

Kathy L. Pelletier, Director

James Boothby, Superintendent

Certified Clinical Medical Assistant Fall 2021 Pilot Program Application Packet

Our Certified Clinical Medical Assistant (CCMA) program is part of a new pilot program to create a multi-layered, regional, healthcare education program with multiple entry points in our area. Accepted applicants will be working with RSU 25 and/or RSU 24 Adult Education, Workforce training partners, the University College System, and local employers over the duration of this program. Pilot participants must agree to follow up interviews after program completion so that we are able to fulfill outcome reporting for grant purposes. All components of the CCMA program must be completed to receive a Clinical Medical Assistant course completion certificate at RSU 25 Adult Education. A course completion certificate is required to take the national certification exam. An optional work experience is available at the end of the classroom portion of the course. Please read packet information carefully, fill out the required forms, and return to RSU 25 Adult Education at: 102 Broadway, Suite One, Bucksport, ME, 04416.

Applications should be completed as soon as possible.

1. Personal Data Sheet
2. Immunization Sheet
3. Background Check
4. Social Security Release
5. Family Educational Rights and Privacy Act (FERPA) Release
6. Records Release
7. Academic and Workforce Tracking Agreement
8. Student Online Learning Platforms and Video Communication Technology Permission Form
9. Student Computer/Internet Use Acknowledgement Form
10. Adult Education Student – Parent Handbook Agreement
11. CASAS Assessments (Pre and post testing)
12. Applicant Interview - scheduled after items 1-12 are completed.

Program includes:

Textbooks	Initial Background Check
Tuition	Student Kit
BLS/CPR and First Aid Certification	Supplies and Materials for class and labs
Digital Literacy Certification	National Certification study guide and practice exams
National Certification Exam Fee	

All materials + supplies will be provided to you throughout the course. Please do not make purchases without speaking to instructors. If you are required to purchase anything for course participation, a supply list and purchase voucher will be supplied to you at the appropriate time.

Total Program Fee: \$0*

*** Students will be responsible for the cost of their uniforms, shoes, and transportation to labs and exams.**

ACCEPTANCE NOTE: You will not be considered for acceptance into the CCMA Program until completed packet, pre-assessments and interview results been received by this office.

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CERTIFIED CLINICAL MEDICAL ASSISTANT PILOT PROGRAM PHILOSOPHY

Nursing care is concerned with the basic needs of individuals who have physical, mental, social, and cultural dysfunctions. You will gain the training and education to work in healthcare under the supervision of a supervisor.

OBJECTIVES:

The purpose of this course is to prepare students to assist physicians by performing functions related to the clinical aspects of a medical office.

At the completion of this course, the student will have covered the following:

- a. Clinical responsibilities of the medical office – assisting the physician with patient related care
- b. Preparing patients for examination and treatment, routine procedures and diagnostic testing
- c. HIPAA, patient confidentiality, legal aspects of healthcare and regulatory patient care issues
- d. Recording and taking of vital signs, blood pressure, and other patient care items related to the physician office visit
- e. Review and administration of medications, allergies and other pharmacology related items
- f. Assist in emergency situations
- g. Communicate in an effective, positive manner
- h. Assist the registered professional nurse to provide general patient care
- i. Recognize several life-threatening emergencies, provide CPR, use of an AED and how to relieve choking in a safe, timely, and effective manner (AHA BLS PROVIDER Certification)
- j. Respond to and manage first aid, sudden cardiac arrest, choking, or other emergencies in the first few minutes until emergency medical services arrive. Learn skills such as how to treat bleeding, sprains, broken bones, chock and other first aid emergencies (Heartsaver First Aid Certification)
- k. Demonstrate ability to perform and or navigate Basic Computer Skills, Internet, Windows, Email, Microsoft Office programs, Social Media, and Information Literacy (Northstar Digital Literacy Certification)

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PERSONAL DATA SHEET

LAST NAME _____ FIRST NAME _____ MI _____

LIST ANY AND ALL ADDITIONAL NAMES USED: _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____

SEX M F HISPANIC Y N ETHNICITY _____ EMPLOYED Y N

ADDRESS _____

MAILING ADDRESS (If different) _____

TELEPHONE: (H) _____ (C) _____ (w) _____

EMAIL ADDRESS _____

EMERGENCY CONTACT NAME AND NUMBER _____

DID EITHER OF YOUR PARENTS EARN A 4-YEAR DEGREE? MOTHER FATHER BOTH NONE

EDUCATION – Complete for any attended
COLLEGE COURSEWORK IS NOT REQUIRED FOR ADMITTANCE TO PROGRAM
HIGH SCHOOL COMPLETION IS REQUIRED TO SIT FOR NATIONAL CERTIFICATION EXAM

HIGH SCHOOL _____ YEAR GRADUATED _____

GED/HiSET TEST CENTER _____ YEAR GRADUATED _____

Course of study _____

Degree acquired _____

Have you ever been convicted of any crime other than a minor traffic violation? _____

If yes, in what State? _____ Explain _____

If you have been convicted of abuse, neglect or misappropriation of property, you may NOT be able to work after completion of this course.

Signature _____

Date _____

Please submit to RSU 25 Adult Education at:

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RECORD OF IMMUNIZATIONS

Working in healthcare, the student may be at greater risk of transmitting communicable disease to the patient seeking medical attention. Therefore, proof of immunity or vaccination against communicable disease is a requirement of our clinical sites. Recent resurgence of communicable has led the CDC/ACIP (Association of Infection Control Practitioners) to recommend that all healthcare workers be required to show proof of vaccination, doctor office documented history of disease, or lab proof of immunity to the following:

PLEASE NOTE DATES MUST BE ENTERED. CHECKMARKS WILL NOT BE CONSIDERED.

Rubeola (Measles):

Lab confirmation of immunity **Date:** _____ **Result:** _____
or
 Documentation of (2) MMR's or (2) doses of rubeola vaccine **Date of: 1st** _____ **2nd** _____
or
 Physician diagnosed/documentated history of rubeola/measles disease **Date:** _____

Mumps:

Lab confirmation of immunity **Date:** _____ **Result:** _____
or
 Documentation of (2) MMR's or (2) doses of mumps vaccine **Date of: 1st** _____ **2nd** _____
or
 Physician documented history of disease **Date:** _____

Rubella (German Measles):

Lab confirmation of immunity **Date:** _____ **Result:** _____
or
 Documentation of (1) MMR or (1) dose of Rubella vaccine **Date of: 1st** _____ **2nd** _____

Varicella (Chickenpox):

Lab confirmation of immunity **Date:** _____ **Result:** _____
or
 Documentation of (2) dose of varicella vaccine **Date of: 1st** _____ **2nd** _____
or
 Physician documented history of chickenpox or herpes zoster (shingles) **Date:** _____

Hepatitis B:

Documentation of (3) dose series of Hepatitis B vaccine, **Date of: 1st** _____ **2nd** _____ **3rd** _____
Followed by Lab confirmation of immunity (HEPBsAB) **Date:** _____ **Results:** _____

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RECORD OF IMMUNIZATIONS - continued

Tetanus/Diphtheria (Td) or Tetanus/Diphtheria/acellular Pertussis (Tdap):

Documentation of (5) doses of Tdap protection (childhood immunizations)

Date of: 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____

Plus (1) recent dose of Tdap (regardless of last date of plain tetanus) **Date:** _____

Tuberculosis: (Please note test must be GIVEN AND READ TWICE rather than given once and read twice)

Documentation of 2-part TB testing **Date of: Part 1** _____ **Results:** _____

Date of: Part 2 _____ **Results:** _____

Influenza:

It is recommended that all healthcare students receive Influenza vaccination annually.

Documentation of last Influenza dose **Date:** _____ **(Optional)**

COVID-19

It is recommended that all healthcare students receive COVID-19 vaccinations. **Optional at time of packet creation – subject to change.**

Documentation of either (1) dose or 2 (doses) of COVID-19 vaccine

1st dose: Product name/manufacturer/lot number/clinic site _____ **Date:** _____

2nd dose: Product name/manufacturer/lot number/clinic site _____ **Date:** _____

Physician's Signature _____ **Date:** _____

And/or documentation attached.

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Please Return to RSU 25 Adult Education:

**To: Health Care Facilities hosting
RSU 25 Adult and Community Education's CCMA Students**

From: RSU 25 Adult Education

RE: Policy for Students Regarding Hepatitis B

Since OSHA'S regulations regarding occupational exposure to blood borne pathogens does not include Health Occupation students, we have developed our own policy that states the procedure a student is to follow should possible exposure to Hepatitis B occur during their clinical experience (see attached).

We hope this policy will clarify RSU 25 Adult and Community Education's position regarding the OSHA regulations and will assist the student, faculty, and the Health Care Facility in dealing with any incident that puts the student at risk for Hepatitis B

POLICY REGARDING HEPATITIS B EXPOSURE

Students enrolled in RSU 25 Adult and Community Education's CCMA program are at minimal risk for exposure to the Hepatitis B virus during their clinical experience. However, should accidental contamination with blood or other body fluids occur to a student via a needle stick, wound or other injury to the skin, the following protocol must be initiated:

1. The student should wash the injured area immediately with plenty of soap and water.
2. Report the incident to your instructor as soon as possible.
3. Complete a facility incident report which should indicate the possible source of injury.
4. Your instructor will notify the appropriate health care facility personnel who will initiate that facility's policy regarding such injuries.
5. The student should be seen by a physician, or follow the facility's policy recommendations for follow-up treatment
6. The cost of any testing or treatment that may be deemed necessary will be the responsibility of the student. Neither the health care facility nor RSU 25 Adult and Community Education will be held responsible for any of these costs.

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CCMA STUDENT CRIMINAL RECORDS CHECK INFORMATION SHEET

NAME: _____

ADDRESS: _____

PHONE: _____

SOCIAL SECURITY NUMBER: _____

BIRTH NAME: _____

OTHER NAMES USED, IF ANY: _____

DATE OF BIRTH: _____

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Release of Social Security Numbers and Exchange of Information

Adult Education in Maine is required by Title II of the Workforce Innovation and Opportunity Act to report how many adult learners:

- Are employed after attending adult education and/or
- Have entered college or a training program after attending adult education

Federal funds are used to pay for some of our classes including reading, writing, math, high school equivalency, and high school diploma courses. Gathering employment and postsecondary education information is needed to receive the funding that pays for this part of adult education.

To get this information, this adult education program will use your Social Security Number to match adult education enrollment records with employment and postsecondary records with the agencies listed below.

- The Maine Department of Labor – To report how many adults from Maine Adult Education Programs are employed. The data match does not identify you by name or where you work.
- The National Student Clearinghouse – To report how many adults from Maine Adult Education Programs are enrolled in postsecondary institutions.

We are asking you to sign this form giving us permission to use your Social Security Number for a data match in order to obtain the information we need for federal reporting.

The information obtained by the Department of Education will be used for the sole purpose of data match reporting and will not be shared with any other individuals or agencies without your written permission. All data used to conduct the data match and will be purged from the Department of Labor system after the report is complete.

I give permission to use my Social Security Number

Signature _____

Print Name _____

Social Security Number _____

Date _____

I do not give permission to use my Social Security Number

Signature _____

Print Name _____

Social Security Number _____

Date _____

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Family Educational Rights and Privacy Act (FERPA)

The *Family Educational Rights and Privacy Act* (FERPA), a Federal law, requires that Maine Adult Education, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your education records. However, Maine Adult Education may disclose appropriately designated “directory information” without written consent, unless you have advised the program to the contrary in accordance with District procedures. The primary purpose of directory information is to allow Maine Adult Education to include this type of information from your education records in certain school publications. Examples include:

- The annual yearbook
- Honor roll or other recognition
- Graduation programs

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without your prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks. In addition, two federal laws require local educational agencies (LEAs) receiving assistance under the Elementary and Secondary Education Act of 1965 (ESEA) to provide military recruiters, upon request, with three directory information categories – names, addresses, and telephone listings – unless you have advised the LEA that you do not want your information released without your prior written consent.¹

If you do not want Maine Adult Education to disclose directory information from your education records without your prior written consent, you must notify the program in writing at intake. Maine Adult Education has designated the following information as directory information. [Note: An LEA may, but does not have to, include all of the information listed below. You may view the K-12 directory information policy on the district website at www.rsu25.org.]

- Student’s Name
- Address
- Telephone Listing
- Electronic Mail Address
- Photograph
- Date and Place of Birth
- Dates of Attendance
- Degrees, honors, and awards received
- The Most Recent Educational Agency or Institution Attended

I give permission for my directory information to be released without my written permission

Signature: _____

Date: _____

I do not give permission for my directory information to be released without my written permission

Signature: _____

Date: _____

¹ These laws are: Section 9528 of the ESEA (20 U.S.C. 7908), as amended by the *No Child Left Behind Act of 2001* (P.L. 107-110), the education bill, and 10 U.S.C. 503, as amended by section 544, the *National Defense Authorization Act for Fiscal Year 2002* (P.L. 107-107), the legislation that provides funding for the Nation’s armed forces.

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Student Authorization and Records Release Form

I, _____
Last Name First Middle

Birth Name Date of Birth

do hereby grant you permission to send my records to:

Signature

Date signed



Please return this release form to RSU 25 Adult Education at:

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CERTIFIED CLINICAL MEDICAL ASSISTANT APPLICATION CHECK SHEET

Name (Printed) _____

- _____ I have read the entire CCMA packet carefully. AFTER doing this, I have asked any questions I need to understand and complete the packet.
- _____ I have made an appointment with the office at RSU 25 Adult and Community Education to take the CASAS
- _____ I have taken the CASAS Assessments.
- _____ I have taken the O*Net online Interest Profile or WOWi Assessment
- _____ I have completed the Personal Data Form and submitted it to RSU 25 Adult and Community Education.
- _____ I have had my doctor complete the Immunization form and submitted it to RSU 25 Adult and Community Education. I understand that it is my responsibility to check that the form has arrived fully completed at RSU 25 Adult and Community Education. **Physicians must sign proof of immunizations on check sheet and/or documentation must be attached.**
- _____ I have completed the Criminal Records Check and submitted it to RSU 25 Adult and Communication.
- _____ I have completed the Release of Social Security Numbers and Exchange of Information and submitted it to RSU 25 Adult and Community Education.
- _____ I have completed the Family Educational Rights and Privacy Act (FERPA) and submitted it to RSU 25 Adult and Community Education.
- _____ I have completed the Student and Authorization and Records Release Form and submitted it to RSU 25 Adult and Community Education.
- _____ I have read and signed the Student Computer/Internet Use Acknowledgement form.
- _____ I have read and signed the Student Online Learning Platforms and Video Communication Technology Permission Form.

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CERTIFIED CLINICAL MEDICAL ASSISTANT APPLICATION CHECK SHEET – continued

_____ I have read and signed the Academic and Workforce Tracking Agreement.

_____ I have read the Adult Education Student Handbook and signed the Adult Education Student Handbook Agreement. The RSU 25 Adult and Community Education Student Handbook can be found on the schools' website (www.rsu25.maineadulted.org or [rsu25.org/departments/adult education](http://rsu25.org/departments/adult%20education)). If you would like a printed copy please contact the adult education main office at 207.469.2129 or adulted@rsu25.org and one will be provided for you.

_____ RSU 25 Adult Education respectfully requests that students do not wear scents, perfumes, colognes, or other heavily scented personal and/or laundry products due to allergies of current staff, exam proctors, and students.

_____ I have made an appointment for my Applicant Interview. I understand I may be meeting with a combination of RSU 25 Adult Education staff, teachers, workforce partners, and/or local employers for the Entrance Interview.

_____ I understand that this program consists of the Certified Clinical Medical Assistant (CCMA) course, Basic Life Saving (BLS/CPR) certification, Heartsaver First Aid certification, Healthcare Math, Anatomy and Physiology, PersonAbility, Northstar Digital Literacy Certification and various workforce preparation workshops and activities designed to prepare the student for employment. The CCMA portion of the course is a minimum of 140 classroom hours with additional labs and is conducted with partners for this pilot program.

Students should be aware that the course includes a Phlebotomy and an EKG section. Healthcare students are required to participate in labs. Labs may require Phlebotomy “sticks” and “bleb” placements and EKG lead placements. Remember that if students aren't willing to participate – no one can practice. Students will begin on synthetic arms and hands and will not be allowed to progress to live sticks until healthcare supervisor is satisfied they are ready to do so. Students with medical issues that prevent active lab participation must notify adult education staff at or prior to enrollment. Students should understand that their inability to participate may prevent completion of course or certification. Please speak with an academic advisor if you have any questions or require more information on this portion of the program.

An optional 160-hour work experience may be arranged for students successfully completing the academic/lab portion of the program. Work experience placements include employer policies and procedures and may require drug testing or other requirements by the employer.

Additional hours needed to complete will vary among individual students as our goal is for everyone to achieve a successful completion. Students must complete a CASAS pre and post test as part of their program completion requirements. Northstar Digital Literacy Certification is provided through RSU 25 Adult Education with proctors certified by Northstar. The number of hours to finish the complete program is approximately 200. The national certification exam is obtained through National Healthcare Association

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James Boothby, Superintendent

(NHA), computer based, and held on site through RSU 25 Adult Education's approved testing site with NHA trained proctors.

I have read, understood, agree to comply with and/or completed the above initialed items listed on the Certified Clinical Medical Assistant Application Check Sheet. I understand that the RSU #25 Policy Committee is constantly changing/adding policies. We uphold the updated policies that are on our website at www.rsu25.org. Some of the policies in the Adult Education Student Handbook and the Certified Clinical Medical Assistant Packet may change during the school year.

Signature _____

Date _____

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**Academic & Workforce
Tracking Agreement**

Your original goal: _____

One way we measure the success of our program is by finding out what you are doing after completion of our program. By signing this form, you are agreeing to allow RSU 25 Adult Education staff to contact you periodically with questions. Your responses will help us determine the effectiveness of our program as well as identify ways to improve it. This information may be included in Maine College Transitions and/or Adult Education Workforce Innovation grant reporting. Below is a sample of the questions you may be asked at periodic intervals of 6 weeks, 6 months, 12 months, 18 months, and finally - 24 months.

Sample questions you may be asked:

In the past year I have:

1. Enrolled in a 2-year college program for _____ at _____
2. Enrolled in a 4-year college program for _____ at _____
3. Finished a college program for _____ at _____
4. Number of college credits earned to date: _____ from _____
5. Started working as _____ at _____ since _____
6. Started working on a training or certificate program: _____
through _____
7. Earned a certificate of _____ from _____
8. Other _____

Briefly state how the MCCA program affected your career and college decisions over the past year:

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Please list 2-3 goals related to college and career that you have for the coming year:

- A. _____

- B. _____

- C. _____

Please make any changes to the following information so that we can update our records and maintain contact with you:

Update address: _____

Update phone: _____

Update email address: _____

Thank you for agreeing to help us continue to evaluate our effectiveness and make improvements to our program as well as complete grant reporting. We appreciate your assistance!

I, _____ (please print name) agree to permit RSU 25 Adult Education staff contact me after the completion of my program at periodic intervals. I understand that the above questions are provided as a sample. Actual questions will remain as close as possible to the samples given but may vary as grant reporting or program changes are made. I also agree to update my contact information with RSU 25 Adult Education.

Student Signature

Date

STUDENT COMPUTER AND INTERNET USE ACKNOWLEDGEMENT FORM

No student shall be allowed to use school computers or the Internet until the student and parent/guardian have signed and returned this acknowledgment to the school.

Student:

I have read policy IJNDB - Student Computer and Internet Use and IJNDB-R – Student Computer and Internet Use Rules and agree to comply with them.

PRINT STUDENT NAME

Signature of Student

Date

Grade

Parent/Guardian:

I have read policy IJNDB - Student Computer and Internet Use and IJNDB-R – Student Computer and Internet Use Rules and understand that my son/daughter’s use of school computers is subject to compliance with these rules.

PRINT PARENT/GUARDIAN NAME

Signature of Parent/Guardian

Date

Please Return to School

Adopted: March 20, 2012

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STUDENT COMPUTER AND INTERNET USE

RSU 25's computers, network and Internet access are provided to support the educational mission of the schools. This policy and the accompanying rules also apply to laptops issued directly to students, whether in use at school or off school premises. For the purposes of this policy and associated policy, reference to computers or laptops shall be understood to mean any network accessible device.

Compliance with the school unit's policies and rules concerning computer use is mandatory. Students who violate these policies and rules may, after being given an opportunity to respond to an alleged violation, have their computer privileges limited, suspended or revoked. The building administrator shall have the final authority to decide whether a student's computer privileges will be altered, based on the circumstances of the particular case. Such violations may also result in disciplinary action, referral to law enforcement and/or legal action.

RSU 25 computers remain under the control, custody and supervision of the school unit at all times. The school unit monitors all computer and Internet activity by students. Students have no expectation of privacy in their use of school computers, whether they are used on or off school property.

The RSU 25 utilizes filtering technology designed to block materials that are obscene or harmful to minors, and child pornography. RSU 25 takes precautions to supervise student use of the Internet and also educates students about appropriate use of the Internet, but parents should be aware that the RSU 25 cannot reasonably prevent all instances of inappropriate computer use by students that may violate Board policies and rules, including access to objectionable materials and communication with persons outside of the school.

In the interest of student Internet safety, RSU 25 also educates students about online behavior, including interacting with other people on social networking sites and in chat rooms, the dangers of engaging in "hacking" and other unlawful online activities, and issues surrounding "sexting" and cyberbullying awareness and response.

The Superintendent/designee shall be responsible for integrating age-appropriate Internet safety training and "digital citizenship" into the curriculum and for documentation of Internet safety training.

Students and parents shall be informed of this policy and the accompanying rules through handbooks, the school web site and/or other means selected by the Superintendent.

The Superintendent/designee is responsible for implementing this policy and the accompanying rules. Superintendent/designee may implement additional administrative procedures or school rules consistent with Board policy to govern Internet access and the day-to-day management, security and operations of the school unit's computer and network systems and to prevent the unauthorized disclosure, use and dissemination of personal information regarding minors.

Cross Reference: IJNDB-R – Student Computer and Internet Use Rules
JICIA – Weapons, Violence, and School Safety
JICK - Bullying
GBEB – Staff Conduct with Students
GCSA – Employee Computer and Internet Use

Legal Reference: 47 USC § 254(h)(5) (Children’s Internet Protection Act)

Adopted: March 20, 2012

Revised: July 17, 2012

STUDENT COMPUTER AND INTERNET USE RULES

All students are responsible for their actions and activities involving school unit computers, network and Internet services, and for their computer files, passwords and accounts. These rules provide general guidance concerning the use of the school unit's computers and examples of prohibited uses. The rules do not attempt to describe every possible prohibited activity by students. Students, parents and school staff who have questions about whether a particular activity is prohibited are encouraged to contact a building administrator. These rules apply to all school computers and all school-provided laptops wherever used, and all uses of school servers, Internet access and networks regardless of how they are accessed. For the purposes of this policy and associated policies, reference to computers or laptops shall be understood to mean any network accessible device.

A. Acceptable Use

1. The school unit's computers, network and Internet services are provided for educational purposes and research consistent with the school unit's educational mission, curriculum and instructional goals.
2. Students must comply with all Board policies, school rules and expectations concerning student conduct and communications when using school computers, whether on or off school property.
3. Students also must comply with all specific instructions from school staff and volunteers when using the school unit's computers.

B. Prohibited Uses

Unacceptable uses of school unit computers include, but are not limited to, the following:

1. **Accessing or Communicating Inappropriate Materials** – Students may not access, submit, post, publish, forward, download, scan or display defamatory, abusive, obscene, vulgar, sexually explicit, sexually suggestive, threatening, discriminatory, harassing, bullying and/or illegal materials or messages.
2. **Illegal Activities** – Students may not use the school unit's computers, network and Internet services for any illegal activity or in violation of any Board policy/procedure or school rules. The school unit assumes no responsibility for illegal activities of students while using school computers.
3. **Violating Copyrights or Software Licenses** – Students may not copy, download or share any type of copyrighted materials (including music or films) without the owner's permission; or copy or download software without the express authorization of the Technology Coordinator. Unauthorized copying of software is illegal and may

subject the copier to substantial civil and criminal penalties. The school unit assumes no responsibility for copyright or licensing violations by students.

4. **Plagiarism** – Students may not represent as their own work any materials obtained on the Internet (such as term papers, articles, music, etc). When Internet sources are used in student work, the author, publisher and web site must be identified
5. **Misuse of Passwords/Unauthorized Access** – Students may not share passwords; use other users' passwords; access or use other users' accounts; or attempt to circumvent network security systems.
6. **Malicious Use/Vandalism** – Students may not engage in any malicious use, disruption or harm to the school unit's computers, network and Internet services, including but not limited to hacking activities and creation/uploading of computer viruses.
7. **Avoiding School Filters** – Students may not attempt to or use any software, utilities or other means to access Internet sites or content blocked by the school filters.
8. **Unauthorized Access to Blogs/Social Networking Sites, Etc.** – During the school day, students may not access blogs, social networking sites, etc. unless connected to an educational program.

C. Compensation for Losses, Costs and/or Damages

The student and his/her parents are responsible for compensating the school unit for any losses, costs or damages incurred for violations of Board policies/procures and school rules while the student is using school unit computers, including the cost of investigating such violations. The school unit assumes no responsibility for any unauthorized charges or costs incurred by a student while using school unit computers.

D. Student Security

A student is not allowed to reveal his/her full name, address, telephone number, social security number or other personal information on the Internet while using a school computer without prior permission from a teacher. Students should never agree to meet people they have contacted through the Internet without parental permission. Students should inform their teacher if they access information or messages that are dangerous, inappropriate or make them uncomfortable in any way.

E. System Security

The security of the school unit's computers, network and Internet services is a high priority. Any student who identifies a security problem must notify his/her teacher or building administrator immediately. The student shall not demonstrate the problem to others or access unauthorized material.

F. Additional Rules for Laptops Issued to Students

1. Laptops are loaned to students as an educational tool and may be used for purposes specifically authorized by school staff.
2. Both the student and his/her parent must sign the school's acknowledgment form.
3. Students and their families are responsible for the proper care of laptops at all times, whether on or off school property, including costs associated with repairing or replacing the laptop. *RSU 25 offers an insurance program for parents to cover replacement costs and/or repair costs for damages not covered by the laptop warranty.* **Parents who choose not to purchase insurance should be aware that they are responsible for any costs associated with loss, theft or damage to a laptop issued to their child.**
4. If a laptop is lost or stolen, this must be reported to the building principal immediately. If a laptop is stolen, a report should be made to the local police and building principal immediately.
5. The Board's policy and rules concerning computer and Internet use apply to use of laptops at any time or place, on or off school property. Students are responsible for obeying any additional rules concerning care of laptops issued by school staff.
6. Violation of policies or rules governing the use of computers, or any careless use of a laptop may result in a student's laptop being confiscated and/or a student only being allowed to use the laptop under the direct supervision of school staff. The student will also be subject to disciplinary action for any violations of Board policies/procedures or school rules.
7. Parents are responsible for supervising their child's use of the laptop and Internet access when in use at home.
8. The laptop may only be used by the student to whom it is assigned and family members to the extent permitted by this policy.
9. All use of school-loaned laptops by all persons must comply with the school's Student Computer Use Policy and Rules.
10. Laptops must be returned in acceptable working order at the end of the school year or whenever requested by school staff.

G. Additional Rules for Use of Privately-Owned Computers by Students

1. A student who wishes to use a privately-owned computer in school must complete a Student Request to Use Privately-Owned Computer form. The form must be signed by the student, his/her parent, and the Technology Coordinator.
2. The Technology Coordinator will determine whether a student's privately-owned computer meets the school unit's network requirements.
3. Requests may be denied if it is determined that there is not a suitable educational basis for the request and/or if the demands on the school unit's network or staff would be unreasonable.
4. The student is responsible for proper care of his/her privately-owned computer, including any costs of repair, replacement or any modifications needed to use the computer at school.
5. The school unit is not responsible for damage, loss or theft of any privately-owned computer.
6. Students are required to comply with all Board policies, administrative procedures and school rules while using privately-owned computers at school.
7. Students have no expectation of privacy in their use of a privately-owned computer while at school. The school unit reserves the right to search a student's privately-owned computer if there is reasonable suspicion that the student has violated Board policies, administrative procedures or school rules, or engaged in other misconduct while using the computer.
8. Violation of any Board policies, administrative procedures or school rules involving a student's privately-owned computer may result in the revocation of the privilege of using the computer at school and/or disciplinary action.
9. The school unit may confiscate any privately-owned computer used by a student in school without authorization as required by these rules. The contents of the computer may be searched in accordance with applicable laws and policies.

Cross Reference: IJNDB – Student Computer and Internet Use

Adopted: March 20, 2012

Student Online Learning Platforms and Video Communication Technology Permission Form

During remote learning Regional School Unit 25 will be utilizing online learning platforms and video communication technology on a daily basis. Some examples, although not exclusive, are Google Meet, Google Hangouts, or Zoom. While we feel that there is no substitution for at school learning and interaction, we also recognize that these times call for alternative methods. These online resources allow teachers to hold video conferences or virtual class sessions with their students.

I understand that I (adult student) or my child (minor student) may appear in both live and recorded classroom instruction to be used by the teacher for the purpose of instruction, by students in the class who may be absent and distance learning scenarios. I understand that these recordings are not made public and are for school use. If used outside of this purpose, my media release preference will be used to determine public posting status.

Regional School Unit 25 will be taking all reasonable measures to preserve your (adult student) or your child's (minor student) privacy.

Children's Online Privacy Protection Act (COPPA)

COPPA applies to commercial companies and limits their ability to collect personal information from children under 13. By default, advertising will be turned off and no personal student information is collected for commercial purposes. Common information needed by providers for student use is first and/or last name, grade level and their G Suite ID. This permission form allows the school to act as an agent for parents/guardians in the collection of information within RSU 25. A sample of these providers are: Google G Suite, Google Earth, EdPuzzle & Khan Academy. A complete list of approved software can be located at www.rsu25.org, under Departments - > Technology. The school's use of student information is solely for education purposes and will not be shared with any outside party. For more information on COPPA please visit:

<https://www.ftc.gov/enforcement/rules/rulemaking-regulatory-reform-proceedings/childrens-online-privacy-protection-rule>

You are reminded of the following during video conferencing/virtual classes:

- You are on camera as well as everything in your background.
- This is not an anonymous conference/class. Your voice and video are able to be heard and viewed by all who are participating in the conference/class.
- Adhere to the same standards of behavior during the video conference/virtual class that you follow in real life in your classroom.
- Follow appropriate dress and situate yourself in a learning environment.
- Be aware of your environment. This includes family members who may accidentally be seen in the background. Pick a spot that has a wall in the background to avoid others from interrupting your conference/class.
- Avoid having a light source behind you.
- Videos may not, at any time, be recorded by anyone other than the teacher and no one may post any recording on any media outlets, including, but not limited to: Facebook, Instagram, Twitter, SnapChat, etc. Additionally, screen captures, photos, audio recordings, etc. are not allowed. All recordings by the

teacher must be made and used in accordance with the Family Educational Rights and Privacy Act (FERPA) and state law.

- No obscene, racist, or derogatory language or imagery will be allowed by any student, parent, guardian, or RSU 25 employee while participating in the online learning.

_____ (student initial) I acknowledge that I have read and understand the information above regarding online learning platforms and video communication technology.

_____ YES, I agree to participate in online learning platforms and video conferencing selected by the Regional School Unit 25.

Student Printed Name

Student Signature

Date

PARENT/GUARDIAN OF MINOR STUDENT

_____ (parent/guardian initial) I acknowledge that I have read and understand the information presented above regarding online learning platforms and video communication technology.

_____ YES, I give permission for my child to participate in online learning platforms and video conferencing selected by the Regional School Unit 25.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date