Griffin School District #324

Griffin School Board Study Session

Date and Time

Wednesday April 15, 2026 at 6:00 PM PDT

Location

Griffin Library

Attend via Zoom

Zoom Link

Agenda

		Purpose	Presenter
I.	**Opening Items**		
	A. Record Attendance		
	B. Call the Meeting to Order		
	C. Pledge of Allegiance & Land Acknowledgement		
	D. Approval of Agenda	Vote	
II.	**New Business**		

		Purpose	Presenter
A.	Student Representative Process	Discuss	
B.	Resolution 25-26-03 180-Day Waiver: Parent-Teacher Conference Days	Discuss	

III. New Policy

A.	3411 Accommodating Students with Seizure Disorders or Epilepsy	Discuss
B.	3419 Self Administration of Asthma and Anaphylaxis Medications	Discuss
C.	3420 Anaphylaxis Prevention and Response	Discuss
D.	3422 Student Sports: Concussion, Head Injury and Sudden Cardiac Arrest	Discuss
E.	3424 Opioid Related Overdose Reversal	Discuss
F.	4129 Family Involvement	Discuss

IV. Policy Updates

A.	Policy 3124 Removal-Release of Student During School Hours	Discuss
B.	3413 Student Immunization and Life Threatening Conditions	Discuss

V. Policy Review

VI. Policy Removal

VII. Superintendent Updates

A.	Superintendent Kirsten Rue	FYI

VIII. Closing Items

A.	For the Good of the Order	
B.	Executive Session	Discuss

		Purpose	Presenter
	To review the performance of a district employee.		
C.	Adjourn Meeting	Vote	

"Where students thrive, feel valued, and shape a better world."

Coversheet

Resolution 25-26-03

Section: II. New Business
Item: B. Resolution 25-26-03
Purpose: Discuss
Submitted by:
Related Material:
25-26-03 RESOLUTION 180-Day Waiver - Parent-Teacher Conference Days.pdf

GRIFFIN SCHOOL DISTRICT #324

6530 33rd Avenue NW, Olympia, Washington 98502
(360) 866-2515
www.griffinschool.us

Resolution 25-26-03
180-Day Waiver: Parent-Teacher Conference Days
2026-2027 School Year

WHEREAS, the Griffin School District #324 requires a waiver of the minimum 180-day school year requirement, as established in RCW 28A.150.220, to allow for two (2) full-day parent-teacher conferences; and

WHEREAS, the district believes that full-day conferences will improve communication between teachers, parents, and students, and better support student learning; and

NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the Griffin School District requests that the Washington State Board of Education, per RCW 28A.305.140, waive the 180-day school year requirement for the Griffin School District to allow for two (2) full-day parent-teacher conferences during the 2026-2027 school year.

FURTHER BE IT RESOLVED that the district assures that it will comply with the annual average requirement for instructional hours.

ADOPTED this day on the _____of April 2026.

Board Chair: _____

Vice Chair: _____

Director: _____

Director: _____

Director: _____

Secretary to the Board: _____

"Where students thrive, feel valued, and shape a better world."

Coversheet

3411 Accommodating Students with Seizure Disorders or Epilepsy

Section: III. New Policy
Item: A. 3411 Accommodating Students with Seizure Disorders or Epilepsy
Purpose: Discuss
Submitted by:
Related Material:
3411 Accommodating Students with Seizure Disorders or Epilepsy (WSSDA 2021).pdf

Policy: 3411
Section: 3000 - Students

Accommodating Students with Seizure Disorders or Epilepsy

The district will develop and follow an individual health plan for each student with seizure disorder or epilepsy. Each individual health care plan will include an individual emergency plan element. The health plans will be updated annually, and more frequently as needed.

The board of directors shall designate a professional person licensed under chapter 18.71, 18.57, or 18.79 RCW as it applies to registered nurses and advanced registered nurse practitioners, to consult and coordinate with the student's parents and health care provider, and train and supervise the appropriate school district personnel in proper procedures for care for students with epilepsy or other seizure disorders to ensure a safe, therapeutic learning environment. Training required may also be provided by a national organization that offers training for school nurses for managing students with seizures and seizure training for school personnel.

In addition to adhering to the requirements of each individual health care plan, for the general care of students with seizure disorder or epilepsy, the district will:

A. Acquire necessary parent requests and instructions for treatment;
B. Acquire monitoring and treatment orders from licensed health care providers prescribing within the scope of their licensed authority;
C. Provide sufficient and secure storage for medical equipment and medication provided by the parent;
D. Establish school policy exceptions necessary to accommodate students' needs related to epilepsy or other seizure disorders, as described in the individual health plan;
E. Ensure the development of individual emergency plans;
F. Ensure the possession of legal documents for parent-designated adults to provide care, if needed;
G. Ensure each individual health plan at least annually; and
H. Ensure each student’s individual health care plan will be distributed to appropriate staff based on the student’s needs and the staff member’s contact with the student.

Parents of students with seizure disorders or epilepsy may designate an adult to provide care for their student consistent with the student’s individual health care plan. At parent request, school district employees may volunteer to be a parent-designated adult under this policy, but they will not be required to participate.

"Parent-designated adult" means a parent-designated adult who is not licensed under chapter 18.79 and: (A) Volunteers for the designation; (B) receives additional training from a health care professional or expert in care for epilepsy or other seizure disorders selected by the parents;

and (C) provides care for the child consistent with the individual health plan.

A parent-designated adult may be a school district employee. Parent-designated adults who are school employees will file a voluntary, written, current, and unexpired letter of intent stating their willingness to be a parent-designated adult. Parent-designated adults who are school employees are required to receive training in caring for students with seizures from the (insert title of appropriate staff member) or from a parent-selected health care professional or appropriate personnel from a national epilepsy organization that offers seizure training and education for school nurses and other school personnel. If a school district employee who is not licensed under chapter 18.79 RCW chooses not to file a letter under this section, the employee may not be subject to any employer reprisal or disciplinary action for refusing to file a letter.

Parent-designated adults who are not school employees are required to show evidence of comparable training and meet school district requirements for volunteers. Parent-designated adults must receive additional training from a parent-selected health care professional or expert in seizure care to provide the care requested by the parent. The (insert appropriate staff member) is not responsible for the supervision of procedures authorized by the parents and carried out by the parent-designated adult.

The district, its employees, agents, or parent-designated adults who act in good faith and in substantial compliance with a student's individual health care plan and the instructions of the student's health care provider will not be criminally or civilly liable for services provided under RCW 28A.210.355.

Griffin: _____
WSSDA Adopted: **October 13, 2021**
Classification: **Critical**

Legal References:

- 42 U.S.C. - 12101 et seq. Americans with Disabilities Act
- RCW 28A.210.350 - Students with diabetes or epilepsy or other seizure disorders

Management Resources:

- 2021 - October Issue

Cross References:

- 5630 - Volunteers
- 3416 - Medication at School
- 2162 - Education of Students With Disabilities Under Section 504 of the Rehabilitation Act of 1973

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Coversheet

3419 Self Administration of Asthma and Anaphylaxis Medications

Section: III. New Policy
Item: B. 3419 Self Administration of Asthma and Anaphylaxis Medications
Purpose: Discuss
Submitted by:
Related Material:
3419 Self Administration of Asthma and Anaphylaxis Medications (WSSDA 2012).docx.pdf

Code: 3419
Section: 3000 - Students

Self-Administration of Asthma and Anaphylaxis Medications

Asthma is an inflammatory disease of the respiratory tract. Anaphylaxis is a life-threatening allergic reaction that may involve systems of the entire body. Anaphylaxis is a medical emergency that requires immediate medical treatment and follow-up care by an allergist/immunologist.

It is the policy of the board of directors that students with asthma or anaphylaxis are afforded the opportunity to self-administer prescribed medications. The student's parent or guardian will submit a written request and other documentation required by the school. The student's prescribing health care provider must provide a written treatment plan.

The student must demonstrate to the school's professional registered nurse that the student is competent to possess and self-administer prescribed medications during school and at school sponsored events.

The superintendent will establish procedures that implement this policy and follow emergency rescue procedures outlined in the most recent edition of *AMES: Asthma Management in Educational Settings*, in cases of suspected asthma and the emergency rescue procedures outlined in the Office of the Superintendent of Public Instruction's *Guidelines for the Care of Students with Anaphylaxis (2009)* in cases of suspected anaphylaxis.

Griffin: _____
WSSDA Last Revised: **August 01, 2012**
Classification: **Critical**
Prior Revised Dates: **08.05; 12.11**

Legal References:

- 42 U.S.C. 280 Public Health Service Act
- 42 U.S.C. 12212 Section 512 Americans with Disabilities Act of 1990
- 34 CFR Part 104 Section 504 of Rehabilitation Act of 1973
- RCW 28A.210.370 Students with Asthma
- RCW 28A.210.380 Anaphylaxis-Policy guidelines-Procedures-Reports

Management Resources:

- 2012 - August Issue
- OSPI, March 2009, Guidelines for the Care of Students with Anaphylaxis
- 2009 - February Issue

Cross References:

- 3420 - Anaphylaxis Prevention and Response
- 3416 - Medication at School
- 2162 - Education of Students With Disabilities Under Section 504 of the Rehabilitation Act of 1973
- 2161 - Special Education and Related Services for Eligible Students

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Coversheet

3420 Anaphylaxis Prevention and Response

Section:	III. New Policy
Item:	C. 3420 Anaphylaxis Prevention and Response
Purpose:	Discuss
Submitted by:	
Related Material:	3420 Anaphylaxis Prevention and Response (WSSDA 2024).pdf

Policy: 3420
Section: 3000 - Students

Anaphylaxis Prevention and Response

Anaphylaxis is a life-threatening allergic reaction that may involve systems of the entire body. Anaphylaxis is a medical emergency that requires immediate medical treatment and may require follow-up care by an allergist/immunologist.

The Griffin School Board of Directors expects school administrators, teachers, and support staff to be informed and aware of life-threatening allergic reactions (anaphylaxis) and how to deal with the resulting medical emergencies. For students, some common life-threatening allergens are peanuts, tree nuts, fish, dairy, bee or other insect stings, latex, and some medications. Affected students require planned care and support during the school day and during school sponsored activities. Additionally, any student could potentially have a life-threatening allergic reaction even without a history of such.

Parents/guardians are responsible for informing the school about their student's potential risk for anaphylaxis and for ensuring the provision of ongoing health information and necessary medical supplies. The district will take reasonable measures to avoid allergens for affected students. The district will also train all staff in the awareness of anaphylaxis and prepare them to respond to emergencies. Additionally, student specific training will be provided for appropriate personnel. The plan shall be distributed to appropriate staff based on the students' needs and the staffs' level of interaction with the student as determined in the health plan.

Even with the district's best efforts, staff and parents/guardians need to be aware that it is not possible to achieve a completely allergen-free environment. However, the district will take reasonable precautions to reduce the risk of exposure to allergens for students with history of anaphylaxis.

Insert the following language if stocking undesignated epinephrine auto injectors:

The district may maintain at designated school locations a supply of epinephrine or nasal spray based on the number of students enrolled at the school. Undesignated epinephrine or nasal spray must be obtained with a prescription in the name of the school by a licensed health professional within the scope of their prescribing authority and must be accompanied by a standing order protocol for their administration. Prescriptions and standing orders may be obtained from a community Licensed Health Care Provider or through a statewide standing order from the Secretary of Health or designee.

In the event a student with a current prescription for epinephrine on file at the school experiences an anaphylactic event, the school nurse or designated trained school personnel may use the school supply of epinephrine to respond if the student's supply is not immediately available. In the event a student without a current prescription for epinephrine on file with the school or a student with undiagnosed anaphylaxis experiences an anaphylactic event, the school nurse may utilize the school supply of epinephrine to respond under the standing order protocol according to RCW 28A.210.380 and RCW 28A.210.383.

The school's supply of epinephrine auto injectors or nasal spray does not negate parent/guardian responsibility to ensure that they provide the school with appropriate medication and treatment orders pursuant to RCW 28A.210.320 if their student is identified with a life-threatening allergy.

The superintendent will establish procedures to support this policy and to ensure:

1. Rescue protocol in cases of suspected anaphylaxis will follow OSPI's current Guidelines for the Care of Students with Anaphylaxis
2. A simple and standardized format for emergency care plans is utilized;
3. A protocol is in place to ensure emergency care plans are current and completed and distributed to appropriate staff;
4. Medication orders are clear and unambiguous;
5. Training and documentation is a priority**;**
6. ***insert the following language if stocking undesignated epinephrine auto injectors or nasal spray):*** *and each school's supply of epinephrine, if any, is maintained pursuant to manufacturer's instructions and district medication policy and procedures.*

Griffin: _____
WSSDA Last Revised: **October 30, 2024**
Classification: **Critical**
Prior Revised Dates: **02.09: 12.11; 08.12; 12.13; 08/01/2018**

Legal References:

- WAC 392-380 PUBLIC SCHOOL PUPILS - IMMUNIZATION REQUIREMENT AND LIFE-THREATENING HEALTH CONDITION
- RCW 28A.210.380 Anaphylaxis - Policy guidelines - Procedures - Reports.
- RCW 28A.210.383 Epinephrine and epinephrine autoinjectors (EPI pens) - School supply - Use

Management Resources:

- 2024 - October Issue
- 2018 - August 2018 - August Policy Issue
- 2013 - December Issue

- 2012 - August Issue
- OSPI, March 2009 Guidelines for the Care of Students with Anaphylaxis
- 2009 - February Issue

Cross References:

- 3419 - Self-Administration of Asthma and Anaphylaxis Medications
- 3418 - Response to Student Injury or Illness
- 3416 - Medication at School

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Coversheet

3422 Student Sports: Concussion, Head Injury and Sudden Cardiac Arrest

Section: III. New Policy
Item: D. 3422 Student Sports: Concussion, Head Injury and Sudden Cardiac Arrest
Purpose: Discuss
Submitted by:
Related Material:
3422 Student Sports Concussion Head Injury and Sudden Cardiac Arrest (WSSDA 2015).pdf

Policy: 3422
Section: 3000 - Students

Student Sports - Concussion, Head Injury and Sudden Cardiac Arrest

Concussion and Head Injury

The Griffin School Board of Directors recognizes that concussions and head injuries are commonly reported injuries in children and adolescents who participate in sports and other recreational activities. The board acknowledges that the risk of catastrophic injuries or death is significant when a concussion or head injury is not properly evaluated and managed.

Therefore, all competitive sport activities in the district will be identified by the administration and all appropriate district staff, coaches and team volunteers will complete training as required in Procedure 3422 to recognize warning signs and symptoms of concussion and head injury. Additionally, all coaches will comply with Washington Interscholastic Activities Association (WIAA) guidelines for the management of concussions and head injuries.

Consistent with Washington law, the district will utilize guidelines developed with the WIAA and other pertinent information to inform and educate coaches, youth athletes, and their parents/guardians of the nature and risk of concussions or head injuries, including the dangers associated with continuing to play after a concussion or head injury. Annually, the district will distribute a head injury and concussion information sheet to all parents/guardians of student participants in competitive sport activities.

Prior to their first use of school facilities, all private nonprofit youth programs must provide a written statement of compliance with this policy in regard to concussion and head injury with proof of insurance as required by RCW 4.24.660.

Sudden Cardiac Arrest

The Board of Directors further recognizes that sudden cardiac arrest is reported to be the leading cause of death in young athletes. The board will work with the WIAA and the University of Washington medicine center for sports cardiology to make available an online pamphlet that provides student athletes, their parents/guardians and coaches with information about sudden cardiac arrest. To this end, the district will maintain a link on its website to the OSPI website where the online pamphlet will be posted.

Annually, prior to participating in an interscholastic athletic activity, students and their parent/guardian must review the online pamphlet and return a signed statement to the school documenting their review. This form may be combined with the annually distributed head injury and concussion information sheet referenced above.

The board will also work with the WIAA and the University of Washington medicine center for sports cardiology to make available an existing online sudden cardiac arrest prevention program for coaches. Every three years, prior to coaching an interscholastic athletic activity, all coaches will complete the online program and provide a certificate of completion to the district.

All coaches, including volunteers, will complete training as required in the district procedure. Additionally, all coaches will comply with Washington Interscholastic Activities Association (WIAA) guidelines for the management of sudden cardiac arrest.

Prior to their first use of school facilities, all private nonprofit youth programs must provide a written statement of compliance with this policy in regard to sudden cardiac arrest with proof of insurance as required by RCW 4.24.660.

Griffin: _____
WSSDA Last Revised: **June 01, 2015**
Classification: **Critical**
Prior Revised Dates: **08.09; 08.14; 12.11**

Legal References:

- RCW 4.24.660 Liability of school districts under contract with youth programs
- Chapter 28A.600 RCW Students

Management Resources:

- 2015 - June Policy Issue
- 2014 - August Issue
- 2009 - August Issue

Cross References:

- 3412 - Automated External Defibrillators
- 3418 - Response to Student Injury or Illness
- 4260 - Use of School Facilities

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Coversheet

3424 Opioid Related Overdose Reversal

Section: III. New Policy
Item: E. 3424 Opioid Related Overdose Reversal
Purpose: Discuss
Submitted by:
Related Material: 3424 Opioid Related Overdose Reversal (WSSDA 2020).docx.pdf

Policy: 3424
Section: 3000 - Students

Opioid Related Overdose Reversal

The board recognizes that the opioid epidemic is a public health crisis and access to opioid-related overdose reversal medication can be life-saving. To assist a person at risk of experiencing an opioid-related overdose, the district will seek to obtain and maintain at least one set of opioid overdose reversal medication doses in each of its schools.

The district must obtain and maintain opioid overdose reversal medication either through a standing order, prescribed and dispensed according to RCW 69.41.095(5), or through one or more donation sources. The district will seek at least one set of opioid reversal medication doses for each of its schools. However, if the district documents a good faith effort to obtain and maintain opioid overdose reversal medication through a donation source, and is unable to do so, the district is exempt from the obligation to have a set of opioid reversal medication doses for each school. Documentation of good faith effort must be kept on file.

The following personnel may distribute or administer the school-owned opioid overdose reversal medication to respond to symptoms of an opioid-related overdose:

- A school nurse,
- School personnel who become designated trained responders, or
- A health care professional or trained staff person located at a health care clinic on public school property or under contract with the school district.

Training for school personnel to become designated trained responders and distribute or administer opioid overdose reversal medication must meet the requirements for training described in the statute and any rules or guidelines for such training adopted by the Office of Superintendent Public Instruction. The district shall identify at least one member of each school’s personnel to become a designated trained responder who can distribute and administer opioid overdose reversal medication.

Opioid overdose reversal medication may be used on school property, including the school building, playground, and school bus, as well as during field trips or sanctioned excursions away from school property. A school nurse or a designated trained responder may carry an appropriate supply of school-owned opioid overdose reversal medication on in-state field trips and sanctioned in-state excursions.

Individuals who have been directly prescribed opioid overdose reversal medication according to RCW 69.41.095 lawfully possess and administer opioid overdose reversal medication, based on their personal prescription. However, such “self-carrying” individuals and those who obtain opioid overdose reversal medication over-the-counter, must show proof of training as verified by a licensed registered professional nurse employed or contracted by the district or participate in district training as specified in the accompanying procedure.

Administration of the district’s opioid overdose reversal medication will be performed by designated, trained, district personnel as needed. However, “RCW 69.41.095 allows for “any person” (including students) to lawfully possess, store, deliver, distribute, and administer an opioid overdose reversal medication that has been properly prescribed and/or authorized. The board further recognizes that:

- incidences of opioid overdoses are increasing in communities and schools,
- naloxone is highly unlikely to cause harm if administered when not needed,
- students may carry naloxone at school in order to have access to it outside of school, and
- delay in administering naloxone for suspected overdose or delay activating emergency medical services could cause severe harm.

Therefore, neither the district nor its schools will pursue disciplinary action for students or personnel solely for possession or good faith administration of naloxone. Naloxone will not be confiscated from students.

Students who exhibit concern for the risk of overdose for themselves or others shall be counseled on the availability of behavioral health supports and instructed of the district policy and procedure for opioid overdose response, and the importance of summoning adult help and emergency services for any suspected overdose.

If any type of overdose is suspected, including an opioid related overdose, district staff will call 9-1-1 and alert emergency services. The school nurse, designated trained responder, or trained staff person located at a health care clinic on public school property or under contract with the school district will follow the Washington Department of Health steps for administering naloxone for a suspected opioid related overdose.

Griffin: _____
WSSDA Adopted: **February 01, 2020**
Last Revised: **October 30, 2024**
Classification: **Critical**

Legal References:

- Chapter 69.50.315 RCW Drug-related overdose
- Chapter 69.50.315 RCW Health Screening and Requirements
- Chapter 28A.210 RCW Health Screening and Requirements
- RCW 28A.210.390 Opioid overdose reversal medication - Standing order - Administration.

Management Resources:

- 2024 - October Issue
- 2020 - February February Issue
- OSPI, January 2020, Opioid Related Overdose Policy Guidelines and Training in the School Setting

Cross References:

- 3416 - Medication at School
- 3418 - Response to Student Injury or Illness

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Coversheet

4129 Family Involvement

Section: III. New Policy
Item: F. 4129 Family Involvement
Purpose: Discuss
Submitted by:
Related Material: 4129 Family Involvement (WSSDA 2011).docx.pdf

Policy: 4129
Section: 4000 - Community Relations

Family Involvement

It is the policy of the Griffin Board of Directors to encourage and support family involvement in education at home, in our schools and communities, and in school governance. The board recognizes the diversity of family structures, circumstances, and cultural backgrounds and respects families as important decision makers for their children's education. The Board is committed to the creation and implementation of culturally inclusive and effective school-family partnerships throughout the school district and in each school, and believes these partnerships to be critical to the success of every student. The district's family involvement efforts will be comprehensive and coordinated.

The board recognizes that family involvement in education has a positive effect on student achievement and is an important strategy in reducing achievement gaps. The intent of this policy is to create and maintain a district-wide climate conducive to the involvement of families and to develop and sustain partnerships that support student learning and positive child and youth development in all schools.

The board is committed to professional development opportunities for staff and leadership to enhance understanding of effective family involvement strategies. The board also recognizes the importance of administrative leadership in setting expectations and creating a climate conducive to school-family partnerships.

In support of the implementation of this policy, a copy will be distributed to all schools, school staff, families, teachers and community members. Further, the district will provide support and guidance to parents and teachers as they plan and implement effective family involvement efforts.

The Griffin Board of Directors support the development, implementation and regular evaluation of family involvement efforts that includes parents and family members at all grade levels in a variety of roles. The district will use the results of the evaluation to enhance school-family partnerships within the district.

The superintendent will develop procedures to implement this policy.

Griffin: _____
WSSDA Last Revised: **December 01, 2011**
Classification: **Discretionary**
Prior Revised Dates: **10.08**

Management Resources:

- Policy News, October 2008 Family Involvement Policy

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Coversheet

Policy 3124 Removal-Release of Student During School Hours

Section: IV. Policy Updates
Item: A. Policy 3124 Removal-Release of Student During School Hours
Purpose: Discuss
Submitted by:
Related Material:
3124 Removal Release of Student During School Hours (Griffin 2000).pdf
3124-Removal Release of Student During School Hours (WSSDA 2011).docx.pdf

Policy No. 3124
Students

REMOVAL/RELEASE OF STUDENT DURING SCHOOL HOURS

The board recognizes its responsibility for the proper care of students during school hours. Students shall not be removed from school grounds, any school building or school function during school hours except by a person duly authorized in accordance with district procedures. Before a student is removed or excused, the person seeking to remove the student must present to the satisfaction of the superintendent or principal evidence of his/her proper authority to remove the student. A teacher should not excuse a student from class to confer with anyone unless the request is approved by the principal. The superintendent is directed to establish procedures for the removal of a student during school hours.

Prior to sending a student to his/her home for illness, discipline or a corrective action, the principal shall attempt to reach the student's parent to inform him/her of the school's action and to request that he/she come to the school for the child. If the principal cannot reach the parent, the student shall remain at school until the close of the school day. A student may be released to a law enforcement officer in accordance with the district policy.

Cross Reference:

Board Policy	3418	Emergency Treatment
	4310	Relations with Law Enforcement, Child Protective Agencies and County Health Department

Legal Reference:	RCW	28A.605.010 Removing child from school grounds during school hours-Procedure

Adoption Date: March 15, 2000

Policy: 3124
Section: 3000 - Students

Removal-Release of Student During School Hours

The board recognizes its responsibility for the proper care of students during school hours. Students will not be removed from school grounds, any school building or school function during school hours except by a person authorized according to district procedures. Before a student is removed or excused, the person seeking to remove the student must present to the satisfaction of the superintendent or principal or their designee evidence of his/her proper authority to remove the student. A teacher should not excuse a student from class to confer with anyone unless the request is approved by the principal or their designee. The superintendent is directed to establish procedures for the removal of a student during school hours.

Prior to sending a student to his/her home for illness, discipline or a corrective action, the principal or their designee will attempt to reach the student's parent to inform him/her of the school's action and to request that he/she come to the school for the child. If the principal or designee cannot reach the parent, the student will remain at school until the close of the school day. A student may be released to a law enforcement officer in accordance with the district policy.

Griffin: _____
WSSDA Last Revised: **December 01, 2011**
Griffin Adopted: **March 15, 2000**
Classification: **Critical**

Legal References:

- RCW 28A.605.010 Removing child from school grounds during school hours

Cross References:

- 4310 - District Relationships with Law Enforcement and other Government Agencies
- 4200 - Parent Access and Safe and Orderly Learning Environment
- 3418 - Response to Student Injury or Illness
- 3126 - Child Custody

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Coversheet

3413 Student Immunization and Life Threatening Conditions

Section: IV. Policy Updates
Item: B. 3413 Student Immunization and Life Threatening Conditions
Purpose: Discuss
Submitted by:
Related Material:
3413 Student Immunization (Griffin 2000).pdf
3413 Student Immunization And Life Threatening Health Conditions (WSSDA 2020).docx.pdf

Policy No. 3413
Students

STUDENT IMMUNIZATION

In order to safeguard the school community from the spread of certain communicable diseases and in recognition that prevention is a means of combating the spread of disease, the board requires a student to present evidence of his/her having been immunized against the following diseases: diphtheria, pertussis (whooping cough), poliomyelitis, measles, rubella, mumps, hepatitis B, and tetanus booster. A student satisfies the measles requirement upon a physician's verification that the student has had measles (rubella).

Immediately upon enrollment in the district a certificate of immunization status, distributed by the Washington Department of Health, shall be completed by the student's parent. The certificate shall be made a part of the student's permanent record.

If a student has not received any or all of the required immunizations, he/she shall submit evidence of the initiation of an immunization schedule and be placed in a "conditional admittance" category. He/she may remain in school for one school year provided that there is documentation that the immunization schedule is being maintained. Failure to maintain the schedule or submit documentation shall be sufficient cause to exclude the student from school.

Exemptions from one or more vaccines shall be granted for medical reason upon certification by a physician that there is a medical reason for not administering the vaccine. Exemptions for personal or religious reasons shall be granted upon request of the parent. The permanent file of students with exemptions shall be marked for easy identification should the department of health order that exempted students be excluded from school temporarily during an epidemic.

If proof of immunization or a certificate of exemption is not received upon the student's enrollment in school, the principal shall provide written notice to the parents or guardians informing them of:

A. the immunization requirements;

B. the denial of further attendance by the student;

C. the procedural due process rights; and

D. the immunization services that are available.

Following proper notification, the school shall exclude the student for noncompliance with the immunization laws pursuant to the appeal process procedures for student expulsions. Parents shall have a right to a hearing provided they notify the school within 3 days after receiving the exclusion order from the school principal. If the parent requests a hearing, the parent or guardian and school principal shall be notified in writing of the time and place for the hearing and shall present the case to a hearing officer appointed by the superintendent.

Life-Threatening Health Conditions

Prior to attendance at school, each child with a life-threatening health condition shall present a medication or treatment order addressing the condition. A life-threatening health condition means a condition that will put the child in danger of death during the school day if a medication or treatment order providing authority to a registered nurse and nursing plan are not in place. Following submission of the medication or treatment order, a nursing plan shall be developed.

Students who have a live-threatening condition and no medication or treatment order presented to the school shall be excluded from school, to the extent that the district can do so consistent with federal requirements for students with disabilities under the Individuals with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, and pursuant to the following due process requirements:

A. Written notice to the parents, guardians or persons in loco parentis delivered to the parents in person or be certified mail.

B. Notice of the applicable laws, including a copy of the laws and rules

C. The order that the student shall be excluded from school immediately and until a medication or treatment order is presented.

D. Describe the rights of the parents and student to a hearing, the hearing process and explain that the exclusion continues until the medication or treatment plan is presented or the hearing officer determines that the student should no longer be excluded from school.

E. If the parents request a hearing, the district shall schedule one within three school days of receiving the request, unless more time is requested by the parents.

F. The hearing process shall be consistent with the procedures established for disciplinary cases pursuant to Chapter 180-40 WAC.

Cross References: Board Policy 2161 Special Education and Related Services for Eligible students

Legal References:	RCW 28A.210	Health Measures
	Ch. 101, Laws of 2002	Children with Life-Threatening Health Conditions
	WAC 180-38-040 –065	Immunization and Life-Threatening Health Conditions
	246-100-166	Immunization of childcare and school children against certain vaccine-preventable diseases
	392-182	Health records

Adoption Date: March 15, 2000
Revised:

Policy: 3413
Section: 3000 - Students

Student Immunization And Life Threatening Health Conditions

Immunizations

In order to safeguard the school community from the spread of certain communicable diseases and in recognition that prevention is a means of combating the spread of disease, the board requires a student to present evidence of having been immunized against diseases as required by 28A.210 RCW and the Washington State Board of Health 246-105 WAC.

Exemptions from Immunization

The district will allow for exemptions from immunization requirements only as allowed for by RCW 28A.210.090 and WAC 246-105-050.

Meningococcal Disease, Human Papilloma Virus Disease and Vaccine Information Distribution

At the beginning of every school year, the district will provide parents/guardians of sixth through eighth grade students information provided by the Washington State Department of Health about meningococcal disease, human papilloma virus (HPV) disease and their vaccines.

The information will include the causes and symptoms of meningococcal disease, human papilloma virus, how the diseases are spread, the places where parents/guardians may obtain additional information and vaccinations for their children, and current recommendations from the United States Centers for Disease Control Prevention regarding the vaccines.

Life-Threatening Health Conditions

Prior to attendance at school, each child with a life-threatening health condition will present a medication and treatment order from a Licensed Healthcare Provider (LHP) addressing the condition. A life threatening health condition means a condition that will put the child in danger of death during the school day if a medication and treatment order, providing authority to a registered nurse, and a nursing care plan are not in place. Following submission of the medication and treatment order, the registered nurse will develop the nursing care plan.

Students who have a life-threatening health condition and no medication or treatment order presented to the school will be excluded from school, to the extent that the district can do so

consistent with federal requirements for students with disabilities under the Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act of 1973, and according to the due process requirements in School District Procedure 3413P.

Exclusion from School

The district will exclude students as required in RCW 28A.210.120 from further presence at the school who are out of compliance with the immunization requirements and students with a life-threatening health condition as required in WAC 392-380-045 who do not have a medication or treatment order in place.

The superintendent will adopt procedures necessary to implement this policy.

Griffin: _____
WSSDA Last Revised: **May 29, 2020**
Classification: **Critical**
Prior Revised Dates: **10.02; 06.05; 04.06; 08.07; 08.11; 10.11; 08.12; 08.18**

Legal References:

- Chapter 246-105 WAC Immunization of child care and school children against certain vaccine-preventable diseases
- Chapter 28A.210 RCW - Health - Screening and requirements
- WAC 392-182 - Student - Health records
- WAC 392-380 Public school pupils - Immunization requirement and life-threatening health condition

Management Resources:

- 2020 - May May Issue
- 2018 - August 2018 - August Policy Issue
- 2012 - August Issue
- 2011 - October Issue
- 2011 - August Issue
- Policy News, August 2007 Human Papilloma Virus Disease Notification
- Policy News, April 2006 Chickenpox Immunization Required
- Policy News, June 2005 Distribution of Information on Meningococcal Disease
- Policy News, October 2002 Legislature Addresses Life-Threatening Conditions

Cross References:

- 2162 - Education of Students With Disabilities Under Section 504 of the Rehabilitation Act of 1973
- 2161 - Special Education and Related Services for Eligible Students
- 2100 - Educational Opportunities for Students with a Parent in the Military
- 3241 - Student Discipline
- 3416 - Medication at School
- 3115 - Students Experiencing Homelessness - Enrollment Rights and Services

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Coversheet

Executive Session

Section: VIII. Closing Items
Item: B. Executive Session
Purpose: Discuss
Submitted by:
Related Material: Griffin Superintendent Evaluation Process for 2025-26.pdf

Griffin School District:
Superintendent Evaluation Process 2025-26

Goal setting

Per the superintendent's contract, "Board and the Superintendent shall meet on or before September 15th of each school year to establish District goals and objectives for the ensuing school year." These goals will map to the Washington Standards-Based Superintendent Framework.

The expectation of the board is that the Superintendent will provide ongoing updates about the progress of the goals throughout the year through the Superintendent Report at meetings and in the Friday Focus mailing to the board.

Mid-year evaluation (January - February)

1. During an Executive Session, the board will first meet to discuss the evaluation process and the superintendent's update. Then they will invite the superintendent into Executive Session to discuss the progress to date towards the superintendent's annual goals. Specific questions that should be addressed during the mid-year evaluation are not limited to, but should include, the following:
    a. What is the superintendent doing well that is worthy of mention at this time?
    b. Are there any areas that you believe the superintendent should attend to more closely/improve?
    c. Are there any areas that the superintendent needs to remediate prior to the end-of-the-year in order to be considered for a contract renewal?

2025-26 Schedule/Timeline

Mid-year process review and evaluation in Executive Session (January -February)

Final evaluation (Mid April - Mid May)

1. By April 15, the superintendent will prepare a self assessment and deliver to the board the following:
    a. A short summary of their progress on the superintendent's annual goals prioritized for the year.
    b. A short reflection that addresses the following questions about the superintendent's goals:
        - What progress have you made towards your goals that you are most proud of?

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- What were the challenges you faced to make progress on your goals?
- In your opinion, what are priority areas to focus on next?

After the update, and in preparation for the following meeting, each board member will prepare an independent evaluation of the superintendent using the Washington Standards-Based Superintendent Framework, focusing on the 3-4 standards that map to the superintendents' annual goals for that year.

2. At the next scheduled board meeting in April the board will meet in executive session and discuss the results of their individual draft evaluations of the superintendent's performance. The Board Vice Chair/Personnel Rep will take notes of those discussions and compile a draft of an evaluation document and provide that draft document to the superintendent and to the other board members at least 48 hours prior to the next regular board meeting.
3. During the next scheduled board meeting in May, the board will meet in executive session with the superintendent to discuss the draft. The superintendent will then leave the executive session and the board will continue to consider the content of the draft. Changes to the draft may be made in executive session, but the board will not take action on the content of the draft in executive session.
4. The board will conclude the executive session and consider taking action on approving the evaluation report in open session.
    a. Example Motion: I move that the board approve the superintendent's evaluation report as discussed in executive session and direct the board chair to provide feedback to the superintendent.
    b. Seconding the motion- Another board member must second, allowing it to proceed to vote.
    c. Discussion and Vote- The board discusses, if necessary, and then votes. The results are recorded in the meeting minutes.
    d. Notification- The board chair, or designated representative, informs the superintendent of the board's decisions and provides the formal evaluation report and feedback.

Proposed Timeline (to review)

- January 28, 2026 - Meeting in Exec Session to review the process and a mid year update of Superintendent's progress and goals
- April 15, 2026 - Superintendent should deliver her self evaluation to the board
- April 22, 2026 - in Executive session, after the April Regular Board Meeting, the board meets to conduct the evaluation

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- April 29, 2026 - Evaluation and Report should be finalized by this date and delivered to the board and the superintendent
- May 6, 2026 - Regular board meeting in Executive Session, the board meets to review the report and vote in a public meeting.
- May 15 - May 31 - Contract negotiation
- New contract will be done by June 1, 2026

Last Revised: January 25, 2026