



**DOVER SCHOOL  
DISTRICT**

## DOVER SCHOOL BOARD – AGENDA

Meeting Type: **Regular Session #3**  
Meeting Location: **Media Ctr. (Rm. 306) McConnell Center**  
Meeting Date: **Monday, March 9, 2015**  
Meeting Time: **7:00 pm**

- A. CALL TO ORDER**
- B. ROLL CALL**
- C. PLEDGE OF ALLEGIANCE**
- D. CITIZENS' FORUM**
- E. AGENDA APPROVAL**
- F. APPROVAL OF MINUTES**
  - 1. Organizational Meeting, January 5, 2015
  - 2. Budget Workshop #1, January 5, 2015
  - 3. Regular Session #1, January 12, 2015
  - 4. Workshop Session #1, January 13, 2015
  - 5. Budget Workshop #2, January 26, 2015
  - 6. Special Session #1, February 12, 2015
- G. CONSENT AGENDA**
  - 1. Correspondence:**
    - a. UNH Social Interaction Study of Older Youth on Autism Spectrum
    - b. Granite State Open Bodybuilding Championship
  - 2. Resignations/Retirements:**
    - a. Judy Stone, DHS Math Teacher
    - b. Dana Heath, DHS Physics Teacher
    - c. Carol Kennedy, DMS Grade 5 Teacher
    - d. Claudia Lynch, WPS Nurse (effective 12/31/15)
    - e. Jean Calculator, WPS Speech Pathologist
    - f. Susan Looker, Pre-School Speech Pathologist
    - g. Laura Horan, WPS Media Specialist/Librarian
    - h. Sheila Madsen, WPS Grade 2 Teacher
    - i. Tice Leonard, DMS Social Studies Teacher
    - j. Beth Theriault, GES STEM Teacher
    - k. Heather Woods, DHS English Teacher
    - l. Conall Loughlin, HSS Grade 2 Teacher (effective 2/19/15)
    - m. Audrey McBride, DHS English Teacher
  - 3. Leaves of Absence: None**
  - 4. Nominations:**
    - a. Sheet 1: Nomination and Election of Teachers (West)
    - b. Sheet 2: Nomination and Election of Staff (Bernier-Williams)
    - c. Sheet 3: Nomination and Election of Coaches (Beck-Wilson)
  - 5. Extended Travel (Student Trips):**
    - a. DHS World Language Trip to Spain-Preliminary Approval



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- b. DHS Varsity Baseball Team Trip to Cooperstown, NY-Final Approval
- c. DMS Going Global NYC Trip—Final Approval
- d. Art and Music Trip to Switzerland/Italy—Final Approval

### **H. STUDENT REPRESENTATIVE REPORT**

#### **I. POLICY – CHANGES – PROPOSALS:**

- a. BA—By-laws of the Dover School Board
- b. IHBH—Extended Learning Opportunities
- c. IJOAA—Extended Travel
- d. IKC—Earning of Credit
- f. IKFA—High School Certificate of Achievement for Handicapped Students
- g. IKFB—Credits and Graduation for Fifth Year High School Students
- g. ILBA--Assessment

#### **J. POLICY ADOPTION:**

- a. EEAA—Video and Surveillance on School Property
- b. IKAA—Interdisciplinary Credit
- c. JKAA—Physical Restraint Policy

#### **K. RESOLUTIONS:**

- a. Resolution of Recognition-DHS Swim Team

#### **L. OLD BUSINESS:**

- 1. JKAA-R update
- 2. CIP Discussion
- 3. Superintendent Evaluation Process
- 4. Budget Next Steps

#### **M. NEW BUSINESS:**

- 1. Planning for population of Student Population
- 2. Recommendation for 2015 Graduation Date
- 3. Discussion of Pending Legislation
- 4. Smarter Balanced Update
- 5. Meeting Process Follow-Up from SB Workshop
- 6. SAU/School Offices Holiday Closure Discussion
- 7. Tri-City Vocational Transportation Agreement
- 8. February Condition of Accounts
- 9. Scholarship and Trust Fund Balances

#### **N. SUBMISSION AND PAYMENT OF BILLS**

#### **O. SUPERINTENDENT'S REPORT**



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- P. COMMITTEE REPORTS**
- Q. SCHOOL BOARD MATTERS OF INTEREST**
- R. ADJOURNMENT**

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*Citizens are invited to public meetings and shall be given an opportunity to speak. Time shall be set aside for citizen statements at all public meetings, unless a vote to the contrary is taken by the School Board. Statements shall be limited to three minutes unless otherwise extended by the Chairperson, with the approval of the School Board. All citizens are permitted to place items on the agenda through written application to the Superintendent at least one week prior to the meeting date. Citizen items will require a formal motion and a second by seated members to bring the item to the floor for debate.*



DOVER HIGH SCHOOL  
AND  
REGIONAL CAREER TECHNICAL CENTER



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Dean of Students  
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February 2, 2015

Dear Dover School Board Members,

This letter is being written in support of a research request by Associate Professor Lou Ann Griswold of the University of New Hampshire. The study is to help facilitate social interaction skills for students who are on the autism spectrum, as part of their transition planning into adulthood. The research would involve gathering the perspective of students who are on the autism spectrum, their parents, teachers, and paraprofessionals so that ways can be considered to promote better social interaction with this group of students that meet their identified needs and are realistic to the adults who provide day-to-day support.

Thank you for your consideration.

Sincerely,

Peter Driscoll  
Dover High School Principal

## Relevance of Social Interaction for Older Youth with Autism Spectrum Disorder to Support Transition into Adulthood

### 1. INTRODUCTION

Autism spectrum disorder (ASD) is currently the fastest growing developmental disability in the US, with the Center for Disease Control reporting that 1 in 68 children are currently diagnosed with ASD. Poor quality social interaction is a key diagnostic criterion of ASD. For high-school aged youth with ASD, social interaction is considered to be a critical indicator for greater success in their transition into adulthood, supporting living with others, community participation, leisure activities, higher education, and employment. Research has indicated that older youth with ASD have fewer friends and spend more time alone than do their typically developing peers. While recognizing that a lack of social interaction skills would decrease the amount of time spent with others, it is also possible that stigma plays a role, both by peers and as perceived by the person with ASD. Furthermore, researchers have reported that people with ASD are given fewer job opportunities due to a lack of social interaction skills.

Intervention research to support the acquisition of social interaction skills has targeted younger children with ASD, with little guidance for intervention for older youth with ASD. Little research has considered the perspective of the youth and young adults regarding their perspective on how their challenges in interacting socially with others influence their transitional life experiences.

Information gathered from the study will allow us to consider opportunities and approaches for facilitating social interaction skills, leading to an intervention approach, to support greater participation in many areas of daily life as the youth plan to transition into adulthood.

### 2. SPECIFIC AIMS

The purpose of the proposed study is to understand social interaction for older youth with ASD from different perspectives to identify needs, barriers, valued activities, and existing strategies and tools (including information communication technology) relevant to social interaction of youth with ASD as they transition to adulthood.

Specific aims of the study are to:

- Understand the **perspective of adolescents with ASD regarding their friendships** (number of friends, frequency of meeting with friends, activities that they do together).
- Identify **factors that support and limit friendships** with peers for **adolescents with ASD** and **adolescents without ASD**
- Gain insight into the perspective of youth with ASD regarding the **need for social interaction skills** to prepare them for transitioning into adulthood and participating in community activities, higher education, and/or employment.
- Identify how **the use of technology compared to in-person interaction** with peers supports friendships and connection with others (for those with ASD and those without ASD)?
- Understand the perspective of youth with ASD on how they **prefer to acquire social interaction skills**.
- Identify **beliefs that adolescents without ASD have toward those with ASD**
- Identify **social skills currently** targeted to support youth with ASD and also **other social skills not targeted** but needed to obtain a job and then keep a job, make and keep friendships, and participate in community activities.

- Identify the **strategies** that adults who frequently support youth with ASD currently use to facilitate social skills to prepare the youth for transition into adult activities of community participation, higher education and/or employment?
- Identify other **supports needed by adults** who are preparing the youth for transition to employment.

### 3. RESEARCH PROTOCOL

We will gather the perspective of older youth with ASD as well as that of people who influence the youth with ASD including: families, teachers, special educators, paraprofessionals, vocational rehabilitation counselors, and typically developing youth of the same age group. Specifically we will have five focus groups with the youth with ASD, with 3-4 participants in each group. We will have three focus groups for typically developing youth from the same age range as the youth with ASD. One of the three groups of typically developing youth will be comprised of youth who have volunteered to support youth with ASD as a school or service activity. The other two groups will be with typically developing youth without consideration of their experience with someone with ASD. We will have additional focus groups for each of the other informant groups: two groups for parents, and one group for the following: teachers, special education teachers, paraprofessionals, and vocational rehabilitation counselors. The total number focus groups will be 14, each anticipated to include 3-7 participants, for a total of 42-98 participants, depending on group size.

Focus groups for youth, parents, educators, and paraprofessionals will be conducted on the UNH Durham campus. Vocational rehabilitation counselors will meet in a location of convenience, UNH campus in Durham or Institute on Disability Office in Concord.

Parents and youth with ASD and youth without ASD will be invited to participate in the study through staff at high schools in the area, yet to be confirmed. (Invitation letters attached, Appendix A & B). The participating schools will send out letters to parents of all students with ASD in their high school describing the study and asking them for their consent for their child to participate in the study. In that same envelope they will also receive a letter asking them if they would like to participate in a focus group for parents. The parents and child do not both have to participate; one can participate and not the other, as their responses will not be connected in any way. Students who do not have diagnosis of ASD will be selected by the guidance counselors at the school, at their discretion. The school will send out letters to parents of those students without a diagnosis of ASD explaining the study and asking for their consent for their son/daughter to participate. We will provide the correct number of letters and consent forms and postage paid envelopes for the schools to mail out, maintaining confidentiality of the students' names and addresses. Regardless of the student's age, we will ask for parental consent for students who are over 18 years of age, who technically do not require parental consent, as this is customary in high school. Having schools send out the same letter and consent form for all students will not require the schools to differentiate letters to send to students at different ages. The students will be asked to sign a consent form rather than give assent, as described in the next paragraph. Teachers, special education teachers, paraprofessionals from the high schools in the area and vocational rehabilitation counselors will invited to participate by email (Invitation letters attached, Appendices C & D). Their names and emails will be provided by the high school guidance counselor or principal. Parents who participate in a focus group will be compensated \$50 to help offset expenses incurred due to travel and/or childcare. Refreshments will be served at all focus groups, appropriate to the age of the participants and time of day (e.g., pizza for youth; fruit and cheese or cookies for adults).

Consent forms for the youth are in Appendix E. Consent forms for adult study participants are in Appendix F.

Youth, under 18 years of age, whose parents have given consent will be asked if they agree to participate (see description and assent form, Appendix G) at the time of their arrival to the focus group, providing assent. Youth who are over 18 years of age will be asked to read information about the study and sign a consent form if they wish to participate (Appendix G-2), even though their parents have also provided consent. Each focus group will have its own set of semi-structured interview questions (see attached questions, Appendix H-L) to guide discussion, reflecting the respective participants. At least two study personnel will moderate the focus groups and guide the discussions using the questions in the semi-structured interview guide. Each focus group will last for approximately one to two hours. All focus groups will be audio-recorded using three recorders to help ensure that all voices are captured. The recordings will be fully transcribed by either the undergraduate students involved in the project or work-study students, hired for transcription.

#### 4. STUDY PERSONNEL

\*Michelle Grenier, Associate Professor, Department of Kinesiology

Tobey Partch-Davies, Project Director III, Institute on Disability

Sajay Arthanat, Associate Professor, Department of Occupational Therapy

Alanna Young, Undergraduate honors student, Department of Occupational Therapy

Jennifer Lange, Undergraduate honors student, Department of Occupational Therapy

\*Lou Ann Griswold, Associate Professor, Department of Occupational Therapy

(\* = co-principle investigators)

All faculty are experienced researchers with an interest in developing intervention programs to support youth with ASD, particularly as they transition into adulthood.

The honor students involved in the project have submitted SURF proposals and will be responsible for analyzing the data as it relates to their specific research question. Alanna Young will explore the relationship of social interaction as it relates to friendships from the perspective of youth with ASD and for typically developing youth. Jennifer Lange will explore the relationship of social interaction to support preparation for future employment. Both students will participate in facilitating the focus group discussions as they relate to their research question. Lou Ann Griswold will supervise both of the students.

#### 5. DATA

No identifying information will be gathered from any informant. Participant identities will be revealed to one another within assigned focus groups. Any identifying information that might be revealed will not be transcribed and not reported in any reports of the study.

Demographic information gathered will not be identifying (i.e., age [if a youth], gender, grade at school, or what grade(s) they teach, years of experience teaching [for teachers]). All names noted during the focus groups will be removed at the time of transcription and letters will be used. Different voices will be noted using a random letter preceded by two letters to note the perspective (e.g., TE for teacher, SP for special education teacher, PA for parent, PP for paraprofessional, etc.). It may be impossible to discriminate the voices from each of the focus group participants, making anonymity easier to ensure. When presenting qualitative data, quotes from informants are typically provided. Pseudonyms or their code name (e.g., SPk) will be used to give some sense of personal ownership to selected quotes used to support a

given theme. No identifying information will be provided. After the audio recordings have been satisfactorily transcribed, the audio files will be removed from the recorders.

The qualitative data will be analyzed to identify patterns and themes to address the specific aims of the study Creswell (2007). The different perspectives will be compared and contrasted to inform our overall study purpose and will ultimately guide the direction that we will take in developing an intervention protocol to support the acquisition of social interaction skills for older youth with ASD as they prepare to transition into adulthood. We will use HyperRESEARCH, a qualitative software program, to help organize the coded data. All data will be cross-checked by multiple personnel involved in the study.

The transcribed data will be stored on researchers' passcode protected computers. The two students, Alanna Young and Jennifer Lange, and Lou Ann Griswold will be responsible for the initial data analysis. All researchers will have full access to the data, stored on their passcode protected computers. Other members of the research team will review the coded data to assist with cross-checking for themes and patterns.

## 6. RISKS

Risks are minimal in this study. There is a risk that other participants in each focus group may repeat information from/about the focus group discussion to others outside of the focus group, which could be uncomfortable or upsetting. Participants may realize a perspective they had not previously considered prior to the focus group discussion and could experience emotions related to their realization. Facilitators of the focus groups will do our best to keep the discussion at a level of reporting information rather than feelings. There will always be a faculty member/researcher present for all focus groups who can reassure a study participant as needed at the conclusion of the discussion. Should a participant need support beyond that, the faculty member will encourage the person to seek support from his or her health care professional. Other focus group participants could repeat responses outside the focus group setting.

## 7. BENEFITS

There are no direct benefits for the study participants. Parents and other adults who support youth with ASD might learn about needs and strategies to support the youth and be able to utilize these immediately. Additionally, participants may gain insight from other members of the focus group. Compensation: The parents who participate will receive compensation of \$50 to help offset transportation and child care (regardless of if they have child care expenses or not).



# UNIVERSITY of NEW HAMPSHIRE

## APPENDIX A : LETTER TO PARENTS OF YOUTH

DATE

Dear Parent,

I am an occupational therapy student in the Department of Occupational Therapy at the University of New Hampshire and I am conducting a research project, with the support of faculty at UNH, to examine how youth **with** and **without** autism spectrum disorder (ASD) perceive their social participation in school and after school activities and how they would like to include social interaction skills to support their transition to adulthood, particularly to support employment. **I am writing to invite your child to participate in this project.** We plan to include a total of approximately 18 high school students who have ASD and approximately 10 high school students without ASD in this study. The focus groups will take place at the NAMED school, at a time that does not conflict with academic activities, as determine by XXXX.

We have enclosed two copies of the consent for. Please sign one and complete the short form on the following page and return them in the postage-paid envelope provided. The other copy of the consent form is for your records.

If you have any questions about this research project or would like more information before, during, or after the study, you may contact one of us, Alanna Young at [aas445@wildcats.uh.edu](mailto:aas445@wildcats.uh.edu) or Lou Ann Griswold at [louann.griswold@unh.edu](mailto:louann.griswold@unh.edu) or 862-3416. If you have questions about your child's rights as a research subject, you may contact Dr. Julie Simpson in UNH Research Integrity Services at 603-862-2003 or [Julie.simpson@unh.edu](mailto:Julie.simpson@unh.edu) to discuss them.

Thank you for your consideration.

Sincerely,

Alanna Young  
Occupational Therapy Student

Lou Ann Griswold  
Associate Professor  
Department of Occupational Therapy



# UNIVERSITY of NEW HAMPSHIRE

## APPENDIX B: LETTER TO PARENTS

DATE

Dear Parent,

I am an occupational therapy student in the Department of Occupational Therapy at the University of New Hampshire and am conducting a research project to examine how to support youth with an autism spectrum disorder (ASD) regarding social interaction skills as part of their transition to adulthood, particularly to support employment. **I am inviting you to participate in this project so that I can include parents' perspective.** I plan to include a total of approximately four to five parents of older youth with ASD in each of the two focus group discussions. **The focus group discussions will take place on XXX and XXX, beginning at 7:00, on the University of New Hampshire campus.**

I have enclosed a copy of the consent form for your review. If you are interesting in participating, please let me know by email which focus group discussion you would be interested in attending. I will email you back with a UNH campus map and information regarding parking. I will have a copy of the consent for you to sign if you choose to attend a focus group discussion.

If you have any questions about this research project or would like more information before, during, or after the study, you may contact me at [jsy82@wildcats.unh.edu](mailto:jsy82@wildcats.unh.edu) or my advisor, Dr. Lou Ann Griswold at [louann.griswold@unh.edu](mailto:louann.griswold@unh.edu) or 862-3416. If you have questions about your rights as a research subject, you may contact Dr. Julie Simpson in UNH Research Integrity Services at 603-862-2003 or [julie.simpson@unh.edu](mailto:julie.simpson@unh.edu) to discuss them.

Thank you for your consideration.

Sincerely,

Jennifer Lange  
Occupational Therapy Student

Email: [jsy82@wildcats.unh.edu](mailto:jsy82@wildcats.unh.edu)



## UNIVERSITY of NEW HAMPSHIRE

### APPENDIX C: LETTER TO SUPPORTING ADULTS OF YOUTH: TEACHERS

DATE

I am a faculty member in the Department of Occupational Therapy at the University of New Hampshire and my colleagues, Michelle Grenier, Sajay Arthanat, and Tobey Partch-Davies, and We are conducting a research project to examine how to support youth with an autism spectrum disorder (ASD) regarding social interaction skills as part of their transition to adulthood, particularly to support employment. **We are inviting you to participate in this project so that we can include the perspective of adults who support the youth on a regular basis.** We hope to include a total of approximately five teachers of older youth with ASD in each of the two focus group discussions. **The focus group discussions will take place on XXX and XXX, beginning at 3:00, on the University of New Hampshire campus.**

I have enclosed a copy of the consent form for your review. If you are interesting in participating, please let me know by email which focus group discussion you would be interested in attending. I will email you back with a UNH campus map and information regarding parking. I will have a copy of the consent for you to sign if you choose to attend a focus group discussion.

If you have any questions about this research project or would like more information before, during, or after the study, you may contact me at [louann.griswold@unh.edu](mailto:louann.griswold@unh.edu) or 862-3416. If you have questions about your rights as a research subject, you may contact Dr. Julie Simpson in UNH Research Integrity Services at 603-862-2003 or [Julie.simpson@unh.edu](mailto:Julie.simpson@unh.edu) to discuss them.

Thank you for your consideration.

Sincerely,

Lou Ann Griswold, PhD, OTR/L  
Associate Professor

Email: [Louann.griswold@unh.edu](mailto:Louann.griswold@unh.edu)



## UNIVERSITY of NEW HAMPSHIRE

APPENDIX D: LETTER TO SUPPORTING ADULTS OF YOUTH: SPECIAL EDUCATORS AND PARAPROFESSIONALS)

DATE

I am an occupational therapy student in the Department of Occupational Therapy at the University of New Hampshire and am conducting a research project to examine how to support youth with an autism spectrum disorder (ASD) regarding social interaction skills as part of their transition to adulthood, particularly to support employment. My project is supported by faculty members in the Departments of Occupational Therapy and Kinesiology and the Institute on Disability. **We are inviting you to participate in this project so that we can include the perspective of adults who support the youth with ASD on a regular basis.** We hope to include a total of approximately 4-5 other special education teachers/paraprofessionals of older youth with ASD in each of the two focus group discussions. **The focus group discussions will take place on XXX and XXX, beginning at 3:00 at the high school.**

I have enclosed a copy of the consent form for your review. If you are interesting in participating, please let me know by email which focus group discussion you would be interested in attending. I will email you back with a UNH campus map and information regarding parking. I will have a copy of the consent for you to sign if you choose to attend a focus group discussion.

If you have any questions about this research project or would like more information before, during, or after the study, you may contact me at [jsy82@wildcats.unh.edu](mailto:jsy82@wildcats.unh.edu) or my advisor, Dr. Lou Ann Griswold at [louann.griswold@unh.edu](mailto:louann.griswold@unh.edu) or 862-3416. If you have questions about your rights as a research subject, you may contact Dr. Julie Simpson in UNH Research Integrity Services at 603-862-2003 or [julie.simpson@unh.edu](mailto:julie.simpson@unh.edu) to discuss them.

Thank you for your consideration.

Sincerely,

Jennifer Lange  
Occupational Therapy Student

Email: [jsy82@wildcats.unh.edu](mailto:jsy82@wildcats.unh.edu)

**CONSENT FORM FOR CHILD'S PARTICIPATION IN A RESEARCH STUDY**

**TITLE OF STUDY AND RESEARCHERS**

***Relevance of Social Interaction for Older Youth with Autism Spectrum Disorder (ASD) to Support Transition into Adulthood*** conducted by faculty at the University of New Hampshire: Michelle Grenier, Sajay Arthanat, Tobey Partch-Davies, Lou Ann Griswold, and UNH Occupational Therapy students, Alanna Young and Jennifer Lange.

**WHAT IS THE PURPOSE OF THIS STUDY?**

The purpose of this research is to understand the relevance of social interaction to support transitioning to adulthood for older youth with ASD and to identify needs and strategies to enhance social interaction skills.

We will gather the perspective of (1) older youth with ASD, (2) youth of the same age range without ASD, (3) parents of youth with ASD, (4) teachers, (5) special education teachers, (6) paraprofessionals, and (7) vocational rehabilitation counselors. We anticipate approximately 70 people to participate in our study.

**WHAT DOES YOUR CHILD'S PARTICIPATION IN THIS STUDY INVOLVE?**

Participants will join a focus group discussion with other 4-8 participants of the same cohort (youth or parent or teacher, etc.) and discuss their experiences related to social interaction strengths and challenges related to transitioning from high school to adulthood. The focus group moderators will pose guiding questions for the group to discuss. The focus groups will last approximately one hour.

**WHAT ARE THE POSSIBLE RISKS OF PARTICIPATING IN THIS STUDY?**

Your child's participation in this study is expected to present minimal risk to him or her.

**WHAT ARE THE POSSIBLE BENEFITS OF YOUR CHILD PARTICIPATING IN THIS STUDY?**

There are not direct benefits to you or your child for participating in the study. Your child's participation will be contributing to our understanding of the importance of social interaction and helping us consider strategies to support social interaction for youth.

**IF YOU CHOOSE TO PARTICIPATE IN THIS STUDY, WILL IT COST YOU ANYTHING?**

There are no costs to you for participating in this study.

**WILL YOU RECEIVE ANY COMPENSATION FOR PARTICIPATING IN THIS STUDY?**

You and your child will not be compensated for participating in the study.

**DOES YOUR CHILD HAVE TO TAKE PART IN THIS STUDY?**

Your consent for your child to participate in this research is entirely voluntary. If you wish to not participate, you and your child will not experience any penalty or negative consequences.

**CAN YOU OR YOUR CHILD WITHDRAW FROM THIS STUDY?**

If you provide consent for your child to participate in this study, your child will also be given the opportunity to agree to participate and may choose not to attend the focus group. Furthermore, he or she may refuse to answer any question and/or stop his or her participation in the study at any time without any penalty or negative consequences.

**HOW WILL THE CONFIDENTIALITY OF YOUR RECORDS BE PROTECTED?**

We seek to maintain the confidentiality of all data and records associated with your child's participation in this research. Your child's identity will only be known to the group members in the assigned focus group.

We will not be collecting or reporting any personally-identifiable information from you or your child.

While we plan to maintain confidentiality of your child's responses, other focus group participants may repeat responses outside the focus group setting.

The focus group discussions will be audio-recorded and fully transcribed by student researchers and/or a student hired to transcribe the discussions. The audio recordings will be erased once satisfactorily transcribed. All names used in the focus group will be replaced with a pseudonym at the time of transcription. The transcription data will be stored on the researcher's password protected computers. Only the student researchers and their faculty advisor (Lou Ann Griswold) will have access to the full transcripts. Other members of the research team will see excerpts from the data, with only pseudonyms provided. We will share results of the focus groups in presentations and professional publications. We might share quotations from the focus groups but no identifying information will be included.

**WHOM TO CONTACT IF YOU HAVE QUESTIONS ABOUT THIS STUDY**

If you have any questions pertaining to the research you can contact Lou Ann Griswold at 603 862-3416 or [louann.griswold@unh.edu](mailto:louann.griswold@unh.edu) to discuss them.

If you have questions about your rights as a research subject you can contact Dr. Julie Simpson in UNH Research Integrity Services, 603-862-2003 or [Julie.simpson@unh.edu](mailto:Julie.simpson@unh.edu) to discuss them.

Yes, I, \_\_\_\_\_ consent/allow my child \_\_\_\_\_  
to participate in this research project.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete this form if you give consent for your child to participate in this study and return it with your consent form.**

Child's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Year in school: \_\_\_\_\_

Expected year to complete high school: \_\_\_\_\_

Does your child have a diagnosis of ASD?

\_\_\_\_\_ Yes Please specify the type of ASD: \_\_\_\_\_

\_\_\_\_\_ No

## Appendix F: Consent for Adult Participation



UNIVERSITY of NEW HAMPSHIRE

### CONSENT FORM FOR PARTICIPATION IN A RESEARCH STUDY

#### **TITLE OF STUDY AND RESEARCHERS**

*Relevance of Social Interaction for Older Youth with Autism Spectrum Disorder (ASD) to Support Transition into Adulthood* conducted by faculty at the University of New Hampshire: Michelle Grenier, Sajay Arthanat, Tobey Partch-Davies, Lou Ann Griswold, and UNH Occupational Therapy students, Alanna Young and Jennifer Lange.

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We will gather the perspective of (1) older youth with ASD, (2) youth of the same age range without ASD, (3) parents of youth with ASD, (4) teachers, (5) special education teachers, and (6) vocational rehabilitation counselors. We anticipate approximately 70 people will participate in our study.

#### **WHAT DOES YOUR PARTICIPATION IN THIS STUDY INVOLVE?**

Participants will join a focus group discussion with other 4-8 participants of the same cohort (youth with ASD or parent or teacher, etc.) and discuss their experiences related to social interaction strengths and challenges related to transitioning from high school to adulthood. The focus group moderators will pose guiding questions for the group to discuss. The focus groups will last approximately two hours.

#### **WHAT ARE THE POSSIBLE RISKS OF PARTICIPATING IN THIS STUDY?**

Participation in this study is expected to present minimal risk to you.

#### **WHAT ARE THE POSSIBLE BENEFITS OF PARTICIPATING IN THIS STUDY?**

There are not direct benefits to you for participating in the study. You will be contributing to our understanding of the importance of social interaction and helping us consider strategies to support social interaction for older youth.

#### **IF YOU CHOOSE TO PARTICIPATE IN THIS STUDY, WILL IT COST YOU ANYTHING?**

There are no costs to you for participating in this study.

#### **WILL YOU RECEIVE ANY COMPENSATION FOR PARTICIPATING IN THIS STUDY?**

You will not be compensated for participating in the study.

**\*\* Parents of older youth with ASD will have the following statement:**

You will receive compensation of \$50 to help offset expenses incurred for transportation and/or childcare.

**DO YOU HAVE TO TAKE PART IN THIS STUDY?**

Your consent to participate in this research is entirely voluntary. If you refuse to participate, you will not experience any penalty or negative consequences.

**CAN YOU WITHDRAW FROM THIS STUDY?**

If you consent to participate in this study, you may refuse to answer any question and/or stop your participation in the study at any time without any penalty or negative consequences.

**HOW WILL THE CONFIDENTIALITY OF YOUR RECORDS BE PROTECTED?**

We seek to maintain the confidentiality of all data and records associated with your participation in this research. Your identity or your child's identity will only be known to the group members in the assigned focus group. We will not be collecting any personally-identifiable information from you (or your child).

While I plan to maintain confidentiality of your responses, other focus group participants may repeat responses outside the focus group setting.

The focus group discussions will be audio-recorded and fully transcribed by student researchers and/or a student hired to transcribe the discussions. The audio recordings will be erased once satisfactorily transcribed. All names used in the focus group will be replaced with a pseudonym at the time of transcription. The transcription data will be stored on the researcher's password protected computers. Only the student researchers and their faculty advisor (Lou Ann Griswold) will have access to the full transcripts. Other members of the research team will see excerpts from the data, with only pseudonyms provided. We will share results of the focus groups in presentations and professional publications. We might share quotations from the focus groups but no identifying information will be included.

**WHOM TO CONTACT IF YOU HAVE QUESTIONS ABOUT THIS STUDY**

If you have any questions pertaining to the research you can contact Lou Ann Griswold at 603 862-3416 or [louann.griswold@unh.edu](mailto:louann.griswold@unh.edu) to discuss them. If you have questions about your rights as a research subject you can contact Dr. Julie Simpson in UNH Research Integrity Services, 603-862-2003 or [Julie.simpson@unh.edu](mailto:Julie.simpson@unh.edu) to discuss them.

I, \_\_\_\_\_ CONSENT/AGREE to participate in this research study

\_\_\_\_\_  
Signature of Subject

\_\_\_\_\_  
Date

## Appendix G: Youth's Invitation to Participate in the Study

We want to learn more about friendships and what you are thinking about doing after high school. We will be using the information to help high school students who have autism.

We are going to ask you some questions about your friends and what you do together. You can decide not to answer a specific question. If you want to leave at any time, that is fine, you do not have to stay.

We are going to record the discussion so that we can listen to it later and write down what everyone has said. We will not use your real name when we report the information from our study and we will not give out any personal identifying information (for example where you live).

If you agree to participate in our discussion group, please sign below.

\_\_\_\_\_ Date: \_\_\_\_\_

## Appendix H: Interview Guide for Adolescents with ASD

Key:

- Primary question
  - Probing question as needed for more information
    - Further probes as needed
  
- Tell me about yourself
  - What grade are you in?
  - What types of things do you like to do?
  
- What's it like being in high school?
  - What classes are you in? (Regular vs segregated?)
  - How would you describe your social life during high school?
    - How often do you talk with other kids?
    - When do you usually talk with other kids?
    - What kind of things do you talk about?
  - How often do you work with your classmates during school?
    - Do you have group projects in your classes?
    - What makes group projects challenging?
    - What makes group projects easier?
    - Do you feel you work well with others?
    - Do you feel comfortable working with others?
  
- What do you do after school?
  - Are you involved in extracurricular activities?
  - What do you like to do in your spare time?
  - Who do you spend time with?
  - How much of your time do you spend alone?
  - How much of your time do you spend with your parent or siblings?
  
- Tell me about your friends
  - How do you know that they are your friends?
  - What do you and your friends do?
  - What do you have in common with your friends?
  - How often do you see friends outside of school?
  - When you spend time with friends, do you talk with them very much?
  - As you are getting older, do you have more or less friends?
  - How do you know that your friends like you?
  - Do your friends act like they like you all the time?
  - How easy or hard is it to make friends?
  - Is there anyone your age who you feel totally comfortable being yourself in front of?
  - Do you have classmates who you talk to, but do not consider your friends?
  - Are your friends your age, younger, or older than you?

- How well do you think you interact with (talk with) other kids your age?
  - Depending on their response:
    - How does your ability to interact with peers affect your relationships?
    - Do you feel that your peers do not want to be friends with you because of your ability/difficulty interacting with others?
    - Do you think that your peers are judgmental/critical of your ability to communicate with them?
    - Do you think that you are not invited to social events because of your ability/difficulty interacting with peers?
    - Do you worry that peers will tease you? OR What is it like when peers tease you because of the way that you interact with them?
    - How do your social skills make you feel about yourself?
    - Do you wish that you had more friends?
  
- Tell me about any technology (computer, iPad, email, social networking program) that you use to connect with your friends?
  - How does using technology compare to interacting with friends in person?
    - What are the advantages of using technology?
    - What are the disadvantages of using technology?
  - Who does the technology help you connect with?
    - Friends with ASD
    - Friends without ASD
  
  - How might these technologies help when you leave school and go to college or work?
  
- When do you feel most comfortable talking with kids your age?
  - What could make it easier for you to make more friends?
  - What people help you feel more comfortable?
  - What activities help you feel more comfortable?
  
- What do you want to do after high school?
  - What kind of job do you want to have?
  - How ready do you feel for that?
  - What skills do you think you would need for that job?
  - How are you going to get those skills?
  - Who would you need to interact with/ talk to?
  
- What could be done now to prepare you for life after high school and a job?
  - What types of jobs have you had in the past that have helped prepare you?
  - Have you done chores at home either by yourself or with brothers and sisters?

## Appendix I: Interview Guide for Adolescents without ASD

- Tell me about yourself
  - What grade are you in?
- What's it like being in high school?
  - What classes are you in?
  - How would you describe your social life during school?
- What do you do after school?
  - Are you involved in extracurricular activities?
  - Who do you spend time with?
  - Do you spend a lot of time with your friends compared to alone?
  - Do you spend a lot of time with your parents or siblings?
- Tell me about your friends
  - What do you and your friends do?
  - How often do you see friends outside of school?
  - When you spend time with friends, do you talk with them very much?
  - What do you have in common with your friends?
  - As you are getting older, do you have more or less friends?
  - What does it mean to you to have friends?
  - How do you know that your friends like you?
  - How easy or hard is it to make friends?
  - Are your friends your age, younger, or older than you?
- Tell me about any technology (computer, iPad, email, social networking program) that you use to connect with your friends?
  - How does using technology compare to interacting with friends in person?
    - What are the advantages of using technology?
    - What are the disadvantages of using technology?
  - How does using technology help you connect with others who have ASD?
  - How might these technologies help when you leave school and go to college or work?
- What do you know about autism?
  - Where did you learn about autism?
- How many people do you know who have autism?
  - How often do you interact/include peers with autism?
  - What kind of relationships do you have with them?
  - What do you have in common with your peers with autism?
  - Would you consider any of your peers with autism as friends?

- Do you ever become frustrated with your peers with autism? If so, why?
- What is it like working with students with autism on school projects?
- How easy is it to talk with them in school?
- How easy is it to do things with them out of school?
- What kind of things do you think they want to do?
- Have you ever made fun of a peer with autism?
- Depending on their response
  - How does their ability to interact with others affect how you think about them and whether to include them?
  - How do you know if a peer with autism wants to/doesn't want to have friends?
  - What makes it easy or hard to include them in school activities and in out of school activities?

## **Appendix J: Interview Guide for Teachers, Special Education Teachers, and Paraprofessionals**

(Participants will be interviewed with others in their same cohort, using the same questions)

- Demographic information provided in introductions
  - Years teaching
  - Years of experience teaching/supporting students with ASD
- What do you teach at the school?
- What is your experience with students on the autism spectrum?
  - Number of students?
  - Number of years with students with ASD?
- How do the students with ASD blend in with other students?
  - What supports do the typically developing students need to include those with ASD?
  - What supports do the students with ASD need to help them participate more fully in school activities?
- Tell me about how the youth with ASD work with other students.
  - Tell me about the needs and barriers you see.
- Tell me about how the youth with ASD follow directions and complete tasks with their peers.
  - Are there needs and barriers here?
  - How do you address difficulties?
- What is your role in supporting students with ASD and their peers work together in the classroom?
  - How did you determine your role?
  - How has your role changed over the years?
- What strategies have you found to be effective?
- How consciously do you think about the students with ASD transitioning out of high school and into adult life?
  - How often and at what level do you and other staff discuss the students' transition goals?
  - What do you do in your classes to address the students' transition plans?

- What role does information and communication technology (Internet, Email, online social network) play in supporting social interaction and transition of youth with ASD?
- What challenges do the students with ASD have that you think are not addressed as well as they perhaps should be?
  - What obstacles prevent these challenges from being addressed?
  - In an ideal world, what would recommend to support the students with ASD to help them transition into adulthood successfully?
- What types of supports would help you better support students with ASD?

### **Appendix K: Interview Guide for Vocational Rehabilitation Counselors:**

- Demographic information provided in introductions
  - Years as a vocational rehabilitation counselor
  - Years of experience supporting older youth/young adults with ASD
- Tell me about your primary goals for your clients?
- What are the challenges that older youth/young adults with ASD have in getting and keeping a job?
  - How do you address these challenges?
- Do your goals include social interaction skills for the youth with ASD?
  - How do you determine these goals?
- What training have you done with social interaction skills?
- Generic social interaction skills are important across employment settings. What deficits in social interaction do you see creating the most barriers for employment?
  - What social interaction skills do you see as beneficial?
- Tell me about how social interaction abilities influence job placement.
- What specific strategies have been helpful?
- What challenges do the older youth with ASD have that you think are not addressed as well as they perhaps should be?
  - What obstacles prevent these challenges from being addressed?
  - In an ideal world, what would recommend to support the older youth with ASD to help them transition into adulthood successfully?
- What types of supports would help you better support students with ASD?
- What role does information and communication technology (Internet, Email, online social network) play in supporting social interaction and transition of youth with ASD into employment?

## Appendix L: Interview Guide for Parents:

- We have been asking older youth involved in the study about their thoughts around transitioning into adult roles. Tell us about your goals for your child for this transition?
  - What employment goals you have for your child?
  - What about goals related to friendships?
  - What about goals related to leisure activities and participation in the community?
  
- How you are preparing your child for transition to adult life now at home.
  - Chores, small tasks, jobs, working with siblings?
  - Activities with peers?
  - Community events?
  - Leisure activities?
  - Work experience?
  - Volunteer experience?
  
- We know that social interaction is needed for many aspects of life. How does your child interact during social activities with peers, extended family events, and organized activities?
  
- What strategies have been helpful to help your child interact with peers and adults?
  
- How is social interaction included in your child's IEP and transition plan?
  
- What challenges do the older youth with ASD have that you think are not addressed as well as they perhaps should be to prepare them for life after high school?
  - What obstacles prevent these challenges from being addressed?
  
- How has information and communication technology (Internet, Email, online social network) influenced social connections or your child?
  
- In an ideal world, what would you recommend to support the older youth with ASD to help them transition into adulthood successfully?

## **Social Interaction for Older Youth with Autism Spectrum Disorder Supporting Transition into Adulthood**

**The purpose** of the study is to understand social interaction for older youth with ASD from different perspectives to identify needs, barriers, valued activities, and existing strategies and tools (including information & communication technology) relevant to social interaction of youth with ASD as they transition to adulthood.

### **Methods**

We will gather the perspective from

- Older youth with ASD
- People who influence and support the youth with ASD including:
  - Parents
  - Teachers
  - Special educators
  - Paraprofessionals
  - Peers who do not have ASD

Specifically we will gather the perspective from people in each category above using focus groups, with 3-4 participants in each group. Group size may vary, particularly for the youth who may feel more comfortable talking one-on-one. Meetings will be held at a time and location convenient for the participants, with most meetings held at school. Parent meetings would be held in the evening on the UNH campus. Meetings will last 45 to 60 minutes.

### **Recruitment methods**

School faculty/staff will be invited to participate via email. Parents will be sent two letters, one inviting them to participate, and another inviting their child with ASD to participate. Parents would need to provide informed consent for their child and the youth would sign an assent form, indicating their willingness to participate. There does not need to be a connection/working relationship among study participants (e.g., parents may participate but not their child, or a child may participate and not a parent or teacher, etc.).

### **Data**

Data will be audiotaped and transcribed and analyzed for themes to address the research purpose. Data will be combined with data from other schools. No identifying information of participants would be shared in any publications or presentations of the study, including name or location of the school.

### **Implications of the study**

Information from this study will be used to consider strategies to support social interaction for high school age youth with an autism spectrum disorder. The goal of the research is to develop an intervention approach to be used in natural contexts that address needs and desired interactions identified by the youth.

### **UNH Research team**

Michelle Grenier, Associate Professor, Department of Kinesiology

Tobey Partch-Davies, Project Director III, Institute on Disability

Sajay Arthanat, Associate Professor, Department of Occupational Therapy

Alanna Young, Undergraduate honors student, Department of Occupational Therapy

Jennifer Lange, Undergraduate honors student, Department of Occupational Therapy

Lou Ann Griswold, Associate Professor, Department of Occupational Therapy

## LaFleur, Robin

---

**From:** Faure, Cathy  
**Sent:** Monday, March 02, 2015 12:21 PM  
**To:** LaFleur, Robin  
**Subject:** Granite State Bodybuilding

Robin,

The Granite State Bodybuilding has requested to use our high school on October 31, 2015 for their annual competition. They will need our auditorium, girls locker room and cafeteria. This group has been coming here quite a while and have always paid on time and have never caused any disturbances or upsets. I recommend the school board approves their use of our facilities. If you have any questions please don't hesitate to contact me.

Cathy

Cathy Faure  
Dover School Department  
Facilities Coordinator  
[c.faure@dover.k12.nh.us](mailto:c.faure@dover.k12.nh.us)  
603-516-6890



2·0·1·5  
**21<sup>st</sup> Annual**  
**GRANITE STATE OPEN**



**BODYBUILDING ~ FIGURE ~ BIKINI CHAMPIONSHIPS**

~ Sanction: WNBFA Amateur/Pro Qualifier ~

February 13, 2015

Jean Briggs Badger  
Superintendent of Dover Schools  
McConnell Center  
61 Locust Street, Suite 409  
Dover, NH 03820-4132

Dear Ms. Badger:

It is a pleasure to once again come to the office of the Superintendent with an Annual request. The Granite State Open has been held at the Dover High School Auditorium since 2006 and we would love to return this year on October 31<sup>st</sup>.

Athletes come from throughout New England and start making their plans at this time, therefore; may we please request a waiver of the districts 90 day maximum reservation policy for use of the School.

Each season, Cathy Faure provides a fine facilities team. We have created a dynamic protocol to make this show a happy day for all involved, and appreciate the opportunity to return.

I look forward to your approval of our October 31, 2015 date and the waiver of the 90-day advance rental confirmation.

Thank you so very much. Please feel free to contact me at any time to discuss any details. I can be reached at 603 659-2288.

Respectfully, 

Laura J Tourtellot  
GSO Promoter  
149 Dartmouth Circle  
Newmarket, NH 03857  
[www.granitestateopen.com](http://www.granitestateopen.com)



L.J. Turtle Promotions

149 Dartmouth Circle • Newmarket, NH 03857 • (603) 659-2288

[www.granitestateopen.com](http://www.granitestateopen.com)

Judy A.Stone  
PO Box 2062  
13 Stanleys Pond Drive  
Rochester, NH 03866



January 30, 2015

Elaine M. Arbour, ED.D.  
Superintendent of Dover Public Schools  
61 Locust Street  
Dover, NH 03820

Dear Dr. Arbour,

Please accept this letter as notification of my retirement from the Dover School District. I will retire at the end of the 2015 school year. My last day of employment will be June 30, 2015.

I am excited about starting the next phase of my life, but I will miss the staff and my students. Thank you for the privilege of serving as a math teacher at Dover High School for fifteen years. I appreciate the support which I have received from staff and students throughout my employment.

Sincerely,

Judy Stone

Dana K. Heath  
PO Box 1891  
Wells, ME 04090  
[dkheath24@gmail.com](mailto:dkheath24@gmail.com)

January 7, 2015

Elaine M. Arbour, Ed.D.,  
Superintendent  
Dover School District  
61 Locust Street  
Dover, NH 03820

Dear Mrs. Arbour,

I would like to inform you that I am resigning my position as teacher at Dover High School as of the end of this school year in June of 2015. My plan is to retire from the teaching profession. I have had an amazing 38 years of teaching, the last 12 of which have been at Dover High School. Dover has been a very friendly, supportive, and professional place to work and I appreciate all the opportunities for professional and personal development that have been offered to me.

If I can be of any help during the transition to a new physics teacher I gladly offer my assistance.

Sincerely,

A handwritten signature in black ink that reads "Dana K. Heath". The signature is written in a cursive style with a large, stylized initial "D".

Dana K. Heath

February 2, 2015

Dear Superintendent Arbour,

It is with mixed feelings that I submit this retirement notification letter to you today. I have thoroughly enjoyed my 34 plus years of teaching in the Dover Public schools system. I especially will miss working with Dover's youth, having taught in all grades, K-5, over the years. I feel it's time to move on to other pursuits and leisure activities at this stage of my life. My thanks go out to the City of Dover for giving me the opportunity to have a teaching career and to help provide for my family.

Respectfully submitted,

*Carol A Kennedy*  
Carol A Kennedy

5<sup>th</sup> grade teacher, DMS

FEB 3 PM 2:56

February 11, 2015

Dear Superintendent Elaine Arbour,

After 23 years of service in the Woodman Park School health office as school nurse, I, Claudia L. Lynch, RN, would like to inform you of my intent to retire as of December 31<sup>st</sup>, 2015. I take my job and the responsibility that it holds, very seriously. It has allowed me to provide individualized nursing care and family health advocacy/education to meet the needs of our unique population. It has been an honor!

I offer my assistance in easing the transition of the health office when a new nurse is hired. Please let me know if and how I can be of help. My children graduated from Woodman Park and my heart is here. I would welcome an exit interview with you if you think it would offer any insights.

I will continue doing lifestyle education and holistic health advocacy, my passion, parttime at a Dover physician's office and as an independent consultant.

Thank you for your attention and I wish you success as Superintendent of the Dover School District.

Sincerely,

A handwritten signature in cursive script that reads "Claudia L. Lynch".

Claudia L. Lynch, RN, BSN, Lifestyle Educator

February 9, 2015

Dr. Elaine Arbour, Superintendent  
Dover School District  
61 Locust Street, Suite 409  
Dover, NH 03820

Dear Dr. Arbour,

I am writing this letter to let you know of my plans to retire at the end of the 2014-2015 school year. In my many years working at Woodman Park, I have strived to provide children and their families with the best services possible. I have worked with many outstanding professionals and paraprofessionals along the way. I will retire with the true belief that I gave my all to Dover Schools. Thank you for accepting this letter of resignation.

Sincerely,



---

Jean M. Calculator, M.A., CCC-SLP  
Speech-Language Pathologist  
Dover Public Schools

FEB 11 AM 9:32

February 11, 2015

Elaine M. Arbour, Ed.D

Superintendent of Schools

School Administrative Unit #11

McConnell Center

61 Locust Street

Dover, NH 03820

Dear Dr. Arbour,

Please accept this letter as my official notification of my retirement effective June 30, 2015 after serving with the Dover School District for over thirty years.

I wish to take this opportunity to extend my gratitude to the Dover School District for all its support, understanding and cooperation throughout my career. It has been an immense pleasure to serve as a Speech/Language Pathologist at both Horne Street and Woodman Park Schools, and the relationships I have formed over the years will not soon be forgotten. I would also like to express my appreciation to my fellow teachers and colleagues within the Dover Preschool Program for their support and friendship. The time has come for me to spend time with my grandchildren, travel and simply relax!

Sincerely,



Susan N. Looker

Speech/Language Pathologist

Dover Preschool Program

Woodman Park School

FEB 11 09:32

Laura A. Horan  
Librarian  
Woodman Park School  
11 Towle Avenue  
Dover, NH 03820

February 9, 2015

Dr. Elaine M. Arbour  
Superintendent of Schools  
Dover School District  
61 Locust Street, Suite 409  
Dover, NH 03820

Dear Dr. Arbour,

Please accept this letter of resignation from the position as a librarian with the Dover School District, effective July 1, 2015. It is my intention to retire at the end of this school year.

I have been extremely happy in my twenty years at Woodman Park School, working with and learning from colleagues, families, and students. I will be forever grateful to Cindy Theodoras, Paula Glynn, and Debra Cheney for giving me the opportunity to return to a career in education after ten years as a stay-at-home mom. Their faith in me led to the pursuit of a graduate degree and a most rewarding career. Patrick Boodey has been a supportive, appreciative, and kind administrator. I cherish my relationship with Debra and Linda, fellow elementary librarians and co-conspirators in zany library adventures! I have been blessed.

During the next five months, I am willing to help you in any way possible to make the transition as smooth as possible.

Again, it has been a pleasure and an honor to be part of the Dover School District.

Sincerely,



Laura A. Horan  
Librarian  
Woodman Park School  
Dover, NH 03820

Cc: Patrick Boodey



Sheila Madsen  
25 County Farm Road  
Dover, NH 03820  
2/10/15

Dr. Elaine Arbour  
Superintendent of Schools  
Dover School District  
The McConnell Center  
Dover, NH 03820

Dear Dr. Arbour:

It is with a heavy heart that I submit my letter of retirement. I have taught elementary school for the past thirty six years, twenty eight of them at Woodman Park School. I am entering a new phase in my life. Our five sons will be in college and beyond in September. My elderly parents need more of my time and I need nights and weekends to be available to them.

During my years in teaching, I have been fortunate to be on grade level teams with some of the brightest, most caring and creative people I have ever met. I have also taught under many wonderful principals, Patrick Boodey being the most recent. As the Dover Teachers' Union building representative, I worked with my principals and colleagues to diffuse potential grievances. We were very successful in meeting the needs of the teachers and their students.

I will complete the current school year, which ends on June 30, 2015. I am happy to meet with Mr. Boodey to discuss the transition of my duties to my successor.

Thank you for the opportunity to teach and inspire many seven and eight year olds in the City of Dover, NH. I leave with great memories and a sense of fulfillment.

Sincerely,

A handwritten signature in cursive script that reads "Sheila Madsen".

Sheila Madsen  
Second Grade Teacher at Woodman Park School

FEB 10 AM 11:01

Tice N. Leonard Jr.  
64 Dover Point Rd.  
Dover, New Hampshire 03820

February 5, 2015

Elaine M. Arbour, Superintendent  
Dover School District: SAU 11

Dear Dr. Arbour,

This letter is to inform you of my intention to retire from the Dover school district at the end of the current school year. It has been a very rewarding twenty-three years. During this time I have been fortunate to have worked with outstanding educators who care deeply for the young people of Dover and superbly practice the craft of teaching.

Sincerely,

A handwritten signature in black ink, appearing to read "Tice N. Leonard Jr.", with a stylized flourish at the end.

Tice N. Leonard Jr.

CC: Kimberly Lyndes, Principal  
Dover Middle School

FEB 6 PM 1:12

## LaFleur, Robin

---

**From:** Theriault, Elizabeth  
**Sent:** Monday, February 23, 2015 11:20 AM  
**To:** LaFleur, Robin  
**Subject:** RE: Leave of Absence

Dear Robin/School Board,

It is my intention to not come back for the 2015-2016 school year. It was a hard decision to not come back to teach at Garrison, but an easy one when I look at my daughter.

Thank you for a great 8 years!

Sincerely,

Beth Theriault

FEB 24 \*6:23

**LaFleur, Robin**

---

Dear Dr. Arbour,

I have decided to resign my position at Dover High to stay at home and raise my four young children. I thank the school board for allowing me this year's leave to be with my family and to make this decision. I so enjoyed my time in the Dover School District. I will miss working for Peter Driscoll and being a part such a smart English department.

Sincerely,  
Heather Woods

Robin LaFleur  
Supt Admin Asst/HR Coordinator  
Phone 603-516-6804  
Fax 603-516-6809

FEB 24 AM 9:20

February 3, 2015

Conall Loughlin

Horne Street School  
78 Horne St School  
Dover, NH 03820

5000 411105

Dear Dr. Arbour:

I am writing to formally notify you of my resignation from my Second Grade position at Horne Street School. I was recently offered a new opportunity to change careers and become a full time police officer in Somersworth, NH. I intend for my last day at Horne Street to be Thursday, February 19. I will be sworn into the Somersworth Police Department on February 20<sup>th</sup>.

While I have truly enjoyed the last six and a half years that I have spent working at Horne Street School I have decided it was time for a change in my life. For many years I have thought about going into law enforcement. After spending the last two years as a Part-Time Police Officer in Hampton I realized that it was time to make this change. I feel that this is an opportunity that I can not pass up because it is the best situation for myself and my family.

I appreciate your support and understanding. If I can be of any assistance in my last couple of weeks here at Horne Street School, please let me know.

Sincerely,

A handwritten signature in black ink, appearing to read 'Conall Loughlin', with a long horizontal flourish extending to the right.

Conall Loughlin

February 27, 2015

To:

Phil Richmond, Peter Driscoll, Dr. Elaine Arbour, and Robin LaFleur  
Dover School District  
61 Locust Street Suite 409  
Dover, NH 03820

Dear Phil, Peter, Dr. Arbour and Robin:

Please accept this letter as my official resignation from my teaching position in the English department at Dover High School. I will not be returning for the 2015-2016 school year.

This was not an easy decision, but after serious and careful consideration I have decided to stay home with my son. I am extremely grateful to the district for allowing my leave of absence for the past two years. In addition, I thoroughly enjoyed my six years with Dover High, and I wish the Dover School District nothing but the best. I will sincerely miss the students, members of the English department, and my colleagues at the high school, but I know I am making the right choice for my family.

Please do not hesitate to ask any questions, and thank you for all of the opportunities, experiences, and memories Dover High School has given me.

Sincerely,

Audrey McBride

**OFFICE OF THE SUPERINTENDENT  
DOVER PUBLIC SCHOOLS  
DOVER, NEW HAMPSHIRE**

TO: **DOVER SCHOOL BOARD**

DATE: March 9, 2015

MEMORANDUM: Nomination and Election of Teachers.

In accordance with Chapter 189, Section 39 of the New Hampshire School laws of 1963, I hereby nominate the following persons for the designated positions for the 2014-2015 school year.

<b>NAME</b>	<b>POSITION</b>	<b>SCHOOL</b>	<b>REPLACING</b>	<b>SALARY</b>
West, C. Patrick	Grade 2 Teacher	Horne Street School	Conall Loughlin	\$14,851.85/prorated on the basis of \$37,434.00

**OFFICE OF THE SUPERINTENDENT  
DOVER PUBLIC SCHOOLS  
DOVER, NEW HAMPSHIRE**

TO: DOVER SCHOOL BOARD

DATE: March 9, 2015

MEMORANDUM: Nomination and Election of Paraprofessional and Staff Positions

In accordance with Chapter 189, Section 39 of the New Hampshire School laws of 1963, I hereby nominate the following persons for the following funded positions for the 2014-2015 school year.

<b>NAME</b>	<b>POSITION</b>	<b>SCHOOL</b>	<b>REPLACING</b>	<b>HOURS</b>	<b>SALARY</b>
Bernier, Victoria	Sped Aide	DMS	Additional Position	6.5 hrs/day	\$11.94/hr
Kell, Arthur	Sped Aide	DHS	Gabby Hodgman	6.5 hrs/day	\$11.94/hr
Landolfi, Larry	Parking Supervisor	DHS	Bryan MacMillan	Up to 6 hrs/day	\$12.00/hr
Root, Katelyn	Sped Aide	GES	New Position	6.5 hrs/day	\$11.94/hr
Williams, Michael	Sped Aide	DMS	Sarah MacMillan	6.5 hrs/day	\$11.94/hr

OFFICE OF THE SUPERINTENDENT  
DOVER PUBLIC SCHOOLS  
DOVER, NEW HAMPSHIRE

TO: DOVER SCHOOL BOARD

DATE: March 9, 2015

MEMORANDUM: Nomination and Election of Coaching Positions.

In accordance with Chapter 189, Section 39 of the New Hampshire School laws of 1963, I hereby nominate the following persons for the designated positions for the 2014-15 school year.

<b>NAME</b>	<b>POSITION</b>	<b>SCHOOL</b>	<b>REPLACING</b>	<b>SALARY</b>
Beck, Brian	Boys Tennis	DHS		\$2,345.00
Carver, John	Varsity Baseball	DHS		\$4,059.00
Casey, Dan	Girls Tennis	DHS		\$2,345.00
Connolly, Elizabeth	JV Softball	DHS	Ron Cole	\$2,616.00
Drew, Scott	Asst Spring Track	DMS		\$1,504.00
Dudley, Tim	Varsity Softball	DHS		\$4,059.00
Glidden, Billy	Boys JV Lacrosse	DHS		\$1,895.00
Lee, Amanda	Girls Varsity Lacrosse	DHS		\$2,886.00
Lucius, Scott	JV Baseball	DHS		\$2,616.00
open	Asst Spring Track	DHS		\$2,407.00
Piatti, Nick	Boys Head Spring Track	DHS		\$4,068.00
Sannella, Samantha	Girls JV Lacrosse	DHS		\$1,895.00
Silverio, John	Boys Varsity Lacrosse	DHS		\$2,886.00
Towle, Laura	Head Spring Track	DMS		\$2,407.00
Wilhelm, Christen	Asst Spring Track	DHS	Katie Hinkle	\$2,407.00
Wilson, Kayla	Asst Spring Track	DHS	MJ Hippern	\$2,407.00



DOVER HIGH SCHOOL  
AND  
REGIONAL CAREER TECHNICAL CENTER



PETER DRISCOLL  
Principal  
[p.driscoll@dover.k12.nh.us](mailto:p.driscoll@dover.k12.nh.us)

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LOUISE PARADIS  
Director of Career Technical Education  
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DAVID BENNETT  
Dean of Students  
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EMILY SHERMAN  
Dean of Instruction  
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KIM STEPHENS  
Dean of Students  
[k.stephens@dover.k12.nh.us](mailto:k.stephens@dover.k12.nh.us)

January 19, 2015

Dear Dover School Board,

This letter is to serve as preliminary support for a World Language Department trip to Spain during April Vacation in 2016. The trip will provide students with an incredible cultural experience and allow them to immerse themselves in a foreign language. The trip will be chaperoned by Dover High School Spanish Teacher Lauren Schultz.

Sincerely,

Peter Driscoll  
Dover High School Principal

## **Extended Travel Proposal**

Lauren Schultz  
Spanish Teacher  
World Language Department  
Dover High School

### **Spain during April vacation of 2016**

#### **1. Statements of the educational value of the proposed travel and the relationship to current program or course offerings.**

We will visit Madrid and the Costa del Sol. Only students who are currently studying Spanish are allowed on the trip. Studying the city of Madrid and the history of Spain and relating their historical implications to our culture and language today are essential elements of the Spanish curriculum. Students will have the opportunity to witness, observe, and experience the Spanish culture, along with language they have been studying. This is experiential learning at its best.

Through this direct-contact adventure, Dover High School students will become global learners. They will return to Dover with a better understanding of another country's culture, history and eternal language, as well as an appreciation of their own. This total immersion experience is a classroom without walls. *Please see attached: World Language Department "Vision Statement."*

#### **2. If a travel agency is utilized, evidence of a performance bond or other security for deposits from the agency is required.**

Yes, Worldstrides International Discovery is the travel agency. The cancellation Protection Plus Program is \$250. Please see attached.

#### **3. Inclusive dates of trip.**

During the 2016 Spring Recess (April vacation) for 10 days. We would leave Thursday, April 21, and return Saturday, April 30.

**4. General itinerary. Place or places to be visited.**

**See attached itinerary.**

**5. Cost per student:     \$3713**

**Included:**

- Air fare to/from Spain
- Coach transportation during stay
- All breakfasts and dinners
- Bilingual tour leader
- Admissions to all services and attractions
- Centrally located 3 and 4 star hotels
- Bonded trust account for all deposited money
- Ratio of 6 students: 1 teacher

Tips and US ground transportation \$150.00

**6. Statement of academic eligibility or other limiting roles of participation established by the trip director.**

Any Dover High School student studying Spanish during academic year 2015-16. The World Language Department student behavior policy is as follows:

- Any student receiving an OSS or ISS will not be allowed to go on the trip. If a student can find another student to replace them, they will receive their deposit back. Any student with an ASI will meet with their parent, Ms. Schultz, trip director; and Mr. Driscoll, Principal.
- Alcohol, drugs, and tobacco are strictly forbidden. Trip participants must sign the behavior policy document. *Please see behavior policy document attached.*

- During the trip students are not allowed to leave the hotel after the group has returned in the evening. This is generally at 10:00 p.m.
- The buddy system is strictly enforced. Students will be in groups of three or more during all free time.

When the tour guide is speaking, all students will listen quietly and attentively.

**7. Permission forms to be reviewed and signed by parents.**

See attached documents: *"Sample consent letter for a child traveling out of country without either parent."*

**8. Statement of source and nature of insurance coverage.**

See attached documents.

**9. Decision and opinion of the Principal and Superintendent.**

See attached documents.

**10. Release from duty of any staff member.**

Staff will require one field trip day with a substitute.

**11. Cost to the District.**

None.

**12. Disclosure of financial benefit to trip leader and chaperones.**

The trip leader and chaperones will receive bus transportation and multiple-occupancy hotel accommodations.

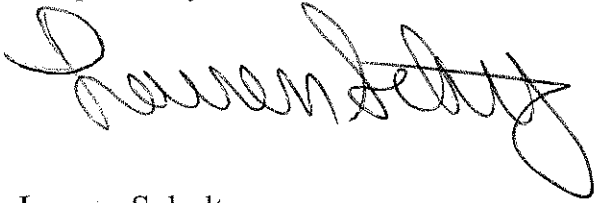
Finally, accordance with Policy Code IJOAA which states, *"The sponsoring organization is required to arrange fundraising opportunities to minimize the financial burden to participants..."* (Pg. 1, Para. 5)

1. The World Language Department will organize a 50/50 as a vehicle for students to secure additional funding.

2. By opening the trip 14 months in advance, students and families have more time to pay for the trip. Final payment is due in February 2016 for students who choose EZ Pay. Most students pay for the trip through gifts and jobs.
3. Scholarship: Worldstrides provides grants to students meeting financial criteria who apply. Whether or which students apply is unknown, due to confidentiality policy.

Thank you for considering this proposal.

Respectfully,

A handwritten signature in black ink, appearing to read "Lauren Schultz". The signature is written in a cursive style with a large, looping initial "L".

Lauren Schultz  
Spanish Teacher  
World Language Department  
Dover High School

# Itinerary

**DAY 1-2 FLY TO MADRID.** Fly to the vibrant capital of Spain. Begin exploring Madrid.

**DAY 3 MADRID.** Join a local guide on a tour through the Plaza de España, the Plaza Colón, and a view of the Royal Palace. An impressive selection of Velázquez's paintings awaits you at the Prado Museum. Next, see modern pieces by Dalí and Picasso in the Reina Sofia Museum. Tonight, *Cocina Española*. ¡Que rico!

**DAY 4 SEGOVIA-EL ESCORIAL.** Picturesque views of a fairytale castle lure you inside Segovia's famous Alcázar on today's optional excursion. Visit the monstrous Roman aqueduct en route to El Escorial, Philip II's imposing palace.

**DAY 5 TOLEDO.** The golden medieval city of Toledo is perched on the rugged bluffs of the Rio Tagus. A local guide shows you the Gothic cathedral, the Synagogue of Santa María la Blanca, and the Monasterio de San Juan de los Reyes. Take sides in El Caudillo's Conquest as you learn about the causes of the Spanish Civil War.

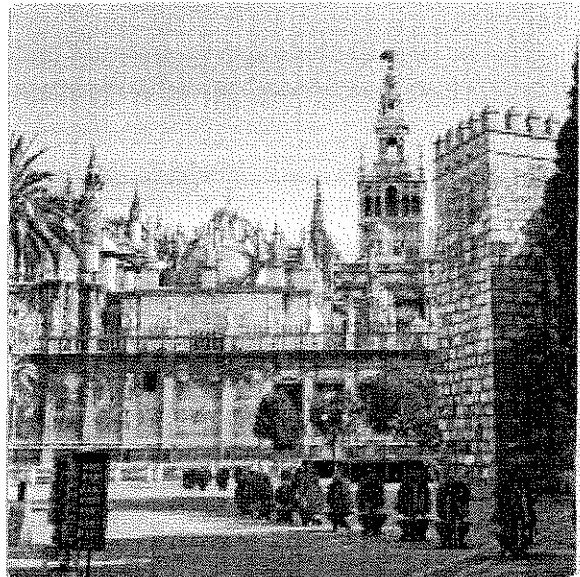
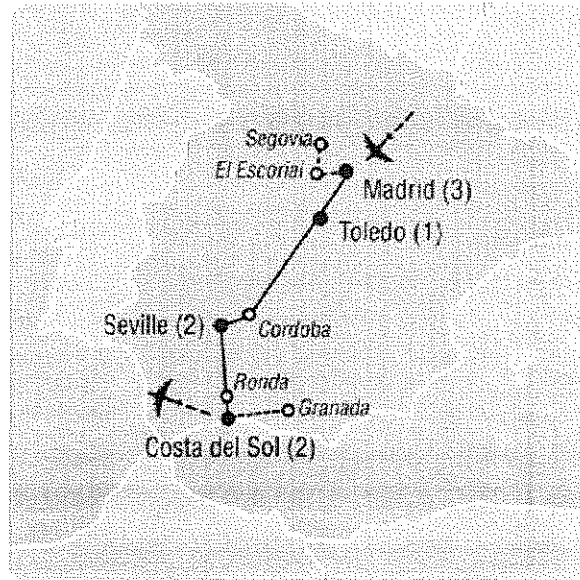
**DAY 6 CORDOBA.** Marvel at the rose-marbled Mezquita. Gaze up at the statue of Jewish philosopher Maimonides, and savor the aroma of the flower-lined courtyards. Continue to Seville.

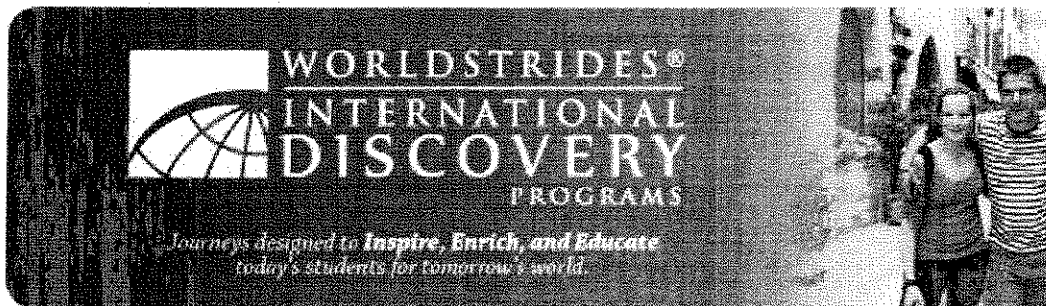
**DAY 7 SEVILLE.** Discover Don Juan's hometown, Seville. Visit the Plaza de España and the largest Gothic cathedral in the world, then explore the grand Alcázar. Tonight, step into Spanish dance during ¡Ay Flamenco!

**DAY 8 COSTA DEL SOL.** Visit the walled town of Ronda en route to the Costa del Sol for Mediterranean beach time.

**DAY 9 GRANADA.** In the once-thriving Moorish capital, great accomplishments of Islamic art and architecture await you on your optional excursion. Marvel at the massive Alhambra fortress and Generalife Gardens.

**DAY 10 RETURN JOURNEY TO THE UNITED STATES,** or opt to extend your your stay by adding extra days on the Costa del Sol.





**WorldStrides Cost Worksheet Specially Prepared For Lauren Schultz**

<b>Total Cost</b>	<b>\$3713</b>
<b>Using EZpay Plan</b>	<b>14 Payment(s) of \$243.79</b>
Based on enrollment today with deposit of \$300 and then 14 payment(s) of \$243.79	

**Cost Breakdown**

Tuition	\$4139	Valid for enrollment on or before
Weekend supplement	\$45	
Basic Travel Insurance	\$0	
Early Enrollment Credit	- \$300	Valid for enrollment on or before
Scholarship	- \$300	
Granada	\$129	
Twin Room Supplement	\$400	

**Trip Overview**

Itinerary	Costa del Sol
Trip length	10 days
Departure date	Thursday, April 21, 2016
Departure city	Boston, MA

**Cancellation Protection**

Cancellation Protection Plus	\$250
Individual rate. A reduced rate of \$20/day applies when all group members select this option. <i>Recommended</i>	

**Optional Activities and Trip Extensions**

Extra day on the Costa del Sol	\$199
Segovia & El Escorial	\$99
Individual rate. A discount of \$10 applies when all group members select this activity or extension.	

**Online Enrollment:** Go to [www.EducationalTravel.com](http://www.EducationalTravel.com); Use "MY TRIP" login information

Username: Costa  
 Password: 2016

Refer to the Agreement in the WorldStrides Enrollment Guide for terms and conditions.

<b>DOVER SCHOOL DISTRICT</b>	<b>POLICY CODE: IJOAA</b>
<b>DATE OF ADOPTION: November 14, 2011</b>	<b>PAGE 1 OF 3</b>

## EXTENDED TRAVEL

In-state, overnight school funded trips are exempt from this policy. However, they must comply with policy IJOA – Field Trips and Excursions. Clubs and other school-approved organizations that engage in in-state, overnight activities are also exempt from this policy but must also comply with policy IJOA.

Foreign or domestic overnight travel with significant educational value is permitted following approval of the Building Principal, Superintendent, and School Board.

Approval by the School Board shall consist of preliminary approval (permission to plan and to commit funds) and final approval (permission to proceed). Except to determine interest/feasibility, no substantive discussions of foreign travel can be conducted with students until preliminary approval is granted by the School Board. Requests for final approval should be scheduled for the regular School Board meeting approximately one month prior to departure. The School Board may rescind final approval in the event the government issues a travel advisory for any areas on the itinerary or if the safety and well-being of the students may be jeopardized by acts of terrorism or government instability.

Overnight trips shall, to the extent possible, be scheduled during school vacation periods. If the trip extends into the school days, a waiver request must be approved by the superintendent and the School Board.

Costs of such trips must be the responsibility of the participating students and their parent/guardian. The sponsoring organization is required to arrange fundraising opportunities to minimize the financial burden to participants and to ensure availability of financial assistance to those students otherwise qualifying, but for whom the economic strain is too severe.

Requests for preliminary approval submitted to the School Board shall include:

1. Statements of the educational value of the proposed extended travel and the relationship to current program or course offerings.
2. If a travel agency is utilized, evidence of a performance bond or other security for deposits from the agency is required.
3. Inclusive dates of trip.
4. General itinerary.
5. Cost per student.
6. Statement of academic eligibility or other limiting rules of participation established by the trip director.
7. Permission forms to be reviewed with and signed by parents.
8. Statement of source and nature of insurance coverage.
9. Decision and opinion of the Principal and Superintendent.
10. Release from duty of any staff member by the Superintendent.

11. Financial benefit to trip leader and chaperones must be disclosed (e.g.: plane fare, accommodations, future awards or credits for travel, bonus points, cash or gift awards, etc.)
12. Cost to the District.

Requests for final approval submitted to the School Board shall include:

1. Names and addresses of all students and chaperones. (Note: All chaperones must complete a criminal background check, at District expense, at least one month prior to departure.)
2. The only adults allowed to travel with the students will be those assigned as chaperones.
3. Adult/Student ratio.
4. Confirmation permission forms, student code of conduct contract which will include Standards for Behavior, and telephone contact notification submitted to the principal.

A copy of this policy and release shall be provided to pupils and parents along with materials distributed on extended trips. Pupils and parents are to be advised that baggage may be searched by chaperones or advisors prior to departure and at any time during the trip.

Administrative Guidelines on Alcohol, Drugs, and Body Art – Standards of Behavior:

1. Students will not consume, purchase, or ship to home, alcohol while on a school sanctioned trip
2. Students will not consume, purchase, or ship to home, drugs while on a school sanctioned trip
3. Students will not purchase body art or piercing services while on a school sanctioned trip
4. Adult chaperones on all trips will adhere to the same standards of behavior as defined for student participants

<b>DOVER SCHOOL DISTRICT</b>	<b>POLICY CODE: IJOAA</b>
<b>DATE OF ADOPTION: November 14, 2011</b>	<b>PAGE 3 OF 3</b>

**PERMISSION/RELEASE STATEMENTS FOR FOREIGN OR EXTENDED TRAVEL**

The undersigned \_\_\_\_\_, hereby grants permission for \_\_\_\_\_ to travel to \_\_\_\_\_ with \_\_\_\_\_ as chaperones, as part of a Dover School District extended travel program. The scheduled departure date is \_\_\_\_\_ and the scheduled return date is \_\_\_\_\_.

1. The undersigned hereby agrees to indemnify and save harmless the Dover School District, its officials and agents, from any act, default, injury (including death), loss, expense, damage, deviation, delay, curtailment, or inconvenience caused to or suffered by any person, or their property, howsoever arising, which may occur or be incurred by any organization or person, even though such act, default, injury, loss, expense, damage, deviation, delay, curtailment, or inconvenience may have been caused or contributed to by the actions, negligence or default of the chaperones and/or the Dover School District, its officials or agents.
2. The parent/guardian and student acknowledge that they and their personal property, to include baggage, are at all times solely at their own risk. The district strongly recommends the students be adequately insured in respect to illness, injury, or death for the duration of the trip and to insure fully against loss, or damage to their property. The chaperones or the Dover School District shall not, in any circumstances whatever, be liable in respect of any personal injury, illness, or death or in respect of any damage to or loss of property even if the same arises from their negligent actions. The undersigned will accept the authority and decisions of the chaperones during the trip.
3. The chaperones are authorized by the signers of this document to arrange for any medical services deemed appropriate for the student named above by medical personnel while on the trip.
4. It is also agreed that the District reserves the right to remove a student from this program for failure to maintain program standards or if it deems his or her acts of conduct detrimental to or incompatible with the interest of the program. If a student's participation is terminated, only the funds not actually used will be returned and he or she will be sent home at the parent(s)/guardian or student's expense.
5. The undersigned represent that they are parents or guardians of the named student and are authorized to execute this agreement.

IN WITNESS WHEREOF, the parties have signed this agreement on the

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

**Student Health Record**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Work Phone# \_\_\_\_\_

Cell phone# \_\_\_\_\_

In Case of Emergency Contact \_\_\_\_\_ Phone# \_\_\_\_\_  
(other than parent/guardian)

Date of Last Physical \_\_\_\_\_

Medical Condition \_\_\_\_\_  
(Diabetic, Asthma, Epilepsy, Allergies, etc.)

List any medication being taken on a daily basis \_\_\_\_\_

Permission to be given Tylenol, Advil, Maalox, Immodium or Midol  
yes \_\_\_\_\_ no \_\_\_\_\_

Please list any other concerns or medical problems that might be a concern to the  
chaperones of this trip \_\_\_\_\_

**Name of Health Insurance Company covering  
student** \_\_\_\_\_

Group number \_\_\_\_\_ ID number \_\_\_\_\_

Address \_\_\_\_\_

**In case of emergency, I hereby give permission for \_\_\_\_\_ to authorize medical  
treatment while on this school-sponsored trip to**

Parent/guardian's signature \_\_\_\_\_ date \_\_\_\_\_

*I hereby agree that the above statements of medical history are accurate and true to the  
best of knowledge, and give my consent for my son/daughter go on this trip.*

**Signatures**

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Dover High School  
25 Alumni Drive  
Dover, NH 03820

Statement of Agreement

I agree to adhere to the following rules while on the \_\_\_\_\_  
\_\_\_\_\_ trip with the class:

1. To not consume, purchase, bring with or bring home alcohol or illegal substances.
2. To not purchase body art or piercing services.
3. To not purchase or bring home any type of weapon.

I understand that I am accountable to \_\_\_\_\_.

I understand that failure to comply with these rules will result in disciplinary action upon returning to Dover High School.

\_\_\_\_\_  
Student's signature

I have read and discussed this agreement with my son/daughter, and I support these rules and regulations.

\_\_\_\_\_  
Parent/guardian's signature

As a chaperone on this trip, I agree to adhere to the same standards of behavior as defined for student participants.

\_\_\_\_\_  
Chaperone's signature

---

DOVER SCHOOL DISTRICT	POLICY CODE: IJOA
DATE OF ADOPTION: OCTOBER 10, 2005	PAGE 2 OF 2

School: \_\_\_\_\_

**DOVER SCHOOL DISTRICT  
FIELD TRIP NOTIFICATION AND PERMISSION FORM**

Dear Parents & Guardians,

Your child's class will be participating in a school sponsored activity away from school. The information for this activity is as follows. **\*\*Please note that no child will be allowed to attend a trip without a signed permission slip.\*\***

Please sign and return to your child's teacher by: \_\_\_\_\_

Description of Activity:

Purpose of Activity:

Destination: \_\_\_\_\_ Transportation Provided By \_\_\_\_\_

Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Return Time \_\_\_\_\_

Cost: \_\_\_\_\_ Please make check payable to: \_\_\_\_\_

We Need Chaperones for this Trip: YES NO

Recommended clothing, equipment, supplies, etc.:

---

**School/Field Trip Permission Form**

I/we have been informed as to the nature of the activity and acknowledge that there are always certain risks for those who participate. We realize that all efforts will be made by the teachers and chaperones to ensure the safety of the students, but understand that the school cannot assume responsibility for unreasonable accidents and/or injuries. I/we agree that our child must adhere to all safety rules and regulations, as well as all instructions from the adults. Failure to do so may result in exclusion from this or other activities. If there is important information, medical or otherwise, that the school staff should know, I/we agree to provide it to the nurse and/or teachers before the trip. I/we understand the risks and requirements for our child to participate and give our consent to attend the trip to:

I hereby give permission for my child to be transported to a hospital or other emergency medical facility and to receive emergency medical treatment. Emergency contact phone number: \_\_\_\_\_

Student Name: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Trip Date & Destination: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

In case of an emergency and you cannot be reached, whom do you want us to call?

Name: \_\_\_\_\_ Home # \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_

## World Language Department

### Mission and Vision Statement

The World Language Department shares the philosophy of The National Standards for Foreign Language Learning in the 21<sup>st</sup> Century which calls for a future in which students are well-versed in English and at least one other language, modern or classical.

- Dover students will have the opportunity to specialize in at least one language: French, Latin, or Spanish. They will learn to communicate in this/these language(s) and develop the 21<sup>st</sup> century skills of cross-cultural competence, global awareness, multiple literacies, critical thinking, problem solving, collaboration, flexibility, adaptability, and mutual responsibility.
- Dover students will develop respect of other peoples and their customs, histories, and perspectives by exploring their language and culture.
- Dover students will improve their competency in the English language by comparing and contrasting structure and vocabulary of another language.
- Dover students will develop stronger reading, writing, listening, and speaking skills through their investigation of non-English literature and media.





**DOVER HIGH SCHOOL  
AND  
REGIONAL CAREER TECHNICAL CENTER**



PETER DRISCOLL  
Principal  
[p.driscoll@dover.k12.nh.us](mailto:p.driscoll@dover.k12.nh.us)

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Dean of Students  
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EMILY SHERMAN  
Dean of Instruction  
[e.sherman@dover.k12.nh.us](mailto:e.sherman@dover.k12.nh.us)

KIM STEPHENS  
Dean of Students  
[k.stephens@dover.k12.nh.us](mailto:k.stephens@dover.k12.nh.us)

February 2, 2015

Dear Dover School Board,

This letter is being written in support of the Varsity Baseball Team's trip to Cooperstown, New York from April 24, 2015 through April 26, 2015. This trip has occurred every other year since 1995 and will be chaperoned by Coach John Carver and the members of his coaching staff.

The trip provides a great cultural and bonding opportunity for the team and is scheduled in such a way that the student-athletes will not miss any class time.

Thank you for your consideration.

Sincerely,

Peter Driscoll  
Dover High School Principal

## Cooperstown Extended Travel Request

In regards to Paragraph: 2-The trip to Cooperstown and the Baseball hall of Fame has been a long standing tradition on an odd year bases since 1995. The players/managers/coaches are able to experience the cultural significance of Americas Pastime through visitation of the Hall of Fame, and competing on Doubleday Field-itself an historical landmark as it was built during the Great Depression.

In regards to Paragraph: 3-We have usually traveled during April vacation, this season we are able to do so. We will play April 25. No school days will be missed.

In regards to Paragraph: 4-The DHS Baseball booster club is responsible for the financial portion of the trip. Student athletes/managers/coaches will be required to pay for personal sundries and souvenirs.

In regards to questions:

1. The educational value is immense. What the student athletes/managers learn about baseball and the history of America can't be duplicated. Every person who has participated in this trip over the past 20 years has left the trip with a significantly greater appreciation for the game and our country.
2. We do not require a travel agent.
3. The travel dates are April 24, April 25 and April 26. The game is played April 25.
4. See attached.
5. Dependent upon student athletes desires. Student is responsible for 1 lunch, 1 dinner and souvenirs.
6. Based in NHIAA and DHS Athletic policies and procedures.
7. Pre-season meetings, NHIAA and DHS policies and procedures cover this.
8. NHIAA and DHS policies and procedures cover this.
9. Athletic Director approved, waiting for Principal and Superintendent.
10. John Carver will not require a substitute.
11. There is no financial benefit for the coaching staff.
12. The cost to the district is limited to the cost of a typical bus trip to our away games that would be incurred to play the contest anyway. Therefore there is no additional cost to the district.

Additional questions:

1. These are all on file as required under NHIAA and DHS policies and procedures.
2. The coaching staff(s) are the chaperones.
3. 5-1.
4. NHIAA and DHS policies and procedures cover this.

Cooperstown Time Line

**April 24, 2015**

3:30 Depart DHS  
 9:30 Arrive at Hickory Grove (paid by Boosters) (1-607-547-9874)  
 11:00 Lights Out

**April 25, 2015**

10:30 Breakfast at Hotel (paid by Boosters)  
 12:00 Depart for Glimmer Glass State Park-BP  
 12:15 Arrive Glimmer Glass State Park-BP  
 1:15 Depart Glimmer Glass State Park for Doubleday Field  
 2:15 Victory against Noble High School  
 5:30 Depart Doubleday field for Team Dinner  
 6:00 Dinner at NY Pizza Company (1-607-547-2930)  
 7:30 Depart Dinner for Hickory Grove  
 11:00 Lights out

**April 26, 2015**

9:00 Breakfast at Hotel (paid by Boosters)  
 10:30 Depart Hickory Grove for Hall of Fame/Downtown Cooperstown (entrance to HOF paid by Boosters) (1-607-547-0208)  
 12:00 Lunch (paid by athletes)  
 4:00 Depart Cooperstown for DHS  
 10:00 Arrive at DHS

Items student/athlete needs- Uniforms, bat, glove, spikes, batting gloves, mock-neck, t-shirt, shorts, socks, sunglasses, pullover, 1 change of clothes for next day.

Money athlete needs- Money for lunch, snacks, souvenirs. It depends on the person as to how much he wants to spend. DHS/DHS Coaches etc. ARE NOT responsible for lost or stolen items.

Lunch Suggestions:

Souvenirs suggestions

Doubleday Café	(607) 547- 5468	Mickey's Place	(607) 547-5775
Tunnicliff Inn	(607) 547-9611	Cooperstown Bat Company	?
Sals Pizzeria	(607) 547- 5721	Extra Innings	(607) 547-0100
Pepper Mill	(607) 547- 8550	Safe At Home	(607) 547-1317
Nicoletta Italian Café	(607) 547- 7499	Legends are Forever	(607) 547-7165
Cooperstown Diner	(607) 547- 9201	Friends of Doubleday	(607) 293-8022
NY Pizza Company	(607) 547-2930	Hall of Fame Shop	888-425-5635

Coach Carver cell phone-603-834-4261

**Kimberly Lyndes**  
Principal  
k.lyndes@dover.k12.nh.us

**Bruce Patrick**  
Dean of Students-7/8  
b.patrick@dover.k12.nh.us

**Amanda Isabelle**  
Dean of Students-5/6  
a.isabelle@dover.k12.nh.us



**Dover Middle School**  
16 Dalcy Drive, Dover, New Hampshire 03820

Phone: 603-516-7200 • Fax: 603-516-5747  
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School Counselor Grade 5  
b.pazdon@dover.k12.nh.us

**Justin Pagnotta**  
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j.pagnotta@dover.k12.nh.us

**Fran Meffen**  
School Counselor Grade 7  
f.meffen@dover.k12.nh.us

**Mary Calhoun**  
School Counselor Grade 8  
m.calhoun@dover.k12.nh.us

March 5, 2015

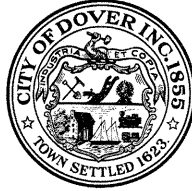
Dear Dover School Board Members,

This letter is being written in support of the final approval of the Dover Middle School- Going Global (2G) group's trip to New York City. Mrs. Meffen has previously submitted all details and information related to the trip. I want to thank you for supporting this opportunity for our students. The experiences and memories will stay with them forever. I want to thank Mrs. Meffen for her efforts in making this trip possible.

Sincerely,

Kimberly R. Lyndes  
Dover Middle School Principal

*Dover School District's Mission:  
Strengthening our Community by Educating Every Child, Every Day!*



**Kimberly Lyndes**  
Principal  
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**Mary Calhoun**  
School Counselor Grade 8  
m.calhoun@dover.k12.nh.us

March 5, 2015

Dr. Elaine Arbour  
Superintendent of Schools  
Dover, NH 03820

Dear Dr. Arbour and Dover School Board Members:

I am writing to request final approval for the Going Global trip to New York City on April 17 – 19. The group will depart from Dover Middle School at 5:30am Friday April 17<sup>th</sup> and will return at approximately 3pm on Sunday April 19<sup>th</sup>. Students and chaperones will be taking a chartered bus to and from Newark NJ where the hotel is located. Public transportation will be used for the trips in and out of New York City.

I have previously submitted the itinerary, budget and eligibility form. The eligibility forms, permission slips and medical forms have all been returned. I have attached the list of all students and chaperones for the trip. The ratio is 1:1.5, chaperones to students. All chaperones will have completed a criminal background check with the Superintendent's Office.

I want to thank the Dover School Board and the Superintendent for your support of this trip.

Yours,

Fran Meffen  
Going Global Advisor  
Dover Middle School

***Dover School District's Mission:***  
*Strengthening our Community by Educating Every Child, Every Day!*

DOVER HIGH SCHOOL  
AND  
REGIONAL CAREER TECHNICAL CENTER



PETER DRISCOLL  
Principal  
[p.driscoll@dover.k12.nh.us](mailto:p.driscoll@dover.k12.nh.us)

25 ALUMNI DRIVE  
DOVER, NEW HAMPSHIRE 03820-4365  
(603) 516-6900 Fax (603) 516-6926  
[www.dover.k12.nh.us/DHS](http://www.dover.k12.nh.us/DHS)

LOUISE PARADIS  
Director of Career Technical Education  
[l.paradis@dover.k12.nh.us](mailto:l.paradis@dover.k12.nh.us)

DAVID BENNETT  
Dean of Students  
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EMILY SHERMAN  
Dean of Instruction  
[e.sherman@dover.k12.nh.us](mailto:e.sherman@dover.k12.nh.us)

KIM STEPHENS  
Dean of Students  
[k.stephens@dover.k12.nh.us](mailto:k.stephens@dover.k12.nh.us)

February 20, 2015

Dear Dover School Board Members,

This letter is being written in support of the final approval of the Art and Music Department's trip to Switzerland and Italy. Enclosed in this packet you will find information related to chaperones and the final itinerary. We appreciate your support of this incredible cultural experience for our students made possible by the efforts of Ms. Kontos as well as Ms. Boulanger and Mrs. DeMatteo.

Sincerely,

A handwritten signature in black ink, appearing to read "Peter Driscoll".

Peter Driscoll  
Dover High School Principal

Dover High School  
Art Department  
February 19, 2015

Dr. Elaine M. Arbour  
Superintendent of Schools  
Dover, NH 03820

Dear Dr. Arbour and Dover School Board Members:

I am writing you to request final approval for the Art and Music Department trip to Europe. We will be visiting two countries this year: Switzerland and Italy. We are excited about visiting such a wide variety of places and have been looking forward to it since you granted us preliminary approval in May of last year. We will leave in the evening on Thursday, April 23<sup>rd</sup> and will return on Saturday, May 2<sup>nd</sup>.

In this packet I have included an itinerary. I have lists of both students and chaperones attending the trip. All chaperones are either employees of the school or have had the proper background check and finger printing done. All chaperones will have copies of student passports and insurance cards. I will also provide the high school with copies of the students' passports, permission slips and emergency contact information. In addition to that I will be contactable by cell phone in case of an emergency. We are traveling with EFTours for the 8<sup>th</sup> time. EF is backed by 50 years of time-tested commitment to safety.

I have done my best to provide you with any information I thought you would need or want. Please contact me if there is anything else you require to grant us final approval. You can call me at work at 516-6965 or at home at 741-1571 or email me at [francine.kontos@dover.k12.nh.us](mailto:francine.kontos@dover.k12.nh.us). I will be present at the school board meeting to answer any further questions you might have.

Sincerely,



Francine Kontos  
Art Teacher  
World Arts Club Advisor  
Dover High School

XFINITY Connect

frantic100@comcast.net  
± Font Size

**Flights!**

**From :** Maggie Lenahan <Maggie.Lenahan@EF.com>

Thu, Feb 12, 2015 03:35 PM

**Subject :** Flights!

1 attachment

**To :** frantic100@comcast.net

Always a pleasure speaking with you, Francine!

Below are the flight details we went over:

**Itinerary A (28 Traveler(s))**

Date	Time	City(Airport)	Flight / Transportation	Additional Flight Info	Flight has stopover(s)	Primary Confirmation Number	Paper/E-Ticket
<b>Depart</b>							
4/23/2015	7:16 PM	Boston	Delta Airlines				
4/24/2015	8:20 AM	Amsterdam	Flight # 124			F95SN5	E
4/24/2015	12:15 PM	Amsterdam	KLM Royal Dutch Airlines				
4/24/2015	1:40 PM	Zurich	Flight # 1959			F95SN5	E
<b>Return</b>							
5/2/2015	6:20 AM	Rome	KLM Royal Dutch Airlines				
5/2/2015	8:50 AM	Amsterdam	Flight # 1596			F95SN5	E
5/2/2015	10:35 AM	Amsterdam	Delta Airlines				
5/2/2015	12:25 PM	Boston	Flight # 125			F95SN5	E

Talk to you soon,  
Maggie

To schedule a time with me, [click here](#)

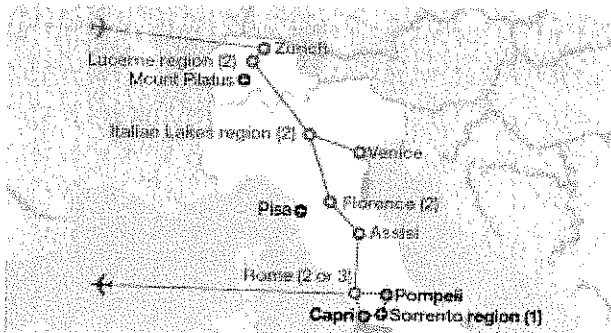
**Maggie Lenahan**  
Tour Consultant, EF Educational Tours

**EF Education First**  
EF Center Boston  
8 Education Street  
Cambridge, MA 02141

Office: 603-369-4904  
[www.ef-tours.com](http://www.ef-tours.com)

Image Name	Size
image001.png	21 KB





### Itinerary

Day 1: Fly overnight to Switzerland  
 Day 2: Zurich • Lucerne  
 Day 3: Lucerne  
 Day 4: Italian Lakes region  
 Day 5: Venice • Italian Lakes region  
 Day 6: Florence  
 Day 7: Florence  
 Day 8: Assisi • Rome  
 Day 9: Rome  
 Day 10: Depart for home

<sup>1</sup> Adult supplement required for travelers age 20 and older at the time of travel. Change and cancellation fees of up to the total price will apply. Applicable airline baggage fees are not included and can be found at <http://eftours.com/baggage>. All prices subject to verification by EF Tour Consultant. To view EF's Booking Conditions, visit <http://eftours.com/bc>.

<sup>2</sup> Program price valid for all who enroll from Wednesday, September 03, 2014 through Tuesday, September 30, 2014.

### Everything included in this EF tour:

Round-trip airfare on major carriers  
 Comfortable motorcoach  
 8 overnight stays in hotels with private bathrooms (10 with extension)  
 European breakfast and dinner daily  
 Full-time Tour Director

4 sightseeing tours led by expert, licensed local guides (6 with extension) • 1 sightseeing tour led by your tour director

Entrances: Lake Como cruise • Doge's Palace • Glass-blowing demonstration • Duomo • Leather-making demonstration • Basilica of St. Francis • Sistine Chapel • St. Peter's Basilica • Colosseum • Roman Forum • With extension: Pompeii Roman Ruins • Capri island cruise

Optional: Mount Pilatus • Swiss Folklore Evening • Pisa

For more information, call EF at 800-665-5364.

<b>DOVER SCHOOL DISTRICT</b>	<b>POLICY CODE: IJOAA</b>
<b>DATE OF ADOPTION: November 14, 2011</b>	<b>PAGE 1 OF 3</b>

## **EXTENDED TRAVEL**

In-state, overnight school funded trips are exempt from this policy. However, they must comply with policy IJOA – Field Trips and Excursions. Clubs and other school-approved organizations that engage in in-state, overnight activities are also exempt from this policy but must also comply with policy IJOA.

Foreign or domestic overnight travel with significant educational value is permitted following approval of the Building Principal, Superintendent, and School Board.

Approval by the School Board shall consist of preliminary approval (permission to plan and to commit funds) and final approval (permission to proceed). Except to determine interest/feasibility, no substantive discussions of foreign travel can be conducted with students until preliminary approval is granted by the School Board. Requests for final approval should be scheduled for the regular School Board meeting approximately one month prior to departure. The School Board may rescind final approval in the event the government issues a travel advisory for any areas on the itinerary or if the safety and well-being of the students may be jeopardized by acts of terrorism or government instability.

Overnight trips shall, to the extent possible, be scheduled during school vacation periods. If the trip extends into the school days, a waiver request must be approved by the superintendent and the School Board.

Costs of such trips must be the responsibility of the participating students and their parent/guardian. The sponsoring organization is required to arrange fundraising opportunities to minimize the financial burden to participants and to ensure availability of financial assistance to those students otherwise qualifying, but for whom the economic strain is too severe.

Requests for preliminary approval submitted to the School Board shall include:

1. Statements of the educational value of the proposed extended travel and the relationship to current program or course offerings.
2. If a travel agency is utilized, evidence of a performance bond or other security for deposits from the agency is required.
3. Inclusive dates of trip.
4. General itinerary.
5. Cost per student.
6. Statement of academic eligibility or other limiting rules of participation established by the trip director.
7. Permission forms to be reviewed with and signed by parents.
8. Statement of source and nature of insurance coverage.
9. Decision and opinion of the Principal and Superintendent.
10. Release from duty of any staff member by the Superintendent.

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11. Financial benefit to trip leader and chaperones must be disclosed (e.g.: plane fare, accommodations, future awards or credits for travel, bonus points, cash or gift awards, etc.)
12. Cost to the District.

Requests for final approval submitted to the School Board shall include:

1. Names and addresses of all students and chaperones. (Note: All chaperones must complete a criminal background check, at District expense, at least one month prior to departure.)
2. The only adults allowed to travel with the students will be those assigned as chaperones.
3. Adult/Student ratio.
4. Confirmation permission forms, student code of conduct contract which will include Standards for Behavior, and telephone contact notification submitted to the principal.

A copy of this policy and release shall be provided to pupils and parents along with materials distributed on extended trips. Pupils and parents are to be advised that baggage may be searched by chaperones or advisors prior to departure and at any time during the trip.

Administrative Guidelines on Alcohol, Drugs, and Body Art – Standards of Behavior:

1. Students will not consume, purchase, or ship to home, alcohol while on a school sanctioned trip
2. Students will not consume, purchase, or ship to home, drugs while on a school sanctioned trip
3. Students will not purchase body art or piercing services while on a school sanctioned trip
4. Adult chaperones on all trips will adhere to the same standards of behavior as defined for student participants

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**PERMISSION/RELEASE STATEMENTS FOR FOREIGN OR EXTENDED TRAVEL**

The undersigned \_\_\_\_\_, hereby grants permission for \_\_\_\_\_ to travel to \_\_\_\_\_ with \_\_\_\_\_ as chaperones, as part of a Dover School District extended travel program. The scheduled departure date is \_\_\_\_\_ and the scheduled return date is \_\_\_\_\_.

1. The undersigned hereby agrees to indemnify and save harmless the Dover School District, its officials and agents, from any act, default, injury (including death), loss, expense, damage, deviation, delay, curtailment, or inconvenience caused to or suffered by any person, or their property, howsoever arising, which may occur or be incurred by any organization or person, even though such act, default, injury, loss, expense, damage, deviation, delay, curtailment, or inconvenience may have been caused or contributed to by the actions, negligence or default of the chaperones and/or the Dover School District, its officials or agents.
2. The parent/guardian and student acknowledge that they and their personal property, to include baggage, are at all times solely at their own risk. The district strongly recommends the students be adequately insured in respect to illness, injury, or death for the duration of the trip and to insure fully against loss, or damage to their property. The chaperones or the Dover School District shall not, in any circumstances whatever, be liable in respect of any personal injury, illness, or death or in respect of any damage to or loss of property even if the same arises from their negligent actions. The undersigned will accept the authority and decisions of the chaperones during the trip.
3. The chaperones are authorized by the signers of this document to arrange for any medical services deemed appropriate for the student named above by medical personnel while on the trip.
4. It is also agreed that the District reserves the right to remove a student from this program for failure to maintain program standards or if it deems his or her acts of conduct detrimental to or incompatible with the interest of the program. If a student's participation is terminated, only the funds not actually used will be returned and he or she will be sent home at the parent(s)/guardian or student's expense.
5. The undersigned represent that they are parents or guardians of the named student and are authorized to execute this agreement.

IN WITNESS WHEREOF, the parties have signed this agreement on the

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

## Student Health Record

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Work Phone# \_\_\_\_\_

Cell phone# \_\_\_\_\_

In Case of Emergency Contact \_\_\_\_\_ Phone# \_\_\_\_\_  
(other than parent/guardian)

Date of Last Physical \_\_\_\_\_

Medical Condition \_\_\_\_\_  
(Diabetic, Asthma, Epilepsy, Allergies, etc.)

List any medication being taken on a daily basis \_\_\_\_\_

Permission to be given Tylenol, Advil, Maalox, Immodium or Midol  
yes \_\_\_\_\_ no \_\_\_\_\_

Please list any other concerns or medical problems that might be a concern to the  
chaperones of this trip \_\_\_\_\_

**Name of Health Insurance Company covering  
student** \_\_\_\_\_

Group number \_\_\_\_\_ ID number \_\_\_\_\_

Address \_\_\_\_\_

**In case of emergency, I hereby give permission for** \_\_\_\_\_ **to authorize medical**  
**treatment while on this school-sponsored trip to**

**Parent/guardian's signature** \_\_\_\_\_ **date** \_\_\_\_\_

*I hereby agree that the above statements of medical history are accurate and true to the  
best of knowledge, and give my consent for my son/daughter go on this trip.*

### Signatures

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Dover High School  
25 Alumni Drive  
Dover, NH 03820

Statement of Agreement

I agree to adhere to the following rules while on the \_\_\_\_\_  
\_\_\_\_\_ trip with the class:

1. To not consume, purchase, bring with or bring home alcohol or illegal substances.
2. To not purchase body art or piercing services.
3. To not purchase or bring home any type of weapon.

I understand that I am accountable to \_\_\_\_\_.

I understand that failure to comply with these rules will result in disciplinary action upon returning to Dover High School.

\_\_\_\_\_  
Student's signature

I have read and discussed this agreement with my son/daughter, and I support these rules and regulations.

\_\_\_\_\_  
Parent/guardian's signature

As a chaperone on this trip, I agree to adhere to the same standards of behavior as defined for student participants.

\_\_\_\_\_  
Chaperone's signature

---

Summary of Policy Changes

3/09/15

<b>Policy Code</b>	<b>Policy Name</b>	<b>Date Last Revised</b>	<b>Summary of Changes</b>
BA	By-Laws of the Dover School Board	2/10/14	Changes in meeting process recommended by City Attorney and NHSBA Attorney
EEAA	Video and Surveillance on School Property	12/9/13	Change in language regarding who is able to review video and how long it will be stored.
IHBH	Extended Learning Opportunities	Doesn't currently exist	Modified NHSBA model policy. Highlighted policies to cross reference to ensure they exist and are correct; have not yet checked them.
IJOAA	Extended Travel	11/14/11	Updates in Language that no longer make it necessary to provide student names and addresses for final approval; added Supt approval form.
IKAA	Interdisciplinary Credit	12/9/13	Updated legal references
IKC	Earning of Credit	9/9/09	NHSBA has this code as Academic Honors, Class Ranking, and Valedictorian and Salutatorian; Changed definition of Mastery in introduction; Updated legal references; Added IHBH policy reference note
IKFA	Certificate of Achievement for Handicapped Students	10/10/05	NHSBA has this as Early Graduation; Changed title; Made some minor language changes; No legal references noted at bottom
IKFB	Credits and Graduation for Fifth Year High School Students	11/9/09	Outdated language removed; other credit information added

<b>Policy Code</b>	<b>Policy Name</b>	<b>Date Last Revised</b>	<b>Summary of Changes</b>
ILBA	Assessment	3/13/06	Changed one item in Purpose section; Updated legal references
JKAA	Physical Restraint Policy	2/14/11	Changes in language based on new laws; still working on procedure (JKAA-R)

<b>DOVER SCHOOL DISTRICT</b>	<b>POLICY CODE: BA</b>
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## **First Reading**

# **BYLAWS OF THE DOVER SCHOOL BOARD CITY OF DOVER, NEW HAMPSHIRE**

## **ARTICLE I: Name**

**Section 1.** The name of the School Board shall be the Dover School Board.

## **ARTICLE II: Members**

**Section 1.** The School Board shall be composed of seven members in accordance with Section C4.2 of the City Charter.

## **ARTICLE III: Officers**

**Section 1.** The officers of the School Board shall be a chairperson, a vice-chairperson, and a secretary. These officers shall perform the duties prescribed by these bylaws and by the parliamentary authority adopted by this School Board.

**Section 2.** Officers shall serve a one-year term. Officers shall be elected in accordance with Section C4-2 of the City Charter.

**Section 3.** These officers shall be elected as prescribed in Article IV, Section C4-3, of the City Charter.

**Section 4.** Any officer may be removed from his/her office by a majority vote of the School Board at any regularly scheduled, monthly, public meeting.

## **ARTICLE IV: Meetings**

**Section 1.** All meetings of the School Board shall be held in the rooms designated by the School Board or the chairperson. The School Board shall meet for organization on the day stipulated by Section C4.3 of the Charter.

**Section 2.** The School Board shall hold its regular monthly meeting on the second Monday of each month. Changes may be made in this schedule due to conflicts with holidays. Regular meetings shall begin at 7 p.m. and end no later than 10 p.m. unless otherwise determined by a two-thirds vote of the members present.

The School Board shall meet on the fourth Monday of each month in workshop session if there is business to be conducted. Workshop sessions shall begin at 6:30 p.m. and end no later than 10 p.m. unless otherwise determined by a two-thirds vote of the members present.

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Nonpublic sessions may be held at the request of the chairperson, or the Superintendent, or by three members of the School Board, through written petition to the chair. **consistent with the provisions of RSA 91-A:3.** The contents of these meetings shall conform to governing state law, RSA 91-A.

**Section 3.** Special **Additional** meetings shall be called by the chairperson at any time or upon written request of three members. Each call for an **special additional** meeting shall distinctly specify the purpose for which the meeting is called. No other than such specific matters shall be considered at such special meetings except for emergency in accordance with RSA 91-A. At least twenty-four hours notice shall be given for such special meetings.

**Section 4.** A majority of the members of the School Board shall constitute a quorum.

**Section 5.** The meetings of the School Board shall be called to order promptly on the hour and then should proceed as follows:

- A. CALL TO ORDER
- B. ROLL CALL
- C. PLEDGE OF ALLEGIANCE
- D. H. **STUDENT REPORT**
- E. D. CITIZEN'S FORUM
- F. E. AGENDA APPROVAL
- G. F. APPROVAL OF MINUTES
- H. G. CONSENT AGENDA
- H. ~~STUDENT REPORT~~
- I. POLICIES-CHANGES-PROPOSALS
- J. POLICY ADOPTION
- K. RESOLUTIONS
- L. OLD BUSINESS
- M. NEW BUSINESS
- N. SUBMISSION AND PAYMENT OF BILLS
- O. SUPERINTENDENT'S REPORT
- P. COMMITTEE REPORTS, INCLUDING LEGISLATIVE UPDATE
- Q.. SCHOOL BOARD MATTERS OF INTEREST
- R. ADJOURNMENT

**Section 6.** The following shall appear on all meeting agendas, except nonpublic meetings.

Citizens, residents of the City of Dover, property owners in the City of Dover, and/or designated representatives of recognized civic organizations or businesses located in the City of Dover and/or residents of sending school districts, are invited to all public meetings and shall be given an opportunity to speak. Time shall be set aside for citizen statements, Citizen's Forum, at all public meetings, unless a vote to the contrary is taken by the School Board.

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Citizens shall identify themselves by name and address for the record; address comments to the presiding officer and the Board as a body and not individual members; and limit comments to five (5) minutes beginning after the obligatory statement of name and address by the citizen.

Citizen's Forum will ensure citizens have the opportunity to speak to all other items on a meeting agenda and/or matters pertaining to the business of the School Board. At workshop meetings **and special sessions**, Citizens' Forum will be restricted to items on the meeting agenda. Statements shall be limited to five minutes unless otherwise extended by the chairperson, with the approval of the School Board.

All citizens are permitted to place items on the agenda through written application to the Superintendent at least one week prior to the meeting date. Citizen items will require a formal motion and a second by seated members to bring the item to the floor for debate.

**Section 7.** All items for the agenda from School Board members shall be submitted in writing to the Superintendent's office before noon on the Tuesday preceding the regular meeting. The chairperson shall determine the order of the agenda for each meeting.

**Section 8.** The School Board shall be ~~composed~~ **comprised** of seven members. Every member present, when a question is put, shall vote for or against the same, unless he or she abstains.

**Section 9.** The ayes and nays upon all questions of appropriations of money shall be called and entered upon the minutes and on all other questions at the request of any member.

**Section 10.** The Dover School Board shall act in accordance with the New Hampshire "Right to Know Law" (RSA 91-A) as amended.

**Section 11.** The following paragraph is to appear on all regular meeting agenda:

All meetings, ~~except nonpublic meetings~~, conducted by the School Board are open to the public., **except for times when the School Board enters non-public session.**

**Section 12.** A notice of the time and place of each meeting shall be posted in two appropriate public places and/or shall be printed in a newspaper of general circulation in Dover, at least twenty-four hours, excluding Sundays and legal holidays, prior to such meetings.

## **ARTICLE V: Workshop Session**

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**Section 1.** The Workshop Session shall be defined as a non-policy making meeting of the entire School Board. Said Workshop Session shall assemble for purposes of discussion on topics to prepare the School Board for understanding and action at a subsequent policy-making meeting.

**Section 2.** The secretary shall see that proper minutes of the proceedings are kept on file in the office of the School Board.

## **ARTICLE VI: Power and Duties of the School Board**

**Section 1.** The Dover School Board shall be the governing body of the Dover School District and derives its authority from State laws and Department of Education Rules.

**Section 2.** **The Dover School Board recognizes its duty to provide, at district expense, elementary and secondary education to all pupils who reside in the district, consistent with the provisions of RSA 189:1-a. the Dover School Board further recognizes its additional powers and duties within the scope of this statute.**

### ***189:1-a Duty to Provide Education***

~~I. It shall be the duty of the school board to provide, at district expense, elementary and secondary education to all pupils who reside in the district until such time as the pupil has acquired a high school diploma or has reached age 21, whichever occurs first; provided, that the board may exclude specific pupils for gross misconduct or for neglect or refusal to conform to the reasonable rules of the school, and further provided that this section shall not apply to pupils who have been exempted from school attendance in accordance with RSA 193:5.~~

~~II. Elected school boards shall be responsible for establishing the structure, accountability, advocacy, and delivery of instruction in each school operated and governed in its district. To accomplish this end, and to support flexibility in implementing diverse educational approaches, school boards shall establish, in each school operated and governed in its district, instructional policies that establish instructional goals based upon available information about the knowledge and skills pupils will need in the future.~~

**Section 3.** The School Board is legally responsible for the establishment of school policies and programs, the determining of the budgetary requirements of the schools, the election of regular employees of the district, and the evaluation of the results obtained. The School Board shall take final action upon recommendation of the Superintendent where the election or assignment of personnel or a change of policy and/or program is involved.

**Section 4.** The secretary shall keep a full and accurate record of attendance and proceedings of all meetings of the School Board and shall have the care and custody of all records, papers, and communications relative to the School Board.

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**Section 5.** The School Board shall have the oversight of the financial condition of the School District and shall cause to have prepared and presented a financial statement each month.

**Section 6.** A payroll summary ledger and/or vendor check register will be issued for signature to the Chairperson or Vice-Chairperson on a weekly basis. The School Board shall be presented a manifest of all general fund expenditures for the preceding month, and this shall be issued to the Board for a majority signature of all members present.

**Section 7.** The School Board shall take action on all matters which pertain to the administration of the schools which calls for the investigation of violations of the regulations of the School Board, complaints made by staff, parents, or pupils, and complaints against staff, provided such complaints cannot be investigated and satisfactorily resolved by the Superintendent of Schools.

**Section 8.** The Board shall serve as the governing body of School Administrative Unit #11; a School District established under the laws of the State of New Hampshire. The Board shall provide all Superintendent services as described in RSA 194-C:4.

#### **ARTICLE VII: Subcommittees**

~~**Section 1.** Subcommittees necessary to the proper functioning of the Dover School Board may be appointed at any regular or special meeting by the chairperson with the consent of a majority of the membership present. Such subcommittees shall report to the full School Board and, when appropriate, to the public, at each regular meeting of the School Board, and a final report shall be submitted to the School Board at the conclusion of a subcommittee's work.~~

**The School Board shall have the following standing subcommittee:**

#### **The Discipline Committee**

~~**Section 2.** Any subcommittee shall be made up of three (3) members of the School Board, who shall be appointed by the Chairperson and approved by the School Board at the first regular meeting of each calendar year. A quorum of the subcommittee shall be a simple majority of its members. A vacancy in a subcommittee shall be filled by the Chairperson for the remainder of the term. Each subcommittee shall elect a chair from its membership. Meetings shall be scheduled by the subcommittee chair as deemed necessary. The chairperson shall serve as ex-officio member of all committees.~~

~~**Section 3:** The School Board may form ad hoc subcommittees on an as needed basis by vote of the School Board. The Discipline Committee shall be the only permanent standing committee of the School Board.~~

~~**Section 4:** The School Board shall affirm from its membership reporting members to the following positions. Each reporting member shall propose all business that requires~~

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~~debate and a vote to the entire Board at the earliest possible meeting date. Committee assignments shall be appointed by the chairperson and approved by the School Board.~~

~~Vocational Trust Liaison  
 City Council Liaison  
 Joint Fiscal Committee  
 Joint Building Committee  
 Legislative Representative with NHSBA  
 Dover Adult Learning Center Liaison  
 Discipline Committee  
 Career Technical Center Advisory Committee Liaison  
 Professional Development Master Plan Committee Liaison  
 Curriculum Planning Committee Liaison  
 Wellness Advisory Committee Liaison  
 Standards Policy Review Committee (Policy IKE)~~

**ARTICLE VIII: LIASIONS Parliamentary Authority**

**Section 1. For the purpose of gathering information on matters of interest to the School Board and reporting back to the School Board, the School Board may designate a member to serve as a liaison to any of the following:**

Dover City Council

Dover Adult Learning Center

New Hampshire School Board Association

Vocational Trust

**Section 2. A liaison shall be appointed by the Chairperson and approved by the Board during any regular meeting.**

**Section 3. The School Board may designate a liaison to any Workgroup established pursuant to Article IX of these Rules.**

**ARTICLE IX: WORKGROUPS Amendment of Bylaws**

**Section 1. The School Board may direct the Superintendent to organize Workgroups comprised of School District Staff on issues of importance to the School Board. The Superintendent shall report to the School Board on the work of such Workgroups as requested by the School Board.**

**ARTICLE ~~X~~ VIII: Parliamentary Authority**

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**Section 1. General rules of parliamentary procedure are used for every Board meeting. Robert's Rules of Order may be used as a guide at any meeting. The order of business shall be reflected on the agenda.** ~~The rules contained in the current edition of Robert's Rules of Order Newly Revised shall govern the School Board in all cases to which they are applicable and in which they are not inconsistent with these bylaws and any special rules of order the School Board may adopt. Each one-year term of the School Board shall constitute a session as defined in Robert's Rules of Order.~~

### **ARTICLE XI IX: Amendment of Bylaws**

**Section 1.** These bylaws can be amended at any regular meeting of the School Board by a two-thirds vote, provided that the amendment has been submitted in writing to the entire membership at the preceding regular meeting. For sixty days following the inauguration these bylaws can be amended at any meeting of the School Board by a majority vote, provided that the amendment has been submitted in writing to the entire membership at the preceding meeting.

### **ARTICLE XII X: Student Representative to Dover School Board**

**Section 1.** The student representative is responsible for presenting current student issues to the School Board. The student representative shall represent his/her constituents in the same manner as a regular School Board official.

**Section 2.** Eligible students must be entering the tenth, eleventh, or twelfth grade; they will be required to fill an application which will be reviewed by the student council advisors and administrative staff. Finalists will be selected and will be allowed to run in a general election concurrent with the class elections. The student body as a whole will be responsible in voting the student representative. The term of the elected student representative shall run from the meeting following the student council election.

**Section 3.** The student representative shall be a non-voting member of the School Board. RSA 189:1,C.

Amended:    March 12, 2001  
                   May 14, 2001  
                   January 7, 2002  
                   January 13, 2003  
                   February 2, 2004  
                   February 14, 2005  
                   January 3, 2006  
                   January 8, 2007  
                   January 7, 2008  
                   January 12, 2009  
                   March 8, 2010  
                   February 13, 2012  
                   February 10, 2014

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## FIRST READING

### EXTENDED LEARNING OPPORTUNITIES

#### Purpose

The Board encourages students to pursue extended learning opportunities (ELO) as a means of acquiring knowledge and skills through instruction or study that is outside the traditional classroom methodology. Extended learning opportunities may include, but are not limited to, independent study, private instruction, performing groups, internships, community service, apprenticeships, online courses/distance education, or other opportunities approved by the Superintendent or his/her designee, in conjunction with Board policies.

The purpose of extended learning opportunities is to provide educational experiences that are meaningful and relevant, and that provide students with opportunities to explore and achieve at high levels. In order to maximize student achievement and meet diverse pathways for learning, this policy permits students to employ extended learning opportunities that are stimulating and intellectually challenging, and that enable students to fulfill or exceed the expectations set forth by State minimum standards and applicable Board policies.

Extended learning opportunities may be taken for credit or may be taken to supplement regular academic courses. Extended learning opportunities may also be used to fulfill prerequisite requirements for advanced classes. If the extended learning opportunity is taken for credit, the provisions of *Policy IMBC, Alternative Credit Options*, will apply. The granting of credit shall be based on a student's mastery of course competencies, as defined by *Policies ILBA, Assessment of Educational Programs* and *ILBAA, High School Competency Assessments*. Highly Qualified Teachers must authorize the granting of credit for learning accomplished through extended learning opportunities.

#### Roles and Responsibilities

All programs of study must meet or exceed the proficiencies and skills identified by the New Hampshire State Board of Education, applicable rules and regulations of the Department of Education, and all applicable Board policies. All programs of study proposed through this program shall have specific instructional objectives aligned with the State minimum standards and District curriculum standards. All extended learning opportunities will comply with applicable laws and regulations, including child labor laws and regulations governing occupational safety.

Students wishing to pursue programs of study under these guidelines must first present their proposal to the school's ELO coordinator(s) for approval. The name and contact information for the school's ELO coordinator(s) will be found in the Student/Parent Handbook or by contacting the Principal's office or the Guidance Department. The designated ELO coordinator will assist students in preparing the application form and other necessary paperwork.

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The Principal will have primary responsibility and authority for ensuring the implementation of extended learning opportunities and all aspects of such programs. The Principal will determine who will be responsible for approving student eligibility and such approval will include a consideration of the overall benefits, costs, advantages and disadvantages to both the student and the district.

The Principal will review and determine credits that will be awarded for extended learning opportunities toward the attainment of a high school diploma. Parents/guardians and/or students may appeal decisions rendered by the Principal within the provisions below (see Appeal Process).

Students approved for an extended learning opportunity must have parental/guardian permission to participate in such a program. Such permission will be granted through a Memorandum of Understanding for Educational Services signed by the parent/legal guardian and returned to the district before beginning the program.

All extended learning opportunities shall be the financial responsibility of the student or his/her parent/legal guardian. Students electing independent study, college coursework, internships, or other extended learning opportunities that are held off the high school campus will be responsible for providing their own transportation to and from the off-campus site.

Students who have a financial or transportation need that would prevent such participation may request school assistance through their school Guidance Counselor. Such requests may be granted if district resources are available and at the discretion of the Superintendent. The Principal or Guidance Counselor will assist students in seeking alternative means of financial or transportation assistance if so needed.

Students approved for off-campus extended learning opportunities are responsible for their personal safety and well-being. Extended learning opportunities at off-campus sites will require a signed agreement among the school, the student, and a designated agent of the third-party host. The agreement should specify the roles and responsibilities of each party.

#### Application Process

1. The application is to be completed by the student/parent/guardian seeking approval for the extended learning opportunity.
2. The application should be completed and submitted at least thirty (30) days prior to the beginning of the proposed program. However, the Board recognizes that short-term notice opportunities may present themselves to students from time to time. As such, the Principal may grant waivers to the thirty (30) day submission requirement at his/her discretion, provided all other application criteria are satisfied. Such waivers will be granted on a

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case-by-case basis. All required information must be attached to the application and submitted to the student's Guidance Counselor.

3. The application will be reviewed by appropriate School District staff and administration and a decision will be made within ten (10) days of receipt of the application. The student will be notified in writing of the status of the application. If additional information is requested, the information must be submitted within one week of receipt of the request.
4. It is the student's responsibility to maintain academic standing and enrollment in the approved program. Any failure to complete an approved program may jeopardize the student's ability to earn credit for the course. The student and parent/guardian recognize that in the event the student withdraws from an approved program, the District cannot guarantee placement in an equivalent District-offered course.
5. The District reserves the right to determine the number of credits to be awarded. Any credits earned will be calculated towards the overall Grade Point Average. The course name and actual grade earned will be noted on the student's official transcript.

#### Evaluation Criteria

The Principal or his/her designee will evaluate all applications. At a minimum, all applications must meet the following criteria:

- Provides for administration and supervision of the program
- Provides that certified school personnel oversee and monitor the program
- Requires that each extended learning opportunity meets rigorous standards, including the minimum standards established by the State Board of Education and all other applicable District standards

#### Appeal Process

A student whose application has been denied may request a meeting with the Principal. The Principal will provide the student with rationale as to why the proposal was denied. Students may resubmit alternate proposals for consideration if such proposals are made within the timelines established by this policy. If the Principal rejects the resubmitted proposal, the student may appeal to the Superintendent. All decisions made by the Superintendent shall be final.

#### Program Integrity

In order to ensure the integrity of the learning experience approved under this program, the student will be required periodically or upon demand to provide evidence of progress and attendance. The Principal will be responsible for certifying course completion and the award of credits consistent with the District's policies on graduation.

If a student is unable to complete the extended learning opportunity for valid reasons, the Principal or Principal's designee will evaluate the experience completed to date and make a determination for the award of partial credit or recommend an alternative experience.

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If a student ceases to attend or is unable to complete the extended learning opportunity for insufficient reason (lack of effort, failure to follow through, indecision, etc.), the Principal may determine that the student's transcript be adjusted to reflect the experience as a failure.

In order to certify completion of co-curricular programs and activities based upon specific instructional objectives aligned to the standards, the school will develop appropriate mechanisms to document student progress and program completion on student personnel records.

Students transferring from other schools who request acceptance of course credits awarded through similar extended learning opportunity programs shall have their transcripts evaluated by the Guidance Counselor and Principal.

It shall be incumbent upon the students or his/her parent/legal guardian to request that copies of the student's official transcript be sent from the former school.

**Legal References:**

**NH Code of Administrative Rules, Section Ed 306.04(a)(13), Extended Learning Opportunities**

**NH Code of Administrative Rules, Section Ed 306.26(f), Extended Learning Opportunities – Middle School**

**NH Code of Administrative Rules, Section Ed 306.27(b)(4), Extended Learning Opportunities – High School**

**Appendix IHBH-R**

**Category R**

**See also IHBI, IKF, IMBA, and IMBC**

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<b>DOVER SCHOOL DISTRICT</b>	<b>POLICY CODE: IJOAA</b>
<b>DATE OF ADOPTION: November 14, 2011</b>	<b>PAGE 1 OF 3</b>

## FIRST READING

### EXTENDED TRAVEL

~~In-state, overnight school funded trips are exempt from this policy. However, they must comply with policy IJOA – Field Trips and Excursions. Clubs and other school-approved organizations that engage in in-state, overnight activities are also exempt from this policy but must also comply with policy IJOA.~~ **School funded overnight trips as well as clubs and other school approved organizations that engage in overnight, in-state activities are exempt from this policy but must comply with policy IJOA.**

Foreign or domestic overnight travel with significant educational value is permitted following approval of the Building Principal, Superintendent, and School Board.

Approval by the School Board shall consist of preliminary approval (permission to plan and to commit funds) and final approval (permission to proceed). Except to determine interest/feasibility, no substantive discussions of foreign travel can be conducted with students until preliminary approval is granted by the School Board. Requests for final approval should be scheduled for the regular School Board meeting approximately one month prior to departure. The School Board may rescind final approval in the event the government issues a travel advisory for any areas on the itinerary or if the safety and well-being of the students may be jeopardized by acts of terrorism or government instability.

Overnight trips shall, to the extent possible, be scheduled during school vacation periods. If the trip extends into the school days, a waiver request must be approved by the superintendent and the School Board.

Costs of such trips ~~must~~ ***shall*** be the responsibility of the participating students and their parent/guardian. The sponsoring organization is required to arrange fundraising opportunities to minimize the financial burden to participants and to ensure availability of financial assistance to those students otherwise qualifying, but for whom the economic strain is too severe.

Requests for preliminary approval submitted to the School Board shall include:

1. Statements of the educational value of the proposed extended travel and the relationship to current program or course offerings.
2. If a travel agency is utilized, evidence of a performance bond or other security for deposits from the agency is required.
3. Inclusive dates of trip.
4. General itinerary.
5. Cost per student.
6. Statement of academic eligibility or other limiting rules of participation established by the trip director.

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7. Permission forms to be reviewed with and signed by parents.
8. Statement of source and nature of insurance coverage.
9. Decision and opinion of the Principal and Superintendent.
10. Release from duty of any staff member by the Superintendent.
11. Financial benefit to trip leader and chaperones must be disclosed (e.g.: plane fare, accommodations, future awards or credits for travel, bonus points, cash or gift awards, etc.)
12. Cost to the District.

Requests for final approval submitted to the School Board shall include:

- ~~1. Names and addresses of all students and chaperones. (Note: All chaperones must complete a criminal background check, at District expense, at least one month prior to departure.)~~
- ~~2. The only adults allowed to travel with the students will be those assigned as chaperones.~~
- ~~3. 1. Adult/Student ratio.~~
- ~~4. 2. Confirmation permission forms, student code of conduct contract which will include Standards for Behavior, and telephone contact notification submitted to the principal.~~

**Additionally, a list of all students and chaperones will be submitted to the school and superintendent's office. All chaperones must complete a criminal background check at least one month prior to departure. Only adults assigned as chaperones are permitted to travel with the students.**

A copy of this policy and release shall be provided to pupils students and parents along with materials distributed on extended trips. Pupils Students and parents are to be advised that baggage may be searched by chaperones or advisors prior to departure and at any time during the trip.

Administrative Guidelines on Alcohol, Drugs, and Body Art – Standards of Behavior:

1. Students will not consume, purchase, or ship to home, alcohol while on a school sanctioned trip
2. Students will not consume, purchase, or ship to home, drugs while on a school sanctioned trip
3. Students will not purchase body art or piercing services while on a school sanctioned trip
4. Adult chaperones on all trips will adhere to the same standards of behavior as defined for student participants

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<b>DATE OF ADOPTION: November 14, 2011</b>	<b>PAGE 3 OF 3</b>

**PERMISSION/RELEASE STATEMENTS FOR FOREIGN OR EXTENDED TRAVEL**

The undersigned \_\_\_\_\_,  
 hereby grants permission for \_\_\_\_\_ to travel to  
 \_\_\_\_\_ with \_\_\_\_\_ as chaperones, as part  
 of a Dover School District extended travel program. The scheduled departure date is  
 \_\_\_\_\_ and the scheduled return date is \_\_\_\_\_.

1. The undersigned hereby agrees to indemnify and save harmless the Dover School District, its officials and agents, from any act, default, injury (including death), loss, expense, damage, deviation, delay, curtailment, or inconvenience caused to or suffered by any person, or their property, howsoever arising, which may occur or be incurred by any organization or person, even though such act, default, injury, loss, expense, damage, deviation, delay, curtailment, or inconvenience may have been caused or contributed to by the actions, negligence or default of the chaperones and/or the Dover School District, its officials or agents.
2. The parent/guardian and student acknowledge that they and their personal property, to include baggage, are at all times solely at their own risk. The district strongly recommends the students be adequately insured in respect to illness, injury, or death for the duration of the trip and to insure fully against loss, or damage to their property. The chaperones or the Dover School District shall not, in any circumstances whatever, be liable in respect of any personal injury, illness, or death or in respect of any damage to or loss of property even if the same arises from their negligent actions. The undersigned will accept the authority and decisions of the chaperones during the trip.
3. The chaperones are authorized by the signers of this document to arrange for any medical services deemed appropriate for the student named above by medical personnel while on the trip.
4. It is also agreed that the District reserves the right to remove a student from this program for failure to maintain program standards or if it deems his or her acts of conduct detrimental to or incompatible with the interest of the program. If a student's participation is terminated, only the funds not actually used will be returned and he or she will be sent home at the parent(s)/guardian or student's expense.
5. The undersigned represent that they are parents or guardians of the named student and are authorized to execute this agreement.

IN WITNESS WHEREOF, the parties have signed this agreement on the

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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Parent/Guardian Signature

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Parent/Guardian Signature

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Student Signature

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<b>DATE OF ADOPTION: NOVEMBER 9, 2009</b>	<b>PAGE 1 OF 1</b>

## FIRST READING

### EARNING OF CREDIT

Students can earn course credit by demonstrating mastery of the required coursework and material. Mastery is defined as **a high level of demonstrated proficiency with regard to a competency**; ~~sufficient evidence of attainment of the required content, concepts, and skills of a particular course.~~ Student assessment of mastery is the responsibility of the building principal.

Credit will be awarded upon satisfactory demonstration and mastery of the required course competencies. Additionally, credit may also be awarded if a student is able to demonstrate learning experience in compliance with the district-specified curriculum and assessment standards **through alternative means**.

#### **Policy References:**

**See also IHBH (Extended Learning Opportunities)**

#### **Legal References:**

~~NH Code of Administrative Rules, Section Ed 306.04(a)(14), Earning of Credit  
NH Code of Administrative Rules, Section Ed 306.14(f), Awarding of Credit  
NH Code of Administrative Rules, Section Ed 306.27(d), Mastery of Required Competencies~~

New Policy: May 2008

**Ed 306.02(e), Credit**

**Ed 306.04(a)(15), How Credit Can Be Earned**

**Ed 306.04(a)(16), How A Credit Used To Track Achievement Of Graduation Competencies**

## FIRST READING

### HIGH SCHOOL CERTIFICATE OF ACHIEVEMENT FOR HANDICAPPED STUDENTS WITH SPECIAL NEEDS

In lieu of a standard high school diploma, a certificate of achievement may be granted to a student when:

1. The student is an identified as a handicapped student with special needs
2. The student has spent at least four years in full-time programming at a high school, grades 9 through 12
3. The granting of a certificate of achievement is recommended by the student's individual education plan team and the Dover High School Student Evaluation/Placement Team.

The student will participate in commencement activities and will be included in all listings of participants.

The certificate presented to the student will resemble a standard diploma.

When a student has been granted a certificate of achievement, the student's transcript will include the following statement:

A certificate of achievement was granted upon completion of individual goals and objectives established as part of an individual education plan through the Special Education programs of the Dover School System and is not a standard diploma based upon completion of state and local requirements.

The certificate of achievement is for students who have spent a majority of their high school programming in noncredit-granting courses and, therefore, are unable to attain sufficient credits for a standard diploma.

All educationally handicapped disabled students have equal opportunity to complete a course of studies leading to a high school diploma.

Dover High School individual education plans will state whether or not the student is enrolled in ~~credit~~ courses for credit.

The granting of a certificate of achievement and participation in commencement activities does not negate these students' right to services as prescribed in an individual education plan to the age of twenty-one (21), including postgraduate instruction training at Dover High School.

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<b>DATE OF ADOPTION: OCTOBER 10, 2005</b>	<b>PAGE 2 OF 1</b>

<b>DOVER SCHOOL DISTRICT</b>	<b>POLICY CODE: IKFB</b>
<b>DATE OF ADOPTION: NOVEMBER 9, 2009</b>	<b>PAGE 1 OF 1</b>

## FIRST READING

### CREDITS AND GRADUATION FOR FIFTH YEAR HIGH SCHOOL STUDENTS

The Dover School District has as one of its priorities to assist all students at its high school by affording them every opportunity to graduate. Each year there are some students who cannot successfully earn the required credits to graduate within the four-year structure of the high school schedule.

At the discretion of the principal, students earning less than the required credits within four years may continue to be enrolled only as full-time students at the high school.

Exceptions to the full-time requirement may be made by the principal if a student meets all the conditions for a part-time fifth-year program.

#### **OPTION ONE: PART-TIME STUDENT IN-HOUSE**

To enter the program within the high school a fifth-year part-time student shall meet or have met all of the following criteria:

- Completed four years of study
- Earned at least ~~seventeen credits (2009-2010)~~ ~~19 credits (2010-2011)~~ ~~21 credits (2011-2012)~~ ~~23 credits (2012-2013)~~
- **Earned at least 18 credits if the student has been approved for a Basic Diploma.**
- Possess a behavior/academic record that shows promise that the student shall be able to complete graduation requirements in one year.
- Agree to enter the building during the school day for classes that he/she is enrolled in and depart when his/her assigned class work is complete.

#### **OPTION TWO: DOVER ADULT LEARNING CENTER**

To enter the fifth-year program with Dover High School collaborating with the Dover Adult Learning Center, a student shall meet or have met the following criteria:

- Completed four years of study
- Earned at least seventeen **(17)** credits
- Possess a behavior/academic record that shows promise that he/she shall be able to complete graduation requirements in one year
- Choose courses at Dover Adult Learning Center that are accepted by Dover High School for equivalent credits

## FIRST READING

### ASSESSMENT

It is the policy of the Board that the Superintendent will develop and manage an assessment program that provides an ongoing evaluation of the effectiveness of the curriculum on improving student performance.

The program must adhere to the processes for selection, administration, and interpretation of assessment instruments specified below. This program will include both local and statewide assessment tools.

The program must be aligned with the goals of the district and be designed to assess each student's progress toward meeting the defined curriculum objectives.

Test results will be analyzed and used with other data for the following purposes:

- To identify individual student strengths and weaknesses in skill development
- To diagnose strengths and weaknesses of groups
- To individualize instruction
- To report progress to parents
- To select curriculum materials
- To set the pace of instruction
- To select methods of instruction
- To counsel students
- To help determine revisions needed in the curriculum
- **To identify areas for professional development**

#### Selection

The selection process will include the professional and administrative staff in its efforts to investigate new assessment tools and evaluate existing ones.

Assessment instruments selected will provide an authentic assessment of student learning outcomes through multiple formative and summative assessment instruments including, but not limited to, teacher observation of ~~object-based~~ learning, including ~~off-site~~ learning projects; competency-based assessments; national and state accountability assessments; and teacher-designed quizzes and tests. Additional instruments may include written examinations, oral examinations, alternative questions, demonstrations, writing exercises, individual projects, group projects, performances, **and** student portfolios, ~~and samples of student's best works.~~

#### Administration

The assessment program will include a schedule for administration to students, distributed to staff and the Board, before the start of each school year.

Each building principal will provide assurance that test procedures are followed at the school level including the distribution and collection of test materials, test security, use of test results, and testing dates, as well as other pertinent requirements.

**A** readiness assessment shall be administered to all children entering kindergarten or first grade.

Handicapped Students **with special needs** must be provided the opportunity to participate in all student assessments. Any modifications in administration should be made and documented during the Individualized Education Program (IEP) review.

#### Interpretation

The Superintendent or designee will ensure that data from the student assessment program is compiled, analyzed, summarized, and reported to the Board annually. The Superintendent or designee is responsible for **maintaining confidentiality of** the scores of individual students, and they shall be made available only to appropriate personnel within the school in which the student is enrolled and to parent(s) or legal guardian(s) of each student as provided by law. Interpretation of test results shall be made available to parents and students.

The Board will provide funding for the student assessment program, including professional development for teachers in the use of tools to understand assessment results, to adjust instruction to meet personalized needs of students, and to monitor progress.

The Superintendent will provide an ongoing evaluation of the assessment program, and will provide regular reports to the Board showing the effectiveness of the curriculum on improving student performance.

#### Statutory/Regulatory/Policy Cross References

RSA 193-C, Statewide Education Improvement and Assessment Program  
~~NH Code of Administrative Rules, Section Ed. 306.24(b)(1), Local Assessment~~  
~~NH Code of Administrative Rules, Section Ed. 306.24(c)(4), Evaluation of Curriculum~~

**Ed 306.24, Assessment**

DOVER SCHOOL DISTRICT	POLICY CODE: EEAA
DATE OF ADOPTION: <del>DECEMBER 9, 2013</del>	PAGE 1 of 1

**First Reading-Recommended for Approval**  
**VIDEO AND AUDIO SURVEILLANCE ON SCHOOL PROPERTY**

The Board authorizes the use of video and/or audio surveillance on District property to ensure the health, welfare, and safety of all staff, students, and visitors to District property and to safeguard District buildings, grounds, and equipment. The Superintendent will approve appropriate locations for surveillance devices.

Backup devices will be installed and removed on a rotating basis by District personnel appointed by the Superintendent. The devices may be ~~reviewed~~ **used** by the District for personnel ~~for~~ **or** disciplinary purposes. If disciplinary action is taken as a result of video/audio device, the parent/guardian or staff member may request, in writing within 5 days, to review the device with the appropriate school personnel. **In the case of student discipline, such a request will only be granted under circumstances where the parents/guardians of all students depicted have consented to the review. In the alternative, the parents/guardians of the student subject to discipline may review a redacted copy if they are willing to pay the cost associated with obscuring the identities of any other student depicted. For the purposes of this policy, the term “depicted” shall mean a view of the facial features of a student or the display of any other information that would be easily traceable to the identity of a student.**

In the event the backup device from a video or audio surveillance device contains evidence of wrongdoing, be it a crime or violation of school conduct policies that could result in discipline, the actual, original device will be pulled from service and ~~not re-used for a period of not less than 3 years following the incident in question.~~ **the relevant information shall be secured prior to the device being put back into operation.** Should the device be confiscated by prosecutorial authorities as evidence in a crime, the District will take all steps possible to arrange for a certified copy to be retained by the District.

The Superintendent will notify staff, students, and parents through handbooks or by other means that video and/or audio surveillance may occur on District property. A notice will also be posted at the main entrance of all school district buildings and on all buses indicating the use of video and/or audio surveillance.

The District may choose to make surveillance recordings part of a student’s educational record or a staff member’s personnel record subject to the language of the Board approved employment contract. The District will comply with all applicable state and federal laws related to record maintenance and retention.

***Legal References***

- 
- 20 U.S.C. 1232g, Family Educational Rights and Privacy Act*
  - RSA 189:6, Transportation of Pupils*
  - RSA 189:8, Limitations and Additions*
  - RSA 189:9, Pupils in Private Schools*
  - RSA 189:9-a, Pupils Prohibited for Disciplinary Reasons*
  - RSA 200:40, Emergency Care*
- Also see Dover School District Policies EEA, EEAE, EEAE, and EEAE Addendum 1*

<b>DOVER SCHOOL DISTRICT</b>	<b>POLICY CODE: IKA</b>
<b>DATE OF ADOPTION: DECEMBER 9, 2013</b>	<b>PAGE 1 OF 1</b>

## **FIRST READING RECOMMENDED FOR APPROVAL**

### **INTERDISCIPLINARY CREDIT**

High school students may earn course credit in one content area required for graduation, and apply said credit in a different content area through the awarding of interdisciplinary credit. Interdisciplinary credit may be counted only once in meeting graduation requirements.

The high school Principal is charged with approving courses for interdisciplinary credit if: (1) the course has been adopted by a faculty team/committee; and (2) the course addresses the objectives for the subject area in which the credit is to be counted.

#### **Legal References:**

~~*NH Code of Administrative Rules, Section Ed 306.04(a)(14), Earning of Credit*~~

~~*NH Code of Administrative Rules, Section Ed 306.14(f), Awarding of Credit*~~

~~*NH Code of Administrative Rules, Section Ed 306.27(d), Mastery of Required Competencies*~~

~~*NH Code of Administrative Rules, Section Ed 306.27(p), Counting Credits*~~  
*Ed 306.27(aa), Interdisciplinary Credit*

<b>DOVER SCHOOL DISTRICT</b>	<b>POLICY CODE: JKAA</b>
<b>DATE OF ADOPTION: 2/14/2011</b>	

## THIRD READING

### PHYSICAL RESTRAINT POLICY

In accordance with RSA 126-U the Dover School District shall follow this policy for the use of physical restraint.

The Dover School District **hereby** authorizes **school** staff members **or those under the control or direction of a school (e.g., contractors)** to use physical restraints ~~in limited situations and only as a last resort to prevent harm~~ **to ensure the immediate physical safety of persons when there is a substantial and imminent risk of serious bodily harm to the child or others, and then only when other interventions have failed or have been deemed inappropriate, and in a manner consistent with state law and regulations.**

**The Superintendent of Schools shall develop procedures for the use of child restraint and seclusion.**

Physical restraint **or seclusion** may ~~only~~ **shall only** be used ~~only under the following conditions:~~ **by trained personnel and only after other approaches to the control of behavior have been attempted and been unsuccessful or are reasonably believed to be unlikely to succeed based on the student's past history, and in compliance with** the requirements of Ed 1113.06 Use of Aversive Behavioral Interventions of the New Hampshire Rules for the Education of Children with Disabilities. **School staff shall not use restraint or seclusion except when a child's behavior poses a substantial and imminent risk of physical harm.**

- ~~1. Staff is trained in de-escalation and physical management; Non-Violent Crisis Intervention, through the Crisis Prevention Institute (CPI®), is the current training program adopted by Dover School District.~~
- ~~2. Physical action of a student creates a substantial risk of harm to self or others;~~
- ~~3. Other positive interventions have failed, or the level of immediate risk prohibits exhausting other means.~~

The following scenarios are NOT considered a restraint for the purposes of this document:

1. **A brief** holding **or touching** a child to calm, ~~or~~ comfort, **encourage, or guide a child, so long as there is no limitation on the child's freedom of movement,** or intervening in an ongoing assault or fight;
2. **The temporary** holding ~~of the~~ a child's hand, **wrist, arm, shoulder, or back,** ~~or arm to~~ escort the child safely from one area to another **for the purpose of inducing a child to stand, if necessary, and then walk to a safe location, so long as the child is in an upright position and moving toward a safe location;** ~~Brief periods of physical restriction by person to person contact without the aid of medication or mechanical restraints, accomplished with minimal force and designed either to prevent a child from completing an act that potentially would result in physical harm to himself or herself or to~~

<b>DOVER SCHOOL DISTRICT</b>	<b>POLICY CODE: Jkaa</b>
<b>DATE OF ADOPTION: 2/14/2011</b>	

~~another person, or to remove a disruptive child who is unwilling to leave an area voluntarily;~~

3. Physical devices, **such as orthopedically prescribed appliances, surgical dressings and bandages and supportive body bands,** or other physical holding when necessary for routine physical examinations **medical treatment purposes,** or when used to provide support for the achievement of functional body position or proper balance or to protect a person from falling, or to permit a child to participate in activities without the risk of physical harm;
4. The use of seat belts, safety belts, or similar passenger restraints during transportation of a child in a motor vehicle.
5. The use of force by a person to defend himself or herself or a third person from what the actor reasonably believes to be the imminent use of unlawful force by a child, when the actor uses a degree of such force which he or she reasonably believes to be necessary for such purpose **and the actor does not immobilize a child or restrict the freedom of movement of the torso, head, arms, or legs of any child.**

~~Physical restraint is appropriate only when a student is displaying physical behavior that presents substantial risk to the student or others, and considered when, in the opinion of the supervising adult, the threat is imminent. Persons implementing a restraint will use extreme caution and the least amount of physical strength necessary to protect the student. The use of physical intervention should not exceed that necessary to avoid injury. The degree of physical restriction employed *must* be in proportion to the circumstances of the incident and the potential consequences.~~

**Seclusion shall not include:**

1. **The voluntary separation of a child from a stressful environment for the purpose of allowing the child to regain self-control, when such separation is to an area which a child is able to leave.**
2. **Circumstances in which there is no physical barrier between the child and any other person or the child is physically able to leave the place.**

**In the event of a physical restraint, seclusion, or intentional physical contact with students who are actively combative, assaultive, or self-injurious, school officials shall comply with all state-mandated notification and record keeping requirements.**

~~*A physical restraint of a student should be conducted in a manner consistent with the techniques prescribed in the District approved training program. The purpose of the restraint should be to assist the student to regain emotional and behavioral stability. It should last only as long as is necessary to accomplish this. To the extent possible, it should be conducted in such a way as to preserve the confidentiality and dignity of all involved.*~~

~~*Restraint should be carried out by trained persons authorized by the Superintendent, Special Education Administrator, Principal, Director or his/her designee. Untrained staff is limited to*~~

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<b>DATE OF ADOPTION: 2/14/2011</b>	

*physically intervening by using the minimal amount of physical contact with the student to protect the student and ensure the safety of others until trained staff is available. Untrained staff should request assistance from trained staff as soon as possible.*

School staff shall not use or threaten to use **physical** restraint **or seclusion** as a punishment or consequence **except to ensure the immediate physical safety of person when there is a substantial and imminent risk of serious bodily harm to the child or others, or except as permitted for transporting students.**

### **Prohibition of Dangerous Restraint Techniques**

**The School Board recognizes and hereby prohibits the use of “dangerous restraint techniques” as defined in RSA 126-U:4.**

All employees shall follow the procedures as outlined in the document titled: “Procedures for Use of Restraint in the Dover School District”.

### **Definitions**

**For purpose of this policy and any accompanying procedures, the following definitions apply:**

1. Physical restraint occurs whenever a staff member physically restricts **manual method is used to** restricts a child’s **freedom of** movement **or normal access to his/her body** against his/her will. Physical restraint is a temporary measure to be used only when necessary to facilitate care, welfare, safety, and security for all.
2. Mechanical Restraint: **occurs** when a physical device or devices are used to restrict the movement of a child **and/or** the movement or normal function of a portion of his/her body. Prohibited as per RSA 126-U:6.
3. Medication Restraint: **occurs** when a child is given medication involuntarily for the purpose of immediate control of the child’s behavior. Prohibited as per RSA 126-U:6.
4. **Serious bodily injury is harm to the body that would require hospitalization or would result in the fracture of any bone, non-superficial lacerations, injury to any internal organ, second- or third-degree burns, or any severe, permanent, or protracted loss of or impairment to the health or function of any part of the body.**
5. **Intentional physical contact is in response to a child’s aggressive, combative, assaultive, or injurious behavior but does not meet the threshold of a restraint (e.g., blocking of a blow or forcible release from a grasp).**
6. **Dangerous Restraint Technique is any technique that:**
  - a. **Obstructs a child’s respiratory airway or impairs the child’s breathing or respiratory capacity or restricts the movement required for normal breathing;**

<b>DOVER SCHOOL DISTRICT</b>	<b>POLICY CODE: JKAA</b>
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- b. Places pressure or weight on, or causes the compression of, the chest, lungs, sternum, diaphragm, back or abdomen of a child;
  - c. Obstructs the circulation of blood;
  - d. Involves pushing on or into the child’s mouth, nose, eyes, or any part of the face or involves covering the face, or body with anything, including soft objects such as pillows, blankets, or wash clothes, or
    - (1) Endangers a child’s life or significantly exacerbates a child’s medical condition.
    - (2) Intentional infliction of pain, including the use of pain inducement to obtain compliance.
    - (3) The intentional release of noxious, toxic, caustic, or otherwise unpleasant substances near the child for the purpose of controlling or modifying the behavior of or punishing the child.
    - (4) Any technique that subjects the child to ridicule, humiliation, or emotional trauma.
7. Trained Staff are those individuals who successfully complete and stay current in a training program that results in acquisition of skills in verbal de-escalation, preventing restraints, evaluating risk of harm in an individual situation, use of approved techniques and monitoring the effect of the restraint.
8. District/facility shall mean the Dover School District.
9. Parent shall mean the student’s parent, legal guardian, surrogate parent or student over the age of 18.
10. Seclusion means the involuntary placement of a child alone in a place where no other person is present and from which the particular child is unable to exit, either due to physical manipulation by a person, lock, or other mechanical device or barrier.

Legal Reference: RSA 126-U:1 to 13 (2014).

Cross Reference: JKAA-R – Procedures on Use of Child Restraint and Seclusion

## Resolution of Recognition

**WHEREAS** the Dover High School Girls Swim Team, a group of twenty-eight student-athletes and two coaches joined together in November with high aspirations, and

**WHEREAS** the Dover High School Girls Swim Team, on Saturday, February 21, 2015 was crowned NHIAA State Champions at the University of New Hampshire's Swazey Pool, and

**WHEREAS** the Dover High School Girls Swim Team was made up of the following student-athletes; Abigail Lent, Julia DeGregorio, Emily Schlapak, Caroline Schoenbacher, Haley Markos, Mallory Long, Abigail White, Sarah Wydra, Mackenzie Rittenhouse, Alyssa Nicolella, Cassy Carper, Natasha Kurniawan, Yehezkie, Tandidjaja, Jessica Holderbaum, Madison Lapierre, Erin Nash, Kathryn Edwards, Tara Vance, Jordyn Longval-Knudson, Iris Clemons, Colleen Mahoney, Logan Katz, Megan Galarneau, Alirose Beauregard, Molly Kephart, Meghan Wotton, Olivia Rose and Morgan Smith, and

**WHEREAS** the Dover High School Girls Swim Team finished first in the 200 Medley Relay with a Division 1 state record time, (relay members - Sarah Wydra, Jordyn Longval-Knudson, Julia Degregorio, Haley Markos), first - Julia Degregorio 100 breast-stroke and second place in the 100 fly, first place-Sarah Wydra 100 back-stroke, second -Haley Markos 50 freestyle, third Colleen Mahoney 200 freestyle, first 400 freestyle relay – (relay members - Colleen Mahoney, Haley Markos, Sarah Wydra, Julia Degregorio), and

**WHEREAS** the Dover High School Girls Swim Team has won a seventh Division 1 New Hampshire Interscholastic Athletic Association Girls State Championship in the past ten years, and

**WHEREAS** the Dover High School Swim Team demonstrated hard work, sportsmanship, perseverance, and character and continue to excel academically and athletically throughout the season , and

**WHEREAS** the Dover High School Girls Swim Team has brought great pride, recognition, enthusiasm, and honor to themselves, to their parents and families, to Dover High School, and to the City of Dover,

**NOW THEREFORE BE IT RESOLVED** that the Dover School Board applauds, honors and recognizes the many achievements of the Dover High School Girls Swim Team and the Coaches

**SUBMITTED BY:**

\_\_\_\_\_  
Amanda L. Russell, Chairperson

\_\_\_\_\_  
Betsey Andrews Parker, Vice Chairperson

\_\_\_\_\_  
Kathleen Morrison, Secretary

\_\_\_\_\_  
Doris Grady

\_\_\_\_\_  
Sarah Greenshields

\_\_\_\_\_  
Carole Soule McCammon

\_\_\_\_\_  
Michelle Muffett-Lipinski

*March 9, 2015*

## **Capital Reserves**

### **A comparison of FY13 in and out of funding compared to FY14.**

Capital Reserve balances are as follows as of 6/30/2014:

- Curriculum = \$125,007 (two deposits in FY13 and FY14, no withdrawals);
- IT = \$100,005 (two deposits in FY13 and FY14, no withdrawals);
- Athletics = \$50,004 (one deposit in FY13, no withdrawals);
- Facilities = \$345,000 (deposits of approx. \$194,000 in impact fees in FY14 and a withdrawal of \$200,000 in FY14).

Capital Reserve Funds

Fund Name	Balance as of 6/30/14	Proposed Target Balance	Proposed Purpose of Fund	Proposed Transfer to Fund for FY15	Proposed Transfer to Fund for FY16	Fund Balance with Proposed Transfers	Special Notes
Athletics	\$50,004	\$200,000	Replacement or repairs of athletic capital assets (e.g., gym floor, fields, tennis courts, score boards, lighting, storage facilities, etc.)	\$0	\$0	\$50,004	We may want to consider a higher target if the Board's intent is to use some of this fund to offset DHS/CTE building project by supporting upgraded athletic facilities in part through this fund in order to invest the project funds back into other areas of the project.
Curriculum	\$125,007	\$300,000	Purchase of new curriculum for larger curriculum adoptions	\$30,000	\$25,000	\$180,007	I recommend adding to this fund annually and only drawing it down when larger adoptions occur to ensure that there are adequate resources for curriculum materials without creating spikes in the operating budget. A line for curriculum replacements and new materials relating to smaller adoptions would remain in the operating budget annually.
Facilities	\$345,000	\$500,000	Replacement or repairs of facilities capital assets (e.g., boilers, safety & security items, roof, etc.)	\$60,000	\$35,000	\$440,000	We may want to consider a higher target if the Board's intent is to use some of this fund to offset DHS/CTE building project in order to invest the project funds back into other areas of the project. Maintenance of our facilities is critical in extending the useful life and efficiency of our assets.
IT	\$100,005	\$200,000	Replacement and maintenance of IT infrastructure; Purchase of new IT equipment	\$15,000	\$15,000	\$130,005	This fund will be used in conjunction with eRate reimbursements. Replacement of technology will be managed in a line within the operating budget annually.
<b>Total Transfers to Capital Reserve Funds</b>				<b>\$105,000</b>	<b>\$75,000</b>		



**DOVER HIGH SCHOOL  
AND  
REGIONAL CAREER TECHNICAL CENTER**



PETER DRISCOLL  
Principal  
[p.driscoll@dover.k12.nh.us](mailto:p.driscoll@dover.k12.nh.us)

25 ALUMNI DRIVE  
DOVER, NEW HAMPSHIRE 03820-4365  
(603) 516-6900 Fax (603) 516-6926  
[www.dover.k12.nh.us/DHS/Index.shtml](http://www.dover.k12.nh.us/DHS/Index.shtml)

LOUISE PARADIS  
Director of Career Technical Education  
[l.paradis@dover.k12.nh.us](mailto:l.paradis@dover.k12.nh.us)

DAVID BENNETT  
Dean of Students  
[d.bennett@dover.k12.nh.us](mailto:d.bennett@dover.k12.nh.us)

EMILY SHERMAN  
Dean of Instruction  
[e.sherman@dover.k12.nh.us](mailto:e.sherman@dover.k12.nh.us)

KIM STEPHENS  
Dean of Students  
[k.stephens@dover.k12.nh.us](mailto:k.stephens@dover.k12.nh.us)

March 9, 2015

Dear School Board Members,

Dover High School and Regional Career Technical Center would like to request Wednesday, June 17, 2015 as the graduation date for the Class of 2015. Students and faculty have begun preparations and are looking forward to the culminating event of our student's careers at Dover High School.

Sincerely,

Peter Driscoll  
Dover High School Principal

ELAINE M. ARBOUR, Ed.D.  
Superintendent

KAREN M. TAYLOR  
Business Administrator



SCHOOL ADMINISTRATIVE UNIT #11  
McCONNELL CENTER  
61 LOCUST STREET SUITE 409  
DOVER, NEW HAMPSHIRE 03820-4132  
TEL (603) 516-6800  
FAX (603) 516-6809

## THE DOVER SCHOOL DISTRICT

**TO:** Members Dover School Board  
**FROM:** Karen M. Taylor, Business Administrator  
**DATE:** March 9, 2015  
**RE:** Results of Request for Bid for Tri-City Transportation

On February 12, 2015 the Dover School District issued the following Request for Proposal.

You are cordially invited to submit a bid for **Tri-City Vocational Student Transportation Dover, Rochester, and Somersworth** in accordance with the attached specifications, terms and conditions. Prospective respondents are advised to read this information over carefully prior to submitting.

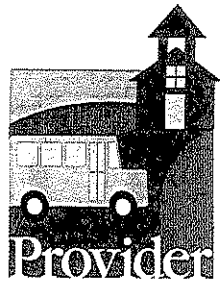
The undersigned propose to furnish Career & Technical Education transportation to all three school districts. This is for a three (3) year period, beginning with fiscal year 2015-2016, 2016-2017 and 2017-2018. The bid must be for three (3) vehicles. Include the cost for a fourth (4<sup>th</sup>) bus as an alternative.

One response was received from The Provider, Inc. of Fremont, NH. I have attached a copy of the bid response for your review.

I am recommending that we accept the proposal from The Provider, Inc.

*Dover School District Mission Statement*

*Strengthening our community by educating every child, every day!*



DELIVERING CHILDREN. READY TO LEARN

February 27, 2015

Karen M. Taylor  
Business Administrator  
Dover School District  
61 Locust Street  
Dover, NH 03820

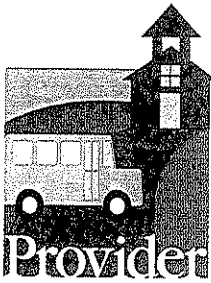
Dear Karen,

Thank you for the opportunity to bid for Tri-City Vocational Student Transportation Dover, Rochester, and Somersworth.. We hope to continue our good relationships with the Tri-City districts. We take pride in delivering excellent service to over forty NH school districts. As the current vendor we are fully aware of the needs of the Tri-City Vocational routes and are willing to perform these duties.

Thank you for your consideration.

Sincerely,

W. Garrett Scholes



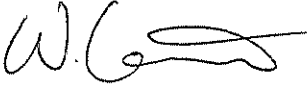
DELIVERING CHILDREN. READY TO LEARN

Schedule D (there was no "Schedule D" included in the RFP)

PRICING:

<u>Route</u>	<u>2015-16</u>	<u>2016-17</u>	<u>2017-18</u>
CTE A	\$285.00	\$295.00	\$305.00
CTE B	\$285.00	\$295.00	\$305.00
CTE C	\$285.00	\$295.00	\$305.00

The Provider Ent. Inc.  
PO BOX 172  
Fremont, NH 03044

 2-27-15

W. Garrett Scholes, CEO

*Cost for 4<sup>th</sup> BUS will be the*

*SAME*

	<i>2015-16</i>	<i>2016-17</i>	<i>2017-18</i>
	<i>\$285.00</i>	<i>\$295.00</i>	<i>\$305.00</i>



**DOVER  
SCHOOL DISTRICT**

**REQUEST FOR BID**

Request type Bid  
 Title Tri-City Vocational Student Transportation Dover, Rochester & Somersworth  
 Date February 12, 2015

**CONTACT INFORMATION: SIGNATURE REQUIRED:**

Official Entity Name	The Provider Enterprises, Inc.	FOB Information:	
Address:	P.O. Box 172		
City, State, Zip	Fremont, NH 03044	Availability:	
Email address:	gscholes@theprovider.org	State of Incorporation	NH
Warranty/guarantee:	Yes, if required by Board	Price holds for:	
Date:	2/27/2015	SSN or EIN:	02-0401950
Telephone #:	603-895-9664 x401	Fax #:	603-895-9702
Signature:	<i>W. Gaud Shless</i>	Title:	CEO

Check here if appropriate: \_\_\_\_\_ (X) NO BID

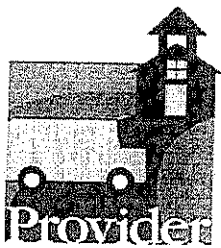
**Bid Protests**

- A. Any actual or prospective bidder who is aggrieved in connection with the solicitation or award of a bid or contract may protest and seek resolution of complaints with the Business Administrator. A protest with respect to an invitation for bids or request for proposals shall be submitted in writing prior to the time for the opening of bids on the closing day for proposals, unless the aggrieved person did not know and should not have known of the facts giving rise to such protest prior to bid opening or the closing date for proposal. In that event, the protest shall be submitted within three (3) calendar days after the aggrieved person knows or should have known of the facts giving rise thereto.
- B. If a satisfactory resolution of the protest is not achieved by submitting a complaint with the Business Administrator, the person submitting the protest shall submit a written appeal to the Superintendent within three (3) calendar days of a decision by the Business Administrator.
- C. Purchasing procedures shall be stayed pending a decision of the Superintendent unless the Superintendent decides that the award of a contract is necessary to protect substantial interests of the School District.

Provider Enterprises, Inc.  
CONFIDENTIAL

**TRI-CITY VOCATIONAL STUDENT TRANSPORTATION  
DOVER, ROCHESTER, AND SOMERSWORTH**

Attn: Business Administrator  
Karen M. Taylor



DELIVERING CHILDREN. READY TO LEARN

# **"THE PROVIDER" ENTERPRISES, INC. COMPANY HISTORY**

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## **BRIEF HISTORY:**

In 1981 "The Provider" recognized the need to provide transportation services to children with special needs that standard bus companies were unable or unequipped to deliver. Since incorporating in 1987 we have become one of the largest companies in New Hampshire dedicated exclusively to serving children with special needs. We currently have a fleet of 245 +/- vehicles transporting in excess of 1600 children daily for more than 55 school districts. (List of districts attached)

## **LOCATION:**

"The Provider" Enterprises, Inc. has a single facility located at 127 Pine Rd., Brentwood, NH housing the corporate offices including operations and customer support as well as a full maintenance facility and body shop.

## **STAFF:**

Our staff includes: CEO, Director of Operations, Transportation Manager, 5 Regional Area Coordinators, Field Coordinators, 3 full time Dispatchers, 5 Certified Trainers, Receptionist, Finance Manager, Assistant to the Finance Manager, 7 full time Mechanics, 185 Drivers and 60 Bus Monitors.

## **ASSOCIATION AFFILIATIONS**

1. NHSTA-New Hampshire School Transportation Association: Board Member since 2006
2. NHASEA-New Hampshire Association of Special Education Administrators
3. NHMTA-New Hampshire Motor Transport Association

# COMPANY HISTORY

## CONTINUED:

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### DRIVER CERTIFICATION/LICENSE POLICY:

All drivers are fully certified in accordance with NH and/or Maine regulations for "School Bus Driver Requirements" (NH Saf-C 1304 pg.6 of the NH Handbook for School Bus Drivers and/or ME Title 29-A Section 2303 of the Laws of the State of Maine). "The Provider" does criminal and FBI background checks, annual motor vehicle record checks, DOT physicals and extensive personal reference checks. All drivers receive a minimum of 12 hours of pre-employment training plus 8 hours of in-service training annually. (Please find attached a list of the training material we use.)

### DRUG AND ALCOHOL TESTING

Although NH Law does not require drug testing for non CDL drivers we believe this to be an important safety issue. Hence, our company policy requires all Provider drivers to participate in pre-employment drug and alcohol testing and to be registered with Lexus Nexus for random testing.

### MAINTENANCE:

All the routine vehicle maintenance is done by our seven full time mechanics, on location. A complete preventive maintenance schedule is strictly adhered to.

### INSURANCE:

"The Provider" maintains \$11,000,000 (letter attached for additional required coverage) in liability insurance along with workers' compensation insurance and general liability insurance. "The Provider" works closely with both CCMSI (formerly Northern General Services) and the National Safety Council in continued education in defensive driving and crash prevention.

### COMMUNICATIONS:

Every bus is equipped with a UHF radio. Cell phones are also available to any driver who travels out of the range of the UHF radios. Three full time dispatchers man the two base stations at the office. A national "800" number is available to all school personnel and parents.

# COMPANY HISTORY

## CONTINUED:

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### GPS:

All "Provider" vehicles have a GPS System with "real-time" location and speed monitoring. The GPS is also capable of 2 way messaging. This equipment allows for route verification and efficiency.

### WHEELCHAIR SECUREMENTS:

All wheelchair buses are equipped with "state of the art" Sure-Lock tie downs and passenger restraint systems.

### CHILD CHECK MATE SYSTEMS:

Empty bus alarm (Child Checkmate) installed on all Type 1 yellow buses to insure no child is left on the bus at the end of the route.

### ROUTING

State of the art computer software is used to optimize each route travel times and distances thus minimizing student "in transit" time to and from school. A route map and written directions defining roadways traveled and travel times are generated for each route, giving the school district, bus company and bus driver coordinated information.

### RECORD KEEPING:

"The Provider" is willing to assist in all necessary record keeping to facilitate catastrophic aid and Medicare re-imburements. Daily trip logs are available.



# DRIVER TRAINING INFORMATION

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## TRAINING TOPICS

"The Provider" is totally dedicated to transporting students with disabilities. Consequently, all training is focused on aspects of transportation unique to special needs. The following is a partial list of topics that are available to each driver via our full time Training Coordinator and our 7, on staff, State of NH certified school bus trainers.

1. Disability Awareness
2. Bullying and Harrassment
3. IEP-explanation
4. Inclusion
5. Student behavior management
6. Interaction with parents and teachers
7. First Aide/airborne pathogens
8. Universal precautions
9. Use of Fire Extinguisher
10. Railroad crossings
11. Emergency Evacuation
12. State laws re: school transportation
13. Rules on a school bus
14. Defensive driving
15. Accident procedures
16. Wheel-chair securement
17. Winter driving techniques
18. Pre-trip/Post-trip Vehicle Inspections
19. Radio use
20. Proper dress
21. Company policies
22. Extensive road skills training

## **ADDITIONAL SUPPORT EQUIPMENT**

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**“The Provider” completely supports its own operating equipment with the following additional assets:**

- × Nine full size garage service bays
- × Six full sized lifts
- × Alignment Lift
- × Seven full time certified mechanics
- × Full time body shop personnel
- × Formal Preventative Maintenance
- × Engine diagnostic hardware and software

## INSURANCE AND SAFETY

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- × “The Provider” maintains \$11,000,000 in liability insurance, general liability on its property and equipment, and worker’s compensation insurance on its employees.
- × We have had outstanding performance on our worker’s compensation policy that is attributed to an active safety committee, continued driver training, and a close working relationship with our insurance carrier.
- × In the past 5 years our driver safety record has been outstanding. Our fleet has logged in excess of **28,000,000** miles.

## VEHICLES IN SERVICE

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- × 97            7-9   passenger vans
- × 65            14 passenger
- × 62            10-18 passenger plus  
                  2 Wheelchair positions

Total of 227 Vehicles

## LETTERS OF RECOMMENDATION

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- × Attached are recommendations from some of our major relationships per your request :

New Ipswich (Mascenic)

Londonderry

Milford

Hudson

Portsmouth

Salem

- × The letters of recommendation verify the satisfaction with routing, communication with schools and parents, response to problem solving and, in general, "The Provider's" overall performance and commitment to each of our customers and to each of the children we transport.

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## **VALUE ADDED ITEMS**

- ✖ Empty bus alarm (Child Checkmate) installed on all Type A yellow buses to insure no child is left behind on the bus..
- ✖ Real-time GPS equipped buses with two way text messaging and reporting capability to insure buses have run the scheduled routes (i.e. proof of pick up time, drop off time and waiting time). The GPS is also capable of monitoring the speed of each bus.
- ✖ Random drug and alcohol testing for all employees.
- ✖ Zero tolerance Drug and Alcohol Policy (immediate termination if tested positive).
- ✖ 100% Staffed Dispatch from 5:30am to 5:00 pm Monday through Friday.

**ABOVE ITEMS ARE AT NO ADDITIONAL COST**



School Administrative Unit 87  
Greenville & New Ipswich  
16 School Street - Greenville, NH 03048  
603-721-0160 [www.mascenic.org](http://www.mascenic.org)

Dr. Betsey Cox-Burzean, Interim Superintendent  
Janice Longgood, Interim Director For Student Support Services  
Jennifer Krook, Director of Financial Services

January 15, 2013

RE: The Provider Enterprises, Inc.

To Whom It May Concern:

This is a letter of reference for The Provider Enterprises, Inc. of Fremont, NH. I am the Director of Financial Services at SAU87 located in Greenville, NH. Our District School Board has recently renewed their contract with The Provider to transport special education students within the school district and to out-of-district placements. We have been contracting with them since 2009.

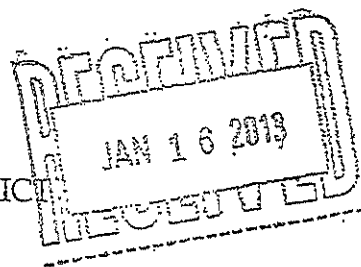
The Provider has continued to work towards professionalism, efficiency and cost effectiveness. I have found them to be extraordinarily responsive to District needs and always sensitive to the care and safety of our students. On occasion, when incidents have arose, Katie Scholes, President of the company, and her staff have immediately and collaboratively rectified the situation, improving procedures and service in the process.

I strongly recommend The Provider Enterprises, Inc. to you without hesitation.

Please contact me if I can be of further assistance.

Sincerely,

Jennifer M. Krook  
Director of Financial Services  
Mascenic Regional School District -SAU87



January 14, 2013

LONDONDERRY SCHOOL DISTRICT

To Whom It May Concern:

I am writing this letter in support of the Provider Enterprises, Incorporated. The Londonderry School District is currently in its ninth successful year working with Provider Enterprises.

The Provider Enterprises provides transportation for over two hundred students in the Londonderry School District including our in-district runs throughout the school year, transportation for our Extended School Year programming and out of district transportation needs.

Throughout our time working with The Provider, we have found all members of the company to be available to us and our parents. They are diligent in verifying information with the district office, have followed up with parents and provided timely responses to any questions that have arisen.

Special Transportation can be a stressful and time consuming aspect of the Pupil Services Department. The Provider has worked hard to make sure that their staff is well versed in the needs of this district and understand exactly how to meet our expectations. Early and frequent dialogue has allowed for smooth roll out of summer and fall transportation needs.

It is with confidence and positive personal experience that I recommend your district consider the Provider Enterprise for your special transportation needs. Please do not hesitate to call me with any questions if I may be of further help. I can be reached at The Londonderry School District Office at 432-6920 extension 1113.

Sincerely,

Kimberly Carpinone  
Director of Pupil Services  
Londonderry School District

MILFORD SCHOOL DISTRICT

SAU 40  
100 West Street  
Milford, NH 03055  
603-673-2202  
Fax 603-673-2237

Laurel K. Johnson  
Assistant Superintendent of Schools

Robert A. Suprenant  
Superintendent of Schools

Katherine E.L. Chambers  
Business Administrator

January 10, 2013

To Whom It May Concern:

I am pleased to provide this letter of recommendation for The Provider Enterprises, Inc. The Provider was engaged by the Milford School District in 2009 to provide student transportation services to the District for all special education and vocational education transportation. They have also assisted the District with transportation for homeless students whose temporary housing is outside of the town limits and beyond the regular transportation routes operated within the District.

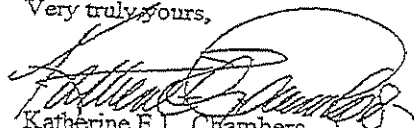
This engagement is as a result of a competitive bid process in the fall of 2009. The Provider's business is targeted to support the transportation needs of special education students, and the unique single-student requirements school districts must support in numerous situations. The Provider proposed to do this within a very competitive pricing structure. I am happy to report that they have met our transportation needs for these population groups, and they have done it very efficiently and cost-effectively.

The Provider has not only met our transportation requirements within budget, they have done it while at the same time providing outstanding customer service. They met with staff prior to the start of service to gain an understanding of our school schedules in order to accommodate them so that students, despite any transportation challenges, were where they needed to be when they needed to be there. They were able to tend to all the details with which the District had struggled for years. They suggested ways they could assist that we had not thought possible, a tremendous help and great relief to our staff.

When issues arise, and they have been few, they are anxious to make necessary corrections so that everything operates smoothly and proper protocol is followed. It is very telling to be able to say that half way through our 4<sup>th</sup> year with The Provider that I have had no more than a few service or safety complaints about The Provider from a school administrator, staff member, or parent, and, those few were quickly addressed and resolved.

In short, we could not be more pleased with our relationship with The Provider and recommend them to you without reservation.

Very truly yours,

  
Katherine E.L. Chambers  
Business Administrator

**SCHOOL ADMINISTRATIVE UNIT #81**

Hudson School District  
20 Library Street  
Hudson, NH 03051-4240  
phone (603) 883-7765 fax (603) 886-1236

**Bryan K. Lane**  
*Superintendent*  
(603) 886-1235  
[blane@sau81.org](mailto:blane@sau81.org)

**Dr. Phyllis Schlichter**  
*Assistant Superintendent*  
(603) 886-1269  
[pschlichter@sau81.org](mailto:pschlichter@sau81.org)

**Jeanne Saunders**  
*Director of Special Services*  
(603) 886-1253  
[jsaunders@sau81.org](mailto:jsaunders@sau81.org)

**Karen Burnell**  
*Business Administrator*  
(603) 886-1258  
[kburnell@sau81.org](mailto:kburnell@sau81.org)

January 15, 2013

Since July 2006, the Hudson School District has contracted with Provider Enterprises, Inc. for its in-town and out-of-district Special Education transportation. We were pleased with the effort made by Provider to make the transition from the previous contractor smooth and invisible to students. Overall, we have been very pleased with the services they have provided us and continue to work with them to provide services to a challenging population.

Provider has demonstrated flexibility and creativity in its operations which allowed the District to resolve problems that otherwise would have resulted in additional costs to the school system. The staff at Provider has gone above and beyond the contractual obligations to assist the Hudson School District in resolving transportation issues.

Provider Enterprises, Inc. continues to offer the high level of service that we anticipated when the district awarded the contract to them and we look forward to many more years of cooperation. I would unconditionally recommend Provider to any school district seeking a professional and caring transportation contractor.

If you have any questions concerning our relationship with Provider, please feel free to contact me.

Sincerely,



Karen L. Burnell  
Business Administrator



# PORTSMOUTH SCHOOL DEPARTMENT

## OFFICE OF THE SUPERINTENDENT OF SCHOOLS

EDWARD McDONOUGH  
SUPERINTENDENT OF SCHOOLS

STEPHEN ZADRAVEC  
ASSISTANT SUPERINTENDENT

STEPHEN T. BARTLETT  
BUSINESS ADMINISTRATOR

Katie Scholes, President/CES  
The Provider, Inc.  
PO Box 172  
Fremont, NH 03044

RE: Provider Inc. Reference

"THE PURPOSE OF  
THE PORTSMOUTH  
SCHOOLS IS TO  
EDUCATE ALL  
STUDENTS BY  
CHALLENGING  
THEM TO BECOME  
THINKING,  
RESPONSIBLE,  
CONTRIBUTING  
CITIZENS WHO  
CONTINUE TO  
LEARN  
THROUGHOUT  
THEIR LIVES."

To Whom It May Concern:

I am pleased to be able to write this letter of reference for the Provider Inc. Although I have only been the Portsmouth School District's Business Administrator since 2006, the Provider Inc. has been successfully providing special needs transportation to our district since 1991. Portsmouth School Department initiated another contract extension this past year based on past performance and reasonable cost increases.

Special needs transportation, by its very nature, is challenging and subject to short notice changes and adjustments. During my tenure I have found the Provider Inc. management and staff to be cooperative, flexible and efficient. The Provider Inc. continues to be an important component of our special needs program.

If I can be of further assistance please do not hesitate to contact me.

Sincerely,

Mr. Stephen T. Bartlett, Business Administrator

PORTSMOUTH SCHOOL BOARD

MITCHELL SHULDMAN, ED.D.  
CHAIRPERSON

ANN WALKER  
VICE-CHAIRPERSON

TOM MARTIN

REBECCA EMERSON

KENT LAFAGE

DEXTER R. LEGG

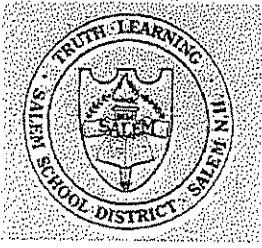
LESLIE STEVENS

LISA C. SWEET, ED.M.

CAROL CHELLMAN

AN EQUAL OPPORTUNITY EMPLOYER - EQUAL EDUCATIONAL OPPORTUNITIES

50 CLOUGH DRIVE, PORTSMOUTH, NEW HAMPSHIRE 03801-5297 • (603)431-5080 • FAX (603)431-6753



SALEM SCHOOL DISTRICT  
SALEM ADMINISTRATIVE UNIT # 57  
38 GEREMONTY DRIVE  
SALEM, NH 03079

Hi Shelley,

I wanted to take a minute to thank you and all the drivers for Salem. This was a great school year for everyone. The drivers have done a wonderful job getting the students to and from school each day. All your hard work getting things set up and keeping things on track helped make this a very successful year. I'm very happy to be working with you. I am looking forward to planning the summer and fall buses with you. ☺

Thank you,

**Kathy Graziano**  
**Salem School District**  
**Transportation Coordinator**  
**Purchasing and Accounts Receivables**  
**603-893-7040**



June 18, 2013

To Whom It May Concern:

The Provider Enterprises, Inc. has been a customer of Pentucket Bank since 1999. The company maintains deposit accounts at the Bank that average in the mid-six figures. The Bank provides various credit facilities to the company totaling the moderate seven figures. All accounts have been handled as agreed and are in good standing. The company was in compliance with its financial covenants at the last annual review by the Bank. The company is a valued customer of the Bank.

If you have any questions please do not hesitate to contact the writer at the number below.

Sincerely,

A handwritten signature in black ink, appearing to read "John B. DeBaum". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

John B. DeBaum  
Senior Vice President  
(603) 894-7816

**February 2015 Condition of Accounts**

**General Fund**

<b>General Fund - Description</b>	<b>FY15 Budget</b>	<b>FY 15 Actual to Date</b>	<b>Over/(Under) Budget</b>	<b>Anticipated</b>
<b>Non Tax Revenues</b>				
Tuition-Regular-Other NH Districts	\$ 14,797	\$ 14,608	\$ (189)	
Tuition-Barrington-DHS	\$ 2,527,237	\$ 1,598,620	\$ (928,617)	\$ 921,548
Tuition-Nottingham-DHS	\$ 1,206,499	\$ 578,722	\$ (627,777)	\$ 514,506
Tuition-SPED Aides	\$ 37,500	\$ 172,246	\$ 134,746	
Tuition-CAREER AND TECH-NH Districts	\$ 51,000	\$ 46,504	\$ (4,496)	\$ 25,225
Tuition-CAREER AND TECH-Out of State (Maine)	\$ 22,000	\$ 24,388	\$ 2,388	\$ 24,388
Tuition-Preschool Program	\$ 8,000	\$ 11,050	\$ 3,050	
Tuition - Summer School	\$ -	\$ 3,013	\$ 3,013	
Athletic Transportation - DMS	\$ 12,000	\$ 6,381	\$ (5,619)	
Athletic Transportation - DHS	\$ 40,000	\$ 16,404	\$ (23,596)	
DHS Transportation	\$ 17,250	\$ 18,848	\$ 1,598	
Other Local Revenue	\$ 32,782	\$ 4,506	\$ (28,276)	
State Adequate Education Grant	\$ 7,058,518	\$ 4,940,963	\$ (2,117,555)	\$ 2,117,555
School Building Aid	\$ 675,018	\$ 337,509	\$ (337,509)	\$ 377,509
Catastrophic Aid	\$ 170,000	\$ 230,961	\$ 60,961	
CAREER TECH Tuition Aid	\$ 100,000	\$ 227,128	\$ 127,128	
CAREER TECH Transportation Aid	\$ 10,000	\$ 1,853	\$ (8,147)	
Indirect Cost Allocation	\$ 85,000	\$ 30,929	\$ (54,071)	
Impact Aid	\$ 2,500	\$ 2,897	\$ 397	
Adult Basic Ed. Reimbursement	\$ 65,000	\$ -	\$ (65,000)	
Medicaid Distribution	\$ 250,000	\$ 321,963	\$ 71,963	\$ 150,000
Transfer from Capital Reserves, (Impact Fees)	\$ 200,000	\$ -	\$ (200,000)	
<b>Revenue:</b>	<b>\$ 12,585,101</b>	<b>\$ 8,589,490</b>	<b>\$ (3,995,611)</b>	<b>\$ 4,130,731</b>

<b>General Fund - Description</b>	<b>FY15 Budget</b>	<b>FY 15 Actual to Date</b>	<b>Budget Balance Remaining</b>	<b>%</b>
<b>Expenses</b>				
1100 REGULAR EDUCATION PROGRAMS	\$ 19,631,950	\$ 19,569,700	\$ 62,250	0.32%
<b>1200 SPECIAL EDUCATION PROGRAMS***</b>	\$ 7,083,225	\$ 7,421,757	\$ (338,533)	-4.78%
1300 CAREER AND TECH EDUCATION PROGRAMS	\$ 2,361,711	\$ 2,138,068	\$ 223,643	9.47%
1400 CO-CURRICULAR ACTIVITIES AND ATHLETIC	\$ 588,406	\$ 526,800	\$ 61,607	10.47%
1600 ADULT/CONTINUING EDUCATION PROGRAM!	\$ 210,000	\$ 185,263	\$ 24,737	11.78%
2100 SUPPORT SERVICES - Students	\$ 2,994,469	\$ 2,872,126	\$ 122,343	4.09%
2200 SUPPORT SERVICES - Instructional Staff	\$ 933,370	\$ 876,559	\$ 56,811	6.09%
2300 SUPPORT SERVICES - General Admin.	\$ 1,141,358	\$ 989,033	\$ 152,325	13.35%
2400 SUPPORT SERVICES - School Admin.	\$ 2,301,520	\$ 2,151,844	\$ 149,676	6.50%
2600 SUPPORT SERVICES - Operation Maint/Plant	\$ 3,839,660	\$ 3,583,993	\$ 255,667	13.27%
2700 SUPPORT SERVICES - Student Transportatio	\$ 1,927,055	\$ 1,872,788	\$ 54,267	6.82%
2800 SUPPORT SERVICES - Centralized Services	\$ 796,145	\$ 670,181	\$ 125,964	15.82%
2900 SUPPORT SERVICES - Other	\$ 427,886	\$ 263,299	\$ 164,587	38.47%
	<b>\$ 44,236,755</b>	<b>\$ 43,121,414</b>	<b>\$ 1,115,341</b>	<b>2.52%</b>

**Special Revenue Funds**

Revenues	FY15 Budget	FY 15 Actual to Date	Budget Balance Remaining
<b>Cafeteria (2800)</b>			
Day Sales - Meals	\$ 852,919	\$ 492,118	\$ 360,801
State Nutrition Aid	\$ 20,000	\$ 925	\$ 19,075
Federal Nutrition Aid	\$ 652,000	\$ 320,202	\$ 331,798
Commodities	\$ -	\$ 49,060	\$ (49,060)
Café - Other	\$ -	\$ 1,964	\$ (1,964)
Fresh Fruit and Vegetable Program - Provide fresh fruit and vegetable snacks at Woodman Park School	\$ -	\$ 9,623	\$ (9,623)
<b>Sub-Total Cafeteria Revenue</b>	<b>\$ 1,524,919</b>	<b>\$ 873,892</b>	<b>\$ 651,027</b>
<b>Special Programs (2950) - eRate</b>	<b>\$ 48,000</b>	<b>\$ 57,073</b>	<b>\$ (9,073)</b>
<b>Tuition Programs (3810)</b>	<b>\$ 147,044</b>	<b>\$ 54,839</b>	<b>\$ 92,205</b>
<b>Alternative Education (3825)</b>	<b>\$ 663,682</b>	<b>\$ 415,148</b>	<b>\$ 248,534</b>
<b>Facilities (3830)</b>			\$ -
Transportation Fees	\$ 500	\$ 294	\$ 206
Gate Receipts	\$ 23,000	\$ 16,343	\$ 6,657
Facilities Rental	\$ 95,500	\$ 66,910	\$ 28,590
Field User Fees	\$ 5,131	\$ 1,739	\$ 3,393
Parking Lot Revenue	\$ 48,000	\$ 46,759	\$ 1,241
Other Income	\$ -	\$ 160	\$ (160)
<b>Sub-Total Facilities Revenue</b>	<b>\$ 172,131</b>	<b>\$ 132,204</b>	<b>\$ 39,927</b>
<b>Total Revenue : \$ 2,555,776 \$ 2,274,843 \$ 1,633,721</b>			

Expenses	FY15 Budget	FY 15 Actual to Date and Encumbrances	\$	Fund Balance @ 6/30/2014
Cafeteria Expenses (2800)	\$ 1,524,919	\$ 1,537,398	\$ (12,479)	\$400,784
Special Program Expenses (2950) - eRate	\$ 48,000	\$ 2,865	\$ 50,582	\$0
Tuition Program Expenses (3810)	\$ 147,044	\$ 69,603	\$ 77,441	\$0
Alternative Education Expense (3825)	\$ 663,682	\$ 577,014	\$ 86,668	\$62,422
Facilities Expense (3830)	\$ 172,131	\$ 125,705	\$ 46,426	\$293,422
<b>Total Expenses:</b>	<b>\$ 2,555,776</b>	<b>\$ 2,312,585</b>	<b>\$ 248,638</b>	

**February 2015 Condition of Accounts  
State and Federal Grants Funds**

<b>State and Federal Grant Revenues</b>	<b>FY15 Budget</b>	<b>FY 15 Actual to Date</b>	<b>Budget Balance Remaining</b>
<b>2821 - Title I, Part A and Part D - Part A -</b> Helping at-risk and disadvantaged students meet high standards. Part D - For neglected or delinquent students who are at risk. Part D assists in funding an education component at the Dover Children's Home.	\$ 923,674	\$ 394,098	\$ 529,576
<b>2822 - Title II, III -</b> Preparing, training & recruiting Highly Qualified Teachers and Principals. Language instruction for English Language Learners.	\$ 340,855	\$ 116,000	\$ 224,854
<b>2823 - Perkins/Apprenticeship Program -</b> Carl Perkins Grant Funding was established to improve Career Technical Education Programs. Apprenticeship Program conducts related instruction for registered apprentices in plumbing and electrical trades in the State of New Hampshire.	\$ 283,702	\$ 116,924	\$ 166,778
<b>2824 - Adult Education -</b> Five separate grants that are designed to to assist individuals 18 years and older imrove skill levels in reading, math and writing; learn english; help adults prepared for career or college; learn Civics and prepare for the U.S. Citizenship test.	\$ 672,133	\$ 285,625	\$ 386,508
<b>2826 - IDEA/Preschool -</b> "The Individuals with Disabilities Education Act of 2004". The grant provides assistance for Child Find activities, Coordinated Early Intervention Services and other Special Education programs, services and personnel.	\$ 839,218	\$ 208,827	\$ 630,391
<b>Total Federal Grant Revenue</b>	<b>\$ 3,059,581</b>	<b>\$ 1,121,473</b>	<b>\$ 1,938,108</b>

<b>State and Federal Grant Expenses</b>	<b>FY15 Budget</b>	<b>FY 15 Actual to Date and Encumbrances</b>	<b>Budget Balance Remaining</b>
<b>2821 - Title I</b>	\$ 923,674	\$ 847,259	76,415.25
<b>2822 - Title II, III, IV</b>	\$ 340,855	\$ 257,034	83,820.93
<b>2823 - Perkins</b>	\$ 283,702	\$ 204,636	79,065.14
<b>2824 - Adult Education</b>	\$ 672,133	\$ 416,978	255,155.26
<b>2826 - IDEA</b>	\$ 839,218	\$ 847,525	(8,306.55)
<b>Total:</b>	<b>\$ 3,059,581</b>	<b>\$ 2,573,431</b>	<b>\$ 486,150</b>



Scholarship Name	Trust Acct No.	As of December 31, 2014		
		Principal	Income	Total
Guy Bergeron Memorial Scholarship	8809	\$8,868.28	\$307.29	\$9,175.57
Jason P Gabarro Memorial Scholarship	8810	\$0.00	\$1,379.01	\$1,379.01
Hildred Berwick Teaching Scholarship	8811	\$211,213.04	\$19,946.46	\$231,159.50
George Kay Vocational Scholarship	8812	\$15,379.23	\$415.10	\$15,794.33
DHS Merit Scholarship	8813	\$44,722.00	\$6,338.49	\$51,060.49
Mary McCooey Scholarship	8814	\$12,669.24	\$448.58	\$13,117.82
Anna K. Buckley Scholarship	8815	\$11,535.99	\$276.15	\$11,812.14
Raymond Martineau Scholarship	8816	\$5,718.07	(\$4,522.18)	\$1,195.89
Ike Isaacson Scholarship	8817	\$0.00	\$535.54	\$535.54
Mary Ellen Driscoll Scholarship	8818	\$1,281.98	\$4,749.10	\$6,031.08
Pete McDonough Scholarship	8819	\$3,384.16	\$11,190.83	\$14,574.99
Bernard Ryder Scholarship	8820	\$898.37	\$1,273.14	\$2,171.51
Linda Ivey Scholarship	8821	\$1,970.94	\$10,248.16	\$12,219.10
Alan Sheldon Scholarship	8822	\$0.00	\$1,207.83	\$1,207.83
Mike Wilson Scholarship	8823	\$0.00	\$2,866.66	\$2,866.66
Arnold 'Bud' Falcione Scholarship	8824	\$1,848.34	\$8,462.12	\$10,310.46
Charles & Zena Boulanger Scholarship	8825	\$280.74	\$1,591.61	\$1,872.35
John F. Kenney Scholarship	8826	\$0.00	\$6,388.64	\$6,388.64
Edward D. Lozier Scholarship	8827	\$0.00	\$5,616.04	\$5,616.04
The Wave Expendable Trust	8828	\$5,810.14	(\$2,796.97)	\$3,013.17
Donald & Rita McLeod Scholarship	8829	\$0.00	\$6,383.34	\$6,383.34
Maria Faskianos Scholarship	8830	\$2,414.36	\$742.69	\$3,157.05
Class of 1971 Scholarship	8831	\$1,122.96	(\$1,000.30)	\$122.66
Brandon Cullen Scholarship	8832	\$2,049.20	\$452.17	\$2,501.37
Antonia Kretsepes	8834	\$769.31	(\$489.52)	\$279.79

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