

Monthly Reports for Teachers, Principals, and School Boards

Throughout the course of a school year there needs to be a high level of accountability and communication between the levels of any legal educational system. The monthly reports contained in this document are designed to achieve the desired accountability and communication necessary to keep our schools safe, legal, and of the highest quality.

Teachers, principals, and school board members will work together to ensure these reports are completed and submitted to the New York Conference Office of Education on time each month. In order to accomplish this, all reports, which must be received and voted on by the school board, have been broken up into the following categories.

1. *Individualized Teacher Reports at the Opening and Closing of the School Year*

- Daily Schedule (opening)
- Jupiter Checklist (opening)
- Outdoor School Forms (opening)
- End of Year Checklist (closing)
- Order Textbooks (closing)
- Order Cum Folders (closing)

2. *Monthly Combined Staff Report*

- Reoccurring Items Include:
 - All student attendance is up-to-date in Jupiter.
 - All grades are up-to-date in Jupiter.
 - Report on Constituent/School Relations.
 - Any information on 8th grade funds, projects, plans, trips, or organizations.

3. *Monthly School Board Report*

- Reoccurring Items Include:
 - Vote on Minutes
 - Review of Evaluation Document and Resulting Actions.

4. Additional items that must be completed at particular times of the school year. These additional items are listed, by month, in the checklists contained in this document.

NOTE:

All reports – with the exception of teacher’s opening and closing reports – should be accepted and voted upon by the local school board, and then sent by the school board secretary to the New York Conference Office of Education the following business day.

August Report

School Name: _____

Teacher Opening Reports

Item	Check Off When Submitted
Monthly Emergency Drill Form	
Daily Schedule	
Jupiter Information Inputted	
Outdoor School Forms Submitted (please print forms & complete)	
Professional Goals Set	
Emergency Drill Form (first week of school fire drill)	

Reminders

School Board Reports

Item	Check Off When Submitted
Voted Minutes from Last Meeting	
Review Evaluation and Actions	
Financial Report	
School Board Information Form	
Asbestos Inspection Form	
Substitute Teacher Form	
Teaching Assistant Form	

Monthly Emergency Drill Form

(this form is due in December)

School Name: _____

Teacher: _____

**New York State Law requires 8 fire drills by December
and 4 additional fire drills by June**

1. Minutes required for students to evacuate the building _____

Date of Drill _____

2. Minutes required for students to evacuate the building _____

Date of Drill _____

3. Minutes required for students to evacuate the building _____

Date of Drill _____

4. Minutes required for students to evacuate the building _____

Date of Drill _____

5. Minutes required for students to evacuate the building _____

Date of Drill _____

6. Minutes required for students to evacuate the building _____

Date of Drill _____

7. Minutes required for students to evacuate the building _____

Date of Drill _____

8. Minutes required for students to evacuate the building _____

Date of Drill _____

**File this form so you can keep cumulative totals
and provide documentation to the Fire Marshall.**

Outdoor School Registration

5th – 9th Grades

Please list all your students (Grades 5-9) on the form below. Indicate their grade, gender and t-shirt size. T-shirts are adult sizes only, small through XXL. In the “comments” space record anything that we should know in placing students in cabins. Comments might include students who should/should not be in the same cabin, bedwetting, medical concerns, etc. Make additional copies as necessary.

Name	Grade	Gender (M/F)	T-Shirt Size	Comments

Information and Permission Form

All New York Conference students in grades 5-9 will be going to the Outdoor School at Camp Cherokee.

Dates: _____

Time leaving school: _____ Time returning _____

Transportation: _____

Chaperones: _____

Cost: _____ Lunches: sack lunch for trip up to Camp

Other details: _____

My child, _____, has permission to attend the New York Conference Outdoor School at Camp Cherokee, _____. I understand that 7th and 8th grade students will be participating in off campus, overnight wilderness outings with carefully screened volunteers. If, in the course of the trip, it becomes necessary for my child to receive medical attention, the Outdoor School staff has my permission to seek the same. The doctor and/or hospital has my permission to start needed treatment. Please call me at _____.

I understand that if my child needs to go home early for any reason, it is my responsibility to pick him/her up right away or pay the expenses of a camp staff member to drive him/her home.

Signature

Date

Outdoor School Health History/Physical Exam Form

Student Name _____

School: _____

Physical Examination - To be filled out by a licensed healthcare provider *New York State law requires a signed/dated physical exam, within the last 12 months and dates of most current boosters*

Immunization History - Must be completed with dates. Please record the date (month and year) of basic immunizations and most recent booster doses:

___ DPT or DT ___ Tuberculosis ___ Other tetanus ___ Hepatitis vaccination ___ Chicken Pox Vaccine

___ MMR ___ Polio vaccine (most recent) ___ Pneumonia vaccination ___ Recent exposure to contagious disease ___ Flu vaccine

General Condition or Appraisal

Birthdate _____	Ears _____	Menstruation: _____	Skin: scabies _____
Height _____	Nutrition _____	Urine: _____	athlete's foot _____
Weight _____		Allergy: _____	impetigo _____
Posture & Spine _____	Nose: _____	foods _____	infection _____
Feet _____	Throat-tonsils _____	drugs _____	pediculosis _____
Teeth _____	Lungs: _____	other _____	Current conditions (diabetic, epilepsy, etc.) _____
Blood pressure _____	Eyes: _____	Abdomen _____	_____
Heart _____	discharge: _____	genitals _____	_____
murmur _____	glasses _____	hernia _____	_____

Standard Over the counter/PRN medications: (The following medications are available in the infirmary and will be administered at the discretion of an RN, if approval is indicated by the camper's healthcare provider)

Drug Name	Route (indicate formulation[s])	Dosage	Schedule & Indications	Healthcare Provider Initials	Comments
Sunburn Spray/Lotion/Aloe-Gel	Topical	To affected site	2-3 times daily (prn)		
Acetaminophen (Tylenol)	PO (chewable tabs, elixir, tabs)	Per label instr. by age/weight	Q 4 hr prn for pain or fever > _____°F		
Ibuprofen (Motrin)	PO (chewable tabs, elixir, tabs)	Per label instr. by age/weight	Q 6 hr prn for pain or fever > _____°F		
Diphenhydramine Hydrochloride (Benadryl)	PO (chewable tabs, elixir, tabs)	Per label instr. by age/weight	Q 6 hr prn for allergic reaction (hives, insect bite)		
Hydrocortisone Cream	Topical	Per label instr. by age/weight	prn		
Bismuth Subsalicylate (Pepto-Bismol)	PO (Liquid or chewable tabs)	Per label instr. by age/weight	Q 30 min to 1 hr prn for diarrhea (no>8 doses/24 hr)		
Loperamide HCl (Immodium)	Tab or liquid	Per label instr. by age/weight (max of 8 mg/24 hr)	Per episode/ max 8 mg/24 hr		
Tums	Chewable tab	Per label instr. by age/weight	No>10 tabs/24 hrs		
Throat Lozenges	Tab	1 Lozenge	No>6/24 hr		
Epi Pen	Injectable	.3mg/child<10 yrs Adult size> 10 yrs	As needed for anaphylaxis		

Prescription Medications (please complete with patient's current regimen for both scheduled and prn medications)

Drug	Route	Dosage	Schedule & Information	Comments

Additional Orders (as deemed necessary by healthcare provider to be implemented by an RN (i.e. peak flows, dressing changes, cast care, etc.))

I believe this child is able to attend camp and participate in all camp activities with the following restrictions and recommendations (attach specific instructions or medications, treatments and diet):

Health Care Provider's Name (print) _____
 Health Care Providers Signature: _____
 Address: _____

License #: _____
 Date: _____
 Phone: _____

Outdoor School Health History/Physical Exam Form

Please Print (This side and top of back page to be filled in by **PARENT** before physical examination).

Camper Name _____ Birth date: _____ Age _____ Sex _____ Home Phone _____
 Parent/Guardian _____ Home Address _____
 Business Address _____ Business/Cell Phone _____
 Other Parent/Guardian _____ Home Address: _____ Home Phone _____
 Business Address _____ Business/Cell Phone _____
 In the event of emergency, and parent or guardian cannot be reached, notify _____ Relationship to camper _____
 Address _____ Home Phone _____ Business/Cell Phone _____

Note:

This person must be a relative over 18. If someone is not a relative, a "notarized statement" authorizing that person to approve medical treatment is necessary. In the event of an injury or illness that does not require removal to a hospital, parents shall not be notified unless medical personnel's concerns dictate. When injuries or illnesses require a trip to the hospital, either the RN accompanying the camper or the camp director will notify the parents.

Health History - To be completed by **PARENT/GUARDIAN** (give approximate date of illness or "no" if not applicable)

<input type="checkbox"/> Frequent ear infections	<input type="checkbox"/> hypertension	<input type="checkbox"/> bleeding/clotting	<u>Allergies</u>	<u>Diseases</u>
<input type="checkbox"/> heart defect/disease	<input type="checkbox"/> psychiatric treatment	<input type="checkbox"/> bed wetting	<input type="checkbox"/> hay fever	<input type="checkbox"/> other
<input type="checkbox"/> convulsions	<input type="checkbox"/> mononucleosis	<input type="checkbox"/> fainting	<input type="checkbox"/> plants	<input type="checkbox"/> insect stings
<input type="checkbox"/> diabetes	<input type="checkbox"/> sleep walking	<input type="checkbox"/> asthma	<input type="checkbox"/> food: _____	<input type="checkbox"/> chicken pox
				<input type="checkbox"/> measles
				<input type="checkbox"/> German measles

Medication Allergies: _____
 Current medication (send in original container with instructions): _____
 Operations or serious injuries (dates): _____ Disability of chronic or recurring illness: _____
 Dietary modifications: _____ Any specific activities limited: _____
 Name of dentist/orthodontist: _____ Phone: _____
 Name of family physician: _____ Phone: _____

Medical Insurance

Soc. Sec. No.	Policy Holder's Name	Name of insurance carrier and type of coverage	Policy No.	Group No.
Authorization for release for information to above named insurance carrier Signature _____ Date _____ Relationship to camper (parent, etc.) _____				
Address of Insurance Company _____				

Your personal medical policy is your child's primary coverage. All campers must have medical insurance to attend camp. All registered campers are covered by excess coverage accident insurance while at camp.

Important - This Box Must Be Completed For Attendance

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities, except as noted. Authorization for treatment: I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine test, treatment and necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp Director to secure and administer treatment, including hospitalization, for my child, as named above. The completed forms may be photocopied for trips out of camp.

Meningococcal Meningitis Vaccination Response
 New York State Public Health Law requires the operator of an overnight children's camp to maintain a completed response for every camper who attends camp for seven (7) or more nights. Please check one box and sign below.

My child has had the meningococcal meningitis immunization (Menomune™) within the past 10 years. Date received: _____
Note: The vaccine's protection lasts for approximately 3 to 5 years. Re-vaccination may be considered within 3-5 years)

I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that my child will **not** obtain immunization against meningococcal meningitis disease.

Signature of parent or guardian _____

I also understand and agree to abide with the restrictions placed on my camp activities. Signature of minor: _____

Licensed physician to fill out back of this form

School Board Information

School Year: _____

School: _____ Principal: _____

Day each month the Board meets: _____ Time of Meeting: _____

Constituent Churches: _____

School Board Chairperson:

Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

School Treasurer:

Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Home and School Leader:

Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Asbestos Report

Note: Please sign and return if there is documentation.

School: _____

You must inspect the asbestos-containing building material (ACBM) in your school. If there is documentation on file, which states that your school is asbestos-free, please indicate. Otherwise, follow the steps given below.

There is documentation on file at the school, which states that the school is asbestos free.

Signature: _____



Periodic Surveillance

(Inspect within 6 months after acceptance of management plan and every 6 months thereafter)

Date of Inspection: _____ Name of Inspector: _____

Changes in the condition of ACBM:

Substitute Teacher Information

School Year: _____

School: _____

Chairperson: _____

Date the individuals below were voted by local school board: _____

Please return this form to the Conference office by the **August 29th**. This information is necessary so that it can be presented to the Board of Education for approval before your substitute(s) can be paid. This is necessary each school year – substitutes do not carry over from one year to the next.

Substitute Name and Address	Date of Birth	Professional Training	Certification Status*	Previous Teaching Experience	Subbed last year?	Conf. Use Only
						Sterling Volunteers Date Completed
			SDA State None		Yes No	
			SDA State None		Yes No	
			SDA State None		Yes No	
			SDA State None		Yes No	

*Copy of certificate must be on file in the Education Office or payment will be made at the lower rate.

Teaching Assistant Information

School Year: _____

Be sure to complete this form with signature and return to the New York Conference Office

School Name: _____

Name: _____

Address: _____

Phone: _____ Email Address: _____

Social Security No.: _____

Certification: _____

Salary Rate: _____/month

Date Pay to Begin: _____ Date Pay to End: _____

Summer checks to be sent to:

July: _____

August: _____

Date of action by school board regarding salary rate: _____

Workman's Compensation and FICA is paid by the school in addition to wages

For non-conference sponsored teachers, we agree to pay the New York Conference for the salary each month as billed.

Signature of School Board Chairperson



September Report

School Name: _____

Combined Staff Reports

Item	Check Off When Submitted
All Student Attendance Up-To-Date in Jupiter	
All Grades Up-To-Date in Jupiter	
Verify 48 Hour Pesticide Notice Has Been Sent (sample letter available at www.nyconf.org/education/teacherresources)	

Reminders

- Report on Constituent/School Relations
- 8th Grade Information (clubs, funds, projects, organizations, trips)

School Board Reports

Item	Check Off When Submitted
Voted Minutes from Last Meeting	
Review Evaluation and Actions	
Financial Report	
Person Assigned to Complete BEDS Report (due next month)	
Fire Marshall Inspection Scheduled (due in November)	
Person Assigned to Complete Immunization Report (due next month)	



October Report

School Name: _____

Combined Staff Reports

Item	Check Off When Submitted
All Student Attendance Up-To-Date in Jupiter	
All Grades Up-To-Date in Jupiter	
Parent/Teacher Conference Schedule	
Are Physical Examinations on file?	

Reminders

- Report on Constituent/School Relations
- 8th Grade Information (clubs, funds, projects, organizations, trips)

School Board Reports

Item	Check Off When Submitted
Voted Minutes from Last Meeting	
Review Evaluation and Actions	
Financial Report	
Immunization Report* Reviewed and Submitted	
BEDS Form Reviewed and Submitted	

* To download the Health Electronic Response Data System (HERDS) form for the Immunization Report go to:

<https://commerce.health.state.ny.us>



November Report

School Name: _____

Combined Staff Reports

Item	Check Off When Submitted
All Student Attendance Up-To-Date in Jupiter	
All Grades Up-To-Date in Jupiter	
Parent/Teacher Conference Report	

Reminders

- Report on Constituent/School Relations
- 8th Grade Information (clubs, funds, projects, organizations, trips)

School Board Reports

Item	Check Off When Submitted
Voted Minutes from Last Meeting	
Review Evaluation and Actions	
Financial Report	
Fire Marshall Inspection Completed and Submitted	



December Report

School Name: _____

Combined Staff Reports

Item	Check Off When Submitted
All Student Attendance Up-To-Date in Jupiter	
All Grades Up-To-Date in Jupiter	
Report on Academic Status	
Student Retention Form	
Emergency Drill Form	

Reminders

- Report on Constituent/School Relations
- 8th Grade Information (clubs, funds, projects, organizations, trips)

School Board Reports

Item	Check Off When Submitted
Voted Minutes from Last Meeting	
Review Evaluation and Actions	
Financial Report	

IF NECESSARY: Print and complete this form and return in December.

Student Retention Request

Where children are having difficulty completing their work, parents should be consulted on a regular basis, and efforts should be made to help them overcome their struggles. Diagnosis of abilities and needs should be made, and proper remediation or developmental work should be assigned.

When it is felt necessary to retain a student, the following request must be submitted to the Conference Office for approval.

Student's Name: _____

Student's Age: _____ Current Grade: _____ Birth date: _____

Evaluation of present academic achievement

Include all information that will be helpful in making a decision for the student (i.e. rank in class, achievement test scores, etc.). Use additional pages if necessary.

Teacher evaluation of present social and emotional development:

What specific subjects is student failing?

Achievement Test scores?

Methods used now and throughout the school year to meet student's special needs:

Survey of past history in school.

Report of communication with parents (include dates, parent's reaction, etc.)

School: _____

Teacher's Signature: _____ Date: _____

Superintendent's Approval: _____ Date: _____

Superintendent's Comments:

Monthly Emergency Drill Form

(this form is due in December)

School Name: _____

Teacher: _____

**New York State Law requires 8 fire drills by December
and 4 additional fire drills by June**

1. Minutes required for students to evacuate the building _____

Date of Drill _____

2. Minutes required for students to evacuate the building _____

Date of Drill _____

3. Minutes required for students to evacuate the building _____

Date of Drill _____

4. Minutes required for students to evacuate the building _____

Date of Drill _____

5. Minutes required for students to evacuate the building _____

Date of Drill _____

6. Minutes required for students to evacuate the building _____

Date of Drill _____

7. Minutes required for students to evacuate the building _____

Date of Drill _____

8. Minutes required for students to evacuate the building _____

Date of Drill _____

File this form so you can keep cumulative totals
and provide documentation to the Fire Marshall.



January Report

School Name: _____

Combined Staff Reports

Item	Check Off When Submitted
All Student Attendance Up-To-Date in Jupiter	
All Grades Up-To-Date in Jupiter	
Report on Academic Status	
Verify Distribution of Report Cards	
Initial 8 th Grade Trip Itinerary (final vote in February)	
Personal Plans Form	

Reminders

- Report on Constituent/School Relations
- 8th Grade Information (clubs, funds, projects, organizations, trips)

School Board Reports

Item	Check Off When Submitted
Voted Minutes from Last Meeting	
Review Evaluation and Actions	
Financial Report	
Develop Summer Recruitment Plan	
Begin Discussion on Intent to Operate and School Budget for Next School Year (these are both due in February)	

Intent to Operate Checklist

All forms must be returned to the Education Office by February 28.

_____ **Intent to Operate**

- Complete with appropriate signatures

_____ **School Budget For The Coming Year**

- Take into consideration any existing debt
- Keep in mind that the budget form provided simply shows that the budget is balanced (expenses = income). It is the responsibility of each school board's finance committee to develop a complete operating budget, providing a copy to the New York Conference Office of Education.

_____ **Financial Plan To Repay Existing Debt**

- Include a plan that will eliminate the debt.
- Complete with appropriate signatures

_____ **Supporting Minutes**

- School board minutes supporting the intent to operate
- School board minutes supporting the school budget for the coming school year
- School board and church board minutes supporting the plan to repay existing debt

Return this checklist with the forms listed above
by **February 28** to the following address:

Education Department
New York Conference
P O Box 15502
Syracuse NY 13215

School Contact Information:

School Name: _____ Date Submitted: _____

School Address: _____

School Board Chairperson Signature: _____

School Board Chairperson Email: _____

School Board Chairperson Cell Phone: _____



SEVENTH-DAY
ADVENTIST
CHURCH

New York Conference

4930 West Seneca Turnpike
Syracuse, New York 13215-4203
Telephone (315) 469-6921
Fax (315) 469-6924

New York Conference Education Department
Notice of Intent to Operate

In order to give us an indicator as to the number of schools which plan to operate, we would appreciate receiving your response by February 28.

_____ We intend to operate our school for the _____ school year.

_____ We may not be able to operate our school in the _____ school year
due to:

School: _____ Date: _____

Principal's Signature: _____

School Board Chairperson's Signature: _____



School Budget Form

School Year: _____

School Name: _____

Income:

Tuition

Grades 1-4 \$ _____ per child x _____ students = _____

Grades 5-8 \$ _____ per child x _____ students = _____

Grades 9-12 \$ _____ per child x _____ students = _____

Total Tuition _____

Entrance Fees: books, library, insurance, etc.

Grades 1-4 \$ _____ per child x _____ students = _____

Grades 5-8 \$ _____ per child x _____ students = _____

Grades 9-12 \$ _____ per child x _____ students = _____

Total Fees _____

Book Rental:

Subsidies:

Student Aid _____

Church Subsidy _____

Total Subsidies _____

Donations:

Miscellaneous:

Total Misc. _____

Total Income _____

Expenses:

Instructional Expense

Teacher Cost (TBA/mo. X 10 months x number of teachers) _____
Teaching Supplies (art, maps, math supplies, etc.) _____
Library (\$35.00 x number of students) _____
Miscellaneous _____

Total Instructional Expense _____

Student-Related Expense

Testing (\$10.00 x number of students) _____
Student Accident (\$15.00 x number of student) _____
Textbooks _____
Tuition Discounts _____
Miscellaneous (Labs, music, Trips) _____
RenWeb _____

Total Student-Related Expense _____

Building Expense

Insurance _____
Maintenance _____
Custodial _____
Utilities _____
 Water _____
 Electric _____
 Heat _____
Total Utilities _____
Miscellaneous _____

Total Building Expense _____

Equipment Expense

Building (Include major equipment purchases needed) _____
Teaching _____
Grounds (mower, trimmer, shovel, hoses, tools) _____
Miscellaneous _____

Total Equipment Expense _____

Other Expenses

Bad Debt _____
Bus (van) _____
Miscellaneous _____

Total Other Expenses _____

TOTAL ALL EXPENSES _____

School Board Chairman Signature: _____ Date: _____

New York Conference Education Department

Financial Plan to Pay Debt

School Year: _____ Date of this Report: _____

School Name: _____

Current Debt as of this Report: _____

Plan to Liquidate Debt: (which sources will you use to pay the debt?)

Source	Projected Amount	Projected Date to Receive
Church Budget Funds		
Fund Raising Projects (one time)		
Fund Raising Projects (ongoing)		
Donations / Individual Donors		
Grant Writing		
Other Sources		
Total		

Projected Monthly Amount: _____ Projected Date to Pay Debt in Full: _____

Comments: _____

School Board Chairperson Signature: _____

Church Board Chairperson Signature: _____

Personal Plans for Next School Year

*Please complete and return
to the conference office by January 31*

Name: _____

Date: _____

School Year: _____

- 1. I am happy at this school and wish to remain here.

- 2. I request relocation within the conference. I would like to be considered for the following school: _____

- 3. I would like to be considered for an administrative position.

- 4. I request the conference office of education pass my name on to other conferences.

- 5. I have made other plans for next year and will not be teaching for the New York Conference.

- 6. I would like to talk with the Superintendent before I decide.

February Report

School Name: _____

Combined Staff Reports

Item	Check Off When Submitted
All Student Attendance Up-To-Date in Jupiter	
All Grades Up-To-Date in Jupiter	
Submit Final 8 th Grade Trip Itinerary	
Parent/Teacher Conference Schedule	
Verify Parent Bussing Reminders Have Been Sent	
Verify 48 Hour Pesticide Notice Has Been Sent (sample letter available at www.nyconf.org/education/teacherresources)	

Reminders

- Report on Constituent/School Relations
- 8th Grade Information (clubs, funds, projects, organizations, trips)
- Get an Annual Report/Update on progress of the Visiting Committee recommendations.

School Board Reports

Item	Check Off When Submitted
Voted Minutes from Last Meeting	
Review Evaluation and Actions	
Financial Report	
Handbook Review and Revision (if necessary)	
Intent to Operate (due to conference office by 2/28)	
Next School Year's Budget	
Asbestos Form	

Asbestos Report

Note: Please sign and return if there is documentation.

School: _____

You must inspect the asbestos-containing building material (ACBM) in your school. If there is documentation on file, which states that your school is asbestos-free, please indicate. Otherwise, follow the steps given below.

There is documentation on file at the school, which states that the school is asbestos free.

Signature: _____

Periodic Surveillance

(Inspect within 6 months after acceptance of management plan and every 6 months thereafter)

Date of Inspection: _____ Name of Inspector: _____

Changes in the condition of ACBM:



March Report

School Name: _____

Combined Staff Reports

Item	Check Off When Submitted
All Student Attendance Up-To-Date in Jupiter	
All Grades Up-To-Date in Jupiter	
Report on Constituent/School Relations	
8 th Grade Information (clubs, funds, projects, organizations, trips, ...)	
Parent/Teacher Conference Report	

Reminders

- Report on Constituent/School Relations
- 8th Grade Information (clubs, funds, projects, organizations, trips)

School Board Reports

Item	Check Off When Submitted
Voted Minutes from Last Meeting	
Review Evaluation and Actions	
Financial Report	
Verify Graduates and Order Diplomas	

Eighth Grade Diplomas Order Form

Diploma and Covers: \$3.50 each plus shipping/handling charges (*price subject to change*)

School: _____ Teacher: _____

Date of Graduation: _____

List below names of all graduating students exactly as they wish them to appear on diplomas.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____





April Report

School Name: _____

Combined Staff Reports

Item	Check Off When Submitted
All Student Attendance Up-To-Date in Jupiter	
All Grades Up-To-Date in Jupiter	

Reminders

- Report on Constituent/School Relations
- 8th Grade Information (clubs, funds, projects, organizations, trips)

School Board Reports

Item	Check Off When Submitted
Voted Minutes from Last Meeting	
Review Evaluation and Actions	
Financial Report	



May/June Report

School Name: _____

Teacher Closing Reports

Item	Check Off When Submitted
End-Of-Year Checklist	
Textbook Orders	
Emergency Drill Form	
School Content Inventory	
Verify Distribution of Report Cards	

Combined Staff Reports

Item	Check Off When Submitted
All Student Attendance Up-To-Date in Jupiter	
All Grades Up-To-Date in Jupiter	

Reminders

- Report on Constituent/School Relations
- 8th Grade Information (clubs, funds, projects, organizations, trips)

School Board Reports

Item	Check Off When Submitted
Voted Minutes from Last Meeting	
Review Evaluation and Actions	
Financial Report	
School Calendar Change Application	

School Calendar Change Application

School Year _____

School _____

We are requesting, at least 30 days in advance, permission to change the Conference School Calendar as follows:

Dates in the Conference Calendar we wish NOT to have school:

Dates	Reason for Change
_____	_____
_____	_____
_____	_____
_____	_____

Dates when we have scheduled to make up the days missed:

School Board Chair Date

Principal/Head Teacher Date

Conference Education Superintendent Date

End of Year Checklist

Make a check mark in the box in front of each item when it has been completed. To be complete and submitted to the principal or head teacher to send to the conference office of education:

Forms to be completed and put in locked fireproof file in school:

- 1. Cumulative record folders of non-returning students have been sent to the Conference Office.
- Cumulative folders of returning students are secured.
- 2. One copy of inventory file at school and a second copy given to school board chair.

Materials to be inventoried and stored at school:

- 1. Desk copies, manuals, guides
- 2. Textbooks repaired and stored according to subject and grade level.
- 3. Audio-visual materials.
- 4. Play equipment.

Miscellaneous:

- 1. Textbooks have been ordered according to Conference plan.
- 2. All student information, including attendance and grades, is up to date in Jupiter Ed.
- 3. Progress reports distributed to students whose accounts have been paid.
- 4. Progress reports for students with unpaid accounts given to the principal or in sealed envelopes to school-board chair.
- 5. Buildings and grounds left in good order.
- 6. List of needed improvements and repairs given to principal or school-board chair
- 7. Keys returned to principal or school-board chair.
- 8. Last check requested to be sent to the following address:

- 9. List of recommendations for professional equipment and materials needed for improvement of the educational program. Please write on a separate sheet of paper

Signature of Teacher

Date

Signature of Principal

Date

Monthly Emergency Drill Form

(this form is due in June)

School Name: _____

Teacher: _____

**New York State Law requires 8 fire drills by December
and 4 additional fire drills by June**

-
1. Minutes required for students to evacuate the building _____
Date of Drill _____
 2. Minutes required for students to evacuate the building _____
Date of Drill _____
 3. Minutes required for students to evacuate the building _____
Date of Drill _____
 4. Minutes required for students to evacuate the building _____
Date of Drill _____

**File this form so you can keep cumulative totals
and provide documentation to the Fire Marshall.**

Items	Description	No. of Units	Cost Per Unit	Cost to Replace	Age or Condition
GYMNASIUM					
Athletic Equipment					
Baseball Equipment					
Basketballs					
Footballs					
Tennis Equipment					
Tumbling Mat					
Volleyballs					