



Dominion Academy Admission Packet

Accreditation : Virginia Association of Independent Specialized Education Facilities



ACADEMIC DAY SCHOOL 2015-2016
INFORMED CONSENT PLACEMENT AGREEMENT

STUDENT'S NAME: _____ Birthdate: _____

Sponsor Agency: _____

This Agreement is between _____, as the custodian of or the representative of the agency with custody of the above-named child, hereinafter referred to as "Custodian", and the Dominion Youth Services, Inc., dba **DOMINION ACADEMY**, 1002 Wilmer Avenue, Richmond, VA 23227, hereinafter referred to as "**DOMINION ACADEMY**", to wit:

1. **PLACEMENT**

- a. The child shall be placed with **DOMINION ACADEMY** to provide instruction, behavior management, and guidance to the child while this agreement remains in effect.

2. **MEDICAL CARE.**

- a. **DOMINION ACADEMY** shall ensure that the child receives routine first aid and medical care while in school to include administering over the counter and/or prescription medications provided by the Custodian and as prescribed by the child's physician (prescription medications must be accompanied with written permission of the prescribing physician and parent).
- b. **DOMINION ACADEMY** shall act with propriety in medical emergencies, notifying the Custodian as soon as possible with regard to emergency situations.
- c. The Custodian agrees to bear the expenses of medical care, including over the counter and prescription medications.

3. **CONFIDENTIALY.** The services a child receives are confidential, private, and personal. Your written permission is required for the release of information except in situations of clear and imminent danger to yourself or others, court subpoena, or suspicion of child abuse or neglect and as required by law.

4. **SERVICES.**

- a. **DOMINION ACADEMY** shall provide educational services to the child consistent with licensure and accreditation provisions and as specified in the child's IEP/IIP.
- b. **Counseling.** Counseling can have benefits and risks. Counseling often involves discussing unpleasant aspects of the child's life; he may experience uncomfortable feelings like sadness, guilt, anger, frustration, loneliness, and helplessness. On the other hand, these services can have benefits such as: better relationships, solutions to problems, and decreased feelings of distress. But there are no guarantees of what the child will experience. These services may improve his/her ability to relate to others, provide a clearer understanding of him/herself, his/her values and goals, and an ability to deal with everyday stress. It is essential that the child discuss any questions or discomfort he may have with his Counselor.



DOMINION ACADEMY

Policies, Regulations, and Notices

Placement Agreement:
Last Revision: 5/22/15

- c. As legal guardian for the child, you have received information containing program information and expectations [i.e. Behavior Support and Management Acknowledgment, a copy of the Behavior Management System used at Dominion Academy.

5. **CONTACTS WITH FAMILY AND FRIENDS.**

- a. **DOMINION ACADEMY** shall confer with the Custodian concerning the child's development, activities, and problems while the child is in the care of the facility, providing written progress reports at least quarterly.
 - b. The Custodian hereby **provides** permission for the following relatives or friends to contact or pick up the child at **DOMINION ACADEMY**.
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6. **AUTHORITY TO PLACE.** The Custodian represents that the Custodian has the legal authority to place the child at **DOMINION ACADEMY**.

7. **ABSENCES FROM THE FACILITY.** Child absences from school shall be reported as they occur. Absences such as "absent without leave (AWOL)", may or may not result in discharge, and will be determined on a case by case basis with the placing agency. Any planned absences exceeding five (5) days must be cleared by the Local Educational Agency. Further information regarding attendance is available in the Parent/Student Handbook

8. **PAYMENT FOR SERVICES.**

- a. The Sponsor Agency, which may or may not be the Custodian, shall be responsible for payment of all service fees identified on the Service Fee Directory maintained by the Commonwealth of Virginia. Billing is submitted monthly for services specified.
- b. Parents of publically funded students will not be charged for any services related to the Service Plan or IEP.
- c. Parent's insurance of publically or privately funded students will not be charged for any services related to the Service Plan or IEP unless specifically authorized by the parent.
- d. Parents of privately funded student will not be charged for any services not rendered in accordance with the Placement Agreement.



DOMINION ACADEMY

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9. **Withdrawal.**

- a. **DOMINION ACADEMY** shall withdraw the child at the time agreed upon or give the Custodian and/or Sponsor Agency two (2) weeks notice if **DOMINION ACADEMY** believes that it is in the best interests of the child or **DOMINION ACADEMY** to be discharged prior to a mutual decision with the placing agency.
- b. In the event that the child presents a clear and present danger to the health, safety, or well being of himself or other students or staff, **DOMINION ACADEMY** may withdraw the child, revoking his/her enrollment ,immediately.
- c. The Custodian and Local Education Agency (LEA) agree to give two (2) weeks written notice prior to permanent removal of the child from **DOMINION ACADEMY**, except when **DOMINION ACADEMY** agrees to a shorter notification in writing.

This agreement shall be in effect until the student has been withdrawn from Dominion Academy or until terminated as stipulated in this agreement.

Signature of Parent or Legal Guardian

Date

Signature of Dominion Academy Representative

Date



DOMINION ACADEMY

Policies, Regulations, and Notices

Permission to Administer Standing
Medical Orders
Last Revision: 05/22/15
Page 1 of 1

Student: _____

Allergies: _____

STANDING MEDICAL ORDERS

MEDICATION	INDICATION	INSTRUCTIONS
EPIPEN 0.3G/INJECTION Intra Muscular Injection	Severe Bee Stings & Allergic Reaction - Tightness in throat, nausea, difficulty breathing, or severe swelling	Follow instructions on syringe, inject epinephrine, 0.3mg and then CALL 911, notify doctor.
DIPHEN (BENADRYL) 25MG/TAB (Diphenhydramine)	Mild Bee Stings & Allergic Reaction – Swelling around sting site, itchy skin, or hives <i>If not improved after 12 hours, notify doctor.</i>	Take 1-2 Capsules by mouth every 6 hours PRN for allergic reactions.
CHLORPHEN 4MG/TAB (Chlorpheniramine)	“Cold Symptoms” – Watery Eyes, Runny Nose, Mild Cough <i>If not improved within 3 days, notify doctor.</i>	Take 1 Tablet by mouth every 4-6 hours PRN. <i>If fever, pain, or persistent cough is present, notify doctor.</i>
SUDANYL PE 5MG/TAB (Phenylephrine HCl)	Nasal Congestion, Sinus Congestion <i>If not improved within 3 days, notify doctor.</i>	Take 2 Tablets by mouth every 4 hours - not to exceed 8 tablets in 24 hours. <i>If fever or pain is persistent, notify doctor.</i>
DIAMODE 2MG/TAB (Loperamide HCl)	Diarrhea – Watery loose stool. <i>If not improved after 4 hours, notify doctor.</i>	Take 2 Tablets by mouth initially, then 1 Tablet following each stool - not to exceed 4 tablets in 24 hours. <i>If fever, pain or diarrhea is present after 4 hours, notify doctor.</i>
ADDAPRIN (IBUPROFEN) 200MG/TAB (Ibuprofen)	Muscle Discomfort/Aches/Sprains <i>If pain persists after 3 days or there is limitation of movement, notify doctor.</i>	TAKE AS FOLLOWS WITH REFERENCE TO THE PAIN SCALE: RATING OF 0 TO 2 – 200MG EVERY 4-6 HOURS PRN RATING OF 3 TO 5 – 400MG EVERY 4-6 HOURS PRN RATING OF 6 TO 7 – 600MG EVERY 6 HOURS PRN RATING OF 8 TO 10 – 800MG EVERY 8 HOURS PRN DO NOT EXCEED 12 TABLETS OR 2400MG IN 24 HOURS
MYLANTA 200MG/5ML (Liquid Antacid)	Occasional Indigestion or Heartburn	Shake Well. Take 2-4 Teaspoons by mouth between meals – PRN.
COUGH SYRUP 200MG/10ML (Guaifenesin Syrup)	Cough <i>If productive cough or fever is present, notify doctor.</i>	Take 2-4 Teaspoons by mouth every 4 hours – PRN. <i>If cough is of whooping or barking nature OR if sputum is blood tinged, brown or bright red, notify doctor.</i>
NON-ASPIRIN (TYLENOL) 325MG/TAB (Acetaminophen)	Fever (Above 99°F), Body Aches, & Headache <i>If mild or low grade fever lasts more than 3 days, notify doctor.</i>	Take 2 Tablets, 325mg, by mouth every 4 hours – PRN. <i>For elevated temperature greater than 103°F, notify doctor OR seek Urgent Care/Emergency Room evaluation.</i>

Physician Signature: _____

Date: _____

Legal Guardian Signature: _____

Date: _____



DOMINION ACADEMY

Policies, Regulations, and Notices

STUDENT INFORMATION FORM FOR PRESCRIPTION MEDICATION

1. Complete Page 1 AND Page 2.
2. Attach written consent signed by the doctor and legal guardian.
3. Attach clear copies of applicable insurance cards (front AND back).

Student Name: _____

Date of Birth: _____ SSN: _____

List All Drug Allergies: _____

List Current Diagnoses/Major Medical Conditions: _____

Current Medications: Please provide a list of all medications the student is to receive at the time of his admission to Dominion Academy. This includes PRN (occasional-as-necessary) AND over-the-counter medications. Please attach written prescriptions from the doctor for each medication.

List Medication Name, Strength & Directions: _____



DOMINION ACADEMY

Policies, Regulations, and Notices

Medication Agreement Form

MEDICATION AGREEMENT

STUDENT'S NAME: _____ Birth date: _____

The following guidelines govern the administration of medication to students at **DOMINION ACADEMY** in accordance with the licensing standards required by the Commonwealth of VA and Dominion Academy licensing requirements, as determined by the Coordinator of Health Services.

OVER-THE-COUNTER AND PRESCRIPTION MEDICATIONS

These may be administered to students **ONLY** as written by a Licensed Physician. This written order (prescription) must be on file at Dominion Academy. The legal guardian will provide Dominion Academy with signed permission to administer medication. Approved Over-The-Counter medications and indications for use are listed on the Standing Medical Orders form and are available for review by staff and guardians (upon request). Any change to this listing of Over-The-Counter preparations requires a written order by the Physician.

For the safety of students and staff, medications, whenever possible, should be unit dose packaged by a Licensed Pharmacy. Due to the campus style setting of Dominion Academy, the unit dose packaging system must allow for medication administration from various on and off campus locations, at various times of the day and during home visitations. Systems such as the Tear-Off Bubble Packs or the Sealed Envelope styles are best. A 30 day supply of each medication is adequate.

Students lacking any required documentation or above conditions of medication packaging risk a delay of medication administration for several hours, days or extended period of time.

_____/_____
Dominion Academy Staff Member: Date

_____/_____
Signature of Parent or Guardian - Date



DOMINION ACADEMY

Policies, Regulations, and Notices

Perm to Search

Page 1 of 1

PERMISSION TO SEARCH

STUDENT'S NAME: _____ Birthdate: _____

I hereby give permission for the staff at **DOMINION ACADEMY** to conduct physical searches of the person (to include pat downs) and property of the above-named child when deemed necessary to ensure the safety and welfare of the child or of other children at **DOMINION ACADEMY**. Pat downs will be conducted by staff of the same gender as the student. Strip searches are not conducted.

Date

Signature of Parent or Guardian

NOTE: To ensure the safety and welfare of students at **DOMINION ACADEMY**, certain items are prohibited. These include legal or illegal drugs, weapons, and combustible materials. It has been our experience that at times some of our students, either willfully or unknowingly, will bring some of these items on campus. Physical searches will be conducted when there is reason to believe that the student is in possession of prohibited items.



DOMINION ACADEMY

Policies, Regulations, and Notices

Permission for Medical Treatment
Last Revision: 05/22/2015

PERMISSION TO SECURE MEDICAL/DENTAL CARE

STUDENT'S NAME: _____ Birth date: _____

Social Security No.: _____

To Whom It May Concern:

The above named child is a student enrolled at **DOMINION ACADEMY**. In the event of illness or injury, you are authorized to secure or give medical, dental care, or any necessary emergency care. I agree and understand Dominion Youth Services is not responsible for the cost of this care. I further understand that I will be responsible for all costs incurred and will promptly pay bills for medical and dental care .

Date

Signature of Parent or Legal Guardian



DOMINION ACADEMY

Policies, Regulations, and Notices

PERMISSION FOR TRANSPORTATION and FIELD TRIPS

STUDENT'S NAME: _____ Birth date: _____

I hereby give permission for the above-named child to be transported by the staff at **DOMINION ACADEMY** at various times throughout the year for the purposes of his/her educational needs. Transportation will be provided by Dominion Academy in company owned vehicles only.

_____/_____
Parent/Guardian Signature Date

I hereby give permission for the above-named child to participate in field trips planned and conducted by the staff at **DOMINION ACADEMY** at various times throughout the year. I understand that I may have my child opt out of any field trip by notifying the school in writing at least 48 hours in advance of the planned trip.

_____/_____
Parent/Guardian Signature Date



DOMINION ACADEMY

Policies, Regulations, and Notices

PERMISSION FOR MEDIA RELEASE

STUDENT'S NAME: _____ Birth date: _____

Subject to his agreement to participate, I hereby give permission for the above- named child to be photographed, interviewed, and/or taped by **DOMINION ACADEMY** as well as other individuals or agencies that have met the requirements of **DOMINION ACADEMY**. I further agree that these photographs, interviews, and/or tapes may be used in school or other publications (including news media).

NOTE: Photographs, interviews, audiotapes, films, and video tapes have proven very useful in explaining the need for continued public support of our program. A student will not be involved in any of these activities without his personal consent.

The requirements of **DOMINION ACADEMY** do not permit the personal identification of any student except when the activity focuses on outstanding accomplishments of the student, such as athletic performance or awards. A complete file of all media releases and coverage is available for your review

There are several reasons we may want to photograph your child. We offer students the opportunity to have official school pictures taken near the beginning of school year. These are available for purchase from the photographer. We encourage our teachers to take pictures of classroom activities from time to time to encourage more meaningful experiences. When we take field trips we like to document our outings, sometimes making pictures available to the students. And on occasion we may video record a teacher's lesson for educational purposes. **In no way will these pictures ever be used for public or promotional purposes without your knowledge and additional written consent.**

By signing below, you give permission to Dominion Academy to photograph and/or videotape your child.

Parent/Guardian Signature

Date



DOMINION ACADEMY

Policies, Regulations, and Notices

PERMISSION TO SWIM

STUDENT'S NAME: _____ Birth date: _____

Does the above-named child know how to swim? YES NO

The above-named child has my permission to participate in swimming lessons and/or to participate in water sports as planned, conducted, and supervised by the staff at **DOMINION ACADEMY**.

Date

Signature of Parent or Guardian



DOMINION ACADEMY

Policies, Regulations, and Notices

Perm for Follow-Up

Page 1 of 1

PERMISSION TO PARTICIPATE IN FOLLOW-UP ACTIVITIES

STUDENT'S NAME: _____ Birth date: _____

Subject to his agreement to participate, I hereby give permission for the above named child to take part in information gathering activities following his/her withdrawal from **DOMINION ACADEMY**. I understand that this information will be used only for the following purposes:

1. Evaluating the student's continuing needs for support from the school;
2. Evaluating the effectiveness of **DOMINION ACADEMY** in achieving its objectives, and;
3. Providing opportunities for former students to share their experiences with current students.

I understand that no information gathered by these activities will be released in a personally identifiable form without my consent or as may be otherwise provided by law. Circle yes or no.

YES

NO

Date

Signature of Parent of Legal Guardian



DOMINION ACADEMY

Policies, Regulations, and Notices

Permission for Athletics
Last Revision: 05/22/15
Page 1 of 1

PERMISSION TO PARTICIPATE IN COMPETITIVE ATHLETICS

STUDENT'S NAME: _____ Birth date: _____

I hereby give my consent for the above-named child to participate in competitive athletic activities approved by **DOMINION ACADEMY**.

I also hereby acknowledge that I have been given the concussion educational material titled, *R-2113.B - A Parent & Staff Guide to Concussion*.

I agree not to hold **DOMINION ACADEMY** responsible for any injury occurring in the course of such activities to the above-named student nor for the cost of any medical treatment necessitated by such injury. All known physical conditions which might preclude the above-named student from participating in competitive athletic activities are listed below.

_____ Date

_____ Signature of Parent or Guardian

I hereby request permission and apply for the opportunity to compete in competitive athletic activities approved by **DOMINION ACADEMY**.

_____ Date

_____ Signature of **Student**

A Parent & Staff Guide to Concussion

National Federation of State High School Associations (NFHS)
Sports Medicine Advisory Committee (SMAC)

What is a concussion?

A concussion is a brain injury which results in a temporary disruption of normal brain function. A concussion occurs when the brain is violently rocked back and forth or twisted inside the skull, typically from a blow to the head or body. An athlete does not need to lose consciousness (be “knocked-out”) to suffer a concussion, and in fact, less than ten percent of concussed athletes suffer loss of consciousness.

Concussion Facts

- A concussion is a type of traumatic brain injury. The result is a more obvious functional problem than a clear structural injury, causing it to be invisible to standard medical imaging (CT and MRI scans).
- A concussion may cause multiple symptoms. Many symptoms appear immediately after the injury, while others may develop over the next several days or weeks. The symptoms may be subtle and are often difficult to fully recognize.
- Concussion symptoms may last from a few days to several months.
- An athlete should not return to sports or physical activity like physical education or working-out while still having symptoms from a concussion. To do so puts them at risk for prolonging symptoms and further injury.

What should I do if I think my child has had a concussion?

If an athlete is suspected of having a concussion, he or she must be immediately removed from that activity. Continuing to play or work out when experiencing concussion symptoms can lead to worsening of symptoms, increased risk for further injury and possibly death. A medical professional trained in the diagnosis and management of concussions will determine the diagnosis. However, you must be aware of the signs and symptoms of a concussion. If you are suspicious your child has suffered a concussion, he or she must stop activity right away and be evaluated.

What are the signs and symptoms of a concussion?

Signs observed by Parents, Friends, Teachers or Coaches:

- Appears dazed or stunned
- Is confused about what to do
- Forgets plays
- Is unsure of game, score or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness
- Shows behavior or personality changes
- Cannot recall events prior to hit
- Cannot recall event after hit

Symptoms reported by Athlete:

- Headache
- Nausea
- Balance problems or dizziness
- Double or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish
- Feeling foggy or groggy
- Concentration or memory problems
- Confusion

When can an athlete return to play following a concussion?

After suffering a concussion, no athlete should return to play or practice on that same day. Previously, athletes were allowed to return to play if their symptoms resolved within 15 minutes of the injury. Studies have shown that the young brain does not recover quickly enough for an athlete to safely return to activity in such a short time.

No player shall return to play that day following a concussion, and the athlete must be cleared by an appropriate health-care professional before he or she is allowed to return to play in games or practices.

Some of this information has been adapted from the CDC's "Heads Up: Concussion in High School Sports" materials by the NFHS's Sports Medicine Advisory Committee. Please go to www.cdc.gov/ncipc/tbi/Coaches_Tool_Kit.htm for more information.

DISCLAIMER – NFHS Position Statements and Guidelines

The NFHS regularly distributes position statements and guidelines to promote public awareness of certain health and safety-related issues. Such information is neither exhaustive nor necessarily applicable to all circumstances or individuals, and is no substitute for consultation with appropriate health-care professionals. Statutes, codes or environmental conditions may be relevant. NFHS position statements or guidelines should be considered in conjunction with other pertinent materials when taking action or planning care. The NFHS reserves the right to rescind or modify any such document at any time.

Revised by NFHS, April 2013

Adapted by DYS/DA 05/21/15

PARENT NOTE:

Please sign and return the preceding form, *Permission to Participate In Competitive Athletics*, acknowledging receipt and understanding of this document, which will be kept in your student's record at Dominion Academy.



DOMINION ACADEMY

Policies, Regulations, and Notices

HEALTH REQUIREMENT AGREEMENT

STUDENT'S NAME: _____ Birth date: _____

In order to meet licensing standards required by the Commonwealth of VA, all **DOMINION ACADEMY** students' medical records must include the following:

COMPLETE PHYSICAL EXAMINATION

This form must document vision, hearing, and communicable disease status evaluation, in addition to any other tests deemed necessary by the physician to adequately assess the student's health. All recommendations for special nutritional requirements, activity level restrictions, and recommended follow-up care must be documented on this form. This exam is to be completed ***no more than 90 days prior to admission, or seven days following admission***, unless the student is a direct transfer from another state licensed facility whose annual exam form is complete with the above information.. A licensed physician or designee must complete, sign, and date the form, which is provided to the students' guardian in the pre-admission packet. The form must be presented to **DOMINION ACADEMY** at the time of admission unless prior arrangements have been made with the **DOMINION ACADEMY** Health Services Coordinator in advance of the student's admission.

IMMUNIZATION RECORD

A Certification of Immunization record for each student must be presented to **DOMINION ACADEMY at the time of admission**. The students' record should ***clearly*** document receipt of all vaccinations required for the student's age according to the Virginia Department of Health. The *current* requirements are available by calling 1-800-568-1929, or viewing the Internet site <http://www.vdh.state.va.us/imm/Minimumschoolregs.htm>.

_____/_____
Signature of Parent or Guardian - Date

_____/_____
Signature of Academy Personnel - Date



DOMINION ACADEMY

Policies, Regulations, and Notices

Perm for Internet Use

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APPROPRIATE USE OF THE DOMINION ACADEMY NETWORK AND INTERNET RESOURCES

PARENT/STUDENT DECLARATION OF UNDERSTANDING AND ADHERENCE

I, the parent or guardian of _____(student's name), the minor student who has signed, along with me, this acceptable use policy, understand that my son/daughter must adhere to the terms of this policy. I understand that access to the Dominion Academy Network is designed for educational purposes but will also allow my son/daughter access to external computer databases, networks, etc. that are not controlled by Dominion Academy. I also understand that some materials available through these external sources may be inappropriate and objectionable; however, I acknowledge that it is impossible for Dominion Academy to screen or review all of the materials available through these sources. I understand that Dominion Academy accepts responsibility to set and convey standards for appropriate and acceptable use to my son/daughter while using the Dominion Academy Network or any other electronic media or communications associated with Dominion Academy.

Date

Parent or Guardian Name (Please Print)

Parent or Guardian Signature

Date

Student Name (Please Print)

Student Signature



DOMINION ACADEMY

Policies, Regulations, and Notices

Perm for Volunteering

Page 1 of 1

PERMISSION TO VOLUNTEER

STUDENT'S NAME: _____ Birthdate: _____

From time to time throughout the year, some students participate in volunteer activities and are supervised by the staff at **DOMINION ACADEMY**.

Just prior to each volunteer activity, the staff member responsible for supervision will contact you to let you know that your child will be attending. You will also be informed of the place and date where your son will be volunteering.

Does the above-named student have your permission to participate in volunteer activities planned and supervised by the staff at **DOMINION ACADEMY**?

Circle yes or no.

YES

NO

Date

Signature of Parent or Guardian



PERMISSION TO VIEW MOVIES/PROGRAMS

STUDENT'S NAME: _____ Birth date: _____

From time to time throughout the year, students may earn the benefit of watching motion pictures (in addition to educational videos) as a reward for positive behavior at **DOMINION ACADEMY**. In order for your child to participate we need to know which ratings you approve for their viewing. Please **initial** below which motion picture ratings are acceptable for your student:

___ G (General Audiences) – nothing that would be offensive to parents or children

___ PG (Parental Guidance Suggested) – may contain some material inappropriate for younger children

___ PG-13 (Parents Strongly Cautioned) - some material may be inappropriate for pre-teenagers

Movies that have R ratings or ratings of NC-17 will not be shown at any time at Dominion Academy.

Parent/Guardian Signature

Date

Dominion Academy Signature



DOMINION ACADEMY

Policies, Regulations, and Notices

FAMILY PARTICIPATION AGREEMENT

STUDENT'S NAME: _____ Birth date: _____

It is important that you are a partner in your child's education. When it is possible and appropriate, **DOMINION ACADEMY** expects that families of the students placed with us participate in a very active and supportive manner with respect to the education and behavior plans that are formulated. The intent of our combined efforts is to maintain family connectedness, and to prepare the family for an eventual return to public school. It is our collective energy on behalf of your child that can make a difference.

We work toward this goal by asking that families participate fully during the entire course of the education process. In order to meet our goal, families should:

1. Have all required forms/documents submitted prior to the day of **ENROLLMENT**.
2. Attend all meetings that are scheduled to review the **INDIVIDUAL EDUCATION PLAN** or **INDIVIDUAL SERVICE PLAN** in order to provide input and help develop the treatment plan.
3. Attend Parent/Teacher Conferences and Student Award ceremonies as scheduled throughout the year.

Signature of Parent or Legal Guardian

Date

Dominion Academy Representative



DOMINION ACADEMY

Policies, Regulations, and Notices

Behavior Support and
Management Acknowledgment
Last Review: 05/22/15

BEHAVIOR SUPPORT AND MANAGEMENT ACKNOWLEDGMENT

STUDENT'S NAME: _____ Birth date: _____

Dominion Academy believes in a culture that promotes respect, healing, and positive behavior, and provides individuals with the support they need to manage their own behaviors. Dominion Academy has a Positive Behavior Intervention and Support (PBIS) that serves as the foundation for our daily structure and supervision.

Dominion Academy also uses Therapeutic Options of Virginia (TOVA) as a crisis prevention and intervention model for our program. It assists in preventing crisis from occurring, de-escalating, potential crisis, managing acute physical behavior, reducing potential and actual injury to young people and staff, teaching young people positive coping skills and helps to create a learning organization.

Our behavior management system and therapeutic crisis intervention procedures are approved by our licensing agencies.

Please sign below to confirm the Dominion Academy behavioral support and management procedures were reviewed with you.

Date

Signature of Parent or Guardian



DOMINION ACADEMY

Policies, Regulations, and Notices

Permission for Participation in
Family Life Education
Last Review: 05/22/15

Permission for Participation in Family Life Education

STUDENT'S NAME _____ DATE _____

I hereby give permission for the above named student to participate in Family Life Education that is part of the health curriculum offered at Dominion Academy. Please check below.

Family Life Education:

___ General curriculum

___ Opt-out all

___ Opt-out specific sections _____

Date

Parent or Legal Guardian



DOMINION ACADEMY

PERMISSION FOR EXCHANGE OF INFORMATION

I, the undersigned parent/legal guardian for:

STUDENT'S NAME: _____ Birthdate: _____

authorize and request that:

Facility Name

Facility Address

Release Records to: Dominion Academy/Dominion Youth Services, Inc

Verbally communicate with : Dominion Academy/Dominion Youth Services, Inc

Purpose of disclosing: Educational and Behavioral Planning Purposes

Information Requested:

- Withdrawal Summary
- Psychological Testing/Evaluation
- Physical Examination
- Immunization Record
- Social History
- Grades/Transcripts
- Individual Education Plan (IEP)
- Behavioral Records
- Medical History/Documentation
- Other Educational Records: _____

I understand that no limitations are placed on dates, history of illness, or diagnostic and therapeutic information, including any treatment for alcohol and drug abuse. I understand what information has been requested and have been explained the benefits/disadvantages of releasing this information. I further understand that the provision of services is not contingent on the release of this information and I voluntarily consent to the release of this information. This authorization is protected by Federal confidentiality rules (42CFR11).

This authorization will expire at withdrawal of the student from Dominion Academy.

_____/_____
Parent/Guardian Signature Date



PERMISSION TO TEST

STUDENT'S NAME: _____ Birth date: _____

I hereby authorize the staff at **DOMINION ACADEMY** to conduct educational testing or evaluations of the above-named child. I understand that all evaluations will be conducted by qualified personnel. I further understand that I will be informed of the results of the evaluations and that any information resulting from the evaluations will be maintained in accordance with the Rules and Regulations of the Virginia Board of Education governing the management of student records.

Date

Signature of Parent or Guardian



DOMINION ACADEMY

Policies, Regulations, and Notices

Use of Therapeutic Crisis Intervention and Physical Intervention

STUDENTS

Welfare

Use of Therapeutic Options of Virginia (TOVA)

I. Definition.

- A. Purpose. The immediate purpose of physical restraint is to provide the minimum necessary external control to insure the safety of people and property. Physical restraint is a high risk, last resort intervention used to control the student safely and with the best interests of the student in mind.
- B. Restraint and Punishment. While potentially punishing, the application of physical restraint is not used for retaliation, discipline, or punishment. It does not intentionally inflict pain, injury, or harm on the student.
- C. Escort, Physical Hold, and Physical Restraint.
 1. Escort: The staff member physically guides the student for a brief period, between point A and B. The intent is to physically guide a student toward appropriate behavior and may include:
 - a. Guiding a student from a specific area because his/her behavior is interfering with others.
 - b. Guiding a student from a specific area because his/her behavior does not meet the standards that exist for behavior in that setting.
 - c. Guiding a student to his/her seat or to a reset area after his/her refusal to comply.
 2. Physical Hold: This intervention extends beyond escort, in that it involves the brief physical holding of a resistant or violent student. The staff member directs the student toward appropriate behavior and stops inappropriate behavior through the intervention. Justification for this level of restraint is determined by the student's behavior demonstrating an immediate danger to self, others or significant disruption to the environment of other students. Specifically the intervention is justified when:
 - a. Behaviors demonstrated are characteristics of or are evidence of earlier precursors of a pattern of destructive behavior.
 - b. It is the least intrusive intervention to effectively stop the escalation of behavior that may lead to a full physical restraint.
 3. Physical Restraint: The staff member physically prohibits the student from engaging in dangerous or destructive behavior by placing him/her in a position where misbehavior is impossible. The restraint is more intrusive and restrictive, applying physical control over the student holding him/her in a prone position.



DOMINION ACADEMY

Policies, Regulations, and Notices

Use of Therapeutic Crisis Intervention and Physical Intervention

II. Staff Training

- A. Prohibition on Use. No staff member shall *initiate* a physical restraint without having completed the two-day workshop on Therapeutic Options of Virginia (TOVA) offered by the Dominion Youth Services
1. Participation in this workshop shall be scheduled as soon as practicable, but in no case more than 120 days following initial employment.
 2. Participation in an annual “refresher” workshop.
- B. An untrained staff member may assist another trained staff member under the direction of the trained staff member.

III. Use of Physical Hold and Physical Restraint.

- A. Physical hold and physical restraint shall be initiated only as provided in the Behavior Management System or when required by an approved IBIP.
- B. Physical hold and physical restraint shall be used only
1. when the behavior of the child poses a serious threat to self, other persons, or substantial damage to property; and
 2. when
 - a. other attempts to interfere with the behavior have not been successful or
 - b. when in the professional judgment of the staff member it is the best response to the situation and immediate intervention is required because of the seriousness of the behavior or
 - c. when an Individualized Behavioral Intervention Plan (IBIP), approved by the School’s Director to provide for crisis management prescribes such intervention.

IV. Procedure.

- A. Escort. Two staff members are required. The student is informed that he/she is required to be at a certain place. The rationale for why he/she must be there is explained. If the student refuses, he/she may be escorted to that area. The escort is for a limited duration of time with a specific purpose in assisting the student to avoid more serious behavior.
- B. Physical Hold. Two staff members are required and the student is held in a specific area with the staff (using the technique taught in the TOVA Training). The hold is limited in physical control and duration.



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Physical Restraint. Only those procedures and methods for Physical Restraint taught in the TOVA Intervention Workshop shall be used.

1. Process for release (letting go). The process for release of a physical restraint is outlined in TOVA procedures. The release is to be initiated as soon as the student is no longer dangerous to self, others or is in a position to cause significant property damage.
2. Any physical restraint that has extended to 30 minutes must be reviewed by the Director or designee. Specific attention shall be given to the student's need for motion, food, fluids or bathroom use.
3. Physical Restraint may not extend beyond two hours in duration. Any restraint required to last beyond 30 minutes must receive specific review by the Director or designee at each 30-minute interval, and documented in the Incident Report
4. The Director is to be contacted if on campus, or notified via phone/text if off campus, each time physical restraint is initiated.
5. A person trained in first aid, and other than those directly involved in a physical restraint, is to serve as a monitor of the student's medical and mental condition.
6. Each Incident of Physical Restraint requires the notification of the student's parent/guardian within 1 hour of the termination of the restraint. Further, completion of an Incident Report immediately following the intervention or no later than 24 hours after the incident. The staff member initiating the restraint as well as any other staff will collaborate on the incident report. Copies of the incident report will be provided to the student's parent/guardian and the LEA within 3 school days of the incident.
 - A pattern of physical restraints (2 within 30 days) requires an Individualized *Behavioral Intervention Plan*. The intent of the plan is to prevent future emergencies requiring physical intervention.
7. Each Incident of Physical Restraint requires initiation of a "debriefing" process with the staff involved.
 - . Specific goals of the deconstruction process are:
 - Provide emotional support to staff
 - Promote discovery of cause and effect



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- Explore alternative ways of handling situation
- Plan strategies for implementing changes

V. Incident Report.

- A. Completion of an Incident Report is required any time that physical intervention is used.
- B. Each use of physical intervention or restraint shall be subject to Administrative Review.
- C. Inappropriate use of physical intervention may result in disciplinary action.



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Policies, Regulations, and Notices Removal to Sensory Area or Reset Area

STUDENTS

Welfare

Removal to Sensory Area or Reset Area

- I. Definition. For the purpose of this regulation, removal to Sensory Area or Reset Area refers to the removal of a student to a defined area specifically designed for this purpose. This intervention meets the definition of seclusion as stated in Virginia Department of Behavioral Health and Developmental Services Regulation 22 VAC 42-11-910.
- II. Purpose. Removal to the Sensory Area or Reset Area a is an environmental intervention designed to provide a safe environment for a student during a period of extreme behavior allowing for the coordination of appropriate stabilization services is deemed to be an appropriate response to the following emergencies:
 - A. Self-injurious behaviors which demand the student's removal from the standard environment for appropriate supervision; and
 - B. Behaviors, which are so heinous or dangerous that a strong protective response is required.
- III. Sensory Area or Reset Area and Punishment. While potentially punishing, the Sensory Area or Reset Area is not used for punishment. It is not intended to ridicule, embarrass, or harm the student.

In addition, the following prohibitions are noted:

- A. Deprivation of water or food necessary to meet a student's daily nutritional needs except as ordered by a licensed physician for a legitimate medical purpose and documented in the student's record;
- B. Denial of contacts and visits with attorney, probation officer, or placing agency representative;
- C. Denial of contacts and visits with family or legal guardian, except as permitted by other applicable State regulations or by order of a court of jurisdiction;
- D. Delay or withholding of incoming or outgoing mail, except as permitted by other applicable State regulations or by order of a court of competent jurisdiction;
- E. Any action which is humiliating, degrading, or abusive;
- F. Subjection to unsanitary conditions;
- G. Deprivation of opportunities or access to toilet facilities except as ordered by a licensed physician for a legitimate medical purpose and documented in the student's record;
- H. Deprivation of health care including counseling;



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Removal to Sensory Area

IV. Approval.

- A. The approval of the Director or designee (includes assistant principals, dean of students, behavior specialists, behavior technician) is required prior to removing a student to the Sensory Area.

V. Procedures.

- A. The staff member in charge of the student shall notify the Director or designee of demonstrated behavior requiring removal to the Sensory Area.
- B. The Director or designee shall assess the situation and determine the need and following procedures for approval noted in IV.
- C. The reason for removal will be noted by the Director or designee in the electronic behavior record for the student.
- D. Constant supervision of the student while in the Sensory or Reset Area is required.
- E. Entries shall be made every 15 minutes in the student's electronic progress record. Hand written log may be used if computer entries are not possible: such entries will be scanned for inclusion in the student's permanent file.
- F. A log shall be maintained in each Sensory/Reset Area to provide a continuous record of the use of these areas.
- G. Documentation in the student's record is required.

VI. Removal from Sensory Area.

- A. Once the student has recovered from the behavior the use of the Sensory or Reset Area is to be terminated.
- B. Summary documentation of the intervention, its duration, anecdotal information, and outcome, are to be noted and entered in the student's record.

**COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM
Health Information Form/Comprehensive Physical Examination Report/Certification of Immunization**

Part I – HEALTH INFORMATION FORM

State law (Ref. Code of Virginia § 22.1-270) requires that your child is immunized and receives a comprehensive physical examination before entering public kindergarten or elementary school. **The parent or guardian completes this page (Part I) of the form.** The Medical Provider completes Part II and Part III of the form. This form must be completed no longer than one year before your child's entry into school.

Name of School: _____ Current Grade: _____
 Student's Name: _____
 Student's Date of Birth: _ / _ / _ Sex: _ State or Country of Birth: _____ Main Language Spoken: _____
 Student's Address: _ City: _ State: _ Zip: _____
 Name of Parent or Legal Guardian 1: _____ Phone: _____ - _____ - _____ Work or Cell: _____
 Name of Parent or Legal Guardian 2: _____ Phone: _____ - _____ - _____ Work or Cell: _____
 Emergency Contact: _____ Phone: _____ - _____ - _____ Work or Cell: _____

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex)			Diabetes		
Allergies (seasonal)			Head injury, concussions		
Asthma or breathing problems			Hearing problems or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart problems		
Behavioral problems			Lead poisoning		
Developmental problems			Muscle problems		
Bladder problem			Seizures		
Bleeding problem			Sickle Cell Disease (not trait)		
Bowel problem			Speech problems		
Cerebral Palsy			Spinal injury		
Cystic fibrosis			Surgery		
Dental problems			Vision problems		

Describe any other important health-related information about your child (for example; feeding tube, hospitalizations, oxygen support, hearing aid, dental appliance, etc.): _____

List all prescription, over-the-counter, and herbal medications your child takes regularly: _____

Check here if you want to discuss confidential information with the school nurse or other school authority. Yes No

Please provide the following information:

	Name	Phone	Date of Last Appointment
Pediatrician/primary care provider			
Specialist			
Dentist			
Case Worker (if applicable)			

Child's Health Insurance: None FAMIS Plus (Medicaid) FAMIS Private/Commercial/Employer sponsored

I, _____ (do_) (do not_) authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form. This authorization will be in place until or unless you withdraw it. You may withdraw your authorization at any time by contacting your child's school. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.

Signature of Parent or Legal Guardian: _____ Date: _____ / _____ / _____

Signature of person completing this form: _____ Date: ____/____/____

Signature of Interpreter: _____ Date: ____/____/____

DOMINION ACADEMY

Policies, Regulations, and Notices Acknowledgement – Parent/Student Handbook and Student Code of Conduct

Parent /Student Handbook Acknowledgement

By signing below, By signing below, you acknowledge that you have read Dominion Academy's Parent/Student Handbook.

Signature of Parent/Guardian/Student

Date

Code of Conduct

By signing below, you acknowledge that you have read Dominion Academy's Code of Conduct and agree to have my child abide by this Code.

Signature of Parent/Guardian/Student

Date