

Andrew J. Bott Superintendent The Public Schools of Brookline Town Hall 333 Washington Street, 5<sup>th</sup> Floor Brookline, Massachusetts 02445 617.730.2401

September 6, 2018

Dear Parents and Guardians,

I would like to welcome you to the start of the 2018-2019 school year. I hope that your summer was filled with opportunities for growth and relaxation, and that you and your child are ready for the exciting school year ahead. On behalf of the entire school district staff – principals, vice principals, secretaries, directors, counselors, coordinators and, of course, our teaching staff, I can say that we truly look forward to September when our students are back in our classrooms and our school hallways are once again abuzz with student activity.

The start of the school year is also the time to review important information that helps us serve you and your student. This packet contains paperwork that requires your review and attention.

# Health and Medical Emergency Card (light green card)

- Please carefully complete all of the information on this card and sign.
- Send the completed card back to school with your child.
- The enclosed letter from the Coordinator of School Health Services contains additional information about student health mandates, immunization requirements and guidelines for student medications. Please pay careful attention to this information.

# Verifying Emergency Contact Information and Protecting Student Privacy

- As you know, the Parent Portal <u>https://www.brookline.k12.ma.us/parentportal</u> is your link to your child's contact and personal information, Progress Reports/Report Cards and other information such as your child's lunch PIN #.
- We want to make sure we have accurate contact information for your family so that we can share school information, progress reports, and when necessary, emergency notifications in a timely manner. We also want to ensure that we are protecting your and your child's personal information and only sharing it in ways that you have approved. To do so, we need your current contact and consent information. Last week you should have received an email from us asking you to complete the Contact and Consent Verification Process. If you have not yet done so, please follow the instructions on the enclosed "How to Initiate the Contact Verification/Consent Workflow" document to update this important information.
- If you are a new family, your login information to access the Parent Portal was emailed to you shortly after you registered.
- If you have forgotten your login information, please go to the Parent Portal for directions to reset your password: <u>https://www.brookline.k12.ma.us/parentportal</u>

# School Lunch Information/Application for Free and Reduced Meal Program

- Enclosed you will find information about our food service program, including the link for meal prices and menus, as well as information about how to set-up your child's school lunch account.
- We have also enclosed an application for the Free and Reduced Meal Program. Eligibility for current participants will expire on October 30, 2018. In order to continue your participation in the program you must submit a new application before that date.
- If you have forgotten your child's school lunch PIN number, you can always find it on the Parent Portal (log on to the portal, click the "family" tab, and then click on your child's name).
- Helpful information about our food service program is also posted on our website at: <u>http://www.brookline.k12.ma.us/foodservice</u>

## **Residency Verification and Change of Address**

Change of Address

- If you recently moved, you must provide documentation of your new Brookline address. It is very important that your address is correct in our database so that important letters and notices reach you without delay.
- Please use this link to start the change of address process: http://www.brookline.k12.ma.us/changeofaddress
- In addition to the online form, you must submit supporting documentation of your new address before your move is finalized in our database. Information on those documents can be found at this link: <u>http://www.brookline.k12.ma.us/changeofaddress</u>

**Residency Verification** 

- Under School Committee policy, the Public Schools of Brookline may request to verify all families' continued residency during each school year.
- The Office of Student Affairs sends all requests for residency verification to each family directly, along with specific instructions to complete this process.
- If you receive a request, you are required to provide verification of your residency documents. You do not need to provide residency verification at this time.

## District Website:

Our website (<u>http://www.brookline.k12.ma.us</u>) is a great source of useful information to help you start the school year. Look on the *Homepage* and in the *Students and Families* tab for the following:

- 2018-2019 and 2019-2020 School Calendars (holidays, vacation periods, early dismissal dates)
- K-8 Curriculum Overviews and Learning Expectations
- PSB Bullying Prevention Policy and Reporting Forms
- Brookline School Committee Policies
- Annual Notification about the Federal Educational Rights and Privacy Act (FERPA)

Thank you for your attention to all of this important information. I wish you and your child the very best in the school year ahead.

Sincerely,

Andrew J. Bott Superintendent



# THE PUBLIC SCHOOLS OF BROOKLINE School Health Services 617-713-5127

September 2018

Dear Parents and Guardians,

Welcome to the 2018-2019 school year. Brookline School Health Services recognizes the link between student health and academic success, and we are committed to promoting the health and wellness of all of our students through a comprehensive school health program. This requires that our school nurses obtain updated health information for every student and that we adhere to the requirements set forth by the Massachusetts Department of Public Health.

**Please take a moment to carefully review and complete the enclosed** *Health and Medical Card* (light green card). Please sign the card and return it to your child's homeroom teacher promptly. If any of this information changes throughout the course of the school year, please inform your school nurse.

If you need assistance in securing health insurance for your child, please contact your school nurse.

#### Daily or Emergency Medication:

If your child will need to receive daily or emergency medication in school, *you must meet with the school nurse* to initiate or renew the documentation for the administration of medication at school. New medication orders are required every academic year. Medications should be delivered directly to the school by the parent, guardian or caregiver.

#### New Families:

If you are a new family, and you did not already submit a student health record and immunization report for your child, please submit those documents to your school nurse without delay. Massachusetts law mandates that each student meet state immunization requirements before entry to school. If your child is a new kindergarten student, the physical exam report must include the result of lead level tests and vision screening.

#### Students in Grade 4, 7 or 10:

If your child is a 4<sup>th</sup>, 7<sup>th</sup> or 10<sup>th</sup> grader, you must submit documentation of a recent physical examination (conducted within the last 13 months). The immunization records on these reports will be examined by the school nurse. Please check with your child's Primary Care Provider (PCP) to be sure that your child has received the required booster immunizations. **Note that students in 7<sup>th</sup> grade have additional requirements,** including Tdap and Meningococcal immunizations.

#### Brookline High School Students:

If your child participates in high school interscholastic sports, the Massachusetts Interscholastic Athletic Association (MIAA) requires that they have **yearly physical examinations**. Please submit these reports to the nurse in the BHS Health Clinic.

#### Contact Information for School Nurse Staff:

Please look on the back of this letter for a list of our school nurses. Please contact your school nurse if your child has any health concerns (such as allergies, asthma, seizures, or diabetes), any emotional issues (such as recent loss or hospitalization), special needs, required procedures or a history of a recent illness or injury. We encourage you to regularly communicate with your school nurse to keep her informed of any changes, or of any restrictions or accommodations that your child may require. All information will be kept confidential and shared with individual staff members on a need-to-know basis only.

Throughout the school year, our school nurses will be administering and supervising several state mandated programs including hearing, vision, and scoliosis screening, and height/weight/BMI measurement. Scoliosis and BMI measurement will be completed with the support of the physical education staff. We also work collaboratively with supervised Emerson College students. Your support and partnership will help ensure a safe and healthy learning environment for your child. For more information about health services, policies, forms, health care plans or wellness updates, please visit: <a href="https://www.brookline.k12.ma.us/healthservices">www.brookline.k12.ma.us/healthservices</a>

Sincerely,

*Tricia Laham RN, BSN, MEd, NCSN* Coordinator of School Health Services *L. Erik Von-Hahn MD* School Physician Consultant

# Public Schools of Brookline School Nurse Contact Information: 2018-2019

SCHOOL	NURSE	PHONE	
	<b>Ellyn Mulock</b> , BSN, RN		
Baker School	Diane Mahoney Purcell, BSN, RN	617-879-4514	
	Heather McMullan, MA, BSN, RN		
Coolidge Corner School	<b>Jana Young</b> , BSN, RN	617-879-4404	
Driscoll School	Marianne Dewing, BSN, RN	617-879-4257	
Heath School	Gail Corcoran, RN	617-879-4544	
	Karen Miller, BSN, RN		
Lawrence School	April Armstrong, BSN, RN	617-879-4304	
Lincoln School	Mary Kilkelly, BSN, RN	617-879-4604	
	Mary D'Amore, BSN, RN		
Pierce School	Tara Anyaosah, BSN, RN	617-730-2584	
Runkle School	Janet Campbell, MSN, APRN, CNS, CEN, NCSN		
KUNKIE SCHOOL	<b>Penney Casey,</b> BSN, RN	617-879-4682	
	<b>Jill Seaman-Chandler</b> , BSN, RN		
Brookline High School	Megan Day, BSN, RN	617-713-5151	
	Kate Donnelly, MA, BSN, RN		
Brookline Early Education	Putterham: Lucy Lukoff, MMHS, BSN, RN	617-264-6496	
Program (BEEP)	Lynch and Beacon <b>: Penney Casey</b> , BSN, RN	617-739-7516	

# The Public Schools of Brookline School Health Services

# **GUIDELINES FOR THE ADMINISTRATION OF MEDICATIONS IN SCHOOL** Please keep for reference

Parent/guardian consent and original physician orders are required for the administration of all prescription and over the counter medications. Faxed orders will be accepted if received directly from the PCP's office. To ensure the safe and appropriate administration of medications, nurses are required to contact the physician if any medication directive needs clarification.

The <u>only</u> exceptions to this requirement are as follows:

- Epinephrine will be administered by nurses, according to standing emergency medication orders, prescribed by the School Physician Consultant, to individuals having severe, life threatening allergic reactions. Students receiving Epinephrine (Epi-Pen) will be sent by ambulance to the ER for further treatment.
- Standing orders from the school physician are on file for the medications listed below. You may elect, by signing permission on the *Health and Emergency Information Card*, for the nurse to administer these medications when appropriate after completing a nursing assessment. You may cross out and initial any medications on the list which you do not want your child to receive.
  a. A actaminophen/ Tylepol for four or discomfort
  - a. Acetaminophen/ Tylenol for fever or discomfort
  - b. Benadryl/diphenhydramine for emergency treatment of allergic reactions (Due to the sedating effects, students receiving Benadryl will be sent home for observation in the care of a parent/guardian.)
  - c. Cough drops for minor cough or throat irritation
  - d. Hydrocortisone cream to the skin for itching or irritation
  - e. Ibuprofen for fever or discomfort

# **Non-prescription Medications**

Other over the counter medications require written consent by both the parent/guardian and the physician. All OTC medications must be in the original labeled container.

## **Prescription Medications**

# A. Daily Medications: Short Term

All medications must be in a prescription/pharmacy labeled container and should be brought to the health clinic by a parent. The parent/guardian must complete and sign a medication administration form. Antibiotics or other short term medications, given less than 4 times per day, should <u>not</u> be given during school hours. If your child goes to an after school program please make arrangements for her/him to receive medication at the prescribed time. *If a student has a contagious illness, he/she may not attend school for at least 24 hours after the administration of an initial antibiotic dose.* 

# **B.** Daily Medications: Long Term

All medications, including emergency medications, must be in the prescription/pharmacy labeled container and accompanied by medication administration forms completed by both the parent/guardian and the physician. These forms request the name, dose, and timing of the medication, the indications for its use, any side effects and parent and physician contact information.

# C. Students Carrying Their Own Medications

Students in grades K-12 may carry their own inhalers and their own Epi-Pen prescriptions with approval of their parent/guardian and school nurse. Parent and physician medication forms, as described in section B, are required to be completed and submitted to the school nurse and updated yearly. No other medications should be carried by students in grades K-8. Students at the High School may carry their own medications for self administration with written parental permission and at the nurse's discretion.

#### **D.** Aspirin

This medication will be administered only with a physician's order and parental consent due to the associated risk of Reye's Syndrome. The physician must state that the child is <u>not</u> allergic to aspirin. The major indications for the administration of aspirin are usually for treatment of orthopedic, rheumatoid, or other musculoskeletal diseases.

#### **E.** Narcotics

Students, who suffer *chronic* pain, that require daily or periodic administration of narcotics, will have individual health care plans to support their special health care needs. These plans will include a physician's order, including dosage, indication for administration and signed parental permission. Parent/guardian must deliver the medication in the original labeled pharmacy container to the health clinic where the student will receive a dose of their prescribed narcotic from the school nurse. No narcotics can be transported by a student.

Students experiencing pain secondary to an *acute* illness, injury or recent surgery should not return to school until their pain can be managed by a non-narcotic medication, due to the side effects associated with a newly introduced narcotic prescription.

## E. Field Trips

School nurses are rarely present on field trips. Please designate on the Medication Plan if your child needs to receive their scheduled medications on field trips. If a student does require medication while on a field trip and no nurse is attending, students will receive medications as follows:

- Delegation to a staff member: The school nurse will educate and delegate the administration of <u>essential</u> prescription medications, according to MDPH regulations for day and overnight field trips.
- Self administration (grades 9-12): If developmentally appropriate, a student may self administer medication with parental permission at the discretion of the school nurse. A parent/guardian must sign permission for self administration on the medication administration plan for a day trip. For overnight trips, the Overnight Field Trip Health form must also be completed by the parent to allow students to self administer. All medications must be provided in an accurately labeled prescription bottle. \*Refer to Medication Guidelines for Overnight Field trips.\*

Students may carry and self administer their own medications such as inhalers for asthma and Epi-Pens, for Life Threatening Allergies when appropriate. Be sure to discuss the specific medication practices for the field trip with the school nurse at least 72 hrs before the trip.

#### Please contact the school nurse if you have any questions about medication administration.

# Public Schools of Brookline Food Service Program

Welcome! We are pleased to be able to share important and useful information with you about our food service program.

## Whitsons Culinary Group

We continue to partner with Whitsons Culinary Group to manage the district's food service program. Whitsons operates as the food service director and works with us to enhance our focus on providing options for fresh, nutritious food prepared at each of our schools. Gus Travassos is the onsite director for Whitsons. You can reach Mr. Travassos at 617-730-2499 or at travassosg@whitsons.com

#### Breakfast and Lunch Menus

All of our schools serve a healthy breakfast and lunch each day. Nutritious a la carte options are also offered. Menus and nutritional information are posted on our website: **www.brookline.k12.ma.us/foodservice** 

## **Meal Payment**

The cost for meals or a-la-carte items is charged to your student's account with funds you have deposited. We use **www.myschoolbucks.com** for the cafeteria payments. If you are a new family, please log-on and create an account for your child.

If you would prefer to avoid the processing fee associated with electronic deposits to your child's *myschoolbucks* account, or if you want to deposit more than the vendor allows, we accept checks (made payable to Brookline Food Service and sent to the address below). We will add the amount to your child's account. If you send us a check, be sure to enclose a note indicating your child's full name and school.

Our meal plan policy does not allow deficits in student accounts. All funds for the food service program are under the control of the Town of Brookline.

The prices for student breakfast and lunch meals for the 2018-2019 school year are posted on our website: www.brookline.k12.ma.us/foodservice

## Lunch PIN (personal identification number)

Your child will use their lunch PIN number to pay for the meal in the cafeteria line. If you forget your child's PIN, you can find it on the parent portal (www.brookline.k12.ma.us/parentportal). Login with your portal credentials, click the "family" tab, and then select your child's name.

#### Free and Reduced Meal Program Application

If you are currently participating in the Free and Reduced Meal Program, your eligibility will expire on October 30, 2018. You must submit a new application before that date in order to continue. If we do not have a new application by that date, all meals will be charged at the full price.

The application is enclosed. If you believe that you are eligible, please complete the application and return it to us by:

<u>fax:</u>	617-264-6435 Attention: Joanne Conneely
<u>email</u> :	joanne_conneely@psbma.org
mail or hand-deliver:	Public Schools of Brookline, Office of Food Services
	24 Webster Place, Brookline, MA 02445

The free and reduced lunch program application is also available on our website: www.brookline.k12.ma.us/foodservice

A link to applications in other languages is also available on our website.



# 2018-2019 Massachusetts Application for Free and Reduced Price School Meals ELIGIBILITY FOR 2017-2018 PARTICIPANTS WILL EXPIRE OCTOBER 30, 2018

If you have received a **Notice of Direct Certification – FREE** from the school district for free meals, **do not** complete this application. If you have received a **Notice of Direct Certification – REDUCED PRICE** from the school district for reduced price meals, this application may be submitted. **DO** let the school know if any children in the household are not listed on the **Notice of Direct Certification – FREE** letter you received.

#### STEP 1 List ALL Household Members who are infants. children. and students up to and including grade 12 (if more spaces are required for additional names. attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related." Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

Ob the Part News			Colored Maria	e	Student?	Foster	Homeless	Migrant	Runaway
Child's First Name	MI	Child's Last Name	School Name	Grade	Circle Yes or No	Check all that apply			
					ΥN				
					Y N				
					Y N				
					Y N				
					Y N				
					Y N				

#### STEP 2

#### EP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

Write the Agency ID Number, then go to STEP 4 (Do not complete STEP 3)

DO NOT provide EBT card number.

Agency ID Number:

Weekly

Ο

Child Income

S

How often?

Bi-Weekly 2x Month Monthly

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#### STEP 3 Report Income for ALL Household Members (Skipthisstepifyouanswered 'Yes' to STEP 2)

Review the charts titled "Sources o	of Income" for more information.	The "Sources of Income for Children"	' chart will help you with the Child Income section.
The "Sources of Income for Adults	" chart will help you with the All	Adult Household Members section	

#### A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here:

#### B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

		How often?	Public Assistance/ Child	How often?	Pensions / Retirement /	How often?
Name of Adult Household Members (First and Last)	Earnings from Work	Weekly Bi-Weekly 2x Month Monthly	Support/ Alimony	Weekly Bi-Weekly 2x Month Monthly	All Other Income	Weekly Bi-Weekly 2x Month Monthl
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Total Household Members (Children and Adults)	0	cial Security Number (SSN) of or Other Adult Household Member	XXX-XX-	Check if no SSN		
STEP 4 Contact Information and Adult Signature Brookl	ine Public School	Food Service, 24 Webster Pl	lace, Brookline MA 0	2445		
certify (promise) that all information on this application is true and that all income is reported. In ildren may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."		mation is given in connection with the rece	eipt of Federal funds, and that so	chool officials may verify (check) the information	on. I am aware that if I purpos	ely give false information, my
rreet Address (if available) Apt #	City	State	Zip	Daytime Phone and Email	(optional)	]
rinted name of adult signing the form	Signature of a	hult		Today's date		Error prone

#### INSTRUCTIONS Source

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	Sources of Income	for Children				Sources of Income for Ad	ults
Sources of Child Inco	me	e Example(s) - A child has a regular full or part-time job where they		Earn	ings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Social Security		earn a salary or wa	a salary or wages		ges, cash bonuses e from self-	<ul><li>Unemployment benefits</li><li>Worker's compensation</li></ul>	<ul> <li>Social Security (including railroad retirement and black lung benefits)</li> </ul>
- Disability Payment - Survivor's Benefits			etired, or deceased, and their child	or deceased, and their child employmen enefits If you are in the Basicpayand		<ul> <li>Supplemental Security Income (SSI)</li> <li>Cash assistance from State or local government</li> <li>Alimony payments</li> </ul>	<ul> <li>Private pensions or disability benefits</li> <li>Regular income from trusts or estates</li> <li>Annuities</li> </ul>
-Income from person outside the household		- A friend or extended family member regularly gives a child spending money		housing allowances)     -       -     Allowancesfor off-base housing, food		<ul> <li>Child support payments</li> <li>Veteran's benefits</li> <li>Strike benefits</li> </ul>	Investment income     Earned interest     Rental income
-Income from any other source		- A child receives regu pension fund, annu	lar income from a private uity, or trust	and clothing			<ul> <li>Regular cash payments from outside household</li> </ul>
thnicity (check one):	Race (check one	or more):			We are required to as	k for information about your children's rad	ce and ethnicity. This information is
<ul><li>Hispanic or Latino</li><li>Not Hispanic or Latino</li></ul>	<ul><li>American India</li><li>Asian</li></ul>	American Indian or Alaskan Native     Native Hawaiian or Other Pacific Is       Asian     White			important and helps t	o make sure we are fully serving our comr affect your children's eligibility for free ou	nunity. Responding to this section is
	Black or Africa	n American			L		

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint\_filing\_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410

- fax: (202) 690-7442; or
- email: program.intake@usda.gov.

This institution is an equal opportunity provider.

	2018-2	For School Use 019 Massachusetts Application for F		e School Meals	
Total Income     Household Size       Image: Comparison of the compariso	Annual Income Weekly Every 2 Weeks Twice A Month Monthly			Eligibility:	Categorical Eligibility
How often?           Weekly         Bi-Weekly         2x Month         Monthil         Annually           O         O         O         O         O           Determining Official's Signature         O         O         O         O	Date	Confirming Official's Signature	Date	Verifying Official's Sign	ature Date

How to Initiate the Contact V	erification/Consent Workflow			
Log into the Aspen Parent Portal.	Tasks	$\sim$		
On the right-hand-side of the main landing page, in the	Open Tasks V	+ Initiate		
window labeled <b>Tasks</b> , click on the button labeled <b>Initiate.</b>	Received Workflow Task	Subject		
A pop up box will appear. The first two boxes should say:				
Workflow = Contact Verification [Direct]	Initiate Workflow: Workflow Sel	ection		
• Date = today's date	Workflow Contact	Verification [Direct ~		
Click on the magnifying glass				
Click on the magnifying glass.	Date 8/20/2018	3		
	Student			
A second pop-up box will appear listing out all of your				
students. Select the button next to the student for whom	Name	YOG		
you would like to verify data. Click <b>OK.</b>	Aaron, TestStudent8	2018		
** If you have multiple children in the PSB and not all of them	☑ OK 🗶 Cancel			
appear in this list, please let us know right away at <u>datateam@psbma.org</u> We will amend your account				
accordingly.				
You will be brought back to the first pop up box and you				
will see your selected student's name in the box next to <b>Student.</b> Click on <b>Next.</b>	Initiate Workflow: Workflow Sele	ction		
	Workflow Contact Ve	if a stine (Disector)		
**If you do not want to verify the information for the student whose name is showing, click on the magnifying glass again and		rification [Direct ~		
select a different student in the list that appears.	Date 8/20/2018			
	Student Aaron, TestS	tudent8 Q		
A colorful window will pop up with your chil	d's contact and consent inform	ation. Please		
review each section carefully and verify and	•	the student		
	elected.			
Sections f	or review:			
Student Demographic and Contact Information	Emergency Contac	:ts		
Parent Permissions and Consents Student and Parent Agreements				
All existing information will pre-populate. Y	<i>,</i> ,	-		
that need to be changed. Even if you do not				
click "finish" for PSB to confirm you have co	ompleted the process. More det	tails on each		

section can be found on the workflow itself.

# **Frequently Asked Questions**

Question or Issue	Resolution
<ul> <li>I need to complete my residency verification. Can I do that here?</li> </ul>	No. Residency verification is a separate process managed by the Office of Student Affairs. You cannot change your child's address through the Parent Portal. All address verification and changes must be made through the Office of Student Affairs at 617-264-6492 or <u>studentaffairs@psbma.org</u> . Please do not email residency verification documents to the Data Team.
<ul> <li>What information can I change with this?</li> </ul>	You can update your child's contact information, contact information for all existing parents/guardians and emergency contacts, and consent information. You may also add new emergency contacts. If you identify an error in your child's address, if you need to reprioritize emergency contacts or delete an emergency contact please contact the Office of Strategy and Performance at <u>datateam@psbma.org</u> . To change demographic information for your child, please contact the main office at your school.
<ul> <li>I don't know my user id or password.</li> <li>I am receiving an error message that my account has been disabled or that I do not have permission to access.</li> </ul>	If you have already logged in once in the past, please try the "I Forgot My Password" link on the login page. Please check with the child's other parent/guardian, if applicable; sometimes one parent/guardian will change the password. If that doesn't work, please email us at <u>datateam@psbma.org</u> and we will reset your account for you. Though we will work to fix this as quickly as possible, please allow up to three business days for resolution. Please note that you will likely receive a red pop up box requiring you to change your password the first time you log in. This is not an error.
<ul> <li>My neighbor/friend who is also a PSB parent/guardian did not receive the message about contact verification/consent.</li> <li>My spouse/partner/the child's other parent did not receive the message about contact verification/consent.</li> </ul>	Please ask them to email us at <u>datateam@psbma.org</u> to ensure that we have an up to date email address for them. If a parent with legal, non-physical custody would like a separate login, please have them request this directly from your child's school, as there is a notification process that must be followed.
<ul> <li>I can't see all of my children when I log in.</li> </ul>	Please email us at <u>datateam@psbma.org</u> and let us know which student(s) you can't access. We will update the student contact record. At that point you can log out and log back in and you should be able to see all of your students. Please allow up to three business days for resolution.
• Is this secure?	Yes. We use a well-respected student information system that is approved by the State of Massachusetts for mandatory data reporting. All information is stored on highly secure encrypted servers. All data maintenance and use activities adhere to federal FERPA guidelines. The Public Schools of Brookline takes great care to maintain the privacy and security of our students and families. If you would prefer to complete this verification using a paper form, however, please let us know via email and we will be happy to accommodate the request.
• What else can I do with the Parent Portal?	The Parent Portal currently allows you access to your student's current and past schedule/homeroom, attendance, and grades. You can also access important documents and forms. Report cards and progress reports will be published to the Parent Portal. You can access all final report cards from the 2015-16 school year forward.