

Sentinel High School

Directors and Coaches Handbook



Sentinel High School

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Forward Thinking, High Achieving.

Sentinel High School

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TABLE OF CONTENTS

Coaches' Handbook		MCPS Confidentiality Agreement	41
Introduction	1	Tuberculin Test Requirements	42
Philosophy and Goals	2	Employment Eligibility Verification Form	43-44
Coaches' Procedures and Responsibilities	3	W-4 Form.....	45-46
Pre-Season	3-4	Montana Withholding Form	47
In-Season	5-7	Authorization to Release Information Form	48
Post-Season.....	8-10	Fingerprints and Criminal Background	
Responsibility and Procedures	10	Investigations	49-51
Students and Parents		Volunteer Coaches Checklist.....	52
Pre-Season	10-11	Tobacco Free Policy	53
In-Season	12-13	Drug Free Workplace Policy.....	54
Dealing with an Angry Parent or Student.....	14-15	Air Quality Guidelines for MCPS.....	55
Risk Management Strategies for Coaches	16	Title IX Grievance Procedures.....	56-58
Coaching Checklist	17	Employee Sign Off Sheet.....	59
Activity Registration Form.....	18	101 Ways to Praise a Child	60
MHSA Confidential Athletic Pre-Participation		Bibliography	61
Physical Examination Form	19-20	Acknowledgment of Handbook	62
Emergency Card and Parent Acknowledgment of			
"Code of Conduct"	21		
MCPS Athletic Department Protocol and Procedures			
For Management of			
Sports Related Concussion	22-23		
Procedures for the Licensed Certified			
Athletic Trainer (LAT)	24		
Return to Play Procedures After Concussion	25-26		
Participation Attendance Policy	27		
Academic Eligibility	27		
Activities Trip Form.....	28		
Letter and Award Information Form	29		
Head Coach Evaluation Form	30-32		
Assistant Coach Evaluation Form	33-34		
Advisor Evaluation Form	35-36		
Seasonal Activities Code of Conduct	37-38		
Parent/Guardian Code of Conduct.....	39		
Coaches Code of Ethics.....	40		

District Website: www.mcps.k12.mt.us

MHSA Website: www.mhsa.org

NFHS Website: www.nfhs.org

Coaches' Handbook

Introduction

Coaches and directors often begin their careers with little or no understanding of the internal workings and relationships of the school, including policies, guidelines, and procedures. In addition, they may have limited experience dealing with complex situations that require a clear understanding of history, policy, procedures, and strategies necessary for success. This handbook is designed to provide resources and assistance for coaches and directors as they prepare for their season(s), manage their teams, meet with parents, and solve problems.



This handbook is designed to help coaches and directors to successfully navigate their seasons and maintain a positive climate in which students can concentrate on improving skills, develop appropriate mental attitudes for performance, build sportsmanship, and prepare for events.

Coaches and directors have many responsibilities. Their foremost responsibility is to provide student participants with the support and encouragement they need to accomplish both individual and team goals that lead to success in life.

Coaches and directors should be proactive; they should anticipate, plan, prepare and organize. This handbook incorporates the policies, procedures and resources to structure each program for success.



PHILOSOPHY

The function of high school activities programs is to foster a love of learning and a desire for high scholastic standards in all areas. To accomplish this, the school provides educational experiences in many ways, including the school activities programs. The school activities program augments secondary curriculum and the objectives of the regular classroom instruction.

The activities program begins with fundamental skill development and provides experiences that will help each student progress in developing emotional maturity, sound moral values, social competence, a sense of responsibility, and the ability to deal with adversity and success.

It is intended that the activities program participants strive for excellence and reach their potential with the principle goals being a positive learning experience and enhanced self-esteem. The emphasis of our non-varsity activities is on skill development, refinement, and participation. In varsity level activities winning is considered a worthy and immediate objective; however, good sportsmanship, and the well-being of the participants are equally as important.

GOALS

- To develop the educational benefits of activities for the student participants
- Promote and integrate the student community through activities
- To develop and refine sportsmanship and goal setting
- To promote service, goodwill and public relations through a well-developed activities program

PROCEDURES AND RESPONSIBILITIES



PRE-SEASON

Head coaches and directors have a number of important pre-season duties to perform including:

- I. Prepare a directory of address and phone numbers of all coaching staff and submit it to the activities director (AD). Make sure that all assistant coaches are current with MHSA Coaches Education Programs.
- II. Send a pre-season letter to all prospective participants and their parents. Provide a copy of the same letter to the AD, bookkeeper, and activities secretary. Include the following:
 - A. Schedule of games.
 - B. Schedule of practices.
- III. Complete a roster of all prospective squad or group members. Check with the main office bookkeeper for the completed paperwork of each participant. The emergency medical card and Code of Conduct agreement card must be signed by parents and be accessible for the coach at all times.
- IV. Prepare and conduct a parent pre-season meeting. Visit the AD to plan the meeting if necessary.
 - A. Prior to each season, all co-curricular activities coaches/directors will hold a meeting for all participants and their parents. All participants should attend with a least one parent. Prepare a parent handout for the pre-season meeting that includes how and when the coach or director can be contacted.
 - B. Provide a handout covering the topics to be covered at the meeting which includes the following:
 1. Season schedule for the activity
 2. Eligibility
 3. Training rules and behavior expectations/Code of Conduct
 4. Lettering requirements
 5. Criteria used to make “cuts” in activities where cutting is necessary
 6. Explanation of injuries that are common to the activity, if any
 - a. Injury Warning: Parents and students need to be aware that the possibility of major and/or minor injuries are an inherent danger in all of these activities (i.e. sprains and fractures). Football has a high injury rate that may include, but is not limited to head, neck, joint injuries, bruised organs, fractures, and in severe cases paralysis or even death. Wrestling may involve, but is not limited to, head, neck, joint injuries, fractures, and in severe cases paralysis. All other activities may result in any of the above, as well as, other injuries inherent to that activity.

6. Coaches are responsible for teaching safe techniques. They must also let parents know that they may contact the coach or AD with specific questions concerning safety and/or injury in an activity.
7. Physical, Code of Conduct, insurance requirements, At Risk Form, and Parent Code of Conduct.
8. Specific topics related to activity (e.g. weight loss in wrestling, fundraising for cheer leading, etc.)

V. Criteria for tryouts established and submitted to the AD.

- A. In activities that use tryouts for participation selection (e.g. cheerleading, basketball, volleyball, and any others where numbers make it necessary) the coach/sponsor of that activity shall establish criteria on which selection will be based. Tryout evaluations resulting in cuts should be made by more than one coach/sponsor whenever possible. The coaches/sponsors should be able to objectively explain the reason for the cut.
- B. Selection criteria should be as objective as possible, and a list of the criteria should be given to the building AD prior to the tryouts.

VI. Check eligibility status of all participants. Note transfer students on the pre-season roster given to the AD.

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- A. The school must verify the academic and residence eligibility of all students before they are allowed to compete in MHSA sponsored or sanctioned activities. It is the responsibility of the principal and AD, with the help of the school counselors, to construct a list of ineligible students prior to the start of each semester. The coach must provide a roster for the AD, noting transfer students. Also, the coach must check with the principal or AD to determine the eligibility status of participants prior to the start of the season.
- B. Residence requirements are established by the MHSA. The parent is responsible for supplying accurate residence information to the principal and AD so that the student's eligibility may be determined. This is necessary in any case of transfer between schools within the district, as well as transfers from other school districts to MCPS.

VII. Coaches must view the MHSA Rules Clinic if offered in that activity.

VIII. The head coach must arrange, with input from the AD, for team photos for the programs and year book.

IX. The head coach must prepare practice and facility use schedules and give them to the Activities Director. Facility use schedules **must** be submitted to the Activities Secretary to reserve the gym or field used.

X. The head coach/director must sign off regarding receipt and understanding of the MCPS and MHSA policy and guidelines pertinent to his/her activity.

XI. Coaches must complete and be current in their MHSA Coaches Education Program. Website: <http://www.nfhslearn.com/> . Head coaches must also complete MHSA Rules Clinic on-line from www.mhsa.org.

XII. All head coaches/advisors must go through Code of Conduct training and provide education to all assistants.

XIII. Head coaches need to check attendance and academic eligibility of participants during season related to the Code of Conduct.

IN-SEASON

Each season coaches are responsible for a number of items. As the season progresses these responsibilities grow.

- I. Maintain attendance records and other designated paperwork.
- II. Demonstrate sportsmanlike conduct and respect for others at all times.
- III. Teach skills and fundamentals necessary for specific activity.
- IV. Plan safe and effective practices.
- V. Arrange for meals/lodging in cooperation with AD. Provide the AD with an itinerary of all trips.
- VI. Understand the Code of Conduct and apply consequences in a consistent, equitable, and judicious manner. Review Code of Conduct with students in your activity two or three times during the season.
- VII. Supervise all participants during all trips, practices, and performances. Apply training rules and the MHSA Code of Conduct, and administer consequences when necessary.
- VIII. Students are subject to the Code of Conduct and team training rules for the duration of activity trips. Any student violating the code or training rules will be sent home. The coach or director in charge will call the student's parent, advising him/her of the violation and give him/her the option of picking up the student or having the coach send the student home via public transportation, at the parent's expense, as soon as possible. (Transportation expenses may be paid by the school and the school will be later reimbursed by the parents).
- IX. Once the coach or AD has notified the parent(s) and the student is placed aboard a form of public transportation, the student becomes the responsibility of the parent(s).
- X. Maintain constant communication with classroom teachers regarding the academic performances of participants.
 - A. Be aware of the eligibility status of participants.
 - B. Each coach/AD shall give to all teachers a roster of participating students as soon as possible at the beginning of each season.
 - C. Encourage teachers to inform the coach or AD of any academic or discipline problem that may arise so that the coach or AD can aid in counseling the student.
- XI. Conduct staff meetings with assistant coaches on a regular basis.

XII. Conduct program publicity, promotion and communicate with the news media.

- A. An effective, on-going public relations program must be established and maintained. Good publicity and promotion provide the key to success and survival of any activities program.
- B. All activities department personnel need to cultivate a good rapport with non-coaching members of the faculty (i.e. cooperate in their ventures, show interest in their projects). Make sure that participants have a high regard for class attendance and academic work. Keep the faculty posted of all activities and notify them of changes.
- C. Win the respect of the community for the whole program, not just by winning but by showing respect for people, exhibiting a professional image, and working with community groups.
- D. News releases pertaining to scheduling and other significant concerns should be cleared through the office of the AD or principal before being given to the news media.
- E. Publicity in general will be handled through the AD. Interviews will be requested by the newspapers from time-to-time, and the head coach/sponsor will cooperate and conduct him/herself in a professional manner. Each staff member should cooperate with the newspaper, radio, and TV. Information desired by the press should be supplied as long as it is appropriate and professionally handled.
- F. All coaches/sponsors should use discretion, honesty, and good judgment in all communication.

XIII. Medical Responsibilities

- A. Emergency Procedures
 - 1. Prepare
 - a. Have all emergency equipment and phone numbers readily available.
 - b. Know emergency procedures, sports first aid for the sport, and life-saving techniques.
 - 2. Assess the Situation
 - a. Always follow the most conservative opinion. If the parent, coach, and trainer are all involved in the decisions, the most conservative is the one to follow.
 - 3. Act
 - a. Take lifesaving measures if necessary.
 - b. Do not go beyond the limits of your training.
 - c. Decide if ambulance transport is necessary and make appropriate calls.
 - 4. Notify
 - a. Notify the parent(s) or legal guardian immediately.
 - b. Identify a staff member to accompany the injured student to the hospital, if applicable.
 - 5. Report
 - a. Complete an injury report form immediately.
 - b. Report injury and circumstances to principal, trainer, head coach, and other appropriate people.
 - 6. Follow Up
 - a. Call to check on a student. Visit student in the hospital, if possible. Contact parent(s) to let them know you care and would like to be updated as often as possible.
 - b. Require written clearance from physician prior to student's return to participation. This written clearance should be given to athletic trainer.

B. General Medical

1. Care of Injuries: Coaches and advisors are encouraged to have First Aid cards. However, having First Aid training does not make coaches or ADs qualified to make severe injury diagnosis. Coaches/advisors are to treat symptoms, but if the injury warrants they must have a written release before resuming practice or competition. Following up with parent(s) is an integral part of public relations on the part of the coach or advisor.
 - a. All participants must have a signed physical/parent consent card on file prior to the first practice and competition.
 - b. All participants must have an emergency medical card completed and on file with the trainer prior to the first practice or competition.

C. Prevention of Injuries

1. Practicing in Heat and Humidity
 - a. All coaches should be aware of procedures for practicing in extreme heat and humidity. Generally athletes should be in good shape prior to any extended practices in hot weather. Procedures for dealing with heat stroke and heat exhaustion should be posted or clear on the coach's mind.
 - b. Water breaks should be frequent. Never keep water from participants; if they need water give it to them. Allow players to drink as much water as they like and whenever they like.
 - c. Football players are very vulnerable to heat problems as they dress in equipment and uniforms that trap heat around the body.
 - d. Watch athletes carefully during times of extreme heat and humidity. Notice nausea, incoherence, fatigue, weakness, cramps, and unsteadiness, etc.
2. Lightning
 - a. All outdoor activities must stop anytime lightning is in the nearby sky. Absolutely no one should be on the field during a lightning storm.
 - b. Clear the field and go to the gym/locker rooms, nearby school, or bus.
3. Ambulance
 - a. If, in the judgment of the coach/advisor, an injury is deemed serious enough, the coach is authorized by the school district to take the responsibility to call an ambulance to transport the student to a hospital.
 - b. Missoula Emergency Service number is: (406) 549-2325.
 - c. Call the closest service or 9-1-1.

POST-SEASON

Coaches have numerous post-season duties to perform, including collecting and organizing information, preparing out-of-season training and developing conditioning programs for interested students.

- Prepare the awards list and turn in to the AD.
- Finalize coach's evaluations and discuss with the AD.
- Collect equipment and uniforms and turn in to the equipment manager.
- Inventory equipment and uniforms, assess needs, and submit to the AD/equipment manager.
- Plan and conduct the Awards Banquet. Work with the AD.
- Change record boards if necessary and notify the AD as to the accomplishments of participants.
- Plan and discuss with the AD the out-of-season training programs, camps, and open gyms. (Review definitions, information, and rules below).

Definitions that are important to coaches and directors as they plan out-of-season training programs:

Practice is defined as two or more potential players reporting to the practice field or court, with or without uniforms, under the supervision of a coach, and receiving coaching in game skills and techniques. MHSA prohibits out-of-season "practice." (See team coaching rule below).

Individual Instruction (coaching) is acceptable out-of-season and on one-to-one-basis, (i.e. one athlete per coach(es)). MHSA allows one-on-one coaching out-of-season.

Open Gym/Field is an arrangement whereby the school's gym or field is scheduled for volunteer play for all the student body.

Required Instruction on a one-on-one basis out-of-season **cannot** be required of any student. The intent of allowing one-on-one instruction is to provide the opportunity for a student to improve his/her skills, **if he/she requests assistance**.

The team coaching rule is suspended from June 1-July 31. This means a coach of a team sport can coach his/her players anytime, anywhere, and during this period.

The team coaching rule is in effect from August 1-May 31. This means that there is to be no coaching of one's team sport (team sports being football, basketball, volleyball, softball, and soccer) out-of-season other than the one-on-one provision allowed presently. Coaches of individual sports (individual sports being cross-country, wrestling, track and field, swimming, golf, and tennis) are not affected by this rule.

Students cannot be required to attend out-of-season practices, camps, or contests.

Schools cannot in any way sponsor, finance, promote, or be affiliated with any out-of-season contests, events, or tournaments.

A coach can continue coaching a team during the summer when the team advances to a regional or national event after July 31. The coach can continue coaching until the competition has ended. The MHSA office must be notified if this occurs.

SUMMER CAMP RULES (MHSA Policy)

- An MHSA member school may not sponsor nor have any part in financing a specialized sport camp (this prohibits the use of individual school equipment).
- The camp fee must be provided only by the student or his/her parent(s) or legal guardian.
- No student shall participate in any camp in which any of his/her coaches or high school faculty members are involved **except from June 1-July 31** of each calendar year.
- Students may not accept sweater, jersey, watch, etc., or symbolic award worth more than \$100 without endangering their eligibility in the sport for which they received that award.

SUMMER PROGRAMS/CAMPS/CLINICS (includes weight lifting, open gyms, etc. Also see section on open gym/field).

- Summer programs approved by the principal may take place in the summer as long as the following program components exist:
 - The program has adequate supervision by approved staff members.
 - Participants and supervisors are responsible for the security and care of the facility.

SPECIALIZED CAMPS AND CLINICS

- Coaches and sponsors may conduct camps/clinics upon approval of the building principal and/or executive director of activities.
- Camps/clinics which charge students are independent from the school district. By MHSA rules the school district is prohibited from, in any way, sponsoring or financing a specialized camp. This includes the use of individual school equipment such as uniforms or pads.
- All coaches conducting specialized camp/clinics are involved in an independent venture and must have a facility use contract and the required proof of facility liability insurance.
- Any camp or clinic, during the school year or in the summer, conducted by a coach for a fee charged to the participant, is subject to the district requirement regarding rental fee and facility liability insurance.

This applies to any camp or clinic involving elementary, middle school, or high school students.

- The school will charge a rental fee for outdoor and indoor camps conducted by coaches employed by the District. Additional custodial charges may be necessary for after hour camps or clinics. Facility liability insurance (required), personal liability insurance, and/or participant medical insurance policies are the sole responsibility of the coach conducting the camp.

OPEN GYM

Coaches and directors should be familiar with Section I: “Coaches/Practice Regulations,” of the MHSA Handbook. By MHSA interpretation, the following rules apply to the conduct of “Open Gym” workouts:

- “Open Gym/Field” must be scheduled, announced, and publicized for volunteer play by all the student body members who are interested. Building **must** be reserved for all Open Gym.
- Student **cannot be required** to attend “Open Gym/Field” activities.
- Any staff members can be in attendance for supervisory duties only. **NO** coaching can be in evidence in any team sport, i.e. football, basketball, volleyball, softball, and soccer (other than the one-on-one provision presently allowed).
- Supervisors can take part in the activity, i.e. three-on-three competition, if they do not coach in any way.
- Open gym/field activities may be held on Sunday if approved by the local district, but all MHSA restrictions and guidelines must be followed.
- Open gym/field activities can be held during any month of the year, and these criteria also apply to weight room training.
- Game film sessions may not be held on Sunday. They are interpreted as practice sessions, and practice may not be held on Sunday by MHSA rule.

FUNDRAISING

Any fundraising activities must be approved by the AD. All monies gathered must be deposited with the school bookkeeper. Keep all receipts for goods used in fundraising and all records. No monies gathered by school fundraising may be held outside of the school in any outside account. Please give a written explanation of what your fundraising money may be used for before starting any projects.



PRE-SEASON

RESPONSIBILITIES AND PROCEDURES STUDENTS AND PARENTS

I. Responsibilities and Procedures

In order for a student to be eligible for participation in a school activity (practice or competition), the following steps and forms must be completed and on file in the school office. It is the responsibility of the student and parent/guardian to supply all information and signatures.

- A. **Medical Responsibilities:** All students must have a physical and have the completed physical examination form on file in the school office and a completed emergency card before they may begin practice or competition in athletics and cheerleading. The purpose of this requirement is to protect the student and to provide the coach or sponsor and trainer with all necessary information concerning the student's health and physical condition. No student will be allowed to practice or compete until their completed forms are on file. This includes sports that cut players. The following forms and steps must be completed:

1. Physical Form: Signed by doctor, parent, and student. The student must have a physical on file that remains in effect for one school year. Forms are available in the school office.
2. Medical Insurance: Through family medical coverage.
3. Medical Emergency Card: Signed by a parent and student. The medical emergency card will be sent with the coach whenever the student travels for an activity. This card grants permission for a hospital to treat the student in an emergency if the parent cannot be reached. It also gives pertinent medical information. Completion of this card will be required of all students participating in school sponsored activities. The parent or guardian must complete and initial the insurance section of the medical emergency card before it will be considered complete.
4. Insurance Verification: The school does not provide medical insurance that covers injury that may result from participating in an activity. The parent/guardian is responsible for providing medical insurance. A parent must verify that they carry a family medical policy that will cover the student in the event of any activity injury. All students must be protected by some form of insurance coverage before they may practice or compete.
5. Assumption of Risk Form: Acknowledgement of risk injury in any activity. This form must be signed by the parent/guardian.

B. Other Responsibilities:

1. Activity Card Receipt: Students in athletics, speech, and performing groups are required to purchase an activity card which is the major source of funding for the activities program. Activities cards cost \$25 and admits the student to all MCPS regular season contests at any MCPS high school.
2. White Fee Receipt: Where applicable (e.g. football) the student will not receive "white fee" material until the fee is paid in the school office and a receipt has been obtained.
3. Eligibility Verification: Activities involving MHSA competition.
4. Each student will be assessed a \$60 participation fee for each activity he/she participates in, to a maximum of \$240.
5. The activities Code of Conduct (Activity Membership Agreement) between the school, student, and parent outlines the general rules to which the student must agree if he/she wishes to take part in school activities. The code also discusses the penalty for any violation of these rules during the season. **Students and parent(s) should read this bulletin and be familiar with its contents and philosophy prior to beginning of activities. *Complete Code of Conduct may be found on the District Website.**
6. All paperwork will be turned into the school office. The coach/sponsor will not accept physicals, Code of Conducts, etc. Upon supplying the physical, code of conduct, and emergency medical cards to the school office, the student will be given a copy of the receipt. After the receipt is given to participant, a report will be generated and given to the coach so they may add student to the roster and the student may then begin practice and competition.

***District Website: www.mcps.k12.mt.us**

IN-SEASON

I. Academic, Residence, and Behavioral Requirements and Responsibilities.

- A.. MCPS Academic Requirements: These academic requirements apply to athletics, MHSA sponsored chorus, band, and orchestra festivals or competitions, competitive speech, and cheerleading. Students may not participate in spring tryouts, (i.e. cheerleading) if they are ineligible.
1. All students participating in a school sanctioned sport or activity will be required to achieve a minimum cumulative grade point of 2.0. No student athlete or activities participant may have an "F" in any subject during a grade reporting period, (i.e. mid-quarter, quarter, or semester). An athletic or activities participant who received an "F", or whose grade point is below 2.0 will be ineligible for the following ten (10) school days, during which time the grade will be reviewed by a weekly grade check. A weekly grade check will be needed until the next grading period. If the "F" is raised and the GPA is at least 2.0, the participant will regain eligibility. If the quarter/semester grade remains the same after 10 school days, then the participant will remain ineligible for that grade-reporting period. During the period of ineligibility, the participant may practice. For students with an IEP or 504 Plan, the building administration and Special Education Teacher/504 coordinator will confirm that all accommodations have been fully implemented. All classes a participant is enrolled in, and for which he or she receives credit, shall count in the determination of athletic eligibility. Credit deficiencies may be made up if no violation of MHSA guidelines has occurred. Summer school, correspondence courses, night courses, etc., may be used to regain eligibility. MHSA requires students to pass four (4) classes each semester or lose eligibility for the next semester.
 - a. The purpose of these requirements is to ensure the student is progressing toward graduation. Graduation is based on the earning of a set number of credits rather than the achievement of a specific grade point.
 - b. Students who are academically ineligible may not compete at any level (varsity, junior varsity, sophomore, or freshman).
 - c. Transfer students who come from a school with MHSA academic requirements, will be eligible at MCPS if they were eligible at the previous school, but only for the first semester of attendance. They will be subject to MCPS eligibility standards the next semester.
 - d. Seniors must be in at last five (5) academic classes and meet the above academic eligibility requirements in order to participate second semester.

II. Residence and age eligibility requirements:

- A. Residence eligibility rules are established by the MHSA and apply to MHSA sanctioned activities only. Basically, students must live with their parents in the attendance area of the school for which they compete.

1. If a student moves from the attendance area of one MCPS school into the attendance area of another MCPS school (within the city) he/she may choose to remain at the original school or enroll in the new school. Eligibility will remain intact as long as the move is valid (with the parent(s)). In-district transfers not involving a parent move to the new attendance area must be approved by the Superintendent.
 2. A student who is ineligible due to the transfer rule may compete on the JV, sophomore, or freshman level, but not the varsity.
 3. All questions concerning residence eligibility should be directed to the building principal and/or AD.
 4. All MHSA transfer guidelines must be met.
- B. Age eligibility rules are established by the MHSA. Students are not eligible for MHSA events if they turn age 19 before midnight on August 31st previous to the school year participation.

III. MCPS Student Responsibilities: Discipline

- A. Students participating in school activities will be expected to conduct themselves appropriately at sports and activities related functions. They must keep in mind that they are representing their parent(s), school, and community when participating in activities. Students are expected to act in a mature, responsible manner and exhibit sportsmanship and respect for others at all times. They must adhere to their school "Code of Conduct."
- B. All students participating in school activities are subject to the MCPS Code of Conduct. Students and parent(s) should review the code and be familiar with the MCPS Activities Program Chemical Use Policy #3223.
- C. Students involved in activities will be disciplined when necessary. Everyone involved will be treated firmly, consistently, and fairly according to the situation.

DEALING WITH AN ANGRY PARENT OR STUDENT AND OTHER STRESSFUL SITUATIONS

All coaches, at one time or another, must deal with a stressful confrontation with an angry student or parent. To successfully cope with such a situation, coaches and directors should follow a conflict process, develop conflict management skills, and learn personal strategies that help them gain the initiative when a confrontation begins. The following information is offered to provide a “conflict process” and help coaches develop conflict management skills and personal strategies for addressing confrontations and other stressful situations.

- A. The coach should begin dealing with any conflict or problem by following a **conflict process**.
 - 1. Contact the AD to inform her/him about all student and/or parent problems, regardless of how serious the problem. Contact the AD immediately after problems or conflicts begin. He/she can offer immediate support and insights about each situation. This step must be the first one the coach or director takes, if at all possible.
 - 2. Contact parents immediately after contacting the AD. Have the situation under control and be ready to describe and explain - be proactive and be prepared. Immediate contact with parent(s) allows the coach to be proactive. Take notes of parent responses whenever possible.
 - 3. If the problem or conflict is not quickly settled over the phone, schedule a meeting with all parties involved. **Always remember, not all problems or conflicts can be solved immediately.** Contact the AD informing him/her about the results of the initial contact and the pending meeting.
 - 4. Prepare for the meeting. Meet with the AD and review the problem and parental responses. Develop a plan. Review the steps for dealing with stressful situations.
 - a. If possible, know what you can and cannot say before meeting. Always think of what is best for the kids.
 - b. Review important elements: When do the needs of the team come before the needs of the individual, and visa-versa? Think “win-win.” Be willing to develop consensus or to compromise if it will help kids. Do not engage in the “win-lose” situations. Avoid power struggles.
 - c. Prepare important strategies: Focus on the problem/conflict, not the person. Manage your emotions. Never try to make a decision when emotions are high on either side of the table. Set up a time to meet later. You can say “I’m sorry,” not necessarily apologetically, but to show concern and that you are sorry about the situation.
 - d. Assess the situation and the possibilities for finding solutions at that time. If a solution is not possible, move to meet again, when the air is clear and emotions are normal.
 - e. Address conflict and potential conflicts as soon as possible.
 - f. Be very careful about who you talk to about certain situations.

B. Steps to assist the coach in dealing with stressful situations.

1. **Pause:**

- a. Begin confrontation/meeting with a formal greeting with pride. Remain silent, listen, and maintain eye contact. This strengthens your position and lets the angry person vent. **Do not take it personally.**
- b. Avoid negatives. Eliminate negatives by responding to accusations in a positive way. Be aware of “buzz words” that people use to paint negative pictures or situations. Restate the concerns in your own words to clarify and let the other person see you recognize the concerns.
- c. Know who you are speaking to and what you can and cannot say to that person. Is that person emotional? Analyze the situation and person before speaking. **Do not think out loud!**
- d. Give information and be honest (if you do not know, say so). Be positive (start with positive introductory clause as a lead-in to what you want to say). Be simple and concise in responding, make what you say easy to understand.
- e. Be quotable/memorable, use anecdotes, converting experiences to story to make points.

2. **Face:**

- a. Start the meeting with a genuine smile and an open face. Raise eyebrows that create horizontal lines across your forehead.
- b. As discussion/conversation shifts, allow expressions to change from interest to concern or contemplation, whichever fits the moment.

3. **Body:**

- a. Maintain an open body. Have hands at side with one foot forward. Extend hand to gesture, but do not point fingers. Put hand on chin to contemplate, etc.
- b. Remember to breathe, using your diaphragm. Push stomach out while taking deep breaths.
- c. Use the power of proximity—be as close as you can to the other person without violating their space.

4. **Voice:**

- a. Maintain a communicable volume given the situation. Never be loud!. Use pitch and tone to affect meaning in your words.
- b. Start speaking with a positive comment about the student or the situation that is the focus of the conflict.

SUMMARY:

Remember, in order to successfully deal with confrontations, make yourself likeable. Remove distance and barriers between you and the antagonist, being sure to recognize the need for personal space. Smile and maintain eye contact. Listen to the other person’s concerns. Then, think before speaking. Consider their concerns and respond only to those concerns. If you do not have an answer, say so and say you will get back to them. **Do not think out loud!**

RISK MANAGEMENT STRATEGIES FOR COACHES

1. Always put the welfare of the individual first. Always exercise caution with regard to safety.
2. Do not issue equipment until the following items are completed:
 - A pre-participation physical examination
 - Confirmation of insurance coverage
 - Confirmation of eligibility
3. Inform athletes of the inherent risk of the sport and the ways they can protect themselves and prevent injuries. Be sure to cover the safety aspects of your sport rules.
4. Work with the AD and develop a medical response plan according to the resources available. Conduct a practice drill occasionally to determine everyone's responsibilities. Include sub-varsity coaches in all this planning—be sure to educate them, particularly volunteer staff.
5. Following serious injury to an athlete, rely on qualified medical personnel to decide on re-entry into a game or practice session. If you employ a trainer, be sure to rely on their experiences and judgment.
6. Develop a policy for athletes with disabilities. Be aware of and review the American Disabilities Act and its implications for your sport.
7. Inspect equipment, field, and facilities daily to insure that the playing area is safe. Watch for misplaced equipment.
8. Post signs regarding safety and behavioral expectations in locker rooms, showers, fields, and gyms.
9. Check your insurance coverage, including travel and liability.
10. Always supervise high risk activities and drills. This includes weight rooms and conditioning areas.
11. Avoid terminology such as "suicide drills, death runs, and hamburger drills," etc. These terms could come back to haunt you.
12. In the event of an injury, always follow-up with a call or visit to check on the athlete's condition. However, **NEVER assign blame**.
13. In the event of a serious accident or injury that could lead to potential litigation, alert the AD and principal. Follow-up with a call to the insurance company and then the attorney. Do not comment on anything to the media.
14. Isolate and keep under lock and key the equipment involved in a serious injury (helmet, bat, pole, protective pads, etc.).
15. Be aware that you can be sued, but do not panic. Be prepared and coach with confidence.
16. Have a plan and be educated regarding infectious disease control. Have rubber gloves, containers, paper towels, bleach solutions, and the appropriate supplies on hand.
17. If you must fill out an accident/injury report form, record information properly, promptly, and thoroughly. **BE PREPARED!**

Coaching Checklist

PRE-SEASON (during 1st week or before)

- _____ All athletes have physicals, Code of Conduct, and emergency cards on file in the central office (as evidenced by receipt from office before they are allowed to practice or compete).
- _____ All athletes have health insurance.
- _____ Rosters turned into AD. Make sure all names are spelled correctly and the roster is ready for printing with all necessary information provided (heights, weights, etc.).
- _____ Letter requirements/training rules given, in written form, to students and a copy on file with AD.
- _____ Practice schedules arranged, pre-season practices reported to AD and office personnel.
- _____ List of transfer students given to AD and principal.
- _____ Arrange for team photos (for kids, yearbook, and programs).
- _____ Provide photo names.
- _____ Coaches' phone/address list turned in to AD.
- _____ Copy of pre-season letter turned in to AD.
- _____ Parents' night planned.
- _____ Work out a schedule with in-season sports for use of movie viewing room.
- _____ Weight certification completed (wrestling only).
- _____ Read policy handbooks (MHSA and MCPS handbook).
- _____ Attend MHSA Rules Clinic.
- _____ Monitor academic progress of athlete and activity participants during season.

POST-SEASON (immediately upon completion)

- _____ Sports records typed, dated, turned in to AD.
- _____ Participant/letter/award sheets turned in to AD.
- _____ Record boards updated.
- _____ List of All-Conference and All-State selections turned in to AD.
- _____ Awards ordered for awards banquets.
- _____ Awards banquet prepared (lists, etc.).
- _____ Post-season stats completed.
- _____ Official's ratings completed.
- _____ MHSA Survey information handed in to AD.

MISCELLANEOUS (various times)

- _____ Budget proposal submitted the week after your season begins to AD.
- _____ Schedule suggestions submitted to AD.
- _____ Arrange meals and lodging in cooperation with AD.

ACTIVITY REGISTRATION	
Activity _____	Date _____

Date _____

[illegible]

See Montana High School Association, Article II, Section (3), Physical Exam. A physical examination is required for each student in order to be considered eligible for participation in an Association contest. Physical examinations must be completed prior to the first practice. This examination must be certified by a licensed medical professional acting within the scope and limitations of his/her practice. This certification is valid for a period of one school year. **A physical examination conducted before May 1st is not valid for participation for the following school year.** All information is to remain confidential.

QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (PLEASE PRINT)

QUESTIONNAIRE FOR ATHLETIC PARTICIPATION (PLEASE PRINT)			
Name	_____	Male <input type="checkbox"/> Female <input type="checkbox"/>	Grade _____ Date of Birth _____
Home Address	_____	Phone Number	_____
Parent's Name	_____	Family Physician	_____
Current School	_____	Date	_____
		Student Signature	_____

Yes No

1. Has a doctor ever denied or restricted your participation in sports for any reason? ☐ ☐
2. Do you have an ongoing medical condition (like diabetes or asthma)? ☐ ☐
3. Are you currently taking any prescription or nonprescription (over-the-counter) medicines or pills? ☐ ☐
4. Are you taking medicine for ADHD? ☐ ☐
5. Do you have allergies to medicines, pollens, foods, or stinging insects? ☐ ☐
6. Have you ever passed out or nearly passed out DURING exercise? ☐ ☐
7. Have you ever passed out or nearly passed out AFTER exercise? ☐ ☐
8. Have you ever had discomfort, pain, or pressure in your chest during exercise? ☐ ☐
9. Does your heart race or skip beats during exercise? ☐ ☐
10. Has a doctor ever told you that you have (circle all that apply):
High blood pressure A heart murmur
High cholesterol A heart infection
11. Has a doctor ever ordered a test for your heart? (for example, ECG, echocardiogram) ☐ ☐
12. Has anyone in your family died for no apparent reason? ☐ ☐
13. Does anyone in your family have a heart problem? ☐ ☐
14. Has any family member or relative died of heart problems or of sudden death before age 50? ☐ ☐
15. Does anyone in your family have Marfan syndrome? ☐ ☐
16. Have you ever spent the night in a hospital? ☐ ☐
17. Have you ever had surgery? ☐ ☐
18. Have you ever had an injury, like a sprain, muscle or ligament tear or tendonitis that caused you to miss a practice or game: If yes, circle affected area below: ☐ ☐
19. Have you had any broken or fractured bones, or dislocated joints? ☐ ☐
If yes, circle below:
20. Have you had a bone or joint injury that required x-rays, MRI, CT, surgery, injections, rehabilitation, physical therapy, a brace, a cast, or crutches? ☐ ☐
If yes, circle below:

Head	Neck	Shoulder	Upper arm	Elbow	Forearm	Hand / fingers	Chest
Upper back	Lower back	Hip	Thigh	Knee	Calf/shin	Ankle	Foot / toes

- | | Yes | No |
|--|--------------------------|--------------------------|
| 25. Do you cough, wheeze, or have difficulty breathing during or after exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Is there anyone in your family who has asthma? | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Have you ever used an inhaler or taken asthma medicine? | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Were you born without or are you missing a kidney, an eye, a testicle, or any other organ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Have you had infectious mononucleosis (mono) within the last month? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Do you have any rashes, pressure sores, or other skin problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Have you had a herpes skin infection? | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Have you ever had a head injury or concussion? | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Have you been hit in the head and been confused or lost your memory? | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Have you ever had a seizure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Do you have headaches with exercise? | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. Have you ever been unable to move your arms or legs after being hit or falling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 38. When exercising in the heat, do you have severe muscle cramps or become ill? | <input type="checkbox"/> | <input type="checkbox"/> |
| 39. Has a doctor told you that you or someone in your family has sickle cell trait or sickle cell disease? | <input type="checkbox"/> | <input type="checkbox"/> |
| 40. Have you had any problems with your eyes or visions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 41. Do you wear glasses or contact lenses? | <input type="checkbox"/> | <input type="checkbox"/> |
| 42. Do you wear protective eyewear, such as goggles or a face shield? | <input type="checkbox"/> | <input type="checkbox"/> |
| 43. Are you happy with your weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 44. Are you trying to gain or lose weight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 45. Have anyone recommended you change your weight or eating habits? | <input type="checkbox"/> | <input type="checkbox"/> |
| 46. Do you limit or carefully control what you eat? | <input type="checkbox"/> | <input type="checkbox"/> |
| 47. Do you have any concerns that you would like to discuss with a doctor? | <input type="checkbox"/> | <input type="checkbox"/> |

FEMALES ONLY

48. Have you ever had a menstrual period? ☐ ☐
49. How old were you when you had your first menstrual period? _____
50. How many periods have you had in the last year? _____

Explain "Yes" answers here:

Allergies:

Immunizations: (eg, tetanus/diphtheria; measles, mumps, rubella; hepatitis A, B; influenza; poliomyelitis; pneumococcal; meningococcal; varicella)

Date of last known tetanus shot:

PROVIDER'S PHYSICAL EXAMINATION FORM

Name _____ Date of Birth _____

Height _____ Weight _____ Pulse _____ BP: Left Arm _____ / _____ Right Arm _____ / _____

Vision R 20/ _____ L 20/ _____ Corrected: Y N Pupils: Equal _____ Unequal _____

	NORMAL	ABNORMAL FINDINGS	INITIALS*
MEDICAL			
Appearance			
Eyes/ears/nose/throat			
Hearing			
Lymph nodes			
Heart			
Murmurs			
Pulses			
Lungs			
Abdomen			
Hernia			
Skin			
MUSCULOSKELETAL			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hands/fingers			
Hip/thigh			
Knee			
Leg/ankle			
Foot/toes			

*Multiple examiner set-up only.

Notes: _____

CLEARANCE

- ☐ Cleared without restriction
- ☐ Cleared with recommendations for further evaluation or treatment for: _____

☐ Not cleared for ☐ All sports ☐ Certain sports _____ Reason: _____

Recommendations: _____

Name of physician/medical provider (print or type) _____ Date _____

Address _____ Phone _____

Signature of physician/medical provider _____

PARENT'S OR GUARDIAN'S PERMISSION AND RELEASE

I certify that the information provided by the student/parent(s) is accurate to the best of my knowledge. I hereby give my consent for the above student to engage in approved athletic activities as a representative of his/her school, except those indicated above by the licensed professional. I also give my permission for the team physician, athletic trainer, or other qualified personnel to have access to information provided here as well as to give first aid treatment to this student at an athletic event in case of injury. If emergency service involving medical action or treatment is required and the parent(s) or guardian(s) cannot be contacted, I hereby consent for the student named above to be given medical care by the doctor or hospital selected by the school.

Typed or printed name of parent or guardian _____ Signature of parent or guardian _____

Date _____ Address _____ Insurance (Company name) _____

Parent's Home Phone _____ Parent's Work Phone _____ Parent's Cell Phone _____ Additional Phone (if any-specify) _____

ALL INFORMATION IS TO REMAIN CONFIDENTIAL

(Updated 3/10)

EMERGENCY CARD AND PARENT ACKNOWLEDGEMENT OF "CODE OF CONDUCT"

Home Phone: _____ Activity: _____

Code of Conduct/Behavior Agreement

1. I have read the MCPS Code of Conduct
2. I authorize the Activity Leader in charge to send my daughter/son home, via public transportation from a trip destination if she/he violates the Code of Conduct or the activity rules while on a trip. The Activity Leader will contact me regarding the violation. It will then be determined the best method to send my daughter/son home. I understand that this transportation will be at my expense.

_____/_____
Parent or Guardian Signature Date

_____/_____
Student Signature Date

Home Phone: _____ Activity: _____

MEDICAL EMERGENCY INFORMATION

1. Participant's Name: _____

2. Contact person in case of emergency: _____

Phone #: _____

3. Family Physician: _____

Phone #: _____

4. Medical information: Allergies, diabetes, medications, etc.: _____

5. Insurance Company: _____

6. I authorize medical treatment to be given to the above named participant.

_____/_____

MCPS Athletic Department Protocol and Procedures for Management of Sports Related Concussion

Guidelines and Procedures for coaches:

RECOGNIZE, REMOVE, REFER

A. Recognize concussion

1. All coaches should become familiar with the signs and symptoms of a concussion that are described below:
 - a. Signs (observed by others):
 - * Athlete appears dazed or stunned
 - * Confusion (about assignment, plays etc.)
 - * Forgets plays
 - * Unsure about game, score, opponent
 - * Moves clumsily (altered coordination)
 - * Balance problems
 - * Personality change
 - * Responds slowly to questions
 - * Forgets events prior to hit
 - * Forgets events after the hit
 - * Loss of consciousness (any duration)
 - b. Symptoms (reported by athlete):
 - * Headache
 - * Fatigue
 - * Nausea or vomiting
 - * Double vision, blurry vision
 - * Sensitive to light or noise
 - * Feels sluggish
 - * Feels “foggy”
 - * Problems concentrating
 - * Problems remembering
2. These signs and symptoms are indicative of a problem concussion. Other causes for symptoms should also be considered.
3. When a student athlete comes out of a competition or practice saying they don’t “feel right” or got “dinged” then:

When in doubt, sit them out!

B. Remove from activity

1. If a coach suspects the athlete has sustained a concussion, the athlete should be removed from activity until evaluated medically.
 - a. **Any athlete who exhibits signs or symptoms of a concussion should be removed immediately, assessed, and will not be allowed to return to activity that day. The athlete must be monitored by coach or designate.**

C. **Refer** the athlete for medical evaluation

1. Coaches must report all head injuries to the LAT, as soon as possible, for medical assessment and management, and for coordination of home instructions and follow-up care.
 - a. The LAT can be reached at the number listed on page ii of this handbook.
 - b. The LAT will be responsible for contacting the athlete's parents and providing follow-up instructions.
2. Coaches should seek assistance from the host site LAT or health care provider if available at an away contest.
3. If the LAT is unavailable, or the athlete is injured at an away event, the coach is responsible for notifying the athlete's parents of the injury.
 - a. Contact the parents to inform them of the injury and make arrangements for them to pick the athlete up at school.
 - b. Contact the LAT at the number listed on page ii of this handbook, with the athlete's name and home phone number, so that follow-up can be initiated.
 - c. Remind the athlete to report directly to the school nurse before school starts, on the day he or she returns to school after the injury.
4. In the event that an athlete's parents cannot be reached, and the athlete is able to be sent home (rather than directly to a doctor):
 - a. The coach or LAT should insure that the athlete will be with a responsible individual, who is capable of monitoring the athlete and understanding the home care instructions, before allowing the athlete to go home.
 - b. The coach or LAT should continue efforts to reach the parent.
 - c. If there is any question about the status of the athlete, or if the athlete is not able to be monitored appropriately, the athlete should be referred to the emergency department for evaluation. A coach or LAT should accompany the athlete and remain with the athlete until the parents arrive.
 - d. Athletes with suspected head injuries should not be left alone or be permitted to drive home.

Procedures for the Licensed Certified Athletic Trainer (LAT)

- A.** The LAT will assess the injury, or provide guidance to the coach if unable to personally attend to the athlete.

Immediate referral to a physician trained in the care of Mild Traumatic Brain Injury (MTBI) or to the hospital will be made when medically appropriate by all coaching staff.

1. The LAT will perform serial assessments following recommendations in the NATA Position Statement: Management of Sport-Related Concussion.³
 - a. The LAT will notify the athlete's parents and give written and verbal home and follow-up care instructions.
- B.** The LAT will notify the AD/school nurse/school counselor of the injury, prior to the next school day, so that the school nurse can initiate appropriate follow-up in school immediately upon the athlete's return to school.
 1. The LAT will continue to provide coordinated care with the health care provider (HCP), for the duration of the injury.
 2. The LAT will communicate with the athlete's HCP regarding the athlete's neurocognitive and recovery status, as needed.
- C.** The LAT is responsible to make sure the concussed person receives post-concussion neurocognitive testing.
 1. The initial post-concussion test will be administered within 24-72 hours post-injury, whenever possible.
 - a. Repeat post-concussion tests will be given at appropriate intervals, dependent upon clinical presentation.
 2. The LAT or designate, will review post-concussion test data with the athlete and the athlete's parent.
 3. The LAT will forward testing results to the athlete's treating physician, with parental permission and a signed release of information form.
 4. The LAT will monitor the athlete, and keep the school nurse and treating physician informed of the individual's symptomatology and neurocognitive status, for the purposes of developing or modifying an appropriate health care plan for the student athlete.
 5. The LAT is responsible for monitoring recovery & coordinating the appropriate return to play activity progression.
 6. The LAT will maintain appropriate documentation regarding assessment and management of the injury.

RETURN TO PLAY (RTP) PROCEDURES AFTER CONCUSSION

A. NO RETURN TO PARTICIPATION (practice or competition) on the same day of injury!!!

1. As previously discussed in this document, an athlete who exhibits signs or symptoms of a concussion, or has abnormal cognitive testing, will not be permitted to return to play on the day of the injury. Any athlete who denies symptoms but has abnormal sideline cognitive testing will be held out of activity.^{1,2,4-7}

when in doubt, sit them out!

B. Return to play after concussion:

The stepwise progression takes a minimum of eight days to full clearance.

1. The athlete must meet all of the following criteria in order to begin the stepwise progression of actual activity as described in #4.¹⁻⁷
 - a. Asymptomatic at rest, without medication, and with performance of everyday activities including mental exertion in school) AND:
 - B. Athlete must have written clearance from HCP or specialist (athlete must be cleared for progression to activity by a physician other than an emergency room physician).
2. Once the above criteria have been met, the athlete will be progressed back to full activity following a stepwise process, under the supervision of a qualified HCP.⁵
3. Progression is individualized, and will be determined on a case-by-case basis. Factors that may affect the rate of progression include: previous history of concussion, duration and type of symptoms, age of the athlete, and sport/activity in which the athlete participates. An athlete with a prior history of concussion, one who has had an extended duration of symptoms, or one who is participating in a collision or contact sport should be progressed more slowly.⁵
4. Stepwise progression with each step taking a minimum 24 hours.^{1,3,5,6,7}
 - a. Day/Step 1- Injury – Remove and refer when needed
 - b. Day/Step 2 - Physical and mental rest
 - c. Day/Step 3 – School, if good then – ImPACT & see physician trained in the management of MTBI
 - d. Day/Step 4 - Light aerobic exercise – (walking, stationary bike)
30 min of < 70% max heart rate. No weight training.
 - e. Day/Step 5 – Sport specific training – (shooting, running, playing catch) No contact and 1 hour maximum time.
 - f. Day/Step 6 – Non–contact training drills with team in practice setting. Weight training ok.
 - g. Day/Step 7 – See physician trained in the management of MTBI to be cleared for return to full contact **practice** – not game. If athlete has two or more concussions within 12 months athlete must see a neurologist for clearance of this step.
 - h. Day/ Step 8 - Game play and full return

Note: If the athlete experiences post-concussion symptoms during any phase, the athlete should immediately stop the activity. If, within 24 hours the athlete returns to an asymptomatic state they will drop back to the previous asymptomatic step and resume the progression.

5. The HCP and athlete will discuss appropriate activities for each day. Step 1 – 5 will be supervised by HCP. In step 6 - 8 the athlete will be given verbal and written instructions regarding permitted activities. The HCP and athlete will each sign these instructions. One copy of this form is for the HCP to give to the coach, and one will be maintained by the HCP.
 6. The athlete should see the HCP daily for re-assessment and instructions until he, or she, has progressed to unrestricted activity, and been given a written report to that effect, from the HCP.
-

References

1. Centers for Disease Control and Prevention. Injury Prevention and Control: Traumatic Brain Injury. May 2011 www.cdc.gov/TraumaticBrainInjury/index.html
2. Guskiewicz KM, Valovich McLeod TC. Pediatric Sports-Related Concussion. PM R 2011;3:353-364
3. Guskiewicz KM, et al. National Athletic Trainers Association Position Statement Management of Sport-Related Concussion. *Journal of Athletic Training* 2004;39 (3):280-297.
4. ImPACT. www.impacttest.com . ImPACT 2011
5. McCrory P, Meeuwisse W, Johnston K, et al. Consensus Statement on Concussion in Sport: the 3rd International Conference on Concussion in Sport held in Zurich, November 2008. *Clin J Sport Med* 2009; 19 (3): 185-195
6. Montana High School Association. MHSA/MOA Concussion and Injury Procedure. 2011. http://www.mhsa.org/SportsMedicine/MHSA_Concussion_Info.pdf

PARTICIPATION ATTENDANCE POLICY

No student shall be allowed to practice or participate in an activity if they are absent any period of the day of the activity. In the case of unavoidable absence (except for personal illness) the building administrator may allow participation. If a student is too ill to attend class, then they are too ill to practice or participate. It is also not in the best interest of the other team members as the illness may spread. Please remind students that school comes first. It will be the responsibility of each head coach to make sure all levels get this information.

It is expected that all coaches/advisors go over this with the students participating in their activity. Winter and spring coaches and advisors; please include this in your handouts. If a student knowingly violates this rule it is the expectation of MCPS that the student be benched for the next two (2) performances/contests.

ACADEMIC ELIGIBILITY

Effective October 1, 2010 all students participating in a school sanctioned sport or activity will be required to achieve a minimum cumulative grade point of 2.0. No student athlete or activities participant may have an "F" in any subject during a grade reporting period (i.e. mid-quarter, quarter, or semester). An athletic or activities participant who received an "F", or whose grade is below a 2.0, will be ineligible for the following 10-to-14 school days during which time the grade will be reviewed by a weekly grade check. A weekly grade check will be needed until the next grading period. If the "F" is raised and the GPA is at least a 2.0, the participant will regain eligibility. If the quarter/semester grade remains the same after 10 school days, then the participant will remain ineligible for that grade-reporting period. During the period of ineligibility, the participant may practice. For students with an IEP or 504 Plan, building administration and special education teacher/504 coordinator will confirm that all accommodations have been fully implemented. All classes a participant is enrolled in, and for which he or she receives credit, shall count in the determination of athletic eligibility. Credit deficiencies may not be made up in any manner except regularly scheduled classes during the two regular school semesters. Students must meet MHSA academic requirements and rules to be eligible. Summer school, correspondence courses, night courses, etc., may be used to regain eligibility for district rules.

1. The purpose of these requirements is to insure the student is progressing toward graduation. Graduation is based on the earning of a set number of credits rather than the achievement of a specific grade point.
2. Students who are academically ineligible may not compete at any level (varsity, junior varsity, sophomore, or freshmen).
3. Transfer students who come from a school with MHSA academic requirements will be eligible at MCPS if they were eligible at the previous school, but only for the first semester of attendance. They will be subject to MCPS eligibility standards the next semester.
4. Seniors must be in at least five (5) academic classes and meet the above academic eligibility requirements in order to participate second semester.

HIGH SCHOOL ACTIVITIES TRIP FORM

Activity: _____

Date: _____

Opponent: _____

Time: Varsity: _____

JV: _____

Site: _____

Soph: _____

Frosh: _____

TRANSPORTATION: Beach Transportation Phone # (406) 549-6121

_____ Beachliner 47

Leave Time: _____

_____ Beachliner 41

_____ Yellow Bus

Leave From: _____

MEAL ARRANGEMENTS:

Team Meals: _____ Breakfast @ _____

Coaches PD _____ BK @ _____

_____ Lunches @ _____

_____ LU @ _____

_____ Dinners @ _____

_____ DR @ _____

Total \$ _____

Total \$ _____

_____ Checks To Be Written: \$ _____ to _____

\$ _____ to _____

\$ _____ to _____

\$ _____ to _____

_____ Credit Authorizations

LODGING ARRANGEMENTS:

Motel Name: _____ Phone #: _____

Number of Rooms: _____

Miscellaneous Information: _____

ROSTER, ENTRIES, ETC.: _____

NOTES AND ADDITIONAL INFORMATION: _____

HIGH SCHOOL LETTER & AWARD FORM

_____ School Year

Coach/Sponsor _____ **Sport/Activity** _____

At the end of the season, each coach/sponsor must submit a copy of this form to the athletic director and activities secretary.

Name	Year in School	Participant	1 st Letter	2 nd Letter	3 rd Letter	4 th Letter	Honors



Forward Thinking. High Achieving.

Date: _____

HEAD COACH EVALUATION FORM

Coach: _____ School: _____

Activity: _____ Year: _____

Comments should be made on strengths and weaknesses involved in each category at the end of this evaluation sheet.

	Above Average	Satisfactory	Needs Improvement	Unsatisfactory	Not Applicable
A. Coach as an Organizer / Leader					
1. Organizes and defines the roles of staff.					
2. Emphasizes and demonstrates sportsmanship and safety to staff and players.					
3. Leads and supervises staff in aspects of program.					
4. Helps develop capabilities/skills of staff members.					
5. Develops daily practice plan; developmental in skills and techniques necessary.					
6. Assists in maintaining administrative information. (rosters, phys., ins., awards, etc..)					
7. Effectively conducts tryout process. (when applicable)					
8. Publishes and discusses policies, goals, and/or notebook.					
9. Oversees and Leads in "developmental philosophy" of underclass programs.					
10. Willing to spend the time necessary to make program successful.					
11. Understands programs' place in overall school operations.					
B. Relationship with Players / Athletes					
1. Enthusiastic and positive approach to each player.					
2. Ability to motivate in an acceptable manner.					
3. Maintains proper player-coach relationship.					
4. Supervises locker room, training room and all aspects of team travel.					
5. Maintains expectations of students concerning time and performance.					

		Satisfactory	Needs Improvement	Unsatisfactory	Not Applicable
B. Relationship with Players / Athletes (cont.)					
6. Establishes, informs, and maintains logical expectations; and enforces them in a fair and consistent manner.					
7. Treats students with respect and compassion.					
C. Relationship with Parents, Community and School					
1. Maintains open lines of communication and keeps parents involved.					
2. Makes his/her intentions and methods clear to parents.					
3. Presents and maintains positive school image in community and school.					
4. Communicates in a positive fashion with media; concerning programs and players.					
5. Supports other school programs.					
6. Carries out "public appearance" responsibilities positively (banquets, assemblies, etc.).					
D. Professional and Personal Responsibilities					
1. Positive and enthusiastic approach toward the program.					
2. A good role model for players in the school and community.					
3. Shows self-control, poise, and professionalism at practices and contests.					
4. Follows district policies and procedures.					
5. Attends clinics and continued professional growth (when possible).					
E. Sport Skills					
1. Demonstrates knowledge of the sport.					
2. Demonstrate the ability to <u>teach</u> the sport and sport skills.					
3. Develops student-athlete in individual and/or team skills.					

Comments: (additional information to items above)

Item # ____: _____

Item # ____: _____

Item # ____: _____

Item # ____: _____

Item # ____: _____

Item # ____: _____

*Retention Recommendation By the Athletic Director/Principal:

_____ Retain in current position (or higher)

_____ Retain in current position but improvement is needed**

_____ Not recommended for retention

Signatures

Evaluator _____ Date: _____

Coach *** _____ Date: _____

Athletic Director _____ Date: _____

* Note: The MCPS Board of Trustees is not bound to the Principal/Athletic Director's recommendation

** Continued employment is dependent upon satisfactory performance in areas noted as deficient.

*** The coach's signature indicates that he/she has read and discussed the above evaluation. It does not indicate complete agreement. He/she may express disagreement with any items or comments in written form, within 10 working days, and it will be attached to this document. All copies will likewise have this attachment.

C: *Personnel File*



Forward Thinking. High Achieving.

Date: _____

ASSISTANT COACH EVALUATION FORM

Coach: _____

School: _____

Activity: _____ Year: _____ Level: _____

Comments are made on strengths and weaknesses involved in each category at the end of this evaluation sheet.

	Above Average	Satisfactory	Needs Improvement	Unsatisfactory	Not Applicable
A. Coach as an Organizer					
1. Develops daily practice plans, etc.					
2. Assists in maintaining eligibility information (physicals, fees, insurance)					
3. Assists effectively with tryout process					
4. Publishes policies, goals, and/or notebook					
B. Relationship with Players / Athletes					
1. Enthusiastic and positive approach to each player					
2. Ability to motivate in an acceptable manner					
3. Maintains proper player-coach relationship					
4. Logical rules and regulations for players					
C. Relationship with Parents and Community					
1. Maintains open lines of communication and keeps parents involved					
2. Makes his/her intentions and methods clear to parents					
D. Professional and Personal Responsibilities					
1. Positive and enthusiastic approach toward the program					
2. A good role model for players and the community					
3. Shows self control and poise at contests					
4. Dresses appropriately for practices and contests					
5. Supervises locker room, training room and all aspects of team travel					

	Above Average	Satisfactory	Needs Improvement	Unsatisfactory	Not Applicable
6. Attends clinics and continues professional growth (when possible)					
E. Sport Skills					
1. Demonstrates knowledge of the sport					
2. Demonstrate the ability to <u>teach</u> the sport and sport skills					

Comments:

Item # ____: _____

Item # ____: _____

Item # ____: _____

Item # ____: _____

Item # ____: _____

***Retention Recommendation By the Athletic Director/Principal:**

- _____ Retain in current position (or higher)
 _____ Retain in current position but improvement is needed**
 _____ Not recommended for retention

Signatures:

Evaluator _____ Date: _____

Coach *** _____ Date: _____

Athletic Director _____ Date: _____

* Note: The MCPS Board of Trustees is not bound to the Principal/Athletic Director's recommendation

** Continued employment is dependent upon satisfactory performance in areas noted as deficient.

*** The coach's signature indicates that he/she has read and discussed the above evaluation. It does not indicate complete agreement. He/she may express disagreement with any items or comments in written form, within 10 working days, and it will be attached to this document. All copies will likewise have this attachment.

C: Personnel File



Forward Thinking. High Achieving.

Date: _____

ADVISOR EVALUATION FORM

Advisor: _____

School: _____

Activity: _____

Year: _____

Level: _____

Comments are made on strengths and weaknesses involved in each category at the end of this evaluation sheet.

	Above Average	Satisfactory	Needs Improvement	Unsatisfactory	Not Applicable
A. Advisor as an Organizer					
1. Assists in maintaining eligibility information (physicals, fees, insurance, membership).					
2. Assists effectively with tryout process					
3. Publishes policies, goals, and/or notebook					
B. Relationship with Students					
1. Enthusiastic and positive approach to each student					
2. Ability to motivate in an acceptable manner					
3. Maintains proper student-advisor relationship					
4. Maintains logical rules and regulations for members or group					
C. Relationship with Parents and Community					
1. Maintains open lines of communication and keeps parents involved.					
2. Makes his/her intentions and methods clear to parents.					
D. Professional and Personal Responsibilities					
1. Positive and enthusiastic approach toward the program					
2. A good role model for students and the community					
3. Shows self control and poise at events					
4. Supervises all aspects of group travel					
5. Attends clinics and continues professional growth (when possible).					

Comments:

Item #: _____

Item #: _____

Item #: _____

Item #: _____

Item #: _____

*Retention recommendation by the Athletic Director/Principal:

_____ Retain in current position (or higher).

_____ Retain in current position but improvement is needed**

_____ Not recommended for retention

Signatures:

Evaluator: _____

Date: _____

Advisor: *** _____

Date: _____

Athletic Director: _____

Date: _____

*Note: The MCPS Board of Trustees is not bound to the Principal/Athletic Director's recommendation.

** Continued employment is dependent upon satisfactory performance in areas noted as deficient.

*** The advisor's signature indicates that he/she has read and discussed the above evaluation. It does not indicate complete agreement. He/she may express disagreement with any items or comments in written form within 10 working days and it will be attached to this document. All copies will likewise have this attachment.

C: Personnel File

SEASONAL ACTIVITIES CODE OF CONDUCT

Missoula County Public Schools PARENT/GUARDIAN SIGN OFF

Student participation in student government, clubs, performing or competitive activities, and athletics is governed by the regulations developed and administered by the Montana High School Association and the Missoula County Public School District. The Athletic Code of Conduct is a commitment to represent self, school, family and the community in the most positive manner at all times. The code of conduct is in effect for the entire school year and all subsequent high school years, to include fall athletic practice in August and any school-sponsored events, regardless of the time of year.

Instructions for securing the privilege of representing Missoula County Public Schools in extra-curricular events:

- ☐ Read and sign the Code of Conduct
- ☐ Complete physical (Must be on file before participation in sports of any kind – must use MHS physical form)
- ☐ Provide the name of your insurance company (can purchase insurance through school)
- ☐ Complete the emergency Information form
- ☐ Complete Parent Code of Conduct form
- ☐ Payment of fees

CODE OF CONDUCT includes – Academic, Citizenship, and Alcohol & Drug Policy

1. ACADEMIC POLICY

A student must achieve a cumulative GPA of 2.0 or higher and may not have an F in any subject at each grading period: i.e., mid-quarter, quarter, and semester, to be eligible for participation in competitive athletic and specific activity programs.

2. CITIZENSHIP POLICY

The Board of Directors of the Missoula County Public Schools offers a variety of voluntary activities designed to enhance the classroom education of its students. Students who participate in extracurricular activities serve as ambassadors of the school district throughout the calendar year, whether away from or at school. Students who wish to exercise this privilege of participating in extracurricular activities must conduct themselves in accordance with the board policy and must refrain from activities that are illegal, immoral, unhealthy, or highly inappropriate. Participation in these activities is a privilege, conditioned upon meeting the eligibility criteria established by the board, administration, and individual activity coaches and sponsors. The activities director shall keep records of violations of the Citizenship Policy.

3. ALCOHOL AND DRUG POLICY

- A. The policy shall be enforced during the school year when a student (regardless of age) is enrolled at MCPS for school-sponsored activities, including summer activities.
- B. Any student involved in an extra-curricular, performing or competitive activity or athletic program shall not knowingly purchase, possess, use, transmit, or be under the influence of alcohol, tobacco, performance enhancing drugs, or controlled substances of any kind during a school year, regardless of the student's age. A student who finds himself or herself in jeopardy because of a substance abuse problem will be referred for professional assistance.
- C. Any student who knowingly finds himself/herself in the company of persons who illegally possess, use, transmit, or are under the influence of alcohol, performance enhancing drugs, or controlled substance (i.e., frequenting of areas, places, or sites where drugs and/or alcohol are present), is expected to leave within a reasonable period of time. Failure to do so will result in discipline as if they were in violation of this policy.
- D. Any student engaging in inappropriate or offensive conduct or any act that would be grounds for arrest or citation in the criminal or juvenile court system, excluding minor traffic offenses, regardless of whether the student was cited, arrested, convicted, or adjudicated for the act.

- E. Student Transfers. A student who transfers from one Missoula County Public School to another or from another district will maintain his/her accumulative offense status regarding the alcohol and drug policy.

ALCOHOL AND DRUG POLICY VIOLATIONS

1. First offense in a student's high school career: The student shall be suspended from competing or performing in any school-sanctioned activity for one year. Days counted include 12 calendar months beginning the date the student is notified of suspension.

2. Second offense in a student's high school career: The student shall be suspended from competing or performing in any school-sanctioned activity for one year. Days counted include 12 calendar months beginning the date the student is notified of suspension.

3. Third offense in a student's high school career: Full suspension from all extra-curricular activity programs for the remainder of the student's high school career.

Reduction of suspension times: A student can reduce the suspension time for first and second offenses by registering for an approved education course and providing documentation from the approved program that he/she will participate in the course. Student will be required to submit evidence of course completion and shall continue to attend practices/participate in the activity during the period of suspension if approved by the Activity Leader. First and second offenses can be reduced further if a student self-reports to the Activity Director or designee within 48 hours of the incident and completes the approved education course. First offenses are reduced to 30 days with the approved education course or 20 days with self-report and the course. Second offenses are reduced to 60 days with the approved education course or 50 days with self-report and the course.

VIOLATIONS ARE CUMULATIVE DURING A STUDENT'S FOUR YEARS IN HIGH SCHOOL.

Missoula County Public Schools SCHOOL LETTERING POLICY

To obtain a varsity letter or be nominated for all-conference honors in the current season the student will need to conform to the guidelines and requirements set forth by the District and the head coach/advisor of the activity.

APPEALS POLICY

Due process shall be given to all students with regard to administration of the code of conduct policy. Any appeals of consequences shall be made in writing to the high school administration. If a student has been eliminated from activities due to a code of conduct violation, they may appeal to the Superintendent for re-enrollment in school activities.

PHYSICAL POLICY

All students need a physical before beginning practice. Physicals must be done on the MHSA physical form which is available in the main office or on the school website on the activity pages. Physicals obtained after May 1st are valid through the end of the following school year.

CODE OF CONDUCT AND INSURANCE AGREEMENT

My son/daughter is covered by _____ (insurance company's name)

Medical insurance carried by Parent/Guardian, and the school will not be liable for any injury that occurs during participation in athletics/activities except for injury resulting from the sole negligence of the school district.

We have read this material, discussed it together, and agree to support the code of conduct.

Print Student's Name	Grade	ID#	Activity	Student's Signature
Signature of Parent or Guardian				Date



Parent/Guardian Code of Conduct

The essential elements of character building and ethics in athletics are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring and good citizenship. The highest potential of athletics is achieved when completion reflects these “six pillars of character”.

Therefore I agree:

1. I will refrain from coaching my child or other players during games and practices.
2. I will respect the officials and their authority during games and will never question, discuss or confront coaches at the game field, and will take time to speak to coaches at an agreed upon time and place.
3. I will remember that student athletes participate to have fun and that the game is for youth, not adults.
4. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his or her performance.
5. I will demand that my child treat other players, coaches, officials, and spectators with respect regardless of race, creed, color, sex or ability.
6. I will promote the emotional and physical well-being of the student athletes ahead of any personal desire I may have for my own child to win.
7. I will not encourage any behaviors or practices that would endanger the health and well-being of the student athletes.
8. I (and my guest) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or sporting event.
9. I (and my guest) will not engage in any kind of unsportsmanlike conduct with any official, coach, player or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
10. I understand that any violation of this code of conduct will be cause for dismissal, suspension, or permanent expulsion from future athletic contests.

I have read, understand and agree to the parent's Code of Conduct at Missoula County Public Schools sporting events.

Parent/Guardian Signature _____

Student Printed Name _____

Date Signed _____

This form must be returned to the athletic office prior to athletic participation. Athletes will not be allowed to participate without the completion and return of this form.



COACHES/DIRECTORS CODE OF ETHICS

Initial _____ Date _____

The function of a coach is to properly educate students through participation in interscholastic competition. The interscholastic athletic program is designed to enhance academic achievement and should never interfere with opportunities for academic success.

- The coach must strive to provide challenging, safe, enjoyable and successful experiences for the students by maintaining a sports environment that is physically and emotionally safe. They must also be informed about basic First Aid principles and the physical capacities and limitations of the age group coached.
- The coach must put safety and health considerations above the desire to win; will never permit a student competitor to intentionally injure any player or engage in reckless behaviors that may cause injury to themselves or others.
- The coach must be aware that he or she has a tremendous influence, either good or bad, in the education of the student competitor and, thus, shall never place the value of winning above the value of instilling the highest desirable ideals of character.
- The coach must constantly uphold the honor and dignity of the profession. In all personal contact with the student competitor, officials, athletic directors, school administrators, the State High School Athletic Association, the media, the public and the coach shall set an example of the highest ethical and moral conduct.
- The coach must take an active role in the prevention of drug, alcohol and tobacco abuse and shall provide specific instruction to students regarding applicable policies and the MCPS Code of Conduct. Coaches/directors must comply with MCPS Board Policy 5226 (page 54) at all times when supervising and traveling with students.
- The coach shall promote the entire interscholastic program of the school and direct his/her program in harmony with the total school program.
- The coach must be thoroughly acquainted with the contest rules and is responsible for their interpretation to team members.
- Coaches shall actively enhance sportsmanship among spectators by working closely with cheerleaders, the pep club sponsor, booster clubs and administrators.
- Contest officials shall have the respect and support of the coach. The coach shall not indulge in conduct which will incite players or spectators against opponent or officials. Public criticism of officials or players is unethical.
- Before or after contests, coaches should meet and exchange friendly greetings to set the correct tone for the event.
- A coach shall not exert pressure on faculty members to give student competitor's special consideration.
- It is unethical for coaches to scout opponents by any means other than those adopted by the league and/or State High School Athletic Association.
- The coach must be aware of ethical social networking and communication tools/techniques.

*Much of the code comes from the National Federation Interscholastic Coaches Association Coaches Code of Ethics.



Forward Thinking, High Achieving.

Missoula County Public Schools

Confidentiality Agreement

Students in Missoula County Public Schools have the right to expect that information about them will be kept confidential by all employees, volunteers, student interns, practicum students and student job shadow observers. Additionally, the U.S. Congress has addressed the privacy-related concerns of educators, parents, and students by enacting the Family Educational Rights and Privacy Act (known more commonly as “FERPA” or the “Buckley Amendment”). Among other provisions, FERPA allows the government to withdraw federal funds from any educational institution, including Missoula County Public Schools, which disseminates a student’s education records without his or her parent’s consent.

- Each student with whom you work has the right to expect that nothing that happens to or about him or her will be repeated to anyone other than authorized school department employees, as designated by the Administrators at your school. Even when discussing a student with those who are directly involved in a student’s education, such volunteers, teachers, principals, or guidance counselors, you may not share otherwise confidential information with them unless it is relevant to the student’s educational growth, safety, or well being.
- You may not share information about a student even with others who are genuinely interested in the student’s welfare, such as social workers, scout leaders, clergy, or nurses/physicians (a grave medical emergency, in which confidential information may be necessary for a students’ care, is the only exception.) Thus, you must refer all such questions to the school employees so authorized and indicated to you, typically the student’s teacher or principal.
- Parents, friends, or community members may, in good faith, ask you questions about a student’s problems or progress. Again, you must refer all such questions to the authorized school employees. You may not share information about a student even with members of your own family or the student’s family.
- Before you speak, always remember that violating a student’s confidentiality isn’t impolite, it’s against the law.

Agreement:

I, (print name) _____, as an employee, volunteer, student intern, practicum student, student job shadow observer, for Missoula County Public Schools agree never to disclose information about a student’s records to anyone other than an authorized school department employee. I will refer all requests for such information from those not directly involved in the student’s education to authorized school department employees.

Signature

Date

Tuberculin Test Requirements

Notice:

ALL NEW EMPLOYEES HIRED BY
MISSOULA COUNTY PUBLIC SCHOOLS
ARE REQUIRED TO SUBMIT
DOCUMENTATION OF THE RESULTS OF A
TUBERCULIN TEST TO THE DISTRICT
PERSONNEL OFFICE WITHIN 7 (SEVEN)
DAYS OF THEIR DATE OF HIRE.

Administrative Rules of Montana 16.28.1005 - "No public or private school as defined in 20-5-402, MCA, or school cooperative may initially employ or continue to employ a person unless that person has provided the school, the cooperative, or the district to which the school belongs with: documentation of the results of a tuberculin skin test done within the year prior to initial employment, along with the name of the tester and the date and type of test administered, unless the person provides written medical documentation that s/he is a known tuberculin reactor, in which case section 6 applies;" (*refer to 16.28.1005 ii*).

Tuberculin Tests given at:
Missoula County Health Department
301 West Alder
Missoula, MT 59802
(406) 258-4745

(Please call for current fee amount)

Mondays, Tuesdays, and Fridays
9:00 A.M. to 4:30 P.M.
Results in 72 hours

revised 01/28/04

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States
☐ A noncitizen national of the United States (see instructions)
☐ A lawful permanent resident (Alien #) _____
☐ An alien authorized to work (Alien # or Admission #) _____
 until (expiration date, if applicable - month/day/year) _____

Employee's Signature

Date (month/day/year)

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.	
Document Title: _____	Document #: _____
Expiration Date (if any): _____	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.	
Signature of Employer or Authorized Representative	Date (month/day/year)

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)				2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		3. School ID card with a photograph		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form		4. Voter's registration card		
		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

Form I-9 (Rev. 08/07/09) Y Page 5

Form W-4 (2011)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <ul style="list-style-type: none">• You are single and have only one job; or• You are married, have only one job, and your spouse does not work; or• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none">• If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.• If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ H _____	
	For accuracy, complete all worksheets that apply. <ul style="list-style-type: none">• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.• If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-2159 2011
▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.				
1 Type or print your first name and middle initial. Last name		2 Your social security number		
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck		6		\$
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none">• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form **W-4** (2011)

Deductions and Adjustments Worksheet**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions.	1	\$	
2	Enter: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$	2	\$	
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$	
4	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	4	\$	
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet</i> in Pub. 919.)	5	\$	
6	Enter an estimate of your 2011 nonwage income (such as dividends or interest)	6	\$	
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$	
8	Divide the amount on line 7 by \$3,700 and enter the result here. Drop any fraction	8		
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9		
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10		

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	
Note. If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	
5	Enter the number from line 1 of this worksheet	5	
6	Subtract line 5 from line 4	6	
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$
9	Divide line 8 by the number of pay periods remaining in 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000 -	5	40,001 - 50,000 -	5				
40,001 - 48,000 -	6	50,001 - 65,000 -	6				
48,001 - 55,000 -	7	65,001 - 80,000 -	7				
55,001 - 65,000 -	8	80,001 - 95,000 -	8				
65,001 - 72,000 -	9	95,001 - 120,000 -	9				
72,001 - 85,000 -	10	120,001 and over	10				
85,001 - 97,000 -	11						
97,001 - 110,000 -	12						
110,001 - 120,000 -	13						
120,001 - 135,000 -	14						
135,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

MONTANA WITHHOLDING

NAME _____ SSN: _____

ADDRESS _____

CITY, STATE & ZIP _____

Check One:

SINGLE

MARRIED

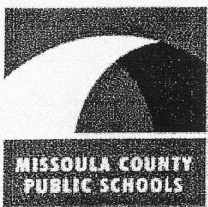
Total number of allowances you are claiming for Montana Withholdings _____

Additional amount, if any, you want withheld from EACH paycheck _____

Employee's Signature

Date

8/10/09



Forward Thinking, High Achieving

ORI MT025025Y

Human Resources Office (406) 728-2400 ext: 1035

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I, _____, am seeking employment and/or approval to be selected as a teacher/on-call substitute with the Missoula County Public School District #1. I hereby expressly authorize the release of any and all information of a confidential or privileged nature, including confidential criminal justice information as defined in section 44-5-103 (3), MCA, to the staff of Missoula County Public School District and its agents.

I have _____ have not _____ been convicted or * adjudicated of any crime in any jurisdiction besides minor traffic offenses. Attached, if necessary, is a complete description of the circumstances surrounding the crime(s) of which I have been convicted or adjudicated in any jurisdiction. I acknowledge that I have the right to obtain a copy of the fingerprint background check obtained by the District and to challenge its accuracy if necessary. I further acknowledge that my access to children may be denied prior to the completion of the fingerprint background check.

I hereby release Missoula County Public District and any organization, company, institution, or person furnishing information to the District and its agents as expressly above, from any liability for damage which may result from any dissemination of the information requested, subject to the provisions of Title 44, Chapter 5, Part 3, MCA.

** Adjudication - A passing of judgment of a court of law or decision of a judge*

This document is effective until revoked in writing by me.

SIGNATURE _____

DATE _____

Print Full Name: _____

Print Full Address: _____

_____ CITY STATE ZIP

Birth Date: _____ Social Security Number: _____

STATE OF MONTANA)

: ss.

COUNTY OF MISSOULA)

On this _____ day of _____, 201____, before me, a Notary Public of the State of Montana, personally appeared _____, known to me to be the person named in the foregoing Authorization to Release Information, and acknowledged to me that _____ executed the same as _____ free act and deed, for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my notarial seal the day and year in this certificate first above written.

(SEAL)

Notary Public, State of Montana, County of Missoula

Authorization Form04-22B03

PERSONNEL

5122

Fingerprints and Criminal Background Investigations

It is the policy of the Board that any finalist recommended for hire to a paid position or appointed as a volunteer with the District involving unsupervised access to students in schools, as determined by the Superintendent, shall be required to submit to a name-based and/or fingerprint criminal background investigation conducted by an appropriate entity prior to consideration of the recommendation for employment by the Board or appointment by the administration. Any offer of employment or appointment shall be contingent upon the results of the name-based and/or fingerprint criminal background check, which must be acceptable to the Board and/or the administration in its sole discretion. Unsupervised access to students means that the finalist recommended for hire or the appointed volunteer will have contact with students while not in the presence of an individual who has passed a fingerprint criminal background investigation.

The following applicants for employment, as a condition of employment, shall be required as a condition of any offer of employment to authorize, in writing, a name-based and/or fingerprint criminal background investigation to determine if he or she has been convicted of certain criminal or drug offenses:

- A certified teacher seeking full- or part-time employment within the District;
- Education support personnel seeking full- or part-time employment within the District;
- An employee of a person or firm holding a contract with the District if the employee is assigned to the District and is given unsupervised access to students;
- Substitutes (both classified and certified); or
- A volunteer who is given unsupervised access to students.

Any requirement of an applicant to submit to a fingerprint background check shall be in compliance with applicable federal regulations. If an applicant has any prior record of arrest or conviction by any local, state, or federal law enforcement agency for an offense other than a minor traffic violation, the facts must be reviewed by the Superintendent or his/her designee, who shall decide whether the applicant shall be declared eligible for appointment or employment. Arrests resolved without conviction shall not be considered in the hiring process unless the charges are pending.

Legal Reference:	§ 44-5-301, MCA	Dissemination of public criminal justice information
	§ 44-5-302, MCA	Dissemination of criminal history record information that is not public criminal justice information
	§ 44-5-303, MCA	Dissemination of confidential criminal justice information

Policy History:

Adopted on: August 13, 2002

Revised at PN&P on: May 25, 2011 and posted for public comment

Approved on: July 12, 2011



Forward Thinking. High Achieving

Human Resource Office

Stephen McHugh, Director of Human Resource & Labor Relations
Caroline Wilson, Human Resource Supervisor
Anne Boehkle, Personnel Specialist
Val Crumbley, Certified Technician
Shannon McWilliams, Benefit Technician
Darlene Burtch, Classified Technician
Anita Thomas, Sub Dispatcher

Name (Please Print)

I understand my offer of employment with the Missoula County Public School District #1 is contingent upon the acceptable outcome of a criminal background check.

If the District in its sole discretion is not satisfied with the outcome of the criminal background check, I agree that it shall be cause for termination of my employment relationship with the District,

I hereby acknowledge I have read and understand the above statement.

Signature

Date

Signed or attested before me on *(date)* _____ by *(name)* _____

Witness



Forward Thinking, High Achieving

Human Resources Office
728-2400

DIRECTIONS FOR FINGERPRINTING

For fingerprinting you will need to go to:

Missoula Police Department
435 Ryman Street
Missoula
552-6303

Fingerprints are taken only on:

Tuesday between 1 - 4 p.m.
and
Wednesday between 1 - 4 p.m.

At the Police Department, you must provide a copy of your District Authorization to Release Form and a Picture ID (Driver's License, Passport, etc.) Fingerprinting takes approximately 5 minutes. The Police Department uses the scanning method.

You must return the processed fingerprint card to the Missoula County Public School Human Resources Office, 215 S. 6th St. W. within six (6) business days of the date you received the fingerprint card.

YOUR DATE OF RETURN MUST BE ON OR BEFORE _____.

Name: _____

I hereby acknowledge that I have received the fingerprint card and instructions.

Initials

Date

VOLUNTEER COACHES CHECKLIST

All volunteers must have at least two (2) letters of reference to AD before they begin any coaching or assisting students. Volunteers **must** produce a social security card with their name to the AD's office in order obtain workers compensation coverage. Volunteers are subject to all MCPS rules and guidelines.

The district now requires any volunteer who is out of the head coaches direct supervision, and/or has unsupervised access to students, go through a name-based background check and/or fingerprint check. This is done at the Human Resource office and will cost the volunteer between \$6 and \$10. This must be completed before the volunteer may start working with students.

Once a volunteer has completed the two reference letters, background check and/or fingerprint check, and registered their social security number at the school where they will be volunteering, they will be able to start working with students. Should they stop volunteering for more than two (2) years they must go through the background check again.

The Human Resource office is located at 215 South Sixth Street in the Administration Building. Volunteers are required to call and make an appointment for the screening at (406) 728-2400 Extension 1035.

VOLUNTEER COACHES CHECKLIST

1. _____ SOCIAL SECURITY CARD PRESENTED AND REGISTERED
2. _____ MHSA CERTIFICATION
3. _____ MHSA ONLINE RULES CLINIC COMPLETED
4. _____ TWO LETTERS OF REFERENCE
5. _____ BACKGROUND CHECK COMPLETED
6. _____ BLOOD BORNE PATHOGENS COMPLETED
7. _____ SIGN OFF COMPLETED

PERSONNEL

5225

Tobacco Free Policy

The Missoula County Public School District, inclusive of all its building and property, shall be tobacco free 24 hours a day, 365 days per year. This includes all days when school is not in session and all events and other activities not associated with, or sponsored by, the school.

Possession or use of tobacco products (tobacco includes, but is not limited to, cigarettes, cigars, snuff, smoking tobacco, smokeless tobacco, or any other tobacco or nicotine innovation) by employees on district property, in district vehicles and at school-sponsored events (whether on or off district property) is prohibited at all times. Exceptions to this include in a classroom or on other school property as part of a lecture or demonstration or educational forum sanctioned by a school administrator or faculty member concerning the risks associated with use of a tobacco product or involving Native American use of traditional tobacco for ceremonial purposes under the supervision of a faculty member or other responsible adult.

The use of tobacco products by all students on school district property is prohibited. This includes non-school hours and all events sponsored by the school or others.

Advertising of tobacco products is prohibited in school buildings, on school property, at school functions and in all school publications. This includes clothing that advertises tobacco products.

Legal Reference:	§ 20-1-220, MCA	Use of tobacco product in public school building or property prohibited.
	§§ 50-40-101, et seq., MCA	Montana Clean Indoor Air Act of 1979
	ARM 37.111.825	Health Supervision & Maintenance

Policy History:

Adopted on: August 13, 2002

First Reading at PN&P Committee meeting on September 28, 2005

Approved on: October 11, 2005

Revised at PN&P Committee meeting: March 24, 2010 Posted for public comment.

Approved on: May 11, 2010

Revised at PN&P Committee on September 28, 2011 and posted for public comment.

Approved on: November 8, 2011

Drug-Free Workplace

All District workplaces are drug- and alcohol-free workplaces. All employees are prohibited from:

- Unlawful manufacture, dispensing, distribution, possession, use, or being under the influence of a controlled substance while on District premises or while performing work for the District.
- Distribution, consumption, use, possession, or being under the influence of alcohol while on District premises or while performing work for the District.

For purposes of this policy, a controlled substance is one which is:

- not legally obtainable;
- being used in a manner different than prescribed;
- legally obtainable, but has not been legally obtained; or
- referenced in federal or state controlled substance acts.

As a condition of employment, each employee shall:

- abide by the terms of the District policy respecting a drug- and alcohol-free workplace; and
- notify his or her supervisor of his or her conviction under any criminal drug statute for a violation occurring on the District premises or while performing work for the District, no later than five (5) days after such a conviction.

In order to make employees aware of dangers of drug and alcohol abuse, the District will endeavor to:

- provide each employee with a copy of the District Drug- and Alcohol-Free Workplace policy;
- post notice of the District Drug- and Alcohol-Free Workplace policy in a place where other information for employees is posted;
- enlist the aid of community and state agencies with drug and alcohol informational and rehabilitation programs to provide information to District employees; and
- inform employees of available drug and alcohol counseling, rehabilitation, re-entry, and any employee assistance programs.

District Action Upon Violation of Policy

An employee who violates this policy may be subject to disciplinary action, including termination. Alternatively, the Board may require an employee to successfully complete an appropriate drug- or alcohol-abuse program.

The Board shall take disciplinary action with respect to an employee convicted of a drug offense in the workplace, within thirty (30) days after receiving notice of the conviction.

Should District employees be engaged in the performance of work under a federal contract or grant, or under a state contract or grant of \$5,000 or more, the Superintendent shall notify the appropriate state or federal agency from which the District receives contract or grant moneys of the employee's conviction, within ten (10) days after receiving notice of the conviction.

Legal Reference: 41 U.S.C. § 702

Policy History:

Adopted on: August 13, 2002

Revised on:

Air Quality Guidelines for Missoula County Public Schools

The most current air quality information is available by logging on directly to the Boyd Park monitoring station. This will allow you to see hour-by-hour air quality readings for the Missoula area. The site may be accessed at: <http://todaysair.mt.gov> and selecting Boyd Park.

The air quality hotline may be accessed by telephone at (406) 258-3600. This recorded information is updated only twice daily, so it may not be the most current information. If, however, there are significant changes in air quality, the hotline may be updated more frequently.

A third source of information is the Missoula City-County Health Department website where they provide information about air quality in the Missoula and Seeley-Swan areas:

<http://www.co.missoula.mt.us/airquality/CurrentAirQuality/currentstatusreport.htm>. This site often includes narrative not available from the Boyd Park monitoring site or on the hotline.

Administrators should consult these sites in order to determine whether to allow outdoor activities to proceed. The chart below is intended to inform administrators of MCPS as they complete the decision-making process. Note the “district actions” column will guide your decision once you have gathered the necessary air quality information.

Air Category	Visibility	Recommended Action	District Action	Other Information
Good	12 miles and up	None	None	
Moderate	9-13 miles	None	None	Remind Staff of Guidelines
Unhealthy for Sensitive Groups	5-9 miles	None	Limited exposure for children and people w/heart or lung disease. This may include shortening outdoor practices and recess & H/PE time	Contests may be shortened w/MHSA approval. Decision made by host Administrator.
Unhealthy	2.25-5 miles	Children are to limit prolonged exertion and limit time outdoors. People with heart or lung problems follow management plan.	All Athletic practices are to be moved indoors & recess outdoors cancelled-outdoor H/PE moved indoors. Limit any exertion.	Host Administrator may cancel contest upon checking forecasted air quality by game time through http://todaysair.mt.gov from the State Medical Officer
Very Unhealthy	1.25-2 miles	All should limit exertion limit time spent outdoors. People with heart or lung problems follow management plan.	All outdoor activities and practices are cancelled. All indoor activities including practices are cancelled.	
Hazardous	1.25 miles or less	All indoor and outdoor events cancelled	All events cancelled-meetings, clubs, plays, etc.	

Title IX Grievance Procedures – Administrative Regulation

The Missoula County Public Schools (MCPS) has adopted internal grievance procedures providing for the prompt and equitable resolution of complaints alleging any action prohibited by Title IX of the Education Amendments of 1972 Act (Title IX). Title IX prohibits discrimination on the basis of sex in education programs or activities operated by public school districts. Sexual harassment is a form of sex discrimination. MCPS does not discriminate on the basis of sex in its education programs and activities.

All references to sex discrimination throughout these procedures include gender-based harassment and sexual harassment. Gender-based harassment may include acts of verbal, nonverbal, or physical aggression, intimidation, or hostility based on sex or sex-stereotyping, even if those acts do not involve conduct of a sexual nature. Sexual harassment can occur whenever an individual makes sexual advances, requests sexual favors, and engages in other verbal or physical conduct of a sexual or sex-based nature, imposed on the basis of sex, that:

In the case of a student, denies or limits the provision of educational aid, benefits, services, or treatment; or that makes such conduct a condition of a student's academic status; or in the case of an employee denies or limits the employment, recruitment, consideration, or selection or treatment, or that makes such conduct a condition of the employee's employment status; OR

Has the purpose or effect of:

- substantially interfering with a student's educational environment or employee's work environment.;
- creating an intimidating, hostile, or offensive educational or work environment;
- depriving a student of educational aid, benefits, services, or treatment; or depriving an employee of the benefits of or deprives that employee of employment opportunities; or
- making submission to or rejection of such conduct the basis for academic decisions affecting a student or employment decisions affecting an employee.

Sexual harassment includes sexual violence. Sexual violence refers to physical sexual acts perpetrated against a person's will or where a person is incapable of giving consent due to the victim's use of drugs or alcohol or is unable to give consent due to an intellectual or other disability. Sexually violent acts include rape, sexual assault, sexual battery, and sexual coercion.

Title IX Coordinator

Inquiries concerning the application of Title IX may be referred to the District's Title IX Coordinator:

Dave Rott
Executive Director of Human Resources & Labor Relations
215 6th Avenue W.
Missoula, MT 59801
406-728-2400, ext. #1038
drott@mcps.k12.mt.us

Inquiries may also be referred to the Office of Civil Rights, United States Department of Education.

Filing a Complaint

An individual believing that he or she has been the victim of sex discrimination should file a complaint with the Building Level Principal or Title IX Coordinator within 30 days of the incident(s) giving rise to the allegations. If the individual wishes to invoke the formal complaint procedures (see formal complaint procedures section), the complaint should be made in writing. An individual wishing to invoke the informal resolution process may make a complaint in writing or verbally.

An individual wishing to make a complaint will be provided with a copy of these procedures.

Informal Resolution

An individual alleging sex discrimination by an employee, student, or third party may access an informal mechanism to attempt to resolve the situation. The individual making the complaint is not required to invoke any informal mechanisms to resolve the situation. The decision to invoke the informal resolution process is voluntary.

If the individual wishes to attempt to work out the problem directly with the alleged perpetrator, a school representative will be available to assist. The individual may also request mediation with a designated mediator present to assist the individual and alleged perpetrator reach a resolution.

The individual has the right to end the informal resolution process at any time. If the individual wishes to end the informal process prior to reaching a resolution or is not satisfied with the resolution reached, the individual has the right to commence a formal complaint at any time.

The informal process, including mediation, will not be available to individuals alleging sexual assault.

Formal Complaints

An individual may make a formal complaint of sex discrimination in accordance with the procedures described above. The complaint should be in writing and should specify the allegations which the individual believes constitute sex discrimination. The individual has the right to contact law enforcement to determine if criminal activity occurred.

Investigation

The District shall conduct an adequate, reliable, and impartial investigation into the allegations. Even if no formal complaint has been filed, the District may still conduct an investigation to determine whether sex discrimination has occurred when it has knowledge of allegations of sex discrimination. Any investigation by the District shall be in addition to any criminal investigation that may occur. Determinations resulting from the investigation shall be made on a preponderance of the evidence standard (i.e., it is more likely than not that sex discrimination occurred).

Parties (the alleged victim and alleged perpetrator(s)) will have an equal opportunity to present relevant witnesses and other evidence. The investigation shall allow for both the alleged victim and alleged perpetrator to provide information separately. If written statements are provided, each party shall have the opportunity to review such statements, subject to the disclosure of such information under the Family Educational Rights Privacy Act ("FERPA") and Montana law.

Either party may have a representative or lawyer present during the investigations; however, the representative or lawyer is not allowed to speak for a party or ask questions during any investigatory interviews. The representative or lawyer may request clarification of any questions, but may not answer, advise his or her client how to answer, or ask any substantive questions.

Notice of Outcome

Both the alleged victim and alleged perpetrator shall be notified in writing regarding the outcome of the investigation. Subject to FERPA and Montana law, an alleged victim may be notified about sanctions imposed on another individual found to have engaged in harassment when that sanction directly relates to the individual. This may include an order that the harasser stay away from the victim.

Time Frames

The District shall complete its investigation within 60 days of receipt of the complaint or knowledge of allegations of sex discrimination. With the consent of the parties and the Superintendent, the investigation may be extended for an additional 15 days in extenuating circumstances. The investigator shall contact both parties once it appears that the investigation will require a longer period of time. The Notice of the Outcome of the investigation will be sent within that 60-day period, unless extended as described herein.

Appeals

Any party who is not satisfied with the findings from the investigation may appeal to the Executive Regional Director as designated by the Notice of Outcome. The appeal must be made within ten (10) days of receipt of the Notice of Outcome. Within three (3) days of receipt of any appeal by either party, the Executive Regional Director shall notify the non-appealing party regarding the appeal. Within five (5) days of receipt of notice of any appeal, the non-appealing party may present argument opposing the appeal in writing. Within twenty (20) days of receipt of the initial appeal, regardless of whether the non-appealing party has submitted any opposition to the appeal, the Executive Regional Director shall issue a written decision to both parties affirming or rejecting the investigation findings.

Remedies

The District shall take all reasonable and necessary prevent the recurrence of any harassment and to correct its discriminatory effects on the individual and others. Any individual participating in a sex discrimination investigation shall notify the Title IX Coordinator if he or she believes that he or she is being retaliating against for participating in the investigation. The District prohibits retaliation against individuals making complaints under these procedures and participating in any investigation that may ensue.



Forward Thinking, High Achieving.

Please initial in each box below.

☐

I CERTIFY that I have read and understand Missoula County Public Schools' policy on Drug and Alcohol-Free Workplace; including MCPS Board Policies 5225 and 5226. I will comply with these policies at all times while supervising/chaperoning students; including while on road trips with students.

☐

I CERTIFY that I have read and understand Missoula County Public Schools' policy on the Coaches Code of Ethics

☐

I CERTIFY that I have read and understand Missoula County Public Schools' Confidentiality Agreement.

☐

I CERTIFY that I have read and understand Missoula County Public Schools' Title IX–Grievance Procedures

Employee Signature

Date

PLEASE RETURN THIS FORM TO THE HUMAN RESOURCES DEPARTMENT.

101 WAYS TO PRAISE A CHILD

WOW * WAY TO GO * SUPER * YOU'RE SPECIAL * OUTSTANDING *
EXCELLENT * GREAT * GOOD * NEAT * WELL DONE * REMARKABLE * I
KNEW YOU COULD DO IT * I'M PROUD OF YOU * FANTASTIC * SUPER
STAR * NICE WORK * LOOKING GOOD * YOU'RE ON TOP OF IT *
BEAUTIFUL * NOW YOU'RE FLYING * YOU'RE CATCHING ON * NOW
YOU'VE GOT IT * YOU'RE INCREDIBLE * BRAVO * YOU'RE FANTASTIC *
HURRAY FOR YOU * YOU'RE ON TARGET * YOU'RE ON YOUR WAY *
HOW NICE * HOW SMART * GOOD JOB * THAT'S INCREDIBLE * HOT
DOG * DYNAMITE * YOU'RE BEAUTIFUL * YOU'RE UNIQUE *
REMARKABLE JOB * BEAUTIFUL WORK * SPECTACULAR * YOU'RE
SPECTACULAR * YOU'RE DARLING * YOU'RE PRECIOUS * GREAT
DISCOVERY * YOU'VE DISCOVERED THE SECRET * YOU FIGURED IT
OUT * FANTASTIC JOB * HIP, HIP, HURRAY * BINGO * MAGNIFICENT *
MARVELOUS * TERRIFIC * YOU'RE IMPORTANT * PHENOMENAL *
YOU'RE SENSATIONAL * SUPER WORK * CREATIVE JOB * FANTASTIC
JOB * EXCEPTIONAL PERFORMANCE * YOU'RE A REAL TROOPER * YOU
ARE RESPONSIBLE * YOU ARE EXCITING * YOU LEARNED IT RIGHT *
WHAT AN IMAGINATION * WHAT A GOOD LISTENER * YOU ARE FUN *
YOU'RE GROWING UP * YOU TRIED HARD * YOU CARE * BEAUTIFUL
SHARING * OUTSTANDING PERFORMANCE * YOU'RE A GOOD FRIEND
* I TRUST YOU * YOU'RE IMPORTANT * YOU MEAN A LOT TO ME * YOU
MAKE ME HAPPY * YOU BELONG * YOU'VE GOT A FRIEND * YOU MAKE
ME LAUGH * YOU BRIGHTEN MY DAY * I RESPECT YOU * YOU MEAN
THE WORLD TO ME * THAT'S CORRECT * YOU'RE A JOY * YOU'RE A
TREASURE * YOU'RE WONDERFUL * YOU'RE PERFECT * AWESOME * A+
JOB * YOU'RE A-OK MY BUDDY * YOU MADE MY DAY * THAT'S THE BEST
* A BIG HUG * A BIG KISS * SAY I LOVE YOU!*

P.S. REMEMBER, A SMILE IS WORTH 1000 WORDS.

BIBLIOGRAPHY

Bozeman High School. (1995) Bozeman High School Activities Handbook.
Bozeman, MT: Bozeman High School

Horseheads High School. (1987) Horseheads High School Coaches Athletic Handbook.
Horseheads, NY: Horseheads High School

Johnson, David and Johnson, Roger T. (1995) Reducing School Violence Through Conflict Resolution.
Alexandria, VA: ASCD

RESOURCES

District Website: www.mcps.k12.mt.us

Montana High School Association (MHSA): www.mhsa.org

National Federation of High Schools (NFHS): www.nfhs.org

ACKNOWLEDGMENT OF HANDBOOK

I have read a copy of the Missoula County Public Schools Directors and Coaches Handbook for 2016-2017. I understand that I will be held accountable for the content in this handbook and acknowledge understanding of each section of the handbook.

INITIAL EACH TOPIC AND SIGN ACKNOWLEDGMENT BELOW

- _____ Philosophy
- _____ Pre-Season Procedures and Responsibilities
- _____ In-Season Procedures and Responsibilities
- _____ Post-Season Procedures and Responsibilities
- _____ Risk Management Strategies for Coaches
- _____ Coaching Checklist
- _____ MCPS Athletic Department Protocol and Procedures for Management of Sports Related Concussion
- _____ Return to Play Procedures After Concussion
- _____ Participation Attendance Policy
- _____ Coaches Code of Ethics
- _____ MCPS Confidentiality Agreement
- _____ Tuberculin Test Requirements
- _____ Title IX Grievance Procedures—Administrative Regulation
- _____ Tobacco Free Policy
- _____ Drug Free Workplace



Acknowledgment of Directors and Coaches Handbook 2016-17

Coach/Director Signature

Date

RETURN THIS FORM TO YOUR SCHOOL ATHLETIC DIRECTOR