



# THE DELORES TAYLOR ARTHUR SCHOOL FOR YOUNG MEN

## Registration Packet / Paquete de Registro 2023-2024

Student Name/ Nombre del Estudiante	Last Name / Apellido	DOB/ FDN
How did you find out about us? / ¿Cómo te enteraste de nosotros?	Entering Grade / Grado Actual	One App #

\*\*\*\*\*Office use only below / Uso de la oficina sólo a debajo\*\*\*\*\*

Received - Date & Initial	Item	Comments
	Student & Family Information (page 1 - 2)	
	Records Request (page 3)	
	Consent Forms (page 4)	
	Digital Citizenship Agreement (page 5 - 6)	
	Home Language Survey (page 7 - 8)	
	Louisiana Residency Questionnaire (page 9- 10)	
	Official Transcript from previous school(s) & Other Academic Data *	
	LEAP Test Scores *	
	IEP or 504 Plan – if none, mark “N/A” *	
	RTI/MTSS Info. – in none, mark “N/A” *	
	Birth Certificate *	
	Shot/Immunization Record *	
	Proof of Residency * (utility bill, lease / mortgage, property tax)	
	Parent/Guardian Photo ID *	

\*Please provide these items to The Arthur School to make copies to keep on file



**1. Student Information / Información de Estudiantes**

Home Address / Direccion de Case	City / Ciudad	State / Estado	Zip / Código Postal
	New Orleans	Louisiana	

Race & Ethnicity / Raza y origen étnico	Gender / Género	Siblings or family / Hermanos o familia @ Arthur School

List the school(s) your student has attended for the past 4 years. Please include reasons for transferring. / Indique la(s) escuela(s) a las que su estudiante ha asistido durante los últimos 4 años. Incluya los motivos de la transferencia.	List any high school credits your student has earned / Enumere los créditos de la escuela secundaria que su estudiante haya obtenido	Please explain if the student has been expelled or suspended for an extended period of time. / Explique si el estudiante ha sido expulsado o suspendido por un período de tiempo prolongado.

Does the student receive any special services? / ¿Recibe el estudiante algún servicio especial?	Please explain any special needs the student has. / Explique cualquier necesidad especial que tenga el estudiante.
<input type="checkbox"/> IEP <input type="checkbox"/> 504 <input type="checkbox"/> Court Involved / Courto Involucrado	
Please explain any medical and physical health needs. / Explique cualquier necesidad médica y de salud física.	Please explain any mental and behavioral health needs. / Explique cualquier necesidad de salud mental y conductual.
Please list any medications the student takes regularly. / Enumere los medicamentos que el estudiante toma con regularidad.	Please list any allergies or triggers the student has. / Indique cualquier alergia o desencadenante que tenga el estudiante.

List any special holidays and rituals your student & family observe so we can share them at The Arthur School. / Enumere los días festivos y rituales especiales que su estudiante y su familia observan para que podamos compartirlos en Arthur School.



**2. Family Information / Información Familiar**

Primary Guardian First & Last Name / Nombre y apellido del tutor principal	Relationship to Student / Relación con el estudiante	Email Address / Dirección de correo electrónico
Address (only if different from student) / Dirección (solo si es diferente a la del estudiante)	Primary Phone # / Número de teléfono principal	Primary Phone # / Número de teléfono secundario

**3. Emergency Contacts / Contactos de Emergencias**

The individuals listed below are allowed to pick up or authorize the release of the student in addition to the guardians listed above. / Las personas enumeradas a continuación pueden recoger o autorizar la liberación del estudiante además de los tutores enumerados anteriormente.

	Name / Nombre	Relationship / Relación	Phone # / # de telefono
1			
2			
3			

**4. Cannot Pick-Up / No Se Puede Recoger**

The individuals listed below are **NOT** allowed to pick up the student. / Las personas que se enumeran a continuación NO pueden recoger al estudiante.

	Name / Nombre	Relationship / Relación	Phone # / # de telefono
1			
2			

**The information provided on the 2 pages above is complete and accurate. /  
La información proporcionada en las 2 páginas anteriores es completa y precisa.**

Primary Guardian Name / Nombre de Tutor Principal	Signature / Firma	Date / Fecha



Student / Estudiante: \_\_\_\_\_ DOB/FDN: \_\_\_\_\_

### Request for Records Request / Solicitud de Registros Confidenciales

This box to be filled out by The Arthur School staff / Este cuadro debe ser llenado por el personal de Arthur School:

Date requested _____ Request # _____  Requested by _____ Requested from _____  Records requested: <input type="checkbox"/> Official Transcript (including GPA) <input type="checkbox"/> Attendance records <input type="checkbox"/> Standardized test scores <input type="checkbox"/> School test scores <input type="checkbox"/> Health information (including immunization records) <input type="checkbox"/> Birth certificate <input type="checkbox"/> IEP/504 or other special education records, plans, or information <input type="checkbox"/> ESL/ELL/EL Information <input type="checkbox"/> Behavioral/disciplinary records  Details: _____
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Dear School Registrar, Counselor, or Representative:

The student (named above) is now registered at The Delores Taylor Arthur School for Young Men. You are hereby authorized to release the above requested records to The Delores Taylor Arthur School for Young Men. Thank you for sending over any requested records quickly so they can serve our student well. If you have any questions, you may call me at the phone # below.

Gratefully,

Guardian Name / Nombre de Tutor \_\_\_\_\_ Phone # / # de Teléfono \_\_\_\_\_

Signature / Firma \_\_\_\_\_ Date / Fecha \_\_\_\_\_

*Parent permission is no longer required when authorized school personnel request a copy of school records for education purposes (Family Education and Privacy Act, Final Rule on Education/Records, Federal Register, June 17, 1976, Vol. No. 118, page 14673). The cumulative record information listed above is to be disclosed for the specific purpose of educational planning/programming. According to Revised Statute 17:12, this information shall not be withheld as a result of lack of any fine, debt, or any outstanding obligation.*



**Consent Forms / Formularios de Consentimiento**

**Photo & Video Release / Lanzamiento de fotos y videos**

We need student and guardian permission to use photographs, video, voice, and/or name in various media projects.

I give my consent for my student to appear or participate in one or more video or audio recordings, soundtracks, films, photographs, or written articles. The Arthur School may use any of the above in media including but not limited to newspapers, radio and television, and internet.

I understand that such video or audio recordings, soundtracks, films, photographs, or written articles may be used for educational, instructional, or promotional purposes determined by The Arthur School in broadcast and electronic media formats now existing or created in the future.

Necesitamos el permiso del estudiante y del tutor para usar fotografías, videos, voz y / o nombre en varios proyectos de medios.

Doy mi consentimiento para que mi estudiante aparezca o participe en una o más grabaciones de video o audio, pistas de sonido, películas, fotografías o artículos escritos. Arthur School puede usar cualquiera de los anteriores en los medios, incluidos, entre otros, periódicos, radio, televisión e Internet.

Entiendo que tales grabaciones de video o audio, pistas de sonido, películas, fotografías o artículos escritos pueden usarse con fines educativos, instructivos o promocionales determinados por Arthur School en formatos de transmisión y medios electrónicos que existen o se crean en el futuro.

- Yes, I give my consent. / Sí, doy mi consentimiento.  
 No, I do not give my consent. / No, no doy mi consentimiento.

Parent Signature / Firma de padre \_\_\_\_\_ Date / Fecha \_\_\_\_\_

**Transportation Services / Servicios de transportación**

We offer transportation to all students anywhere within Orleans Parish more than 1 mile from the school. Please indicate below how the student will arrive (AM) and depart (PM) from the school most days. You will be able to change this in the future with 24 hours notice to the Site Manager.

Please share any addresses your student will need to be picked up or dropped off from (if different from the home address listed on p. 1) and let us know what form(s) or transportation you would like to use.

Ofrecemos transporte a todos los estudiantes en cualquier lugar dentro de la parroquia de Orleans a más de 1 milla de la escuela. Por favor indique a continuación cómo llegará el estudiante (AM) y saldrá (PM) de la escuela la mayoría de los días. Podrá cambiar esto en el futuro con un aviso de 24 horas al administrador del sitio.

Por favor comparta cualquier dirección en la que su estudiante deba ser recogido o dejado (si es diferente de la dirección de la casa que figura en la p. 1) y háganos saber qué formulario (s) o transporte le gustaría usar.

Other address(es) / Otra(s) dirección(es)

Will you use school provided transportation? /  
¿Utilizará el transporte proporcionado por la escuela?

- School bus / Bús escolar  RTA / Bús público  None / ningun

Parent Signature / Firma de padre \_\_\_\_\_ Date / Fecha \_\_\_\_\_



## Digital Citizenship Commitment / Compromiso de ciudadanía digital

Technological fluency is critical to a 21st Century education, so we provide high-quality technology to every student. Together, as school and family, we must teach appropriate boundaries for healthy use of this technology.

### Google Accounts

The Arthur School uses Google accounts for our email, documents, virtual classrooms, and other systems. Upon enrollment, we will assign each student an email address and Google account for their use throughout their time as a student. Students will use these accounts to create and complete work on Drive, participate in their classes through Classroom, and correspond with others both in and out of school using email. These accounts can and may be monitored by The Arthur School to ensure appropriate use, for which students are solely responsible.

### Cell Phones and other Personal Technology Devices

Students are allowed to bring personal technology devices including cell phones to campus with the understanding that the student and their family are fully responsible for the safety and appropriate use of said device(s). The following norms for personal technology use were set by the Arthur School:

- Personal devices will be turned into staff each morning and returned at the end of the school day
- Devices are only to be used in the case of emergencies that constitute imminent physical danger. All other communications should go through school personnel.
- No photos, videos, or other recordings shall be taken of anyone without their explicit consent

### School-Issued Technology

We provide a dedicated Chromebook laptop with a unique tracking number to every student upon enrollment. While the Arthur School retains ownership over all issued devices, devices will follow the student throughout their years so they can learn to be responsible for an important piece of technology and the work they produce with it. We may also provide students with other technology items like tablets and cameras when relevant to a course they are enrolled in. Students must use their school-issued accounts on school-issued devices.

### Responsibility for Damage, Loss, and Appropriate Use

The use of any Arthur School technology constitutes acceptance of responsibility in the case of damage, loss, or inappropriate use. We

La fluidez tecnológica es fundamental para una educación del siglo XXI, por lo que brindamos tecnología de alta calidad a todos los estudiantes. Juntos, como escuela y familia, debemos enseñar los límites apropiados para el uso saludable de esta tecnología.

### Cuentas de Google

La Escuela Arthur utiliza cuentas de Google para nuestro correo electrónico, documentos, aulas virtuales y otros sistemas. Tras la inscripción, asignaremos a cada alumno una dirección de correo electrónico y una cuenta de Google para su uso durante todo su tiempo como estudiante. Los estudiantes usarán estas cuentas para crear y completar el trabajo en Drive, participar en sus clases a través de Classroom y corresponder con otras personas dentro y fuera de la escuela usando correo electrónico. Estas cuentas pueden y pueden ser monitoreadas por The Arthur School para garantizar un uso adecuado, para lo cual los estudiantes son los únicos responsables.

### Teléfonos móviles y otros dispositivos tecnológicos personales

A los estudiantes se les permite llevar dispositivos de tecnología personal, incluyendo teléfonos celulares al campus, entendiendo que el estudiante y su familia son plenamente responsables de la seguridad y el uso apropiado de dichos dispositivos. Las siguientes normas para el uso de la tecnología personal fueron establecidas por la Escuela Arthur:

- Los dispositivos personales se convertirán en personal cada mañana y volverán al final de la jornada escolar
- Los dispositivos solo deben usarse en caso de emergencias que constituyan un peligro físico inminente. Todas las demás 5rthur5aciones deben pasar por el personal de la escuela.
- No se tomarán fotos, videos u otras grabaciones de nadie sin su consentimiento explícito.

### Tecnología proporcionada por la escuela

Proporcionamos un portátil Chromebook dedicado con un número de seguimiento único a cada estudiante al inscribirse. Mientras que la Escuela Arthur conserva la propiedad de todos los dispositivos emitidos, los dispositivos seguirán al estudiante a lo largo de sus años para que puedan aprender a ser responsables de una pieza importante de la tecnología y el trabajo que producen con ella. También podemos proporcionar a los estudiantes otros elementos tecnológicos como tabletas y cámaras cuando son relevantes para un curso en el que están inscritos. Los estudiantes deben usar sus cuentas emitidas por la escuela en dispositivos emitidos por la escuela.

### Responsabilidad por daños, pérdidas y uso adecuado

El uso de cualquier tecnología de 5rthur school constituye la aceptación de la responsabilidad en caso de daño, pérdida o uso

trust our students will be responsible for keeping all school resources safe. Inappropriate use including bullying, distractions from class, or unauthorized engagements with individuals outside of school may result in consequences up to and including complete loss of privileges & technology. All technology must be returned upon withdrawal or graduation.

**Permission to Take School Technology Home**

You may grant permission to your student to take their school-issued technology home.

inapropiado. Confiamos en que nuestros estudiantes serán responsables de mantener todos los recursos escolares seguros. El uso inapropiado, incluyendo acoso escolar, distracciones de clases o compromisos no autorizados con individuos fuera de la escuela puede resultar en consecuencias hasta e incluyendo la pérdida completa de privilegios y tecnología. Toda la tecnología debe ser devuelta al retirarse o graduarse.

**Permiso para llevarse a casa tecnología escolar**

Usted puede otorgar permiso a su estudiante para llevar su tecnología emitida por la escuela a casa.

- Yes, please give my student permission to take their school-issued technology home. We will be fully responsible for it. /  
Sí, por favor déle permiso a mi estudiante para llevarse a casa la tecnología proporcionada por la escuela. Seremos plenamente responsables de ello.
  
- No, please do not send school technology home. I will provide my student with all the technology they need at home. /  
No, no envíe tecnología de la escuela a casa. Le proporcionaré a mi estudiante toda la tecnología que necesite en casa.

Parent Signature / Firma de padre \_\_\_\_\_ Date / Fecha \_\_\_\_\_



THE DELORES TAYLOR  
**ARTHUR SCHOOL**  
FOR YOUNG MEN

Student / Estudiante: \_\_\_\_\_ DOB/FDN: \_\_\_\_\_

Continued from previous page

## Primary/Home Language Survey for All New Incoming Students

Survey should be completed by parents or guardians of  
**ALL** new incoming students K-12.

<b>Student Information:</b>	
First Name: _____	Date of Birth: _____
Last Name: _____	Date Entered US School: _____

Questions for Parents or Guardians	Response
What is the most common language(s) spoken in your home?	
Which language did your child learn first?	
Which language does your child use most often at home?	
In what language do you most often speak to your child?	
What language does your child use with friends?	

Has your child received ESL/EL services previously?      Yes    No

In what language would you prefer to receive information from the school? \_\_\_\_\_

---

Parent's or Guardian's Signature

Date

Updated 01/2020



## Encuesta de Idioma principal/en el hogar para todos los estudiantes entrantes nuevos

Los padres o tutores de deben completar la encuesta  
**TODOS** los estudiantes entrantes de K-12.

<b>Información del estudiante:</b>	
Nombre: _____	Fecha de nacimiento: _____
Apellido: _____	Fecha de ingreso a la escuela de EE. UU.: _____

<b>Preguntas para los padres o los tutores</b>	<b>Respuesta</b>
¿Cuál es el(los) idioma(s) más común(es) que se habla(n) en su hogar?	
¿Qué idioma aprendió su hijo primero?	
¿Qué idioma usa su hijo con más frecuencia en el hogar?	
¿En qué idioma le habla más a menudo a su hijo?	
¿Qué idioma usa su hijo con sus amigos?	

¿Ha recibido su hijo servicios de ESL/EL antes? Sí No

¿En qué idioma preferiría recibir la información de la escuela? \_\_\_\_\_

\_\_\_\_\_  
Firma del padre o tutor

\_\_\_\_\_  
Fecha

Actualizado 01/2020

(Form Must Be Included In School Enrollment Packet)

Date: \_\_\_\_\_ LEA: \_\_\_\_\_ School Name: \_\_\_\_\_  
 Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Gender: Male / Female  
 Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Last School Attended: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Parent / Guardian / Adult Caring for Student: \_\_\_\_\_ Relationship: \_\_\_\_\_

*Disclaimer: This questionnaire is intended to address the McKinney-Vento Act. Your child may be eligible for additional educational services through Title I Part A, Title I Part C Migrant, Individuals with Disabilities Education Act (IDEA) and/or Title IX, Part A, Federal McKinney-Vento Assistance Act, 42 U.S.C.11435. Eligibility can be determined by completing this questionnaire. It is illegal to knowingly make false statements on this form. If eligible, students are to be immediately enrolled in accordance with Bulletin 741, section 341.*

1.  YES  NO Is the student's address a temporary living arrangement? (Note: If this is a permanent living arrangement or the family owns or rents their home, sign under item 9 and submit form to school personnel.)
2.  YES  NO Is the temporary living arrangement due to loss of housing or economic hardship?
3.  YES  NO Does the student have a disability or receive any special education-related services? (Check one)
4. Where is the student currently living? (Check all that apply.)

In an emergency/transitional shelter.  
 Temporarily with another family because we cannot afford or find affordable housing.  
 With an adult that is not a parent or legal guardian, or alone without an adult.  
 In a vehicle of any kind, trailer park or campground without running water/electricity, abandoned building or substandard housing.  
 Emergency Housing (i.e. FEMA Trailer or FEMA Rental Assistance)  
 In a hotel/motel.  Other specific information: \_\_\_\_\_

5.  YES  NO Does the student exhibit any behaviors that may interfere with his or her academic performance?
6. Would you like assistance with uniforms, student records, school supplies, transportation, other?  
(Describe): \_\_\_\_\_
7.  YES  NO Migrant – Have you moved at any time during the past three (3) years to seek temporary or seasonal work in agriculture (including Poultry processing, dairy, nursery, and timber) or fishing?
8.  YES  NO Does the student have siblings (brothers or sisters)? Note: Use back of page if more space is needed.  
 Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_  
 Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_  
 Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_
9. The undersigned certifies that the information provided above is accurate.

Print Parent/Guardian/Adult Caring for Student's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

(Area Code) Phone Number \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Print School Contact Name \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Homeless Liaison Use Only – Check All that Apply:

- Sheltered  Doubled-Up  Unsheltered/FEMA/Substandard  Hotel/Motel Unaccompanied Youth:  YES  NO  
 School Use Only:  Free or Reduced Price Meals Form submitted/signed  Copy Placed in Student's Cumulative Record



**LOUISIANA DEPARTMENT OF EDUCATION  
SCHOOL FOOD SERVICE SECTION  
DIET PRESCRIPTION FOR MEALS AT SCHOOL**

Student's Name \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade/Classroom \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_  
(Street or P. O. Box)

City \_\_\_\_\_ State \_\_\_\_\_

Does the student have a disability that requires a special diet? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, describe the major life activities affected by the disability.  
(See back of form for further information.)

\_\_\_\_\_  
If the student is not disabled, list the medical condition that requires special nutritional or feeding needs.

Diet Prescription (Check all that apply.):

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Diabetic     | <input type="checkbox"/> Increased Calorie _____ #kcal |
| <input type="checkbox"/> Food Allergy | <input type="checkbox"/> Reduced Calorie _____ #kcal   |
| <input type="checkbox"/> Hypoglycemic | <input type="checkbox"/> Texture Modification          |
| <input type="checkbox"/> PKU          | Chopped _____ Ground _____                             |
| <input type="checkbox"/> Other _____  | Pureed _____ Liquified _____                           |
|                                       | <input type="checkbox"/> Tube Feeding                  |
|                                       | Liquified Meal _____ Formula _____                     |

**Foods Omitted and Substitutions**

(Please check food groups to be omitted. Identify specific foods to omit and list foods to be substituted. If necessary, attach additional information or instructions regarding the diet or feeding.)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Food Groups to Omit       | <input type="checkbox"/> Meat and Meat Alternatives | <input type="checkbox"/> Milk and Milk Products |
| <input type="checkbox"/> Bread and Cereal Products | <input type="checkbox"/> Fruits and Vegetables      |   |

Specific Foods to Omit	Specific Foods to Substitute
_____	_____
_____	_____

I certify that the above named student needs special school meals prepared as described above because of the student's disability or chronic medical condition.

Office Address \_\_\_\_\_ Office Telephone # (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
¹Licensed Physician/Recognized Medical Authority Signature

\_\_\_\_\_  
Date

¹Signature of Licensed Physician required if the student is disabled.

# Definition of Disability

## Definitions

As used in this part, the term or phrase:

**(l) *Student with disabilities*** means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.

**(j) *Physical or mental impairment*** means (1) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genitourinary; hemic and lymphatic; skin; and endocrine; or (2) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term *physical or mental impairment* includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy; epilepsy; muscular dystrophy; multiple sclerosis; cancer; heart disease; diabetes; mental retardation; emotional illness; and drug addiction and alcoholism.

**(k) *Major life activities*** means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

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

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

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at:

[http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

**The Delores Taylor Arthur School for Young Men Nurse:**

Hi, my name is Kevin Woods. I'm honored to have been chosen as the School Nurse for the Delores Arthur School for Young Men. I am also excited to be able to share my professional and personal experiences, in the service of an institution tasked with nurturing and providing a quality education to young men in our community.

I am confident that my 21 years of experience as a Registered Nurse, and 27 years of military experience (Retired), in the areas of Adolescent & Adult Mental Health and Substance Abuse; Prison: Critical Care Unit; First Responder Trauma and Triage Care will be an asset to providing care and safety to the young men and staff of this vital institution.

Thank you for affording me this opportunity to serve the mission of your institution.

**You can reach Mr. Kevin Woods at:**

**Email: [nurse@thearthurschool.com](mailto:nurse@thearthurschool.com)**

**Phone: 504-841-9102**

**Hours: 9am-2pm**

**Mr. Woods can help your child with:**

- Any sick symptoms your child may be experiencing
- Injuries that occur during the school day
- Chronic illnesses (for example allergies or asthma management)
- Medication administration (prescribed medication or over the counter medication)
- The nurse office will stock medications to treat allergy, pain, fever, nausea, throat irritation, cough, and minor cuts.
- Health education
- Referrals and recommendations for advanced care/evaluations

**If your child has a special health or emotional need, or takes regular medication during the school day, we encourage you to reach out to Mr. Kevin Woods so he can best care for your child.**



**We encourage you to register your child for My Ochsner. Registering for My Ochsner will assist in any scheduling or referral needs you may need, provide a way for you to contact a provider or your school nurse as well as access health information like vaccination records and growth charts.**

**Sign up link: [my.ochsner.org/PRD/signup](https://my.ochsner.org/PRD/signup)**

**We look forward to partnering with you to keep your family healthy this school year!**

**Please read, sign, and return the School Nurse Consent and Acknowledgement form to the front office.**

## School Nurse Consent and Acknowledgment

I hereby authorize the school nurse to provide medical treatment/services to the student listed below, including but not limited to:

- providing in-person, on-site registered nursing services, as would generally be available in a school setting;
- triaging visits via telehealth consults with remote physicians;
- administering over the counter (“OTC”) drugs and prescription medications (any such prescription medication must be provided to the school nurse by a student’s parent/guardian); and
- assisting students with chronic disease management, such as the use of an inhaler or EpiPen.

I acknowledge that:

- it is my responsibility to contact the school nurse if the student has a medical condition that may affect him/her while at school;
- it is my responsibility to inform the school nurse about any existing health conditions (i.e. asthma, diabetes, ADHD, seizures, heart problems, sickle cell anemia, etc.) and/or allergies that the student has;
- all students who are being assisted with chronic disease management during the school day must have a treatment plan on file with the school nurse. This information should outline the process for management of the chronic disease and should be signed by the student’s parent/guardian and the student’s physician;
- if needed for medical decision making, close-up pictures of a student may be shared with a provider in a way that will not identify the student;
- Louisiana law mandates local school systems to authorize a nurse assigned to a school to administer auto-injectable epinephrine to a student who the nurse, in good faith, professionally believes is having an anaphylactic reaction, whether or not such student has a prescription for epinephrine. There is a possibility that my child/the child that I am legally responsible for may exhibit such signs of an anaphylactic reaction and may be administered auto-injectable epinephrine by a nurse assigned to his/her/their school, including but not limited to an Ochsner nurse contracted to provide care at the child’s school;
- I am aware that the practice of medicine is not an exact science, and I acknowledge that no guarantees have been made to me as to the outcome of any treatment.

(Signature Page Follows)

---

Student's Name

---

Parent/Guardian's Name

---

Date





## STATEMENT OF EXEMPTION FORM IMMUNIZATIONS

Under the Louisiana Revised Statutes 17:170 Sec E, I \_\_\_\_\_,  
parent/guardian of \_\_\_\_\_, hereby claim exemption  
from the immunization requirements for my child due to medical, religious, or philosophical  
reasons.

I understand that in the event of an outbreak of a vaccine-preventable disease at the  
location of the educational institution or facility the student attends, the administrators of  
the educational institution or facility, upon the recommendation of the office of public  
health, may exclude the student from attendance until the incubation period has expired or I  
present evidence of immunization.

---

Name of School

---

Signature of Parent/Guardian

Date

---

Signature of Authorized District or School Representative

Date



## AIRMEN BAND SURVEY

As New Orleanians, music runs deep in our city's culture, our history, and in our souls. At the Arthur School, every student must take at least one year of Band. The following survey will help us better prepare and ensure that your son finds his rhythm.

Does your son play any instruments currently?: yes / no

If so, what? \_\_\_\_\_

How long has he been playing? \_\_\_\_\_

Private lessons? yes / no

Of the following please list your most desired choice of instrument to study (1) to your least desired choice (9)

- \_\_\_\_\_ Flute
- \_\_\_\_\_ Clarinet
- \_\_\_\_\_ Alto sax
- \_\_\_\_\_ Trumpet
- \_\_\_\_\_ French horn
- \_\_\_\_\_ Trombone
- \_\_\_\_\_ Tuba
- \_\_\_\_\_ Drums
- \_\_\_\_\_ Strings (by request)

Can your son read music? (Please check one)

- \_\_\_\_\_ No, not at all
- \_\_\_\_\_ Somewhat
- \_\_\_\_\_ Yes, he is proficient.
- \_\_\_\_\_ I don't know

# The Delores Taylor Arthur School for Young Men

## NOLA Public Schools Disability Discrimination Complaint Procedures Acknowledgement of Receipt

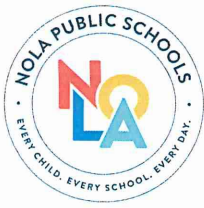
**Student Last Name**

**Student First Name**

**Parent/Guardian Signature**

**Parent/Guardian Printed Name**

**Date**



## NOLA Public Schools Disability Discrimination Complaint Procedures

**Complaint Coordinator: Joni Lastrapes**

**Assistant Director of ECS**

jlastrapes@nolapublicschools.com

504-304-4995

**Kathryn Elichman**

**Assistant Director of ECS**

kelichman@nolapublicschools.com

504-304-4935

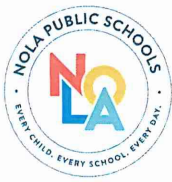
### **Overview:**

#### **I. EVALUATION OF THE COMPLAINT**

- A. Determine the Sufficiency of the Complaint**
- B. Establish a File for Each Complaint**
- C. Acknowledge the Complaint**
- D. Determine Whether the Allegations Are Sufficient and Timely**
- E. Determine Whether a Waiver of Timeliness Should be Granted**
- F. Opening the Complaint**
- G. Determine Whether NOLA Public Schools Will Administratively Close a Complaint**

#### **II. INVESTIGATION OF THE COMPLAINT AND ISSUANCE OF FINDINGS**

- A. Case Planning**
- B. Investigative Determinations: Letters of Finding**
  - (1) Insufficient Evidence Determination**
  - (2) Non-Compliance Determination**
- C. Guidelines for Corrective Action Plans**
- D. Data Collection and Information Gathering**
  - (1) Generally**
  - (2) NOLA Public Schools Authority to Obtain Information**
  - (3) Interviews**



# NOLA Public Schools Disability Discrimination Complaint Procedures

## I. EVALUATION OF THE COMPLAINT

If NOLA Public Schools determines that written information provided to NOLA Public Schools is a complaint, NOLA Public Schools will establish whether it has sufficient information to proceed to investigation. NOLA Public Schools will provide complainants with assistance regarding the nature of their rights and of the NOLA Public Schools investigation process. Additionally, NOLA Public Schools staff will provide appropriate assistance to complainants who are persons with disabilities, individuals of limited English proficiency or persons whose communication skills are otherwise limited.

To investigate the complaint, NOLA Public Schools may need to collect and analyze personal information. NOLA Public Schools does not reveal the name or other identifying information about an individual (including individuals who file complaints or speak to NOLA Public Schools) unless (1) such information would assist in the completion of an investigation or in corrective activities of NOLA Public Schools in remedying violations of law; (2) such information is required to be disclosed under the Louisiana's public records laws; or (3) such information is permitted to be disclosed under the Family Educational Rights and Privacy Act and Louisiana laws concerning the confidentiality of student records and NOLA Public Schools determines disclosure would further an interest of NOLA Public Schools.

However, NOLA Public Schools can release certain information about complaints to the general public, including the date a complaint was filed; the type of discrimination included in a complaint; the date a complaint was resolved, dismissed or closed; the basic reasons for NOLA Public Schools decision; or other related information. Any information NOLA Public Schools releases to the general public will not include personally-identifiable information about the complainant or the person on whose behalf the complaint was filed except as noted in the paragraph above.

### A. Determine the Sufficiency of a Complaint

A complaint is a written or electronic statement to NOLA Public Schools alleging that the rights of one or more students with a disability have been violated and requesting that NOLA Public Schools take action. Complaints may be filed online as well as by mail, fax, or in person. Some correspondence that NOLA Public Schools receives, even if it concerns an alleged civil rights violation, may not be a complaint. Upon receipt, NOLA Public Schools will determine whether or not the correspondence is a complaint. If a complaint is filed electronically, by e-mail or fax, a signed consent form must be secured in addition to a complaint form.

The following are not complaints:

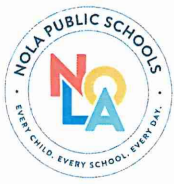
- (a) Oral allegations that are not reduced to writing;
- (b) Anonymous correspondence;
- (c) Courtesy copies of correspondence or a complaint filed with others; or
- (d) Inquiries that seek advice or information but do not seek action or intervention from NOLA Public Schools.

The complaint should include a written explanation of what happened; a way to contact the complainant (if the complaint is filed by e-mail NOLA Public Schools must have the complainant's actual name and address); and identification of the person or group injured by the alleged discrimination.

Complaints should be submitted to one of the NOLA Public Schools complaint coordinators:

Joni Lastrapes  
jlastrapes@nolapublicschools.com  
504-304-4995

Kathryn Elichman  
kelichman@nolapublicschools.com  
504-304-4935



## NOLA Public Schools Disability Discrimination Complaint Procedures

### **B. Establish a File for Each Complaint**

The case opening date is the date a complaint is received by NOLA Public Schools's chief administrator or a member of NOLA Public Schools's governing board. Complaints received by email or by fax after regular business hours, over a weekend, or on a holiday will be considered received on the next workday. Upon receipt by the appropriate NOLA Public Schools staff, NOLA Public Schools establishes a case file for each complaint. The complaint, however it was filed, must be included in the case file.

In cases of multiple complaints, the following guidelines will be applied in determining how many case numbers should be assigned:

- (a) Complaints from more than one person against NOLA Public Schools that contain different allegations are treated as separate complaints.
- (b) Complaints filed by more than one person that raise substantially identical allegations against NOLA Public Schools may be treated as one complaint or, if received later, incorporated into an existing complaint. If the complaints raise distinct allegations, NOLA Public Schools should treat them as separate complaints.
- (c) New allegations filed by the same person against NOLA Public Schools after a complaint investigation has begun are reviewed on a case-by-case basis to determine whether the allegations should be added to the open complaint or treated as a new complaint.

### **C. Acknowledge the Complaint**

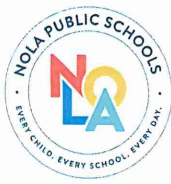
NOLA Public Schools will promptly acknowledge receipt of the complaint. The complainant will be informed that the complaint will be evaluated to determine its sufficiency and that further communications about the complaint will be forthcoming. If not already provided by the complainant, a consent form will be included with NOLA Public Schools's acknowledgement letter. The complainant will be informed that the complaint will be closed if written consent is not received within 20 calendar days of the date of the acknowledgment letter. The response will also include a copy of "NOLA Public Schools Complaint Processing Procedures."

### **D. Determine Whether the Allegations Are Sufficient and Timely**

For NOLA Public Schools to initiate an investigation, the complaint must allege, or NOLA Public Schools must be able to infer from the facts given, an allegation of: 1) discrimination based on disability or 2) retaliation for the purpose of interfering with any right or privilege secured by applicable disability rights laws or as a result of making a complaint, testifying, or participating in any manner in an disability discrimination matter before NOLA Public Schools, the Louisiana Department of Education, or the United States Department of Education.

NOLA Public Schools will take action only with respect to those complaint allegations that have been filed within 180 calendar days of the date of the last act of alleged discrimination unless the complainant is granted a waiver under Section I.E. Timely allegations may include those where the complainant alleges a continuing discriminatory policy or practice. The person or team evaluating the complaint allegations shall make the determination of the existence of a continuing discriminatory policy or practice.

NOLA Public Schools will assist the complainant in understanding the information that NOLA Public Schools's requires in order to proceed to the investigation of the complainant's allegation(s). This will include explaining NOLA Public Schools investigation process and the rights of the complainant under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act. NOLA Public Schools will also, to the extent possible, specifically identify the information necessary for NOLA Public Schools to proceed to investigation of the complainant's allegation(s). NOLA Public Schools staff will provide appropriate assistance to complainants who are persons with disabilities,



## NOLA Public Schools Disability Discrimination Complaint Procedures

individuals of limited English proficiency, or persons whose communication skills are otherwise limited.

If NOLA Public Schools decides not to open a complaint for investigation or to terminate an investigation for any of the reasons identified above, it will dismiss the complaint allegation.

NOLA Public Schools will also dismiss an allegation for the following reasons:

- (a) The allegation fails to state a violation of Section 504 of the Rehabilitation Act of 1973 or the Americans with Disabilities Act; or
- (b) The allegation lacks sufficient detail (i.e., who, what, where, when, how) for NOLA Public Schools to infer that discrimination or retaliation may have occurred or is occurring; or
- (c) The allegation is so speculative, conclusory, or incoherent that it is not sufficiently grounded in fact for NOLA Public Schools to infer that discrimination or retaliation may have occurred or is occurring.

Before dismissing a complaint allegation, NOLA Public Schools will contact the complainant and explain in writing (by letter or via electronic mail) the information necessary for NOLA Public Schools to proceed to investigation of the complaint allegation, ask the complainant to provide this information to NOLA Public Schools within 20 calendar days of the date of the written request and advise the complainant that the complaint allegation will be dismissed if the information is not received by that date. NOLA Public Schools will dismiss the complaint allegation if the requested information is not received within 20 calendar days of the date of the written request.

If a complaint allegation is dismissed, NOLA Public Schools will issue a letter of dismissal to the complainant explaining the reason for the decision.

### **E. Determine Whether a Waiver of Timeliness Should be Granted**

If a complaint allegation is not filed in a timely manner, NOLA Public Schools will notify the complainant of the opportunity to request a waiver. The person or team evaluating the complaint allegations may grant a waiver of the 180-day filing requirement for good cause shown, such as under any of the following circumstances:

- (a) The complainant could not reasonably be expected to know the act was discriminatory within the 180-day period, and the complaint allegation was filed within 60 days after the complainant became aware of the alleged discrimination;
- (b) The complainant was unable to file a complaint because of incapacitating illness or other incapacitating circumstances during the 180-day period, and the complaint allegation was filed within 60 days after the period of incapacitation ended; or
- (c) Unique circumstances generated by NOLA Public Schools's action have adversely affected the complainant's ability to file a complaint within the 180-day period.

If a waiver is not requested or requested but not granted, the allegation will be dismissed and the complainant informed of the decision.



## NOLA Public Schools Disability Discrimination Complaint Procedures

### F. Opening the Complaint for Investigation

When NOLA Public Schools opens a case for investigation, it will issue a letter of notification to the complainant that contains, at a minimum, the following information:

- the complaint allegations;
- contact information for NOLA Public Schools staff person who will serve as the complainant's primary contact during the investigation and resolution of the complaint; and
- a copy of "NOLA Public Schools Complaint Processing Procedures".

### G. Determine Whether NOLA Public Schools Will Administratively Close a Complaint

NOLA Public Schools will close a complaint for the following reasons:

(a) The same allegations have been filed by the complainant against NOLA Public Schools with state or federal court. An NOLA Public Schools complaint may be re-filed within 60 days following termination of the court proceeding if there has been no decision on the merits or settlement of the complaint allegations. (Dismissal with prejudice is considered a decision on the merits).

(b) The complaint allegations are foreclosed by previous decisions of the federal courts, the U.S. Secretary of Education, or the U.S. Department of Education's Civil Rights Reviewing Authority.

(c) NOLA Public Schools obtains credible information indicating that the allegations raised by the complaint have been resolved, and there are no class-wide allegations. In such a case, NOLA Public Schools will attempt to ascertain the apparent resolution. If NOLA Public Schools determines that there are no current allegations appropriate for further complaint resolution, the complaint will be closed.

(d) NOLA Public Schools determines that its ability to complete the investigation is substantially impaired by the complainant's or injured party's refusal to provide information that is reasonably accessible to the complainant and is necessary for investigation of the complaint.

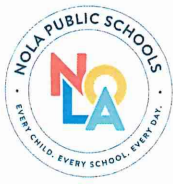
(e) NOLA Public Schools determines that its ability to complete the investigation is substantially impaired by its inability to contact the complainant in order to obtain information that is necessary for investigation of the complaint. NOLA Public Schools will include documentation in the case file of its efforts to contact the complainant by phone, in writing, or via electronic mail to request the necessary information. NOLA Public Schools will not close the complaint until more than 20 calendar days have passed since the date of NOLA Public Schools's attempt to contact the complainant.

(f) The complaint is a continuation of a pattern of complaints previously filed by the complainant or someone other than the complainant involving the same or similar allegations against NOLA Public Schools that have been found to be without merit by NOLA Public Schools.

(g) The complainant withdraws the complaint.

(h) The death of the complainant or injured party makes it impossible to investigate the allegations fully, or when the death of the complainant or injured party forecloses the possibility of relief because the complaint involved potential relief solely for the complainant or injured party.





## NOLA Public Schools Disability Discrimination Complaint Procedures

(i) The allegations are moot because:

1. There are no current allegations appropriate for further investigation and resolution;
2. There are no class-wide allegations; and
3. There is no need for NOLA Public Schools to change its policies or procedures in order to protect against a future violation.

If NOLA Public Schools closes a complaint for any of the reasons identified above, it will issue a letter of administrative closure to the complainant explaining the reason for the decision.

### II. INVESTIGATION OF THE COMPLAINT AND ISSUANCE OF FINDINGS

NOLA Public Schools will ensure that investigations are legally sufficient and that they are dispositive of the allegations raised in the complaint. NOLA Public Schools corrective action plans should be carefully drafted to ensure compliance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act.

#### A. Case Planning

Case planning will begin as early as possible, will be thorough, and will be conducted throughout the life of every case to ensure high quality decisions, prompt investigations, and efficient use of NOLA Public Schools resources. Planning decisions will reflect sound legal standards and will be adjusted as necessary to take into account new information obtained during case processing.

The following essential elements of case planning will be addressed in every case and placed in the file (unless inapplicable):

- (a) Allegation(s)
- (b) Legal issue(s)
- (c) Investigation strategy (including obtaining interim relief as appropriate)
- (d) Corrective action plan

#### B. Investigative Determinations: Letters of Finding

Within 60 days of the receipt of a sufficient and timely complaint, NOLA Public Schools will determine either that:

- there is insufficient evidence to support a conclusion of noncompliance; or
- there is sufficient evidence to support a conclusion of noncompliance.

NOLA Public Schools will issue a letter of finding(s) to the complainant. All letters of finding(s) will include a statement that "The complainant may have the right to file a private suit in federal court whether or not NOLA Public Schools finds a violation."

##### (1) Insufficient Evidence Determination

When NOLA Public Schools determines that the evidence does not support a conclusion that NOLA Public Schools failed to comply with applicable regulations, NOLA Public Schools will issue a letter of finding(s) to the parties. The letter of finding(s) must include:



# NOLA Public Schools Disability Discrimination Complaint Procedures

## I. EVALUATION OF THE COMPLAINT

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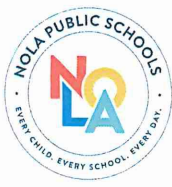
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jlastrapes@nolapublicschools.com  
504-304-4995

Kathryn Elichman  
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504-304-4935



# NOLA Public Schools Disability Discrimination Complaint Procedures

## (1) Generally

Generally, NOLA Public Schools seeks documentary evidence, develops interview questions based upon those data and any other available information, and conducts interviews with the complainant, NOLA Public Schools personnel, and others as appropriate. The exact approach taken to data/information collection will vary from case to case depending on the issues raised, the extent to which relevant data are in the control of NOLA Public Schools or others, and investigation strategies. Some general practices that should be part of decision-making during data collection include:

- Obtain independent written documentation to corroborate oral statements.
- Label all evidence, documents, electronic media, and written records of contact, with information identifying the case being investigated and the circumstances under which the evidence was obtained (e.g., where and when an interview was conducted, and who provided a given document).

## (2) NOLA Public Schools Authority to Obtain Information

NOLA Public Schools has no legal authority to require the complainant or any other individual or organization outside of NOLA Public Schools control to provide information.

## (3) Interviews

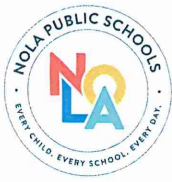
Interviews are an integral part of most investigations. The objective of interviews is to gain an understanding of the records and data relevant to the issues in the case; to obtain information from and assess the credibility of witnesses; and to evaluate NOLA Public Schools defenses. NOLA Public Schools may conduct individual interviews or focus groups as part of its investigations.

**Notice** – Prior to initiating an interview, NOLA Public Schools should inform the witness of the following:

- (i) The general purpose of the interview, including NOLA Public Schools's role, what law or laws may be pertinent to the investigation, and where appropriate, a brief explanation of what is under investigation.
- (ii) The potential uses of the information to be obtained from the witness.
- (iii) The witness's right to personal representation during the interview by a person of their choice.
- (iv) If the witness is an employee of NOLA Public Schools, his or her right to refuse to have anyone else present during the interview and his or her right to refuse to reveal the content of an interview.
- (v) The regulatory provisions concerning prohibition of intimidating or retaliatory acts by NOLA Public Schools.

Witnesses shall be interviewed under circumstances that assure privacy. An interpreter may be used if safeguards are taken to ensure the competence of the interpreter and to protect the witness's privacy.

**Interviews with Minors (Persons Under 18) or Legally Incompetent Individuals** – NOLA Public Schools shall obtain written consent from a parent or guardian prior to interviewing any person under 18 years of age or otherwise adjudicated legally incompetent, for example, mentally impaired. Parental or legal guardian consent may not be required for persons under 18 if they are emancipated under state law and are therefore considered to have obtained majority. For persons under 18 who state they are emancipated, NOLA Public Schools should obtain proof of emancipation.



## NOLA Public Schools Disability Discrimination Complaint Procedures

Parental or legal guardian consent (or proof of emancipation) may not be necessary when the questions asked are of a general nature, not related to any specific events in which the minor was involved, and there are no records kept to identify the student. If parents or guardians refuse to provide consent for an interview, and NOLA Public Schools determines that the child's information is critical, NOLA Public Schools may attempt to secure parental or guardian consent by inviting the parent or guardian to be present during the interview. If consent is denied, NOLA Public Schools will not interview the child.

**Records of Interviews** – A written record of both telephone and in-person interviews must be kept. Interviewers will notify interviewees if a tape recording is used and tape recording will be done only with the consent of the interviewee. If interviewers use tape recording, the tape becomes part of the case record along with the written record. Regardless of the technique used during the interview, a written record of the interview must be created.

The record of the interview to be placed in the case file must contain the following information:

- (i) case identification (name and case number);
- (ii) name and identification of the interviewee, interviewer, and any other person present (include an explanation for the presence of any other persons);
- (iii) date, time, and location of interview (including whether the interview was conducted by telephone);
- (iv) a record of whether the interviewee was informed of required notifications; and
- (v) written record reflecting the questions and responses obtained during the interview (this need not be a verbatim transcript but must accurately reflect the responses of the witness).