

216-AR STUDENT RECORDS

Custody and Security of Student RecordsMuhlenberg Elementary Center

<u>Record/Report</u>	<u>Location of Records</u>	<u>Responsibility</u>	<u>Clerical Functions</u>
a. Attendance Records	General Office	Principal/Asst. Principal	Secretary/Clerk
b. Cumulative Records	General Office	Principal/Counselor	Teacher, Counselor & Secretary/Clerk
c. Health Records	Health Room	Nurse	Nurse
d. Discipline Records	Principal's Office	Principal/Asst. Principal	Secretary/Clerk
e. Special Education Records K-8	Special Education Office	Special Education Director	Secretary

C. E. Cole Intermediate School

<u>Record/Report</u>	<u>Location of Records</u>	<u>Responsibility</u>	<u>Clerical Functions</u>
a. Attendance Records	General Office	Principal	Secretary/Clerk
b. Cumulative Records	General Office	Principal/Counselor	Teacher, Counselor & Secretary/Clerk
c. Health Records	Health Room	Nurse	Nurse
d. Discipline Records	Principal's Office	Principal	Secretary/Clerk
e. Special Education Records K-8	Special Education Office	Special Education Director	Secretary

Middle School Level

<u>Record/Report</u>	<u>Location of Records</u>	<u>Responsibility</u>	<u>Clerical Functions</u>
a. Attendance Records	General Office	Principal/Asst. Principal	Secretary/Clerk
b. Cumulative Records	General Office Vault	Principal/Counselor	Secretary/Clerk
c. Health Records	Health Room	Nurse	Nurse
d. Discipline Records	General Office	Principal/Asst. Principal	Secretary/Clerk
e. Special Education Records K-8	Special Education Office	Special Education Director	Secretary

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Senior High School Level

<u>Record/Report</u>	<u>Location of Records</u>	<u>Responsibility</u>	<u>Clerical Functions</u>
a. Attendance Records	General Office	Principal/Asst. Principal	Secretary/Clerk
b. Cumulative Records	Guidance Vault	Principal/Counselor	Guidance Secretary
c. Health Records	Health Room	Nurse	Nurse
d. Discipline Records	Principal's Office	Asst. Principal	Secretary/Clerk
e. Special Education Records 9-12	Guidance Office	Counselor	Secretary

Records of Graduates

<u>Record/Report</u>	<u>Location of Records</u>	<u>Responsibility</u>	<u>Clerical Functions</u>
a. Permanent Records	High School Vault	Principal	Guidance Secretary
b. Health Records	High School Vault	Principal	Guidance Secretary

Established: 4/13/11

216-AR STUDENT RECORDS

APPENDIX A

FORMS TO BE USED TO IMPLEMENT POLICIES ON STUDENT RECORDS

Form Number

- | | |
|---|---|
| 1 | Request for Permission to Collect Personal Data (Parent) |
| 2 | Student Records Inspection Log |
| 3 | Student Record Release Authorization |
| 4 | Request for Informational Access to Student Records by Student, Parent, or Guardian |

216-AR STUDENT RECORDS

Muhlenberg School District

Laureldale, Pennsylvania

Date _____

Dear Parents/Guardians,

I have a request to screen/test your child, _____, to address concerns in the indicated area/s.

_____ Academic _____ Behavioral _____ Speech & Language

Your permission is needed before I proceed with the screening/testing. You will have the opportunity to review the results with me either in person or on the phone. Data will be collected in the following areas:

- _____ Achievement in Specific Subject Areas
- _____ Ability Levels
- _____ Developmental Levels
- _____ Perceptual Skills (visual motor, fine motor, etc.)
- _____ Speech and Language Skills
- _____ Curriculum Based Levels
- _____ Behavior
- _____ Other _____

Please check one of the boxes below and sign in the space provided. For ease in contacting you, please include a telephone number/s at which you can be reached. Please feel free to call with any questions you may have or with any information you think would helpful.

- I give my permission for screening.
- I deny permission for screening for the following reason/s _____

Signed: _____ Date: _____ Telephone Number: _____

Sincerely,

_____ Telephone Number _____

216-AR STUDENT RECORDS

MUHLENBERG SCHOOL DISTRICT
Laureldale, PA

STUDENT RECORD RELEASE AUTHORIZATION

Dear

We have received a request from _____
(name of requesting individual, agency, etc.)

for a copy of /access to, _____ cumulative school record.
(name of pupil)

Please indicate in the space below whether you are willing for us to comply with this request and return the entire form to my attention.

Date

Principal

TO: Principal

1. _____ may have a copy of /access to the following portions of
(Name of requesting party)

_____ cumulative school record:
(name of pupil)

- a. _____ Official Administrative Record (name, address, birth date, sex, academic level completed, grades, class standing, attendance records, parent's names and address, siblings, extra-curricular activities, standardized achievement test scores, scholastic aptitude test scores, basic health data).
- b. _____ Intelligence Test Scores*
- c. _____ Personality and/or Interest Inventories*
- d. _____ Teacher and/or Counselor Observations and Evaluations*
- e. _____ Family Information and Background Data*
- f. _____ Disciplinary Action Records*

2. _____ I do not wish my records released as requested.

Date

Student's, Parent's, or Guardian's Signature

*These records will be destroyed subsequent to a student's graduation from high school or to the date on which he withdraws permanently from the schools of the school district. Therefore, they may not be available at the time requested.

216-AR STUDENT RECORDS

MUHLENBERG SCHOOL DISTRICT
Laureldale, PA

**REQUEST FOR INFORMATIONAL ACCESS TO STUDENT RECORDS
BY STUDENT, PARENT, OR GUARDIAN**

I _____ would like to examine
(Name)

- a. _____ my cumulative record.
- b. _____ the cumulative record of my child.

(Please check one)

_____ Date

_____ Signature

If you check "b" above, please affirm that you are the legal parent or guardian of

_____ by affixing your signature below.
(STUDENT'S NAME)

_____ Signature