

Forms

**MOLALLA RIVER SCHOOL DISTRICT
FILM/VIDEO APPROVAL FORM**

Requesting Staff Member: _____

Class/subject: _____

Please provide the information listed below:

1. Title and brief description: _____

2. Purpose for the showing: _____

3. How does the content match with course objectives? _____

4. Proposed date of showing: _____

5. If necessary, when and how parents will be notified: _____

Teacher Signature

Date

MOLALLA RIVER SCHOOL DISTRICT
YEAR END CHECKOUT FORM
2010-2011

TEACHER NAME _____ BUILDING: _____

Those responsible for overseeing a section of the final checkout is to initial each line that is satisfactorily completed by the teacher.

The following items are to be signed off by counseling or secretarial staff:

- 1. Student assessment sheets completed and turned in, including attendance and citizenship marks for all students;
- 2. Copies of all finals, test/finals key and grading scales turned in to [counseling office] for students who need to make up final tests.

The following item is to be signed off by media staff:

- 3. Library/Media equipment/materials checked-in.

The following items are to be signed off by building principal or designee:

- 4. Inventory of all classroom furniture, equipment and textbooks/instructional materials stored in classroom. Retain one copy for classroom files and provide one copy to office.
- 5. Furniture and equipment in need of repair has been labeled and list submitted to office;
- 6. Room check completed. Desks, lab, shop equipment cleaned, blackboards erased, personal property removed and all district equipment and textbooks/instructional materials properly stored. Bulletin board materials and other materials posted on doors and walls have been removed;
- 7. Daily class record books completed as required by the building principal.
- 8. Requisitions for supplies, instructional materials and textbooks needed for start of next school year completed and turned in to office;
- 9. Student portfolios/cum folders completed and stored in a designated area;
- 10. Mail box emptied;
- 11. All keys marked and turned in to office;
- 12. Summer address, phone number and alternate/emergency phone number turned in to the school and payroll offices.
- 13. Curriculum notebook.
- 14. CIM assessment notebook.

The following items signed by athletic director for all head coaches and activities advisors:

- 15. All activities/athletic materials/equipment, including all team equipment and uniforms checked-in. (list any materials/equipment not checked-in and replacement costs)

- 16. All year-end reports turned in including inventory, list of participants and award winners, records/competition results, etc.

Administrator/Designee Signature

Date

Check off each procedure below once it has been accomplished:

_____ Notified the principal or building administrator of the reporting

_____ A person from the local law enforcement agency or DHS interviewed the student. If so,

Interviewer's Name & Agency _____

Date & Time of Interview: _____

_____ Determined if the child might be in danger if sent home. If yes, what arrangements were made?

**** ONCE THIS FORM IS COMPLETED, PLEASE MAKE A COPY AND SUBMIT IT TO THE BUILDING PRINCIPAL. KEEP THE ORIGINAL FOR YOUR OWN RECORDS. ****

DISCRIMINATION COMPLAINT FORM

Name of Person Filing Complaint	Date	School or Activity
<input type="checkbox"/> Student/Parent	<input type="checkbox"/> Employee	<input type="checkbox"/> Non-employee
<input type="checkbox"/> Job applicant		
Type of discrimination:	<input type="checkbox"/> Race	<input type="checkbox"/> Color
	<input type="checkbox"/> Sex	<input type="checkbox"/> Religion
	<input type="checkbox"/> National Origin	<input type="checkbox"/> Disability
	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Age
		<input type="checkbox"/> Sexual Orientation

Specific Complaint: (Please provide detailed information including names, dates, places, activities and the results of informal discussion.)

Remedy Requested:

The complaint form should be mailed or taken to the building principal. Direct complaints related to educational programs and services may be made to the U.S. Department of Education, Office for Civil Rights. Direct complaints related to employment may be filed with the Oregon Bureau of Labor and Industries, Civil Rights Division, or the U.S. Department of Labor, Equal Employment Opportunities Commission.

**MOLALLA RIVER SCHOOL DISTRICT
STUDENT HARASSMENT COMPLAINT FORM**

Name of complainant: _____

Position of complainant: _____

Date of complaint: _____

Name of alleged harasser: _____

Date and place of incident(s): _____

Description of misconduct: _____

Name of witnesses (if any): _____

Evidence of harassment, i.e. letters, photos, etc. (Attach evidence if possible):

Any other information: _____

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: _____

Date: _____