

Tuesday, January 27, 2026
PCSD Study Session and Business Meeting

4:00 PM
Provo City School District
280 West 940 North
Provo, UT 84904

A. **4:00 p.m. Study Session**

1. Welcome
Board President Jennifer Partridge
Meeting called to order at
2. Roll Call
Board President Jennifer Partridge
Procedural
3. Motion to Convene
Board President Jennifer Partridge
4. Board Member Training: Lisa Boyce Board Member Responsibilities (4:02pm, 3 min)
Most meetings will include a training presented by rotating board members on the Board Handbook, USBE Guide, or Policies. This training will focus on The Responsibilities of Board Members:

• **PCSD Handbook p. 5 "Responsibilities", USBA Guide 8.1 "Board Members Responsibilities" p. 26**

5. MOY Data for Franklin Elementary: Report on Goal Progress: Principal Brookanne Dalby (4:05pm, 20 min)
6. Continuation of Budget Discussion: Superintendent Wendy Dau (4:25pm, 20 min)
7. CAS Next Steps Judy Rose, Director of Elementary Teaching and Learning (4:45pm, 15 min)
8. DLI Survey Results: Superintendent Wendy Dau (5:00pm, 25 min)
9. ESchool Restructure: Superintendent Wendy Dau (5:25pm, 5min)
10. Policy Review 1st Readings: Superintendent Wendy Dau (5:30pm, 20min)

Superintendent Wendy Dau

Policy Review, 1st Readings

Wendy Dau, Superintendent

Issue

District administration generates or revises policies from time to time as needed, whether due to state legal requirements or local identified needs. The policy committee, including select board members, helps in this process and, when ready, the policies come before the board in multiple readings, are posted on the district website for public review and finally are voted on by the board.

Background

The following policies will be discussed by the board tonight as 1st readings before being posted on the district website for public comment.

- New Policy 3419 Mental Health Care
- Updated Policy 3414 Students with AIDS
- New Policy 3425 Youth Suicide Prevention
- New Policy 3406 Period Products in Schools
- New Policy 3370 Student Privacy and Modesty
- Updated Policy 3413 Communicable Diseases
- Updated Policy 3413, Procedure 1: Guidance for Parents of Sick Children
- Updated Policy 3416: Medical Treatment
- Updated Policy 3416, Procedure 1 Medical Directives
- Updated Policy 3416, Procedure 2: Diabetes

- Updated Policy 3416, Procedure 3: Life-Threatening Allergies
- Updated Policy 3416, Procedure 4: Asthma
- Updated Policy 3416, Procedure 5: Sunscreen
- Updated Policy 6010: General Financial
- Updated Policy 6015: Fund Balance

11. Policy Review 2nd Readings: Superintendent Wendy Dau (5:50pm, 10min)

Superintendent Wendy Dau

Policy Review, Second Readings

Superintendent Wendy Dau

Issue

District administration generates or revises policies from time to time as needed, whether due to state legal requirements or local identified needs. The policy committee, including select board members, helps in this process and, when ready, the board reviews the policies in multiple readings and posts on the district website for public comment before approving the policies.

Background

The following policies will be reviewed as second readings and possibly brought to the board for a vote tonight.

- Policy 3130 Coordinating Services for School-Aged Youth
- Policy 3145 Admissions and Attendance: Military and Department of Defense (DOD) Civilian Children
- Policy 3418 Medical Recommendations by School Personnel to Parent(s)/Guardian(s)
- Expungement of Policy 5265 as 3418 will replace it.
- Notification of Update to Policy 5280, Procedure 2

Recommendation

District administration recommends approval of the policies. The motions to approve may also include language that specifies changes/edits occurring during the study session discussions. The following possible motion language is provided for the board.

Motion Language:

1. I move that we approve (new/updated) policy *Policy name and number* [with any edits agreed to in open meetings tonight].

12. Motion to Adjourn

Board President Jennifer Partridge

B. 6:00 p.m. Business Meeting

1. Welcome

Board President Jennifer Partridge

Meeting called to order at

2. Roll Call

Board President Jennifer Partridge

Procedural

3. Motion to Convene

Board President Jennifer Partridge

4. Pledge of Allegiance: Student Board Member Rachel Ryu

C. Community Connections

Board President Jennifer Partridge

1. Magical Moment, Timpview Nutrition Department: Caleb Price, Director of Communications and PR

2. Public Input (No more than 30 min)

Board President Jennifer Partridge

3. Cabinet Presentation to Board of Education: Superintendent Wendy Dau

It is School Board Appreciation Month! PCSD Cabinet Leadership has some special recognitions for our Board of Education.

D. Business Items

Board President Jennifer Partridge

1. Business Item: eSchool Restructure Approval

2. Business Item: Policy 3130 Coordinating Services for School-Aged Youth

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3. Business Item: Policy 3145 Admissions and Attendance: Military and Department of Defense (DOD) Civilian Children
4. Policy 3418 Medical Recommendations by School Personnel to Parents/Guardians
5. Expungement of Policy 5265 and Procedure 1 Medical Recommendation by School Personnel to Parents: Duplicate of Policy 3418

E. **Motion to Adjourn**



Franklin Elementary

MOY Report January, 2026

FRANKLIN
Falcons

CAFETERÍA

S SAFETY (*seguridad*)

- CAMINA
- PERMANECE SENTADO MIENTRAS COMES
- COME TU PROPIA COMIDA Y USA TU PROPIO NÚMERO



O OWNERSHIP (*responsabilidad*)

- MANTEN LA COMIDA EN LAS BANDEJAS
- LIMPIA TU ÁREA CUANDO TERMINES
- PIDE PERMISO



A ACHIEVEMENT (*logro*)

- MUÉVETE RÁPIDO Y CALLADO POR LA LÍNEA
- APILA LAS BANDEJAS DE FORMA ORDENADA
- DI POR FAVOR, GRACIAS Y PERMISO



R RESILIENCE (*resiliencia*)

- PRUEBA NUEVOS ALIMENTOS
- CONOCE NUEVOS AMIGOS Y AYUDA A OTROS
- ¿VES ALGO? ¡DI ALGO!



Behavior Incidents	2025	2026
Minor	996	751
Office	738	148

2024-2025

Grade 00	85.2
Grade 01	86.5
Grade 02	75.1
Grade 03	85.3
Grade 04	76.6
Grade 05	78.0
Grade 06	63.9

2025-2026

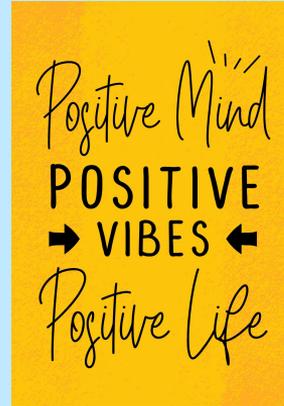
Grade	ADA
Grade 00	87.3
Grade 01	90.7
Grade 02	90.2
Grade 03	91.0
Grade 04	93.0
Grade 05	90.9
Grade 06	92.9

Culture Highlights

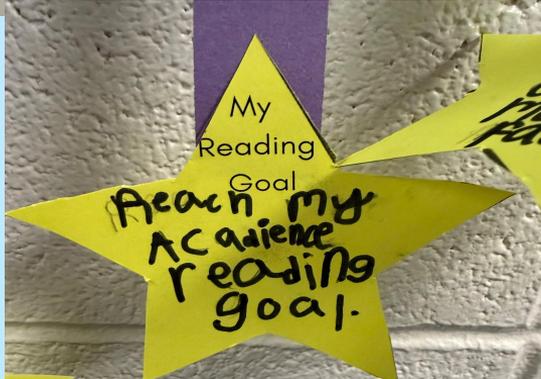
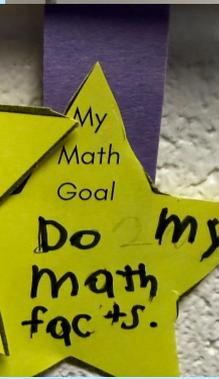
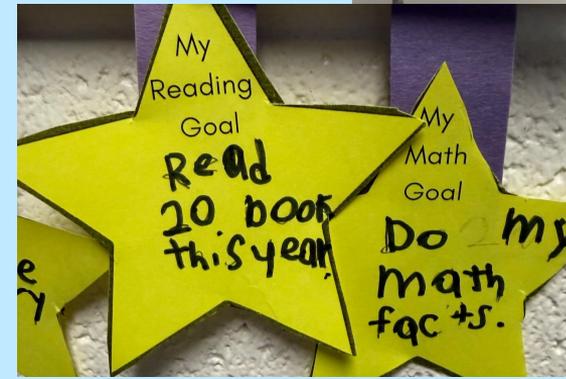
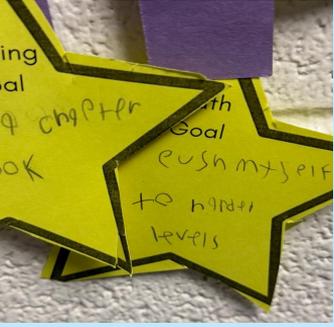
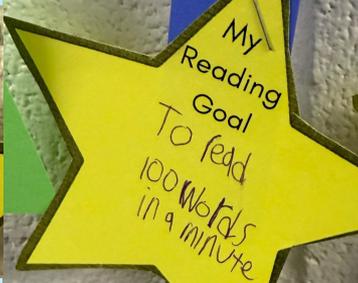
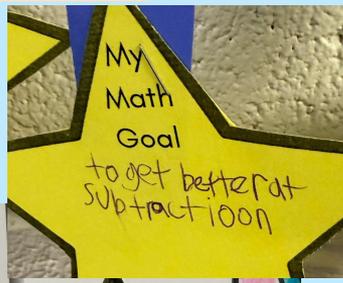
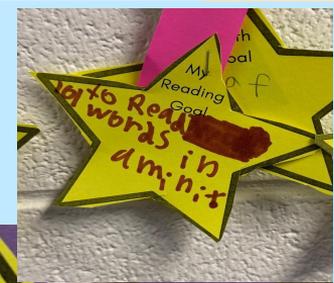
- Academic focus and recognition
- Teacher phone calls and emails to check in
- Teachers as advocates
- Positive/Wins poster in faculty room
- Home visits
- Teacher focus on data-informed instruction

"She just read me 4 words with 35% accuracy on a 5th grade passage! She typically reads 0 or 1 word with 0% accuracy. She is reading eight words!!! It might seem small, but we know how huge this is for her!"

-5th grade teacher to colleagues



School Culture



Teacher Incentive Updates

- All teachers earned the culture incentive quarters 1 and 2.
- Academics will be figured after January 31.
- 3rd quarter culture is based on coaching cycles.

Student Engagement - Term 2 Incentive Assignment

Plan an engagement strategy that targets student thinking at least once daily in the content area of your choice.

Week 1 Content area focus:

	10/22	23	24
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Week 2 Content area focus:

27	28	29	30	31
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Week 3 Content area focus:

11/3	4	5	6	7
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Week 4 Content area focus:

10	11	12	13	14
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Week 5 Content area focus:

17	18	19	20	21
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Work with a coach in the following ways:

Schedule with your coach to collect engagement data at least twice and reflect on it together.

Visit 1 (between 10/22-11/7)

Date of Data: _____ Date of Reflection: _____

Visit 2 (between 11/10-11/21)

Date of Data: _____ Date of Reflection: _____

Video Reflection

Film about 10 minutes of a lesson in which you implement an engagement strategy that targets student thinking.

Use your computer, chromebook, phone, etc.

Watch your video

Complete Video Reflection paper

Optional Coaching support as requested

- Plan for an engagement strategy together
- Model doing an engagement strategy in your class
- Additional data collection visits

Team Reflection with Admin + Coach (about 10 minutes)

Date of Team Reflection: _____

During the week of 11/24-11/25 or 12/1-12/5.

We will schedule a time to meet together as a whole team.

Be prepared to discuss the following questions:

How did it go?

How did this planning process impact student learning?

MLs, students with IEPs, advanced students, etc.

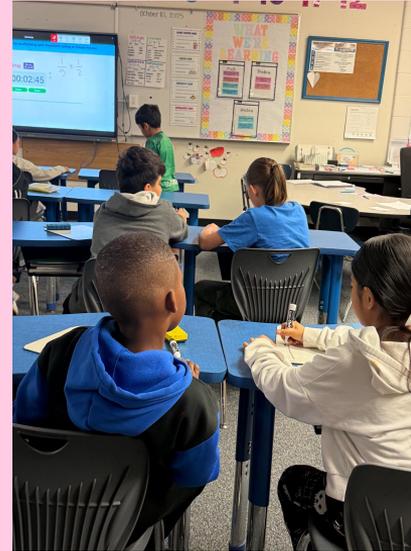
What were your take aways from your video reflection?

How will you sustain this momentum in your classroom?

Submit this paper to admin at the reflection meeting.

Q2 Engagement Strategies

- Coaching
- Intentional Planning
- Admin feedback
- PD facilitated by BLT



Academic Highlights

- Kinder plans based on 1st (games)
- 2nd grade stars
- 5th/6th 95%
- SPIRE/morphed into Sounds Sensible based on student need
- Learning/practice in halls and lunch lines
- “How to Soar” flyers
- Tips in newsletters
- Social media



January 2026

The Dalby Dish
Dream Big. Grow Strong. Soar High

Faculty Spotlight



Mrs. Flores teaches 6th grade. She was born in Argentina and emigrated to the USA in 2001 as a 6th grader. She has 2 adorable kids, Enzo who is 4 and Lucia who is almost 2. She's a big soccer and Messi fan. Her family loves getting together and having soccer watching parties, especially during the World Cup. In her free time she enjoys watching reality and true crime tv, playing board games, and building puzzles.

Important Dates

- January 5- No school for students
- January 6- Students return
- January 19- MLK Day- No school
- January 28-29- Parent Teacher conferences



QUICK TIPS

To support learning at home...

Count everywhere you go! Have students count the stairs as you walk up them, count cracks on the sidewalk or add fractions as they help follow a recipe in the kitchen!



SPECIAL EDUCATION

Inclusive support model: Students receive *significant support within general education classrooms*, helping them learn alongside peers whenever possible.

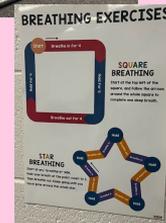
Strong district partnership: Ongoing district support ensures high-quality services and shared best practices.

On-site teacher leadership: A Special Education teacher leader provides coaching and site visits to support students and staff.

Student-centered planning: The team began the year by observing students in classrooms and used that information to create schedules based on individual needs.

Proactive sensory supports: Sensory needs are addressed early through updates to the Occupational Therapy room, supporting focus and regulation.

Excellent, supportive Special Education Staff: School psychologist: A highly skilled School Psychologist partners with staff and families to support students' academic, behavioral, and emotional growth.



MLs - Multi-language Learners

-**Focus** on building strong language skills while keeping students connected to their classroom learning.

-Our ML instructional assistant provides both **push-in support in general education classrooms** and **pull-out instruction when targeted language support is needed**, allowing us to be flexible and responsive to student needs.

- **Pull-out Instruction** is intentionally focused on **listening and speaking**, helping students build confidence, academic language, and meaningful participation in the classroom.

-**ML 5th and 6th grade students**, supported in part by the strategic use of a teacher, student teacher and ML instructional assistant to increase small-group instruction and targeted support.

-**Professional development and collaboration** - Admin team and ICs collaborate to provide support and training to integrate ML strategies into the general education curriculum. These practices are reinforced through classroom observations, feedback, and evaluation discussions.



Pathways of Progress data and Progress Monitoring



Utah State Board of Education

CERTIFICATE
OF APPRECIATION

This certificate is awarded to

Franklin School

In recognition of having **above 90%** of their well below and below level students progress monitored at the recommended rates in September-October 2025.

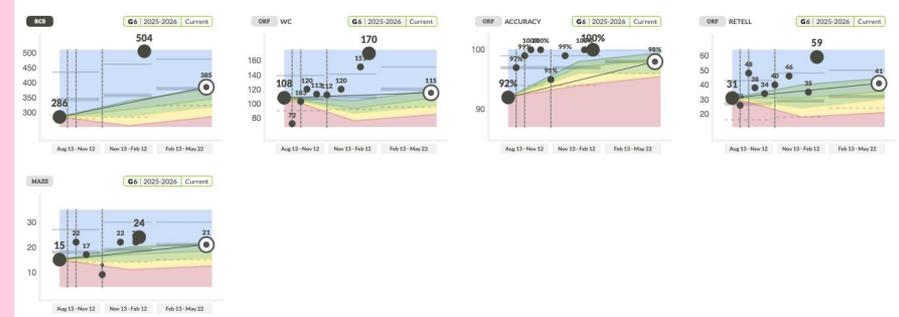
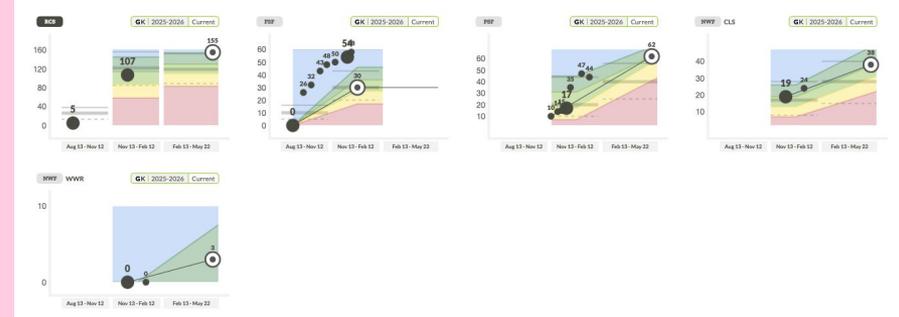
DALLAS BROOKS

USBE ELA Education Specialist
Assessment & Accountability



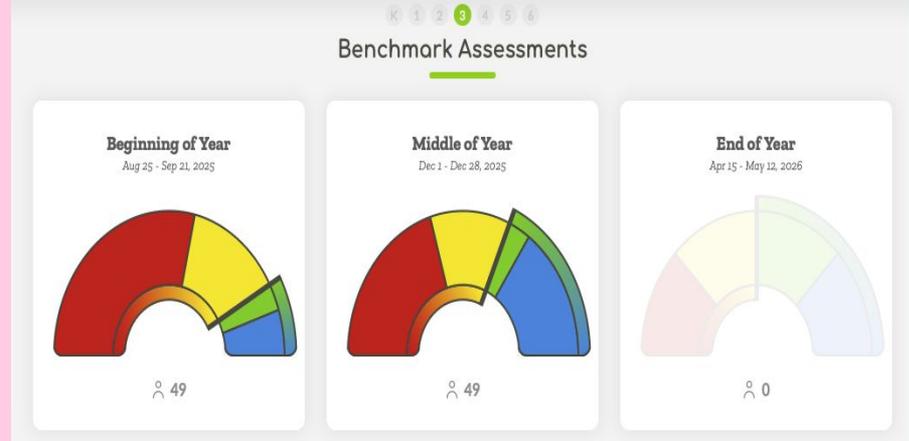
DATE

12/2025



MOY Administration strategy

- Not all at once or in specified weeks
- Based on trends, not just color/level
- Instruction was adapted as needed

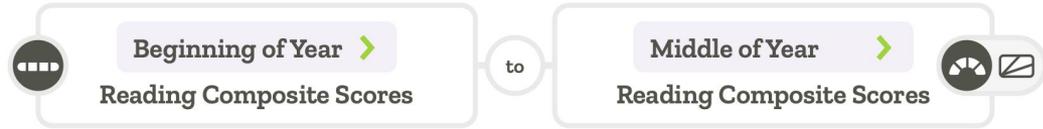


MOY Data

Effectiveness of Instruction between BOY and MOY

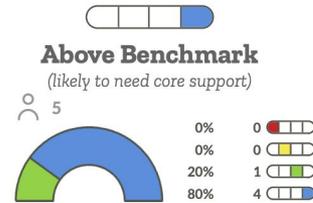
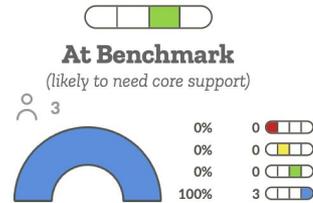
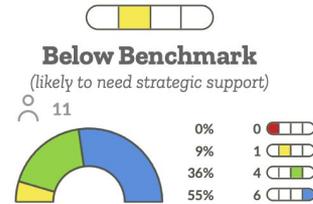
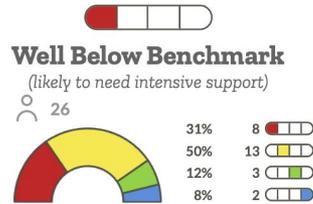
Kindergarten **Reading**

Benchmark



Grade K

2025 - 2026



MOY Data

Effectiveness of Instruction between BOY and MOY

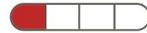
Kindergarten Reading

Growth

Grade K



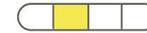
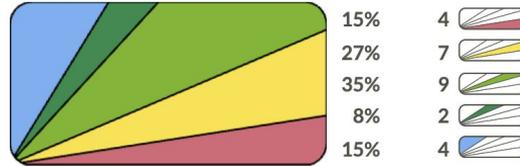
2025 - 2026



Well Below Benchmark

(likely to need intensive support)

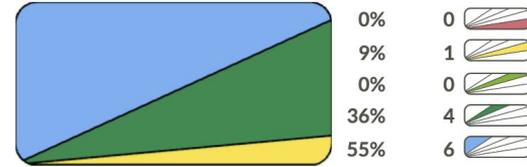
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Below Benchmark

(likely to need strategic support)

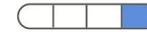
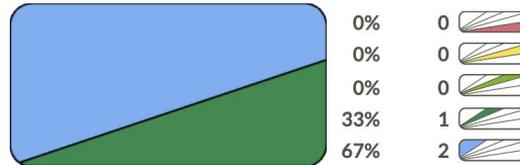
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At Benchmark

(likely to need core support)

3



Above Benchmark

(likely to need core support)

5

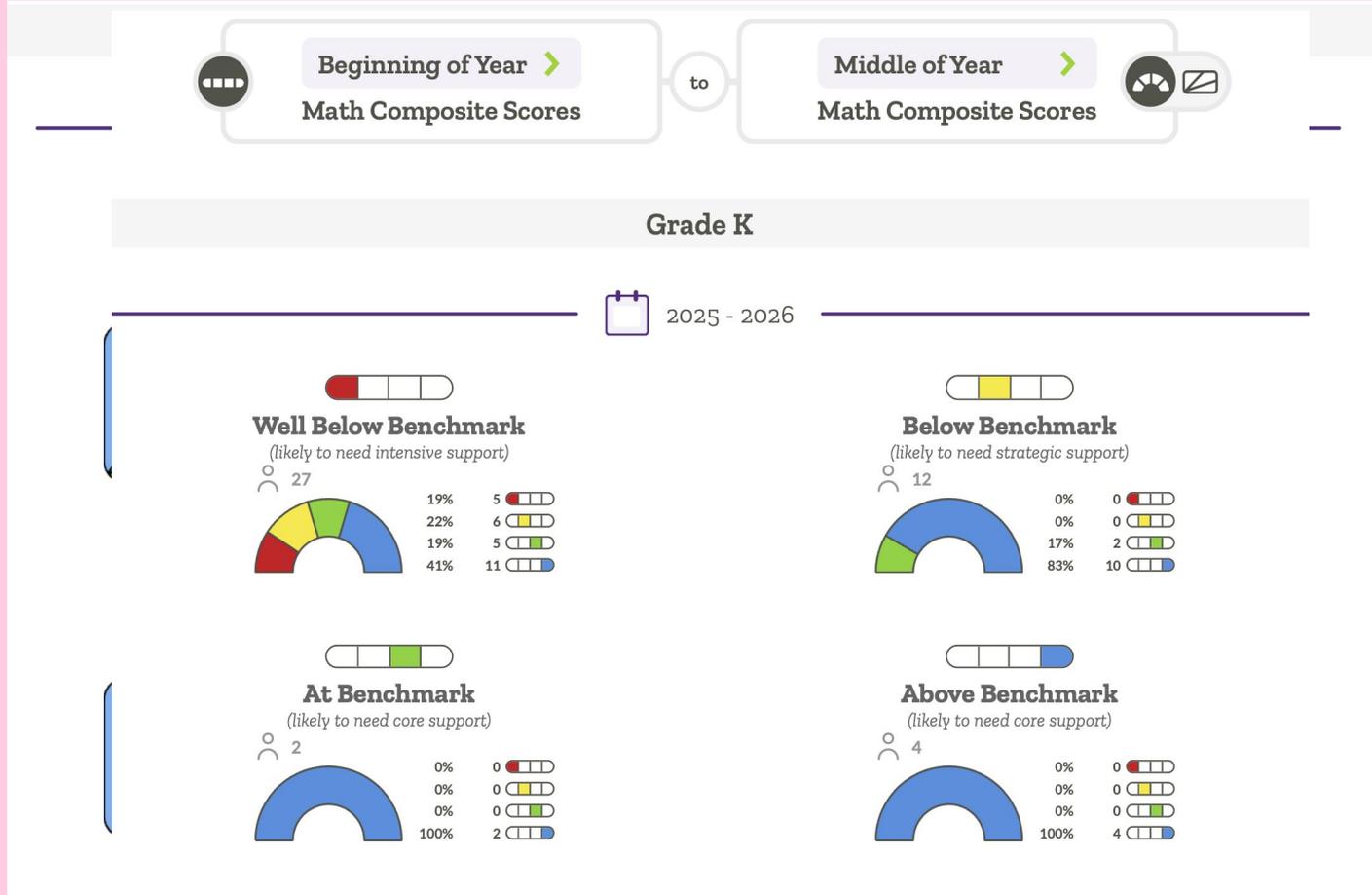


MOY Data

Effectiveness of Instruction between BOY and MOY

Kindergarten **Math**

Benchmark



MOY Data

Effectiveness of Instruction between BOY and MOY

Kindergarten
Math

Growth

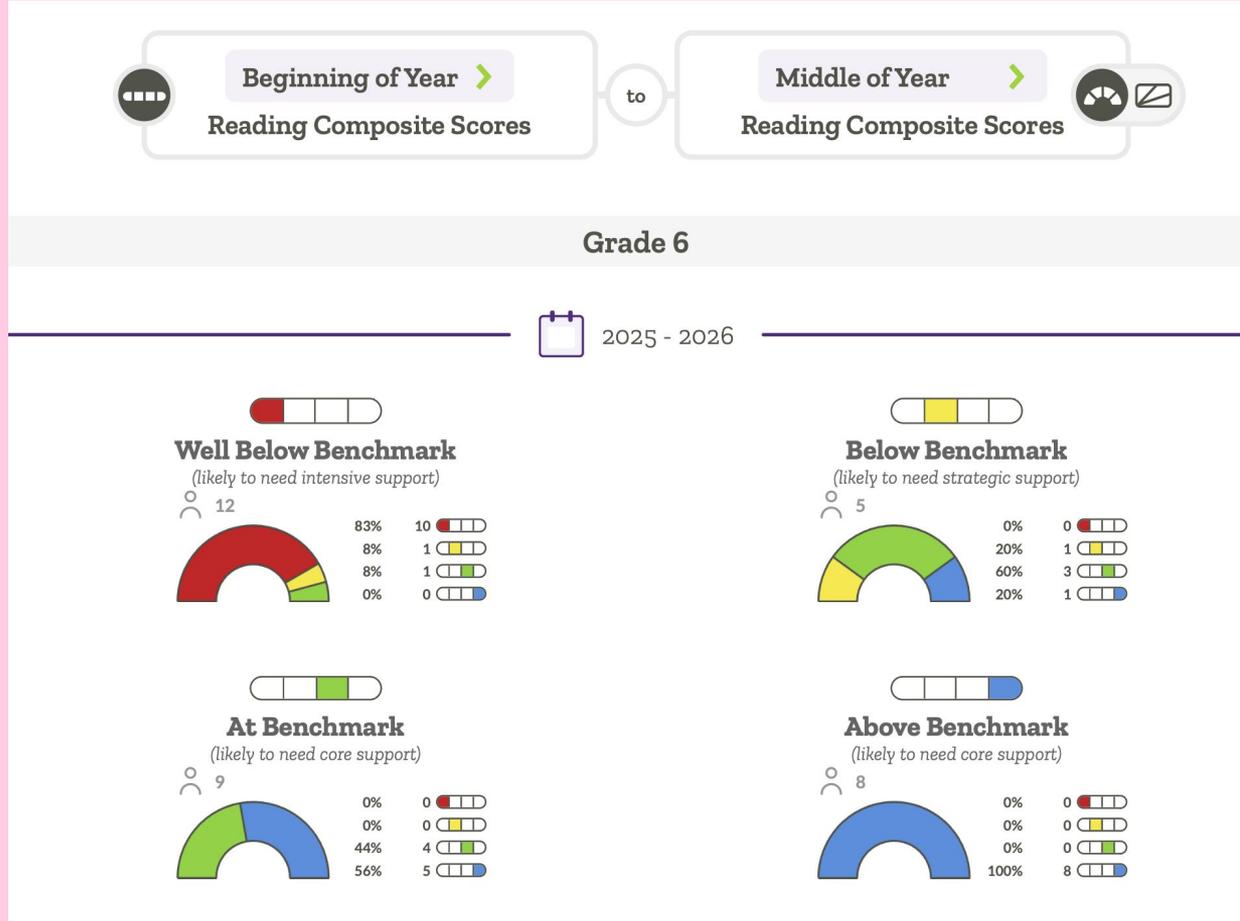


MOY Data

Effectiveness of Instruction between BOY and MOY

6th
Reading

Benchmark



MOY Data

Effectiveness of Instruction between BOY and MOY

6th Reading

Growth



MOY Data

Summary

ACADIENCE READING							
GROWTH				BENCHMARK STATUS			
Grade	MOY FY26: all typical or better progress	Red/yellow at BOY and MOY they are making above typical (gap is closing)		BOY Red/ yellow Composite	MOY Red/ yellow Composite	BOY Green/Blue Composite	MOY Green/Blue Composite
	*Want to see this 100%	*Want to see this 100%		*Want to see this <i>decrease</i> from BOY to MOY		*Want to see this <i>increase</i> from BOY to MOY	
Kinder	71%	16/37	43%	80%	49%	20%	51%
1st	44%	8/28	29%	72%	77%	28%	23%
2nd	82%	13/24	54%	52%	45%	48%	55%
3rd	76%	18/35	51%	71%	63%	29%	37%
4th	62%	7/24	29%	65%	54%	35%	46%
5th	83%	20/31	65%	67%	63%	33%	37%
6th	85%	11/17	65%	50%	36%	50%	64%

ACADIENCE MATH							
GROWTH				BENCHMARK STATUS			
Grade	MOY FY26: all typical or better progress	Red/yellow at BOY and MOY they are making above typical (gap is closing)		BOY Red/ yellow Composite	MOY Red/ yellow Composite	BOY Green/Blue Composite	MOY Green/Blue Composite
	*Want to see this 100%	*Want to see this 100%		*Want to see this <i>decrease</i> from BOY to MOY		*Want to see this <i>increase</i> from BOY to MOY	
Kinder	96%	35/40	88%	87%	24%	13%	76%
1st	79%	13/26	50%	68%	59%	32%	41%
2nd	76%	17/30	57%	65%	47%	35%	53%
3rd	69%	17/41	41%	84%	63%	16%	37%
4th		not finished testing		not finished testing		not finished testing	
5th	70%	16/32	50%	71%	62%	29%	38%
6th	87%	14/26	54%	79%	62%	21%	38%



Questions?

Description	Savings	Expense	Running Total	Strategic Plan Priority 1: Academic Achievement	Strategic Plan Priority 2: Wellness and Safety	Strategic Plan Priority 3: Stewardship of Resources	Notes	Number of Students Affected	Cost per Student
E-school	\$500,000.00	\$0.00	\$500,000.00	Most credits earned apply towards a high school diploma, either through original credit or credit recovery; this supports a key performance indicator of students meeting requirements for postsecondary readiness. Many online courses open the door for students to take more advanced courses in high school. We do not have clear-cut evidence that our Eschool data show that our elementary students are reaching proficiency levels and achieving growth. If families want an online option, we can connect them with Utah Online or other online charter schools as an option for their child.		Supports our priority of being a good steward of our resources. We are not replicating resources and programs that we can provide in other ways at a cost savings. The opportunities still exist for students at a much lower cost.	There are teachers who use our current online program as a part-time job. This affects 20 teachers total who are earning additional money. We will actually serve more students with the eschool restructure and support them with a better platform than what we currently have in place, and it is a more responsible use of taxpayer dollars. Our students prefer Utah Online to our Eschool format. It does mean that our 20 part-time secondary teachers will have to seek other part-time opportunities or they can apply to work with Utah Online, as they are often seeking teachers to support their online coursework. For our full-time elementary teacher, we will offer them a full-time elementary position in a brick and mortar school.	30 (K-6) students; 609 high school students	\$5166 per elementary student currently; \$857/high school student currently; New cost under proposed restructure would be \$2200/elementary student (if we choose to make this available) and \$532/high school student, representing a significant decrease
Not replacing district positions that are retiring	\$300,000.00	\$0.00	\$800,000.00			Supports wise use of taxpayer dollars. Where we can absorb our streamline positions, we are. Current positions that are not being rehired: administrative assistant for Communications, district administrator, finance office director, adult ed coordinator, and administrator for Eschool	We have combined duties for some of our district office administrative assistants; we are using our Director of Special Programs to serve as an administrator for Provo Online Services and Adult Ed; restructured responsibilities in finance department.		
Restructure School Nurses	\$150,000.00	\$0.00	\$950,000.00	Students learn academically when their physical needs are being met, and the physical health of students is monitored and supported by our school nurses. While we want to restructure this program, we do not want to eliminate the availability of school nurses for our students during the school year.	Our school nurses directly support our priority of wellness and safety. When students are well, they can perform better academically.	Supports better use of taxpayer dollars if we can provide the same services and expertise to our students while saving money.	It is important to note that we appreciate our partnership with the Utah County Board of Health. However, as their budgets have been cut by the County, they have shifted more of the overhead and administrative costs to the district. Provo City School District has been paying a 35% overhead cost. We paid the same percentage as Nebo and Alpine, which are significantly larger districts. With the nurses being employees of the county, we could not direct them to provide services for certain students (i.e. special education students) within our district. As they will be our employees, we can ensure they are meeting the needs of all of our students. The downside to this proposal is that while we have been paying for a 10-month contract for these nurses, the county has picked up the other two months, making them a 12-month contract. For two of our nurses, the 12-month contract will continue, while the others will be offered a ten-month contract since school is not in session during the summer.	All 13,000 students have access to a nurse; however, it is primarily our elementary students that benefit on a daily basis	The total cost is being reduced from \$1,000,000 by \$150,000. We suspect the longer term savings will also kick into gear once the program is established. An approximate amount would be \$76.92/student under the current model being reduced to \$65.38/student.
Camp Big Springs	\$300,000.00	\$0.00	\$1,250,000.00	We did track 6th grade science data (not this year but the year prior) for those students who participated. Unfortunately, we did not notice an increase in students' science scores for those who had participated in Camp Big Springs.	Priority #2 focuses on the wellness and safety of students and of creating PCSD as a destination district for students. Many parents whose students attend Camp Big Springs report that it is an event that they remember fondly for life. It is embedded in the tradition of Provo City School District, and because it is a choice, not all families have to participate if they do not want to. It also provides connections for these elementary students as they move through the education system and then see these teachers in middle school and high school. It can create a greater sense of belonging and a sense that there is an adult to advocate for them. These are all anecdotal stories. We have not gathered survey data on students in high school who have attended to determine the extent to which this experience changed their view of and connection to school.	There are several considerations with Camp Big Springs: 1) We almost always have to rebuild the platforms that the students sleep in. It is our maintenance team that is pulled off of their regular assignments to go to Camp Big Springs and build these, usually in May. 2) It pulls key people from their regularly assigned jobs to help with Camp Big Springs, many of them in our tech department (i.e. Director of Technology, other techs), which means that to maintain chromebooks and keep up with those assignments, we have to hire additional temporary help in the summer to take care of the Chromebooks and other tech needs. We pay for a Director and Assistant Director of the camp. We have to transport all of the materials up to camp ahead of time, and camp has to be taken down at the end of each week. We pay our assistant principals an additional stipend for being a supervisor at camp, as we need administrative supervision. We pay for a nurse to be available at camp in case there are medical situations that arise. We pay for all the curriculum and materials, t-shirts, etc. None of this includes the pay that we provide to the teachers at camp since they stay overnight and are on duty 24/7.	There is no question that this is a beloved program. However, it has many costs that are associated with these benefits. It is important to note that most feedback from teachers about the benefits of camp are those that teach in camp. They do witness the positive impact that it has on students. They are also individuals who are accustomed to this part-time income for the summer. We are also paying a stipend to our Director of Technology and administrators who oversee the camp, even though they are on a 24-day contract, because of the overnight requirements and the beyond hours requirements that this assignment needs.	500	\$600/student
Reduce Chromebook ratios at elementary and middle school (1:2 ratio at elementary)	\$0.00	\$0.00	\$1,250,000.00	Chromebooks are important for students to be able to access certain curricular content. However, a 1:1 device is likely not as imperative, as grade levels can share Chromebooks, particularly in light of new legislation coming forward and with development of master schedules at the elementary level. We want to ensure that classroom engagement strategies are high, and we can ensure the most effective teaching practices when the right tools are used at the right times.	We have previewed the research regarding overuse of technology at the elementary level. We have also had parents at the middle school complain about the access to Chromebooks at home. This would contribute to a healthier learning environment by supporting our teachers with greater engagement strategies that do not always require Chromebooks.		We believe that if we reduce the Chromebook ratios at the elementary school, we will have to buy carts for the middle schools. We may save money at the elementary level, but with the cost of the carts, it will initially cost more at the middle schools.		

Description	Savings	Expense	Running Total	Strategic Plan Priority 1: Academic Achievement	Strategic Plan Priority 2: Wellness and Safety	Strategic Plan Priority 3: Stewardship of Resources	Notes	Number of Students Affected	Cost per Student
After school programs	\$160,000.00	\$0.00	\$1,410,000.00	We do not have data that show that students who participate in after school programs perform better academically.	After school programs provide for the safety of students in that parents know that their children have a safe place to be and are not at home alone for lengthy periods of time without supervision, and their children are engaged in homework help, healthy physical activities, additional art activities, etc.	We can provide many of these opportunities by partnering with the Boys and Girls Club rather than relying on the district to support with personnel and materials. The Boys and Girls Club can apply for the same 21st Century Grants that we do, and they can administer the program and provide the staffing for our students to benefit.	The savings actually comes from two staff members. One of these staff members is retiring, and we will not replace this individual. The second staff member we can repurpose to another open position in the district to continue their employment but with a cost savings for this position itself.		
Eliminate turning in of Chromebooks at middle school and high school	\$150,000.00	\$0.00	\$1,560,000.00			More responsible use of personnel; high school students can keep their Chromebooks and they can be updated remotely over the summer. If a middle school wants to keep their Chromebooks at the middle school, this can be done. Instead of transporting all Chromebook to the tech department, the tech department can have a day where they go out to each school and service the chromebooks.	We can streamline the process for repairs and cleaning of the Chromebooks.		
AVID (eliminate travel)	\$100,000.00	\$0.00	\$1,660,000.00	We do not specifically have data that show that students enrolled in AVID finish high school or apply for postsecondary opportunities at a higher rate than their peers. However, we do know that students who are involved in AVID do graduate and seek out postsecondary opportunities because of the supports they receive in the AVID elective. This directly supports our postsecondary goals.	While AVID does not directly support this priority with data, we can pull data to show that students who are involved in AVID do have solid attendance rates, and they are being taught how to study and how to prepare for the requirements of more challenging coursework.	Because we have so many individuals in-house that are trained AVID, we can support our teachers with the individuals who have attended AVID institutes. For now, we can freeze any additional travel tied to AVID. However, in the future, if we retain our membership with AVID, we could always send new teachers to continue to build the skillset as teachers turnover. This would still be at a greatly reduced cost.	AVID Costs divided out: --\$32,000 Membership fee (is this correct). --\$220,000 .5 FTE at 4 secondary schools. --\$100,000 PD & Travel for AVID Training	62 - Provo High 129-Timpview	\$1842 per student
Reduce equity model from 13 to 10 (or even 8)	\$330,000.00	\$0.00	\$1,990,000.00	We still would have 10 FTE that we can hold out to award to schools that are highly impacted, K-12. We would use numbers of ML students, special education students, low income students to support this allocation. This additional FTE would be utilized to reduce class sizes or to provide additional support classes at the secondary level for ML students or for literacy support.			Most of our schools received some sort of FTE assistance that was distributed based on risk factors of students. By reducing this number, we would ensure that these equity FTE still go to the most highly impacted schools first.		Assuming 27.5 students per FTE - \$4,000 per student
Greater oversight of FTE at upper grade levels in elementary school. Please see notes for further explanation.	\$660,000.00	\$0.00	\$2,650,000.00	While it appears that this would create issues for our upper grade classes, we would still not have an upper grade class (according to our current numbers) that would be over 32 students. For any class that goes over 30 students, we automatically provide a 29-hour aide as well. This would also help us keep class sizes lower in K, 1st, 2nd, and 3rd grades as students are building basic foundations of literacy and math.		We are subsidizing some of our smallest schools to the greatest degree. We need to look more long-term about how to make our buildings more efficient, either through boundary adjustments and/or school closures.	In many of our schools, we have class sizes that are below 20 because we have, for example, 60 students at a grade level and we have 3 teachers, instead of 2. We are prioritizing this reduction in FTE for 4th, 5th, and 6th grades only, and only if we are moving from 3 classes to 2 classes. This is only applicable at a non-DLI school. Our projection for next year is that this could save us 6 FTE total. Lower grades would not be affected by this reduction.		
District 6th grade orchestra/band teachers	\$220,000.00	\$0.00	\$2,870,000.00	We do not have specific data to show that 6th grade band and orchestra has a direct impact on the academic performance of students in 6th grade or in subsequent grades. However, there is general research that shows that students who learn to play an instrument or who are involved in music do feel more connected to school which in turn improves their attendance and their overall academic performance.	Being part of an orchestra or band creates a sense of belonging that is similar to being part of an athletic team, theater group, etc. It provides an important connection for students to one another and to the school. It does lay the foundation for students to continue to connect to these programs in secondary settings where this sense of belonging and connection to school becomes even more imperative for success.		Our recommendation from district leadership is to keep 6th grade band/orchestra teachers. We would then require schools to use BTS money to determine which art they want to provide to students (i.e. visual arts or Kodaly music, for example). This would still enable schools to make the best decision for the school, and while not all students would be exposed to all the arts, they would still have significant exposure to the arts, with the opportunity to be part of a music group in 6th grade and beyond.	This number varies each year as each school offers options for students; potentially up to 900 students.	\$244/student
Increase student/teacher ratio at high school from 28 to 28.5	\$220,000.00	\$0.00	\$3,090,000.00	Seems counterintuitive to increase class sizes when we are trying to improve academic performance. However, high schools do have larger budgets with trust lands and with TSSA and could use these local funds to make up the difference.			This would mean that each high school would give up one FTE total. They could cover this with increased Land Trust funding.	4,481 high school students	\$49 per student
Kodaly music teachers that are in addition to BTS teachers	\$0.00	\$0.00	\$3,090,000.00	We do not have specific data to show that music and the arts have a direct impact on the academic performance of students. However, you can speak to any elementary school teachers, and they will tell you the difference it makes in their classroom when students have the opportunity to spend part of their work dedicated to the arts. There is general research that shows that students who are involved in the arts have higher levels overall academic performance. Because we do provide this exposure for all students, it is difficult for us to say that it doesn't have that effect.	For many students, the arts present the area of school where they can be successful. We know how important this is for them to attend and to engage with the rest of their school day. While this evidence may be anecdotal, there is enough longitudinal research to show the benefits of the arts to our students long-term.	A concern is that we are subsidizing our Kodaly music teachers with funding beyond BTS money. If we only use BTS money to fund the arts, does this provide us with the opportunities to benefit all teachers with better benefits and salaries?	A decision such as this would create several consequences: reduction of teachers in the arts because schools would have to choose which art to provide and use only BTS money and local funds to pay for it. If we choose to use BTS money only for the arts and then eliminate the 6th grade band/orchestra teacher, it would generate \$635,000. District leadership does not recommend cutting 6th grade band/orchestra AND moving strictly to BTS money but rather choosing one or the other.	6500	\$100/student
Increase case loads for high school special education	\$220,000.00	\$0.00	\$3,310,000.00	This seems contradictory to our overall strategic plan of improving academic achievement; however, our high school case loads are much smaller than they are at the other levels. Furthermore, we need to work on engagement and rigor extensively for our special education students across the board to ensure that we have high expectations for all students and provide our teachers with the tools to provide this level of rigor and support.		While this proposal creates angst for our high school special education teachers, it does represent a greater stewardship of resources and greater equity across the levels for case loads.	This would reduce the number of special education teacher at the high school and bring their case loads in alignment with that of middle school and elementary Sped teachers. It is important to note that we are already subsidizing special education by \$1.5 million out of the general fund that is beyond the federal and state allocations set aside for special education.		

Description	Savings	Expense	Running Total	Strategic Plan Priority 1: Academic Achievement	Strategic Plan Priority 2: Wellness and Safety	Strategic Plan Priority 3: Stewardship of Resources	Notes	Number of Students Affected	Cost per Student
Reduce the number of social workers by 1 overall	\$110,000.00	\$0.00	\$3,420,000.00		We have heard that K-12 our social workers provide extensive supports and resources for our students. We do not want to discontinue the momentum that we have in this area, as we have also heard from parents that this is a priority.	We do have some inequities where our high schools have 1 social worker for every 1000 students, while some of our elementary schools have 1 social worker for every 400 students. We need to realign so that social workers are assigned by need and actual case loads.	We could offer social workers the option to go half-time, which might be particularly attractive for some. We could determine that if a social worker leaves, we do not replace one of these positions. We can consider sharing social workers across two smaller elementary schools that do not have high rates of incidents and needs based on data that we have gathered at each school.		
BYU and UVU Partnerships	\$0.00	\$0.00	\$3,420,000.00			The partnership does provide us with a pipeline for new teachers that we often hire. The partnership also provides us with professional learning opportunities, and we are developing ways to better work with other districts in the partnership to change things at the state that are not benefiting us, particularly with postsecondary outcomes.	The membership fees for the partnerships is approximately \$50,000. However, it does take key individuals away from other assignments in their schools and district assignments throughout the year. It also requires overnight stays for CITES. It is an expectation of the partnership, and politically, it would be a cost to exit from these partnerships as other districts would remain.		
Reduce district travel and school-based travel to every other year	\$100,000.00	\$0.00	\$3,520,000.00				We could add greater guidelines to travel requirements at conferences; limit the numbers of individuals who travel to a particular conference, etc. While we know these conferences provide valuable professional development, we can vet this more carefully in the coming year. Much of the adult travel is for our administrators, coaches, and advisors to accompany students on trips. Some of this cannot be avoided because of the regions that are high schools are assigned to. We could also look at limiting student travel, but for district leaders, it is more important for us to limit the travel of the adults before we limit opportunities for students.		
Reduce PBIS coaches	\$330,000.00	\$0.00	\$3,850,000.00		One of our major priorities is to reduce the number of Office Discipline Referrals. In speaking with our principals, their own behavior specialists and PBIS systems has allowed us to see a significant decrease across the district in these referrals. Our PBIS coaches do help to support schools with difficult behavior situations, but there scope is limited, as they are spread across many schools.		These individuals are spread out across the schools, with some schools receiving greater benefits than others. Do we need to look at an expert behavior team that is trained specifically or individuals who hold BCBA licensing to provide significant support to the schools?		
Reduce or restructure district specialist positions	\$0.00	\$0.00	\$3,850,000.00				This would be something that we could do with attrition. If we removed a position, this individual would be moved back to the classroom. However, with the restructure we are looking to do with CAS and honors or G/T at the middle school level, we will need support from district specialists to make this happen.		
CAS	\$55,000.00	\$0.00	\$3,905,000.00	CAS program aligns with our strategic plan, but only if there is a major revamping of the program. To see the growth that we need in our most gifted students, we need a different approach. We have not seen this growth in our students currently enrolled in CAS. This is not the fault of our teachers, but rather the lack of a clear system and guidelines for what education should look like for a gifted and talented program.			Perhaps we do not create a new CAS satellite site. Instead, we roll out supports for teachers at the 4th grade level at all schools and put together a gifted and talented team that could support. We would need to continue to support the 5th and 6th grade students that are currently in the program and phase this out. If we were to restructure CAS, this amount is just the savings on the FTE. A complete reboot of CAS would actually cost this amount and would move to the expense category if this is something the district decides to pursue.		
DLI FTE Supplement	\$0.00	\$0.00	\$3,905,000.00	Our DLI students consistently perform well academically, both in proficiency and growth rates. Our DLI programs do align with our priority to be a Destination District where we are providing opportunities for students to achieve academically.		If there are no cuts this year, we need to look at a longer-term plan. For example, do we combine sites? Do we only offer one Spanish location? Do we restructure boundaries so that our DLI schools are all at 650 students? In the coming year, we need a comprehensive plan as to how to restructure DLI, boundaries, and resources.	If there are low enrollments in one language, we could look at beginning not to offer one of the languages.	Subsidizing the program at \$1.3 million at the elementary level alone	\$722/student just at the elementary level
Reduce number of assistant principals (10 at the elementary, 4 at the secondary); create a 1:500 ratio	\$0.00	\$0.00	\$3,905,000.00	Because our assistant principals at the elementary level oversee our coaches and Title I coordinators that provide all interventions, these individuals are valuable in the overall academic performance of students. Because they can support with discipline, it allows principals to much more proactively involved in classrooms and in the instruction in their schools.	Assistant principals are key to ensuring that our schools feel safe for all students as they oversee the disciplinary and behavior aspects of a school (PBIS to consequences).		There has been a conversation that only large elementary schools need an assistant principal. However, with the amount of responsibilities we have given to our administrators for instruction, and the fact that 7 of our schools are Title I schools, the amount that they need to support with behavior is intensive enough to justify this.		
Change and streamline all elementary boundaries	\$0.00	\$0.00	\$3,905,000.00			In the next year, the Board of Education and District Leadership do need to streamline boundaries to create better opportunities for students and a better use of resources.	This is something we could begin to do over the next year so that we have more efficient elementary schools beginning in 2027-2028. With the current enrollment drops, we do see a need to adjust the capacity of some of our schools. If we restructured our schools correctly, each school could be around 500 students (more efficient). If we had our DLI schools at 650 students, it would still put non-DLI schools at 400 students. We currently have elementary schools that could drop below 300 students.		

Description	Savings	Expense	Running Total	Strategic Plan Priority 1: Academic Achievement	Strategic Plan Priority 2: Wellness and Safety	Strategic Plan Priority 3: Stewardship of Resources	Notes	Number of Students Affected	Cost per Student
Closing an elementary school	\$0.00	\$0.00	\$3,905,000.00			In the next year, the Board of Education and District Leadership do need to examine this hard decision to determine if the increased costs in transportation would be a more responsible use of resources than keeping schools open that could drop below 300 students. Can we mitigate this with a more serious examination to boundary lines.	If we closed on elementary school, it would place our average enrollment across the other schools at 583 students. This will lead to increase busing costs, but we would still save money in the long run.		
Furlough Day	\$509,000.00	\$0.00	\$4,414,000.00			There is no question that this would be an unpopular decision. However, every employee would be making this sacrifice, so that the base salary could increase. If we looked at only a \$1500 pay raise across the board, we could eliminate the furlough day, which may be more attractive in the retention of teachers. This was a suggestion made by some of our principals and actually by some teachers who remembered how we handled the financial crisis of 2008-2009.	Every employee (every one of us) would work one day for which we would not get paid. We used this in 2009. It doesn't change the overall contract and would be a one-year only situation. This way it affects a person's retirement for one year, but not for subsequent years. We recognize that employees would worry that this would be permanent. The implication is that for administrators, this loss of a day would be permanent. We would move their contract from 244 days to 243 days. Then next year, we would move their contract from 243 to 242. No permanent changes to other employees and their contracts.		
Reduce counselors' extra days by 5 for high school and by 2 for middle school	\$45,000.00	\$0.00	\$4,459,000.00	Can our counselors still provide the services needed by students for postsecondary outcomes by reducing their days in the summer?			We would reduce the number of extra days that a high school counselor works in the summer from 20 to 15 and the number that a middle school counselor works from 10 to 8. In particular, our high school counselors have asked for fewer summer days or who have requested that they be able to take PTO for these summer days, which we do not allow since they are additional contract days.		
Reduce instructional coaches' extra days by 5 days (20 to 15)	\$53,000.00	\$0.00	\$4,512,000.00			Coaches do work specifically with teachers, particularly our new teachers, to ensure greater retention. We just want to ensure that we can continue to provide that same level of support for our educators as they are beginning the school year.	Reduce the instructional coaches' extra days from 20 to 15. We would have to be very strategic in working with schools and the district as to what this will look like.		
All employees eligible for a PTO day give one up	\$85,000.00	\$0.00	\$4,597,000.00				Every employee that receives PTO would give up one PTO day to make this equitable across the district. This is the cost of the subs for one PTO day.		
Vacation buy back for administrators limited to 2 days	\$135,000.00	\$0.00	\$4,732,000.00			These are benefits that allow us to retain employees and that make our district attractive. However, this is not generally the reason that administrators would come to work in Provo.	Administrators currently can sell back up to 4 of their vacation days each year. We would limit this to 2 for this year, and we could limit it further in following years, removing this as an option entirely.		
Per pupil allotment to the schools from \$330-\$250	\$1,000,000.00	\$0.00	\$5,732,000.00			This demonstrates a greater stewardship of resources, as currently this money goes to schools as part of discretionary spending. If we recaptured this, we can directly send this money to specific programs, towards FTE or towards salaries and benefits.	This still provides the schools with significant discretionary spending, especially with TSSA and Land Trust dollars.		
Move early out from Friday to Wednesday	\$70,000.00	\$0.00	\$5,802,000.00	The collaboration piece is key to our students' academic success. As we look at our schools that are having the greatest success, it is those that have well-functioning teams that are consistently looking at data and examining their role in supporting individual students.		Again, we are still providing the collaboration time that our teachers need to achieve our academic outcomes, but we would do it on a day when there would be fewer absences from teachers.	The amount that we pay for in subs on Fridays is exorbitant. If we moved early outs to Wednesdays, it is less likely that teachers would miss on that day. It is also less likely that students would miss on this day. It would alleviate some of our overall sub costs, although would likely not be as popular with parents.		
Attendance incentive for teachers	\$200,000.00	\$0.00	\$6,002,000.00	The fewer times a student has a substitute, the better the instruction they receive. This will help improve academic achievement overall.	When teachers are regularly in the classroom, it contributes to an environment of safety for students. When they have unknown adults who are substituting, it can lead to problems with attendance.	This idea allows us to control our sub costs without changing our PTO policy/benefit, which is attractive for the retention of teachers.	While we know that our PTO policy is a benefit that our teachers appreciate, which supports the retention of teachers, we also know that it has come at a significant cost (to the tune of \$1 million increase in sub costs). Instead of limiting what teachers can do or requiring them to pay for their subs as they have in the past, we would simply provide incentives for them to be at work in the hopes of controlling these sub costs. Even with the incentive, we will end up ahead in the overall costs.		
Increase teacher salaries (\$2000 on the base)	\$0.00	\$2,096,000.00	\$3,906,000.00	When we retain teachers and have the best individuals in front of our students, it is the greatest factor in improving student achievement.		Continuing to focus on teacher salaries allows us to retain our great teachers which is a major priority in our strategic plan.	What is we made this number \$1500 and then added the per diem rate in?		
Insurance Costs	\$0.00	\$1,600,000.00	\$2,306,000.00		When employees are not worried about their overall physical health and mental well-being, they can focus on providing better learning environments for our students.	A focus on benefits, particularly insurance, also supports us as a district in retaining our good employees.	Share insurance costs of \$2 million increase. 80% to the district and 20% to employees.		

Supporting Advanced Learners in Provo City School District

Phase 1 Considerations and Next Steps

January 2026

Phase 1:

CAS Refresh and Consolidation

- CAS continues as the district's accelerated mathematics pathway.
- Alignment work strengthens shared expectations, scope/sequence, and instructional coherence.
- CAS consolidates to one site through natural cohort progression (no disruption to current students).

Key Considerations

→ Location of single-site

→ Cost

→ Teachers and Support

→ Assessment/Placement

Site Considerations

	Available classrooms*	Outlier School Distance to site	Competing Priorities	Other Considerations
Provo Peaks	✓	5.3 mi. <i>(Canyon Crest)</i>	<ul style="list-style-type: none"> Title One School Preschool SpEd (severe) 	Current CAS sites May limit clarity of a program reset
Sunset View	✓	6.7 mi. <i>(Canyon Crest)</i>	<ul style="list-style-type: none"> Title One School Preschool 	
Westridge	✓	5.9 mi. <i>(Spring Creek)</i>		
Rock Canyon	✓	5.4 mi. <i>(Amelia Earhart)</i>		
Amelia Earhart	✓	7.3 mi. <i>(Canyon Crest)</i>	<ul style="list-style-type: none"> Title One School Behavior Unit 	

*Based on capacity report that was completed for the boundary study

Additional Considerations

<p>Costs</p> <ul style="list-style-type: none">• Transportation \$40,000/yr.• Startup Costs \$20,000• FTEs Net zero• CogAT \$ 15,000/yr. <p>Total \$75,000</p>	<p>Placement Assessments</p> <ul style="list-style-type: none">• Acadience Reading & Math• NWEA Math & Science• CogAT<ul style="list-style-type: none">○ Pro:<ul style="list-style-type: none">■ Cognitive assessment○ Con:<ul style="list-style-type: none">■ Additional testing: 9 part assessment taken in two sessions■ Inconsistent administration impacting results■ Additional cost
<p>Teachers and Support</p> <ul style="list-style-type: none">• GT and Level II Math Endorsements required• District-based support<ul style="list-style-type: none">○ T&L department	<p>Timeline</p> <ul style="list-style-type: none">• Launch new site, SY 2026-2027

DLI Survey 2025–2026

Executive Summaries – All Tracks

Executive Summary – Language Side

Overall, parent/family sentiment toward the DLI Language Side is strongly positive. Respondents overwhelmingly value the program, believe it benefits their children academically and culturally, and report high levels of satisfaction with instruction and school communication. The most consistent strengths are language acquisition, teacher quality, and the long-term value of bilingualism.

That said, the data also highlights clear pressure points: concerns about academic rigor balance, consistency between English and target-language instruction, homework support for non-native-speaking parents, and clarity around expectations as students progress to upper grades. These concerns are not dominant, but they are persistent and patterned.

Major Strengths Identified

1. Strong Belief in the Value of DLI

- DLI is worth the effort
- Bilingualism provides long-term academic and career benefits
- Cultural exposure is a major positive outcome

This belief remains consistent across grade levels, suggesting confidence does not drop off sharply as students age.

2. High Satisfaction with Teachers

- Teachers are viewed as effective
- Teachers are caring and supportive
- Teachers are strong in language instruction

Many families attribute their positive experience directly to teacher quality, not just to the program model.

3. Student Engagement and Enjoyment

- Students enjoy being in DLI
- Students feel proud of learning another language
- Students are motivated to continue

This is an important retention indicator and suggests emotional buy-in, not just compliance.

Representative Parent Quotes

- *“My child has gained so much confidence speaking another language.”*
- *“The teachers are amazing and truly care about student success.”*

Key Areas of Concern

1. Academic Balance & Rigor

- Preparation in English literacy and core academics
- Consistency between English and target-language instruction

This concern appears more frequently in upper elementary and beyond, where academic demands increase.

2. Homework & At-Home Support

- Difficulty helping with homework
- Uncertainty about student understanding
- Need for scaffolds, explanations, or translations

This is one of the most consistent friction points across the survey.

3. Communication & Expectations

- Clearer expectations as students move to higher grades
- More proactive explanations of instructional choices
- Clear definitions of success year-to-year

The concern here is not dissatisfaction, but a desire for transparency and reassurance.

Representative Parent Quotes

- *“Homework is hard for us to support when we don’t speak the language.”*
- *“As students get older, balancing English and the target language is challenging.”*

Patterns & Notable Trends

- Positive sentiment remains strong but concerns increase by grade level.
- Highly supportive families are often those asking for improvements.
- Very few respondents express regret about enrolling in DLI.
- Concerns are framed as improvement-oriented.

Implications & Suggested Focus Areas

1. Clear academic messaging at transition points
2. Parent support tools for homework and language comprehension
3. Reassurance around English literacy outcomes
4. Consistent articulation of DLI goals across schools

Representative Parent Quotes

- *“Clearer expectations at transition grades would really help families.”*
 - *“More parent resources would make a big difference at home.”*
-

Executive Summary – English Only Side

Parent and family sentiment reflected in the English Only Side survey is mixed but constructive. Respondents generally respect the goals and potential benefits of DLI, but many indicate that immersion is not the right fit for their child at this time.

Decisions are most often driven by concerns about academic load, language complexity, or a desire for instructional simplicity rather than dissatisfaction with schools or teachers.

Major Strengths Identified

1. Trust in Schools and Teachers
 - Families consistently express confidence in school staff regardless of track.
2. Appreciation for Choice
 - Families value having multiple instructional pathways available.
3. Recognition of DLI Benefits
 - Even non-participating families frequently acknowledge the value of bilingualism.

Representative Parent Quotes

- *“We trust the school and teachers to do what is best for our child.”*
- *“I appreciate having different program options for different learners.”*

Key Areas of Concern

1. Academic Readiness and Rigor
 - Concerns focus on whether children are developmentally or academically ready for immersion.

2. Language Difficulty and Support

- Parents express hesitation about supporting homework in a non-English language.

3. Fit for Individual Learners

- Concerns are framed around individual needs rather than program quality.

Representative Parent Quotes

- *“I don’t feel my child is ready for immersion yet.”*
- *“Supporting homework in another language would be overwhelming.”*

Patterns & Notable Trends

English-only families frame feedback as situational and child-specific. There is little evidence of opposition to DLI as a concept.

Implications & Suggested Focus Areas

1. Clearer communication about readiness and entry points
2. Reassurance around academic supports
3. Targeted information for English-only families

Representative Parent Quotes

- *“More information about readiness would help families decide.”*
- *“Clear entry points into DLI would make future participation easier.”*

Executive Summary – Both Tracks

Both Tracks responses indicate strong engagement with the program represented. Families report positive experiences, strong language outcomes, and high instructional quality.

Major Strengths Identified

1. Language Acquisition

- Families cite strong progress in language learning.

2. Teacher Quality

- Teachers are described as dedicated, skilled, and supportive.

3. Cultural and Academic Value

- Parents highlight cultural awareness and global perspective.

Representative Parent Quotes

- *“My child is really learning the language and enjoys school.”*
- *“The teachers are dedicated and supportive.”*

Key Areas of Concern

1. Academic Balance

- Families seek reassurance about balance between language instruction and other academics.

2. Homework and Home Support

- Parents note challenges supporting learning at home.

3. Communication and Expectations

- Requests for clearer guidance as students progress.

Representative Parent Quotes

- *“Clearer expectations in upper grades would help.”*
- *“Helping at home can be challenging with assignments.”*

Patterns & Notable Trends

Support remains strong, with concerns framed as opportunities for refinement.

Implications & Suggested Focus Areas

1. Maintain strong instruction
2. Expand parent-facing resources
3. Improve communication around expectations

Representative Parent Quotes

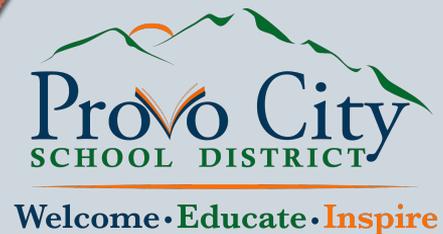
- *“Better communication as students progress would be helpful.”*
- *“More parent-facing supports would strengthen the program.”*



BELIEVE
IN THE
MAGIC

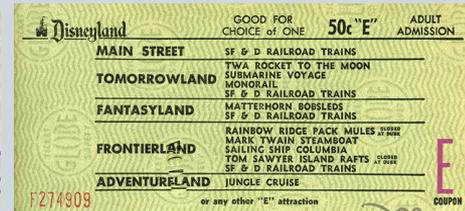
PCSD e-School

2025



Disneyland Tickets

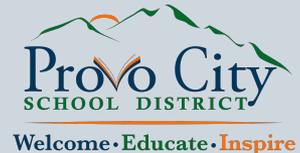
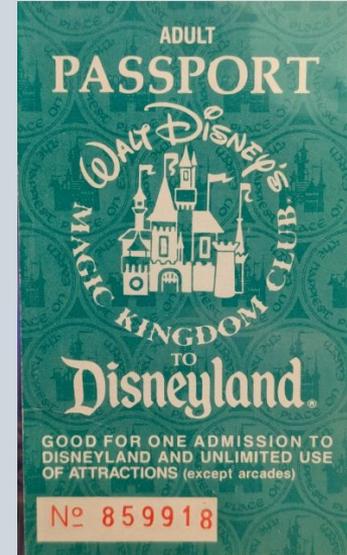
- Opening- July 1955
 - Pay-Per-Ride tickets
- October 11, 1955 A-C
 - Tiered
 - E tier added in 1959



Welcome • Educate • Inspire

Disneyland Tickets

- **1971**
 - Six Flags opened and offered unlimited ride access
 - Late 70's Disneyland began introducing "Passports"
- **1982, tickets completely replaced with Passports**



FastPass Evolution

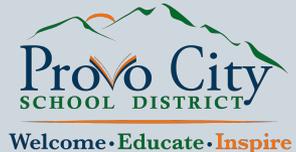
- **FastPass, 1999**
 - Physical ticket with a time window for entry - Free to all ticket holders
- **FastPass+, 2014**
 - evolved from paper to use in the app and use with Magic Bands
 - Still free
- **Genie+, 2021**
 - Paid-Tiered
- **Lightning Lane Single, Multi, Premier, 2024**
 - Paid-Tiered



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e-School Evolution

- **Early version**
 - 1000's of students statewide
 - Multiple teachers, Sped teachers and counselors
- **Current version**
- **Elementary**
 - As of fall 2025 - 30 K-6 students
 - 1.5 elem teachers
 - \$92,000 in teacher costs
 - \$63,000 in curriculum costs
 - $\$155,000/30=5166$ per student



e-School Evolution

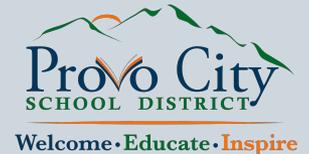
- Secondary
 - 180 PHS students
 - 381 enrollments
 - 429 THS students
 - 1052 enrollments
 - Teacher number - varies
 - \$500 per course \$20 per kid
 - $\$500 \times 609 = \$304,000$
 - \$162,000
 - \$56,000 curriculum
 - Secondary teacher costs \$522,000



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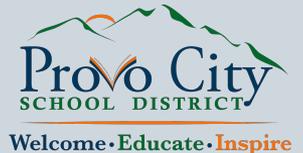
e-School Evolution

- Total e-School costs last year
 - \$833,000



SOEP - UOS

- **SOEP/UOS last year**
 - \$1,170,000
- **LEA's can't deny original credit requests**
 - Can reject recovery or grade replacement
- **Rejected 424 requests, \$63,600, Since May 2025**
- **SOEP costs \$315-\$550 per sem for SEATS**



eSchool recommendations

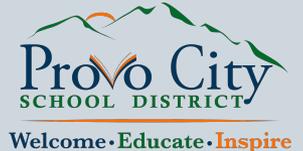
- Contract with UOS
 - Secondary - \$250 per semester course
 - PCSD eSchool awarded 649 credits to PCSD HS students in 24-25. That same amount would have cost \$324,000 under this contract.
 - Elementary \$2250 per student
- Staffing
 - Don't replace retiring eSchool Principal
 - Retain Remaining registrar and specialist



Welcome • Educate • Inspire

eSchool recommendations

- Possible name change - PCSD Online Services
- UOS-PCSD student enrollment management
- Demonstrated Competency testing site
- GED testing site





Provo City
SCHOOL DISTRICT

Welcome • Educate • Inspire

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**Mental Health Care
Policy Series: 3000**

Policy No. 3419

Purpose:

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Provo City School District acknowledges and supports that parents are the primary individuals responsible for raising their child, for making educational decisions for their children, and in determining the supports their children may need to optimize their educational experience. The purpose of this policy is to ensure that students have access to the mental health supports they may need, particularly in times of emergencies or safety concerns, while ensuring the parents' rights in determining what these supports should look like, the topics that can be discussed with their children, and that parents should be notified when these interactions occur.

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Definitions:

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1. "Authorized personnel" means an individual:

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a. Who holds a license:

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i. As a school psychologist, as defined in Utah Code § 53F-5-218;

26

ii. As a school social worker, as defined in Utah Code § 53F-5-218;

27

iii. Under Utah Code Title 58, Chapter 61, Psychologist Licensing Act;

28

iv. Under Utah Code Title 58, Chapter 60, Part 2, Social Worker Licensing Act;

29

v. Under Utah Code Title 58, Chapter 60, Part 3, Marriage and Family Therapist Licensing Act; or

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31

vi. Under Utah Code Title 58, Chapter 60, Part 4, Clinical Mental Health Counselor Licensing Act; or

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vii. Who is supervised by someone with one of the above licenses, to the extent the person's actions fall within the scope of that supervision; and

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b. Whom the District, or a District school, employs or engages by contract or agreement to support student mental health through a restricted service consistent with the scope of the individual's license or certification.

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- 40 2. "Restricted service" means a mental health service that takes place in a school setting. It
41 does **not** include:
- 42 a. Describing basic stress-management strategies;
 - 43 b. Informing students and parents of the availability of a restricted service; or
 - 44 c. Engaging in generalized crisis response, which does not include one-on-one
45 therapy, in accordance with District or Utah State Board of Education crisis
46 response protocols.

49 **Providing Restricted Services**

50
51 Except as provided in a student's IEP or Section 504 accommodation plan, only authorized
52 personnel may provide restricted services to students. Authorized personnel may only provide
53 restricted services within the scope of the provider's license and without other students present.
54 Informed written parental consent must also be obtained as provided below.

55
56 Written parental informed consent for restricted services must be obtained before the first
57 session of a restricted service in a given school year. A student's IEP or Section 504
58 accommodation plan that includes a restricted service satisfies the requirement for written
59 parental informed consent. Otherwise, the consent shall be obtained using a standard form that
60 includes:

- 61 1. Fields for at least the following information:
 - 62 a. Student name;
 - 63 b. Name of individual giving consent;
 - 64 c. Name of each authorized personnel who has authority under the consent to
65 provide a restricted service;
- 66
67 2. A statement that, unless the parent opts out of receiving notices (which the parent may
68 do at any time), the authorized personnel will provide within one business day after each
69 session notice to the parent that the restricted service took place and a description of the
70 topic of the service; and
- 71
72 3. A statement that authorized personnel will adhere to the topics or issues that the parent
73 identifies, in collaboration with authorized personnel, for discussion with or exclusion
74 from the student, except that the topics may be addressed if:
 - 75 a. The omission would compromise the student's immediate safety;
 - 76 b. The omission would violate mandatory reporting requirements; or
 - 77 c. Based on behaviors or statements that the authorized personnel observes, the
78 authorized personnel determines a need to assess the student's safety.

79
80 When obtaining the consent, the District, school, or authorized personnel shall, through
81 consultation with the parent, provide the parent with an opportunity to identify topics or issues
82 the parent intends the authorized personnel to address or to not address with the student. The

83 authorized personnel may not address a topic or issue that the parent has expressly stated
84 should not be addressed unless:
85 1. not doing so within the restricted service would compromise the student’s immediate
86 safety or
87 2. the student discloses information that creates a duty for the authorized personnel to
88 make a mandatory report (including for suspected cases of child abuse or neglect under
89 Utah Code § 80-2-602, abuse of a student under Utah Code § 53E-6-701, or any other
90 legally mandated duty to report). If one of these exceptions applies, the authorized
91 personnel may only discuss the information with the student to the extent necessary to
92 make the report.
93

94 [The requirement to obtain parental consent does not apply if delaying contact with a parent](#)
95 [would create an immediate and serious risk of suicide or serious bodily injury, as defined in](#)
96 [Utah Code § 76-1-101.5, to the student or to another individual.](#) If this circumstance occurs, the
97 District, school, or authorized personnel shall notify the parent in accordance with the
98 requirements of [Policy 3320](#) (Report of Bullying), [Policy 3421](#) (Report of Child Abuse/Neglect),
99 and [Policy 5090](#) (Code of Conduct: Mandatory Reporting Requirements of Employees).
100

101
102 **Legal References**

- 103 [Utah Code § 53G-9-604 \(2024\)](#)
104 [Utah Code § 53G-9-901 \(2025\)](#)
105 [Utah Code § 53G-9-902\(1\) \(2025\)](#)
106 [Utah Code § 53G-9-902\(2\), \(3\)\(c\) \(2025\)](#)
107 [Utah Code § 53G-9-902\(3\) \(2025\)](#)
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110 **Board Approved:**

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**Students Infected with AIDS, HIV, or ARC
Policy Series: 3000**

Policy No. 3414

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Purpose:

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The Board recognizes the need to educate residents, patrons, and students concerning communicable diseases including AIDS and to develop policies for attendance and employment of victims cooperate with and follow the guidelines and recommendations provided by the Board of Health for students and employees that may have Acquired Immunodeficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV infection), and Arthrogyposis-Renal Dysfunction-Cholestasis Syndrome (ARC).

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The Administration will cooperate fully in assisting the Utah County Health Department in the detection, prevention, and control of all communicable diseases, including AIDS and HIV infection. The following guidelines shall apply:

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Guidelines

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1. When it is reported that a student of the Provo School District has been infected with HIV, a review committee shall be organized consisting of the school administrator, a representative from the local health department, the student's physician, and the student's parent(s) or guardian(s). In the event that the student's physician is unable to serve on the committee, a licensed physician should be appointed by the local health officer. The committee is to be appointed and chaired by the school administrator. The committee review shall be based on the following considerations:
 - The nature of the risk of transmission of HIV relevant to the activities of the subject in the school setting;
 - The probability of risk of HIV transmission to others by the subject in the school setting;
 - The probability of any health related risks to the subject; and
 - If restrictions are necessary, what accommodations could be made by the school to avoid excessive limitations?
2. Pending recommendation of the evaluation team, a student who exhibits behavior which increases the likelihood of transmission or is too ill to attend school shall have an appropriate alternative education program provided by the District.
3. If the decision to leave a student with AIDS and/or HIV infection in a regular school environment is recommended by the evaluation team, the designated chairman of the review committee shall work closely with the team to ensure the protection and benefit of all parties. Guidelines which have been set for such enrollment by the State Health Department, U.S.

43 Public Health Services and the American Academy of Pediatrics will be utilized. Special in-
44 service activities will be provided for all teachers and staff.

45 4. Appeals Process

- 46 ○ Any member of the review committee may appeal the recommendation
47 of the committee by submitting a written appeal within ten (10) school
48 days for students or ten (10) working days for employees, after
49 receiving notice of the committee's recommendations. If the appellant's
50 concerns relate to medical issues, the appeal shall be submitted to the
51 director, and the director or designee may order restrictions on the
52 school-related activities or associations of the subject or may stay
53 implementation of the committee's recommendations. If the concerns
54 relate to the school's ability to provide an accommodation, the appeal
55 shall be directed to the school board.
- 56 ○ The appellant shall submit copies of any appeal to the director of the
57 Utah County Health Department and all other members of the review
58 committee.
- 59 ○ A member from the Utah Department of Health or the school board
60 shall review the findings and recommendations of the committee and
61 any additional information that the director or board finds to be pertinent
62 to the question raised in the appeal, and shall render a final decision in
63 writing within ten (10) school days for students or ten (10) working days
64 for employees.
- 65 ○ Copies of the decision shall be sent to the appellant and members of
66 the review committee.
- 67 ○ Provo City School District shall implement the decision without delay.
- 68 ○ Judicial review of any decision rendered under this section by the
69 school board may be secured by persons adversely affected thereby by
70 filing an action for review in the appropriate court of law.

71 5. Confidentiality shall be respected, and the identities or other case details of HIV infected
72 persons shall not be disclosed to any person other than members of the review committee and
73 the superintendent. Anyone entitled to receive confidential information about the HIV infected
74 subject other than the individual identified in the information, who violates this section by
75 releasing or making public confidential information is guilty of a class A misdemeanor.

76 6. In the event an employee of the District is diagnosed as being infected with AIDS and/or
77 HIV infection, a committee made up of the employee, the school or department administrator, a
78 representative from the local health department, and the employee's physician shall be formed.
79 In the event that the employee's physician is unable to serve on the committee, a licensed
80 physician should be appointed by the local health officer. The committee is to be appointed and
81 chaired by the school or department administrator. The committee will review the medical/job
82 placement status of the employee. In the event that staying on the job is precluded, the
83 employee will receive any existing benefits to which he/she is entitled, but may not accrue
84 additional benefits. Part-time hourly employees will be granted medical leave without pay and
85 benefits. Guidelines developed by the Utah Department of Health, U.S. Public Health Service,
86 and the American Academy of Pediatrics regarding the transmission of AIDS and HIV infection
87 in the work place and the school will be utilized to ensure the protection and safety of all
88 involved.

89 7. In the school setting, no person shall be discriminated against, or denied activities or
90 associations based solely upon a diagnosis of HIV and/or AIDS infection, except as permitted
91 under these guidelines. Each school shall adopt routine procedures for handling blood or body
92 fluids, including sanitary napkins, regardless of whether students or employees with HIV and/or
93 AIDS infections are known to be present. The procedures shall be consistent with

94 ~~recommendations of the United States Public Health Service, the American Academy of~~
95 ~~Pediatrics, and the Utah Department of Health.~~
96

97 **Students Infected with HIV, AIDS or ARC**

98

99 In the school setting, no person shall be discriminated against, or denied activities or
100 associations, based solely upon a diagnosis of HIV infection.

101

102 Most students with AIDS can attend school in the regular classroom without restrictions. If a
103 parent or school official believes that a child with AIDS needs related services or placement
104 outside the regular classroom, Section 504 requires an evaluation and placement process to
105 determine the appropriate educational setting for a child with AIDS. However, a full educational
106 evaluation is not required when neither the school officials nor parents believe that a child is in
107 need of special education or related services.

108

109 A student with AIDS has a right to confidentiality under FERPA and Section 504. However, such
110 confidentiality would not affect state and local public health rules regarding the duty of schools
111 to report specified diseases to public health departments. However, when reporting any cases
112 of AIDS to public health authorities, schools should convey such information in the same way
113 that information about other diseases is treated.

114

115 The Occupational Safety and Health Administration (OSHA) has issued regulations whose
116 purpose is to reduce or eliminate the possibility of an employee or students contracting any of a
117 series of diseases that are spread through blood contact contained in 29 CFR Part 1910. All
118 school employees should be following OSHA blood-borne pathogen standards when dealing
119 with body fluids. **All employees receive bloodborne pathogen training annually.**

120

121 **Legal References**

122 [Utah Code 26B-7-2](#)

123 [Americans with Disabilities Act](#)

124 [Section 504 of the Rehabilitation Act of 1973](#)

125 [Utah Office of Administrative Rules 386-702](#)

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127 **Board Approved:** March 1990

128 Revised: March 12, 2013

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**Youth Suicide Prevention
Policy Series: 3000**

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Policy No. 3425

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Purpose:

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10 Provo City School District recognizes its role and responsibility in suicide prevention for its
11 students and families. In collaboration with the Utah State Board of Education, the District shall
12 adopt and implement a suicide prevention program for students that follows best practices and
13 state law.

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Establishment of Youth Suicide Prevention Program

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These programs shall consider appropriate coordination with programs for the prevention of
bullying and cyber-bullying and for the prevention of underage drinking of alcohol and substance
abuse. The programs shall also include provisions to ensure prompt communication with
parents in accordance with [Utah Code § 53G-9-604](#).

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The elementary and secondary programs shall include programs and training to address:

1. Life-affirming education, including the concepts of resiliency, healthy habits, self-care, problem solving, and conflict resolution;
2. Methods of strengthening the family; and
3. Methods of strengthening a youth's relationships in the school and community.

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The secondary program shall also include programs and training to address:

- 43 1. Prevention of youth suicide;
44 2. Decreasing the risk of suicide among youth who are not accepted by family for any
45 reason, including lesbian, gay, bisexual, transgender, or questioning youth, or who suffer
46 from bullying;
47
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49 3. Youth suicide intervention; and
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51
52 4. Postvention for family, students, and faculty.
53

54 In implementing this program and related training, the District shall refer to and as appropriate
55 make use of the model programs developed by the Department of Health and the state suicide
56 prevention coordinator.
57

58 **Youth Suicide Prevention Training**

59
60 Each licensed employee of the District shall complete professional development training on
61 youth suicide prevention every three years, using the training materials adopted by the District.
62

63 **Legal References**

- 64 [Utah Code § 53G-9-702 \(2023\)](#)
65 [Utah Code § 53G-9-704 \(2024\)](#)
66 [Utah Admin. Rules R277-620-3\(3\) to \(6\) \(November 7, 2023\)](#)
67 [Utah Code § 53G-9-604](#)
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69 **Board Approved:**

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**Period Products in Schools
Policy Series: 3000**

Policy No. 3406

Purpose:

Option 1:

The purpose of this policy is to promote student wellness, equity, and educational access by requiring the availability of menstrual hygiene products in district schools, recognizing that access to such products is a basic health need and supports consistent school attendance and engagement.

Option 2:

The purpose of this policy is to ensure that students have reasonable access to menstrual hygiene products during the school day in order to support student health, dignity, and uninterrupted participation in educational activities.

Providing Period Products to Students

“Period products” means tampons, sanitary napkins, or other similar products designed for hygiene in connection with the human menstrual cycle.

The District shall provide period products free of charge to students in each female or unisex restroom in each elementary school, middle school, junior high school, high school, or other school facility used by students. (This requirement does not apply to a female or unisex bathroom used exclusively by students in Kindergarten or younger.) The District shall inform its students of the availability of the period products.

Legal References

- [Utah Code § 53G-4-413\(1\) \(2022\)](#)
- [Utah Code § 53G-4-413\(2\) \(2022\)](#)
- [Utah Admin. Rules R277-931-2 \(October 11, 2022\)](#)

Board Approved:

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Student Privacy and Modesty

Policy Series: 3000

Policy No. 3370

Purpose:

The purpose of this policy is to safeguard students' reasonable expectations of privacy and personal modesty by ensuring appropriate privacy protections in restrooms and changing facilities and by providing options that allow students to undress or change in private.

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Definitions:

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1. "Changing facility" means a room in which two or more individuals may be in a state of undress in the presence of others, including a dressing room, fitting room, locker room, changing room, or shower room.
2. "Restroom" means a room that includes one or more toilets or urinals.
3. "Single-occupant facility" means a restroom or changing facility:
 - a. With floor-to-ceiling walls;
 - b. With an entirely encased and locking door; and
 - c. That is designed for single occupancy.
4. "Full nudity" means that an individual's genitalia, female breast below the top of the areola, buttocks, anus, or pubic area is completely exposed.
5. "Partial nudity" means that an individual's pubic region or chest are less than completely covered.

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Student Right to Individual Privacy and Personal Modesty

Each student has a reasonable expectation of individual privacy and personal modesty. Therefore, students may not be required, invited, or encouraged to undress, change clothing, or

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40 otherwise be in a state of full or partial nudity in the presence of another individual, regardless of
41 whether the student is in a restroom or changing facility or the other individual is a District
42 employee. Compliance with this restriction may be achieved by the option of ensuring that
43 students who choose to undress in private have available:

- 44 1. single-occupant facilities,
- 45 2. floor-to-ceiling walls or doors or similar privacy protections within changing facilities, or
- 46 3. curtains or similar privacy protections in changing facilities.

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49 **Legal References**

50 [Utah Code § 53G-9-214\(1\) \(2025\)](#)

51 [Utah Code § 53G-9-214\(2\) – \(4\) \(2025\)](#)

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54 **Board Approved:**

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Health Requirements and Services - Communicable Diseases
Policy Series: 3000 Students

Policy No. 3413

9 **Purpose**

10
11 The purpose of this policy is to protect the health and safety of students, employees, and
12 visitors by establishing procedures for the prevention, identification, and management of
13 communicable diseases in schools. This policy ensures compliance with applicable state and
14 local public health requirements while minimizing disruption to the educational environment.

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17 **Reports**

18
19 The Principal, **in coordination with the school nurse**, shall report to the local health authority or
20 to the Utah Department of Health and Human Services those students attending school who are
21 suspected of having a reportable disease or condition, as defined by state law and the Utah
22 Department of Health and Human Services.

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25 **Exclusion**

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27 The Principal, at the direction of local health officers or an official of the Utah Department of
28 Health and Human Services shall exclude from attendance any student suffering from a
29 reportable disease, as defined by the Utah Department of Health and Human Services, until
30 directed otherwise by the same officials.

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33 **Re-Admittance**

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35 Students excluded for reason of communicable disease shall be readmitted as determined by
36 the local or state health authority or county attorney.

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39 **Communicable Disease and Event Reports**

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41 School personnel shall report diseases and health events in writing to the Utah Department of
42 Health and Human Services or to the local health department as required by Utah
43 Administrative Rules R386-702-3 and R386-702-6. Certain diseases and events must be

44 reported by telephone immediately upon discovery, as well as in writing. Each report should
45 include the name of the student afflicted, age, sex, address, date of onset, and such other
46 information as prescribed by the Department of Health and Human Services. If available, the
47 report form supplied by the Department of Health and Human Services should be used.
48 Reports made by school personnel are confidential, but full assistance shall be given to
49 attending physicians or public health workers.

50

51 The following are conditions of special concern to us for which children should be kept home
52 and when necessary, diagnosed and treated by a licensed clinician before returning to school or
53 day care:

54

55 1. **Colds/Flu** - A person with coughing, sneezing, chills, general body discomfort, fatigue,
56 fever, and discharge from the nose and/or eyes, should be kept home until fever is resolved for
57 48 hours (without the use of fever-reducing medicine) and any yellow or green drainage is
58 resolved.

59

60 2. **COVID-19** - Don't hesitate to stay home when sick.

61 ● A person testing positive and/or has symptoms should stay home until:

62 ○ at least 5 days have passed since symptoms first appeared.

63 ○ AND have no fever for at least 24

64 ○ AND other symptoms have improved.

65 ● In all cases, parents should follow the guidance of their doctor.

66

67 3. **Persistent Cough** - A cough lasting longer than 3-4 days especially if it induces vomiting,
68 passing out or a cough that is productive of colored sputum.

69

70 4. **Diarrheal Diseases** - An increase in the number of bowel movements compared with the
71 child's normal pattern with watery or unformed stools which may be accompanied by nausea,
72 vomiting, abdominal cramping, headache, and/or fever should be resolved for at least 24 hours
73 before returning to school. If any kind of stool softeners (fleets, enema, laxative, tee.) are
74 administered, please keep student home for at least 24 hours.

75

76 5. **Pinkeye or Conjunctivitis** - Symptoms of conjunctivitis include redness, discharge from
77 eye, matted eyelashes, and burning or itching eyes and should be evaluated by a healthcare
78 provider. The individual must have the symptoms resolved or be treated with a topical antibiotic
79 for at least 24 hours before returning to school.

80

81 6. **Open wounds or sores** - Wounds that are open or draining should be kept covered with a
82 dressing.

83

84 7. **Vomiting** - Nausea with emesis. Must be free of vomiting for 24 hours prior to returning to
85 school or 72 hours if Norovirus is suspected.

86

87 8. **Strep throat or other bacterial infection** - Should be treated with an antibiotic for at least
88 24 hours, and fever-free for at least 24 hours.

89 9. **Temperature over 100.4** - Must be afebrile for 24 hours without the use of medicine that
90 reduces fevers before returning to school.

91
92 10. **Skin Rash** - The presence of any skin rash that might be due to an infection should be
93 evaluated by a healthcare professional or resolved before returning to school.

94
95 11. **Pediculosis (Head Lice)** - If a student is suspected of having head lice at school, a
96 designated school employee shall discreetly check for live lice or nits (eggs). Care should be
97 taken to protect the privacy of the student and family. In the case where the student is found to
98 be infected, parent(s)/guardian(s) of the child will be immediately notified and provided
99 information about "Evidence-based Treatment Options" and steps to follow. At the
100 parent's/guardian's discretion, the child may be either checked-out or sent home at the end of
101 the day. To the extent possible, head lice should not contribute to student absenteeism;
102 therefore, removal of the child from school is usually unnecessary. If the infected student
103 remains at school, the child should be restricted from activities involving head-to-head contact
104 or sharing of personal items with other children until treated. If additional cases of head lice
105 occur with other students in the same classroom, the principal may choose to send home the
106 "Head Lice Information" letter to the parent/guardians of children in that class. Due to privacy
107 concerns and the potential psychological impact, classroom-wide or grade level student head
108 checks are strongly discouraged unless unusual circumstances warrant it.

109 Contents will change periodically per health department guidelines.

110 Individuals in charge of schools shall work with the Utah County Health Department regarding
111 any individual suffering from or suspected of having a disease that is communicable. When
112 deemed appropriate, the school district reserves the right to request a doctor's release prior to a
113 student returning to school.

114 For additional guidelines regarding public health and contact information for the Utah County
115 Health Department: <https://health.utahcounty.gov/school-nursing/>

116
117

118 **Legal References**

119 [Utah Code § 26A-1-114\(3\)\(b\) \(2025\)](#)

120 [Utah Code § 26B-7-206\(9\) \(2023\)](#)

121 [Utah Admin. Rules R386-702-3 \(November 8, 2024\)](#)

122 [Utah Admin. Rules R386-702-4\(1\)\(j\) \(November 8, 2024\)](#)

123 [Utah Admin. Rules R386-702-6 \(November 8, 2024\)](#)

124 [Utah Admin. Rules R386-702-8\(1\), \(2\) \(November 8, 2024\)](#)

125 [Utah Admin. Rules R386-702-11\(2\)\(c\), \(d\), \(e\) \(November 8, 2024\)](#)

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129 **Board Approved:**
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DRAFT



Guidance for Parents with Sick Children
Policy Series: 3000 Students

Policy No. 3413
Procedure 1

The following are conditions of special concern to us for which children should be kept home and when necessary, diagnosed and treated by a licensed clinician before returning to school or day care:

1. **Colds/Flu** - A person with coughing, sneezing, chills, general body discomfort, fatigue, fever, and discharge from the nose and/or eyes, should be kept home until fever is resolved for 48 hours (without the use of fever-reducing medicine) and any yellow or green drainage is resolved.
2. **COVID-19** - ~~Don't hesitate to stay home when sick.~~
 - a. A person testing positive and/or has symptoms should stay home until:
 - i. at least 5 days have passed since symptoms first appeared.
 - ii. AND have no fever for at least 24
 - iii. AND other symptoms have improved.
 - b. In all cases, parents should follow the guidance of their doctor.
3. **Persistent Cough** - A cough lasting longer than 3-4 days especially if it induces vomiting, passing out or a cough that is productive of colored sputum.
4. **Diarrheal Diseases** - An increase in the number of bowel movements compared with the child's normal pattern with watery or unformed stools which may be accompanied by nausea, vomiting, abdominal cramping, headache, and/or fever should be resolved for at least 24 hours before returning to school. If any kind of stool softeners (fleets, enema, laxative, tee.) are administered, please keep student home for at least 24 hours.
5. **Pinkeye or Conjunctivitis** - Symptoms of conjunctivitis include redness, discharge from eye, matted eyelashes, and burning or itching eyes and should be evaluated by a healthcare provider. The individual must have the symptoms resolved or be treated with a topical antibiotic for at least 24 hours before returning to school.

- 41 6. **Open wounds or sores** - Wounds that are open or draining should be kept covered with
42 a dressing.
43
- 44 7. **Vomiting** - Nausea with emesis. Must be free of vomiting for 24 hours prior to returning
45 to school or 72 hours if Norovirus is suspected.
46
- 47 8. **Strep throat or other bacterial infection** - Should be treated with an antibiotic for at
48 least 24 hours, and fever-free for at least 24 hours.
49
- 50 9. **Temperature over 100.4** - Must be afebrile for 24 hours without the use of medicine that
51 reduces fevers before returning to school.
52
- 53 10. **Skin Rash** - The presence of any skin rash that might be due to an infection should be
54 evaluated by a healthcare professional or resolved before returning to school.
55

56 Contents will change periodically per health department guidelines.
57

58 Individuals in charge of schools shall work with the Utah County Health Department regarding
59 any individual suffering from or suspected of having a disease that is communicable. When
60 deemed appropriate, [and in coordination with the Utah County Health Department and the](#)
61 [Student Services Director and Assistant Superintendent over Elementary or Secondary](#)
62 [Education](#), the school district reserves the right to [may](#) request a doctor's release prior to a
63 student returning to school.
64

65

66 **Students with Pediculosis (Head Lice)**

67

68 If a student is suspected of having head lice at school, a designated school employee shall
69 discreetly check for live lice or nits (eggs). Care should be taken to protect the privacy of the
70 student and family. In the case where the student is found to be infected, parent(s)/guardian(s)
71 of the child will be immediately notified and provided information about "Evidence-based
72 Treatment Options" and steps to follow. At the parent's/guardian's discretion, the child may be
73 either checked-out or sent home at the end of the day. To the extent possible, head lice should
74 not contribute to student absenteeism; therefore, removal of the child from school is usually
75 unnecessary. If the infected student remains at school, the child should be restricted from
76 activities involving head-to-head contact or sharing of personal items with other children until
77 treated. If additional cases of head lice occur with other students in the same classroom, the
78 principal may choose to send home the "Head Lice Information" letter to the parent/guardians of
79 children in that class. Due to privacy concerns and the potential psychological impact,
80 classroom-wide or grade level student head checks are strongly discouraged unless unusual
81 circumstances warrant it.
82

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84 For additional guidelines regarding public health and contact information for the Utah County
85 Health Department: <https://health.utahcounty.gov/school-nursing/>

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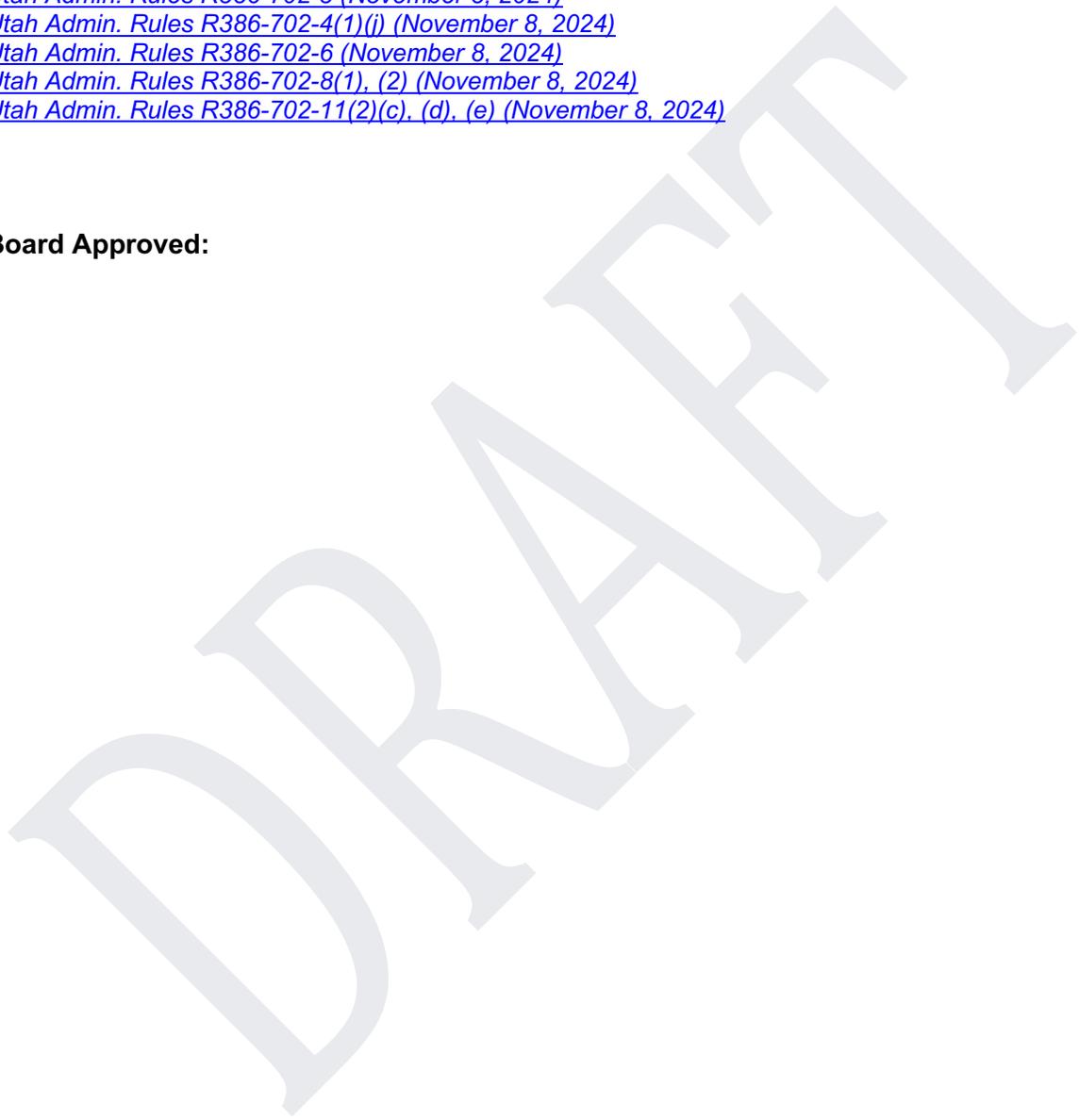
88 **Legal References**

- 89 [*Utah Code § 26A-1-114\(3\)\(b\) \(2025\)*](#)
- 90 [*Utah Code § 26B-7-206\(9\) \(2023\)*](#)
- 91 [*Utah Admin. Rules R386-702-3 \(November 8, 2024\)*](#)
- 92 [*Utah Admin. Rules R386-702-4\(1\)\(j\) \(November 8, 2024\)*](#)
- 93 [*Utah Admin. Rules R386-702-6 \(November 8, 2024\)*](#)
- 94 [*Utah Admin. Rules R386-702-8\(1\), \(2\) \(November 8, 2024\)*](#)
- 95 [*Utah Admin. Rules R386-702-11\(2\)\(c\), \(d\), \(e\) \(November 8, 2024\)*](#)

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99 **Board Approved:**

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**Health Requirements and Services: Medical Treatment
Policy Series: 3000 Students**

Policy No. 3416

9 ~~Provo City School District seeks the safe and appropriate administration of medication to~~
10 ~~students in the rare cases in which medication must be given during school hours. To see that~~
11 ~~medication is administered safely in these cases, procedures have been developed to~~
12 ~~determine that medication to be administered is appropriately recorded, labeled, and stored in a~~
13 ~~locked location; that parent(s)/ guardian(s) provide appropriate information and documentation~~
14 ~~regarding medication; and that any staff members giving medication are given any necessary~~
15 ~~training by a school nurse.~~

16 ~~The Board directs the Superintendent to develop procedures which will ensure that medication~~
17 ~~is administered safely and only in approved circumstances.~~

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Purpose:

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The purpose of this policy is to provide guidance for the administration of medical treatment to students, including routine and emergency care, in order to protect student health, ensure student safety, and promote consistent practices across the District.

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School Consent to Medical Treatment

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The school in which a minor student is enrolled may consent to medical treatment of that student, provided:

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1. The person having the power to consent as otherwise provided by law cannot be contacted.
2. Actual notice to the contrary has not been given by that person.

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Form of Consent

38 Consent to medical treatment under this policy shall be in writing, signed by the school official
39 giving consent, and given to the doctor, hospital, or other medical facility that administers the
40 treatment.

41 42 43 **Administering Medication** 44

45 Specific requirements and procedures set forth in following sections of this policy apply to
46 administration of seizure rescue medication and adrenal crisis rescue medication. Specific
47 requirements and procedures are provided in Policy FDACB for glucagon for hypoglycemic
48 emergencies, Policy FDACC for injectable epinephrine rescue medication for allergy
49 emergencies, and in Policy FDACD for administration of albuterol for asthma emergencies. For
50 any other medications, employees of the District may administer medication to a student during
51 periods when the student is under the control of the school, subject to the following conditions:
52

- 53 1. The District has received a current written and signed request to administer the
54 medication during regular school hours to the student from the parent or other person
55 having legal control of the student.
56
- 57 2. The student's physician, dentist, nurse practitioner or physician assistant has provided a
58 signed statement describing the method, amount, and time schedule for administration,
59 and a statement that administration of medication by school employees during periods
60 when the student is under the control of the school is medically necessary.
61
- 62 3. Oral, topical, and inhalant medication may be administered by assigned school
63 personnel. Medications requiring other routes of administration will not be given by
64 school personnel except in emergency situations. In non-emergency situations,
65 medications requiring other routes of administration must be given by a registered nurse.
66
- 67 4. All medication that is to be given at school, with the exception of medication that is
68 required in an emergency situation, must be furnished by the parent and delivered to the
69 school by a responsible adult.
70
- 71 5. All prescription medication must be in the original container labeled by the pharmacy
72 with the name of the student, the name of the physician, the name of the medication, the
73 amount to be given (dose), and the duration of the treatment. Over-the-counter drugs
74 must be in the original bottle and labeled with the student's name.
75
- 76 6. All medication provided to the school is to be kept in a secure location.
77
- 78 7. Insofar as possible, one person should be assigned the responsibility of administering
79 student medication.

- 80 8. A record including the type of medication, amount, and the time and day it was
81 administered should be kept for each student receiving medication at school. The person
82 administering the medication should sign the record each time medication is given.
83
- 84 9. Elementary and middle school students are not to carry or self-administer medication on
85 school premises unless it has been authorized under Policy 3416 Procedure 2 (for
86 diabetes medication) or Policy 3416 Procedure 3 (for injectable epinephrine) or Policy
87 3416 Procedure 4 (for asthma medication) or is expressly ordered by the student's
88 physician because of potentially life-threatening circumstances, including, but not limited
89 to, asthma medication, diabetes medication, and glucagon. (Students may possess and
90 self-administer epinephrine nasal spray.)
91
- 92 10. Authorization for administration of medication by school personnel may be withdrawn by
93 the school at any time following actual notice to the student's parent.
94
- 95 11. School personnel who provide assistance under this policy in substantial compliance
96 with the physician's or dentist's written statement and the District are not liable, civilly or
97 criminally, for any adverse reactions suffered by the student as a result of taking the
98 medication or discontinuing the administration of the medication pursuant to this policy.
99

100 The Board shall consult with the Department of Health and Human Services and other health
101 professionals to determine:

- 102
- 103 1. Designation of employees who may administer medication.
 - 104 2. Proper identification and safekeeping of medication.
 - 105 3. Training of designated employees.
 - 106 4. Maintenance of records of administration.
- 107

108 **Civil Liability Immunity**

109

110 School personnel shall substantially comply with the health care professional's written statement
111 in order that they and the District and Board may take full advantage of the immunity from
112 liability granted under Utah Code § 53G-9-502(3).
113

114 **Administration of Seizure Rescue Medication**

115

116

117 The following provisions govern administration of seizure rescue medication in place of the
118 provisions set forth above under "Administering Medication." "Seizure rescue medication" is
119 medication prescribed by a health care professional which is given as set out in a student's
120 rescue seizure authorization while a student is experiencing seizure activity. It does not include
121 medication given intravenously or intramuscularly.
122

123 A "seizure rescue authorization" is a student's individualized healthcare plan which:

- 124 1. Certifies that
125 a. A prescribing health care professional has prescribed a seizure rescue medication
126 for the student; and
127 b. The student's parent has previously administered the student's seizure rescue
128 medication without complication in a setting outside of medical supervision; and
129 c. The student has previously ceased having full body prolonged or convulsive seizure
130 activity as a result of receiving the seizure rescue medication; and
131
132 2. Describes the specific seizure rescue medication authorized for the student, including
133 the indicated dose and instructions for administration; and
134
135 3. Requests that the school identify and train school personnel who volunteer to be trained
136 to administer seizure rescue medication; and
137
138 4. Authorizes a trained school employee volunteer to administer seizure rescue medication
139 to the student.
140

141 After receiving a seizure rescue authorization from a student's parent, the school shall:

- 142
143 1. Inform school employees of the opportunity to be a school employee volunteer to
144 administer seizure rescue medication;
145
146 2. Provide for training of each volunteer in the administration of seizure rescue medication,
147 with training provided by the school nurse or another qualified, licensed medical
148 professional. The training shall be according to the program developed by the Utah
149 Department of Health and Human Services, which will include:
150 a. Techniques for recognizing the symptoms that warrant the administration
151 of a seizure rescue medication;
152 b. Standards and procedures for the storage of a seizure rescue medication;
153 c. Other emergency procedures, including calling 911 and contacting the
154 student's parent or guardian;
155 d. An assessment to determine competency to administer seizure rescue
156 medication;
157 e. An annual refresher training component; and
158 f. Written materials describing this information.
159
160 3. Retain for reference the written materials prepared for training personnel; and
161
162 4. Permit school personnel to possess or store prescribed seizure rescue medication so
163 that it will be available for administration.
164

165 A volunteer school employee who has received the required training may administer seizure
166 rescue medication to a student with a seizure rescue authorization if:

- 167 1. The student is exhibiting a symptom, described on the student's seizure rescue
168 authorization, that warrants the administration of a seizure rescue medication; and
169
- 170 2. A licensed health care professional is not immediately available.
171

172 A person who administers a seizure rescue medication in accordance with this policy shall direct
173 a responsible person to call 911 and take other appropriate actions in accordance with the
174 seizure rescue medication administration training.
175

176 A volunteer school employee who in good faith administers a seizure rescue medication in
177 accordance with this policy and [Utah Code § 53G-9-505](#) is not liable in a civil or criminal action
178 for an act taken or not taken under that authority.
179

180 Policy FHA, Safe Schools, and Policy FHAA, Safe Schools: Alcohol and Drugs do not apply to
181 the possession of a seizure rescue medication.
182

183 **Seizure Awareness Training** 184

185
186 "Seizure awareness training" is training on recognizing the signs and symptoms of seizures and
187 appropriate training for seizure first aid. This training shall be offered once every three years
188 and shall follow guidelines for such training established by the State Board of Education. The
189 training may not require a person who has received the training to provide first aid to a student
190 experiencing or showing symptoms of a seizure.

191 Whenever a student has informed the student's teacher or school that the student has epilepsy
192 or a similar seizure disorder, the student's teacher(s) and the administrator of the school where
193 the student attends shall be provided seizure awareness training.

194 All District administrators, teachers, classroom aides and other individuals who interact with or
195 supervise students shall be given seizure awareness training.

196 The fact that a District employee has received seizure awareness training does not impose on
197 such an employee an obligation to provide first aid to a student experiencing or showing
198 symptoms of a seizure.
199

200 **Administration of Adrenal Crisis Rescue Medication**

201 The following provisions govern administration of adrenal crisis rescue medication in place of
202 the provisions set forth above under "Administering Medication." "Adrenal crisis rescue
203 medication" is medication prescribed by a health care professional which is given as set out in a
204 student's adrenal crisis rescue authorization during adrenal crisis activity.

205 An "adrenal crisis rescue authorization" is a student's individualized healthcare plan which:

- 206 1. Certifies that a prescribing health care professional has prescribed an adrenal crisis
207 rescue medication for the student; and

- 208 2. Describes the specific adrenal crisis rescue medication authorized for the student,
209 including the indicated dose and instructions for administration; and
- 210 3. Requests that the school identify and train school personnel who volunteer to be trained
211 to administer adrenal crisis rescue medication; and
- 212 4. Authorizes a trained school employee volunteer to administer adrenal crisis rescue
213 medication to the student.

214 After receiving an adrenal crisis rescue authorization from a student's parent, the school shall:

- 215 1. Inform school employees of the opportunity to be a school employee volunteer to
216 administer adrenal crisis rescue medication;
- 217 2. Provide for training of each volunteer in the administration of adrenal crisis rescue
218 medication, with training provided by the school nurse or another qualified, licensed
219 medical professional. The training shall be according to the program developed by the
220 Utah Department of Health and Human Services, which will include:
- 221 a. Standards and procedures for the storage of an adrenal crisis rescue medication;
- 222 b. Other emergency procedures, including calling 911 and contacting the student's
223 parent or guardian;
- 224 c. An assessment to determine competency to administer adrenal crisis rescue
225 medication;
- 226 d. An annual refresher training component; and
- 227 e. Written materials describing this information.
- 228 3. Retain for reference the written materials prepared for training personnel; and
- 229 4. Permit school personnel to possess or store prescribed adrenal rescue medication so
230 that it will be available for administration.

231 A volunteer school employee who has received the required training may administer adrenal
232 crisis rescue medication to a student with an adrenal crisis rescue authorization if:

- 233 1. The student is exhibiting a symptom, described on the student's adrenal crisis rescue
234 authorization, that warrants the administration of an adrenal crisis rescue medication;
235 and
- 236 2. A licensed health care professional is not immediately available.

237 A person who administers an adrenal crisis rescue medication in accordance with this policy
238 shall direct a responsible person to call 911 and take other appropriate actions in accordance
239 with the adrenal crisis rescue medication administration training.

240 A volunteer school employee who in good faith administers an adrenal crisis rescue medication
241 in accordance with this policy and Utah Code § 53G-9-507 is not liable in a civil or criminal
242 action for an act taken or not taken under that authority.

243 Policy FHA, Safe Schools, and Policy FHAA, Safe Schools: Alcohol and Drugs do not apply to
244 the possession of an adrenal crisis rescue medication.

245

246 **Administration of Opiate Antagonist Medication**

247 A person who acts in good faith to administer an opiate antagonist to an individual that the
248 person believes is experiencing an opiate-related drug overdose event is not liable for civil
249 damages for acts or omissions made as a result of administering the opiate antagonist.

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252 Administration of Non-prescription Medications

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254 Acetaminophen (Tylenol), or Ibuprofen (Advil or Motrin), may be given by the school nurse or
255 other school employees as designated by the principal of the school. There must be parental or
256 guardian permission, written or by telephone, for each time one of the medications is given. A
257 medication log will be used to record the date and time of administration, student name, name
258 of the parent or guardian who was contacted, which medication was given, along with the
259 dosage of that medication, and the initials of the person administering the medication. Dosage
260 shall be as follows:

- 261 ● Acetaminophen (Tylenol)
 - 262 ○ Grades K-6: 325 mg (1 adult tablet equivalent)
 - 263 ○ Grades 7-12: 325-650 mg (1-2 adult tablets per parent direction)
- 264 ● Ibuprofen (Advil or Motrin)
 - 265 ○ Grades K-6: 200 mg (1 adult tablet equivalent)
 - 266 ○ Grades 7-12: 200-400 mg (1-2 adult tablets per parent direction)

267

268 Students in secondary schools (grades 7-12) may carry and self-administer one dose of easily
269 identified non-prescription, over-the-counter medication. Authorization for the ability to carry
270 and/or self-administer medication may be denied or withdrawn by the school at any time
271 following actual notice to the student's parent(s)/legal guardians. Advanced authorization for
272 medication to be taken outside of the school day (i.e., a school-sponsored trip/event) must be
273 obtained. (For treatment of asthma please refer to 3416 Procedure 4.)

274

275 Application of Sunscreen

276 ~~If a student is unable to self-apply sunscreen, a volunteer school employee may apply the~~
277 ~~sunscreen on the student if the student's parent provides written consent for that assistance. If~~
278 ~~such consent has been given, neither the volunteer school employee nor the District are liable~~
279 ~~for an adverse reaction suffered by the student because of sunscreen application or for~~
280 ~~discontinuing the application of sunscreen at any time.~~

281

282

283 Legal References

284 [Utah Code § 78B-3-406\(6\)\(c\) \(2021\)](#)

285 [Utah Code § 53G-9-502 \(2025\)](#)

286 [Utah Code § 53G-9-502\(1\)\(a\) \(2025\)](#)

287 [Utah Code § 53G-9-502\(3\) \(2024\)](#)

288 [Utah Code § 53G-9-505 \(2024\)](#)

289 [Utah Code § 53G-9-502\(4\)\(b\) \(2025\)](#)

290 [Utah Code § 53G-9-213\(1\)\(b\), \(3\), \(4\) \(2024\)](#)

291 [Utah Code § 53G-9-213\(1\)\(a\) \(2024\)](#)
292 [Utah Code § 53G-9-213\(2\) \(2024\)](#)
293 [Utah Code § 53G-9-213\(4\) \(2024\)](#)
294 [Utah Code § 53G-9-507 \(2024\)](#)
295 [Utah Code § 53G-9-502\(4\)\(d\) \(2025\)](#)
296 [Utah Code § 26B-5-509\(1\)\(a\)\(ii\) \(2023\)](#)
297 [Utah Code § 53G-9-502\(4\)\(c\) \(2025\)](#)
298 [Utah Code § 53G-9-208\(3\), \(4\) \(2020\)](#)

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Board Approved: August 2007
Revised: March 12, 2013

Draft

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Health Requirements and Services: Medical Treatment Directives
Policy Series: 3000 Students

Policy No. 3416
Procedure 1

10
11

Background

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In very isolated situations, a child who is terminally ill may be enrolled and actively participating in a public school. This policy sets forth what school personnel may and must do if a student subject to an “order for life sustaining treatment” directive faces a life-threatening medical emergency.

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The law provides that an “order for life sustaining treatment” executed pursuant to [Utah Code § 75A-3-106](#) may be directed to health care providers or emergency medical service providers licensed or certified under [Utah Code Title 53, Chapter 2d](#), Utah Emergency Medical Services Act. An order for life sustaining treatment gives direction to health care providers, health care facilities, and emergency medical services providers regarding the specific health care decisions of the individual to whom the order relates. The law further provides that those licensed or certified emergency medical providers may be directed to withhold or withdraw all life-sustaining procedures. Professionals licensed pursuant to [Utah Code § 53-2d-402](#) include paramedics, advanced emergency medical service technicians, emergency medical services technicians, emergency medical responders, behavioral emergency services technicians, and advanced behavioral emergency services technicians. Such professionals are granted immunity from liability for complying in good faith with an order for life sustaining treatment. Such professionals are also granted immunity for providing life-sustaining treatment notwithstanding a contrary directive in an order for life sustaining treatment.

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Policy

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1. Medical service providers who are school employees may have responsibilities related to the treatment or withholding of treatment for persons for whom a valid order for life sustaining treatment has been issued pursuant to [Utah Code § 75A-3-106](#). Such providers may act in good faith to exercise their judgment regarding complying with an order for life sustaining treatment to withhold or withdraw life-sustaining treatment or to provide life-sustaining treatment despite a contrary directive in the order.

- 1 2. With the exception of situations governed by paragraph 1, above, it is the policy of the
2 District that first aid shall be provided to any and all students in need of such assistance
3 while under the control and/or supervision of the District. Orders for life sustaining
4 treatment will not be followed by school district staff who are not licensed under Section
5 53-2d-402.
- 6
7 3. When a school employee or volunteer observes or becomes aware of a medical
8 emergency involving a student, normal responsive actions should be taken, including the
9 summoning of emergency medical personnel and administering first aid.
- 10
11 4. This should be done by school staff irrespective of whether an order for life sustaining
12 treatment is in place and has been provided to the school with respect to that particular
13 student.
- 14

15
16 **Legal References:**

17 *Utah Code § 53-2d-402 (2025)*

18 *Utah Code § 75A-3-101(19) (2025)*

19 *Utah Code § 75A-3-106 (2024)*

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22 **Adopted:**

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Health Requirements and Services: Student Treatment for Diabetes
Policy Series: 3000 Students

Policy No. 3416
Procedure 2

10 **Definitions**

- 11 1. "Glucagon authorization" means a signed statement from a parent of a student with
12 diabetes (a) certifying that glucagon has been prescribed for the student, (b) requesting
13 that the school identify and train school personnel who volunteer to be trained in the
14 administration of glucagon, and (c) authorizing the administration of glucagon in an
15 emergency to the student.
16
17 2. "Hypoglycemia" means a potentially life threatening condition resulting from abnormally
18 low blood glucose levels.
19
20 3. "Qualified adult" means a person who is 18 years of age or older and who has
21 successfully completed the Utah Department of Health and Human Services training
22 program described in this policy.
23
24 4. "Glucagon kit" means a medical device that contains a premeasured dose of glucagon
25 for the emergency treatment of hypoglycemia.
26
27

28 **Administration of Glucagon for Hypoglycemic Emergency**

29
30 This policy does not create a duty or standard of care for a person to be trained in the use and
31 storage of glucagon kits, nor does it create a duty on the part of the District or a school to store
32 glucagon kits at a school, nor does it relieve a student's parent or guardian from providing a
33 student's medication, nor does it create an expectation that a school will have glucagon kits. A
34 decision to complete the training program described below and to make glucagon kits available
35 for hypoglycemia is voluntary. A school, school board, or school official may encourage a
36 teacher or other school employee to volunteer for such training. A school, the school board, or a
37 school official may not prohibit or dissuade a school employee from (a) being trained in use and
38 storage of glucagon kits, (b) possessing or storing glucagon kits on school premises (if the
39 employee is a qualified adult and the possession and storage is in accord with training), or (c)

40 administering glucagon with a glucagon kit to a student with a glucagon authorization (if the
41 employee is a qualified adult and the administration is in accord with training).
42

43 Each primary and secondary school shall make initial and annual refresher training regarding
44 the storage and emergency use of a glucagon kit available to any interested teacher or other
45 school employee, who is at least eighteen (18) years of age, and who volunteers for such
46 training. The training will be provided by the Utah Department of Health and Human Services.
47

48 The training will include instruction on:

- 49 1. techniques for recognizing symptoms of a hypoglycemic emergency;
- 50 2. standards and procedures for the storage and emergency use of a glucagon kit;
- 51 3. emergency follow-up procedures, and contacting, if possible, the student's parent; and
- 52 4. written materials covering the information provided during training.

53
54
55
56
57
58 The volunteers shall retain for reference the written materials covering the information provided
59 during training.
60

61 A teacher or other school employee who is a "qualified adult":

- 62 1. May request from the school district physician, the medical director of the local health
63 department, the local emergency medical services director, a physician, pharmacist, or
64 any other person or entity authorized to prescribe or dispense prescribed medicines or
65 drugs, a prescription for a glucagon kit;
- 66 2. May, when a school nurse is not immediately available, immediately administer a
67 glucagon kit to a student who (a) has a diagnosis of diabetes by a health care provider,
68 (b) has a glucagon authorization on file with the school, and (c) is showing symptoms of
69 hypoglycemia;
- 70 3. Shall initiate appropriate medical follow-up in accordance with the training materials after
71 administering a glucagon kit.
72
73
74
75

76 Each primary or secondary school may make a glucagon kit available to any teacher or other
77 school employee who is employed at the school and has become a "qualified adult."
78

79 A school may obtain a prescription for a supply of glucagon kits for storage at the school and
80 use by qualified adults if the school (a) designates an individual to complete an initial and
81 annual refresher training program regarding the proper storage and emergency use of glucagon
82 kits and (b) stores the glucagon kits according to Utah Department of Health and Human
83 Services standards.

84 The following, if acting in good faith, are not liable in any civil or criminal action for any act taken
85 or not taken under the authority of [Utah Code § 26B-4-401](#) et seq. with respect to a diabetic
86 emergency: (a) a “qualified adult,” (b) a person who conducts training regarding the emergency
87 use and storage of a glucagon kit, and (c) the District or its schools.
88
89

90 **Student Self-Administration of Diabetes Medication**

91
92 Under Policy 3416, elementary and middle school students are prohibited from carrying or self-
93 administering medication on school premises except in certain limited circumstances. However,
94 elementary and middle school students may carry and self-administer prescription or non-
95 prescription diabetes medications provided that the school has been provided a parent
96 authorization statement and a health care provider statement as provided below.
97

98 The written parent statement must state that the parent authorizes the student to have and self-
99 administer the diabetes medication,” and must acknowledge that the student is responsible for,
100 and capable of, possessing and self-administering the diabetes medication.
101

102 The health care provider statement must specifically identify the prescription or nonprescription
103 diabetes medication authorized for the student’s use and must state that it is medically
104 appropriate for the student to possess or possess and self-administer the diabetes medication
105 and that the student should be in possession of diabetes medication at all times.
106

107 If the medication is to be stored other than on the student’s person, the student or parent shall
108 inform the school nurse or administration where the medication will be kept to enable access for
109 emergency use.
110

111 The student shall only use prescription diabetes medication as directed by a health care
112 provider’s written orders and shall use non-prescription diabetes medication in accordance with
113 the manufacturer’s instructions.
114
115

116 **Medication Sharing Prohibited**

117
118 No student is permitted to sell, share, or otherwise give to others any medication, prescription or
119 non-prescription. Violations of this policy are subject to disciplinary action under the school's
120 drug policies.
121
122

123 **Legal References:**

124 [Utah Code § 26B-4-401\(10\), \(12\), \(17\)\(b\)\(ii\) \(2025\)](#)

125 [Utah Code § 53G-9-504\(1\) \(2025\)](#)

126 [Utah Code § 26B-4-406 \(2025\)](#)

127 [Utah Code § 26B-4-412\(1\), \(2\), \(3\) \(2025\)](#)

128 [Utah Code § 26B-4-406\(6\) \(2025\)](#)

129 [Utah Code § 26B-4-409 \(2025\)](#)
130 [Utah Code § 26B-4-409\(6\) \(2025\)](#)
131 [Utah Code § 26B-4-410 \(2024\)](#)
132 [Utah Code § 53G-9-506 \(2019\)](#)
133 [Utah Code § 26B-4-412\(4\) \(2025\)](#)

134
135
136
137

Adopted:

Draft



1
2
3 **Health Requirements and Services: Students with Life Threatening Allergies**
4 **Policy Series: 3000 Students**

5 **Policy No. 3416**
6 **Procedure 3**

7
8 **Parent's or Legal Guardian's Responsibility**
9

10 The student's parent or guardian has the primary duty to inform school authorities about the
11 child's potentially life-threatening medical condition(s) upon registration of the child or upon
12 medical diagnosis of the medical problem. Therefore, the student's parent or guardian shall:
13

- 14 1. Annually notify, in writing, the school of the child's allergies and, if not already on file with
15 the school, provide written physician verification of the child's allergies.
16
- 17 2. Work with the school to develop a plan that accommodates the child's needs, including
18 an Allergy Emergency Response Plan. In the case of a child's potentially life threatening
19 food allergy, develop a Student Food Allergy Action Plan with the appropriate school
20 staff.
21
- 22 3. Provide written documentation, instructions, and medications as directed by a physician,
23 using the Allergy Emergency Response Plan as a guide. Include a current photo of the
24 child on the written form.
25
- 26 4. Provide properly labeled medications and replace medications after use or upon
27 expiration.
28
- 29 5. Educate the child in self-management of their allergy, including, where applicable:
30 a. safe and unsafe foods;
31 b. strategies for avoiding exposure to unsafe foods, including how to read food
32 labels (age appropriate);
33 c. symptoms of allergic reactions;
34 d. how and when to tell an adult that the child may be having an allergy-related
35 problem.
36
- 37 6. Review the Student Food Allergy Action Plan and Allergy Emergency Response Plan
38 with the appropriate school staff, the child's physician, and the child (if age appropriate)
39 after a reaction has occurred.

- 40 7. Provide emergency contact information, including the name, phone number, fax number,
41 and address of the student's treating physician.
42

43
44 **School's Responsibility**
45

- 46 1. Registration procedures shall enquire as to whether or not a student has medical
47 problems of which the school should be aware.
48
- 49 2. Review the health records and/or information submitted by parents and physicians.
50
- 51 3. In developing a reasonable accommodation of the student with a potentially life-
52 threatening food allergy, the following guidelines are recommended:
- 53 a. The school principal or principal's designee, classroom teacher(s), the parent(s)
54 or legal guardian, the student (as age appropriate) and a District nurse or other
55 qualified person should develop the Student Food Allergy Action Plan. Other
56 persons may be involved as determined to be necessary. In addition, the child's
57 physician should review the Student Food Allergy Action Plan.
 - 58 b. Consideration in the Student Food Allergy Plan shall be given to:
 - 59 i. elimination, whenever reasonably feasible, of allergens from meals,
60 educational tools, arts and craft projects, and incentives;
 - 61 ii. education of the student, parent or guardian, community, staff, and food
62 handlers;
 - 63 iii. appropriate standards of hygiene and maintenance for facilities and
64 students;
 - 65 iv. classroom and school routines in light of the age, maturity, and ability of
66 the student, and expectations regarding personal responsibility;
 - 67 v. emergency procedures and preparation for such;
 - 68 vi. procedure to be followed should a "dangerous" food product be brought to
69 the classroom.
 - 70 c. Provide copies of the Allergy Emergency Response Plan to all staff who interact
71 with the student on a regular basis, including substitute teachers.
 - 72 d. Enforce a "no eating" policy on school buses with exceptions made only to
73 accommodate students with special nutritional needs.
74
- 75 4. Review the Student Food Allergy Action Plan and Allergy Emergency Response Plan
76 with parent or guardian, student (as age appropriate) and physician after a reaction has
77 occurred at school or a school-related activity and consider whether the plans need to be
78 modified.
79

80
81 **Emergency Injection for Anaphylaxis**

82 In addition to students with known, potentially life-threatening allergies who have specific
83 prescriptions for medication to respond to reactions, the following addresses the use of stock
84 medications to treat reactions in others.

85
86 This policy does not create a duty or standard of care for a person to be trained in the use and
87 storage of injectable epinephrine rescue medication, nor does it create a duty on the part of the
88 District or a school to store injectable epinephrine rescue medication at a school (apart from the
89 obligation to make injectable epinephrine rescue medication available to trained individuals as
90 set forth below). A decision to complete the training program described below and to make
91 injectable epinephrine rescue medication available for emergency medical situations is
92 voluntary. A school, school board, or school official may encourage a teacher or other school
93 employee to volunteer for such training. A school, the school board, or a school official may not
94 prohibit or dissuade a school employee from (a) being trained in use and storage of injectable
95 epinephrine rescue medication, (b) possessing or storing injectable epinephrine rescue
96 medication on school premises (if the employee is a qualified adult and the possession and
97 storage is in accord with training), or (c) administering injectable epinephrine rescue medication
98 (if the employee is a qualified adult and the administration is in accord with training).

99
100 Each primary and secondary school shall make initial and annual refresher training regarding
101 the storage and emergency use of injectable epinephrine rescue medication available to any
102 interested teacher or other school employee, who is at least eighteen (18) years of age, who
103 volunteers for such training. The training may be provided by the school nurse, or other person
104 qualified to provide such training, designated by the school district physician, the medical
105 director of the local health department, or the local emergency medical services director.

106
107 A person who provides this training shall include instruction on:
108 1. techniques for recognizing symptoms of anaphylaxis;
109
110 2. standards and procedures for the storage and emergency use of injectable epinephrine
111 rescue medication;
112
113 3. emergency follow-up procedures, including calling the emergency 911 number and
114 contacting, if possible, the student's physician and a parent or guardian; and
115
116 4. written materials covering the information provided during training.

117
118 The volunteers shall retain for reference the written materials covering the information provided
119 during training.

120
121 A teacher or other school employee who has received the above training regarding the storage
122 and emergency use of injectable epinephrine rescue medication becomes a "qualified adult"
123 and:

124 1. May obtain (along with the school nurse) from the school district physician, the medical
125 director of the local health department, the local emergency medical services director, a

126 physician, pharmacist, or any other person or entity authorized to prescribe or dispense
127 prescribed medicines or drugs, a prescription for injectable epinephrine rescue
128 medication;

129
130 2. May immediately administer an injectable epinephrine rescue medication to a person
131 exhibiting potentially life-threatening symptoms of anaphylaxis at school or a school
132 activity when a physician is not immediately available;

133
134 3. Shall initiate emergency medical services or other appropriate medical follow-up in
135 accordance with the training materials after administering an injectable epinephrine
136 rescue medication.

137
138 Each primary or secondary school shall make an injectable epinephrine rescue medication
139 available to any teacher or other school employee who is employed at the school and has
140 become a “qualified adult.” However, the school is not required to keep more than one
141 emergency injectable epinephrine rescue medication on the school premises so long as it may
142 be quickly accessed by a teacher or other school employee who is a “qualified adult” in the
143 event of an emergency.

144
145 A school may obtain a prescription for a supply of injectable epinephrine rescue medication for
146 storage at the school and use by qualified adults if the school (a) designates an individual to
147 complete an initial and annual refresher training program regarding the proper storage and
148 emergency use of injectable epinephrine rescue medication and (b) stores the injectable
149 epinephrine rescue medication according to Utah Department of Health and Human Services
150 standards.

151
152 The following, if acting in good faith, are not liable in any civil or criminal action for any act taken
153 or not taken under the authority of [Utah Code § 26B-4-406](#) et seq. with respect to an
154 anaphylactic reaction: (a) a “qualified adult,” (b) a person who conducts training regarding the
155 emergency use and storage of injectable epinephrine rescue medication, and (c) the District or
156 its schools.

157
158

159 **Student’s Responsibility**

160
161 The student will be proactive in the care and management of his or her food allergies and other
162 reactions based upon the student’s developmental level, including the following:

- 163
- 164 1. Should not trade or share food, utensils, or containers with others;
 - 165
 - 166 2. Should not eat anything with unknown ingredients or known to contain any allergen;
 - 167
 - 168 3. Should notify an adult immediately if he or she eats something the student believes may
169 contain the food to which he or she is allergic.

170 4. Know the location of his/her epinephrine nasal spray or injectable epinephrine rescue
171 medication, if applicable, or other emergency medications.

172

173 5. Wash hands before eating.

174

175

176 **Student Self-Administration of Epinephrine**

177

178 Under Policy 3416, elementary and middle school students are prohibited from carrying or self-
179 administering medication on school premises except in certain limited circumstances. However,
180 any student may possess and self-administer an epinephrine nasal spray. In addition, students
181 may possess or possess and self-administer injectable epinephrine rescue medication provided
182 that the student's parent or guardian has previously provided the school with a signed written
183 request and written health care provider approval.

184

185 The written request must state that the parent or guardian authorizes the student to possess or
186 possess and use the injectable epinephrine rescue medication while acknowledging that the
187 student is responsible for, and capable of, possessing or possessing and self-administering the
188 injectable epinephrine rescue medication.

189

190 The health care provider approval must state that the provider finds that it is medically
191 appropriate for the student to possess or possess and self-administer injectable epinephrine
192 rescue medication and the student should be in possession of the injectable epinephrine rescue
193 medication at all times.

194

195

196 **Medication Sharing Prohibited**

197

198 No student is permitted to sell, share, or otherwise give to others any medication, prescription or
199 non-prescription. Violations of this policy are subject to disciplinary action under the school's
200 drug policies.

201

202

203 **Resource Materials for Training**

204

205 Training materials and information, along with other resource material relating to emergency
206 administration of epinephrine, are available at the following:

207 [A Shot to Live, http://medicine.utah.edu/pediatrics/a-shot-to-live/](http://medicine.utah.edu/pediatrics/a-shot-to-live/)

208

209

210 **Legal References:**

211 [Utah Code § 26B-4-406 \(2025\)](#)

212 [Utah Code § 26B-4-407 \(2025\)](#)

213 [Utah Code § 26B-4-406\(5\) \(2025\)](#)

214 [Utah Code § 26B-4-409 \(2025\)](#)

215 [Utah Code § 26B-4-409\(6\) \(2024\)](#)

216 [Utah Code § 26B-4-410 \(2025\)](#)

217 [Utah Code § 26B-4-407\(4\) \(2025\)](#)

218

219

220 **Adopted:**

221

Draft



1
2
3 **Health Requirements and Services: Student Asthma Emergency**
4 **Policy Series: 3000 Students**

5 **Policy No. 3416**
6 **Procedure 4**

7
8 **Definitions**

- 9 1. "Asthma action plan" means a written plan developed with a school, nurse, a student's
10 parent or guardian, and the student's health care provider to help control the student's
11 asthma which is signed by the student's parent or guardian and health care provider.
12
13 2. "Asthma emergency" means an episode of respiratory distress that may include
14 symptoms such as wheezing, shortness of breath, coughing, chest tightness, or
15 breathing difficulty.
16
17 3. "Qualified adult" means a person who is 18 years of age or older and who has
18 successfully completed the Utah Department of Health and Human Services training
19 program described in this policy.
20
21 4. "Stock albuterol" means a prescription inhaled medication which is used to treat asthma
22 and that may be delivered through a device, including an inhaler or a nebulizer with a
23 mouthpiece or mask.
24

25
26 **Administration of Stock Albuterol for Asthma Emergency**
27

28 This policy does not create a duty or standard of care for a person to be trained in the use and
29 storage of stock albuterol, nor does it create a duty on the part of the District or a school to store
30 stock albuterol at a school, nor does it relieve a student's parent or guardian from providing a
31 student's medication, nor does it create an expectation that a school will have stock albuterol
32 available. A decision to complete the training program described below and to make stock
33 albuterol available for asthma emergencies is voluntary. A school, school board, or school
34 official may encourage a teacher or other school employee to volunteer for such training. A
35 school, the school board, or a school official may not prohibit or dissuade a school employee
36 from (a) being trained in use and storage of stock albuterol, (b) possessing or storing stock
37 albuterol on school premises (if the employee is a qualified adult and the possession and
38 storage is in accord with training), or (c) administering stock albuterol (if the employee is a
39 qualified adult and the administration is in accord with training).
40

41 Each primary and secondary school shall make initial and annual refresher training regarding
42 the storage and emergency use of stock albuterol available to any interested teacher or other
43 school employee, who is at least eighteen (18) years of age, who volunteers for such training.
44 The training will be provided by the Utah Department of Health and Human Services.

45
46 The training will include instruction on:

- 47 1. techniques for recognizing symptoms of an asthma emergency;
- 48
- 49 2. standards and procedures for the storage and emergency use of a stock albuterol;
- 50
- 51 3. emergency follow-up procedures, and contacting, if possible, the student's parent; and
- 52
- 53 4. written materials covering the information provided during training.
- 54

55 The volunteers shall retain for reference the written materials covering the information provided
56 during training.

57
58 A teacher or other school employee who is a "qualified adult":

- 59
- 60 1. May request from the school district physician, the medical director of the local health
61 department, the local emergency medical services director, a physician, pharmacist, or
62 any other person or entity authorized to prescribe or dispense prescribed medicines or
63 drugs, a prescription for stock albuterol;
- 64
- 65 2. May, when a school nurse is not immediately available, immediately administer stock
66 albuterol to a person who (a) has a diagnosis of asthma by a health care provider, (b)
67 has a current asthma action plan on file with the school, and (c) is showing symptoms of
68 an asthma emergency as described in the student's asthma action plan;
- 69
- 70 3. May administer stock albuterol to any student who appears, based on the employee's
71 training, to be experiencing respiratory distress or an asthma emergency regardless of
72 whether a current asthma plan is on file for the student;
- 73
- 74 4. Shall initiate appropriate medical follow-up in accordance with the training materials after
75 administering stock albuterol.
- 76

77 Each primary or secondary school may make stock albuterol available to any teacher or other
78 school employee who is employed at the school and has become a "qualified adult."

79
80 A school may obtain a prescription for a supply of stock albuterol for storage at the school and
81 use by qualified adults if the school (a) designates an individual to complete an initial and
82 annual refresher training program regarding the proper storage and emergency use of stock
83 albuterol and (b) stores the stock albuterol according to Utah Department of Health and Human
84 Services standards.

85
86 The following, if acting in good faith, are not liable in any civil or criminal action for any act taken
87 or not taken under the authority of [Utah Code § 26B-4-401](#) et seq. with respect to an asthma
88 emergency: (a) a “qualified adult,” (b) a person who conducts training regarding the emergency
89 use and storage of stock albuterol, and (c) the District or its schools.

90
91

92 **Student Self-Administration of Asthma Medication**

93
94 Under Policy 3416, elementary and middle school students are prohibited from carrying or self-
95 administering medication on school premises except in certain limited circumstances. However,
96 elementary and middle school students may possess or possess and self-administer asthma
97 medication provided that the school has been provided a parent authorization statement and a
98 health care provider statement as provided below.

99
100 The written parent or guardian statement must state that the parent or guardian authorizes the
101 student to possess or possess and use the asthma medication and must acknowledge that the
102 student is responsible for, and capable of, possessing or possessing and self-administering the
103 asthma medication.

104
105 The written health care provider statement must state (1) the name of the asthma medication
106 prescribed or authorized for the student’s use and (2) that it is medically appropriate for the
107 student to self-administer asthma medication and to be in possession of asthma medication at
108 all times the epinephrine auto-injector at all times.

109
110 (When available, the Utah Department of Health and Human Services forms for the parent and
111 health care provider statements shall be used.)

112
113

114 **Medication Sharing Prohibited**

115
116 No student is permitted to sell, share, or otherwise give to others any medication, prescription or
117 non-prescription. Violations of this policy are subject to disciplinary action under the school's
118 drug policies.

119
120

121 **Legal References:**

122 [Utah Code § 26B-4-401\(4\), \(5\), \(18\), \(24\) \(2025\)](#)

123 [Utah Code § 26B-4-406 \(2025\)](#)

124 [Utah Code § 26B-4-408 \(2023\)](#)

125 [Utah Code § 26B-4-406\(7\) \(2025\)](#)

126 [Utah Code § 26B-4-409\(1\), \(5\) \(2025\)](#)

127 [Utah Code § 26B-4-409\(5\) \(2025\)](#)

128 [Utah Code § 26B-4-408\(4\), \(5\) \(2023\)](#)

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131 **Adopted:**

Draft

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**Health Requirements and Services: Student Self-Application of Sunscreen
Policy Series: 3000 Students**

**Policy No. 3416
Procedure 5**

Student Self-Application of Sunscreen

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Under Policy 3416, elementary and middle school students are prohibited from carrying or self-administering medication on school premises except in certain limited circumstances. Sunscreen is a compound topically applied to prevent sunburn. Some sunscreen may be regulated by the Food and Drug Administration (FDA) and therefore might be considered a medication. Whether or not a sunscreen is regulated by the FDA, students shall be allowed to possess and self-apply sunscreen without being required to have parent, physician, or physician assistant authorization.

20
21

Application of Sunscreen

22
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25
26
27
28

If a student is unable to self-apply sunscreen, a volunteer school employee may apply the sunscreen on the student if the student's parent provides written consent for that assistance. If such consent has been given, neither the volunteer school employee nor the District are liable for an adverse reaction suffered by the student because of sunscreen application or for discontinuing the application of sunscreen at any time.

29
30

Peer Sunscreen Application Prohibited

31
32

No student is permitted to apply sunscreen to another student.

33
34

Legal References:

[Utah Code § 53G-9-208\(1\), \(2\) \(2020\)](#)

37
38
39

Adopted:

40

1
2
3 **Provo City School District**
4 **Policy Series 6000: Finances and Operations**

Policy No. 6015

5
6 **Fund Balance Policy**

7
8 Provo City School District (PCSD) recognizes the importance of maintaining fund balances at
9 stable and sufficient levels to ensure long term financial viability. Factors which impact the
10 necessary level of fund balance include economic stability, reliability of local, state and federal
11 funding, capital needs, bond ratings, and the ability to meet other contingent issues or
12 emergencies.

13 The district will make every effort to maintain sufficient reserves to:

- 14 ● Fund emergencies as they arise
15 ● Ensure that learning and operations are work flow is minimally impacted
16 ● Ensure bond ratings remain at an acceptable level
17 ● Support Long Term planning

18 As such, the District shall maintain total ~~Committed~~, Assigned and Unassigned Fund Balance in
19 the General Fund at 20-25% of total General Fund budget revenues. ~~The Additionally,~~
20 ~~Unassigned and Board voted economic stabilization committed Contingency Ffund Bbalance-~~
21 shall be 5% or less of maintained at 8-10% of the general fund budget-general fund revenues,
22 with Board Contingency not to exceed state compliance percentage.¶

23 The District reserves the right to appropriate funds by written resolution from the fund balance
24 for emergencies and other requirements that the District believes to be in its best interests.
25 Board voted economic stabilization funds may not be used in negotiation or settlement of
26 contract salaries.

27 Any significant reduction of the fund balance shall be supported by

- 28 ● A written Board approved plan for the use of the funds
29 ● Board approval of the annual budget and budget adjustments throughout the fiscal year
30 ● If possible, balances will be replenished with available funds to maintain resources
31 necessary to react to extraordinary circumstances

32
33 **References:**

34 ~~Utah Code § 53G-7-304~~ Utah State Code ~~53A-19-103~~

35 ~~GFOA Best Practices: Appropriate Level of Fund Balance in the General Fund¶~~
36 ~~Replenishing Fund Balance in the General Fund~~

37

38

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Draft

1
2
3 **Provo City School District**
4 **Policy Series 6000: Finances and Operations**

Policy No. 6010

5
6 **General Financial Policy**
7

8 It is the policy of Provo City School District (PCSD) to be open and transparent in all financial
9 reporting, institute long term strategic financial planning, invest funds in compliance with the Utah
10 Money Management Act, and maximize the flow of resources to K-12 learning.

11 The District recognizes the need to respond timely to financial needs throughout district operations.
12 Budget adjustments coming from one-time expenditures will generally be spent from fund balance. The
13 four types of spendable fund balances are ~~When appropriate, PCSD will legitimately spend funds in the~~
14 ~~following order:~~

- 15 1. Restricted - external restrictions from legislators, Utah State Board of Education, or
16 other entities providing resources to the District.
- 17 2. Committed - restrictions placed by board action (i.e. building reserve, other
18 post-employment benefits, etc.)
- 19 3. Assigned - assigned by district administration at the end of a fiscal year to manage
20 encumbrances, end-of-year purchases, or specific district initiatives
- 21 4. Unassigned - no restrictions

22 ~~In addition, Provo City School District follows governmental standards and aims to have a combined~~
23 ~~Assigned and Unassigned fund balance not to exceed 20% of the operating budget. These balances will~~
24 ~~help fund emergencies as they arise, react to funding shortfalls, and assure that learning and operations~~
25 ~~are minimally impacted. Fund balances will be spent in the order listed above as applicable and~~
26 ~~according to Policy 6015.~~

27
28 Provo City School District will ~~direct~~ demonstrate stewardship of resources by ~~prioritizing expenditures~~
29 ~~targeting:~~

- 30 ● Academic Achievement
- 31 ● Student and Employee Wellness
- 32 ● Safe and comfortable learning and working environment
- 33 ● Efficient operations district wide

34 ~~The district will make every effort to maintain sufficient reserves to:~~

- 35 ~~● Fund emergencies as they arise~~
- 36 ~~● Assure that learning and work flow is minimally impacted~~

37

38 ~~Utah Code § 51-7~~ ~~Utah Money Management Act Code 51-7a~~

39 ~~GFOA Statement 54~~

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41

42 ~~References: Utah Money Management Act Code 51-7a~~

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**Coordinating Services for School-Age Youth
Policy Series: 3000**

Policy No. 3130

8
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Evidence of Licensing Authority for Resident Students

10 Any human services program which serves students of the school district who are subject to
11 compulsory education or otherwise entitled to educational services as a student with disabilities
12 must provide an Educational Services Plan. This plan should include evidence satisfactory to
13 the Board of Education or Designee that the students served shall receive appropriate
14 educational services under the applicable laws.

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Standards for Accepting Educational Services Plan

19 An Educational Services Plan must include the following information provided by the human
20 services program:

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22

- 23 1. the number of children served by the human services program estimated to be enrolled
24 in the District;
- 25 2. the ages and grade levels of children served by the human services program estimated
26 to be enrolled in the District;
- 27 3. the subjects or hours of the school day for which children served by the human services
28 program are estimated to enroll in the District;
- 29 4. the direct contact information for the purposes of taking custody of a child served by the
30 human services program during the school day in case of illness, disciplinary removal by
31 a school, or emergency evacuation of a school; and
- 32 5. the method or arrangements for the transportation of children served by the human
33 services program to and from the school.

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35

The Educational Services Plan, in order to obtain approval for licensing, must also include the
following information provided by the District:

36
37

- 38 1. enrollment procedures and forms;
- 39 2. documentation required prior to enrollment from each of the child's previous schools of
40 enrollment;
3. if applicable, a schedule of the costs for tuition and school fees; and

- 41 4. schools and services for which a child served by the human services program may be
42 eligible.
43 5. Any Individual Education Plan (IEP) or 504 Plan, including specific accommodations and
44 modifications necessary for the student's success.
45

46 This plan must be submitted to Provo City School District's Student Services Department. Upon
47 receipt of this plan, the Director of Student Services will include other district administrators (i.e.
48 Director of Special Education, Director of Special Programs, and Assistant Superintendent over
49 Elementary or Secondary Education) in the review of the plan to ensure that it meets the
50 requirements of this policy. This team will then indicate approval of the plan either by signature
51 on the Educational Services Plan or a separate notice sent to the human services program.
52

53 **Evidence of licensure Programmatic Costs and Licensure for Students Whose Guardian 54 or Parent Resides Outside of Utah** 55

56
57 If the human services program serves any children whose custodial parent(s) or legal
58 guardian(s) resides outside the state, then the program shall also provide evidence satisfactory
59 to the Board of Education or Designee, in addition to licensure, that all costs for educational
60 services to be provided for those students, including tuition and school fees approved by the
61 local school board, shall be borne solely by the program.
62

63 If the Board or Designee finds the evidence of licensure and costs to be satisfactory, then within
64 thirty (30) days, the Board or Designee shall issue a letter of approval to the provider of services
65 either through a formal notice sent to the human services program or by signature on the
66 Educational Services Plan. If Special Education services are required, the plan must incorporate
67 how these services will be provided and by what entity. Failure to respond to a proposed plan
68 within forty-five (45) days may be deemed as acceptance.
69

70 If the Board finds the evidences of licensure and/or costs to be unsatisfactory, then within thirty
71 (30) days the Board or Designee shall ~~issue a letter~~ provide formal notice of disapproval that
72 states the specific requirements the program must meet to obtain approval status. A copy of the
73 letter notice of disapproval shall also be provided to the licensing authority. Failure to respond to
74 a proposed plan within forty-five (45) days may be deemed as acceptance.
75

76 **Legal References**

77 [Utah Code § 26B-2-116 \(2023\)](#)

78 [Utah Code § 26B-2-116\(3\) \(2023\)](#)

79 [Utah Code § 26B-2-116\(4\) \(2023\)](#)

80 [Utah Code § 26B-2-116\(5\), \(6\) \(2023\)](#)

81 [Utah Code § 26B-2-116\(5\), \(6\) \(2023\)](#)
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85 **Board Approved:**

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**Admissions and Attendance: Military and
Department of Defense (DOD) Civilian Children
Policy Series: 3000 Students**

Policy No. 3145

Purpose Statement

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The purpose of this policy is to ensure that students of military service members and Department of Defense personnel are afforded equitable access to educational opportunities and are not disadvantaged due to mobility, deployment, or other circumstances related to military service. This policy provides guidance for consistent enrollment, placement, attendance, eligibility, and graduation practices in accordance with state and federal law.

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Definitions: As used in this policy, unless the context clearly requires a different construction:

1. "Active duty" means full-time duty status in the active uniformed service of the United States, including members of the National Guard and Reserve.
2. "Child of a military family" means a school-aged child, enrolled in Kindergarten through grade 12, in the household of an active duty member.
3. "Child of a DOD civilian family" means a school-aged child, enrolled in Kindergarten through grade 12, in the household of a currently serving DOD civilian.
4. "Deployment" means the period one month prior to the service member or DOD civilian's departure from their home station on orders through six months after return to their home station.
5. "DOD civilian" means an employee of the United States Department of Defense who is assigned to perform the employee's duties at a military organization based in Utah.
6. "Education" or "educational records" means those official records, files, and data directly related to a student and maintained by the school or local education agency. This includes but is not limited to records encompassing all the material kept in the student's

40 cumulative folder such as general identifying data, records of attendance and of
41 academic work completed, records of achievement and results of evaluative tests, health
42 data, disciplinary status, test protocols, and individualized education programs.

- 43
- 44 7. “Extracurricular activities” means a voluntary activity sponsored by the school or the
45 District or an organization sanctioned by the school or the District (such as the Utah High
46 School Activities Association). Extracurricular activities include, but are not limited to,
47 preparation for and involvement in public performances, contests, athletic competitions,
48 demonstrations, displays, and club activities.
- 49
- 50 8. “Interstate Commission on Educational Opportunity for Military Children” or “Interstate
51 Commission” means the commission that is created under Article IX of the Interstate
52 Compact on Educational Opportunity for Military Children, which has been adopted by
53 Utah in [Utah Code §§ 53E-3-901 to -921](#).
- 54
- 55 9. “Local education agency” means a public authority legally constituted by the state as an
56 administrative agency to provide control of and direction for Kindergarten through grade
57 12 public educational institutions.
- 58
- 59 10. “Sending state” means the state from which a child of a military family or DOD civilian is
60 sent, brought, or caused to be sent or brought.
- 61
- 62 11. “State” means a state of the United States, the District of Columbia, the Commonwealth
63 of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, the Northern Mariana
64 Islands, and any other U.S. Territory.
- 65
- 66 12. “Student” means the child of a military family or child of a DOD civilian for whom the
67 local education agency receives public funding and who is formally enrolled in
68 Kindergarten through grade 12.
- 69
- 70 13. “Transition” means:
- 71 a. the formal and physical process of transferring from school to school; or
72 b. the period of time in which a student moves from one school in the sending state
73 to another school in the receiving state.
- 74
- 75 14. “Uniformed services” means: the United States Army, Navy, Air Force, Marine Corps,
76 Coast Guard, [Space Force](#) as well as the commissioned corps of the National Oceanic
77 and Atmospheric Administration, and of the United States Public Health Service.
- 78
- 79 15. “Veteran” means a person who served in the uniformed services and who was
80 discharged or released therefrom under conditions other than dishonorable.

81
82
83 **Applicability**

84

85 This policy shall apply to a child of a military family; a child of members or veterans of the
86 uniformed services who are severely injured and medically discharged or retired for a period of
87 one year after medical discharge or retirement; a child of members of the uniformed services
88 who die on active duty or as a result of injuries sustained on active duty for a period of one year
89 after death, and a child of a DOD civilian.

90

91 This policy shall not apply to a child of:

92

- 93 1. Inactive members of the National Guard and military reserves;
- 94
- 95 2. Members of the uniformed services now retired, except as provided in the paragraph
96 above;
- 97
- 98 3. Veterans of the uniformed services, except as provided in the paragraph above, and
99 other U.S. Dept. of Defense personnel and other federal agency civilian and contract
100 employees not defined as active duty members of the uniformed services.

101

102

103 **Eligibility**

104

- 105 1. Eligibility for enrollment:
 - 106 a. A special power of attorney, relative to the guardianship of a student and
107 executed under applicable law, shall be sufficient for the purposes of enrollment
108 and all other actions requiring parental participation and consent.
 - 109 b. The District may not charge tuition to a transitioning student placed in the care of
110 a non-custodial parent or other person standing in loco parentis who lives in a
111 jurisdiction other than that of the custodial parent.
 - 112 c. A transitioning student, placed in the care of a non-custodial parent or other
113 person standing in loco parentis who lives in a jurisdiction other than that of the
114 custodial parent, may continue to attend the school in which the student was
115 enrolled while residing with the custodial parent.
- 116
- 117 2. Eligibility for extracurricular participation:
 - 118 a. The District shall facilitate the opportunity for transitioning students' inclusion in
119 extracurricular activities, regardless of application deadlines, to the extent they
120 are otherwise qualified.
- 121
- 122 3. Provisional Enrollment:
 - 123 a. For purposes of provisional enrollment, an "eligible student" is a student who is a
124 dependent child of a member of the uniformed services or a DOD civilian who is
125 either relocating to Utah and does not reside in Utah during the District's
126 enrollment period or is relocating out of Utah during the school year and on

- 127 permanent change of station orders or relocating for a civilian assignment or
128 position.
- 129 b. "Provisional enrollment" means enrollment in a school in the District by an eligible
130 student before the student relocates to Utah or after the student's parent
131 relocates out of Utah but before the student relocates out of Utah.
- 132 c. Notwithstanding the general enrollment requirements in [Policy 3010](#) and [Policy](#)
133 [3118](#), the District shall allow an eligible student to provisionally enroll in a school
134 in the District at the same time and in the same manner as students who reside
135 in Utah or shall allow an eligible student to provisionally enroll in virtual education
136 options that the District provides in the same manner as students residing in
137 Utah. (Provisionally enrolled students are not considered nonresident students
138 who are required to pay tuition.)
- 139 d. The District shall not require proof of residence at the time that an eligible student
140 applies for enrollment in a District school, but shall require proof of residency
141 within 10 days after the eligible student's first day of residence in Utah.
- 142
143

144 Educational Records and Enrollment

145

- 146 1. Unofficial or "hand-carried" education records:
- 147 a. In the event that official education records cannot be released to the parents for
148 the purpose of transfer, the custodian of the records in the sending state shall
149 prepare and furnish to the parent a complete set of unofficial educational records
150 containing uniform information as determined by the Interstate Commission.
151 Upon receipt of the unofficial education records, the District school shall enroll
152 and appropriately place the student based on the information provided in the
153 unofficial records pending validation by the official records, as quickly as
154 possible.
- 155
- 156 2. Official education records or transcripts:
- 157 a. Simultaneous with the enrollment and conditional placement of the student, the
158 District school shall request the student's official education record from the
159 school in the sending state. Upon receipt of this request, the school in the
160 sending state should process and furnish the official education records to the
161 District school within 10 days or within such time as is reasonably determined
162 under the rules promulgated by the Interstate Commission.
- 163
- 164 3. Immunizations
- 165 a. The District shall give 30 days from the date of enrollment or within such time as
166 is reasonably determined under the rules promulgated by the Interstate
167 Commission, for students to obtain any immunization required by state law. For a
168 series of immunizations, initial vaccinations must be obtained within 30 days or
169 within such time as is reasonably determined under the rules promulgated by the
170 Interstate Commission.

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4. Kindergarten and First grade entrance age

- a. Students shall be allowed to continue their enrollment at grade level in the receiving District school commensurate with their grade level, including Kindergarten, from a local education agency in the sending state at the time of transition, regardless of age. A student that has satisfactorily completed the prerequisite grade level in the local education agency in the sending state shall be eligible for enrollment in the next highest grade level in the receiving District school, regardless of age. Students transferring after the start of the school year in the District shall enter the District school on their validated level from an accredited school in the sending state.

Placement and Attendance

1. Course placement

- a. When the student transfers before or during the school year, the receiving District school shall initially honor placement of the student in educational courses based on the student's enrollment in the sending state school and/or educational assessments conducted at the school in the sending state if the courses are offered. Course placement includes but is not limited to Honors, International Baccalaureate, Advanced Placement, vocational, technical, and career pathways courses. Continuing the student's academic program from the previous school and promoting placement in academically and career challenging courses should be paramount when considering placement. This does not preclude the District school from performing subsequent evaluations to ensure appropriate placement and continued enrollment of the student in the course.

2. Educational program placement

- a. The receiving District school shall initially honor placement of the student in educational programs based on current educational assessments conducted at the school in the sending state or participation or placement in like programs in the sending state. Such programs include, but are not limited to: 1) gifted and talented programs; and 2) English as a second language (ESL). This does not preclude the District school from performing subsequent evaluations to ensure appropriate placement of the student.

3. Special education services

- a. In compliance with the federal requirements of the Individuals with Disabilities Education Act (IDEA), [20 U.S.C. § 1400 et seq.](#), the receiving District school shall initially provide comparable services to a student with disabilities based on the student's current Individualized Education Program (IEP); and
- b. In compliance with the requirements of Section 504 of the Rehabilitation Act, [29 U.S.C. § 794](#), and with Title II of the Americans with Disabilities Act, [42 U.S.C. §§ 12131-12165](#), the receiving District school shall make reasonable

215 accommodations and modifications to address the needs of incoming students
216 with disabilities, subject to an existing 504 or Title II Plan, to provide the student
217 with equal access to education. This does not preclude the District school from
218 performing subsequent evaluations to ensure appropriate placement of the
219 student.

220

221 4. Placement flexibility

222 a. District administrators shall have flexibility in waiving course or program
223 prerequisites, or other preconditions for placement, in courses or programs
224 offered within the District, subject to State Board of Education rules and
225 regulations.

226

227 5. Absence as related to deployment activities

228 a. A student whose parent or legal guardian is an active duty member of the
229 uniformed services, as defined above in this policy, and has been called to duty
230 for, is on leave from, or immediately returned from deployment to a combat zone
231 or combat support posting, shall be granted additional excused absences at the
232 discretion of the superintendent to visit with his or her parent or legal guardian
233 relative to such leave or deployment of the parent or guardian.

234

235

236 **Graduation**

237

238 In order to facilitate the on-time graduation of students, the District incorporates the following
239 procedures:

240

241 1. Waiver requirements

242 a. The District and its schools shall waive specific courses required for graduation if
243 similar coursework has been satisfactorily completed in another local education
244 agency or shall provide reasonable justification for denial. Should a waiver not be
245 granted to a student who would qualify to graduate from the sending school, the
246 District shall provide an alternative means of acquiring required coursework so
247 that graduation may occur on time.

248

249 2. Exit exams

250 a. State statute provides that with respect to students, the District shall accept:

251 i. Exit or end-of-course exams required for graduation from the sending
252 state;

253 ii. National norm-referenced achievement tests; or

254 iii. Alternative testing, in lieu of testing requirements for graduation in Utah.

255

256 In the event the above alternatives cannot be accommodated by the District for a student
257 transferring in the student's Senior year, then the provisions below regarding transfers during
258 the Senior year shall apply.

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1. Transfers during Senior year
 - a. Should a student transferring at the beginning or during the student’s Senior year be ineligible to graduate from the receiving District school after all alternatives have been considered, the sending local education agency and the District shall ensure the receipt of a diploma from the sending local education agency, if the student meets the graduation requirements of the sending local education agency. In the event that the sending state has not adopted the Interstate Compact on Educational Opportunity for Military Children, the District shall use best efforts to facilitate the on-time graduation of the student in accordance with the waiver and exit exam provisions above.

Legal References

[Utah Code § 53E-3-903 \(2019\)](#)
[Utah Code § 53E-3-1201 \(2025\)](#)
[Utah Code § 53B-8-102\(1\)\(a\) \(2025\)](#)
[Utah Code § 53E-3-904 \(2018\)](#)
[Utah Code § 53E-3-1204 \(2025\)](#)
[Utah Code § 53E-3-907 \(2018\)](#)
[Utah Code § 53E-3-1203\(6\) \(2025\)](#)
[Utah Code § 53G-6-306\(1\), \(4\) \(2025\)](#)
[Utah Code § 53E-3-1202 \(2025\)](#)
[Utah Code § 53E-3-1204\(1\) \(2025\)](#)
[Utah Code § 53E-3-905 \(2018\)](#)
[Utah Code § 53E-3-1202 \(2025\)](#)
[20 U.S.C. § 1400 et seq](#)
[29 U.S.C. § 794](#)
[42 U.S.C. §§ 12131-12165](#)
[Utah Code § 53E-3-906 \(2018\)](#)
[Utah Code § 53E-3-1203 \(2025\)](#)
[Utah Code § 53E-3-908 \(2018\)](#)
[Utah Code § 53E-3-1205 \(2025\)](#)

Board Approved:

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Medical Recommendations by School Personnel to Parents/Guardian(s)

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6

Policy Series: 3000

Policy No. 3418

7
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Purpose:

9
10 The Provo City School District Board of Education recognizes that the decision for a student to
11 see a health care professional or use medication is a parental concern. In working with
12 students, school personnel may be in a position to make or give recommendations to
13 parents/guardians which impact their children’s education. As a general rule, all non-medical
14 school district personnel should refrain from discussing with and making recommendations to
15 parents/guardians about perceived student medical needs.

16
17 ~~The purpose of this policy and procedure is to clarify for school personnel and~~
18 ~~parents/guardians the recommendations or directions that school personnel may make or give~~
19 ~~to parents/guardians about seeing health care professionals or using specific medication for~~
20 ~~their children. The Board directs the superintendent to develop procedures to implement this~~
21 ~~policy. The Provo City School District Board of Education recognizes that the decision for a~~
22 ~~student to see a health care professional or use medication is a parental/guardian concern. In~~
23 ~~working with students, school personnel may be in a position to make or give recommendations~~
24 ~~to parents/ guardians which impact their children’s education. As a general rule, all non-medical~~
25 ~~school district personnel should refrain from discussing and making recommendations to~~
26 ~~parent(s)/ guardian(s) about perceived student medical needs.~~

27
28 The purpose of this policy and procedure is to clarify for school personnel and parent(s)/
29 guardian(s) the recommendations or directions that school personnel may make or give to
30 parent(s)/guardian(s) about seeing health care professionals or using specific medication for
31 their children. The Board directs the Superintendent to develop procedures to implement this
32 policy.

33
34
35 **Medical Recommendations by School Personnel**

36
37 School employees may provide information and observations to a student’s parents about the
38 student’s:

- 39
40 1. progress;

- 41 2. health and wellness;
- 42 3. social interactions; and/or
- 43 4. behavior.

44
45 School employees may complete a behavioral health evaluation form if requested by a student's
46 parent to provide information to a licensed physician or physician assistant. In addition, a school
47 employee may communicate information and observations between school personnel regarding
48 a student. [When school personnel have concerns about a student, they should partner with the
49 parent and communicate these concerns to the parent. School personnel should work
50 collaboratively with parents to provide the best support for the student.](#) School employees may
51 also refer a student to other appropriate school personnel and agents, including referrals and
52 communication with a school counselor or other mental health professionals working within the
53 school. [These referrals should also be communicated to the parent unless the concern is with
54 the parent and the physical safety of the student.](#)

55
56 If a school employee believes a student is at risk of (a) attempting suicide, (b) physical self-
57 harm, or (c) harming others, then the employee may question the student about the suicidal
58 thoughts, self-harming behavior, or thoughts of harming others in order to refer the student to
59 appropriate prevention services and to inform the student's parent. However, the questioning
60 shall be limited to that which is necessary for referral to prevention services or to make the
61 parent aware of the perceived risk.

62
63 If a school employee believes that a situation exists which presents a serious threat to the well-
64 being of a student, that employee shall notify the student's parent without delay. The school
65 employee may consult or use appropriate health care professionals in the event of an
66 emergency while the student is at school, consistent with the student emergency information
67 provided at student enrollment.

68
69 The school shall notify the parent of a student who:

- 70
71 1. threatens to ~~commit~~ suicide; or
- 72
73 2. is involved in an incident of bullying, hazing, [abusive conduct](#), cyber-bullying,
74 [harassment](#), or retaliation (whether as a victim or as a perpetrator).

75
76 [When the student is involved in an incident, the parent shall also be notified of the action plan.
77 When a student threatens suicide or is involved in one of these incidents, the school shall also
78 provide the parent with \(1\) suicide prevention materials and information as recommended by the
79 State Superintendent, \(2\) information on ways to limit a student's access to fatal means
80 \(including firearms and medication\), and \(3\) information and resources on the healthy use of
81 social media and online practices.](#)

82
83 The school shall produce and maintain a record that verifies that the parent was notified of the
84 threats or incidents listed above [and provided the required information. If applicable, the record
85 shall also track implementation of the action plan.](#) The record is a private record for purposes of
86 the Government Records Access and Management Act.

87
88 The process for notifying a parent shall consist of:

- 89
90 1. The school principal or designee shall attempt to make personal contact with a parent
91 when the school has notice of a threat or incident listed above. [It is recommended that](#)

92 the parent be informed of the threat or incident with two school ~~people~~ **personnel**
93 **present**. If personal contact is not possible, the parent may be contacted by phone. A
94 second school ~~person~~ **employee** should witness the phone call.

- 95
96 2. Contact with the parent must be documented in a ~~“Parent/Guardian Notification Record~~
97 ~~of Student Bullying Incident or Suicide Threat”~~ **“Verification of Parent Contact Regarding**
98 **Threat or Incident.”** When there is an action plan for addressing an incident of bullying,
99 hazing, abusive conduct, cyber-bullying, or retaliation, the documentation shall be
100 supplemented to track implementation of the action plan.

101
102 A copy of the ~~“Parent/Guardian Notification Record of Student Bullying Incident or Suicide~~
103 ~~Threat”~~ shall upon request, be provided to the parent/guardian of the student to whom the
104 record relates. After the student has graduated, the District shall expunge the record of
105 parental/guardian notification upon request of the student.

106 A copy of the **“Verification of Parent Contact Regarding Threat or Incident”** is linked here.)
107 Subject to laws regarding confidentiality of student educational records, at the request of a
108 parent, a school may provide information and make recommendations related to an incident or
109 threat.

110
111 The record of parental notification shall be maintained in accordance with [Policy 3210](#) and
112 [Policy 3210 Procedure 1, Title 53E, Chapter 9, Part 3, Policy 3650 Student Data Protection,](#)
113 [Title 53E, Chapter 9, Part 2, Student Privacy,](#) and the Federal Family Educational Rights and
114 Privacy Act (“FERPA”). A copy of the record of parental notification shall upon request be
115 provided to the student to whom the record relates. After the student has graduated, the District
116 shall expunge the record of parental notification upon request of the student.

117 118 119 **Schools Cannot Require Students to Take a Specific Medication or Treatment**

120
121 School employees shall not require that a student take or continue to take a specific medication,
122 whether over-the-counter or prescription medicine, as a condition for attending school.

123
124 This policy does not include immunizations against communicable diseases as required by the
125 Department of Health as a prerequisite to school attendance. (See [Policy 3175 Immunizations.](#))

126
127 School employees may not:

- 128
129 1. recommend to a parent that a student take or continue to take a psychotropic
130 medication;
131
132 2. require that a student take or continue to take a psychotropic medication as a condition
133 for attending school;
134
135 3. recommend that a parent seek or use a type of psychiatric or psychological treatment for
136 a student;
137
138 4. conduct a psychiatric or behavioral health evaluation or mental health screening, test,
139 evaluation, or assessment of a student, except when necessitated to meet the
140 requirements of the Individuals with Disabilities Education Act, 20 U.S.C. § 1400 et seq.,
141 and its subsequent amendments; or
142

- 143 5. make a child abuse or neglect report to authorities, including the Division of Student and
144 Family Services, solely or primarily on the basis that a parent refuses to consent to:
145
146 a. a psychiatric, psychological, or behavioral treatment for a student, including the
147 administration of a psychotropic medication to a student; or
148 b. a psychiatric or behavioral health evaluation of a student.
149 i. However, school employees may make a report that would otherwise be
150 prohibited under guidance listed above if failure to take the action would present
151 a serious, imminent risk to the student's safety or the safety of others. [School](#)
152 [employees must work with their principals and district administrators to determine](#)
153 [if this threshold has been met before making a report to the Division of Child and](#)
154 [Family Services.](#)
155
156

157 **School Mental Health Professionals and Counselors Can Recommend Treatment or** 158 **Evaluation** 159

160 A school counselor or other mental health professional acting in accordance with the Mental
161 Health Professional Practice Act, or licensed through the State Board of Education, working
162 within the school system may:

- 163
164 1. recommend, but not require, a psychiatric or behavioral health evaluation of a student;
165
166 2. recommend, but not require, psychiatric, psychological, or behavioral treatment for a
167 student;
168
169 3. provide to a parent, upon the specific request of the parent, a list of three or more health
170 care professionals or providers, including licensed physicians, psychologists, or other
171 health specialists; and
172
173 4. conduct a psychiatric or behavioral health evaluation or mental health screening, test,
174 evaluation, or assessment of a student; however, prior written consent of the student's
175 parent and a two-week minimum notification period are required prior to conducting the
176 behavioral health evaluation or mental health screening, test, evaluation, or assessment.
177 A parent may waive the two week minimum notification period. However, this written
178 consent and notice is not required before questioning a student believed to be at risk of
179 suicide, physically self-harming behavior, or harming others to the extent needed for
180 referral to appropriate prevention services and to notify the parent of the perceived risk.
181
182

183 **Training and Discipline** 184

185 The district shall provide training to the appropriate personnel on the proper application of this
186 policy. An intentional violation of this policy shall be dealt with through employee discipline.
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189 **Legal References**

- 190 [Utah Code § 53G-9-203 \(2019\)](#)
191 [Utah Code § 53E-9-203\(7\) \(2024\)](#)
192 [Utah Code § 53G-9-604 \(2024\)](#)
193 [Utah Code § 53G-9-604\(2\)\(a\)\(iii\), \(4\) \(2024\)](#)

194 [Utah Code § 53G-9-902 \(2025\)](#)
195 [Utah Admin. Rules R277-613-4\(3\) \(April 8, 2024\)](#)
196
197
198 **Board Approved:** September 21, 2015
199 Amended:
200
201

Draft



Medical Recommendations by School Personnel to Parents
Policy Series: 5000 Personnel

Policy No. 5265

It is the recommendation of the Provo City School District's Policy Committee that Policy 5265 and accompanying Procedure 1 be expunged upon the adoption of Policy 3418. They are duplicate policies, and Policy 3418 is now updated with all current guidance from the Utah State Board of Education. With the adoption of Policy 3418, the former Policy 5265 will be removed from Provo City School District's website and will be archived.

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Orderly Termination: No Implied Contract Rights for Non-Contracted Employees
Policy Series: 5000 Personnel

Policy No. 5280
Procedure 2

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No Implied Contract Rights

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Nothing in these policies may be construed to grant any implied contract rights beyond those contract rights expressly provided for in these policies or by state statute. ~~No Non-contracted~~ employees shall **not** have an expectation of continued employment beyond the current contract period unless expressly stated otherwise in these policies or in state law. All **non-contracted** employees ~~not expressly granted expectations of continued employment (i.e. contracted licensed, contracted ESP, and prof tech)~~ are employed by the District as at-will employees. (See [Policy 5280](#).)

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Contracted licensed, contracted Education Support Professional, and Professional/Technical employees do have an expectation of continued employment of their base contract unless notified according to the requirements outlined in [Policy 5280](#) and [Policy 5280, Procedure 1](#). Extra assignments beyond the base contract (paid preparation periods, coaching assignments) are at-will and determined each year.

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Adopted:

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Provo City School District Policy Series 5000: Personnel

5265

Medical Recommendations by School Personnel to Parents

The Provo City School District Board of Education recognizes that the decision for a student to see a health care professional or use medication is a parental concern. In working with students, school personnel may be in a position to make or give recommendations to parents/guardians which impact their children's education. As a general rule, all non-medical school district personnel should refrain from discussing with and making recommendations to parents/guardians about perceived student medical needs.

The purpose of this policy and procedure is to clarify for school personnel and parents/guardians the recommendations or directions that school personnel may make or give to parents/guardians about seeing health care professionals or using specific medication for their children. The board directs the superintendent to develop procedures to implement this policy.

Approved by Board of Education: September 8, 2015



Provo City School District Policy Series 5000: Personnel

5265 P1

Medical Recommendations by School Personnel to Parents

Medical Recommendations by School Personnel

School employees may provide information and observations to a student's parents or guardians about the student's:

1. progress;
2. health and wellness;
3. social interactions; and/or
4. behavior

School employees may complete a behavioral health evaluation form if requested by a student's parent or guardian to provide information to a licensed physician.

In addition, a school employee may communicate information and observations between school personnel regarding a student. School employees may also refer a student to other appropriate school personnel and agents, including referrals and communication with a school counselor/social worker or other mental health professionals working within the school.

If a school employee believes a student is at risk of (a) attempting suicide, (b) physical self-harm, or (c) harming others, then the employee may question the student about the suicidal thoughts, self-harming behavior, or thoughts of harming others in order to refer the student to appropriate prevention services and to inform the student's parent or guardian. However, the questioning shall be limited to that which is necessary for referral to prevention services or to make the parent or guardian aware of the perceived risk.

If a school employee believes that a situation exists which presents a serious threat to the well being of a student, that employee shall notify the student's parent or guardian without delay. The school employee may consult or use appropriate health care professionals in the event of an emergency while the student is at school, consistent with the student emergency information provided at student enrollment.

The school shall notify the parent or guardian of a student who:

1. threatens to commit suicide; or
2. is involved in an incident of bullying, hazing, cyber-bullying, harassment or retaliation (whether as a victim or as a perpetrator).

The school shall produce and maintain a record that verifies that the parent or guardian was notified of the threats or incidents listed above. The record is a private record of the Government Records Access and Management Act.

The process for notifying a parent or guardian shall consist of:

1. The school principal or designee shall attempt to make personal contact with a parent or guardian when the school has notice of a threat or incident listed above. If personnel contact is not possible, the parent or guardian may be contacted by phone.
2. Contact with the parent or guardian must be documented in a "Parent /Guardian Notification Record of Student Bullying Incident or Suicide Threat."

A copy of the "Parent /Guardian Notification Record of Student Bullying Incident or Suicide Threat" shall upon request be provided to the parent of the student to whom the record relates. After the student has graduated, the District shall expunge the record of parental notification upon request of the student.

Schools Cannot Require Students to Take a Specific Medication or Treatment

School employees shall not require that a student take or continue to take a specific medication, whether over-the-counter or prescription medicine, as a condition for attending school. This does not include immunizations as required by the Department of Health as a prerequisite for school attendance.

School employees may not:

1. recommend to a parent or guardian that a student take or continue to take a psychotropic medication;
2. require that a student take or continue to take a psychotropic medication as a condition for attending school;
3. recommend that a parent or guardian seek or use a type of psychiatric or psychological treatment for a student;
4. conduct a psychiatric or behavioral health evaluation or mental health screening, test, evaluation or assessment of a student, except when necessitated to meet the requirements of the Individuals with Disabilities Education Act and its subsequent amendments; or
5. make a child abuse or neglect report to authorities, including the Division of Student and Family Services, solely or primarily on the basis that a parent or guardian refuses to:
 - a. a psychiatric, psychological, or behavioral treatment for a student, including the administration of a psychotropic medication to a student; or
 - b. a psychiatric or behavioral evaluation of a student.

However, school employees may make a report that would otherwise be prohibited under the guidance listed above if failure to take the action would present a serious, imminent risk to the student's safety or the safety of others.

School Mental Health Professionals and Counselors Can Recommend Treatment or Evaluation

A school counselor or other mental health professional acting in accordance with the Mental Health Professional Practice Act, or licensed through the State Board of Education, working within the school system may:

1. recommend, but not require, a psychiatric or behavioral health evaluation of a student;

2. recommend, but not require, psychiatric, psychological, or behavioral treatment of a student;
3. provide to a parent or guardian, upon the specific request of the parent or guardian, a list of three or more health care professionals or providers, including licensed physicians, psychologists, or other health specialists; and
4. conduct a psychiatric or behavioral health evaluation or mental health screening, test, evaluation, or assessment of a student; however, prior written consent of the student's parent or guardian and a two-week minimum notification period are required prior to conducting the behavioral health evaluation or mental health screening, test, evaluation, or assessment. A parent or guardian may waive the two week minimum notification period. However, this written consent and notice is not required before questioning a student believed to be at risk of suicide, physically self-harming behavior, or harming others to the extent needed for referral to appropriate prevention services and to notify the parent or guardian of the perceived risk.

Training and Discipline

The district shall provide training to the appropriate personnel on the proper application of this policy and procedure. An intentional violation of this policy shall be dealt with through employee discipline.

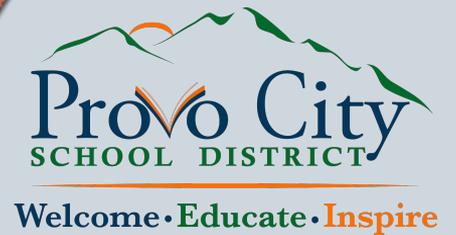
Adopted: September 21, 2015



BELIEVE
IN THE MAGIC

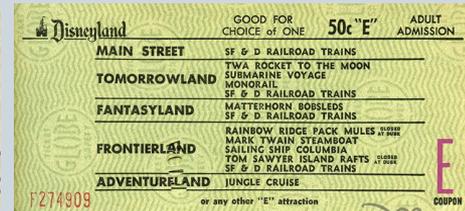
PCSD e-School

2025



Disneyland Tickets

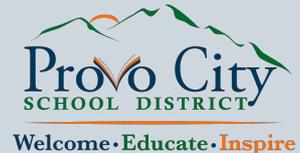
- Opening- July 1955
 - Pay-Per-Ride tickets
- October 11, 1955 A-C
 - Tiered
 - E tier added in 1959



Welcome • Educate • Inspire

Disneyland Tickets

- **1971**
 - Six Flags opened and offered unlimited ride access
 - Late 70's Disneyland began introducing "Passports"
- **1982, tickets completely replaced with Passports**



FastPass Evolution

- **FastPass, 1999**
 - Physical ticket with a time window for entry - Free to all ticket holders
- **FastPass+, 2014**
 - evolved from paper to use in the app and use with Magic Bands
 - Still free
- **Genie+, 2021**
 - Paid-Tiered
- **Lightning Lane Single, Multi, Premier, 2024**
 - Paid-Tiered



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e-School Evolution

- **Early version**
 - 1000's of students statewide
 - Multiple teachers, Sped teachers and counselors
- **Current version**
- **Elementary**
 - As of fall 2025 - 30 K-6 students
 - 1.5 elem teachers
 - \$92,000 in teacher costs
 - \$63,000 in curriculum costs
 - $\$155,000/30=5166$ per student



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e-School Evolution

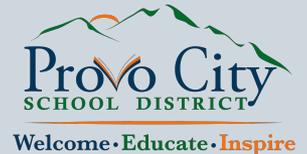
- Secondary
 - 180 PHS students
 - 381 enrollments
 - 429 THS students
 - 1052 enrollments
 - Teacher number - varies
 - \$500 per course \$20 per kid
 - $\$500 \times 609 = \$304,000$
 - \$162,000
 - \$56,000 curriculum
 - Secondary teacher costs \$522,000



Welcome • Educate • Inspire

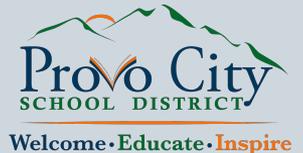
e-School Evolution

- Total e-School costs last year
 - \$833,000



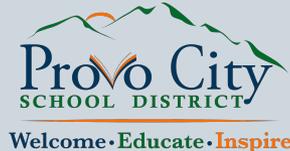
SOEP - UOS

- **SOEP/UOS last year**
 - \$1,170,000
- **LEA's can't deny original credit requests**
 - Can reject recovery or grade replacement
- **Rejected 424 requests, \$63,600, Since May 2025**
- **SOEP costs \$315-\$550 per sem for SEATS**



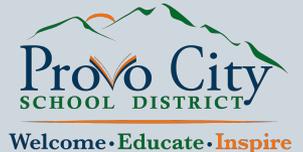
eSchool recommendations

- Contract with UOS
 - Secondary - \$250 per semester course
 - PCSD eSchool awarded 649 credits to PCSD HS students in 24-25. That same amount would have cost \$324,000 under this contract.
 - Elementary \$2250 per student
- Staffing
 - Don't replace retiring eSchool Principal
 - Retain Remaining registrar and specialist



eSchool recommendations

- Possible name change - PCSD Online Services
- UOS-PCSD student enrollment management
- Demonstrated Competency testing site
- GED testing site





Provo City
SCHOOL DISTRICT

Welcome • Educate • Inspire

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**Coordinating Services for School-Age Youth
Policy Series: 3000**

Policy No. 3130

8
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Evidence of Licensing Authority for Resident Students

10 Any human services program which serves students of the school district who are subject to
11 compulsory education or otherwise entitled to educational services as a student with disabilities
12 must provide an Educational Services Plan. This plan should include evidence satisfactory to
13 the Board of Education or Designee that the students served shall receive appropriate
14 educational services under the applicable laws.

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Standards for Accepting Educational Services Plan

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19 An Educational Services Plan must include the following information provided by the human
20 services program:

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- 23 1. the number of children served by the human services program estimated to be enrolled
24 in the District;
- 25 2. the ages and grade levels of children served by the human services program estimated
26 to be enrolled in the District;
- 27 3. the subjects or hours of the school day for which children served by the human services
28 program are estimated to enroll in the District;
- 29 4. the direct contact information for the purposes of taking custody of a child served by the
30 human services program during the school day in case of illness, disciplinary removal by
31 a school, or emergency evacuation of a school; and
- 32 5. the method or arrangements for the transportation of children served by the human
33 services program to and from the school.

34
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36 The Educational Services Plan, in order to obtain approval for licensing, must also include the
37 following information provided by the District:

38
39

- 40 1. enrollment procedures and forms;
2. documentation required prior to enrollment from each of the child's previous schools of enrollment;
3. if applicable, a schedule of the costs for tuition and school fees; and

- 41 4. schools and services for which a child served by the human services program may be
42 eligible.
43 5. Any Individual Education Plan (IEP) or 504 Plan, including specific accommodations and
44 modifications necessary for the student's success.
45

46 This plan must be submitted to Provo City School District's Student Services Department. Upon
47 receipt of this plan, the Director of Student Services will include other district administrators (i.e.
48 Director of Special Education, Director of Special Programs, and Assistant Superintendent over
49 Elementary or Secondary Education) in the review of the plan to ensure that it meets the
50 requirements of this policy. This team will then indicate approval of the plan either by signature
51 on the Educational Services Plan or a separate notice sent to the human services program.
52

53 **Evidence of licensure Programmatic Costs and Licensure for Students Whose Guardian 54 or Parent Resides Outside of Utah** 55

56
57 If the human services program serves any children whose custodial parent(s) or legal
58 guardian(s) resides outside the state, then the program shall also provide evidence satisfactory
59 to the Board of Education or Designee, in addition to licensure, that all costs for educational
60 services to be provided for those students, including tuition and school fees approved by the
61 local school board, shall be borne solely by the program.
62

63 If the Board or Designee finds the evidence of licensure and costs to be satisfactory, then within
64 thirty (30) days, the Board or Designee shall issue a letter of approval to the provider of services
65 either through a formal notice sent to the human services program or by signature on the
66 Educational Services Plan. If Special Education services are required, the plan must incorporate
67 how these services will be provided and by what entity. Failure to respond to a proposed plan
68 within forty-five (45) days may be deemed as acceptance.
69

70 If the Board finds the evidences of licensure and/or costs to be unsatisfactory, then within thirty
71 (30) days the Board or Designee shall issue a letter provide formal notice of disapproval that
72 states the specific requirements the program must meet to obtain approval status. A copy of the
73 letter notice of disapproval shall also be provided to the licensing authority. Failure to respond to
74 a proposed plan within forty-five (45) days may be deemed as acceptance.
75

76 **Legal References**

77 [Utah Code § 26B-2-116 \(2023\)](#)

78 [Utah Code § 26B-2-116\(3\) \(2023\)](#)

79 [Utah Code § 26B-2-116\(4\) \(2023\)](#)

80 [Utah Code § 26B-2-116\(5\), \(6\) \(2023\)](#)

81 [Utah Code § 26B-2-116\(5\), \(6\) \(2023\)](#)
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85 **Board Approved:**

DRAFT

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**Admissions and Attendance: Military and
Department of Defense (DOD) Civilian Children
Policy Series: 3000 Students**

Policy No. 3145

Purpose Statement

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The purpose of this policy is to ensure that students of military service members and Department of Defense personnel are afforded equitable access to educational opportunities and are not disadvantaged due to mobility, deployment, or other circumstances related to military service. This policy provides guidance for consistent enrollment, placement, attendance, eligibility, and graduation practices in accordance with state and federal law.

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Definitions: As used in this policy, unless the context clearly requires a different construction:

1. "Active duty" means full-time duty status in the active uniformed service of the United States, including members of the National Guard and Reserve.
2. "Child of a military family" means a school-aged child, enrolled in Kindergarten through grade 12, in the household of an active duty member.
3. "Child of a DOD civilian family" means a school-aged child, enrolled in Kindergarten through grade 12, in the household of a currently serving DOD civilian.
4. "Deployment" means the period one month prior to the service member or DOD civilian's departure from their home station on orders through six months after return to their home station.
5. "DOD civilian" means an employee of the United States Department of Defense who is assigned to perform the employee's duties at a military organization based in Utah.
6. "Education" or "educational records" means those official records, files, and data directly related to a student and maintained by the school or local education agency. This includes but is not limited to records encompassing all the material kept in the student's

40 cumulative folder such as general identifying data, records of attendance and of
41 academic work completed, records of achievement and results of evaluative tests, health
42 data, disciplinary status, test protocols, and individualized education programs.

- 43
- 44 7. “Extracurricular activities” means a voluntary activity sponsored by the school or the
45 District or an organization sanctioned by the school or the District (such as the Utah High
46 School Activities Association). Extracurricular activities include, but are not limited to,
47 preparation for and involvement in public performances, contests, athletic competitions,
48 demonstrations, displays, and club activities.
- 49
- 50 8. “Interstate Commission on Educational Opportunity for Military Children” or “Interstate
51 Commission” means the commission that is created under Article IX of the Interstate
52 Compact on Educational Opportunity for Military Children, which has been adopted by
53 Utah in [Utah Code §§ 53E-3-901 to -921](#).
- 54
- 55 9. “Local education agency” means a public authority legally constituted by the state as an
56 administrative agency to provide control of and direction for Kindergarten through grade
57 12 public educational institutions.
- 58
- 59 10. “Sending state” means the state from which a child of a military family or DOD civilian is
60 sent, brought, or caused to be sent or brought.
- 61
- 62 11. “State” means a state of the United States, the District of Columbia, the Commonwealth
63 of Puerto Rico, the U.S. Virgin Islands, Guam, American Samoa, the Northern Mariana
64 Islands, and any other U.S. Territory.
- 65
- 66 12. “Student” means the child of a military family or child of a DOD civilian for whom the
67 local education agency receives public funding and who is formally enrolled in
68 Kindergarten through grade 12.
- 69
- 70 13. “Transition” means:
- 71 a. the formal and physical process of transferring from school to school; or
72 b. the period of time in which a student moves from one school in the sending state
73 to another school in the receiving state.
- 74
- 75 14. “Uniformed services” means: the United States Army, Navy, Air Force, Marine Corps,
76 Coast Guard, [Space Force](#) as well as the commissioned corps of the National Oceanic
77 and Atmospheric Administration, and of the United States Public Health Service.
- 78
- 79 15. “Veteran” means a person who served in the uniformed services and who was
80 discharged or released therefrom under conditions other than dishonorable.

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82
83 **Applicability**

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85 This policy shall apply to a child of a military family; a child of members or veterans of the
86 uniformed services who are severely injured and medically discharged or retired for a period of
87 one year after medical discharge or retirement; a child of members of the uniformed services
88 who die on active duty or as a result of injuries sustained on active duty for a period of one year
89 after death, and a child of a DOD civilian.

90

91 This policy shall not apply to a child of:

92

- 93 1. Inactive members of the National Guard and military reserves;
- 94
- 95 2. Members of the uniformed services now retired, except as provided in the paragraph
96 above;
- 97
- 98 3. Veterans of the uniformed services, except as provided in the paragraph above, and
99 other U.S. Dept. of Defense personnel and other federal agency civilian and contract
100 employees not defined as active duty members of the uniformed services.

101

102

103 **Eligibility**

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- 105 1. Eligibility for enrollment:
 - 106 a. A special power of attorney, relative to the guardianship of a student and
107 executed under applicable law, shall be sufficient for the purposes of enrollment
108 and all other actions requiring parental participation and consent.
 - 109 b. The District may not charge tuition to a transitioning student placed in the care of
110 a non-custodial parent or other person standing in loco parentis who lives in a
111 jurisdiction other than that of the custodial parent.
 - 112 c. A transitioning student, placed in the care of a non-custodial parent or other
113 person standing in loco parentis who lives in a jurisdiction other than that of the
114 custodial parent, may continue to attend the school in which the student was
115 enrolled while residing with the custodial parent.
- 116
- 117 2. Eligibility for extracurricular participation:
 - 118 a. The District shall facilitate the opportunity for transitioning students' inclusion in
119 extracurricular activities, regardless of application deadlines, to the extent they
120 are otherwise qualified.
- 121
- 122 3. Provisional Enrollment:
 - 123 a. For purposes of provisional enrollment, an "eligible student" is a student who is a
124 dependent child of a member of the uniformed services or a DOD civilian who is
125 either relocating to Utah and does not reside in Utah during the District's
126 enrollment period or is relocating out of Utah during the school year and on

- 127 permanent change of station orders or relocating for a civilian assignment or
128 position.
- 129 b. "Provisional enrollment" means enrollment in a school in the District by an eligible
130 student before the student relocates to Utah or after the student's parent
131 relocates out of Utah but before the student relocates out of Utah.
- 132 c. Notwithstanding the general enrollment requirements in [Policy 3010](#) and [Policy](#)
133 [3118](#), the District shall allow an eligible student to provisionally enroll in a school
134 in the District at the same time and in the same manner as students who reside
135 in Utah or shall allow an eligible student to provisionally enroll in virtual education
136 options that the District provides in the same manner as students residing in
137 Utah. (Provisionally enrolled students are not considered nonresident students
138 who are required to pay tuition.)
- 139 d. The District shall not require proof of residence at the time that an eligible student
140 applies for enrollment in a District school, but shall require proof of residency
141 within 10 days after the eligible student's first day of residence in Utah.
- 142
143

144 Educational Records and Enrollment

145

- 146 1. Unofficial or "hand-carried" education records:
- 147 a. In the event that official education records cannot be released to the parents for
148 the purpose of transfer, the custodian of the records in the sending state shall
149 prepare and furnish to the parent a complete set of unofficial educational records
150 containing uniform information as determined by the Interstate Commission.
151 Upon receipt of the unofficial education records, the District school shall enroll
152 and appropriately place the student based on the information provided in the
153 unofficial records pending validation by the official records, as quickly as
154 possible.
- 155
- 156 2. Official education records or transcripts:
- 157 a. Simultaneous with the enrollment and conditional placement of the student, the
158 District school shall request the student's official education record from the
159 school in the sending state. Upon receipt of this request, the school in the
160 sending state should process and furnish the official education records to the
161 District school within 10 days or within such time as is reasonably determined
162 under the rules promulgated by the Interstate Commission.
- 163
- 164 3. Immunizations
- 165 a. The District shall give 30 days from the date of enrollment or within such time as
166 is reasonably determined under the rules promulgated by the Interstate
167 Commission, for students to obtain any immunization required by state law. For a
168 series of immunizations, initial vaccinations must be obtained within 30 days or
169 within such time as is reasonably determined under the rules promulgated by the
170 Interstate Commission.

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- 4. Kindergarten and First grade entrance age
 - a. Students shall be allowed to continue their enrollment at grade level in the receiving District school commensurate with their grade level, including Kindergarten, from a local education agency in the sending state at the time of transition, regardless of age. A student that has satisfactorily completed the prerequisite grade level in the local education agency in the sending state shall be eligible for enrollment in the next highest grade level in the receiving District school, regardless of age. Students transferring after the start of the school year in the District shall enter the District school on their validated level from an accredited school in the sending state.

Placement and Attendance

- 1. Course placement
 - a. When the student transfers before or during the school year, the receiving District school shall initially honor placement of the student in educational courses based on the student’s enrollment in the sending state school and/or educational assessments conducted at the school in the sending state if the courses are offered. Course placement includes but is not limited to Honors, International Baccalaureate, Advanced Placement, vocational, technical, and career pathways courses. Continuing the student’s academic program from the previous school and promoting placement in academically and career challenging courses should be paramount when considering placement. This does not preclude the District school from performing subsequent evaluations to ensure appropriate placement and continued enrollment of the student in the course.
- 2. Educational program placement
 - a. The receiving District school shall initially honor placement of the student in educational programs based on current educational assessments conducted at the school in the sending state or participation or placement in like programs in the sending state. Such programs include, but are not limited to: 1) gifted and talented programs; and 2) English as a second language (ESL). This does not preclude the District school from performing subsequent evaluations to ensure appropriate placement of the student.
- 3. Special education services
 - a. In compliance with the federal requirements of the Individuals with Disabilities Education Act (IDEA), [20 U.S.C. § 1400 et seq.](#), the receiving District school shall initially provide comparable services to a student with disabilities based on the student’s current Individualized Education Program (IEP); and
 - b. In compliance with the requirements of Section 504 of the Rehabilitation Act, [29 U.S.C. § 794](#), and with Title II of the Americans with Disabilities Act, [42 U.S.C. §§ 12131-12165](#), the receiving District school shall make reasonable

215 accommodations and modifications to address the needs of incoming students
216 with disabilities, subject to an existing 504 or Title II Plan, to provide the student
217 with equal access to education. This does not preclude the District school from
218 performing subsequent evaluations to ensure appropriate placement of the
219 student.

220

221 4. Placement flexibility

222 a. District administrators shall have flexibility in waiving course or program
223 prerequisites, or other preconditions for placement, in courses or programs
224 offered within the District, subject to State Board of Education rules and
225 regulations.

226

227 5. Absence as related to deployment activities

228 a. A student whose parent or legal guardian is an active duty member of the
229 uniformed services, as defined above in this policy, and has been called to duty
230 for, is on leave from, or immediately returned from deployment to a combat zone
231 or combat support posting, shall be granted additional excused absences at the
232 discretion of the superintendent to visit with his or her parent or legal guardian
233 relative to such leave or deployment of the parent or guardian.

234

235

236 **Graduation**

237

238 In order to facilitate the on-time graduation of students, the District incorporates the following
239 procedures:

240

241 1. Waiver requirements

242 a. The District and its schools shall waive specific courses required for graduation if
243 similar coursework has been satisfactorily completed in another local education
244 agency or shall provide reasonable justification for denial. Should a waiver not be
245 granted to a student who would qualify to graduate from the sending school, the
246 District shall provide an alternative means of acquiring required coursework so
247 that graduation may occur on time.

248

249 2. Exit exams

250 a. State statute provides that with respect to students, the District shall accept:

251 i. Exit or end-of-course exams required for graduation from the sending
252 state;

253 ii. National norm-referenced achievement tests; or

254 iii. Alternative testing, in lieu of testing requirements for graduation in Utah.

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256 In the event the above alternatives cannot be accommodated by the District for a student
257 transferring in the student's Senior year, then the provisions below regarding transfers during
258 the Senior year shall apply.

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1. Transfers during Senior year
 - a. Should a student transferring at the beginning or during the student’s Senior year be ineligible to graduate from the receiving District school after all alternatives have been considered, the sending local education agency and the District shall ensure the receipt of a diploma from the sending local education agency, if the student meets the graduation requirements of the sending local education agency. In the event that the sending state has not adopted the Interstate Compact on Educational Opportunity for Military Children, the District shall use best efforts to facilitate the on-time graduation of the student in accordance with the waiver and exit exam provisions above.

Legal References

[Utah Code § 53E-3-903 \(2019\)](#)
[Utah Code § 53E-3-1201 \(2025\)](#)
[Utah Code § 53B-8-102\(1\)\(a\) \(2025\)](#)
[Utah Code § 53E-3-904 \(2018\)](#)
[Utah Code § 53E-3-1204 \(2025\)](#)
[Utah Code § 53E-3-907 \(2018\)](#)
[Utah Code § 53E-3-1203\(6\) \(2025\)](#)
[Utah Code § 53G-6-306\(1\), \(4\) \(2025\)](#)
[Utah Code § 53E-3-1202 \(2025\)](#)
[Utah Code § 53E-3-1204\(1\) \(2025\)](#)
[Utah Code § 53E-3-905 \(2018\)](#)
[Utah Code § 53E-3-1202 \(2025\)](#)
[20 U.S.C. § 1400 et seq](#)
[29 U.S.C. § 794](#)
[42 U.S.C. §§ 12131-12165](#)
[Utah Code § 53E-3-906 \(2018\)](#)
[Utah Code § 53E-3-1203 \(2025\)](#)
[Utah Code § 53E-3-908 \(2018\)](#)
[Utah Code § 53E-3-1205 \(2025\)](#)

Board Approved:

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Medical Recommendations by School Personnel to Parents/Guardian(s)

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Policy Series: 3000

Policy No. 3418

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Purpose:

9
10 The Provo City School District Board of Education recognizes that the decision for a student to
11 see a health care professional or use medication is a parental concern. In working with
12 students, school personnel may be in a position to make or give recommendations to
13 parents/guardians which impact their children’s education. As a general rule, all non-medical
14 school district personnel should refrain from discussing with and making recommendations to
15 parents/guardians about perceived student medical needs.

16
17 ~~The purpose of this policy and procedure is to clarify for school personnel and~~
18 ~~parents/guardians the recommendations or directions that school personnel may make or give~~
19 ~~to parents/guardians about seeing health care professionals or using specific medication for~~
20 ~~their children. The Board directs the superintendent to develop procedures to implement this~~
21 ~~policy. The Provo City School District Board of Education recognizes that the decision for a~~
22 ~~student to see a health care professional or use medication is a parental/guardian concern. In~~
23 ~~working with students, school personnel may be in a position to make or give recommendations~~
24 ~~to parents/ guardians which impact their children’s education. As a general rule, all non-medical~~
25 ~~school district personnel should refrain from discussing and making recommendations to~~
26 ~~parent(s)/ guardian(s) about perceived student medical needs.~~

27
28 The purpose of this policy and procedure is to clarify for school personnel and parent(s)/
29 guardian(s) the recommendations or directions that school personnel may make or give to
30 parent(s)/guardian(s) about seeing health care professionals or using specific medication for
31 their children. The Board directs the Superintendent to develop procedures to implement this
32 policy.

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34
35 **Medical Recommendations by School Personnel**

36
37 School employees may provide information and observations to a student’s parents about the
38 student’s:

- 39
40 1. progress;

- 41 2. health and wellness;
- 42 3. social interactions; and/or
- 43 4. behavior.

44
45 School employees may complete a behavioral health evaluation form if requested by a student's
46 parent to provide information to a licensed physician or physician assistant. In addition, a school
47 employee may communicate information and observations between school personnel regarding
48 a student. [When school personnel have concerns about a student, they should partner with the
49 parent and communicate these concerns to the parent. School personnel should work
50 collaboratively with parents to provide the best support for the student.](#) School employees may
51 also refer a student to other appropriate school personnel and agents, including referrals and
52 communication with a school counselor or other mental health professionals working within the
53 school. [These referrals should also be communicated to the parent unless the concern is with
54 the parent and the physical safety of the student.](#)

55
56 If a school employee believes a student is at risk of (a) attempting suicide, (b) physical self-
57 harm, or (c) harming others, then the employee may question the student about the suicidal
58 thoughts, self-harming behavior, or thoughts of harming others in order to refer the student to
59 appropriate prevention services and to inform the student's parent. However, the questioning
60 shall be limited to that which is necessary for referral to prevention services or to make the
61 parent aware of the perceived risk.

62
63 If a school employee believes that a situation exists which presents a serious threat to the well-
64 being of a student, that employee shall notify the student's parent without delay. The school
65 employee may consult or use appropriate health care professionals in the event of an
66 emergency while the student is at school, consistent with the student emergency information
67 provided at student enrollment.

68
69 The school shall notify the parent of a student who:

- 70
71 1. threatens to ~~commit~~ suicide; or
- 72
73 2. is involved in an incident of bullying, hazing, [abusive conduct](#), cyber-bullying,
74 [harassment](#), or retaliation (whether as a victim or as a perpetrator).

75
76 [When the student is involved in an incident, the parent shall also be notified of the action plan.
77 When a student threatens suicide or is involved in one of these incidents, the school shall also
78 provide the parent with \(1\) suicide prevention materials and information as recommended by the
79 State Superintendent, \(2\) information on ways to limit a student's access to fatal means
80 \(including firearms and medication\), and \(3\) information and resources on the healthy use of
81 social media and online practices.](#)

82
83 The school shall produce and maintain a record that verifies that the parent was notified of the
84 threats or incidents listed above [and provided the required information. If applicable, the record
85 shall also track implementation of the action plan.](#) The record is a private record for purposes of
86 the Government Records Access and Management Act.

87
88 The process for notifying a parent shall consist of:

- 89
90 1. The school principal or designee shall attempt to make personal contact with a parent
91 when the school has notice of a threat or incident listed above. [It is recommended that](#)

92 the parent be informed of the threat or incident with two school ~~people~~ **personnel**
93 **present**. If personal contact is not possible, the parent may be contacted by phone. A
94 second school ~~person~~ **employee** should witness the phone call.

- 95
96 2. Contact with the parent must be documented in a ~~“Parent/Guardian Notification Record~~
97 ~~of Student Bullying Incident or Suicide Threat”~~ **“Verification of Parent Contact Regarding**
98 **Threat or Incident.”** When there is an action plan for addressing an incident of bullying,
99 hazing, abusive conduct, cyber-bullying, or retaliation, the documentation shall be
100 supplemented to track implementation of the action plan.

101
102 A copy of the ~~“Parent/Guardian Notification Record of Student Bullying Incident or Suicide~~
103 ~~Threat”~~ shall upon request, be provided to the parent/guardian of the student to whom the
104 record relates. After the student has graduated, the District shall expunge the record of
105 parental/guardian notification upon request of the student.

106 A copy of the **“Verification of Parent Contact Regarding Threat or Incident”** is linked here.)
107 Subject to laws regarding confidentiality of student educational records, at the request of a
108 parent, a school may provide information and make recommendations related to an incident or
109 threat.

110
111 The record of parental notification shall be maintained in accordance with [Policy 3210](#) and
112 [Policy 3210 Procedure 1, Title 53E, Chapter 9, Part 3, Policy 3650 Student Data Protection,](#)
113 [Title 53E, Chapter 9, Part 2, Student Privacy,](#) and the Federal Family Educational Rights and
114 Privacy Act (“FERPA”). A copy of the record of parental notification shall upon request be
115 provided to the student to whom the record relates. After the student has graduated, the District
116 shall expunge the record of parental notification upon request of the student.

117 118 119 **Schools Cannot Require Students to Take a Specific Medication or Treatment**

120
121 School employees shall not require that a student take or continue to take a specific medication,
122 whether over-the-counter or prescription medicine, as a condition for attending school.

123
124 This policy does not include immunizations against communicable diseases as required by the
125 Department of Health as a prerequisite to school attendance. (See [Policy 3175 Immunizations.](#))

126
127 School employees may not:

- 128
129 1. recommend to a parent that a student take or continue to take a psychotropic
130 medication;
131
132 2. require that a student take or continue to take a psychotropic medication as a condition
133 for attending school;
134
135 3. recommend that a parent seek or use a type of psychiatric or psychological treatment for
136 a student;
137
138 4. conduct a psychiatric or behavioral health evaluation or mental health screening, test,
139 evaluation, or assessment of a student, except when necessitated to meet the
140 requirements of the Individuals with Disabilities Education Act, 20 U.S.C. § 1400 et seq.,
141 and its subsequent amendments; or
142

- 143 5. make a child abuse or neglect report to authorities, including the Division of Student and
144 Family Services, solely or primarily on the basis that a parent refuses to consent to:
145
146 a. a psychiatric, psychological, or behavioral treatment for a student, including the
147 administration of a psychotropic medication to a student; or
148 b. a psychiatric or behavioral health evaluation of a student.
149 i. However, school employees may make a report that would otherwise be
150 prohibited under guidance listed above if failure to take the action would present
151 a serious, imminent risk to the student's safety or the safety of others. [School](#)
152 [employees must work with their principals and district administrators to determine](#)
153 [if this threshold has been met before making a report to the Division of Child and](#)
154 [Family Services.](#)
155
156

157 **School Mental Health Professionals and Counselors Can Recommend Treatment or** 158 **Evaluation** 159

160 A school counselor or other mental health professional acting in accordance with the Mental
161 Health Professional Practice Act, or licensed through the State Board of Education, working
162 within the school system may:

- 163
164 1. recommend, but not require, a psychiatric or behavioral health evaluation of a student;
165
166 2. recommend, but not require, psychiatric, psychological, or behavioral treatment for a
167 student;
168
169 3. provide to a parent, upon the specific request of the parent, a list of three or more health
170 care professionals or providers, including licensed physicians, psychologists, or other
171 health specialists; and
172
173 4. conduct a psychiatric or behavioral health evaluation or mental health screening, test,
174 evaluation, or assessment of a student; however, prior written consent of the student's
175 parent and a two-week minimum notification period are required prior to conducting the
176 behavioral health evaluation or mental health screening, test, evaluation, or assessment.
177 A parent may waive the two week minimum notification period. However, this written
178 consent and notice is not required before questioning a student believed to be at risk of
179 suicide, physically self-harming behavior, or harming others to the extent needed for
180 referral to appropriate prevention services and to notify the parent of the perceived risk.
181
182

183 **Training and Discipline** 184

185 The district shall provide training to the appropriate personnel on the proper application of this
186 policy. An intentional violation of this policy shall be dealt with through employee discipline.
187
188

189 **Legal References**

- 190 [Utah Code § 53G-9-203 \(2019\)](#)
191 [Utah Code § 53E-9-203\(7\) \(2024\)](#)
192 [Utah Code § 53G-9-604 \(2024\)](#)
193 [Utah Code § 53G-9-604\(2\)\(a\)\(iii\), \(4\) \(2024\)](#)

194 [Utah Code § 53G-9-902 \(2025\)](#)
195 [Utah Admin. Rules R277-613-4\(3\) \(April 8, 2024\)](#)
196
197
198 **Board Approved:** September 21, 2015
199 Amended:
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201

Draft



Medical Recommendations by School Personnel to Parents
Policy Series: 5000 Personnel

Policy No. 5265

It is the recommendation of the Provo City School District's Policy Committee that Policy 5265 and accompanying Procedure 1 be expunged upon the adoption of Policy 3418. They are duplicate policies, and Policy 3418 is now updated with all current guidance from the Utah State Board of Education. With the adoption of Policy 3418, the former Policy 5265 will be removed from Provo City School District's website and will be archived.



Provo City School District
Policy Series 5000: Personnel

5265 P1

Medical Recommendations by School Personnel to Parents

Medical Recommendations by School Personnel

School employees may provide information and observations to a student's parents or guardians about the student's:

1. progress;
2. health and wellness;
3. social interactions; and/or
4. behavior

School employees may complete a behavioral health evaluation form if requested by a student's parent or guardian to provide information to a licensed physician.

In addition, a school employee may communicate information and observations between school personnel regarding a student. School employees may also refer a student to other appropriate school personnel and agents, including referrals and communication with a school counselor/social worker or other mental health professionals working within the school.

If a school employee believes a student is at risk of (a) attempting suicide, (b) physical self-harm, or (c) harming others, then the employee may question the student about the suicidal thoughts, self-harming behavior, or thoughts of harming others in order to refer the student to appropriate prevention services and to inform the student's parent or guardian. However, the questioning shall be limited to that which is necessary for referral to prevention services or to make the parent or guardian aware of the perceived risk.

If a school employee believes that a situation exists which presents a serious threat to the well being of a student, that employee shall notify the student's parent or guardian without delay. The school employee may consult or use appropriate health care professionals in the event of an emergency while the student is at school, consistent with the student emergency information provided at student enrollment.

The school shall notify the parent or guardian of a student who:

1. threatens to commit suicide; or
2. is involved in an incident of bullying, hazing, cyber-bullying, harassment or retaliation (whether as a victim or as a perpetrator).

The school shall produce and maintain a record that verifies that the parent or guardian was notified of the threats or incidents listed above. The record is a private record of the Government Records Access and Management Act.

The process for notifying a parent or guardian shall consist of:

1. The school principal or designee shall attempt to make personal contact with a parent or guardian when the school has notice of a threat or incident listed above. If personnel contact is not possible, the parent or guardian may be contacted by phone.
2. Contact with the parent or guardian must be documented in a “Parent /Guardian Notification Record of Student Bullying Incident or Suicide Threat.”

A copy of the “Parent /Guardian Notification Record of Student Bullying Incident or Suicide Threat” shall upon request be provided to the parent of the student to whom the record relates. After the student has graduated, the District shall expunge the record of parental notification upon request of the student.

Schools Cannot Require Students to Take a Specific Medication or Treatment

School employees shall not require that a student take or continue to take a specific medication, whether over-the-counter or prescription medicine, as a condition for attending school. This does not include immunizations as required by the Department of Health as a prerequisite for school attendance.

School employees may not:

1. recommend to a parent or guardian that a student take or continue to take a psychotropic medication;
2. require that a student take or continue to take a psychotropic medication as a condition for attending school;
3. recommend that a parent or guardian seek or use a type of psychiatric or psychological treatment for a student;
4. conduct a psychiatric or behavioral health evaluation or mental health screening, test, evaluation or assessment of a student, except when necessitated to meet the requirements of the Individuals with Disabilities Education Act and its subsequent amendments; or
5. make a child abuse or neglect report to authorities, including the Division of Student and Family Services, solely or primarily on the basis that a parent or guardian refuses to:
 - a. a psychiatric, psychological, or behavioral treatment for a student, including the administration of a psychotropic medication to a student; or
 - b. a psychiatric or behavioral evaluation of a student.

However, school employees may make a report that would otherwise be prohibited under the guidance listed above if failure to take the action would present a serious, imminent risk to the student’s safety or the safety of others.

School Mental Health Professionals and Counselors Can Recommend Treatment or Evaluation

A school counselor or other mental health professional acting in accordance with the Mental Health Professional Practice Act, or licensed through the State Board of Education, working within the school system may:

1. recommend, but not require, a psychiatric or behavioral health evaluation of a student;

2. recommend, but not require, psychiatric, psychological, or behavioral treatment of a student;
3. provide to a parent or guardian, upon the specific request of the parent or guardian, a list of three or more health care professionals or providers, including licensed physicians, psychologists, or other health specialists; and
4. conduct a psychiatric or behavioral health evaluation or mental health screening, test, evaluation, or assessment of a student; however, prior written consent of the student's parent or guardian and a two-week minimum notification period are required prior to conducting the behavioral health evaluation or mental health screening, test, evaluation, or assessment. A parent or guardian may waive the two week minimum notification period. However, this written consent and notice is not required before questioning a student believed to be at risk of suicide, physically self-harming behavior, or harming others to the extent needed for referral to appropriate prevention services and to notify the parent or guardian of the perceived risk.

Training and Discipline

The district shall provide training to the appropriate personnel on the proper application of this policy and procedure. An intentional violation of this policy shall be dealt with through employee discipline.

Adopted: September 21, 2015



Provo City School District Policy Series 5000: Personnel

5265

Medical Recommendations by School Personnel to Parents

The Provo City School District Board of Education recognizes that the decision for a student to see a health care professional or use medication is a parental concern. In working with students, school personnel may be in a position to make or give recommendations to parents/guardians which impact their children's education. As a general rule, all non-medical school district personnel should refrain from discussing with and making recommendations to parents/guardians about perceived student medical needs.

The purpose of this policy and procedure is to clarify for school personnel and parents/guardians the recommendations or directions that school personnel may make or give to parents/guardians about seeing health care professionals or using specific medication for their children. The board directs the superintendent to develop procedures to implement this policy.

Approved by Board of Education: September 8, 2015