

# **Bloomington Public Schools**

## **District 87**



**Student Teacher Packet**

# *Bloomington Public Schools District 87*

## **Student Teacher Paperwork Explanation Sheet**

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The following is the new hire packet for Bloomington Public Schools District 87. We have included the forms that a new student teacher must complete; the completed forms should be kept in the student teacher's file. The items included are listed below.

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### **Student Teacher Informational Sheet**

- This is included to explain to the individual who is applying or has been placed at the district. Please review upon receipt of the packet.

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### **Student Teacher Information Form**

- This has been developed as a quick reference for the district to reach the student teacher in case of an emergency.

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### **District Student Teacher Application**

- This is an application form to be completed, which provides the preliminary information needed to consider your interest in student teaching. Please complete this application form in its entirety and return it to the district.

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### **Drug Testing Policy & Release Form**

- All student teachers must read and understand the district's drug and alcohol abuse policy and sign this form allowing the district to perform a drug test. No student teacher with positive drug test results will be placed in the district.

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### **Disclosure and Authorization Form**

- All student teachers of the district must successfully complete a criminal background check prior to being employed. The Disclosure and Authorization Form must be filled out by all new student teachers of the district.

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### **Summary of Rights**

- The Summary of Rights is to be provided to any applicant for placement that is being sent for fingerprints for the background check. This is for informational purposes.

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### **Workplace Harassment and Misconduct Prohibited**

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### **Mandated Reporter Status Acknowledgement Form**

- The Illinois Abused and Neglected Child Reporting Act requires any student teacher of a school to read and understand this act for reporting of child abuse to the proper authority.

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### **Tuberculosis Testing**

- All student teachers of the district must provide evidence of freedom from communicable disease, including tuberculosis (105ILCS 5/10-21.9).



## **Bloomington Public Schools – District 87**

**300 East Monroe Street**

**Bloomington, IL 61701**

**309-827-6031**

- The District 87 Student Teacher packet will be sent electronically to the university contacts to be distributed to their prospective Student Teachers. Any college student having any contact with students in Bloomington Public Schools will be classified as a Student Teacher for paperwork purposes and will need to complete the \$52 background check. **Be sure to plan ahead – we are unable to accommodate large numbers of students at one time for last minute situations.**
- Student Teachers may bring in their **completed packet** to District 87 at 300 E. Monroe Street to our receptionist on the upper-level, along with the appropriate fee – see below for requirements. Completed packets may be returned to our office between the hours of 8:00-11:15 and 12:30-4:00 – Monday through Friday (except school holidays). Bring your Driver’s License with you. The second step is fingerprinting, which needs to be completed at the Regional Office of Education at their new location effective January 23, 2013 – 200 W. Front Street, 5<sup>th</sup> Floor, Suite 500D in downtown Bloomington.
- Bushue Background Screening completes fingerprinting one day a week for District 87 (typically on Monday’s). You may call 217-342-3042 to schedule an appointment time that fits into your own schedule.
- Students completing observations (no interaction with District 87 students) need to complete **only** the Disclosure and Authorization form for their name-based background check (fingerprinting is not needed for this background check) out of this packet. Your Driver’s License will be copied. Clearance notification will be sent by email.
- **All costs** associated from any background checks for Student Teachers and students completing observations only **will be incurred by the students.**
  - ✓ Student Teachers - **\$52** – will have interaction with District 87 students
  - ✓ Students doing observations - **\$8 – No interaction** with and District 87 students
  - ✓ **Cash only will be accepted in the correct amount – no change will be available.**
  - ✓ **No checks will be accepted. These costs may increase.**
- Background check results will be processed as time permits for District 87.
- There may be a tentative arrangement “pending” for placement of students between the universities and building principals, but **students will not be allowed in any District 87 buildings until the background clearance has been received in Human Resources and electronic communication has been sent and received by the universities and building principals.**
- Students will need to provide District 87 with a **self-addressed stamped envelope** at the time of fee payment in order to receive a copy of their background check results via postal mail to provide to their university, if needed – please use your applicable address – either current or permanent.
- Summer Hours will be in effect for June and July: 7:30-2:30 Monday-Thursday; 7:30-11:30 on Friday.
- District 87 offices will be closed over Winter Break (12-23-13 through 1-03-14 and Spring Break (3-24-14 through 3-28-14).

# Bloomington Public Schools

## District 87



### Student Teacher Information Form

Please complete the following information relating to your current status. Anytime this information changes please notify the unit office. This information will be kept in your personnel file should a situation arise that the district needs the information.

<b>Name:</b>				
	<i>(Last Name)</i>	<i>(First Name)</i>	<i>(Middle)</i>	
<b>Address:</b>				
	<i>(Number)</i>	<i>(Street)</i>	<i>(City)</i>	<i>(State) (Zip Code)</i>
<b>Telephone #:</b>	(       )			
<b>Name &amp; Telephone # to contact in case of Emergency</b>		<b>Emergency contact's place of employment</b>		
(Name) _____		_____		
(       ) _____ - _____		_____		
<b>Start Date:</b>				
<b>Cooperating College or University:</b>				
<b>Cooperating Teacher:</b>				
<b>Contact at College or University:</b>				

In case of an emergency involving you what doctor should be contacted?

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you allergic to any medications?     Yes                       No

If yes, please list \_\_\_\_\_

Additional family or persons to contact in case of an emergency.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

# Bloomington Public Schools

## District 87



### Student Teacher Application Form

#### PERSONAL INFORMATION:

Name: \_\_\_\_\_  
*Last First MI*

Maiden Name or if known by any other name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Student College/University Email: \_\_\_\_\_

#### PLACEMENT INFORMATION:

Time Frame of Student Teaching: \_\_\_\_\_ Graduation Date:    /    /  
 First Semester     Second Semester

District Building placement: \_\_\_\_\_

Grade Level placement: \_\_\_\_\_

Subject placement: \_\_\_\_\_

Cooperating Teacher: \_\_\_\_\_

#### CONTACTS:

Please list the advisory contact at your College or University:

1. \_\_\_\_\_  
*Name Phone*

2. \_\_\_\_\_  
*Name Phone*

3. \_\_\_\_\_  
*Name Phone*



**BACKGROUND INFORMATION:**

Please answer the following questions completely. Any falsification, omission, deliberate misrepresentation or failure to complete any part of this form is grounds for rejection as a student teacher. Bloomington Public Schools District 87 reserves the right to reject any applicant for any legitimate, nondiscriminatory reason.

Do you currently have any outstanding criminal charges or warrants for your arrest pending against you?  Yes  No

If yes, please explain:

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Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation or financial exploitation of a child in any legal proceeding?

Yes  No

If yes, please explain:

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**WAIVER OF LIABILITY**

Bloomington Public Schools District 87 does not provide insurance coverage to non-District personnel which include individuals serving as Student Teachers. The purpose of the following information is to inform the Student Teacher and to document your acknowledgment and agreement that you are acting as a Student Teacher at your own risk. Therefore, Bloomington Public Schools District 87 does not provide insurance coverage for the Student Teacher for any loss, injuries, illness or death resulting from the Student Teacher’s unpaid service to the District.

You agree to assume all risk of injury, illness, damage, or loss of any nature or kind, arising out of your Student Teaching assignments, whether supervised or unsupervised, and your service to the District. You agree to waive any and all claims against the District, its Board Members, employees, agents or assigns, or their successors for the loss due to death, injury, or damage of any kind arising out of the Student Teacher’s supervised or unsupervised service to the District.

\_\_\_\_\_  
Student Teacher Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Date

**Chapter 5: Personnel****General Personnel Policies****Drug- and Alcohol-Free Workplace****Effective Date**

May 10, 2000

**Supersedes Policy Issued**

July 12, 1995

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All District work places are drug- and alcohol-free work places. All employees shall be prohibited from:

1. unlawful manufacture, dispensing, distribution, possession, use, or being under the influence of a controlled substance while on District premises or while performing work for the District. This includes drugs (including "look-a-like" drugs), narcotics, any controlled substance without a valid prescription, and any drug paraphernalia. Drug paraphernalia means all equipment, products, and materials of any kind that are peculiar to, marketed for use in packaging, repackaging, storing, containing, concealing, or otherwise introducing into the human body, any controlled substance other than as prescribed by a physician. Cigarette paper, bongs, and pipes are among the items considered to be drug paraphernalia.
2. distribution, consumption, use, possession, or being under the influence of alcohol while on District premises or while performing work for the District.

For purposes of this policy a controlled substance is one that is:

1. not legally obtainable;
2. being used in a manner different than prescribed;
3. legally obtainable, but has not been legally obtained; or
4. referenced in federal or State controlled substance acts.

As a condition of employment, each employee shall:

1. abide by the terms of the District policy respecting a drug- and alcohol-free workplace; and
2. notify their supervisor of their conviction of any criminal drug or alcohol statute for a violation occurring on the District premises or while performing work for the District, no later than 5 calendar days after such a conviction.

In order to make employees aware of dangers of drug and alcohol abuse, the District will:

1. annually provides each employee with a copy of the District Drug- and Alcohol-Free Workplace policy;
2. post notice of the District Drug- and Alcohol-Free Workplace policy in a place where other information for employees is posted;
3. make available materials from local, state, and national anti-drug and alcohol-abuse organizations;

**Chapter 5: Personnel****General Personnel Policies****Drug- and Alcohol-Free Workplace****Effective Date**

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4. enlist the aid of community and state agencies with drug and alcohol informational and rehabilitation programs to provide information to District employees;
5. establish a drug-free awareness program to inform employees about:
  - a. the dangers of drug abuse in the workplace,
  - b. available drug and alcohol counseling, rehabilitation, re-entry, and any employee assistance programs, and
  - c. the penalties that the District may impose upon employees for violations of this Policy.

**District Action Upon Violation of Policy**

An employee who violates this policy may be subject to disciplinary action, including termination. Alternatively, the Board may require an employee to successfully complete an appropriate drug or alcohol abuse employee assistance rehabilitation program.

The School Board shall take disciplinary action with respect to an employee convicted of a drug offense in the workplace within 30 days after receiving notice of the conviction.

Should District employees be engaged in the performance of work under a federal contract or grant, or under a State contract or grant of \$5,000.00 or more, the Superintendent shall notify the appropriate federal agency from which the District receives contract or grant monies of the employee's conviction within ten (10) days after receiving notice of the conviction.

LEGAL REF.: Drug-Free Workplace Act, 30 ILCS 580/1 et seq.  
 Controlled Substances Act, 21 U.S.C. § 812, 21 C.F.R. 1308.11 - 1308.15.  
 Safe and Drug-Free School and Communities Act of 1994, 20 U.S.C. § 7101 et seq.  
 Americans With Disabilities Act, 42 U.S.C. § 12114.

CROSS REF.: 4.156 (Tobacco Prohibition)



# Bloomington Public Schools District 87



## ACKNOWLEDGEMENT, AGREEMENT, AND RECEIPT

OF

## DRUG AND ALCOHOL FREE WORKPLACE POLICY

The undersigned hereby acknowledges receipt of a copy of the Drug and Alcohol Free Workplace policy. The undersigned hereby acknowledges and agrees that nothing contained in the policy including practices, and benefits stated herein are intended to create any contractual right, express or implied, to employment or to any particular term or condition of employment. We retain the right to revise, amend the policy or terminate any policy unilaterally without notice at any time and the Student Teacher's continued opportunity to student teach in District 87 will be deemed acceptance of such revisions and modifications..

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Student Teacher's Signature

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Witness Signature

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Date

(This acknowledgement will be retained in the Student Teacher's personnel file).

**FINGERPRINTING - DISCLOSURE AND AUTHORIZATION**  
[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]  
NOTICE REGARDING BACKGROUND INVESTIGATION

**Bloomington PSD #87** ("the School") may obtain information about you from a consumer reporting agency for purposes of employment, licensure, volunteering, student teaching, or any other contractual services. These reports may contain information regarding your criminal history, motor vehicle records ("driving records"), fingerprint test by state police and/or FBI, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any consumer report. Please be advised that the nature and scope of the most common form of consumer report obtained with regard to applicants, volunteers, and contractors is a fingerprint test and photo recognition by the state police and/or FBI conducted by Bushue Human Resources, Inc., 104 N. Second St., Suite B, Effingham, IL 62401, (217) 342-3042, or toll free at (877) 342-3042, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing **Bloomington PSD #87** to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment or service to the district to the extent permitted by law.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by **Bloomington PSD #87** by contacting the consumer reporting agency identified above directly.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the School at any time after receipt of this authorization and throughout my employment and/or service, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Bushue Human Resources, Inc., 104 N. Second St., Suite B, Effingham, IL 62401, (217) 342-3042, or toll free at (877) 342-3042, another outside organization acting on behalf of **Bloomington PSD #87**, and/or the School itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police (ISP) and/or the Federal Bureau of Investigation (FBI). In addition I authorize my photo to be taken, submitted to the ISP and/or FBI; photographic images may be shared for licensing and employment purposes only. I further understand that I have the right to challenge any state or federal criminal history record information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Maiden/Other Alias \_\_\_\_\_

\*\*Social Security # \_\_\_\_\_ \*\*Date of Birth \_\_\_\_\_ Place of Birth (State): \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Driver's License \_\_\_\_\_ Phone \_\_\_\_\_

Present Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*This information will be used for background screening purposes only and will not be used as hiring criteria.

**Gender:**  Male  Female  
**Race:**  Asian  Pacific Islander  Black  White Hispanic  White  Other  
**Height:** \_\_\_\_\_  
**Weight:** \_\_\_\_\_

**Hair Color:**  Bald  Gray  Black  Sandy  Blonde  Red  Brown  
**Eye Color:**  Black  Gray  Blue  Hazel  Brown  Other  Green  
**Skin Tone:**  Black  Light  Medium  Olive  Light Brown  Fair  Dark Brown

**Position:** \_\_\_\_\_ **Please Circle (all that apply):** Certified - Non-Certified - Student Teacher - Bus Driver

Per Illinois School Code you are entitled to receive a copy of your criminal background check. Would you like to receive this copy? Yes \_\_\_\_\_ No \_\_\_\_\_

**Office Use Only: Proof of Identity:** DL / State I.D. / Passport / Birth Certificate / SSC / Other: \_\_\_\_\_ **ORI #:** IL057087S or SB0570087  
**Technician:** \_\_\_\_\_ **Technician License #:** 249.000 **TCN:** \_\_\_\_\_  
**Date of Fingerprinting:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Location:** \_\_\_\_\_  
**Payment Type:** Cash / Money Order / Credit Card - Last 4 Digits: \_\_\_\_\_ **Amount:** \$ \_\_\_\_\_

*Para informacion en espanol, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.*

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20006.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed

or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

**TYPE OF BUSINESS:**

1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.

b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:

2. To the extent not included in item 1 above:

a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks

b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act

c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations

d. Federal Credit Unions

3. Air carriers

4. Creditors Subject to Surface Transportation Board

5. Creditors Subject to Packers and Stockyards Act

6. Small Business Investment Companies

7. Brokers and Dealers

8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations

9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

**CONTACT:**

a. Bureau of Consumer Financial Protection  
1700 G Street NW  
Washington, DC 20006

b. Federal Trade Commission: Consumer Response Center – FCRA  
Washington, DC 20580  
(877) 382-4357

a. Office of the Comptroller of the Currency  
Customer Assistance Group  
1301 McKinney Street, Suite 3450  
Houston, TX 77010-9050

b. Federal Reserve Consumer Help Center  
P.O. Box 1200  
Minneapolis, MN 55480

c. FDIC Consumer Response Center  
1100 Walnut Street, Box #11  
Kansas City, MO 64106

d. National Credit Union Administration  
Office of Consumer Protection (OCP)  
Division of Consumer Compliance and Outreach (DCCO)  
1775 Duke Street  
Alexandria, VA 22314

Asst. General Counsel for Aviation Enforcement & Proceedings  
Department of Transportation  
400 Seventh Street SW  
Washington, DC 20590

Office of Proceedings, Surface Transportation Board  
Department of Transportation  
1925 K Street NW  
Washington, DC 20423

Nearest Packers and Stockyards Administration area supervisor

Associate Deputy Administrator for Capital Access  
United States Small Business Administration  
406 Third Street, SW, 8th Floor  
Washington, DC 20416

Securities and Exchange Commission  
100 F St NE  
Washington, DC 20549

Farm Credit Administration  
1501 Farm Credit Drive  
McLean, VA 22102-5090

FTC Regional Office for region in which the creditor operates or  
Federal Trade Commission: Consumer Response Center – FCRA  
Washington, DC 20580  
(877) 382-4357

## Chapter 5: PERSONNEL

### General Personnel Policies

**Effective Date**  
May 10, 2000

#### Sexual Harassment

**Supersedes Policy Issued**  
July 12, 1995

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The School District shall provide employees an employment environment free of unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct, or communications constituting sexual harassment as defined and otherwise prohibited by State and federal law. A student engaging in sexual harassment of an employee shall be referred to the Building Principal for appropriate action.

District employees shall not make sexual advances or request sexual favors or engage in any conduct of a sexual nature when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment; (2) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or (3) such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment. The terms "intimidating", "hostile", and "offensive" include conduct which has the effect of humiliation, embarrassment, or discomfort. Examples of sexual harassment include touching, crude jokes or pictures, discussions of sexual experiences, teasing related to sexual characteristics, and spreading rumors related to a person's alleged sexual activities.

The Superintendent shall use reasonable measures to inform staff members that the District will not tolerate sexual harassment and he will use reasonable measures to inform staff members and applicants of this Policy, which shall include reprinting this Policy in the appropriate handbooks, and annual notification of the identity of the Complaint Manager(s). Any District employee who is determined, after an investigation, to have engaged in sexual harassment will be subject to disciplinary action, up to and including discharge. Any District employee making a knowingly false accusation regarding sexual harassment will likewise be subject to disciplinary action up to and including discharge.

Aggrieved persons, who feel comfortable doing so, should directly inform the person engaging in sexually harassing conduct or communication that such conduct or communication is offensive and must stop.

Employees should report claims of sexual harassment to the Complaint Manager and/or use the Uniform Grievance Procedure. Initiating a good faith complaint of sexual harassment shall not adversely affect the complainant's terms or conditions of employment. There are no express time limits for initiating complaints and grievances under this policy; however, every effort should be made to file such complaints as soon as possible, while facts are known and potential witnesses are available.

LEGAL REF.: Title VII of the Civil Rights Act, 42 U.S.C. § 2000e et seq., 29 C.F.R. § 1604.11.

Title IX of the Education Amendments, 20 U.S.C. § 1681 et seq.  
775 ILCS 5/2-102(D) et seq. [Ill. Rev. Stat., ch. 68, ¶ 2-102(D) et seq.].

CROSS REF.: 2.260 (uniform grievance procedure), 5.010

# *Bloomington Public Schools District 87*

State of Illinois – Dept. of Children & Family Services

## ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I, \_\_\_\_\_ understand that when I am working and/or  
(Name)  
volunteering for Bloomington Public Schools District 87 in my official capacity and/or professional:

I will become a mandated reporter under the Abused and Neglected Child Reporting Act [325 ILCS 5/4]. This means that I am required to report or cause a report to be made to the child abuse Hotline number (1-800-25A-BUSE) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between me in my professional or official capacity is not grounds for failure to report suspected child abuse or neglect, I know that if I willfully fail to report suspected child abuse or neglect, I may be found guilty of a Class A misdemeanor.

I also understand that if I am subject to licensing under the Illinois Nursing Act of 1987, the Medical Practice Act of 1987, the Illinois Dental Practice Act, the School Code, the Acupuncture Practice Act, the Illinois Optometric Practice Act of 1987, the Illinois Physical Therapy Act, the Physician Assistants Practice Act of 1987, the Podiatric Medical Practice Act of 1987, the Clinical Psychologist Licensing Act, the Clinical Social Work and Social Work Practice Act, the Illinois Athletic Trainers Practice Act, the Dietetic and Nutrition Services Practice Act, the Marriage and Family Therapy Act, the Naprapathic Practice Act, the Respiratory Care Practice Act, the Professional Counselor and Clinical Professional Counselor Licensing Act, the Illinois Speech-Language Pathology and Audiology Practice Act, I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Bloomington Public Schools  
District 87**



**300 East Monroe  
Bloomington, IL 61701**

**REQUIRED TUBERCULOSIS TEST**

**(To be filed with District Office at the beginning of student teaching)**

**Name of Student Teacher** \_\_\_\_\_

**Address** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

**PHYSICIAN'S CERTIFICATE**

I hereby certify that the above named student teacher has completed a TB test within 90 days of date with District 87 and is free from communicable disease.

**Date of TB test** \_\_\_\_\_

**Test Results:** \_\_\_\_\_

**Signature** \_\_\_\_\_