

## **Curriculum & Student Development Committee Meeting**

Tuesday, January 13, 2026 5:00 PM

Town Campus Hammonasset Room/Zoom, 10 Campus Drive , Madison, CT 06443

I. **International Trip: German Exchange Program**

II. **SchoolLinks Presentation**

III. **AI SEL Advisory Lessons Update**

IV. **DHHS Junior Pilot: Portrait of a Graduate**

V. **Public Comment**

VI. **The Town of Madison does not discriminate on the basis of disability, and the meeting facilities are ADA accessible. Individuals who need assistance are invited to make their needs known by contacting the Town ADA/Human Resources Director, Debra Ferrante, at 203-245-6310 or by email at [ferranted@madisonct.org](mailto:ferranted@madisonct.org) at least five (5) business days prior to the meeting.**



Office of the Superintendent  
 Madison Public Schools  
 Madison, CT 06443

### School Trip Proposal / Request Form Student International Travel

School: Daniel Hand High School Principal: Anthony Salutari

Date(s) of Trip: 6/25/2026 - 7/6/2026 Trip Organizer(s): Martin Glasser

Trip Destination: Freiburg im Breisgau, Germany

Date of departure: 6/25/2026 Date of return: 7/6/2026

Grade level of student participants: 10, 11, 12 No. of Students: 13

Educational objectives of trip including related classroom activities prior to / following trip:  
Students are participating in an exchange program with students from St. Ursula's  
Gymnasium in Freiburg, learning about

German culture and building international connections.

#### Trip Funding

Funding source: student families

Total student fees: \$2200

Fees required for: Transportation 1650 Tour 100 Meals \_\_\_\_\_ Other 550

Name of Tour Company: Explorica

Name of Transportation service vendor: Swiss Air

No. of buses required: 1 Cost per bus: 300

No. of chaperones on trip: 2 (attach list of chaperones with contact information to form)

Include the following information when submitting this form. Check items to indicate inclusion.

- Parent/ guardian letter explaining trip and travel itinerary. Include information on individual financial responsibility in the event of emergency cancelation.
- Parent / Guardian Permission and Acknowledgement of Risk for Student International Travel
- Emergency Plan (include arrangements for medical needs, parent/guardian contact information, access to communication devices, emergency response procedures)
- List of chaperone names and phone numbers with MPS employees noted
- Provide the building administrator a list of those students going on the trip.



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### School Trip Proposal / Request Form Student International Travel

I/We certify that this trip is in accordance with Madison Public Schools policy #5142 and corresponding regulations:

X M. Ham Lane  
 Signature, Trip Organizer

**Trip Approved**  
 X M. Whitcher  
 Signature, Principal / Assistant Principal

12-22-25  
 Date

X [Signature]  
 Signature, Superintendent of Schools

1/5/26  
 Date

Board of Education Approval: \_\_\_\_\_ (Date)

**Trip Denied**

Reason \_\_\_\_\_

X \_\_\_\_\_  
 Signature, Principal / Assistant Principal

\_\_\_\_\_  
 Date

**School Trip Checklist**

- Obtained approval at least six (6) months prior to the trip. (Include enough time for BOE approval)
- Submitted list of participating students to Principal at least three (3) months prior to the trip,
- Submitted an updated list of participating students to the Principal and Health Office one (1) month prior to the trip.
- Submitted flight, hotel, charter bus, and airport information one (1) month prior to trip.
- Arranged appropriate number of chaperones and provided orientation.
- Clearly explained expectations of students.
- Received parent forms and emergency medical forms.



# Daniel Hand High School

286 Green Hill Road  
Madison, CT 06443  
(203) 245-6350

Anthony R. Salutari, Jr., Principal  
Brian M. Bodner, Assistant Principal  
Melanie A. Whitcher, Assistant Principal

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December 12, 2025

Dear Parent/Guardian,

This summer your child will participate in the second part of our exchange with the St. Ursula School in Freiburg, Germany. Your child will stay with the same student you recently hosted. We plan to leave on **Friday June 26 and return on Monday, July 6**. Your child will participate in school activities and present about DHHS, Madison, and our Culture. On other days we will take short day trips to see Staufen, the Black Forest, Basel, Switzerland, and Europa Amusement Park. On the weekend, your child will spend time learning about German culture with their host family.

## Itinerary

June 25 - Fly nonstop to Zurich on Swiss Airlines flight  
June 26- Chartered bus from Zurich to Freiburg  
June 27, 28 - Students spend weekends with host families  
June 29 - Daytrip to Basel  
June 30 - Daytrip to Titisee, Germany  
July 1 - student presentation about DHHS, Madison and USA in St. Ursula's  
July 2 - Daytrip to Europark  
July 3 - Daytrip to Staufen, Germany  
July 4,5 - Students spend weekends with host families  
July 6 - Students fly home to NYC

Although we hope everyone stays healthy, in the event of a medical emergency, the St. Ursula host teachers, Mr. Glasser and Mrs. Stott will assist and contact parents. While in Freiburg, we will have school phones with international access. Parents and students may use this number to reach us or through WhatsApp. Mr. Glasser will be staying in an apartment in downtown Freiburg, and Mrs. Stott will be staying with the host teacher from St. Ursula School in Freiburg.

The costs of the June 25-July 6 trip to Freiburg will be approximately \$2,200. This price reflects air and ground transportation, both here and in Europe. It also includes five day trips we take the week of June 29-July 3, as well as housing, breakfasts, dinners and weekend lunches with your child's German host family. In addition, the cost reflects much but not all of the costs that the chaperones will incur, as we discussed in our November meeting.

Should you decide to cancel, the airfare refund will depend on the airline's policy, which I will know by January. The \$300 each family provided by chaperones may be refunded, but the rest of the group would have to absorb that fee.

Please sign the attached **Permission and Acknowledgement of Risk Form** and the **Medical Form** and have your child **return the forms by Monday, February 2** to Mr. Glasser. Thank you for supporting this unique opportunity for your child.

Best Regards,  
*Martin Glasser*  
*Laura Stott*  
*Department of Social Studies*  
Daniel Hand High School



Office of the Superintendent  
Madison Public Schools  
Madison, CT 06443

## Parent / Guardian Permission and Acknowledgement of Risk for Student Travel

**Parent Directions:** Please read this form, and, if you give your child permission to attend the school trip, sign and return it to your child's teacher.

School: Daniel Hand High School Principal: Mr. Salutari  
Date(s) of Trip: \_\_\_\_\_ Trip Organizer(s): Martin Glasser  
Destination of Trip: Freiburg im Breisgau, Germany  
Cost of Trip: \_\_\_\_\_  
Educational Objectives: Students are participating in an exchange program with students from St. Ursula's Gymnasium in Freiburg, learning about German culture and building international connections.

### Supervision:

- Students will be directly supervised by adults at all times  
 Students will be directly supervised by adults with the following exceptions: \_\_\_\_\_  
Students will be staying with their host families as described in the parent letter.  
 A School Nurse will be present on this school trip.

Transportation Provided:  School Bus  Charter Bus  Train  Personal Vehicle  Leased Vehicle

Drivers of Personal or Leased Vehicles (Gr. 4-12):  Parent  Teacher / Staff Member  Other Adult

Related Risks:  Swimming Pool  Amusement / Theme Park  Beach or Ocean  Other  None  
Air Travel

### Student Agreement:

While participating in this school trip, I will accept responsibility for maintaining conduct in accordance with the Madison Public Schools Code of Conduct and I will follow directions of the school trip organizers/chaperones at all times.

Student Signature (Gr. 4 -12): \_\_\_\_\_ Date: \_\_\_\_\_

### Parent / Guardian Acknowledgment of Risks:

I understand that participation on this school trip is voluntary and that it exposes my child to some risk(s). I also understand that the trip may include amusement/theme park activities and that participation in amusement/theme park activities will expose my child to some risk of injury or even death. I have read and understand the attached description of the school trip. I also understand that participation in the school trip will involve activities on school property; therefore, neither the Board of Education nor its employees and volunteers will have any responsibility for the condition or use of any non-school property.

### Parent / Guardian Permission

I give permission for \_\_\_\_\_ to participate in all aspects of this school trip.

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

The Madison Public Schools cannot be responsible for reimbursements to parents or students of money submitted as "advance payment" (e.g., Broadway shows, transportation, hotels) for any field trip that the district cancels.



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## Student Travel Medical Form

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Will your child require medication during this trip? \_\_\_\_\_ YES \_\_\_\_\_ NO

**If NO please proceed to the BACK of this form. If YES please complete BOTH sides of this form.**

- Medications currently stored in the Health Office for your child will be sent on school trips. If additional medication is required, please provide only the amount of medication needed for the duration of the trip.
- The parent/guardian must deliver the medication directly to the nurse (at least 24 hours before departure of the field trip). Controlled substances must be counted with the nurse, or their designee, at the time of delivery.
- All medication must be in original pharmacy labeled containers, including student's name, dosage, route, and frequency of administration (including inhalers, Epi Pens, and all regularly or occasionally taken medications).
- Students may only self-carry life threatening medical provider authorized medications (examples, Epi pens, inhalers, diabetic medications)

Staff Administered Medication(s) - List each medication individually			
Medication Name	Dosage Information <i>Frequency, AM/PM, etc.</i>	Comments <i>Optional</i>	FOR STAFF USE ONLY Given By & Date / Time

Authorized Self-Administered Medication(s) - List each medication individually	
Medication Name	Comments (Optional)

Parent/Guardian Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Provider Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parent/Guardian Contact in Case of Emergency**

**Parent/Guardian Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Health Insurance Provider:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**Health History**

**Allergies/Dietary Restrictions (food, medicine, environment, etc.):** \_\_\_\_\_

**Medical Concerns and Health Conditions:** \_\_\_\_\_

**Parent/Guardian Consent and Release:**

I/We, the undersigned parent/guardian, agree to release, indemnify and hold harmless the Madison Public Schools and their employees and agents from and against any claim either I/We or my child may have as a result of any act or omission which may arise out of this authorization.

I/We further consent to urgent medical treatment by a health care provider in the event of illness or injury of our child during their participation in the trip/activity/program. I/We accept full responsibility for all costs for any medical treatment.

I/We consent for the release of confidential medical information to be released to and from medical providers and the school trip/activity/program organizers and chaperones as needed to maintain my child's health and safety.

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

**Chaperones:**

Martin Glasser 203-868-9870

Laura Stott 203-640-8292



# SchoolLinks

**Jen Hawley, Maryssa  
Susi & Dan Greiner**



# SchoolLinks

## WHAT is SchoolLinks?

- A college and career readiness platform used to help students navigate their post-secondary journey.
- It provides tools for students to explore careers, plan their academic paths, find internships and scholarships, and connect with alumni.



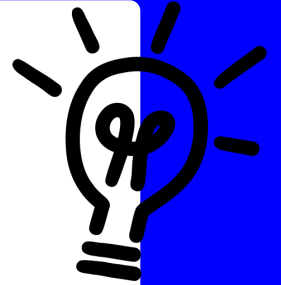
# SchoolLinks



## WHY are we using it?

- It's a one-stop shop!
  - A comprehensive platform for learning, exploration, planning, and support.

# SchoolLinks



## **HOW we use it now?** *(Middle School)*

- Classroom lessons
- Discover interests & strengths
- Explore different career paths
- Self Exploration
- Goals

# SchoolLinks



## HOW we plan to use it...

- **Students in each grade upload what assignment they want that best represents them**
- **Every student picks something that shows self direction and growth**
  - **Must be from a core class**
  - **Linked to POG**

# SchoolLinks



## **WHEN we use it?** *(High School)*

- Classroom lessons with the Career Counselor
- Explore different career paths and post-secondary options
- Create a foundation for future planning
- College prep and application process
- Goals setting

# SchoolLinks

## HOW we plan to grow the use of it...

- Documentation/monitoring of capacities
- The following courses are graduation requirements:
  - Personal Finance
  - Civics
  - Independent Project
- Within each of each classes, students will collect data showing their growth potentially within 7 of our 10 capacities
- Examples





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An \*ets company

# Membership Benefits

Join a network of changemakers advancing deeper learning, prioritizing learners' mental health alongside academic success, and innovating to reimagine classrooms

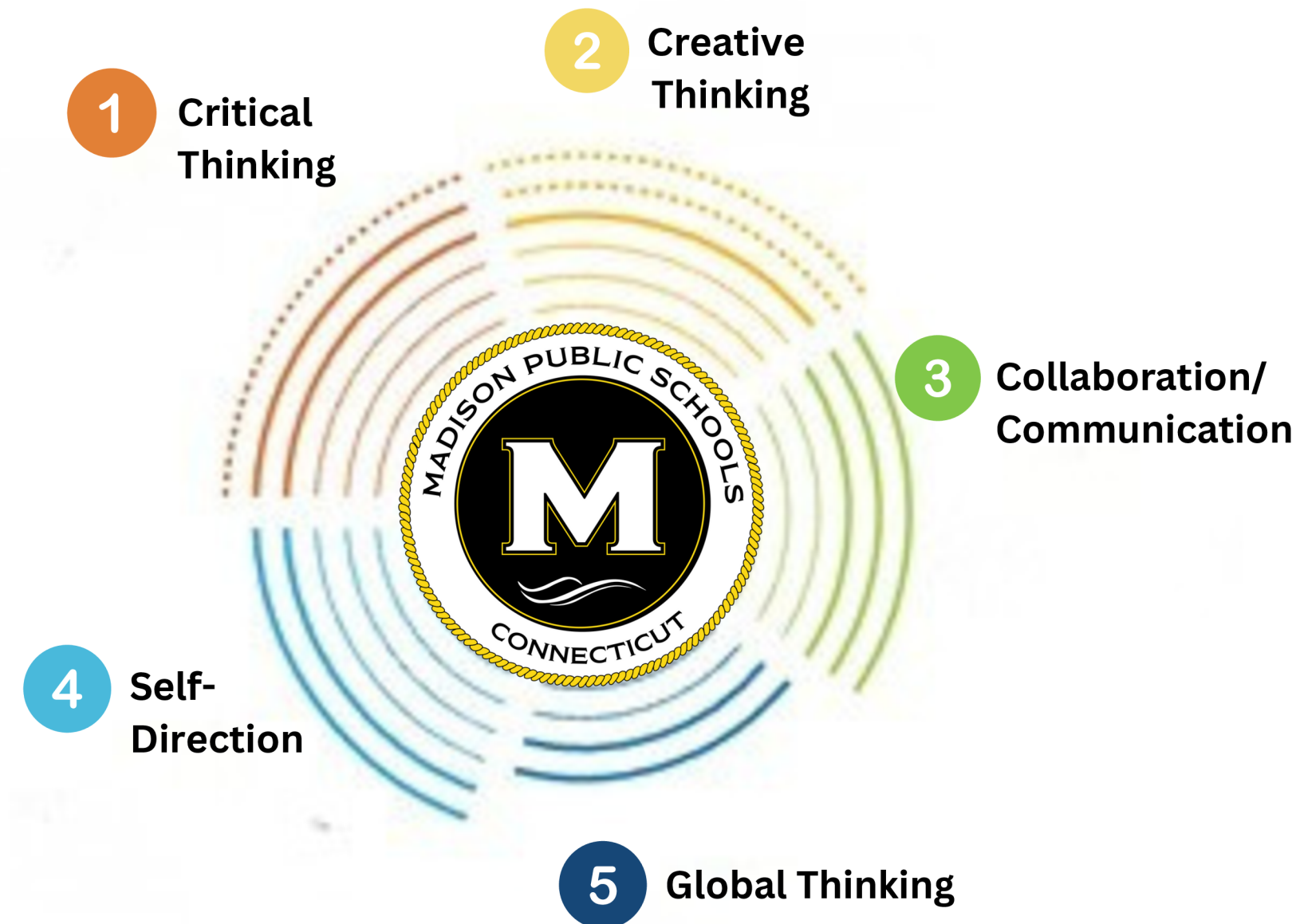
*MTC, an ETS company, is a nonprofit membership organization that helps make mastery learning—or competency-based education—available to all learners. Because this approach does not generate traditional metrics, we co-create uniquely flexible and scalable learning records to solve the challenge of credentialing.*

The **MTC Learning Record** and **Mastery Transcript** showcase evidence of critical 21st-century skills and competencies as students pursue flexible postsecondary pathways to college and career. The **MTC Progress Tracker** facilitates feedback, growth, and snapshots for caregivers.

**Digital, customizable tools** that make it easy to implement a schoolwide strategy and document evidence of learner progress and mastery aligned with MPS competencies. We help you empower learners and personalize their learning experiences.

**Diverse professional learning & networking** opportunities, all accessible through your MTC member account. Resources include virtual and in-person discussions and workshops, videos, and more and are designed to meet MPS needs.

## An effective, holistic way to showcase achievements of the MPS Profile of a Graduate



**College admission support** through our partnerships with higher education admission leaders. MTC supports members when they begin publishing records; MTC reaches out to admissions offices nationwide to provide training and guidance.

**State-level partnerships** that support systemic adoption of K-16 competency-based learning models. MTC supports state leaders and welcome partnerships with states, districts, and networks focused on deeper learning and career-connected learning.

**NOTE: This is a PILOT program for current Juniors, designed to showcase Profile of a Graduate achievements in parallel with a traditional graded transcript.**

**It is supplementary and does NOT replace grades.**

**700+**

Colleges have admitted students  
using Mastery Transcripts &  
MTC Learning Records.

