE GLADYS H. OBERLE SCHOOL
Permission to Transport
2022-2023

This permission form allows Employment Resources Incorporated (ERI) to transport students to and from various school-related activities including but not limited to: PE, field trips, transition training experience. All students must obey the following transportation rules:

- 1) Students must sit in assigned seats
- 2) Students must wear seat belts
- 3) Students must remain in their seats while the vehicle is in motion
- 4) Students must maintain appropriate behavior and language
- 5) Students may not open windows or doors without permission
- 6) Students may not operate the vehicle's radio

Each vehicle is equipped with a first aid kit, fire extinguisher, road safety equipment as well as a cell phone. Staff has been instructed to stop the vehicle the moment that their concentration is broken by a student's inappropriate behavior.

Students who are unable to follow these safety rules will be prohibited to ride in company vehicles. ERI will not make alternate transportation arrangements for the student.

Student's Full Name: _____ DOB: _____

I hereby acknowledge that participation in The Gladys H. Oberle School programs requires that ERI transport my child to and from certain school-related activities. I agree and acknowledge that neither the Board of Employment Resources Incorporated, nor its officers, agents or employees, shall have any liability to me or to my heirs or legal representatives as a result of any loss, injury or damage (including death) incurred or suffered by my child in connection with such transportation. I further expressly waive all rights, claims, causes of action and the like, of any nature whatsoever, which I or my heirs' legal representatives may have against Employment Resources Incorporated in connection with my child's participation in and transportation to and from school-sponsored activities.

Parent/Guardian Signature: _____

Printed Name: _____ Date: _____

THE GLADYS H. OBERLE SCHOOL
Permission to Photograph
2022-2023

I give permission for _____ to be photographed or videotaped. I understand that the photographs or video may be incorporated into ERI's oral and electronic presentations and written publications to include but not limited to newsletters, catalogs, brochures, webpage, social media, and newspaper articles.

Parent/Guardian Signature

Date

THE GLADYS H. OBERLE SCHOOL
Permission to View Videos
2022-2023

I give permission for _____ to view videos while attending ERI's Gladys H. Oberle School. Videos will be used as an educational resource and for occasional recreational purposes only. I understand that only those videos deemed appropriate by ERI school staff will be viewed.

Parent/Guardian Signature

Date

Acceptable Use Policy

We are pleased to offer the students of The Gladys H. Oberle School access to the computers and the Internet. To gain access to the Internet, all students under the age of 18 must obtain parental permission and must sign and return this form to the school. Students 18 and over may sign their own forms.

Access to the Internet will enable students to explore thousands of libraries, databases, and bulletin boards while exchanging messages with the Internet users throughout the world. Families should be warned that some material accessible via the Internet may contain items that are illegal, defamatory, inaccurate, or potentially offensive to some people. While our intent is to make Internet access available to further educational goals and objectives, students may find ways to access other materials as well. 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. The Gladys H. Oberle School supports and respects each family's right to decide whether or not to apply for access.

The Gladys H. Oberle School Internet Rules

Students are responsible for good behavior on school computer networks. Communications on the network are often public in nature. General school rules for behavior and communications apply.

The network is provided for students to conduct research and communicate with others. Access to network services is given to students who agree to act in a considerate and responsible manner. Parent permission is required. Access is a privilege - not a right. Access entails responsibility.

Individual users of the computer networks are responsible for the behavior and communications over those networks. It is presumed that users will comply with school standards and will honor the agreements they have signed. Within reason, freedom of speech and access to information will be honored. Teachers will guide students toward appropriate materials. School personnel will attempt to restrict, monitor or control the communications of the individuals utilizing the network.

Network storage areas are treated as other areas in the facility- administrators may review files and communications to maintain system integrity and ensure that users are using the system responsibly. Students should not expect that files stored on school servers will be private.

The following are not permitted:

- X Sending or displaying offensive messages or jokes
- X Using obscene language
- X Harassing, insulting or attacking others
- X Damaging computers, computer systems or computer networks
- X Violating copyright laws
- X Using another's password
- X Trespassing in another's folders, work or files
- X Intentionally wasting limited resources
- X Employing the network for personal or commercial purposes

Violations may result in a loss of access as well as other disciplinary or legal action. Students found guilty of damaging or destroying a computer and related equipment will be required to pay restitution to Employment Resources Incorporated.

THE GLADYS H. OBERLE SCHOOL
Computer Network and Internet User Agreement and
Parent Permission Form
2022-2023

As a user of Employment Resources Incorporated's computer network, I hereby agree to comply with the rules outlined in the Acceptable Use Policy. I will honor all relevant laws and restrictions. Further, I understand that violation of the Acceptable Use Policy will result in the termination of my computer usage privileges as well as possible legal charges. I agree to pay Employment Resources Incorporated restitution for any and all damage that I cause to corporation computers and computer-related equipment.

Print Student Name: _____

Student Signature: _____

Date: _____

As the parent or legal guardian of the minor student signing above, I grant permission for my son or daughter to access networked computer services such as electronic mail and the Internet. I understand that individuals and families may be held liable for violations. I understand that some materials on the Internet may be objectionable, but I accept responsibility for guidance of the Internet use and setting and conveying standards for my daughter or son to follow when selecting, sharing or exploring information and media.

I further understand that violation of the Acceptable Use Policy will result in the termination of my child's computer usage privileges as well as possible legal charges. I agree to pay Employment Resources Incorporated restitution for any and all damage incurred by my child.

Print Parent Name: _____

Parent Signature: _____

Date: _____

THE GLADYS H. OBERLE SCHOOL
Google Classroom Email Assignment
Parent Permission Form
2022-2023

The Gladys H. Oberle School utilizes Google Classroom, a product of G Suite for Education, as a part of the general curriculum. The platform integrates with Google's other tools including Google Drive, Docs, Sheets, Slides, and calendar to help teachers:

- Streamline how they manage classes.
- Digitally organize, distribute, and collect assignments, course materials, and student work.
- Communicate with students about their classwork by posting announcements and reminders about assignments, see who has or has not completed their work.
- Check in with individual students privately, answer their questions, and offer support.
- Give students timely feedback on their assignments and assessments.

Upon enrollment, students are assigned a Gmail account under The Gladys H. Oberle G Suite for Education account. This email address may be used for student to communicate with their teacher and complete work assignments. This is the main platform that is used in the event the school needs to utilize distance learning.

* If a student is under the age of 13, the parent **MUST** give permission for the student to be assigned an email account. Oberle staff will assist the parent in this process.

I give my permission for my student to be assigned an email address upon enrollment to be used as a part of the curriculum.

Print Student Name: _____

Print Parent/Guardian Name: _____

Signature Parent/Guardian: _____

Date: _____

THE GLADYS H. OBERLE SCHOOL
Email Contact Information
2022-2023

Student Name: _____

We send a variety of information to parents and families through email. Please provide us with the email address you would like for us to use.

Email: _____

Email: _____

Gradelink is our online student information system. With Gradelink you can stay updated on you or your child's academic progress at school. Upon student enrollment, each family will be provided with a login and password so that they are able to access this secure information. The login and password will remain the same while they are enrolled in our program. The following information is available to you when you log in to Gradelink:

- Current Grade in each class
- Descriptions, Grades, and Teacher Comments for graded assignments
- Descriptions and Due Dates for upcoming assignments
- Email Alerts you can configure for grades and attendance
- Behavioral Progress

To access this information go to www.gradelink.com

If you do not have access to the internet and would prefer to have information sent in the mail, you may request that.

I would prefer to have reports sent in the mail.

Please use the following mailing address:

THE GLADYS H. OBERLE SCHOOL
Electronics Agreement
2022-2023

THE GLADYS H. OBERLE SCHOOL
HAS A NO ELECTRONICS POLICY INCLUDING CELL PHONES!

The intent of our “**no outside electronics/cell phone**” policy is to help our students stay more present and engaged in their learning. Current research and our own observations within the classroom clearly indicate electronic/cell phone usage to be a major distraction which contributes to a less than optimal learning environment for both the student and the teacher. Acceptance and continued placement into The Oberle School program is dependent on student compliance with this policy.

The following procedure is enforced when students arrive to school with an electronic device including cell phones:

- Upon arrival to school, students will place all electronics including cell phones in the electronic/cell phone container before walking through the body scanner. This container has individual slots which will be clearly marked with each student’s name.
- Once all electronics/cell phones are collected, the container will be locked in a designated space.
- At dismissal, electronics/cell phones will be returned to the students as they leave the building by a staff member.

IMPORTANT NOTICE: Students will not be permitted to enter the building if they refuse to turn in electronics or cell phones!

If a student refuses to turn over electronics or cell phone, the following procedures will occur:

- Student will be encouraged to abide by the policy and place electronics/cell phone in their designated slot.
- If student continues to refuse, a parent/guardian will be called to discuss the situation.
- If student continues to refuse, parent/guardian will be instructed to come pick up the student.
- Repeated offenses will result in a meeting with the student’s LEA representative to discuss the noncompliance and to develop a plan for moving forward successfully.
- Continued noncompliance may result in a student s termination.

I have read and agree to comply with the Oberle School Electronics/Cell Phone Agreement.

Print Student Name: _____

Student Signature: _____

Date: _____

I have read and agree to comply with the Oberle School Electronics/Cell Phone Agreement.

Print Parent/Guardian Name: _____

Signature Parent/Guardian: _____

Date: _____

THE GLADYS H. OBERLE SCHOOL

404 Willis Street -- Fredericksburg, VA 22401

540.372.6710 (Office) 540.373.1791 (Fax)

(888) 371-0597 toll free

AUTHORIZATION TO RELEASE INFORMATION TO EMPLOYMENT RESOURCES INCORPORATED

Student's Full, Legal Name: _____ DOB _____

SS#: _____ - _____ - _____ Address: _____

I give my permission for Employment Resources Incorporated (DBA, The Gladys H. Oberle School) to obtain and exchange specific information or reports from the following: (Check all that apply and add any others that may apply)

Local Education Agency (School)

Mental Health Provider

Previous Private Placements

Court Services

Medical Doctor

Department of Social Services

Other:

These records or reports include information that may affect my attendance and/or performance at The Gladys H. Oberle School including academic, behavioral, discipline and attendance information from public and private placements; Juvenile records from the Court Service Unit that includes juvenile offenses, mental health, substance abuse and other counseling, probation rules and other court-ordered rules; Health records that include current physical examination, immunization records and physical/mental health status, current medications and restrictions as they relate to my ability to successfully participate in school- and community-based activities; and (list any other information that may apply)

I am aware that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I hereby release ERI or its representatives from all legal responsibilities or liability that may arise from this act. I understand that this consent may be revoked by me at any time by providing written notice to ERI or its representative. I further understand that information released prior to any revocation cannot be retrieved nor can ERI or its representatives be held responsible for such an act. In any event, this consent expires automatically when the above student is no longer enrolled in The Gladys H. Oberle School or July 31, 2023, whichever comes first.

Date: _____

Student Signature

Parent/Guardian Signature

Employment Resources Incorporated Representative Signature

THE GLADYS H. OBERLE SCHOOL

ENROLLMENT STANDARDS

2022-2023

Employment Resources Incorporated (ERI) maintains a policy of non-discrimination for reasons of race, religion, national origin, gender or handicapping condition. In order to protect the safety and well being of students enrolled in The Gladys H. Oberle School, ERI requires that certain standards of behavior be present. ERI has identified that students who present the following behaviors may not be successful in our program and will not be offered enrollment:

1. Utilize illegal mood-altering substances.
2. Exhibit physical or verbal aggressive behavior which could place themselves or others in jeopardy.
3. Be unable to learn in small, structured settings.
4. Be unable to independently manage their medication.
5. Be unable to consistently follow the Code of Student Conduct.

All students who are enrolled are accepted on a 30-day trial basis. ERI is most concerned that a student's placement be appropriate to meet his or her academic, behavioral and transition needs. A student's performance is measured, documented and reported to parents, referring school personnel and others as requested. A decision as to the appropriateness of the placement will take place within the 30-day trial period. Meeting(s) between ERI, the student and parents, referring school personnel and others determined to be integral to the student's case management may be held to solicit input during this process.

In addition, State law mandates that the following be provided to ERI prior to a student's enrollment: an up-to-date immunization record and proof that the child has had a physical. Your child will NOT be allowed to attend ERI's Gladys H. Oberle School until these items are in his/her student file.

I have received and agree to comply with the Enrollment Standards from Employment Resources Incorporated.

Signature of Student Date

Signature of Parent/Guardian Date

GLADYS H. OBERLE SCHOOL
Counseling Services
Participation Form
2022-2023

As part of the counseling services offered at Gladys H. Oberle, our counselors, Ms. Dillow and Mrs. Love, may take our students on therapeutic walks to provide counseling interventions. Many of our students will request these walks when feeling overwhelmed or frustrated.

Student Name: _____

Please indicate your preference for your child:

I give my permission for my student to take therapeutic walks when needed or requested.

I do not give permission for my student to take therapeutic walks.

Parent Signature: _____

Date: _____

THE GLADYS H. OBERLE SCHOOL
Permission To Practice Yoga
2022-2023

Tula Yoga Project is partnering with our school again this year to offer yoga classes to interested students. Classes will be offered once a week by a certified yoga instructor who will present proper alignment and breathing techniques for maximum benefits.

For more information about Tula Yoga, please visit their website at www.tulayogahealing.com.

Yoga is a wonderful tool that promotes physical, emotional, and spiritual health. The benefits of a regular yoga practice can include, but are not limited to, increased flexibility and strength, reduced anxiety and depression, lowered blood pressure and cholesterol levels, improved circulation and memory, and improved immune function.

I give my son/daughter, _____ permission to practice yoga with a certified yoga practitioner from Tula Yoga Project.

Parent/Guardian Signature

Date

BEHAVIOR MANAGEMENT

Per the Department of Education, we are informing you of the Behavior Management System utilized by The Gladys H. Oberle School. The following excerpt is taken from The Gladys H. Oberle School Student Handbook:

Respectful, mature conduct towards ERI staff as well as other students and visitors, is required. Demonstrations of disrespect, including the use of profane or obscene language or conduct, will result in disciplinary action.

Students are enrolled on a 30-day trial basis. Students who exhibit acceptable behavior and are able to follow the Code of Conduct shall remain enrolled at The Gladys H. Oberle School after the 30-day trial period. Staff will provide you with daily feedback regarding your behavior - helping you to identify those areas in which you excel as well as those areas in which you need to change your behavior. We will provide you with opportunities to learn and implement new behavior management techniques designed specifically for you.

Remember that your behavior will be measured, documented, and reported to your parent/guardian, referring school system and probation officer (as applicable) on a daily basis. This is your chance to demonstrate your abilities and be recognized for your success!

Every student is expected to follow the Code of Conduct located in the back of the Student Handbook. These general rules of conduct are modeled on those utilized in local public school systems and were established to ensure the rights and welfare of all students and to prevent a disruptive few from interfering with the education of other students.

Following the Code of Conduct will enable you to be more productive so that you can get more out of your educational experience. It will also allow you to demonstrate to yourself, your parents, your probation officer and your referring school system that you understand the importance of rules and that you are able and willing to follow rules. This is especially important for those students who are planning to transition back to public school.

BEHAVIOR MANAGEMENT STRATEGIES

The Gladys H. Oberle School community, including students, parents, teachers, administration, and others, must work together to create and maintain a safe and supportive environment that promotes teaching and learning. Staff have a positive attitude towards their role - that of teaching, not coercing, students. Our staff believes in the empathetic and equitable treatment of all students.

All students are expected to follow the Student Code of Conduct and, as outlined, certain incidents/offenses (e.g. smoking, bringing a drug/weapon to school, leaving school grounds ...) will result in immediate disciplinary action.

Our behavior management program includes positive strategies designed to help students learn and implement appropriate behavior so that they can avoid getting into trouble. Corporal punishment and abusive techniques and interventions are not authorized, permitted or condoned.

Besides using the strategies outlined in a student's IEP, the following continuum of strategies may be used when a student exhibits (and then continues to exhibit) a disruptive behavior:

Example: A student is disrupting the class by talking out of turn.

1) *Non-verbal Cues: The teacher will stop presenting the lesson and pause, giving the student an opportunity to stop talking and get back on task. Should the student continue:*

2) *Verbal Cue: The teacher will remind the entire class that talking out of turn is disruptive. The teacher will then remind the students how to appropriately ask for assistance. Should the student continue:*

3) *Verbal Cue: The teacher will remind the disruptive student that talking out of turn is inappropriate. The teacher will inform the student that he will be relocated to another area in the room if he continues to disrupt his peers. The teacher will ask if he needs help with his work. Should the student continue:*

4) *Relocation within the Room: The teacher will relocate the student to another work space in the room. Again the teacher will ask if the student needs help with his work. Should the student continue defying the teacher:*

5) *Time Out: The teacher will request that the student be removed from the room for a timeout (not to exceed 30 minutes per incident). The time out area shall not be locked nor the door secured in a manner that prevents the student from opening it. During the timeout, the student will be able to communicate and process the incident with staff. Staff shall check on the student at least every 5 minutes and more often depending on the nature of the student's disability, condition, and behavior. If accommodations are needed to assist the student, they will be implemented. Staff shall document the frequency, duration, and interaction(s) of each time out. Should the student be unable to return to class or, upon return to class, begin exhibiting the same (or similar) inappropriate behavior, (See 6)*

6) *In-School Suspension: The student will be placed in In-School Suspension. The student is expected to follow all rules and complete all academic assignments during this time period. He will lose all privileges including off-site activities. Should the student refuse to complete his assignments, continue to exhibit inappropriate behavior and/or defy the school administrator (See 7):*

7) *Removal of Student from School by Parent: The School Administrator or designee will contact the student's parent to remove him from school for the remainder of the day. Should the student become verbally or physically abusive or assaultive (See 8):*

8) *Removal of Student from School by Police: The School Administrator or designee will contact the police to remove the student from school.*

As part of our behavior management program, staff documents the behavior of our students. Incidences of negative behavior are submitted on discipline referrals to administration, acted upon, and documented on a cumulative discipline record. This record is submitted to LEA, probation officers, and parents. A daily point system may also be utilized to recognize positive behaviors. Serious incidents as well as chronic behavioral issues are also documented on a student's weekly report.

When a student exhibits chronic behavior problems, a functional behavioral assessment is conducted. The information gathered during the assessment help the staff, student and parents identify possible reasons for the problem behavior as well as intervention strategies.

Our behavior management program strives to decrease a student's challenging behaviors in the least intrusive manner possible. However, the use of restrictive procedures may be used when the behavior exhibited is dangerous to the student or others around him. In addition, staff may use restrictive procedures when the challenging behavior significantly disrupts the regular activities of students, staff and visitors and when valued property is being damaged or destroyed. Staff has been trained in approved restrictive procedures.

PARENTAL RESPONSIBILITY FOR STUDENT BEHAVIOR

We believe that our students experience the most success when their parent(s)/guardian(s) are active participants in their educational process. The Gladys H. Oberle School strives to maintain open communication with parents - discussing a student's academic and behavioral performance or lack thereof, and requesting input and assistance in designing creative strategies to reward progress and address deficiencies as needed.

The Code of Virginia § 22.1-279.3 requires parents to assist the school in enforcing the standards of student conduct and compulsory school attendance. This Code states that each parent of a student enrolled in a public school (and placed by the public school at The Gladys H. Oberle School), has a duty to assist the school in enforcing the standards of student conduct and attendance in order that education may be conducted in an atmosphere free of disruption and threat to persons, property, and supportive of individual rights.

If an issue arises, the school administrator may request a student's parent or parents, if both parents have legal and physical custody of the student, to meet with the school administrator or designee to review the Code of Conduct . It is the parent or parents' responsibility to participate with the school in disciplining the student and maintaining order, and to discuss improvement of the child's behavior and educational progress.

The school administrator may notify parents of any student who violates a Code of Conduct policy when such violation could result in the student's suspension, whether or not the school administrator has imposed such disciplinary action. The notice shall state the date and particulars of the violation, the obligation of the parent to take actions to assist the school in improving the student's behavior; and that, if the student is suspended, the parent may be required to accompany the student to meet with school officials.

No suspended student shall be admitted back to school until such student and his parent have met with school officials to discuss improvement of the student's behavior, unless the school administrator or her designee determines that readmission, without parent conference, is appropriate for the student.

Upon the failure of a parent to comply with the provisions outlined above, the school administrator may request that the student's home school, by petition to the juvenile and domestic relations court, proceed against such parent for willful and unreasonable refusal to participate in efforts to improve the student's behavior.

THE GLADYS H. OBERLE SCHOOL
Behavior Management Program
2022-2023

I am familiar with the Behavior Management Program utilized by The Gladys H. Oberle School. I understand that staff follows established strategies when attempting to help my child modify his or her behavior. Further, I understand that the use of restrictive procedures may be used when the behavior exhibited is dangerous to the student or others around him. In addition, staff may use restrictive procedures when the challenging behavior significantly disrupts the regular activities of students, staff and visitors and when valued property is being damaged or destroyed. I understand that The Gladys H. Oberle School staff has been trained in approved restrictive procedures.

I agree that The Gladys H. Oberle School staff may follow their behavior management program when dealing with my child.

Child's Name (Print): _____

Signature of Parent/Guardian: _____

Printed Name of Parent/Guardian: _____

Date: _____

STATEMENT OF RECEIPT OF
The Gladys H. Oberle School Student Handbook
and Code of Conduct
2022-2023

I am the parent/guardian of the below named child and, by my signature, I acknowledge that I have received a copy of The Gladys H. Oberle School Parent/Student Handbook and Code of Conduct. In The Parent/Student Handbook, I read and understood the information presented regarding School Attendance and Parental Responsibility. I understand that The Gladys H. Oberle School is required to work cooperatively with my child's home school system in implementing the state laws that necessitated these policies.

By signing this Statement of Receipt, I do not waive or abdicate, but do expressly reserve, any rights protected by the constitutions or laws of the United States or the Commonwealth of Virginia. I further understand that I have the right to express disagreement with the school's policies or decisions.

Print Parent/Guardian Name: _____

Signature Parent/Guardian: _____ Date: _____

I have been given a copy of The Gladys H. Oberle School Parent/Student Handbook and Code of conduct. I have no questions and fully intend to abide by all policies outlined in The Gladys H. Oberle School Parent/Student Handbook and all rules outlined in The Code of Conduct.

Print Student Name:

Student Signature: _____ Date: _____

GLADYS H. OBERLE SCHOOL

School Nutrition

Free & Reduced-Price Meals

Children need healthy meals to learn. The Gladys H. Oberle School offers healthy meals every school day. Students in the 2022-2023 school year will receive a nutritious breakfast and lunch at no charge. Households are not required to submit a meal application form to receive meals at no charge.

Although school meals will be provided free to all children, school funding and eligibility for other programs is dependent on completed meal applications. Families are encouraged to submit the free and reduced meal application to assist Oberle in seeking additional funding for continuation of our excellent programming.

All meals served must meet standards established by the U.S. Department of Agriculture. However, if a student has been determined by a doctor to be disabled and the disability prevents the student from eating the regular school meal, the school will make substitutions **prescribed** by the doctor. If a substitution is **prescribed**, there will be no extra charge for the meal. If your student needs substitutions because of a disability, please contact the school.

All children in households receiving Supplemental Nutrition Assistance Program (SNAP) benefits or Temporary Assistance for Needy Families (TANF) are eligible for free meals. Foster children who are the legal responsibility of a foster care agency or court are eligible for free meals. Students who are eligible for Medicaid may also be eligible for free or reduced-price meals based on the household's income. Children who are members of households participating in WIC may also be eligible for free or reduced-price meals based on the household's income. If your total household income is at or below the Federal Income Eligibility Guidelines, shown on the chart below, your child(ren) may get free meals or reduced-price meals. Your child(ren)'s application from each school year is only good for the first few days of a new school year. You must send in a new family application each school year.

FEDERAL INCOME GUIDELINES For Free or Reduced-Price Meals

Household Size	Yearly	Monthly	Weekly
1	\$23,828	\$1,986	\$459
2	\$32,227	\$2,686	\$620
3	\$40,626	\$3,386	\$782
4	\$49,025	\$4,086	\$943
5	\$57,424	\$4,786	\$1,105
6	\$65,823	\$5,486	\$1,266
7	\$74,222	\$6,186	\$1,428
8	\$82,621	\$6,886	\$1,589
For Each Additional Family Member Add	\$8,399	\$700	\$162

HOW TO APPLY

If you do not receive SNAP or TANF benefits for your child(ren) complete the application and return it to the school. If you do not list a SNAP or TANF case number for the child(ren) you are applying for, then the application must have the names of all students, the names of all other household members, the amount of income each person received last month, and how often the income was received. An adult household member must sign the application and include the last four digits of the social security number. If the person does not have a social security number, check the box provided indicating none. You or your child(ren) do not have to be U.S. citizens to qualify for free or reduced-price meals. An application that is not complete cannot be approved. An application that is not signed is not complete. You must send in a new application each school year.

OTHER BENEFITS: Your child(ren) may be eligible for other benefits such as the Virginia children's health insurance program called Family Access to Medical Insurance Security (FAMIS) and/or Medicaid. The law allows schools to share your free or reduced-price meal eligibility information with Medicaid and FAMIS. These programs can only use the information to identify children who may be eligible for free or low-cost health insurance, and to enroll them in either Medicaid or FAMIS. These agencies are not allowed to use the information from your free or reduced-price meal application for any other purpose. Medicaid officials or officials with FAMIS may contact you to get more information.

You are not required to allow us to share this information with Medicaid or the FAMIS program. Your decision will not affect your children's eligibility for free and reduced-price meals. If you do not want your information shared, please check the appropriate box in Section 6 of the application. You may qualify for other assistance programs. To find out how to apply for SNAP or other assistance programs, contact the local social service office in your area.

CONFIDENTIALITY AND NOTICE OF DISCLOSURE: School officials use the information on the application to determine if your child is eligible to receive free or reduced-price meals and to verify eligibility. As authorized by the National School Lunch Act, the school division may inform officials connected with other child nutrition, health, and education programs of the information on your application to determine benefits for those programs or for funding and/or evaluation purposes.

VERIFICATION: School officials may check your eligibility at any time during the school year. School officials may ask you to send information to prove that your child(ren) should receive free or reduced-price meals.

FAIR HEARING: If you do not agree with the decision on your application or the results of verification, you may wish to discuss it with the school. If you wish to review the final decision on your application, you also have the right to a fair hearing. You can request a hearing by calling or writing the following official:

Patricia Hoagland
404 Willis Street
Fredericksburg, VA 22401
(540) 372-6710

REAPPLICATION: You may reapply for free and reduced-price meals any time during the school year. If you are not eligible now but have a change, such as a decrease in household income, an increase in household size, become unemployed or get SNAP or TANF for your child(ren), fill out an application at that time.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.usda.gov/oascr/filing-program-discrimination-complaint-usda-customer> and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. You may submit your completed form or letter to USDA to:

US Department of Agriculture, Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, DC 20250-9410
(Mail)
(202) 690-7442
(Fax)
Program.intake@usda.gov
(Email)

If you have any questions or need help filling out the application, please contact the school at (540) 372-6710. Return your completed and signed application to: Gladys H. Oberle School, 404 Willis Street, Fredericksburg, VA 22401. You will be notified when your child(ren)'s application is approved or denied.

This institution is an equal opportunity provider.

PART 5: CHILDREN'S ETHNIC AND RACIAL IDENTITIES: You are not required to answer this question.

Ethnic Identities: Choose one of the following: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Racial Identities: Choose one or more of the following racial identities (in addition to ethnicity): <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
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PART 6: OTHER BENEFITS: Medicaid & Health Insurance:

Your child may be eligible for other benefits. The school is allowed to share the information on this application with Medicaid and the Virginia children's health insurance program called FAMIS. We must have your permission to share this information. Your decision will not affect your child's eligibility for free or reduced-price meals.
<input type="checkbox"/> NO, I do not want school officials to share my free or reduced-priced meal information with Medicaid or FAMIS.
<input type="checkbox"/> YES, I give permission for the information on this application to be used for the program(s) listed below and understand I only give up the rights to confidentiality for the specific purpose(s) marked. <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

PART 7: SIGNATURE & SOCIAL SECURITY NUMBER: An adult must sign the application and provide the last four digits of the Social Security Number or mark the box if they do not have one before the application can be approved. (Before signing, read the privacy and civil rights statements attached to this application.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits and I may be prosecuted under state and federal law.

XXX-XX-_____
(Last four digits of SSN of Adult Signing Application)

I do not have a Social Security Number

Signature of Adult Household Member

Date

Mailing Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____