



Tiospaye Topa School



HC 76, Box 300 • Ridgeview, South Dakota 57652 • 605-733-2290 • Fax 605-733-2299

TIOSPAYE TOPA SCHOOL INFORMATION FOR REOPENING

***Please review school calendar**

***We will open Phase "C" for the first 4 ½ weeks making decisions on which phase we will continue with at the end of each 4 ½ week session.**

***No Fall Sports**

***School contact information (605) 733-2200 or (605) 218-1916**

***All students will be provided an email address**

***Parent/Guardian Virtual Learning trainings will be set up the week of Sept. 8th 2020. We will set up parent/guardians individually to set up trainings.**

***Meals will be delivered door to door once a day containing both breakfast and lunch**

***Students will be required to log into Google classroom by 7:45am to record attendance. This is also when the teacher will ask if a student wants meal seconds. If not indicated, students will only receive allotted meals for both breakfast and lunch.**

***Student attendance will also be tracked through this process.**

PHASE "C" Reopening information

PHASE C: FULL TIME DISTANCE LEARNING: *This phase will be implemented if directed by the CRST.* We have enhanced our distance learning format from the spring of 2020. All students could begin the year distance learning, depending on the circumstances, and then resume in-person classes later in the school year as circumstances warrant, or schools could begin in a traditional setting, but need to transition to full time distance learning for all students.

- All staff will be required to work at the school from 7:30 a.m. - 4:00 p.m. Staff will be screened daily as they check in to work.
- Tiospaye Topa School may bring up to 10 (ten) non-employee individuals (students, guardians, etc.) into the school building while providing transportation during this phase. (An attached waiver must be signed before any individual enters the school or enters any school transportation. This Phase "C" waiver is attached in the student enrollment application)

T h u n d e r h o w k e

Staff will be allowed to bring school aged children, whom they claim legal guardianship of, into the building during any scheduled working day when no child care is available. These children must be in visible sight of the legal guardian at all times and remain in the working area of the legal guardian the entire time these child(ren) are in the building. Administration must be made aware of whom each school aged child of staff members that enters the building on a daily basis. **These particular school aged children do not count against the 10 (ten) before mentioned non-employee individuals seeking educational services.**

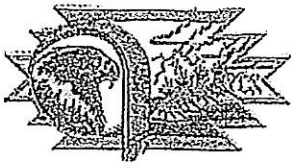
- Instruction will be provided on-line through Google Classroom.
- A home distance learning schedule will be provided for students and teachers to follow.
- Student attendance will be monitored by time/date students log in to Google Classroom.
- Using this model, teachers will make direct contact with students on a weekly basis minimum to provide instruction, feedback, monitor progress, and provide re-teaching as necessary. Staff will be in the building to provide technical assistance to parents/students in need. Multiple phone lines will be available for students/parents to call in need of educational assistance.
- Quality completion of work assigned will be required for final grades and course credit.

Special Education

PHASE C: Distance Learning

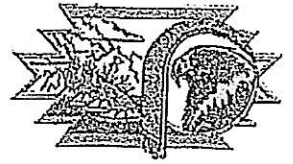
- Special education staff, related service providers and general education teachers will continue to provide services, accommodations, and modifications as required by each IEP.
- During Distance Learning, members of the IEP team will:
 - Ensure compliance with IDEA.
 - Provide access, accommodations, and services virtually/remotely.
 - Focus on equity for our most vulnerable students.
 - Maintain connections between school staff, students, and families.
 - Provide a sense of structure, routine, and predictability in a time of change for students and families.
 - Display an attitude of caring and compassion for everyone!

*A complete Re-opening plan, which is a working document, will be available upon request or will be posted on the TTS School website, which will be available by the first day of school Sept. 14th 2020.



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PHASE "C"

Parent/Guardian Release of COVID-19 Liability and Authorization Form

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, the Cheyenne River Sioux Tribe (CRST) has declared a National Emergency and has instituted laws and public health requirements to maintain social distancing and to contain the spread of COVID-19, including quarantine requirements.

The Tiospaye Topa School (TTS) has put in place protective measures to reduce the spread of COVID-19 during the re-opening of the school, including Phases in the Plan based on the level of risk of transmission. However, TTS cannot guarantee that you or members of your family will not become infected with COVID-19 as a result of your child(ren) being in Tiospaye Topa School buildings.

Phase "C" in the Tiospaye Topa School (TTS) Re-opening plan provides for education to be delivered through alternative formats including distance and/or virtual learning. TTS will begin the 2020-2021 School Year in Phase "C" operational status. During Phase "C" operations, building access is restricted to up to 10 non-employees (including students and guardians and TTS contractors who are not employees) to provide educational services upon request and approval of the Tiospaye Topa School administration. These services include but are not limited to counseling services, technology support, and special education services.

The school will contact the individual students/guardians to schedule these services, which will be by appointment only. If a parent/guardian wishes to schedule an appointment during Phase "C" operations, he/she must call the school at (605) 733- 2290 between the hours of 8:00am and 3:00pm Monday-Thursday starting August 24th, 2020.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and on behalf of myself, my child(ren), and other household members, I voluntarily assume the risk that I, and any member of my household or family with whom I come into contact, may be exposed to or infected by COVID-19 as a result of my child(ren) attending school in TTS facilities and that such exposure or infection may result in personal injury, illness, permanent disability or death. I understand that the risk of becoming exposed to or infected by COVID-19 while on the TTS campus or while attending a school sponsored event wherever located, may result from the actions, omissions, or negligence of myself and others, including, but not limited to, TTS employees, agents and representatives, volunteers, program participants and their families and/or any other individual who may be present upon school property or in attendance at any school activity. I voluntarily agree to assume, on behalf of myself, my child(ren), and my spouse/co-parent of child(ren) all risks and accept sole responsibility for any injury to my child(ren), myself and any member of my family, (including, but not limited to, personal injury, disability, or death), illness, damage, loss, claim, liability, or expense, of any kind, that I, my child(ren) and/or members of my family may experience or incur in connection with my child(ren) attending school on the TTS campus.

On my behalf, and on behalf of my children and/or members of my family, I agree that I will advance no claim against TTS or its employees, agents, or representatives, and I hereby release, covenant not to sue, discharge, defend, indemnify and hold harmless the TTS, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes

any Claims based on the actions, omissions, or negligence of TTS, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after being in any TTS facility or building or attending any TTS school sponsored activity.

I understand and agree on my behalf, and on behalf of my children and/or members of my family that we are required to comply with all directives issued by TTS, its employees, agents or representatives to wear PPE when required, to social distance, or to not attend school sponsored activities when TTS, its employees, agents or other representatives determine that attendance at or conduct during a school sponsored event presents a health risk to other participants or attendees.

By checking yes on this waiver you agree to allow the TTS school to offer educational services to your child(ren) following all guidelines put in place with the Tiospaye Topa School Re-opening Plan. This plan has been approved by the Tiospaye Topa School Board.

By checking no on this waiver, alternative educational methods will be used to accommodate your child(ren) while not bringing him/her into the school.

_____ YES I give the TT school permission to schedule my child(ren) for educational services during Phase "C" of the Tiospaye Topa Re-opening plan.

_____ YES I give the TT school permission to transport my child(ren) to and from school during Phase "C" of the Tiospaye Topa Re-opening plan.

_____ NO I choose not to allow the school to bring my child(ren) into the school building and/or transport my child using school transportation.

Print Name of Student _____ Grade _____ Date _____

Print Name of Student _____ Grade _____ Date _____

Print Name of Student _____ Grade _____ Date _____

Print Name of Student _____ Grade _____ Date _____

Print name of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

Thunderhawks

TTS Consent for Home Meal Delivery during Full Time Distance Learning

I give consent to the Tiospaye Topa School to deliver meals to my home during the full time distance learning period. I understand that household contact information may be shared with school staff that deliver the school meals.

Parent/Guardian Name: _____ Phone number: _____

Email Address: _____ Number of eligible students in household: _____

Signature of Parent/Guardian: _____ Date: _____

For more information or any questions, you may call the school's Food Service Department at (605) 733-2290 ext. 231.

Please return this form with your student's school enrollment application. One consent will cover all of the students in your household.

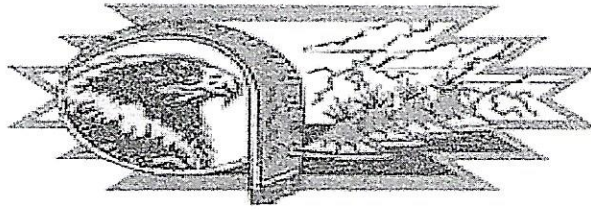
In order for your student(s) to receive meal seconds they must check in with their teacher at 7:45 a.m. and let their teacher know if they want seconds for breakfast and/or lunch. If they do not check in with their teacher by 7:45 a.m. they will only be served a single serving for both breakfast and lunch.

Non-discrimination Statement: 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, disability, age, 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, audiotope, 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 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: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity.



Tiospaye Topa School

Student Information

HC 76 Box 300
Ridgeview, SD 57652
Phone 605-733-2290 Fax 605-733-2299

Name: _____ F _____ M _____ D.O.B. _____

SS# _____ Tribe/Reservation _____ Grade _____

School Previously Attended _____ Is Student on an IEP/Special Education? _____
Medical problems or chronic illnesses (food or drug allergies, asthma, seizures, etc.) the school should be made aware of _____.

Medical Consent: I authorize Tiospaye Topa School to give the following services to my child:
_____ Administer Medications _____ Emergency Medical Care _____ Physical Exam
_____ Drug/Alcohol Testing in accordance with Cheyenne River Sioux Tribal resolution 68096

I, Do _____ Do Not _____ give permission for my child to participate in school sponsored trips/activities/media notifications (ie. newspaper, School Facebook, School web page).

Adult responsible for student/household information:

Name: _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name: _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Mailing Address: _____ Emergency Contact: _____
(Name/Phone Number)

Physical Address: _____

This is to certify that I do give my consent for MEDICAL, PSYCHOLOGICAL, and RELEASE OF EDUCATIONAL RECORDS (to include, birth certificate, social security number, immunization record & tribal enrollment) only to the institution stated above.

Parent/Legal Guardian Signature: _____ Date: _____

I have received a copy of the Student/Parent Handbook (please initial) _____

Internet Use Agreement – 2020-2021

Please read this document carefully before signing it.

Internet access is available to students and staff members at Tiospaye Topa School. We are very pleased to have Internet access, as we believe it offers valuable, diverse, and unique resources to both students and teachers. Our goal in providing this service is to promote educational excellence in the school by facilitating resource sharing, innovation, and communication.

Access to the Internet will enable students to explore thousands of libraries, databases, and bulletin boards while exchanging messages with users throughout the world. In addition, the system will be used to increase school communication, enhance productivity, and assist employees in upgrading their skills through greater exchange of information with the local community, including parents, social service agencies, and businesses.

With access to computers and people from around the world, material that may not be considered to be of educational value in the context of the school setting also becomes available. Families should be warned that some material obtained via the Internet may contain items that are illegal, defamatory, inaccurate, or potentially offensive. Tiospaye Topa School has taken precautions to restrict access to controversial materials. However, on a global network, it is impossible to control all materials and an industrious user may discover controversial information, either by accident or deliberately. We firmly believe, however, that the benefits to students from online access far outweigh the possibility that users may produce material that is not consistent with our educational goals.

In compliance with the Children's Internet Protection Act (CIPA), Tiospaye Topa enforces a policy of Internet safety that includes measures to block or filter Internet access for both minors and adults to certain visual depictions. All online activities of minors will be monitored.

The purpose of this agreement is to ensure that the use of Internet resources is consistent with Tiospaye Topa School's stated mission, goals, and objectives. The smooth operation of the network relies upon the proper conduct of the students and faculty who must adhere to strict guidelines. These guidelines are provided here so that you are aware of the responsibilities you are about to acquire. If a user violates any of these provisions, his or her Internet privileges will be terminated and future access could be denied in accordance with the rules and regulations discussed with each user during Internet training sessions.

To gain access to the Internet, all students must have a student permission slip signed by the student and a parent or legal guardian. Tiospaye School staff members and other adult Internet users must have a signed permission slip on file in the office. The signatures at the end of these documents are legally binding and indicate that the parties who signed them have read the terms and conditions carefully and understand their significance.

Internet—Terms & Conditions

1. Students and adults are responsible for good behavior on the school computer networks, just as they are in a classroom, or a school hallway. General school rules for behavior and communications apply.
2. The network is provided for students and adults to conduct research and communicate with others. Access to network services is given to students and adults who agree to act in a considerate and responsible manner. Access is a privilege—not a right. That access entails responsibility. Inappropriate use will result in a suspension or cancellation of Internet privileges. The system administrators will deem what is inappropriate use and their decision is final. The administration and/or staff may also request system administrators deny, revoke, or suspend specific user accounts.
3. Users are expected to abide by generally accepted rules of network etiquette and conduct themselves in a responsible, ethical, and polite manner while online. Unauthorized access, including so-called “hacking,” and other unlawful online activities are strictly prohibited.
4. Unauthorized disclosure, use, and dissemination of personal information regarding minors are prohibited.
5. Users are not permitted to use the computing resources for commercial purposes, product advertising, political lobbying, or political campaigning.
6. Users are not permitted to transmit, receive, submit, or publish any defamatory, inaccurate, abusive, obscene, profane, sexually oriented, threatening, offensive, or illegal material.
7. Users are not permitted to engage in social media sites, chat rooms or groups, may not print without permission, and may not download any material without permission.
8. Physical or electronic tampering with computer resources is not permitted. Damaging computers, computer systems, or computer networks intentionally will result in cancellation of privileges.
9. Users must respect all copyright laws that protect software owners, artists and writers. Plagiarism in any form will not be tolerated.
10. Security on any computer system is a high priority, especially when the system involves many users. If you feel you can identify a security problem in the school’s computers, networks, or Internet connection, you must notify the system administrator. Do not demonstrate the problem to others. Using someone else’s password or trespassing in another’s folders, work, or files without written permission is prohibited. Attempts to logon to the Internet as anyone but you may result in cancellation of user privileges.

11. Tiospaye Topa School makes no warranties of any kind, whether expressed or implied, for the Internet service it provides. We assume no responsibility or liability for any damages a user may suffer. Use of any information obtained via the Internet is at your own risk. We specifically deny any responsibility for the accuracy or quality of information obtained through its services.
12. All communication and information accessible via computer resources shall not be regarded as private property. System administrators may review files and messages and monitor login records to maintain system integrity, to ensure that users are using the system responsibly. Messages relating to or in support of illegal activities may be reported to the authorities.
13. All computers at Tiospaye Topa School are connected to the Bureau of Indian Education (BIE) domain. When logging on to any computer, the user must agree to the following terms before being granted access:
 - This computer system, including all related equipment, networks, and network devices, is provided by the Department of the Interior (DOI) in accordance with Indian Affairs (IA) policy for official use and limited personal use.
 - All IA computer systems may be monitored for all lawful purposes, including but not limited to, ensuring that use is authorized, for management of the system, to facilitate protection against unauthorized access, and to verify security procedures, survivability and operational security.
 - Any information on this computer system may be examined, monitored, and users of this system are reminded that such monitoring does occur. Therefore, there should be no expectation of privacy with respect to use of this system.
 - By logging into this agency computer system, you acknowledge and consent to the monitoring of this system. Evidence of your use, authorized or unauthorized, collected during monitoring may be used for civil, criminal, administrative, or other adverse action. Unauthorized or illegal use may subject you to prosecution.

Any violations may result in a loss of computer access, as well as other disciplinary or legal action. Users are considered subject to all local, state, and federal laws.

TIOSPAYE TOPA INTERNET USE AGREEMENT
Student Permission Slip

NAME OF STUDENT: _____

Parent or Guardian Section

As the parent or legal guardian of the student signing below, I have read this Internet Use Agreement and grant permission for my son or daughter to access the Internet. I understand that the school's computing resources are designed for educational purposes. I also understand that it is impossible for Tiospaye Topa to restrict access to all controversial materials and I will not hold them responsible for materials acquired on the network. I understand that individuals and families may be held liable for violations

Parent/Guardian Name (please print) _____

Home Address _____ Phone _____

Parent/Guardian Signature _____ Date _____

Student Section

I have read the Tiospaye Topa Internet Use Agreement. I agree to follow the rules contained in the Internet Use Agreement. I understand that if I violate the rules my account may be terminated and I may face other disciplinary measures.

User Name (please print) _____ Grade _____

User's Signature _____

Date _____

Tiospaye Topa School Bus Rules

1. Obey the bus driver. (He is responsible for the student safety and must be obeyed.)
 2. Students are not allowed to:
 - Bring alcohol, tobacco, narcotic, or drugs on the bus.
 - Put their arms, head or legs out of the bus windows.
 - Use any abusing or profane language.
 - Throw any objects from the bus windows.
 - Leave their seats while the bus is in motion.
 - Fight, push or otherwise abuse another student while riding the bus.
 - Be excessively noisy while riding the bus.
 - Board or leave the bus except at their regularly scheduled bus stop without permission from the parent/guardian.
 3. No student will be allowed to ride the bus unless they are registered to that particular bus or unless permission is granted by administration.
 4. Students are expected to enter and leave the bus in an orderly fashion.
 5. Students are to be absolutely silent while the bus is approaching and proceeding across any railroad crossing.
 6. If it is necessary to cross the road after leaving the bus, students are to cross ten feet in front of the bus after receiving a clear signal from the bus driver and all approaching traffic has stopped.
 7. Students are to report promptly to their principal when instructed to do so by their driver.
 8. Students shall observe classroom conduct while riding the school bus. Treat bus equipment as you would valuable furniture in your own home. Damage to seats, windows, etc., must be paid for by the offender.
 9. Drivers will have the authority to assign seats on the bus.
- The school bus is an extension of the school. The bus driver has full authority the same as teachers. All school rules and regulations which pertain to student conduct in the school are applicable to student conduct on a school bus.

Riding to school in a school bus is a privilege and convenience. Students can best show their appreciation by following the rules and regulations. Failure to follow the rules and regulations may result in forfeiture of the right to school bus transportation.

In case of a rule infraction, the bus driver and principal will try to resolve the problem. When any violation occurs the bus driver will fill out an incident report and file it with the principal. The principal will administer disciplinary action as deemed appropriate.

As a student of Tiospaye Topa School I agree to abide by all rules and regulations concerning school transportation.

Student Signature: _____ Date _____

As a parent of student(s) attending Tiospaye Topa School, I agree with the terms regarding school transportation.

Parent Signature: _____ Date _____

Tiospaye Topa Parent Student School Compact
Shared Responsibilities for High Student Academic Achievement

Tiospaye Topa Mission Statement: *to prepare our students for a positive future in a multi-cultural world by uniting modern technology and learning with Lakota culture and spirituality.*

SCHOOL AGREEMENT

The entire Tiospaye Topa staff will share the responsibility for improved student achievement, therefore will do the following:

- Provide high quality curriculum and instruction in a supportive and effective learning environment that enables all children to meet the South Dakota State Standards in all content areas through aligned curriculum and rigorous assessment.
- Hold parent –teacher conference during which this compact will be discussed as it relates to the individual child's achievement.
- Provide Parents' reasonable access to staff by appointment through progress reports or the main office.
- Believe that all students can learn!
- Respect each student and his/her uniqueness.
- Be consistent and fair.
- Provide a safe, quality learning environment.

Principal _____

Teacher _____

PARENT/GUARDIAN AGREEMENT

I want my child to reach his/her full academic potential, therefore I will do the following to support my child's learning:

- Take a positive active role in my child's education.
- See that my child attends school regularly in accordance with Tiospaye Topa School attendance policy.
- See that my child comes to school on time, well rested and ready to learn.
- Respect my child as well as myself and others responsible for her/his education.
- Stay informed about my child's education.
- Communicate with the school by promptly reading all notices from the school received either by my child or by mail and responding, as appropriate.

Parent/Guardian _____

Date _____

STUDENT AGREEMENT

As a student it is important that I do the best I can; therefore I will do the following:

- Come to school each day on time with my homework completed.
- Believe that I can learn and I will learn.
- Always try to work to the best of my ability.
- Show respect for my school, myself, other students and staff.
- Follow all school rules at all times.
- Be responsible for my own behavior.
- Give to my parents or the adult who is responsible for my welfare all notices and information received by me from my school.

Student Signature _____

Date _____

Tiospaye Topa Gifted and Talented Consent Form

STUDENT: _____

ADDRESS: _____

School year: _____ GRADE: _____ DOB: _____ AGE: _____

PARENTAL CONSENT

The TAG (Gifted and Talented) Program at Tiospaye Topa School is an enrichment program designed to identify students in specific areas of giftedness including leadership, academic aptitude, creativity, and visual and performing arts. Once a student is identified, it is the goal of the TAG program to provide extension activities to the student in their specific area of giftedness. Activities may include additional instruction in art or music, or extension activities in academic areas. In order to identify a student, the TAG Coordinator must have written parental consent. If your student is identified throughout the school year, you will be notified of any actions taken to place your child in the TAG program.

Multidisciplinary assessments for identification and qualification purposes that may be preformed include the following. You will be notified of the results of the assessments.

Scales for Rating the Behavioral Characteristics of Superior Students (Renzulli Checklist)
Torrance Assessment of Creativity and Divergent thinking
Gifted and Talented Rating Scales
Checklists (Inventories) for leadership, art, and/or music
Collection of student work or student performance
Cognitive Ability Evaluation (Stanford-Binet, WISC, or K-BIT)
Academic Achievement Evaluation (DAB, KTEA-II, or Woodcock Johnson)
Smarter Balanced, South Dakota Science Assessment and/or MAP test scores

Parent signature below provides written consent for the following:

I consent to assessment to verify placement, placement if verified by assessment, and to collection of documentation (work samples, test scores, observations etc.) to verify placement, qualification, continued service provision, and report progress.

Signature of Parent or Guardian

Date

STUDENT'S NAME _____ GRADE _____

PARENT/GUARDIAN _____

Please list up to 4 people that will be allowed to check out your students throughout the school year. If this changes or another person is given permission that is not on this list, you will need to send a written/signed note.

1. _____
2. _____
3. _____
4. _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PATIENT'S PERSONAL INFORMATION:

Last Name: _____ First Name: _____ Middle Name: _____

Parent/Guardian Name(s) (please print): _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

County of Residence: _____ Social Security #: _____ Birthdate: _____

Home Phone: _____ Cell Phone: _____

Medicaid #: _____ or Private Insurance: Company _____ # _____

Emergency Contact: _____ Phone: _____

Services provided for your child by Horizon Health Care, Inc. while they are attending Tiospaye Topa School:

1. Health care including appropriate nursing examinations, treatments, and immunizations. These treatments may include providing common over-the-counter medications, caring for minor cuts, bruises, and injuries. You will be contacted if the injury is out of the scope of the individual caring for it.
2. Medical care for diagnosis and treatment of acute illnesses including but not limited to ear infections, strep throat, varied skin conditions, allergies, bronchitis, upper respiratory infections, etc.
3. Health education including but not limited to routine health maintenance, healthy living skills, wellness exams, sports physical and head start physicals.
4. Dental, optometric (eye), audiology (ears), developmental, diabetic, scoliosis (curvature of the spine) and other appropriate screenings and referrals.
5. Emergency triage care for accidents, serious illnesses and mental health. Referral to hospital/emergency services will be made if condition warrants it. Ambulance service will be notified for transport if needed. Parent/guardian will be notified as soon as possible.
6. Mental health care including appropriate assessment, intake, diagnosis and treatment. This may include counseling services and medication.

CONSENT TO TREATMENT (please initial) (authorization is valid until child no longer attends school they enrolled in):

_____ I give consent for my child to receive **medical services** by Horizon Health Care, Inc. as indicated above. I understand these services will include an evaluation by a medical provider and that any recommendations for treatment or follow-up will be communicated to me by phone or a letter.

_____ I give consent for my child to receive **mental health services** by Horizon Health Care, Inc. I understand that prior to any medications for treatment of mental health conditions with medication, verbal consent from parent or guardian will be obtained.

_____ I give consent for my child to receive **mental health medication management** by Horizon Health Care, Inc. if appropriate.

Preferred means of communication: _____

_____ I give consent for my child to receive **dental services** by Horizon Health Care, Inc. These services include exams, cleanings, x-rays, fluoride, and sealants. I understand these services will include an evaluation by a dental provider.

_____ I understand that the clinic will attempt to contact me prior to restorations or extractions being performed. In the event, they are unable to reach me and determine that these services are necessary for child's dental health and well-being

I consent to these services being performed. All recommendations for treatment and follow-up completed will be communicated to parents by phone or a letter.

AUTHORIZATION FOR STUDENT TRANSPORTATION (please initial)

_____ I give permission for my child to be transported to Faith Dental clinic for dental services that are unable to be performed at the school based clinic.

FINANCIAL RESPONSIBILITY (please initial)

_____ I agree that I am financially responsible for all charges related to services provided by Horizon Health Care, Inc. I agree that HHC will bill and provide necessary health information to any Payers. "Payers" are any health care insurance, private or government health plan, or insurance policy that I have or another third party that will pay the charges I have incurred. I give my authorization for HHC to file claims and request for direct payment of benefits to HHC.

OTHER (please initial)

_____ I acknowledge that no guarantees have been made to me and I am aware that I have the right to ask my provider or nurse questions regarding my child's treatment or exam.

_____ I give consent to nursing assessment, health supervision, immunizations, and release of information as indicated to Tiospaye Topa School.

_____ I authorize Tiospaye Topa School Health Office to share personally identifiable student information with Horizon Health Care, Inc. This information will only be used to coordinate care with Horizon Health Care, Inc. The information shared will be limited to demographic, insurance status, contact information and health history.

_____ The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of students' personal information held by educational agencies or institutions.

_____ I authorize Horizon Healthcare/Tiospaye Topa School Health Office to: __Speak only to me __It is OK to speak to _____, regarding my or _____ (minor's name) health information.

Parent/Guardian Signature: _____ Date: _____



**STUDENT HEALTH SURVEY
TIOSPAYE TOPA SCHOOL STUDENTS**

Dear Parent or Guardian:

In order to provide the best health care for your child, school health personnel must understand your child's health history. This form requests information which is helpful if medical, dental or behavior health services are provided.

Student Name: _____ DOB: _____ Grade: _____ Sex: _____

Does your child now have OR ever had any of the following? (Check if yes)

High blood pressure _____	Excessive Worry _____	Tuberculosis (TB) _____
Heart condition _____	Depression _____	HIV/AIDS _____
Asthma _____	Ulcer _____	Epilepsy (convulsions) _____
Severe allergies _____	Chronic abdominal pain _____	Severe Head Injury _____
Dizziness or fainting spells _____	Excessive colds _____	Hearing loss _____
Tumor or cancer _____	Speech problems _____	Intestinal Trouble _____
Diabetes _____	Eye trouble _____	Scoliosis _____
Serious skin conditions _____	Wear glasses _____	Bone or Joint problems _____
Concussion _____	Frequent ear infections _____	
Frequent and severe headaches _____		

ADD or ADHD _____ (Attention Deficit Disorder or Attention Deficit/Hyperactivity Disorder)

Any current providers for mental health?

Any medical problems, injuries or behavioral issues that haven't been mentioned above:

ALLERGIES: _____

Is your child currently taking any medications? Yes No

If yes, please list them: _____

Will you be administering the medications to your child? Yes No

Will you be providing the medications to the school nurse for administration? Yes No

Does your child have severe bee sting sensitivity? Yes No

If yes, does your child have emergency medications available if needed? Yes No

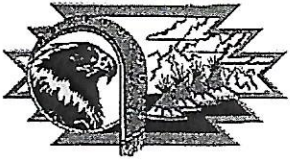
If yes, will you be providing them to the school nurse? Yes No

Does your child have severe bee sting sensitivity? Yes No

Have you ever been told by a physician that your child need to take antibiotics before every dental visit? Yes No

Has your child ever had any complications following a dental exam? Yes No

Signature of person completing this form: _____ Date: _____



Tiospaye Topa School



HC 76, Box 300 • Ridgeview, South Dakota 57652 • 605-733-2290 • Fax 605-733-2299

Date: August 12, 2020

To: All Parents/Guardians, Patrons and Employees

From: Brent Mareska, Principal

RE: Education Facility Asbestos Management Plan

In compliance with the Asbestos-Containing Materials in School Rule, the architect or project engineer, responsible for the construction of the Tiospaye Topa School, or an asbestos inspector, accredited by the State of South Dakota has certified that either (1) no ACBM was specified as a building material in any construction document for the school building, or, (2) to the best of his or her knowledge, no ACBM was used as a building material in the construction of the school building.

Upon confirmation of the absence of ACBM in the school buildings, an Asbestos Management Plan was developed for the Tiospaye Topa School. This Asbestos Management Plan includes: (1) the certification of the architect or project engineer, responsible for the construction of the Tiospaye Topa School, or by an accredited asbestos inspector that the school buildings are free of ACBM; (2) the document appointing the Asbestos Designated Representative for the Tiospaye Topa School, who is responsible for ensuring that the School District/School adheres to all applicable requirements of the Asbestos-Containing Materials in Schools Rule; (3) training information of the Designated Representative; and (4) a dated copy of this notification.

A copy of the Asbestos Management Plan is available for your review in the administrative office of the Tiospaye Topa School during regular office hours. Clint LeCompte at Tiospaye Topa School is the Designated Asbestos Representative for the Tiospaye Topa School. Please direct all inquiries related to the Asbestos Management Plan to him at 605-733-2290.

Brent Mareska, Principal, Tiospaye Topa School

Thunderhaws