DOVER SCHOOL DISTRICT

DOVER SCHOOL BOARD – AGENDA

Meeting Type:	**Regular Session #11**
Meeting Location:	**Media Ctr. (Rm. 306) McConnell Center**
Meeting Date:	**Monday, November 14, 2016**
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. Public Meeting to Enter Nonpublic Meeting #13, October 3, 2016
2. Regular School Board Meeting #10, October 3, 2016
2. Public Meeting to Enter Nonpublic Meeting #14, October 24, 2016
3. School Board Workshop #1, October 24, 2016
4. Public Meeting to Enter Nonpublic Meeting #15, October 31, 2016

G. CONSENT AGENDA

1. Correspondence: none

2. Resignations/Retirements:

a. Cindy Schram, DHS School Counselor
b. Stella Smith, DHS Special Educator

3. Leaves of Absence: none

4. Nominations:

a. Nomination and Election of Teachers

5. Extended Travel (Student Trips):

a. NJROTC trip to Mass Maritime-final approval
b. Special Olympics Youth Summit-Preliminary and Final Approval

6. Donations:

H. STUDENT REPRESENTATIVE REPORT:

I. POLICY – CHANGES – PROPOSALS: none

J. POLICY ADOPTION:

a. EC—Building and Grounds Management

K. RESOLUTIONS: none

L. OLD BUSINESS:

a. Approval of 2017-2018 School Calendar

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M. NEW BUSINESS:

a. Data Presented-Concussion Information
b. Approval of DHS/CTC Plans and Specifications
c. Facilities Update
d. District Goals Update
e. Mission and Vision Discussion
f. Substitute Pay Discussion
g. DALC MOU Update
h. October Condition of Accounts

N. SUBMISSION AND PAYMENT OF BILLS

O. SUPERINTENDENT'S REPORT

P. COMMITTEE REPORTS

Q. SCHOOL BOARD MATTERS OF INTEREST

R. ADJOURNMENT

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
GUIDANCE DEPARTMENT

25 ALUMNI DRIVE
DOVER, NEW HAMPSHIRE 03820-4365
(603) 516-6940 Fax (603) 516-6871

SALLY THORN
Director
s.thorn@dover.k12.nh.us

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CAROLYN SCHWARTZ
Counselor

MELISSA WELLIVER
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CYNTHIA SCHRAM
Counselor
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MAUREEN LAGURA
Counselor
m.lagrua@dover.k12.nh.us

November 3, 2016

Dear Superintendent Arbour and the Dover School Board,

I am writing this letter with a grateful heart for being hired as a school counselor for the past seventeen years at Dover High School. I have loved this job and have felt honored to have been an integral part of the lives of so many amazing students.

I wanted to let you know that this will be my last year at Dover High School, as I intend to retire at the end of this school year. I will be happy to work any of the extra summer days in my role to ensure a smooth transition for my students and my future replacement.

Thank you.

Sincerely,

Cindy Schram

Cindy Schram
Counselor
Dover High School

October 25, 2016

Dear Peter Driscoll,

As per my conversation with Linda Madden on Monday, 10/24/2016, my last day at Dover High School will be November 4th, as I must give my full and immediate attention to a close family member. It is with this that I am compelled to take a family medical leave of absence on November 4th to address the acute condition involving my immediate family member.

I am giving you this two weeks notice so that you can find someone to take my place in my absence.

It is with regret that I leave this position, and will work until November 4th to help ensure a smooth transition for both the staff and the students.

Thank you again for this great opportunity.

I wish you, the students and the faculty all the best.

Warmest regards,

Stella Smith

OFFICE OF THE SUPERINTENDENT
DOVER PUBLIC SCHOOLS
DOVER, NEW HAMPSHIRE

TO: **DOVER SCHOOL BOARD**

DATE: November 14, 2016

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 2016-2017 school year.

NAME	POSITION	SCHOOL	REPLACING	SALARY	TRACK
Lachance, Jessica	Special Educator	Woodman Park School	Diana Fallon (new Elementary Sped Coordinator)	$27,464.50 (prorated on 37,996)	MA, Step 1

Checklist for Final Approval of Extended Travel (Per Policy IJOAA)

This document is due to the Superintendent's office on the Wednesday prior to the Monday School Board meeting that is one month before travel. Please call 516-6804 for the specific date or with questions.

Group Requesting Final Approval: Dover High School NJROTC

Destination: Massachusetts Maritime Academy, Bourne, MA

Contact Person (s): Commander Tom Gamble, the Senior Naval Science Instructors (SNSI)

Dates of Travel: 18 – 19 November, 2016

Number of Students Traveling: 40 from DHS

Number of Chaperones: 7

Adult/Student Ratio: 1:14

Please circle appropriate response:

Permission Forms submitted to Principal: (yes)/no

Student Code of Conduct Contracts, inc. Standards for Behavior submitted to Principal: (yes)/no

Telephone Contact Notification submitted to Principal: (yes)/no

List of all students and chaperones submitted to the school and Supt's Office: (yes)/no

All Chaperones completed criminal background check: (yes)/no

Date Revised: 3/31/2016

DOVER HIGH SCHOOL
AND
REGIONAL CAREER TECHNICAL CENTER

PETER DRISCOLL
Principal
p.driscoll@dover.k12.nh.us

25 ALUMNI DRIVE
DOVER, NEW HAMPSHIRE 03820-4365
(603) 516-6900 Fax (603) 516-6926
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EMILY SHERMAN
Dean of Instruction
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KIM STEPHENS
Dean of Students
k.stephens@dover.k12.nh.us

November 3, 2016

Dear Dover School Board Members,

This letter is being written in support of an overnight trip to the 2016 Special Olympics Youth Summit to be held in Waterville Valley from December 1, 2016 to December 2, 2016. MJ Hippern will be attending with two students. Attendance at this conference is a requirement to receive Special Olympics funds for Unified Sports.

Thank you for your consideration.

Sincerely,

Peter Driscoll
Dover High School Principal

Statement of the educational value of the trip and the relationship to current program or course offerings.

This two day field trip brings two Dover High School students (one student with an intellectual disability and one student without an intellectual disability) as well as a faculty member together with up to 44 other NH schools. They will learn and share what their school is working on to foster respect and bring change for all students. When the students return they will present to the unified classes and teams what wonderful things are going on at schools in New Hampshire. And make suggestions to DHS.

This Youth Summit is the annual summit through Special Olympics New Hampshire. It is one of the requirements to attend from Special Olympics in order to receive a portion of funds from the High School Penguin Plunge. Unified Sports are not funded by Dover and we rely on the funds generated by the high school plunge that the Athletic leadership Council organizes and participates in

If travel agency is used, evidence of performance bond or other security for deposits from the agency

The adult and two students will travel through a rental car.

Dates of the trip

11:00 am Thursday December 1 through 12:00 Friday December 2

Itinerary

The general schedule will be as follows (a more detailed schedule will be provided on site):

- Thursday, December 1st
  - 11:00 check-in at the base lodge
  - 12:00 lunch
  - 1:00 sessions begin
  - 6:30 dinner
  - 7:00 evening activities
  - 9:00 lights out
- Friday, December 2nd
  - 8:00 breakfast
  - 9:00 sessions begin
  - 12:00 departure

Cost per student

0. All onsite expenses are covered by Special Olympics New Hampshire

Statement of academic eligibility

Permission forms that will be signed by parents (sample)

Statement of source and nature of insurance coverage

All Dover High School Field Trip forms will be filled out as well as the following form from Special Olympics New Hampshire

Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement

I (and/or my minor child) release, indemnify, covenant not to sue, and hold harmless Special Olympics, its administrators, directors, agents, officers, volunteers, employees, sponsors, advertisers, and if applicable, any owners and lessors of premises on which the activity takes place from all liability, any losses, claims, demands, costs or damages that I (and/or my minor child) may incur as a result of participation at events and further agree that if, despite this "Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement," I, or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the Releases from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.

In consideration of participating in Special Olympics at the Youth Summit, I represent that I understand the nature of the activity and that I (and/or my minor child) am (are/is) qualified, in good health, and in proper physical condition to participate. I fully understand the program involves risks of serious bodily injury which may be caused by my own actions or inactions, by the actions of others participating in the event, or by the conditions in which events takes place. I fully accept and assume all such risks and all responsibility for losses, costs, and/or damages I (and/or my minor child) may incur as a result of my (and/or my minor child's) participation. I acknowledge that, if at any, time I (we) feel that the event conditions are unsafe; I (and/or my minor child) will discontinue participation immediately.

If during my participation in Special Olympics activities I need emergency medical treatment and (and/or my minor child) am (are/is) not able to give my consent for or make my own arrangement for that treatment because of my injuries, I authorize Special Olympics to take whatever measures are necessary to protect my (my minor child's) health and well-being, including, if necessary, hospitalization.

I affirm that I have read all pages of this Release and understand its meaning. I also affirm the information I have given is true and complete. I have read this "Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement" and fully understand it.

Student Name

_____

Parent/Guardian Name

_____

Parent/Guardian Signature

_____

Cell Phone _____ Date

_____

Support of Principal—received

Special Olympics
New Hampshire

TO: Principals
Athletic Directors
Special Educators
Other friends of Special Olympics

FROM: Mary Conroy, Special Olympics New Hampshire

DATE: November 3, 2016

SUBJECT: Youth Summit to Change New Hampshire December 1st + 2nd

---

We invite your school to participate in the **Fifth Annual Youth Summit to Change New Hampshire** that will be held at Waterville Valley Resort from 11:00am on Thursday, December 1st through noon on Friday, December 2nd.

All onsite expenses are covered by Special Olympics New Hampshire.

Each school should send one chaperone and two students, one with an intellectual disability and one who does not have an intellectual disability. Ideally the student representatives you send to the Summit will be sophomores or juniors. The attached permission slip must be turned in at the Summit for each attendee.

The Summit will be fun and full of activity! The kids will talk about different ways to include more students in all aspects of student life! Attendees will leave the Summit with ideas and tools to begin to build a more positive school culture. Our goal for the 2015 Summit is to establish an ongoing communication network to share best practices.

Our days will be spent at the base lodge of the ski mountain! Summit participants will be assigned rooms (by gender) at the Black Bear Lodge. Every participant will have a bed.

Please register by Monday, November 28th. Attendees will need to provide signed permission slips at check-in. **To register, please send an email to Mary Conroy (MaryC@sonh.org) with the following information on each attendee**

- Name of school
- Attendees names
  - please identify the chaperone and provide a cell phone number and email for him/her
  - please put the graduation year for each student
- Shirt sizes

The general schedule will be as follows (a more detailed schedule will be provided on site):

- Thursday, December 1st
  - 11:00 check-in at the base lodge
  - 12:00 lunch

- 1:00 sessions begin
- 6:30 dinner
- 7:00 evening activities
- 9:00 lights out

- Friday, December 2nd
  - 8:00 breakfast
  - 9:00 sessions begin
  - 12:00 departure

If you have any questions or need any information, please do not hesitate to reach out to me at MaryC@sonh.org or on my cell phone 770-4055.

2016 Youth Summit:
Permission Slip

Special Olympics
New Hampshire

Dear Parent/Chaperone

Thank you for allowing your son/daughter to participate in the Fifth Annual Youth Summit to Change New Hampshire! The goal of the Summit is to create student led change in our high schools by bringing students with and without intellectual disabilities together to share, discuss and ultimately plan for change.

The Summit will be held at Waterville Valley. There is no cost for participation. Summit participants will be assigned rooms (by gender) with three or four per room at the Black Bear Lodge. Each attendee will have their own bed.

The general schedule will be as follows:

- Thursday, December 1st
  - 11:00: check-in
  - 12:00 lunch
  - 1:00 sessions begin
  - 6:30 dinner
  - 7:00 evening activities
  - 9:00 lights out
- Friday, December 2nd
  - 8:00 breakfast
  - 9:00 sessions begin
  - 12:00 departure

Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement

I (and/or my minor child) release, indemnify, covenant not to sue, and hold harmless Special Olympics, its administrators, directors, agents, officers, volunteers, employees, sponsors, advertisers, and if applicable, any owners and lessors of premises on which the activity takes place from all liability, any losses, claims, demands, costs or damages that I (and/or my minor child) may incur as a result of participation at events and further agree that if, despite this "Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement," I, or anyone on my behalf, makes a claim against any of the Releases, I will indemnify, save, and hold harmless each of the Releases from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.

In consideration of participating in Special Olympics at the Youth Summit, I represent that I understand the nature of the activity and that I (and/or my minor child) am (are/is) qualified, in good health, and in proper physical condition to participate. I fully understand the program involves risks of serious bodily injury which may be caused by my own actions or inactions, by the actions of others participating in the event, or by the conditions in which events takes place. I fully accept and assume all such risks and all responsibility for losses, costs, and/or damages I (and/or my minor child) may incur as a result of my (and/or my minor child's) participation. I acknowledge that, if at any, time I (we) feel that the event conditions are unsafe; I (and/or my minor child) will discontinue participation immediately.

If during my participation in Special Olympics activities I need emergency medical treatment and (and/or my minor child) am (are/is) not able to give my consent for or make my own arrangement for that treatment because of my injuries, I authorize Special Olympics to take whatever measures are necessary to protect my (my minor child's) health and well-being, including, if necessary, hospitalization.

I affirm that I have read all pages of this Release and understand its meaning. I also affirm the information I have given is true and complete. I have read this "Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement" and fully understand it.

Student Name

_____

Parent/Guardian Name

_____

Parent/Guardian Signature

_____

Cell Phone _____ Date

_____

Checklist for Final Approval of Extended Travel (Per Policy IJOAA)

This document is due to the Superintendent's office on the Wednesday prior to the Monday School Board meeting that is one month before travel. Please call 516-6804 for the specific date or with questions.

Group Requesting Final Approval:_____Unified Sports_____

Destination:__5th Annual Youth Summit to Change New Hampshire at Waterville Valley ____

Contact Person (s):_____Mary Jean Hippern_____

Dates of Travel: _____11:00 am Thursday December 1 – noon Friday December 2_____

Number of Students Traveling:_____2_____

Number of Chaperones:_____1_____

Adult/Student Ratio:_____1-2_____

Please circle appropriate response:

Permission Forms submitted to Principal: yes/no

Student Code of Conduct Contracts, inc. Standards for Behavior submitted to Principal: yes/no

Telephone Contact Notification submitted to Principal: yes/no

List of all students and chaperones submitted to the school and Supt's Office: yes/no We are awaiting approveal of trip then all forms and lists will be submitted within 2 days of approval

All Chaperones completed criminal background check: yes/no

Date Revised: 3/31/2016

Donation Request List for Approval
November 14 School Board Meeting

School	Group Donating	Value	Items/Service	Purpose
GES	GES PTA	$812.65	Large Storage Shed with shelving and storage buckets	Storage for recess equipment
GES	GES PTA	$750.00	Drawing Boards, Pencil Boxes, Art Colored Pencils	Artroom use as well as entire school use
GES	GES PTA	$2,023.09	Scholastic Book and Audio Set, 6 person Bluetooth boombox listening center	2nd graders will use to build listening skills, focus and fluency

DOVER SCHOOL DISTRICT	POLICY CODE: EC
DATE OF ADOPTION: ~~NOVEMBER 14, 2005~~	PAGE 1 OF 1

BUILDINGS AND GROUNDS MANAGEMENT

FIRST READING

School ~~district~~ District properties will be maintained in good physical condition: safe, clean, and sanitary, and as comfortable and convenient as the facilities will permit or the use requires. In the event the District receives money from the state School Building Aid program, the district will develop a 20-year maintenance plan, as required by statute.

The Facilities ~~Manager~~Director, who reports to the ~~Superintendent~~Business Administrator, will have the general responsibility for the care, custody, and safekeeping of all school property, establishing such procedures and employing such means as may be necessary to discharge responsibility.

The School District will work in coordination with the City Community Services Department to maintain shared-use grounds, including but not limited to playgrounds and playing fields. Decisions about which products to use for turf management and pest control will be made with the best interest of the students and environment in mind. The School District will engage in the use of turf management and pest control substances (chemical, synthetic or natural) only when there is a need to do so and consideration is given to safe alternatives that are available. Such language will be incorporated into the bid process.

Turf management and pest control products will be used when students are not on the property and areas treated will be posted as such. The District will make all reasonable efforts to utilize Integrated Pest Management best practices and follow the Principles of Natural Turf Management, provided that those methods both address the need for usable turf surfaces and preserve the investment of the property being treated.

At the building level, the principal will ~~be responsible for~~work in collaboration with maintenance and custodial staff to oversee~~ing~~ the school plant ~~and for the~~ensure the proper care of school property by ~~the~~ staff and students.

Legal References

RSA 198:15-b Amount of Grant

11/14/16

DOVER SCHOOL DISTRICT CALENDAR -DRAFT
2017-2018

	M	T	W	TH	F		M	T	W	TH	F
AUGUST/ SEPTEMBER	**TR**	**TW**	30	31	**X**	**FEBRUARY**					
21 S & 23 T	**X**	5	6	7	8	**17 S & 17 T**				1	2
	11	12	13	14	15		5	6	7	8	9
	18	19	20	21	22		12	13	14	15	16
	25	26	27	28	29		**19**	20	21	22	23
							X	**X**	**X**		
OCTOBER						**MARCH**				**X**	**X**
20 S & 21 T	2	3	4	5	**TW**	**19 S & 20 T**	5	6	7	8	9
	X	10	11	12	13		12	13	14	15	16
	16	17	18	19	20		19	20	21	22	**TW**
	23	24	25	26	27		26	27	28	29	30
	30	31									
NOVEMBER						**APRIL**					
17 S & 18 T			1	2	3	**16 S & 16 T**	2	3	4	5	6
	6	7	8	**TW**	**X**		9	10	11	12	13
	13	14	15	16	17		16	17	18	19	20
	20	21	**X**	**X**	**X**		**X**	X	X	X	X
	27	28	29	30			30				
DECEMBER					1	**MAY**					
16 S & 16 T	4	5	6	7	8	**21 S & 22 T**		1	2	3	4
	11	12	13	14	15		7	8	9	10	11
	18	19	21	21	**22**		14	15	16	17	18
	X	**X**	**X**	**X**	**X**		21	22	23	24	**TW**
							X	29	30	31	
JANUARY	**X**	2	3	4	5	**JUNE**					1
20 S & 21 T	8	9	10	11	12	**10 S & 10 T**	4	5	6	7	8
	X	16	17	18	19		11	12	13	14	(*15
	22	23	24	25	26		*18	*19	*20	*21	*22
	TW	30	31				*25	*26	*27	*28	*29)

S=Students (177 - Total) T=Teachers (184 - Total)

* = Snow Days

DAYS OUT

August 28	**Teacher Return/Teacher Workshop**
August 29	**Teacher Workshop**
September 1–4	Labor Day Recess
October 6	**Teacher Workshop**
October 9	Columbus Day
November 9	**Teacher Workshop/ Parent-Teacher Conferences**
November 10	Veterans Day (Observed)
November 22-24	Thanksgiving Recess
December 25-January 1	Holiday Recess
January 15	Martin Luther King Day
January 29	**Teacher Workshop**
February 26-Mar 2	Winter Recess (Includes Presidents' Day holiday)
March 23	**Teacher Workshop**
April 23-27	Spring Recess
May 25	**Teacher Workshop**
May 28	Memorial Day

177 days required attendance for instructional purposes, or the equivalent number of hours and an additional 9 days for time lost due to inclement weather.

Schools close on June 14, 2018 (half-day), or upon **completion of the 177th day**.

Teachers report on August 28, 2017. **Students return** on August 30, 2017.

Teacher workshops will be held on **August 29, Oct. 6, Nov. 9, 2017; January 22, March 23, May 25, 2018**

SCFA
SOMERSWORTH/ LEE, NH
Seacoast Center for Athletes

Concussion Care Instructions

Your Son/Daughter has been diagnosed with a concussion (also known as a mild traumatic brain injury). These instructions are designed to help speed your recovery. Your careful attention to them can also prevent further injury. Before your Son/Daughter is allowed to return to activity they must be evaluated and cleared by a physician. Rehab 3 Center for Athletes strongly recommends Dr. Fred Brennan at Seacoast Orthopedics & Sports Medicine. Dr. Brennan is an expert in Concussion Management and works closely with the Rehab 3 Athletic Training staff to ensure the highest level of care for your child. For an appointment with Dr. Brennan contact the Seacoast Center for Athletes at 603-577-SCFA (7232).

Sometimes the signs and symptoms from a concussion do not become apparent until hours after the initial trauma. The following list includes some but not all possible signs and symptoms of a concussion:

Sensitivity to light	Headache	Drowsiness	Balance problems/ dizziness
Trouble sleeping	Nausea	Blurred vision	Sleeping more than usual
Sensitivity to noise	Vomiting	Irritability	Difficulty concentrating
Numbness/ tingling	Fatigue	Sadness	Difficulty remembering
Feeling like in a "fog"			

If any of the following symptoms occur, bring your child to the nearest hospital emergency room.

- Any significant increase in intensity in the signs and symptoms listed above
- Severe headache that is not alleviated by Tylenol or cool packs applied to the head
- Repetitive or persistent vomiting
- Difficulty seeing, any peculiar eye movements, or one pupil larger than the other
- Restlessness, irritability, or drastic changes in emotional control
- Convulsions/ seizures
- Difficulty walking or using arms
- Dizziness/ unsteady gait or confusion that gets progressively worse
- Difficulty being awakened
- Difficulty speaking or slurring of speech
- Bleeding or drainage of fluid from the nose or ears
- Any new or severe symptoms

Instructions:

- REST is the key - get lots of rest. Physical rest and "brain" rest. Be sure to get enough sleep at night & take naps if possible.
- Limit physical activity as well as activities that require a lot of thinking or concentration (homework, video games, texting). These activities can make symptoms worse.
- You should not physically exert yourself (e.g., sports, lifting, running, biking) if you still have any symptoms of a concussion. Simply walking at a normal pace is okay.
- Drink lots of fluids and eat healthy foods. Do not drink alcohol.
- You may take two Tylenol (acetaminophen) every 6 hours as needed for headache. Nothing stronger unless authorized by a medical provider.
- Report any new or changing signs and symptoms to your athletic trainer.

Return to Play Guidelines: When your son/daughter is symptom free they will be progressed through the following steps by the athletic trainer to ensure a safe return to sport.

Step 1: Light exercise, including walking or riding an exercise bike. No weight-lifting.

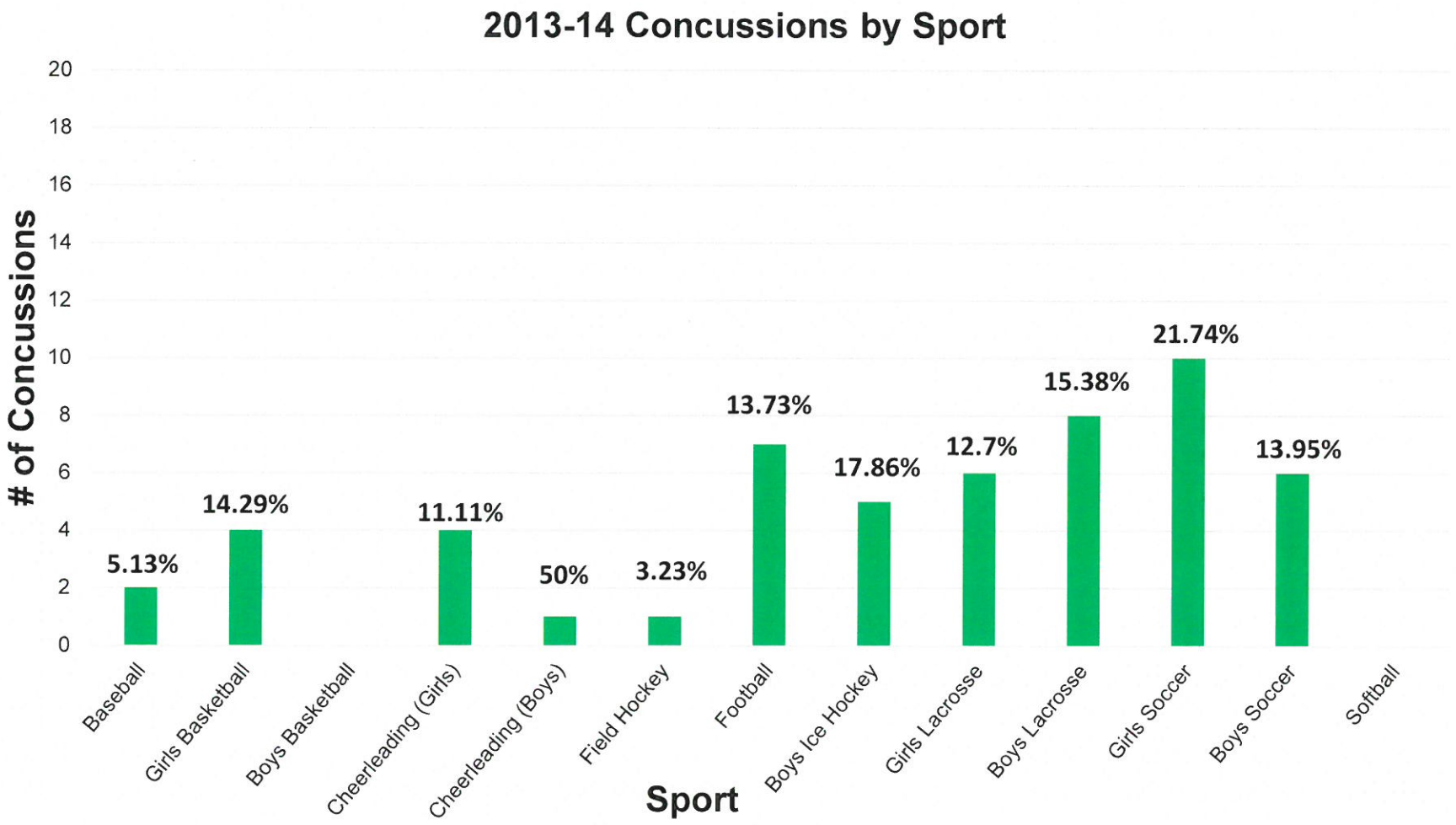
Step 2: Running in the gym or on the field. No helmet or other equipment.

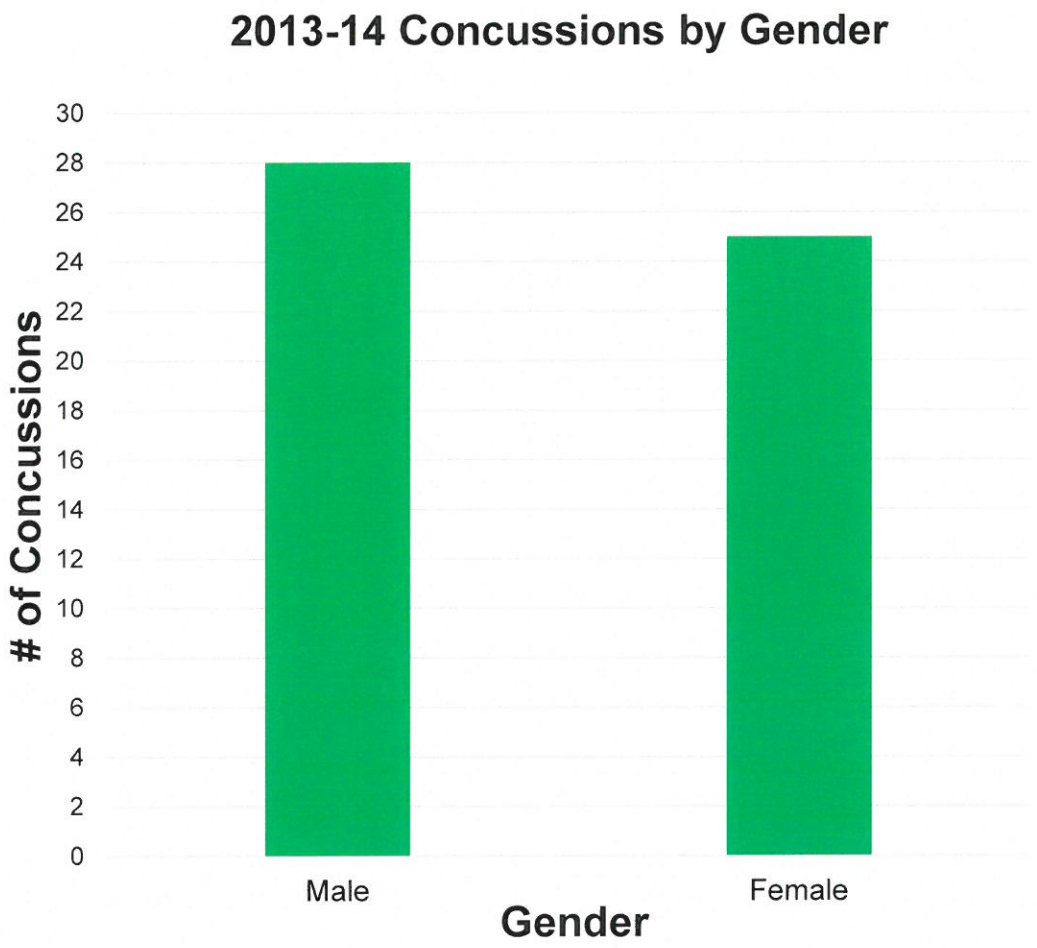
Step 3: Non-contact training drills in full equipment. Weight-training can begin.

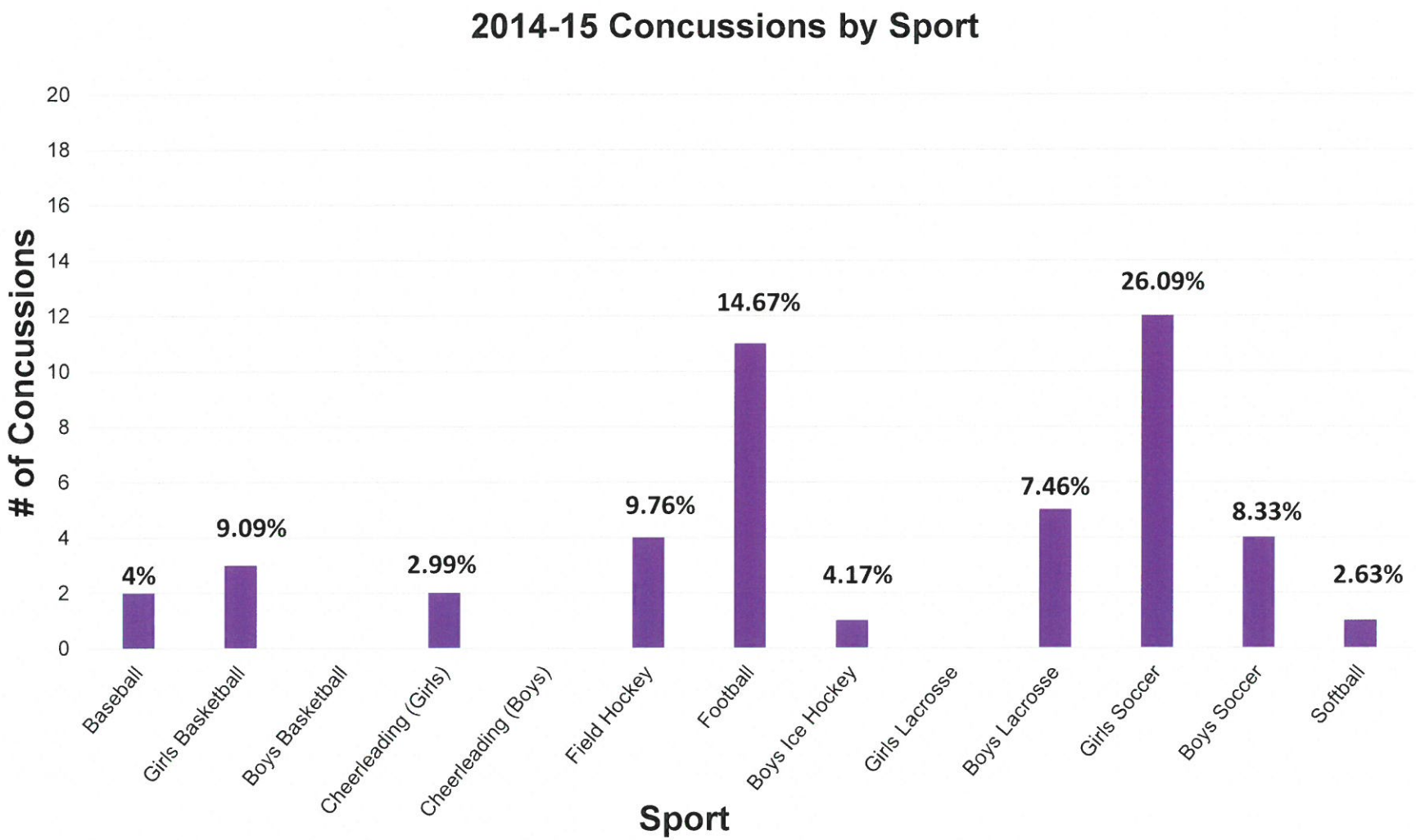
Step 4: Full contact practice or training.

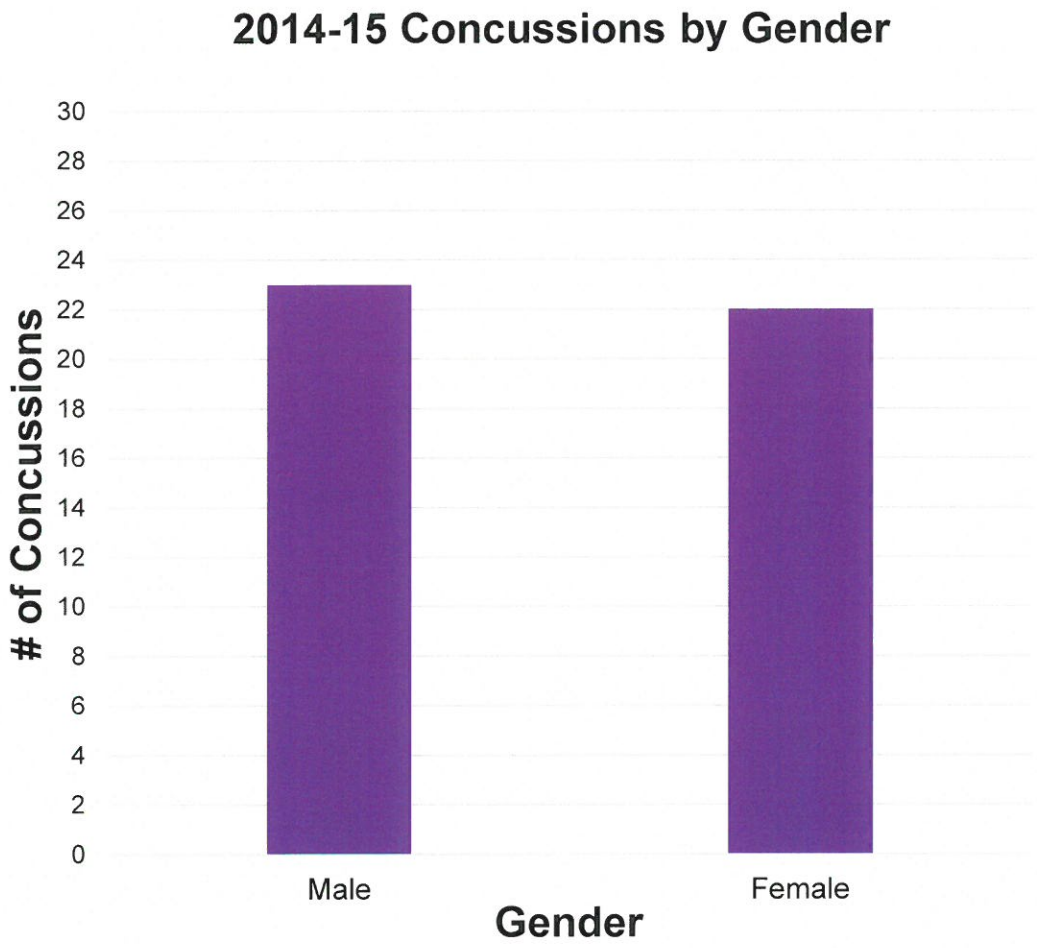
Step 5: Game play.

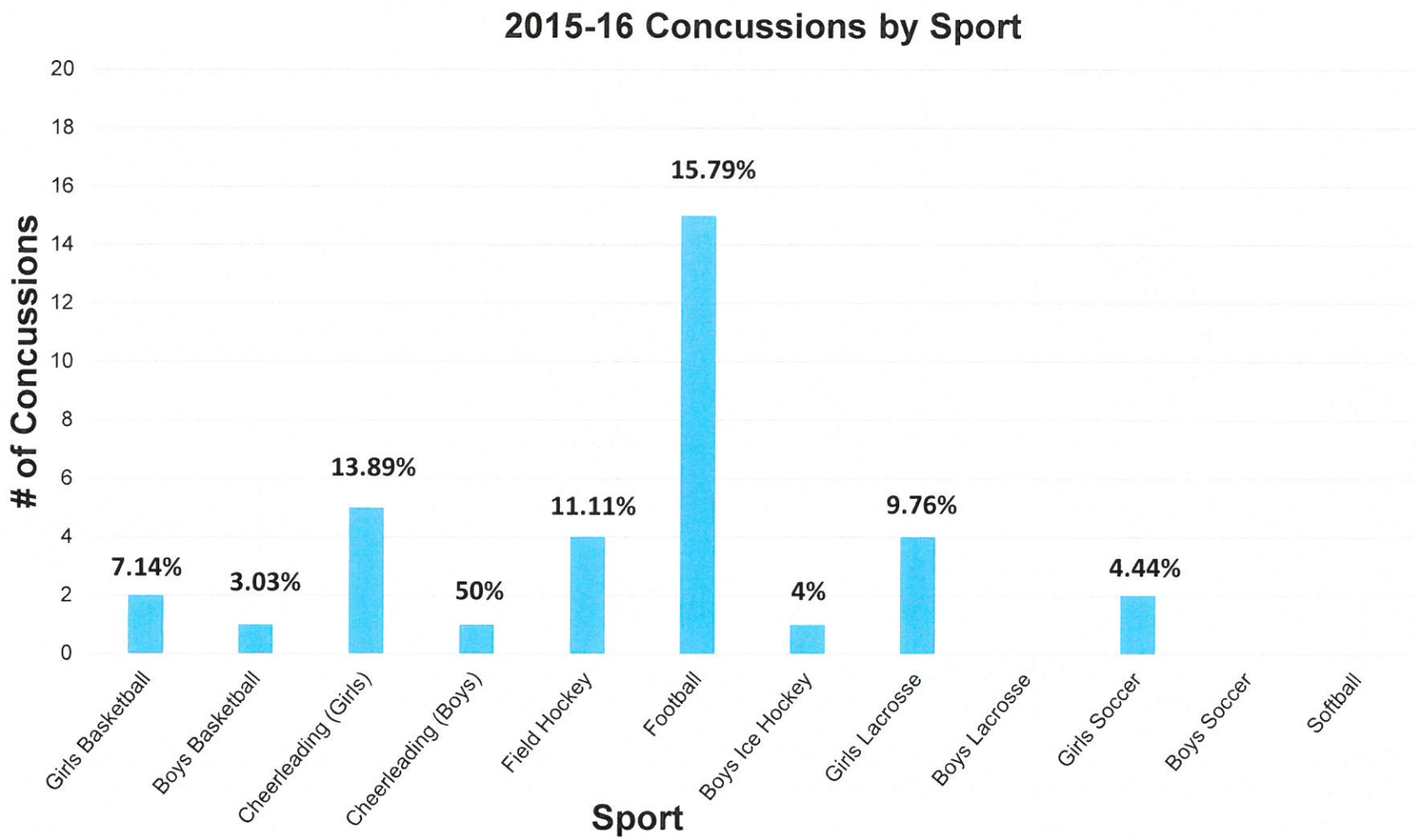
If symptoms occur at any step, the athlete should cease activity and be re-evaluated by their health care provider.

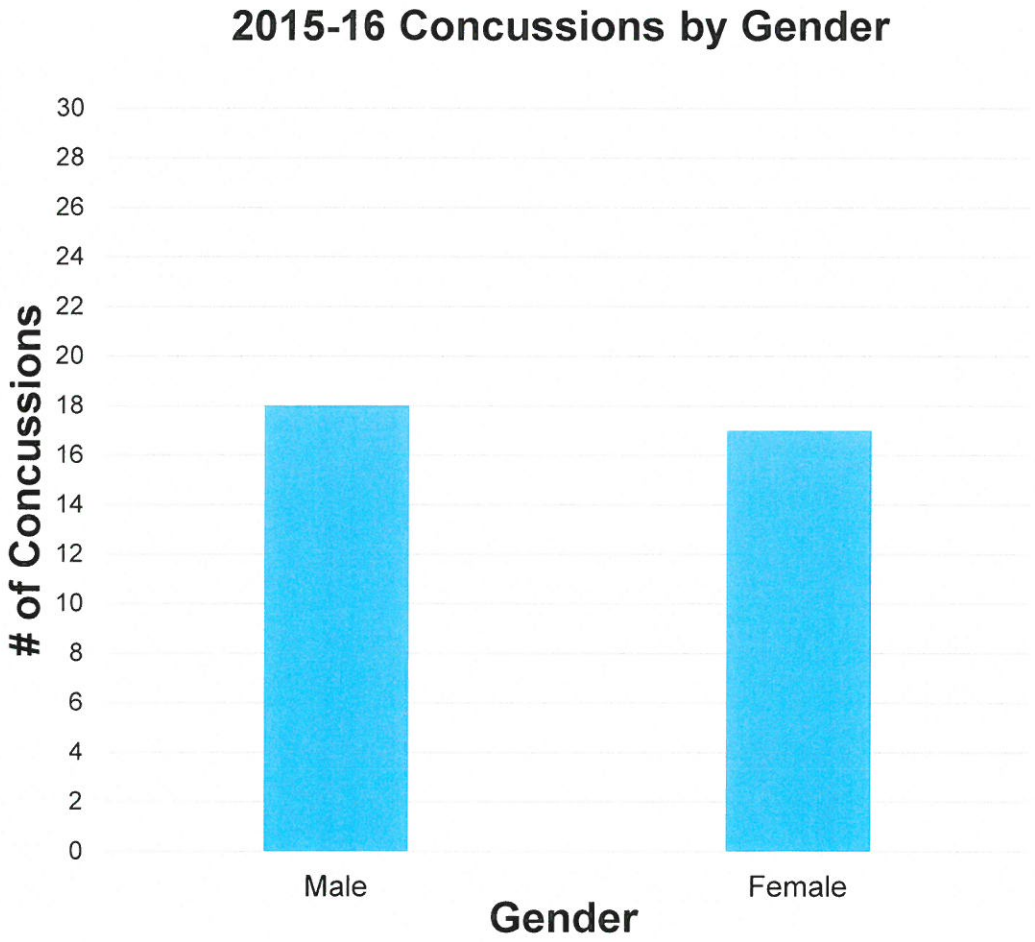

2013-14 Concussions by Sport
# of Concussions
20
18
16
14
12
10
8
6
4
2
0
5.13%
14.29%
11.11%
50%
3.23%
13.73%
17.86%
12.7%
15.38%
21.74%
13.95%
Baseball
Girls Basketball
Boys Basketball
Cheerleading (Girls)
Cheerleading (Boys)
Field Hockey
Football
Boys Ice Hockey
Girls Lacrosse
Boys Lacrosse
Girls Soccer
Boys Soccer
Softball
Sport

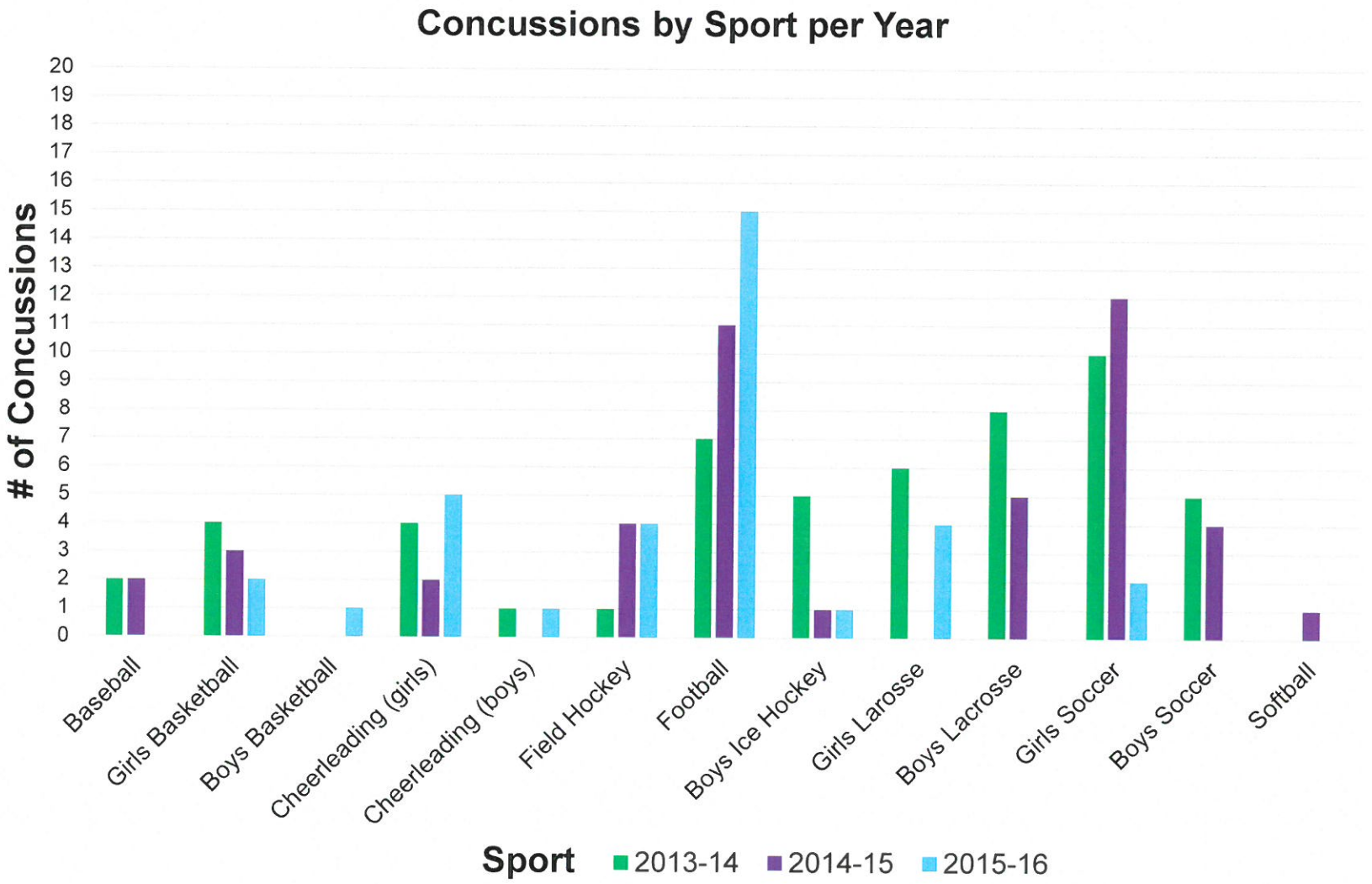

2013-14 Concussions by Gender
# of Concussions
30
28
26
24
22
20
18
16
14
12
10
8
6
4
2
0
Male
Female
Gender


2014-15 Concussions by Sport
# of Concussions
20
18
16
14
12
10
8
6
4
2
0
4%
9.09%
2.99%
9.76%
14.67%
4.17%
7.46%
26.09%
8.33%
2.63%
Baseball
Girls Basketball
Boys Basketball
Cheerleading (Girls)
Cheerleading (Boys)
Field Hockey
Football
Boys Ice Hockey
Girls Lacrosse
Boys Lacrosse
Girls Soccer
Boys Soccer
Softball
Sport


2014-15 Concussions by Gender
# of Concussions
30
28
26
24
22
20
18
16
14
12
10
8
6
4
2
0
Male
Female
Gender


2015-16 Concussions by Sport
# of Concussions
20
18
16
14
12
10
8
6
4
2
0
7.14%
3.03%
13.89%
50%
11.11%
15.79%
4%
9.76%
4.44%
Girls Basketball
Boys Basketball
Cheerleading (Girls)
Cheerleading (Boys)
Field Hockey
Football
Boys Ice Hockey
Girls Lacrosse
Boys Lacrosse
Girls Soccer
Boys Soccer
Softball
Sport


2015-16 Concussions by Gender
# of Concussions
30
28
26
24
22
20
18
16
14
12
10
8
6
4
2
0
Male
Female
Gender


Concussions by Sport per Year
# of Concussions
20
19
18
17
16
15
14
13
12
11
10
9
8
7
6
5
4
3
2
1
0
Baseball
Girls Basketball
Boys Basketball
Cheerleading (girls)
Cheerleading (boys)
Field Hockey
Football
Boys Ice Hockey
Girls Larosse
Boys Lacrosse
Girls Soccer
Boys Soccer
Softball
Sport
2013-14
2014-15
2015-16

Symptoms	0-6
Headache	
"Pressure in head"	
Neck Pain	
Nausea or vomiting	
Dizziness	
Blurred vision	
Balance problems	
Sensitivity to light	
Sensitivity to noise	
Feeling slowed down	
Feeling like "in a fog"	
"Don't feel right"	
Difficulty concentrating	
Difficulty remembering	
Fatigue or low energy	
Confusion	
Drowsiness	
Trouble falling asleep	
More emotional	
Irritability	
Sadness	
Nervous or Anxious	
Total	/132

	Yes	No
Symptoms ↑with physical activity		
Symptoms ↑with mental activity		
LOC/unresponsiveness		
If yes how long:		
Balance prob/unsteadiness		
Total	/4	

Sideline Assessment	Yes	No
Where are we?		
Which half/period/quarter is it?		
What team are we playing?		
Month?		
Date?		
Day of week?		
Year?		
Time?		
Total	/8	

5 word recall (3 trials)		
Elbow	Candle	Baby
Apple	Paper	Monkey
Carpet	Sugar	Perfume
Saddle	Lemon	Sunset
Bubble	Wagon	Iron
/15		

Digits Backwards:		
4-9-3	6-2-9	5-2-6
3-8-1-4	3-2-7-9	1-7-9-5
6-2-9-7-1	1-5-2-8-6	6-1-8-4-3
7-1-8-4-6-2	5-3-9-1-4-8	8-3-1-9-6-4
/4		

Months of year in reverse order	
Dec-Nov-Oct-Sept-Aug-Jul- Jun-May-Apr-Mar-Feb-Jan	/1

BESS test	Leg tested: _____	
No shoes	Flat ground	airex
Double Leg (feet together)	/10	/10
Single Leg (non-dominant)	/10	/10
Tandem Stance (non-dominant in back)	/10	/10

Coordination	Arm tested: L R
Arm extended 90°, finger extended. Touch nose, 5 times in under 4 seconds	
	/1

Delayed recall	
	/5

Myotomes	
Dermatomes	
Cranial Nerves	

Notes: _____

SCFA
SOMERSWORTH/ LEE, NH
Seacoast Center for Athletes

New Hampshire: Concussion or Head Injury Return to Play Form

Student Name: _____ DOB: _____ Grade: _____

Date of Injury: _____

Health Care Provider Medical Clearance and Written Authorization to Return to Play

I, _____ with Health Care License # _____
(print health care provider name)

of _____(print business name and address)
by signing this Concussion or Head Injury Return to Play Form certify the following:

1. I am licensed, certified, or otherwise statutorily authorized by the State of New Hampshire to provide medical treatment and am trained in the evaluation and management of concussions.
2. I examined the above-named student on the date listed below.
3. I explained to the student and the student's parent/ guardian the nature and risks of concussion or head injuries including the risks of continuing to play and practice after sustaining a concussion or head injury.
4. I have medically cleared the above-named student to return to play and practice without any restrictions.
5. The above-named student has my written authorization to return to play and practice.

Date: _____ _____
(signature of health care provider)

Parent/ Guardian Written Permission to Return to Play

I, _____ am the parent/ guardian of the above-named student who was removed from play at a practice or game because of a suspected concussion or head injury. By signing this Concussion or Head Injury Return to Play Form, I certify that the following:

1. My child was evaluated by our health care provider who is listed above and has received written medical clearance to return to play and practice.
2. Our health care provider has explained to us the nature and risk of concussions and head injuries including the risks to my child of continuing to play and practice after sustaining a concussion or head injury.
3. I understand, acknowledge, and accept the risks of my child returning to play and practice.
4. I understand and acknowledge that my child cannot return to play and practice without my written permission.
5. I give my written consent and permission for my child to return to play and practice.

Date: _____ _____
(signature of parent/ guardian)

Substitute Employee Rates by District

		DAILY RATES							HOURLY RATES									LONG-TERM RATES					
District	SAU #	Substitute	Certified Teacher	Para	Classroom Assistant	Nurse	LPN	Admin Asst.	Teacher Sub	Cert Tchr	Nurses	Paraprof	Office/Clerical	Food Service	Custodian	Library Assistants	Lunch Monitor	21+ Days Certifie	21+ Days Non-	21+ Nurse	21+ Days Para	Office Support	Food Serv.
Conval	1	$ 70.00	$ 85.00															$175.00*					
Inter-Lakes	2	$ 75.00	$ 75.00																				
Ashland	2	$ 65.00	$ 65.00																				
Oyster River	5	$ 75.00	$ 80.00			$ 95.00																	
Colebrook	7	$ 60.00	$ 70.00			$ 48.00																	
Concord	8	$ 70.00	$ 70.00																				
Derry	10	$ 65.00		$ 50.00									$ 9.00										
Dover	11	$ 75.00	$ 80.00	$ 70.00		$ 95.00																	
Londonderry	12	$ 60.00	$ 65.00						$ 10.00	$ 10.83	$ 10.83			$ 8.00	$ 8.00								
Tamworth, Madison, Freedom	13	$50-60	$ 75.00																				
Epping	14	$ 65.00	$ 75.00																				
Auburn/Hooksett	15	$ 65.00	$ 75.00																				
Candia	15	$ 65.00	$ 65.00																				
Exeter	16	$ 81.25							$ 12.50														
Goffstown/New Boston♦	19	$ 65.00	$ 75.00			$125.00																	
Goffstown													$ 12.30	$ 9.42	$ 11.25				$ 180.80				
New Boston							$ 90.00						$ 10.89	$ 10.58	$ 12.70				$ 188.00				
Winnacunnet	21	$ 80.00											$ 12.50	$ 10.75									
John Stark Regional	24	$ 60.00	$ 75.00																				
Bedford	25	$ 70.00	$ 80.00			$120.00						$ 9.00	$ 9.50	$ 9.50	$ 10.00				$ 209.51		10.00/hr	10.50/hr	10.00/hr
Merrimack♦	26	$ 65.00	$ 75.00			$150.00						$ 10.00	$ 10.00	$ 9.00	$ 10.00	$10.00	$ 8.50	$ 95.00	$ 85.00		$10.50/hr		
Litchfield	27	$ 70.00	$ 70.00																				
Keene	29	$ 85.00																					
Newmarket	31	$ 70.00	$ 75.00	$ 60.00		$100.00												Step 1	Step 1				
Raymond	33	$ 65.00	$ 75.00			$ 75.00						$ 8.50	$ 8.50	$ 8.50	$ 8.50								
Littleton	35	$ 60.00	$ 75.00																				
Amherst/Mont Vernon/Souhegan	39	$ 75.00	$ 75.00	$ 75.00	$ 75.00	$130.00							$ 8.50	$ 10.00	$ 11.65			*	*				
Milford	40	$ 65.00	$ 65.00	$ 65.00		$100.00							N/A	$ 11.00	$ 12.00			$ 100.00	$ 100.00		hourly wage		
Hollis/Brookline	41	$ 65.00																					
Moultonborough	45	$ 75.00	$ 80.00																				
Plymouth SAU	48	$50-70	$60-80																				
Greenland	50		$ 85.00			$ 85.00			$ 10.00									$ 95.00		$ 95.00			
Pittsfield	51	$ 65.00	$ 70.00			$110.00																	
Portsmouth	52	$ 80.00	$ 90.00			$ 90.00																	

		DAILY RATES							HOURLY RATES									LONG-TERM RATES					
District	SAU #	Substitute	Certified Teacher	Para	Classroom Assistant	Nurse	LPN	Admin Asst.	Teacher Sub	Cert Tchr	Nurses	Paraprof	Office/Clerical	Food Service	Custodian	Library Assistants	Lunch Monitor	21+ Days Certifie	21+ Days Non-	21+ Nurse	21+ Days Para	Office Support	Food Serv.
Pembroke	53	$ 65.00																					
Rochester	54	$ 60.00	$ 80.00			$140.00												$ 189.00					
Somersworth	56	$ 70.00	$ 75.00			$125.00																	
Salem	57	$ 73.00																					
Rollingsford	57	$ 65.00	$ 70.00																				
Winnisquam	59	$ 80.00																					
Wilton-Lyndeborough	63	$ 65.00																					
Milton & Wakefield	64	$ 70.00	$ 75.00																				
Hopkinton	66	$ 60.00	$ 65.00			$125.00																	
Barrington	74	$ 75.00	$ 90.00			$125.00																	
Sunapee	85	$ 70.00	$ 70.00			$100.00																	
Barnstead	86	$ 65.00	$ 65.00																				
Mascenic Regional	87	$ 65.00	$ 75.00																				
Lebanon	88	$ 90.00	$ 90.00						$ 12.00	$ 12.00													
Hampton	90	$ 87.50							$ 12.50														
Monadnock Regional	93	$ 85.00						$ 70.00						*									
Prospect Mountain	301	$ 65.00	$ 75.00																				

Benefits

- Merrimack School District reimburses for fingerprinting after 20 non-consecutive days
- Goffstown/New Boston District has employee assistance and 403b benefits for subs

MEMORANDUM OF AGREEMENT
Dover Adult Learning Center, Inc.
and
School Administrative Unit #11

I. Purposes

The purposes of this Memorandum of Agreement (Memorandum) between the Dover Adult Learning Center, Inc., 61 Locust Street, Dover, NH 03820 (DALC), a **New Hampshire non-profit corporation and** 501(c)3 organization and School Administrative Unit #11, Municipal Building, Dover, NH 03820 (SAU) **is to define the roles and responsibilities of each organization in order to** ~~are as follows~~:

A. ~~To f~~**Foster** the achievement of both **the** DALC and SAU mission**s** and goals through a collaborative working relationship between the two organizations; and

B. ~~To f~~**Facilitate** operational efficiencies by promoting economies of scale and avoiding duplications of effort ~~Operational efficiencies include but are not limited to: voice, data, network, application and security services~~; and

C. ~~To p~~**P**romote and improve DALC's adult education programs in Dover and all of Strafford County.

II. SAU Responsibilities

The responsibilities of the SAU under this Memorandum ~~of Agreement~~ are as follows:

A. The SAU will fund the salary and benefits of the DALC Executive Director and Office Manager. **Grant funds may be used for such funding as available and allowable. The DALC Executive Director position will follow the terms of the Dover Administrator's Association Policy. The DALC Office Manager position will follow and be bound by the terms of the Dover Educational Office Personnel Agreement.**

B. The SAU will **receive and** fiscally administer all federal and ~~state DALC~~ **State of New Hampshire Bureau of Adult Education** grants, ~~which require SAU sponsorship,~~ including but not limited to **submitting monthly and annual reports and** responding to audit requests. ~~from grant agencies~~.

C. The SAU will perform all bookkeeping and accounting functions for all federal and ~~state DALC~~ **State of New Hampshire Bureau of Adult Education grants.** ~~which require SAU sponsorship~~.

D. The SAU will perform all payroll and benefit administration functions for DALC.

E. The SAU will provide workers compensation insurance, unemployment insurance, and professional liability insurance for all its employees who work at DALC, for which DALC will reimburse the SAU as **invoiced by the SAU** ~~required~~. It is the understanding and intent of the parties that all employees who work at DALC**, including employees paid with state, federal, SAU local and/or DALC funds,** are employees of the SAU **and are subject to SAU policies**.

For all prior periods, through the Effective Date of this Memorandum, and at all times thereafter, DALC-related personnel have been, and remain, employees of the SAU, whose wages are eligible (subject to NHRS membership requirements, and other limitations set forth in RSA 100-A and NHRS rules) to be treated as "earnable compensation" within the meaning of N.H. Stat. 100-A:1, XVII. If the School/DALC employer/employee relationship changes at a future date, the SAU must notify, in writing, the NHRS of the employer/employee relationship change not less than thirty (30) days prior to such change.

F. The SAU will ~~work collaboratively with DALC to~~ secure ~~the best~~ **appropriate** insurance coverage and rates available ~~as mutually agreed upon~~ on a year-to-year basis. This coverage **will include DALC and** address the following insurance needs: Building Coverage and Building Content.

~~Directors' and Officers' Liability~~
~~Errors and Omissions, including Employment Practices~~

DALC will reimburse the SAU for its proportional share of the cost of these insurances based on square feet of space insured as invoiced by the SAU. The SAU will also secure general liability insurance/risk pool coverage.

G. **The DALC Executive Director will make staffing recommendations to the superintendent who will nominate prospective employees to the Dover School Board.** ~~The SAU, in collaboration with the DALC Board of Directors,~~ **The Dover School Board** will provide final approval of all employment relationships regarding SAU staff who work at DALC. **In the case of the Executive Director, the DALC Board of Directors will make the recommendation to the superintendent, who will nominate a prospective Executive Director to the Dover School Board. The Dover School Board will provide final approval of the Executive Director.**

H. The Superintendent of Schools **will meet with the DALC Board of Directors periodically and** in collaboration with them ~~DALC Board of Directors,~~ will provide professional support, administrative assistance, and advice to DALC's Executive Director on matters related to DALC's educational mission.

I. **The SAU will make available classroom space at Dover High School for AHS classes, enrichment classes and the auditorium for graduation at no charge, unless both parties agree to a fee.**

J. **The Dover School Board will review and approve policies and handbooks related to DALC's grant related activities.**

III. DALC Responsibilities

The responsibilities of DALC under this Memorandum ~~of Agreement~~ are as follows:

~~A.~~ To maintain its 501(c)3 status **with the Internal Revenue Service and its non-profit corporate status with the New Hampshire Secretary of State.** ~~including ownership of separate and distinct bank accounts.~~

B. **To maintain ownership of separate and distinct bank accounts from those of the SAU.**

C. **To write, administrator and report on NH Bureau of Adult Education grants, currently ABE, AHS, ACT, ELL Civics & ALS, received by the SAU.**

D. **To secure and maintain classroom space in which to conduct the grant activities which may be used by the SAU, by mutual agreement, at no charge.**

E. To maintain a Board of Directors **consistent with the requirements of NH RSA 292 and** for the purpose of providing oversight of DALC's operational and fiscal performance; reviewing and recommending strategic initiatives; developing, offering and promoting programs offered throughout the County ("Doing Business As" The Adult Learning Center of Strafford County); fundraising; accepting and administering grants other than those ~~administered~~ received by the SAU under Section II. B.; and ~~making recommendations~~ **providing the results of their performance review** to the Superintendent of Schools relative to the performance of the Executive Director **on or about March 1 annually and the Superintendent of Schools will provide results back to the DALC Board with recommendations**.

F. To remit to the SAU within thirty (30) days of notice, or within the recognized time allowed by the schedules of the federal and state grants fiscally managed by the SAU for DALC, such funds as may be necessary to reimburse the SAU for accounts payable.

G. To remit to the SAU within thirty (30) days of notice, or within the recognized time allowed by the schedules of the federal and state grants fiscally managed by the SAU for DALC, such funds as may be necessary to reimburse the SAU for payroll, benefits, **unemployment** and workers compensation disbursements made by the SAU pursuant to Paragraph IIE. above.

H. To remit to the SAU within 30 days of notice such funds as may be necessary to reimburse the SAU for insurance premium disbursements made by the SAU pursuant to Paragraph II.F. above, including but not limited to reimbursement for comprehensive general liability insurance with operational injury, bodily harm, broad form property damage, operations hazards, owner's protective coverage, contractual and employment liability, in limits not less than $1,000,000 inclusive~~, which insurance policies shall name the SAU as an additional insured thereunder,~~ and such other forms of insurance or bonds as the SAU and the DALC deems appropriate and may reasonably require from time to time in forms, amounts, and coverages, as a prudent school administrative unit of comparable size and in a comparable relationship would require to protect itself.

I. **To procure and maintain Directors' and Officers' Liability and Errors and Omissions insurance, including Employment Practices Liability Insurance.**

J. To cooperate fully with the SAU in support of the responsibilities performed by the SAU as described in Section II of this Memorandum.

K. To follow the reasonable business rules and regulations of the SAU, and such additional reasonable business rules and regulations as may be adopted by the SAU from time to time.

L. To provide oversight, through the collaboration of the DALC Board of Directors and the Superintendent, of the performance of the Executive Director as well as the operational and fiscal performance of DALC.

M. **To report periodically to the Dover School Board on its adult education grant related activities.**

IV. Assignment

This Memorandum shall inure to the benefit of, and be binding upon, each of the parties hereto and their respective successors and assigns. Notwithstanding the preceding sentence, neither DALC nor the SAU shall be permitted to transfer or assign its responsibilities under this Memorandum to any other person or organization without the prior written consent of the other party, which either party may grant or withhold in its sole and absolute discretion.

V. Counterparts

This Memorandum may be executed in any number of counterparts, all of which shall constitute a single agreement binding on the parties hereto.

VI. Mutual Indemnity & Hold Harmless

The SAU shall **defend and** indemnify~~, defend and hold~~ DALC **for claims caused solely by the SAU's negligence that are within the scope of the SAU's liability insurance/risk pool coverage.** ~~, its directors, subcontractors and agents harmless from and against any and all claims, liability, loss and expense (including, but not limited to, attorney's reasonable fees and costs actually incurred) arising by reasons of the act or omissions of the SAU, its agents or employees or arising in any area under the control of the SAU, its agents, or employees.~~

~~Except for negligence or willful misconduct of the SAU or its employees,~~ DALC shall **defend and** indemnify~~, defend and hold~~ the SAU **for claims caused solely by the DALC's negligence that are within the scope of DALC's liability insurance coverage.** ~~, its directors, subcontractors, agents and employees harmless from and against any and all claims, liability, loss, and expense (including, but not limited to, attorney's reasonable fees and costs actually incurred) arising by reasons of the act or omissions of DALC, its agents or directors or arising in any area under the control of DALC, its agents or directors.~~

The provisions of this section shall survive any termination or expiration of this Memorandum.

VII. Miscellaneous

A. This Memorandum may be modified only by a written agreement executed by all of the parties hereto, with all of the formalities of this Memorandum.

B. This Memorandum merges and supersedes all prior agreements and understandings of the parties whether written or oral, and DALC and the SAU mutually agree that any such prior agreements and understandings are hereby terminated.

C. All captions used herein are for purposes of convenience only and shall not be relied on ~~referred to~~ in construing the Memorandum.

D. This Memorandum shall be governed, construed and enforced in accordance with the laws of New Hampshire and all actions brought in connection with this Memorandum shall be maintained only in a state or federal court of competent jurisdiction in New Hampshire.

E. The failure of any party to insist upon strict compliance with any of the terms, conditions or covenants contained herein shall not be deemed a waiver of any such terms, conditions or covenants; nor shall any waiver at any one or more times be deemed a waiver at any other time or times.

F. If any provisions of this Memorandum are determined to be unlawful or unenforceable, it shall not invalidate the remainder of the Memorandum provided the unlawful or unenforceable provision does not affect the essence of this Memorandum.

VIII. Terms of Memorandum of Agreement

This Memorandum ~~of Agreement~~ shall be effective on the **13th** day of **March 2017** ~~2007~~ and shall remain in effect **until June 30, 2027,** ~~for a period of ten (10) years:~~ provided, however, that either party may sooner terminate it by delivering to the other party written notice of their intent to terminate the Memorandum, in which case, this Memorandum shall terminate and be null and void on the 90th day following the recipient 's receipt of said written notice **or the end of the fiscal year, whichever is sooner**.

DOVER SCHOOL BOARD MEMBERS

DOVER ADULT LEARNING CENTER BOARD MEMBERS

GENERAL FUND - FY2017 CONDITION OF ACCOUNTS

REVENUE - ESTIMATED OCTOBER 31, 2016

Account Description	FY2017 Budget	Received To Date 10/31/2016	Add'l Anticipated Estimated Revenue	Total Estimated Revenue	(Over)/ Under Budget
TUITION-REGULAR FROM PARENTS	$ -	$ -	$ -	$ -	$ -
TUITION - OTHER NH DISTRICTS	$ (64,235.00)	$ (2,951.58)	$ (63,458.92)	$ (66,410.50)	$ (2,175.50)
TUITION - BARRINGTON	$ (2,654,225.00)	$ -	$ (2,739,477.11)	$ (2,739,477.11)	$ (85,252.11)
TUITION - NOTTINGHAM	$ (988,174.00)	$ (75,000.00)	$ (841,382.75)	$ (916,382.75)	$ 71,791.25
TUITION SPED AIDES	$ (312,000.00)	$ (2,842.96)	$ (345,228.00)	$ (348,070.96)	$ (36,070.96)
TUITION-VOC-NH DISTRICTS	$ (80,000.00)	$ -	$ (59,748.15)	$ (59,748.15)	$ 20,251.85
TUITION-VOC-OUT OF STATE DIST	$ (50,000.00)	$ -	$ (76,286.96)	$ (76,286.96)	$ (26,286.96)
OTHER LOCAL REVENUE DW	$ (163,000.00)	$ (4,256.25)	$ (30,743.75)	$ (35,000.00)	$ 128,000.00
STATE ADEQUATE EDUCATION GRANT	$ (9,008,538.00)	$ (1,801,708.00)	$ (7,132,073.96)	$ (8,933,781.96)	$ 74,756.04
SCHOOL BUILDING AID	$ (652,673.00)	$ (325,436.64)	$ (325,436.62)	$ (650,873.26)	$ 1,799.74
CATASTROPHIC AID	$ (260,000.00)	$ -	$ (263,520.00)	$ (263,520.00)	$ (3,520.00)
VOC TUITION AID	$ (225,000.00)	$ -	$ (168,578.95)	$ (168,578.95)	$ 56,421.05
VOC TRANSPORTATION AID	$ (3,000.00)	$ -	$ (3,000.00)	$ (3,000.00)	$ -
INDIRECT COST ALLOCATION	$ (100,000.00)	$ (3,380.55)	$ (96,619.45)	$ (100,000.00)	$ -
ABE ALLOCATION	$ (43,000.00)	$ -	$ (39,011.00)	$ (39,011.00)	$ 3,989.00
IMPACT AID	$ (5,000.00)	$ -	$ (5,000.00)	$ (5,000.00)	$ -
MEDICAID DISTRIBUTION	$ (650,000.00)	$ (157,488.32)	$ (492,511.68)	$ (650,000.00)	$ -
SCHOOL - TRANSFER FROM SPECIAL RESERVES	$ (200,000.00)	$ -	$ (200,000.00)	$ (200,000.00)	$ -
SCHOOL - TRANSFER FROM CAPITAL RESERVES	$ (2,729,000.00)	$ -	$ (2,660,999.00)	$ (2,660,999.00)	$ 68,001.00
TUITION - PRESCHOOL PROGRAM	$ (14,400.00)	$ (3,925.00)	$ (7,675.00)	$ (11,600.00)	$ 2,800.00
TUITION - SUMMER SCHOOL, WPS	$ (8,000.00)	$ (6,140.00)	$ -	$ (6,140.00)	$ 1,860.00
ATHLETIC TRANSPORTATION DMS	$ (10,000.00)	$ (7,145.42)	$ (2,854.58)	$ (10,000.00)	$ -
TUITION - SUMMER SCHOOL, DHS	$ (27,650.00)	$ (2,160.00)	$ -	$ (2,160.00)	$ 25,490.00
ATHLETIC TRANSPORTATION DHS	$ (55,000.00)	$ (18,619.81)	$ (36,380.19)	$ (55,000.00)	$ -
Total Non Tax Revenue	**$ (18,302,895.00)**	**$ (2,411,054.53)**	**$ (15,589,986.07)**	**$ (18,001,040.60)**	**$ 301,854.40**
State Wide Property Tax	$ (6,844,285.00)	$ -	$ (6,844,825.00)	$ (6,844,285.00)	$ -
Local Property Tax	$ (30,985,059.00)	$ -	$ (30,985,059.00)	$ (30,985,059.00)	$ -
Total Tax Revenue	**$ (37,829,344.00)**	**$ -**	**$ (37,829,884.00)**	**$ (37,829,344.00)**	**$ -**
Total Operating Revenue	**$ (56,132,239.00)**			**$ (55,830,384.60)**	**$ 301,854.40**

EXPENSES & ENCUMBRANCES - ESTIMATED OCTOBER 31, 2016

Account Description	FY2017 Budget	Expenses to Date 10/31/2016	Encumbrances 10/31/2016	Total Estimated Exp/Enc to Date	Over/ (Under) Budget
(1100) Regular Education Programs	$ 21,061,806.95	$ 3,376,221.17	$ 17,372,688.50	$ 20,748,909.67	$ (312,897.28)
(1200) Special Education Programs	$ 9,514,172.81	$ 1,895,659.70	$ 7,384,309.65	$ 9,279,969.35	$ (234,203.46)
(1300) Career and Technical Education Programs	$ 1,879,648.62	$ 317,205.29	$ 1,392,673.13	$ 1,709,878.42	$ (169,770.20)
(1400) Co-Curricular Activities and Athletics	$ 630,912.05	$ 205,007.80	$ 311,543.91	$ 516,551.71	$ (114,360.34)
(1600) Adult/Continuing Education Programs	$ 238,400.88	$ 69,522.78	$ 157,875.34	$ 227,398.12	$ (11,002.76)
(2100) Support Services - Students	$ 3,506,649.58	$ 602,534.16	$ 2,793,488.30	$ 3,396,022.46	$ (110,627.12)
(2200) Support Services - Instructional Staff	$ 993,827.17	$ 234,159.09	$ 668,793.69	$ 902,952.78	$ (90,874.39)
(2300) Support Services - General Admin.	$ 1,343,999.66	$ 504,427.76	$ 712,986.15	$ 1,217,413.91	$ (126,585.75)
(2400) Support Services - School Admin.	$ 2,609,812.53	$ 797,196.21	$ 1,762,658.98	$ 2,559,855.19	$ (49,957.34)
(2600) Support Services - Operation Maint/Plant	$ 3,989,489.39	$ 861,720.92	$ 3,130,335.37	$ 3,992,056.29	$ 2,566.90
(2700) Support Services - Student Transportation	$ 2,199,996.00	$ 413,052.74	$ 1,808,537.57	$ 2,221,590.31	$ 21,594.31
(2800) Support Services - Centralized Services	$ 958,679.36	$ 402,017.17	$ 386,759.88	$ 788,777.05	$ (169,902.31)
(2900) Support Services - Other	$ 9,745.00	$ 6,811.62	$ 2,945.45	$ 9,757.07	$ 12.07
Fund Transfer to Special Revenue Funds	$ 525,280.00	$ 94,912.34	$ 430,367.66	$ 525,280.00	$ -
Fund Transfer to Capital Reserves	$ 80,000.00		$ 80,000.00	$ 80,000.00	$ -
Total Operating Expenses	**$ 49,542,420.00**	**$ 9,780,448.75**	**$ 38,395,963.58**	**$ 48,176,412.33**	**$ (1,366,007.67)**
School Debt - Principal Payments	$ 2,046,065.00	$ 168,577.79	$ 1,877,487.21	$ 2,046,065.00	$ -
School Debt - Interest Payments	$ 4,543,754.00	$ 180,859.51	$ 4,362,894.49	$ 4,543,754.00	$ -
Total Debt Service	**$ 6,589,819.00**	**$ 349,437.30**	**$ 6,240,381.70**	**$ 6,589,819.00**	**$ -**
otal Expenses, Encumbrances and Anticipated Expenses	**$ 56,132,239.00**	**$ 10,129,886.05**	**$ 44,636,345.28**	**$ 54,766,231.33**	**$ (1,366,007.67)**
			Estimated Operating Revenue (over)/under budget		$ 301,854.40
			Estimated Net revenue/expenses, (unexpended funds)/deficit		**$ (1,064,153.27)**