

APPENDIX A - ATTENDANCE REPORT FOR SUBSTITUTE USE

South Shore Vocational Technical High School
Attendance Report

- Check One Day School
 Evening School
 Afternoon Programs
 Detention

Class _____ Day of Week _____

Teacher _____ Date _____

Absentees Name	Shop	Remarks

APPENDIX B - DAILY ROOM ABSENCE REPORT

SOUTH SHORE VOCATIONAL
TECHNICAL HIGH SCHOOL
Daily Room Absence Report

This report must be signed every time a pupil leaves the Shop or Class room during instructional periods. This Report must be sent to the Office daily.

Day _____ Date _____

Room # _____ Instructor _____

NAME	OUT	IN	Exact Destination

APPENDIX C - ADMITTANCE PASS

PASS

Date: _____ Time: _____

From: _____ To: _____

Student: _____

Teacher Signature: _____

Printed by the Graphic Arts Dept. South Shore Vo-Tech

APPENDIX D - DISCIPLINE REPORT

OFFICE REFERRAL

DISCIPLINE REPORT

Teacher _____ Date _____ Time _____

Student _____ Dept. _____ Grade _____

INSTRUCTOR'S STATEMENT (Use back of sheet if necessary)

Why was this pupil sent to the office? _____

How have you attempted to deal with this problem? (Please check)

- _____ Counseled student
- _____ Discussed problem(s) with other team members
- _____ Discussed problem(s) with guidance counselor
- _____ Kept student after school
- _____ Denial of privileges
- _____ Consulted with parents
- _____ Other

Signed.....

PUPIL'S STATEMENT

Why were you sent to the office? _____

Signed.....

ADMINISTRATIVE ACTION _____

Signed.....

APPENDIX E - DETENTION NOTICE

SOUTH SHORE VOCATIONAL TECHNICAL HIGH SCHOOL DETENTION NOTICE/(OFFICE)

_____ WILL BE DETAINED FOR _____ NIGHTS AS FOLLOWS
DATE _____ DAY _____ DATE _____ DAY _____ DATE _____ DAY _____

FOR THE FOLLOWING REASONS: _____

FOR OFFICE USE (DATE ASSIGNED) (INSTRUCTOR)

DATE: _____

TRADE: _____

REASON: (CHECK ONE)

DISCIPLINE

CLASS _____

GENERAL _____

MAKE UP WORK _____

DEAR PARENT: YOUR SIGNATURE BELOW WILL INDICATE THAT YOU HAVE READ THE ABOVE AND ARE AWARE OF THE REASONS FOR DETENTION. YOUR SON OR DAUGHTER WILL RETURN ON THE LATE BUS ON THE NIGHTS ASSIGNED. PLEASE HAVE YOUR SON OR DAUGHTER RETURN THIS SLIP TO THE INSTRUCTOR WHO ISSUED IT, TOMORROW MORNING, BEFORE THE 7:55 BELL.

I HAVE READ THE ABOVE NOTICE OF DETENTIONS ASSIGNED TO MY SON OR DAUGHTER.

SIGNATURE OF PARENT OR GUARDIAN.

Appendix F - Undergraduate/graduate Course Approval and Reimbursement Form

South Shore Regional School District

Section I - Advance Approval of Professional Improvement

Name: _____ Position: _____ Dept: _____ Date: _____

COURSE NAME & NUMBER (Attach Description)	INSTITUTION Granting Credits	LOCATION of Course	FROM/TO Dates	NUMBER OF Salary Credits

Matriculated Student Course _____ Non-Matriculated Student Course _____

Purpose/Relevance to Professional Goals (Attach additional information if necessary.): _____

The above credits are to be applied toward (if applicable):

- ◇ MA Certified Teachers: B+15 _____ B+30 _____ B+45 _____ B+60 _____ M _____ M+15 _____ M+30 _____ B+2M _____ M+CAGS _____ Doctorate _____
- ◇ MA Ch 74 Approved Instructors: C+30 _____ C+45 _____ C+60 _____ C+120 _____ C+BS _____ C+BS+M _____

<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended for Reimbursement <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended for Horizontal Movement	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved for Reimbursement <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved for Horizontal Movement
Assistant Director/Principal/Date _____	Superintendent-Director/Date _____

Section II - Reimbursement Request

I am requesting reimbursement of the course listed above according to the provisions of Article XV of the Agreement between the South Shore Regional School District Committee and the South Shore Vocational Technical Teachers Federation.

>Submit as soon as Completed > Attach Copy of Transcript > Attach Expense Voucher > Attach Copy of Canceled Check or Other Proof of Payment

Signature: _____ Date: _____

Reimbursement Approved: Yes _____ No _____

Credit Toward Horizontal Movement Approved: Yes _____ No _____

Superintendent-Director/Date _____

Directions: Section I of this form must be submitted to the Assistant Director/Principal at least ten (10) days in advance of the Workshop/Conference. A copy of this form will be returned to you within 10 days. In order to receive reimbursement, you must complete Section II of the Approved form and return it with Expense Voucher and paid receipts attached. In order to receive credit towards horizontal movement on the salary schedule, documentation of completion/attendance must be submitted with this form. Thank you.

**Appendix G - Prof. Dev.t or Improvement Workshop/Conference Request
& Reimbursement Form
South Shore Regional School District
Section I - Advance Approval**

Name: _____ Date: _____

Position/Dept.: _____ P.O. # _____
(if applicable)

Activity/Workshop Title: _____

Purpose/Relevance to Professional Goals: _____

(Attach Description of Workshop or Conference)

Date(s) Requested: _____ Location: _____

Estimated Costs:		Charge to: (Supt's Use)	
		Prof.Dev.	Grant #
⇒ Registration Fee (Attach Form)	\$ _____		
⇒ Travel	\$ _____		
TOTAL	\$ _____		
⇒ Substitute Coverage Needed?	Yes _____ No _____		

_____ Recommended by:	_____ Approved by:	_____ Hours/Credits
_____ Not recommended by:	_____ Not approved by:	(Toward Horizontal Movement Salary Schedule)
_____ Assistant Director/Principal/Date	_____ Superintendent-Director/Date	

Section II - Reimbursement Request

Conference/Workshop Reimbursement Request		
Actual Costs:		For Reimbursement:
⇒ Registration/Tuition	\$ _____	*This section MUST be completed and all
⇒ Travel	\$ _____	receipts/canceled checks, etc. must be provided for
⇒ Meals	\$ _____	<i>each expense.</i>
TOTAL	\$ _____	
Signature: _____		Date: _____

_____ Recommended by:	_____ Approved by:
_____ Assistant Director/Principal/Date	_____ Superintendent-Director/Date

Directions: Section I of this form must be submitted to the Assistant Director/Principal at least ten (10) days in advance of the Workshop/Conference. A copy of this form will be returned to you within 10 days. In order to receive reimbursement, you must complete Section II of the Approved form and return it with Expense Voucher and paid receipts attached. In order to receive credit towards horizontal movement on the salary schedule, documentation of completion/attendance must be submitted with this form. Thank you.

APPENDIX H - INDIVIDUAL STUDENT EXPLORATORY FORM

EXAMPLE

SOUTH SHORE REGIONAL VOCATIONAL TECHNICAL HIGH SCHOOL

INDIVIDUAL STUDENT EXPLORATORY EVALUATION FORM



Name _____ Date _____

Shop _____

Cycle # _____

Attendance (days absent)
Shop _____ Related _____

Rating: Excellent =100-90, Good =89-80, Fair =79-70, Poor =69-50

RELATED	SHOP
1. Academic Foundation (ability to grasp concepts) _____	1. Ability to follow instructions, written and verbal _____
2. Completes class assignments and homework _____	2. Demonstration of logic/ mechanical aptitude _____
3. Class Behavior and Attitude _____	3. Shop Behavior - Attitude, cooperation and citizenship with peers and teachers. _____
4. Participation and interest in vocational area _____	4. Respect for tools equipment and safety _____
5. Performance on weekly tests _____	5. Quality and completeness of work _____
Total points _____	Total points _____
Average _____	Average _____
Related Instructor _____	Shop Instructor _____

Comments: _____

APPENDIX I - STUDENT STATUS REPORT
South Shore Vocational Technical High School
Weekly Status Report

REPORT DATE:		
NAME:	GRADE:	SHOP:
1 ST PERIOD CLASS:		

<u>SUBJECT AND TEACHER</u>	# of missing homework or class assignments	# of missing test or quiz grades	Approximate test average to date	General effort and attitude (S, U, I)*	Instructors Initials	Comments (Optional)
RELATED:						
ENGLISH:						
MATH:						
HISTORY/ SOCIAL STUDIES:						
SCIENCE:						
GYM/HEALTH:						

<u>SHOP:</u>	Quality of work	Safety	Effort/ Attitude (S, U, I)*	Follows Instructions	Instructors Initials	Comments (Optional)
TEACHER:						

S=SATISFACTORY

U=UNSATISFACTORY

I=IMPROVEMENT SHOWN

x

APPENDIX J - PROGRESS REPORT FORM

EXAMPLE

STUDENT NAME _____

GRADE/SHOP _____

SUBJECT _____

INSTRUCTOR _____

PRESENT AVERAGE _____

ISSUE DATE _____

<p>Achievement:</p> <p>_____ Working at grade level.</p> <p>_____ Working below grade level.</p> <p>_____ Work is appropriate to ability level.</p> <p>_____ Major project conscientiously completed.</p> <p>_____ Work has improved this term.</p> <p>_____ Quality of work fluctuates.</p> <p>_____ Work is below ability level.</p> <p>_____ Major project not completed.</p> <p>_____ Frequent tardiness interferes with progress.</p> <p>_____ Frequent absences interfere with progress.</p> <p>Conduct (Behavior):</p> <p>_____ A pleasure to have in class.</p> <p>_____ Very cooperative.</p> <p>_____ Shows good self-discipline.</p> <p>_____ Self-discipline has improved.</p> <p>_____ Shows lack of self-discipline.</p> <p>_____ Works appropriately with classmates.</p> <p>_____ Needs to be more cooperative.</p> <p>_____ Social interaction with classmates needs to improve.</p> <p>_____ Needs to be more appropriate when interacting with adults.</p> <p>_____ Behavior disrupts the learning process.</p> <p>_____ Behavior causes safety concerns for student and others.</p> <p>_____ Needs to accept responsibility for behavior.</p> <p>_____ Is attentive to instruction.</p> <p>_____ Works well independently.</p> <p>_____ Needs to improve attentiveness to instruction.</p> <p>_____ Needs to follow directions.</p> <p>_____ Needs to stay on task.</p> <p>_____ Needs to work independently.</p> <p>_____ Needs to seek assistance during class.</p>	<p>Effort - Study/Organizational Skills:</p> <p>_____ Does commendable work.</p> <p>_____ Shows creative ability.</p> <p>_____ Contributes to class discussions and activities.</p> <p>_____ Needs to participate in class activities/discussions.</p> <p>_____ Needs to use time efficiently, wastes time in class.</p> <p>_____ Work is neatly done.</p> <p>_____ Needs to improve the quality of written work.</p> <p>_____ Follows directions.</p> <p>_____ Needs to follow directions.</p> <p>_____ Needs to get work organized.</p> <p>_____ Study habits need to improve.</p> <p>_____ More effort is needed to improve accuracy of responses.</p> <p>_____ Effort is improving</p> <p>_____ Demonstrates good techniques</p> <p>_____ Demonstrates poor techniques</p> <p>_____ Awareness of safety issues and procedures must be improved.</p> <p>_____ Needs to improve attitude and interest in class.</p> <p>_____ Needs to be prepared for class/shop with all necessary materials and equipment.</p> <p>_____ Needs to wear required clothing for P.E. and/or Shop class(es).</p> <p>_____ Assignments are completed on time.</p> <p>_____ Assignments are often late.</p> <p>_____ Less than _____ 25% _____ 50% _____ 75% of homework was completed.</p> <p>_____ Needs to accept responsibility.</p> <p>_____ More effort needed for test preparation.</p> <p>_____ Make-up work was completed.</p> <p>_____ Make-up work was not completed.</p> <p>_____ Extra credit assignment was completed.</p> <p>_____ Extra credit assignment was not completed.</p> <p>_____ Needs to stay after school for extra help.</p>
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Parental Conference Requested: _____

Comments: _____

APPENDIX K - PARENT CONFERENCE SUMMARY

PARENT CONFERENCE SUMMARY
FOR GUIDANCE

Student _____
(Name) (Grade-Trade) (Date)

Parent(s): _____

Initiated by: _____

Reason for Conference:

Summary of Content:

Resultant Action:

APPENDIX L - PRE-REFERRAL FORM

Date: _____

Student Name: _____

Grade/Shop: _____

Pre-referral submitted by: _____

Position/Relationship to Student: _____

1. Reason(s) for Pre-referral: (Attach any documentation.)

Additional space on back of page.

2. Resolutions Attempted:

Additional space on back of page.

APPENDIX M - FIELD TRIP APPLICATION

(No trips the last day of an Academic Week)

Today's Date: _____

Teacher in charge of trip _____ Department _____ Date of Trip _____

Description of Requested Field Trip

Depart from School TIME: _____ Return to School TIME: _____

Educational Goals: _____

Student Assignments: _____

Names of staff and/or chaperones positively going on the trip. (If more than twenty [20] on the bus there shall be staff supervision at both front and rear of the bus.)

APPROVALS:

PRINCIPAL (BEFORE ANYONE ELSE) _____
(Signed) (Dated)

For Out-of-State Field Trips only. To be submitted at least 10 days prior to monthly School Committee Meeting.

SUPERINTENDENT-DIRECTOR _____
(Signed) (Dated)

BUILDING & GROUNDS SUPRVSR (At least 5 days before the trip) _____
(Signed) (Dated)

SCHOOL LUNCH MANAGER (At least 5 days before the trip) _____
(Signed) (Dated)

Please fill out THE BACK OF THIS FORM with the list of students who will attend and distribute to ALL ACADEMIC INSTRUCTORS 5 days in advance of the trip. This sheet must be completely filled out and turned into the Building Administrator BEFORE the bus may leave the school.

(OVER)

MEMORANDUM

TO: ALL ACADEMIC INSTRUCTORS

FROM: _____
Teacher in Charge of Trip

DATE: _____

RE: FIELD TRIP/STUDENT APPROVAL

FIELD TRIP: _____

DATE OF TRIP: _____ TIME OF TRIP: _____

Please review the following list of students planning to attend this Field Trip and make a note of any that are not eligible to attend due to poor academic performance. Please return this list to Guidance only if any students are identified as ineligible.

THOSE PLANNING TO ATTEND TRIP ARE AS FOLLOWS:

APPENDIX N - PARENT/GUARDIAN FIELD TRIP PERMISSION FORM

Dear Parent/Guardian:

With your permission, your son/daughter will be attending a school-sponsored field trip as described below:

Date of Field Trip: _____ Location: _____

Complete description and purpose of activity: _____

Number of adults supervising activity: ____ Method of Transportation: _____

Time Leaving School: _____ Time Returning: _____

Please sign the permission slip below, detach and return to school. Thank you.

Signed: _____ Date: _____
(Instructor)

No student may attend a field trip unless the form below is signed and returned.

Please sign, detach and return to school.

I, _____, have read and understood the information provided above
(name of parent/guardian)

concerning the field trip to _____ on _____. I give
(date)

my permission for my (son)(daughter) _____ to go and participate
(name of student)

in the field trip. I hereby release the South Shore Vocational Technical High School, the South Shore Regional School District, its agents, employees and/or Instructors from any and all liability and/or claim for damages which in any way may be due to my child's participation in this field trip.

Date _____ Parent's Signature _____

APPENDIX O - STUDENT REPORT OF INJURY
SOUTH SHORE REGIONAL SCHOOL DISTRICT
SOUTH SHORE VOCATIONAL TECHNICAL HIGH SCHOOL
STUDENT REPORT OF INJURY

NAME _____
Last First MI Shop Grade

ADDRESS _____ TEL # _____
No. Street Town Zip

DATE OF BIRTH _____ SOCIAL SECURITY # _____

DATE OF INJURY: _____ TIME OF INJURY: _____ AM/PM DATE REPORTED: _____

Please check where injury happened:

- | | |
|---|---|
| <input type="checkbox"/> Enroute to/from School | <input type="checkbox"/> In Phys Ed Class |
| <input type="checkbox"/> In Corridor | <input type="checkbox"/> In Gym |
| <input type="checkbox"/> In _____ Shop | <input type="checkbox"/> On Field |
| <input type="checkbox"/> In Classroom # _____ | <input type="checkbox"/> Game |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Practice |

NAME OF SPORT _____

Explain how the injury happened: _____

Describe the injury: _____

Name of the Instructor at the time of the injury: _____

Did the Instructor witness the injury? Yes No

Name anyone, besides the Instructor, who saw the incident. _____

 Signature of Injured Person

 Signature of School Nurse

APPENDIX P - EMPLOYEE ACCIDENT REPORT
SOUTH SHORE REGIONAL SCHOOL DISTRICT
EMPLOYEE ACCIDENT REPORT

Name of Employee _____ Social Security # _____

Address _____ City/Town _____ State/Zip _____

Date of Birth _____

Date of Injury _____ 20__ Day of Week _____ Hour of Day _____ am/pm

Date Disability Began _____ 20__ am__ pm__

What date did you report the injury to your employer? _____

Occupation when injured _____ Is this your regular occupation? _____

(If not, state your regular occupation) _____

Describe in detail how accident occurred, and state what you were doing when injured:

Name of machine or tool causing injury (if applicable) _____

Kind of power (hand, foot, electrical, steam, etc.) _____

Part of machine on which accident occurred. _____

Was safety appliance or regulator provided? _____ Was it in use? _____

Was accident caused by your failure to use or observe safety appliance/regulator? _____

If yes, explain _____

Names and addresses of witnesses. _____

Nature of injury (describe fully exact location of amputation, fractures, or other) Right/Left _____

Did you seek medical treatment? _____ When _____

Name and address of physician. _____

Name and address of hospital. _____

Date of this Report

Signature of Employee

APPENDIX Q - JOB ORDER CARD

JOB NUMBER _____

DEPARTMENT _____

DATE _____

NAME OF JOB _____

QUANTITY _____

SPECIFICATIONS _____

ORDERED BY _____

TEL. NUMBER _____

ADDRESS _____

TO BE FINISHED BY _____

DRAWING WITH THIS CARD? _____ (YES OR NO)

DRAWING NUMBER _____

REMARKS _____

APPROVED _____

SOUTH SHORE VOCATIONAL TECHNICAL HIGH SCHOOL

(SUPERINTENDENT-DIRECTOR)
(OVER)

APPENDIX R - SUPPLY REQUISITION

REQUISITION FOR SUPPLIES/EQUIPMENT

SCHOOL YEAR 20__ - 20__

DEPARTMENT _____

Instructor _____

VENDOR _____

DEPARTMENT HEAD _____

SUPT-DIRECTOR _____

ACCOUNT # _____

PURCHASE ORDER # _____

Quantity	Catalog #	Description	Unit Price	Total Price

Shipping and Handling _____

TOTAL \$ _____

Comments: _____

APPENDIX S - TRAVEL EXPENSE VOUCHER

NAME _____
 ADDRESS _____

PERIOD COVERED

FROM _____
 TO _____

Date	Description	Private Auto		Fares Tolls Parking	Meals			Other Expense Tuition/Reg	TOTAL EXPENSE
		Miles	Amount		Break	Lunch	Supper		
TOTALS									

I hereby certify under penalty of perjury that the above amounts as itemized are true and correct.

Signed _____
 Employee

Approved _____
 Superintendent-Director

Expense Vouchers are to be submitted, with receipts, immediately following the end of the month in which expense is occurred. Requests for payment that are not accompanied by receipts will not be paid. Rates of reimbursement are according to the contractual agreement between the School Committee and the Teachers Federation. In the case of professional development courses, certificate of attendance and/or completion of course required also.

**APPENDIX T- MISCELLANEOUS EXPENSE VOUCHER
SOUTH SHORE REGIONAL SCHOOL DISTRICT
MISCELLANEOUS EXPENSE VOUCHER**

DEPARTMENT _____

DATE _____

NAME _____

ADDRESS _____

Date Expense Incurred	Description of Reimbursable Item	Cost	Amount Reimbursed
	SAFETY SHOES*		
	SAFETY PRESCRIPTION GLASSES*		
	UNIFORM ALLOWANCE*		
	SCHOOL BUS DRIVER'S LICENSE*		
	SCHOOL BUS DRIVER'S PHYSICAL*		
	OTHER (Describe)		

NOTE: PLEASE ATTACH RECEIPTS FOR EACH REIMBURSABLE ITEM.

*As provided per Teachers' Contract and/or Support Unit Contract

Signed: _____
Employee Signature

Approved: _____
Superintendent-Director Signature

For Business Office Use Only

Date Paid: _____ Amount: \$ _____ Voucher # _____ Initials: _____
Account # _____

APPENDIX U - EQUIPMENT & TOOLS LOAN APPROVAL

EQUIPMENT AND TOOLS LOAN APPROVAL FORM

Item Requested _____

From Which Department _____

Requested From _____ To _____

Borrower _____ Approved by _____

Administrative Approval _____

Date Returned _____

Comments _____

APPENDIX V - SCHOOL VEHICLES LOG

SCHOOL VEHICLES LOG

DATE: _____

DESTINATION: _____

TIME LEAVING: _____

EXPECTED TIME OF RETURN: _____

VEHICLE USED: _____

TELEPHONE NUMBER: _____

NAMES

**APPENDIX W - REPORT OF SUSPECTED HARASSMENT AND/OR
HAZING**

REPORT

Staff Member _____ Date _____ Time _____

Student (s) _____ Dept. _____ Grade _____

Student (s) _____ Dept. _____ Grade _____

Student (s) _____ Dept. _____ Grade _____

Student (s) _____ Dept. _____ Grade _____

STATEMENT OF STAFF MEMBER (Use back of sheet if necessary)

Please describe the behavior(s) observed or suspected. _____

Has there been a repeated pattern of any of these behaviors? Please provide as much detail as possible.

Signed.

ADMINISTRATIVE ACTION _____

Signed.

Note: All complaints and/or reports of harassment or hazing will follow procedures as outlined in school policy.

APPENDIX Y - HINTS FOR SUCCESSFUL INSTRUCTION

Hints for Successful Instruction

DO'S

Discuss rules and regulations thoroughly and make sure students understand the reasons for them. Written classroom rules should be made keeping in mind these questions:

- Is it fair?
- Will it help?
- Can I enforce it?

If you can't answer "yes" to all three, don't make the rule.

Set your standards and expectations high and insist on the highest quality keeping in mind individual ability.

Help students see that doing work over is a learning situation not a punitive one.

Remember the key to good discipline is firmness and fairness not toughness.

Be well prepared. A well-planned lesson which involves students is good preventative discipline.

Do what you sincerely believe is best for the individual child.

Avoid discipline problems by:
starting class immediately
being a teacher-not a buddy

Familiarity may not breed contempt, but it takes the edge off admiration.

Keep counseling clear and short, students will listen better. People "turn off" when someone drives a point into the ground.

Tell them what you're going to teach them, teach them, then tell them what you've taught them. Often we do the first two and forget the third. When we help students look back to see what they have accomplished, learning is a lot more meaningful.

Be a teacher who provides a certain amount of individual counseling. In addition to personal problems, this counseling should be with regard to the nature or character of academic work itself, the purposes, the goals and objectives of the course or with regard to any difficulties or problems a student may be having.

Keep a record of names, dates and events of all your discipline cases. Keep these notes, not as a negative "club" but as a positive reminder.

DON'TS

Don't use deals or threats to achieve satisfactory behavior.

Don't use the office as a "dumping ground" for your own discipline problems.

Never accuse a suspected wrongdoer on the basis of previous misbehavior.

Don't ridicule student dress or action.

Don't pass the buck when a situation arises which you feel incapable of handling. Remember, discipline is a teacher responsibility, and you as a teacher will lose the respect of your students if you continually rely on someone else to handle your own discipline problems.

Don't give meaningless "punishments" such as writing from the dictionary, etc.

Never use any of the following statements with students under any circumstances:

- Shut up
- I don't care
- You'll never amount to anything
- You're just like your brother
- Get out of here
- I've had it with you
- Stand in the hall

And so on!

Never get into a "yes you will" contest with students who are "defiers."

Do not raise your voice and argue with them. Generally, you are not the reason for his/her defiance unless you are shouting, arguing, or attempting to handle him with sarcasm. Thus you might try the third person approach.

When he openly defies, say "John what's the matter? That doesn't sound like you. What's happened?" By using this approach you are saying, "Something is wrong. I know you aren't talking to me. This isn't you. What can I do?"

Don't be a false starter and call your class to complete silence and then begin to take attendance, then again to get your materials ready, and then again when you are really ready to start.

DO'S

Be the teacher who compliments students on a job well done when their behavior improves or to soothe their minds after unpleasant happenings.

On every school staff there are those who, "Never give in!" Academic progress and human relations growth would flourish overnight if teachers could only "give in" to their convictions of "honor" and good sense.

Have you ever wondered what poor teacher discipline is? Often it is punishment that is too severe or punishment that is administered too quickly. Both are teacher mistakes. Remember, the goal of your discipline actions should be to parallel the misbehavior with positive action in a way that has meaning to the student.

Be a teacher who uses "staying after school" as a valuable learning experience for the student. Hopefully the purpose behind staying after school is to help the student learn from his mistake, so he will not do the same thing again. Sitting in an empty classroom, staring at the clock, or looking out the window does little to promote the improvement of self-discipline. Instead, teachers should use the time wisely by giving individual attention to the student by counseling him toward better self-discipline, or by helping him in his class work.

Be a teacher who is aware of and responds to students' request for help. Teacher attitude tells students their work is important and that their teacher sees them as his prime motive for being in the classroom.

DON'TS

Don't threaten a student by taking away athletics or extra-class activities. Build upon these interests instead of "playing upon them." These might be the very activities that are his best school learning experiences and will help mold him into a responsible adult in a few years.

Don't be a nagger. It won't work. It can ruin a professional teacher's personality.

Don't talk too much when talking to a student about misbehavior. Talk beyond the minimal point is wasted.

Don't initiate a "program of threat" upon your students. Tactics like, "If you don't complete all your work, you will not pass," or "If you don't get it done, you will fail next year," are examples of threats.

Don't be a teacher who makes "deals" with students or bribes to gain their favor or good behavior. The teacher who says to his students, "if you'll be quiet, we won't have any homework," is saying to students that their teacher has little regard for the established school standards and courtesies.

Don't punish an entire class when you can't find out which one or two students within the class did something wrong. Even though you may become angered and frustrated, never allow yourself to punish the innocent. Too often it is the students who are "caught in the middle" who suffer the most when trouble occurs.

Don't be a teacher who goes to school unhappy each morning. If you hate to "face the kids" because each day seems to get progressively worse than the one before, something is wrong. Maybe you've forgotten how to understand students. Make an effort to understand their values, language, beliefs, priorities, customs and attitudes.

Don't leave your room unattended unless another teacher is "covering" for you or the office has been notified. An unattended classroom makes the teacher completely defenseless, vulnerable and excuseless

APPENDIX Z—MAINTENANCE REQUEST FORM
SOUTH SHORE REGIONAL VOCATIONAL TECHNICAL SCHOOL

Maintenance Request Form

INDOOR AND OUTDOOR GENERAL MAINTENANCE

DEPARTMENT: _____ DATE: _____

ROOM OR LOCATION: _____

REQUEST: _____

Priority: _____ Low (accomplish when convenient) _____ Medium (accomplish within 2 days)

_____ High (accomplish today) REQUESTER: _____

ATHLETICS

GAME: _____ FIELD: _____

DATE: _____ TIME _____

REQUEST: _____

ATHLETIC DIRECTOR/COACH: _____

Please retain copy for your records.

DEPARTMENT: _____ DATE: _____

RESOLUTION OF REQUEST: _____

MAINTENANCE SIGNATURE: _____

Directions: All requests for maintenance are to be submitted to the Assistant Principal

APPENDIX AA
SOUTH SHORE REGIONAL SCHOOL DISTRICT
UNIT B - PROFESSIONAL DEVELOPMENT ACTIVITY REQUEST AND
REIMBURSEMENT FORM

Section I - Advance Approval

Name: _____ Date: _____

Position: _____ Department: _____

Activity/Workshop Title: _____ Provider: _____

Purpose/Relevance to Professional Goals _____

(Attach Description of Workshop/Conference)

Date(s) Requested: _____ Location: _____ (City/State)

Estimated Costs:		Charge to: (Supt's Use)	
		Prof.Dev.	Grant #
⇒ Registration/Tuition Fee (Attach Form)	\$ _____		
⇒ Travel	\$ _____		
⇒ Other	\$ _____		
TOTAL	\$ _____		

_____ Recommended by: _____ Not recommended by: _____ Assistant Director/Principal/Date	_____ Approved by: _____ Not approved by: _____ Superintendent-Director/Date	_____ Hours/PTP's/CEU's (If applicable.)
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Section II - Reimbursement Request (To be submitted upon successful completion of activity.)

If additional space needed to itemize expenses, attach separate

Conference/Workshop Reimbursement Request							
For reimbursement this section MUST be completed and submitted to the Principal with all receipts/canceled checks, and each expense and documentation of successful completion of the activity.							
Date Expense Incurred	Registration Fee	Private Auto		Tolls	Food Allowance	Other Expense	Total Expense
		# Miles	Amount				
	\$		\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
Totals			\$	\$	\$	\$	\$

I certify under penalty of perjury that amounts as itemized are true and correct.

Employee Signature: _____

Reimbursement will be in accordance with the Agreement between the South Shore Regional District School Committee and the South Shore Vocational Technical Teachers Federation Support Unit B.

Amount of Reimbursement \$ _____	Approved by: Superintendent-Director	Date
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**SOUTH SHORE REGIONAL VOCATIONAL TECHNICAL SCHOOL
Appendix BB -Technical Support Request Form**

Directions: All requests for technical support must be submitted in writing and either brought to the CIT department or sent via email to techsupport@ssvotech.org

DEPARTMENT: REQUESTER NAME: DATE: _____

ROOM OR LOCATION:

REQUEST:

To be completed by CIT

RESOLUTION OF REQUEST:

FOLLOW UP NEEDED:

TECHNICIAN NAME:

SIGNATURE OF REQUESTOR (indicating that work has been completed satisfactorily):
