

Bloomington Public Schools

District 87



Student Teacher Packet

Bloomington Public Schools District 87

Student Teacher Paperwork Explanation Sheet

The following is the new hire packet for Bloomington Public Schools District 87. We have included the forms that a new student teacher must complete; the completed forms should be kept in the student teacher's file. The items included are listed below.

Student Teacher Informational Sheet

- This is included to explain to the individual who is applying or has been placed at the district. Please review upon receipt of the packet.

Student Teacher Information Form

- This has been developed as a quick reference for the district to reach the student teacher in case of an emergency.

District Student Teacher Application

- This is an application form to be completed, which provides the preliminary information needed to consider your interest in student teaching. Please complete this application form in its entirety and return it to the district.

Drug Testing Policy & Release Form

- All student teachers must read and understand the district's drug and alcohol abuse policy and sign this form allowing the district to perform a drug test. No student teacher with positive drug test results will be placed in the district.

Disclosure and Authorization Form

- All student teachers of the district must successfully complete a criminal background check prior to being employed. The Disclosure and Authorization Form must be filled out by all new student teachers of the district.

Summary of Rights

- The Summary of Rights is to be provided to any applicant for placement that is being sent for fingerprints for the background check. This is for informational purposes.

Workplace Harassment and Misconduct Prohibited

Mandated Reporter Status Acknowledgement Form

- The Illinois Abused and Neglected Child Reporting Act requires any student teacher of a school to read and understand this act for reporting of child abuse to the proper authority.

Complete Physical Certification

- All employees of the district must provide evidence of physical fitness to perform the duties assigned and freedom from communicable disease. Employees may be subject to further testing including screening for tuberculosis, by order of a local public health official. (105ILCS 5/24-5).



Bloomington Public Schools – District 87

300 East Monroe Street

Bloomington, IL 61701

309-827-6031

- The District 87 Student Teacher packet is sent electronically to university contacts in order to be distributed to their prospective Student Teachers, and it is also available on our website (www.district87.org) on the Human Resources page. Please follow the steps listed below in the order of 1-3. Be sure to allow plenty of time for packet completion from start to finish.
 1. Return your packet to our receptionist on the upper-level between the hours of 8:00-11:15 and 12:30-4:00 – Monday through Friday (except school holidays or breaks). Your Driver’s License will be copied for your file. **Please bring a self-addressed, stamped business-size envelope with you in order to receive a copy of your background check for notification of clearance.** Files are not considered complete until we have the received the packet and the background check. Clearance will be granted upon file completion. Summer hours are in effect for June and July.
 2. Evidence of physical with your health professional needs to be within a 90 day window of your start date.
 3. Call Bushue Background Screening at 217-342-3042 to schedule your appointment. Ask for available location dates and times. Fees are paid at the time of fingerprinting to Bushue (**cash only – no checks accepted**). Bushue will accept credit cards, but an additional processing fee will be charged.
 4. Background check results will be processed as quickly as possible.
- There may be a tentative arrangement “pending” for placement of Student Teachers between the universities and building principals. **Students cannot be allowed in District 87 schools until background clearance has been received, files are complete, and communication has been sent to District 87 buildings.**

-
- **All costs** associated from either type of background checks - Student Teachers or Student Observers - **will be incurred by the students.**
 - ✓ **Student Teachers - \$52**
 - ✓ **Student Observers - \$8 – (Field-Based, Practicum, Doctoral, Pre-Clinical, Clinical, and Nursing) – valid for current school year only**
 - ✓ **Cash only will be accepted in the correct amount – no change will be available. No checks accepted.**
 - ✓ **These costs may increase.**

-
- **Student Observers - (Field-Based, Practicum, Doctoral, Pre-Clinical, Clinical, and Nursing)** need to complete **only** the Student Observer Disclosure form available on our website under the Human Resources tab (for their name-based background check check). **Please print legibly.** Your Driver’s License may be copied. **Clearance notification will be sent via email.**
 - Summer hours will be in effect for June and July: 7:30-3:30 – Monday through Friday.
 - District 87 offices will be closed over Winter Break (12-23-17 through 1-07-18) and Spring Break (3-24-18 through 4-01-18).

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Student Teacher Information Form

Please complete the following information relating to your current status. Anytime this information changes please notify the unit office. This information will be kept in your personnel file should a situation arise that the district needs the information.

Name:				
	<i>(Last Name)</i>	<i>(First Name)</i>	<i>(Middle)</i>	
Address:				
	<i>(Number)</i>	<i>(Street)</i>	<i>(City)</i>	<i>(State) (Zip Code)</i>
Telephone #:	()			
Name & Telephone # to contact in case of Emergency		Emergency contact's place of employment		
(Name) _____		_____		
() _____ - _____				
Start Date:				
Cooperating College or University:				
Cooperating Teacher:				
Contact at College or University:				

In case of an emergency involving you what doctor should be contacted?

Doctor: _____ Phone: _____

Are you allergic to any medications? Yes No

If yes, please list _____

Additional family or persons to contact in case of an emergency.

Name _____ Phone _____

Name _____ Phone _____

Bloomington Public Schools

District 87



Student Teacher Application Form

PERSONAL INFORMATION:

Name: _____
Last First MI

Maiden Name or if known by any other name: _____

Address: _____
Street City State Zip

Phone Number: (_____) _____ - _____

Emergency contact: _____ Phone: _____

Student College/University Email: _____

PLACEMENT INFORMATION:

Time Frame of Student Teaching: _____ Graduation Date: / /
 First Semester Second Semester

District Building placement: _____

Grade Level placement: _____

Subject placement: _____

Cooperating Teacher: _____

CONTACTS:

Please list the advisory contact at your College or University:

1. _____
Name Phone

2. _____
Name Phone

3. _____
Name Phone

BACKGROUND INFORMATION:

Please answer the following questions completely. Any falsification, omission, deliberate misrepresentation or failure to complete any part of this form is grounds for rejection as a student teacher. Bloomington Public Schools District 87 reserves the right to reject any applicant for any legitimate, nondiscriminatory reason.

Do you currently have any outstanding criminal charges or warrants for your arrest pending against you? Yes No

If yes, please explain:

Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation or financial exploitation of a child in any legal proceeding?

Yes No

If yes, please explain:

WAIVER OF LIABILITY

Bloomington Public Schools District 87 does not provide insurance coverage to non-District personnel which include individuals serving as Student Teachers. The purpose of the following information is to inform the Student Teacher and to document your acknowledgment and agreement that you are acting as a Student Teacher at your own risk. Therefore, Bloomington Public Schools District 87 does not provide insurance coverage for the Student Teacher for any loss, injuries, illness or death resulting from the Student Teacher’s unpaid service to the District.

You agree to assume all risk of injury, illness, damage, or loss of any nature or kind, arising out of your Student Teaching assignments, whether supervised or unsupervised, and your service to the District. You agree to waive any and all claims against the District, its Board Members, employees, agents or assigns, or their successors for the loss due to death, injury, or damage of any kind arising out of the Student Teacher’s supervised or unsupervised service to the District.

Student Teacher Name

Date

Print Name

Witness signature

Date

Chapter 5: Personnel**General Personnel Policies****Drug- and Alcohol-Free Workplace****Effective Date**

April 13, 2016

Supersedes Policy Issued

May 10, 2000

Page 1 of 2

All District work places are drug- and alcohol-free work places. All employees shall be prohibited from engaging in any of the following activities while on District premises or while performing work for the District.

1. Unlawful manufacture, dispensing, distribution, possession, use, or being under the influence of a controlled substance, including look-a-like drugs, while on District premises or while performing work for the District;
2. Distribution, consumption, use, possession, or being under the influence of alcohol while on District premises or while performing work for the District when alcohol consumption is detectible, regardless of when and/or where the use occurred;
3. Possession or use of medical cannabis;
4. For purposes of this policy a controlled substance is one that is:
 - (a) not legally obtainable;
 - (b) being used in a manner different than prescribed;
 - (c) legally obtainable, but has not been legally obtained; or
 - (d) referenced in federal or State controlled substance acts.
5. As a condition of employment, each employee shall:
 - (a) abide by the terms of the District policy respecting a drug- and alcohol-free workplace; and
 - (b) notify their supervisor of their conviction of any criminal drug or alcohol statute for a violation occurring on the District premises or while performing work for the District, no later than 5 calendar days after such a conviction.
6. Unless otherwise prohibited by this policy, prescription and over-the-counter medications are not prohibited when taken in standard dosages and/or according to prescriptions from the employee's licensed health care provider, provided that employee's work performance is not impaired. In order to make employees aware of dangers of drug and alcohol abuse, the District will:
 - (a) provide each employee with a copy of this policy.
 - (b) post notice of this policy in a place where other information for employees is posted;

Chapter 5: Personnel**General Personnel Policies****Drug- and Alcohol-Free Workplace****Effective Date**

April 13, 2016

Supersedes Policy Issued

May 10, 2000

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- (c) make available materials from local, state, and national anti-drug and alcohol-abuse organizations;
- (d) enlist the aid of community and state agencies with drug and alcohol informational and rehabilitation programs to provide information to District employees;
- (e) establish a drug-free awareness program to inform employees about the dangers of drug abuse in the workplace, available drug and alcohol counseling, rehabilitation, re-entry, and any employee assistance programs, and the penalties that the District may impose upon employees for violations of this Policy.

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 employee assistance rehabilitation program.

The School Board shall take disciplinary action with respect to an employee convicted of a drug offense in the workplace within 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 \$5,000.00 or more, the Superintendent shall notify the appropriate federal agency from which the District receives contract or grant monies of the employee's conviction within ten (10) days after receiving notice of the conviction.

LEGAL REF.: Drug-Free Workplace Act, 30 ILCS 580/1 et seq.
 Controlled Substances Act, 21 U.S.C. § 812, 21 C.F.R. 1308.11 - 1308.15.
 Safe and Drug-Free School and Communities Act of 1994, 20 U.S.C. § 7101 et seq.
 Americans With Disabilities Act, 42 U.S.C. § 12114.
 Compassionate Use of Medical Cannabis Pilot Program, 410 ILCS 130/.

CROSS REF.: 4.156 (Tobacco Prohibition); 8.030, Visitors to and Conduct on School Property)

Bloomington Public Schools

District 87



ACKNOWLEDGEMENT, AGREEMENT, AND RECEIPT

OF

DRUG AND ALCOHOL FREE WORKPLACE POLICY

The undersigned hereby acknowledges receipt of a copy of the Drug and Alcohol Free Workplace policy. The undersigned hereby acknowledges and agrees that nothing contained in the policy including practices, and benefits stated herein are intended to create any contractual right, express or implied, to employment or to any particular term or condition of employment. We retain the right to revise, amend the policy or terminate any policy unilaterally without notice at any time and the Student Teacher's continued opportunity to student teach in District 87 will be deemed acceptance of such revisions and modifications..

Student Teacher's Signature

Witness Signature

Date

(This acknowledgement will be retained in the Student Teacher's personnel file).

Bushue Background Screening

Bloomington School District #87 DISCLOSURE AND AUTHORIZATION FOR CONSUMER REPORTS (BHR Fingerprint - School)

Disclosure

Bloomington School District #87 has contracted with Bushue Background Screening in connection with my application for employment (including contract or volunteer services), I understand consumer reports will be requested by you ("End-User"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, work experience, education, accidents, licensure, credit (as allowed by law – where required, you will be presented with additional disclosures), etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, judgments, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records. If I am hired, I understand that my employer can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment, contract period or volunteer service.

Authorization

I, _____, hereby authorize procurement of consumer report(s) and investigative consumer report(s) by End-User. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for End-User to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information. This authorization is conditioned upon the following representations of my rights:

I understand I have the right to make a request to the consumer reporting agency: Bushue Human Resources, Inc. d/b/a Bushue Background Screening ("Agency"), 302 East Jefferson Avenue, Suite B, Effingham, IL 62401, telephone number (217) 342-3042 or toll free at (877) 342-3042, upon proper identification, to obtain copies of any reports furnished to End-User by the Agency and to request the nature and substance of all information in its files on me at the time of my request, including the sources of information, and the Agency, on End-User's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to End-User obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: www.bushuebackgroundscreening.com.

I understand that if the End-User is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report End-User receives on me at the time the report is provided to End-User. By checking the following box, I request a copy of all such reports be sent to me. Check here:

As a California applicant, I understand that I have the right under Section 1786.22 of the California Civil Code to contact the Agency during reasonable hours (9:00 a.m. to 5:00 p.m. (CTZ) Monday through Friday) to obtain all information in Agency's file for my review. I may obtain such information as follows: 1) In person at the Agency's offices, which address is listed above. I can have someone accompany me to the Agency's offices. Agency may require this third party to present reasonable identification. I may be required at the time of such visit to sign an authorization for the Agency to disclose to or discuss Agency's information with this third party; 2) By certified mail, if I have previously provided identification in a written request that my file be sent to me or to a third party identified by me; 3) By telephone, if I have previously provided proper identification in writing to Agency; and 4) Agency has trained personnel to explain any information in my file to me and if the file contains any information that is coded, such will be explained to me.

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law _____ (initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights _____ (initials).

Bushue Background Screening

Bloomington School District #87

(BHR Fingerprint - School)

*Information is used for background screening purposes only.

PLEASE PRINT LEGIBLY					
Applicant's Legal Name (full name)	First:	Middle:	Last:		
Alias or Maiden Name	First:	Middle:	Last:		
Home Address:	Street Address:		City:	State:	Zip:
APPLICANT INFORMATION					
Date of Birth (MM/DD/YYYY): ____ / ____ / _____		Social Security Number: _____ - ____ - _____		Place of Birth (state):	
Phone Number:			Email Address:		
Driver's License Number:			State of Issuance:		Gender: Male Female
Race (Circle): Indian/Alaskan Asian Black Pacific Islander White/Caucasian Hispanic/Latino Unknown/Other	Skin Tone (Circle): Black Dark Brown Light Brown Fair Light Medium Olive	Eye Color (Circle): Black Blue Brown Green Gray Hazel Other	Hair Color (Circle): Bald Black Blonde Brown Gray Sandy Red	Height: _____ ft. _____ in.	
Weight:					
Circle if applicable: Student Teacher Bus Driver Contractor					
Position Applying For: _____					
APPLICANT SIGNATURE AND DATE					
Signature (if under the age of 18, parent/guardian signature is required):				Date:	

Office Use Only: Bushue Background Screening					
Proof of Identity: DL State ID Passport Birth Certificate SSC			ORI Number: Regular: IL057087S Bus Driver: SB0570087		
Technician:	Technician License Number: 249.000 _____		TCN:		Purpose Code:
Date of Fingerprint:	Time:	Location:		Payment Amount _____	
Payment Type: Cash M.O CC _____					

Para informacion en espanol, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identify theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed

or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:

- 1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.
- b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:

2. To the extent not included in item 1 above:
 - a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks
 - b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act
 - c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations
 - d. Federal Credit Unions
3. Air carriers
4. Creditors Subject to Surface Transportation Board
5. Creditors Subject to Packers and Stockyards Act
6. Small Business Investment Companies
7. Brokers and Dealers
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

CONTACT:

- a. Bureau of Consumer Financial Protection
1700 G Street NW
Washington, DC 20006
 - b. Federal Trade Commission: Consumer Response Center – FCRA
Washington, DC 20580
(877) 382-4357

 - a. Office of the Comptroller of the Currency
Customer Assistance Group
1301 McKinney Street, Suite 3450
Houston, TX 77010-9050
 - b. Federal Reserve Consumer Help Center
P.O. Box 1200
Minneapolis, MN 55480
 - c. FDIC Consumer Response Center
1100 Walnut Street, Box #11
Kansas City, MO 64106
 - d. National Credit Union Administration
Office of Consumer Protection (OCP)
Division of Consumer Compliance and Outreach (DCCO)
1775 Duke Street
Alexandria, VA 22314
Asst. General Counsel for Aviation Enforcement & Proceedings
Department of Transportation
400 Seventh Street SW
Washington, DC 20590
Office of Proceedings, Surface Transportation Board
Department of Transportation
1925 K Street NW
Washington, DC 20423

Nearest Packers and Stockyards Administration area supervisor
- Associate Deputy Administrator for Capital Access
United States Small Business Administration
406 Third Street, SW, 8th Floor
Washington, DC 20416
Securities and Exchange Commission
100 F St NE
Washington, DC 20549
Farm Credit Administration
1501 Farm Credit Drive
McLean, VA 22102-5090
FTC Regional Office for region in which the creditor operates or
Federal Trade Commission: Consumer Response Center – FCRA
Washington, DC 20580
(877) 382-4357

Chapter 5: PERSONNEL**General Personnel Policies****Effective Date**

May 1, 2013

Harassment and Discrimination Prohibited**Supersedes Policy Issued**

May 10, 2000

Page 1 of 1

The School District expects the workplace environment to be productive, respectful, and free of unlawful discrimination and harassment. District employees shall not engage in discrimination, harassment, or abusive conduct on the basis of an individual's race, religion, national origin, sex, sexual orientation, age, citizenship status, disability, or other protected status identified in Board policy #5.010. The School District shall provide employees an employment environment free of unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct, or communications constituting sexual harassment as defined and otherwise prohibited by State and federal law. A student engaging in sexual harassment of an employee shall be referred to the Building Principal for appropriate action.

District employees shall not make sexual advances or request sexual favors or engage in any conduct of a sexual nature when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment; (2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or (3) such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment. The terms "intimidating", "hostile", and "offensive" include conduct which has the effect of humiliation, embarrassment, or discomfort. Examples of sexual harassment include touching, crude jokes or pictures, discussions of sexual experiences, teasing related to sexual characteristics, and spreading rumors related to a person's alleged sexual activities.

The Superintendent shall use reasonable measures to inform staff members that the District will not tolerate discrimination, harassment or sexual harassment and ~~he~~ the Superintendent will use reasonable measures to inform staff members and applicants of this Policy, which shall include reprinting this Policy in the appropriate handbooks, and annual notification of the identity of the Complaint Manager(s). Any District employee who is determined, after an investigation, to have engaged in discrimination, harassment or sexual harassment will be subject to disciplinary action, up to and including discharge. Any District employee making a knowingly false accusation regarding discrimination, harassment or sexual harassment will likewise be subject to disciplinary action up to and including discharge.

Aggrieved persons, who feel comfortable doing so, should directly inform the person engaging in discriminating, harassing or sexually harassing conduct or communication that such conduct or communication is offensive and must stop.

Employees should report claims of discrimination, harassment or sexual harassment to the Complaint Manager and/or use the Uniform Grievance Procedure. Initiating a good faith complaint shall not adversely affect the complainant's terms or conditions of employment. There are no express time limits for initiating complaints and grievances under this policy; however, every effort should be made to file such complaints as soon as possible, while facts are known and potential witnesses are available.

LEGAL REF.: Title VII of the Civil Rights Act, 42 U.S.C. § 2000e et seq., 29
C.F.R. § 1604.11.

Title IX of the Education Amendments, 20 U.S.C. § 1681 et seq.
775 ILCS 5/2-102(D) et seq. [Ill. Rev. Stat., ch. 68, ¶ 2-102(D) et
seq.].

CROSS REF.: 2.260 (uniform grievance procedure), 5.010

Bloomington Public Schools District 87

State of Illinois – Dept. of Children & Family Services

ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I, _____ understand that when I am working and/or
(Name)
volunteering for Bloomington Public Schools District 87 in my official capacity and/or professional:

I will become a mandated reporter under the Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse Hotline number (1-800-25A-BUSE) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between me in my professional or official capacity is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor.

I also understand that if I am subject to licensing under the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

Signature

Date

Bloomington Public Schools – District 87



**300 E. Monroe Street
Bloomington, IL 61701**

PHYSICIAN'S CERTIFICATE

Employee Name _____

I hereby certify that I have given the above named student teacher a complete physical examination and find the same to be physically fit to perform the duties assigned and to be free from communicable disease.

Date of examination _____

Address _____

Signature _____

TUBERCULOSIS TEST

*** No longer required due to the changes in Public Act 098-0716 which no longer requires employers to have student teachers complete a TB Test prior to employment unless otherwise required by the Local Health Department**