

1522 SCHOOL-LEVEL PLANNING (M)

The Board of Education recognizes the school-level planning process involves parent(s) or legal guardian(s) and staff members in identifying school needs, establishing performance objectives, and monitoring progress toward those objectives.

School Report Card

The school district shall annually disseminate a report card for each school in the district which shall contain statistical information specified by the New Jersey Department of Education to all staff and parents. The school district shall also make the report card available to the media. The procedure the district will follow to disseminate the report card shall be in accordance with the requirements of the New Jersey Department of Education.

School-Level Plan

By September 30, each school in the district shall develop and implement a two-year plan based on school report card data. This plan shall include pupil performance objectives, a review of progress by teaching and administrative staff, and the involvement of parents.

At least once per semester, each school shall conduct meetings by grade level, department, team, or similarly appropriate group to review the school-level plan. The review shall include: school report card data; progress toward achieving pupil performance objectives; and progress toward achieving Core Curriculum Content Standards. The results of each such meeting shall be considered by the school planning team in the development of the succeeding school-level plan.

Pupil Performance Objectives

Each school in the district shall develop two or more objectives based on pupil performance or behavior standards as defined in N.J.A.C. 6A:8-4.4(a), 6A:32-13.1 and 13.2. The objectives shall cover a period of not more than two years.

If pupil performance is below minimum State standards, the objectives to meet those standards shall be established. Benchmarks (interim performance levels) shall be set forth to measure the school's progress toward the achievement of minimum State standards.



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If pupil performance is at or above minimum State standards, challenge objectives shall be established.

The Superintendent shall, no later than August 1 of each year, submit each school's objectives to the Executive County Superintendent for review and approval.

Each school shall achieve its pupil performance objectives by meeting established benchmarks for minimum State standards and/or achieving challenge objectives or demonstrating progress toward meeting such objectives.

Each school that does not meet established benchmarks for pupil performance objectives or demonstrate progress toward meeting challenge objectives for two or more successive years shall be assigned a technical assistance team by the Executive County Superintendent to facilitate accomplishment of these objectives.

N.J.A.C. 6A:32-12.2

Adopted: July 26, 2011



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Student Health Records
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5308 STUDENT HEALTH RECORDS

The school district shall maintain mandated student health records for each student pursuant to N.J.A.C. 6A:16-2. The district will document student health records using a form approved by the Commissioner of Education.

The maintenance and security of student health records shall be in accordance with N.J.A.C. 6A:32-7.4 and 6A:16-2.4. Student health records may be stored electronically or in paper format and shall be maintained separately from other student records in a secure location accessible to authorized personnel while school is in session. The health history and immunization record shall be removed from the student's health record and placed in the student's mandated record upon graduation or termination and kept according to the schedule set forth in N.J.A.C. 6A:32-7.8.

The transfer of student health records when a student transfers to or from a school district shall be in accordance with N.J.A.C. 6A:16-7.1 et seq.

Any Board of Education employee with knowledge of, or access to, information that identifies a student as having HIV infection or AIDS; information obtained by the school's alcohol or drug program which would identify the student as an alcohol or drug user; or information provided by a secondary school student while participating in a school-based alcohol or drug counseling program that indicates a parent, guardian, or other person residing in the student's household is dependent upon or illegally using a substance shall comply with restrictions for sharing such information in accordance with N.J.A.C. 6A:16-2.4(b) through (e) and as required by Federal and State statutes and regulations.

Access to and disclosure of information in a student's health record shall meet the requirements of the Family Education Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, and 34 CFR Part 99, incorporated herein by reference, as amended and supplemented, and N.J.A.C. 6A:32-7, Student Records.



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Student Health Records

The school district shall provide access to the student's health record to licensed medical personnel not holding educational certification who are working under contract with or as employees of the school district only to the extent necessary to enable the licensed medical personnel to perform their duties. Secretarial or clerical personnel under the supervision of the certified school nurse shall be permitted access to those portions of the student health record necessary for entry and recording of data and for conducting routine clerical tasks as outlined in N.J.S.A. 18A:40-3.4 and N.J.A.C. 6A:32-7.5.

Nothing in N.J.A.C. 6A:16-2.4 or in Policy and Regulation 5308 shall be construed to prohibit school personnel from disclosing to students or adults in connection with an emergency the information contained in the student health record if the release is necessary to protect the immediate health or safety of the student or other persons pursuant to N.J.A.C. 6A:32-7.5.

N.J.A.C. 6A:16-2.4 et seq.; 6A:32-7.4 et seq.;
6A:32-7.5 et seq.

Adopted:



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R 5308 STUDENT HEALTH RECORDS

Student health records shall be maintained for each student pursuant to N.J.A.C. 6A:16-2.4. Maintenance and security of student health records shall be in accordance with N.J.A.C. 6A:32-7.4.

A. Mandated Student Health Records

1. The following mandated student health records shall be maintained:
 - a. Findings of health histories, medical examinations, and health screenings pursuant to N.J.A.C. 6A:16-2.2 and 4.3; and
 - b. Documentation of immunizations against communicable diseases or exemption from these immunizations pursuant to N.J.A.C. 8:57-4.1, 4.3, and 4.4.
2. The district will document the findings of student health histories, health screenings, and required medical examinations that are relevant to school participation on the student's health record using a form approved by the Commissioner of Education.

B. Maintenance of Student Health Records

1. The school district shall maintain student health records in accordance with N.J.A.C. 6A:32-7.4 as follows:
 - a. Student health records may be stored electronically or in paper format. When records are stored electronically, proper security and backup procedures shall be administered;



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- b. Student health records, whether stored on paper or electronically, shall be maintained separately from other student records, until such time as graduation or termination whereupon the health history and immunization record shall be removed from the student's health record and placed in the student's mandated record; and
- c. Student health records shall be accessible during the hours in which the school program is in operation.

C. Transferring Student Health Records

The school district shall ensure compliance with the requirements of N.J.A.C. 6A:32-7 – Student Records and Policy and Regulation 8330 when transferring student health records.

D. Restrictions for Sharing Student Health Information

- 1. Any Board of Education employee with knowledge of, or access to, the following health information shall comply with restrictions for sharing information as required by Federal and State statutes and regulations.
 - a. Information that identifies a student as having HIV infection or AIDS shall be shared only with prior written informed consent of the student age twelve or greater, or of the student's parent as required by N.J.S.A. 26:5C-1 et seq. and only for the purpose of determining an appropriate educational program for the student.
 - b. Information obtained by the school's alcohol and other drug program which would identify the student as an alcohol or other drug user may be disclosed only for those purposes and under those conditions permitted by 42 CFR Part 2.



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- c. Information provided by a secondary school student while participating in a school-based alcohol or other drug counseling program that indicates a parent, guardian, or other person residing in the student's household is dependent upon or illegally using a substance shall be shared only for those purposes and conditions permitted by N.J.S.A. 18A:40A-7.1.

E. Access to Student Health Records

1. Access to and disclosure of information in the student's health record shall meet the requirements of the Family Education Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g and 34 CFR Part 99, incorporated herein by reference, as amended and supplemented, and N.J.A.C. 6A:32-7 et seq., Student Records.
2. The school district shall provide access to the student health records to licensed medical personnel not holding educational certification who are working under contract with or as employees of the school district only to the extent necessary to enable the licensed medical personnel to perform their duties.
 - a. Secretarial or clerical personnel under the supervision of the certified school nurse shall be permitted access to those portions of the student's health record necessary for entry and recording of data and for conducting routine clerical tasks as outlined in N.J.S.A. 18A:40-3.4 and N.J.A.C. 6A:32-7.5.

Nothing in N.J.A.C. 6A:16-2.4 or in Policy and Regulation 5308 shall be construed to prohibit school personnel from disclosing to students or adults in connection with an emergency the information contained in the student health record if the release is necessary to protect the immediate health or safety of the student or other persons pursuant to N.J.A.C. 6A:32-7.4.

Issued:



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5310 HEALTH SERVICES

The Board of Education shall develop and adopt the following written policies, procedures, and mechanisms in accordance with N.J.A.C. 6A:16-2.1(a) for the provision of health, safety, and medical emergency services, and shall ensure staff are informed as appropriate:

1. The review of immunization records for completeness pursuant to N.J.A.C. 8:57-4.1 through 4.20 (Policy and Regulation 5320);
2. The administration of medication to students in the school setting in accordance with N.J.A.C. 6A:16-2.1(a)2. (Policy and Regulation 5330);
3. The review of Do Not Resuscitate (DNR) orders received from the student's parent or medical home (Policy 5332);
4. The provision of health services in emergency situations, including:
 - a. The emergency administration of epinephrine via auto-injector pursuant to N.J.S.A. 18A:40-12.5 (Policy and Regulation 5330);
 - b. The emergency administration of glucagon pursuant to N.J.S.A. 18A:40-12.14 (Policy and Regulation 5338);
 - c. The care of any student who becomes injured or ill while at school or participating in school-sponsored functions (Policy and Regulation 8441);
 - d. The transportation and supervision of any student determined to be in need of immediate medical care (Policy and Regulation 8441); and



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- e. The notification to parents of any student determined to be in need of immediate medical care (Policy and Regulation 8441).
- 5. The treatment of asthma in the school setting in accordance with the provisions of N.J.A.C. 6A:16-2.1(a)5 (Policy 5335);
- 6. The administration of student medical examinations, pursuant to N.J.S.A. 18A:40-4, N.J.S.A. 18A:35-4.8, and N.J.A.C. 6A:16-2.2 (Policy and Regulation 5310);
- 7. Utilization of sanitation and hygiene when handling blood and bodily fluids pursuant to N.J.A.C. 12:100-4.2, Safety and Health Standards for Public Employees, and in compliance with 29 CFR 1910.1030, Public Employees Occupational Safety and Health Program (PEOSH) Bloodborne Pathogens Standards; (Policy and Regulation 7420);
- 8. Provision of nursing services to nonpublic schools located in the school district as required by N.J.S.A. 18A:40-23 et seq. and N.J.A.C. 6A:16-2.5 (Policy and Regulation 5306);
- 9. Self-administration of medication by a student for asthma or other potentially life-threatening allergic reaction pursuant to N.J.S.A. 18A:40-12.3, 12.5, and 12.6, and the self-management and care of a student's diabetes as needed pursuant to N.J.S.A. 18A:40-12.15 (Policy and Regulation 5330);
- 10. Development of an individual healthcare plan and individualized emergency healthcare plan for students with chronic medical conditions, including diabetes, asthma, and life-threatening allergies, requiring special health services in accordance with N.J.S.A. 18A:40-12.11.c, 12.12, 12.13, and 12.15; and N.J.A.C. 6A:16-2.3(b)3xii (Policies and Regulations 5331 and 5338); and



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11. Management of food allergies in the school setting and the emergency administration of epinephrine to students for anaphylaxis pursuant to N.J.S.A. 18A:40-12.6a through 12.6d (Policy and Regulation 5331).

The Board of Education shall annually adopt the school district's nursing services plan at a regular meeting.

The Board of Education shall comply with the following required health services as outlined in N.J.A.C. 6A:16-2.2:

1. Immunization records shall be reviewed and updated annually pursuant to N.J.A.C. 8:57-4.1 through 4.24.
2. A Building Principal or designee shall not knowingly admit or retain in the school building any student whose parent has not submitted acceptable evidence of the child's immunization, according to the schedule specified in N.J.A.C. 8:57-4, Immunization of Pupils in School.
3. The school district shall perform tuberculosis tests on students using methods required by and when specifically directed to do so by the New Jersey Department of Health based upon the incidence of tuberculosis or reactor rates in specific communities or population groups pursuant to N.J.S.A. 18A:40-16.
4. The school district shall immediately report by telephone to the health officer of the jurisdiction in which the school is located any communicable diseases identified as reportable pursuant to N.J.A.C. 8:57-1, whether confirmed or presumed.
5. Each school in the district shall have and maintain for the care of students at least one nebulizer in the office of the school nurse or a similar accessible location pursuant to N.J.S.A. 18A:40-12.7.



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6. Each student medical examination shall be conducted at the medical home of the student. If a student does not have a medical home, the school district shall provide the examination at the school physician's office or other comparably equipped facility pursuant to N.J.S.A. 18A:40-4.
7. The findings of the medical examinations as required under 8. below shall include the following components:
 - a. Immunizations pursuant to N.J.A.C. 8:57-4.1 through 4.24;
 - b. Medical history, including allergies, past serious illnesses, injuries, operations, medications, and current health problems;
 - c. Health screenings including height, weight, hearing, blood pressure, and vision; and
 - d. Physical examinations.
8. The school district shall ensure that students receive medical examinations in accordance with N.J.A.C. 6A:16-2.2(f) and 6. above and:
 - a. Prior to participation on a school-sponsored interscholastic athletic team or intramural athletic team or squad for students enrolled in any grades six to twelve in accordance with N.J.A.C. 6A:16-2.2(h)1;
 - b. Upon enrollment in a school district in accordance with N.J.A.C. 6A:16-2.2(h)2;
 - c. When applying for working papers in accordance with N.J.A.C. 6A:16-2.2(h)3;



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- d. For the purposes of the comprehensive Child Study Team evaluation pursuant to N.J.A.C. 6A:14-3.4 in accordance with N.J.A.C. 6A:16-2.2(h)4; and
 - e. When a student is suspected of being under the influence of alcohol or controlled dangerous substances, pursuant to N.J.S.A. 18A:40A-12 and N.J.A.C. 6A:16-4.3 in accordance with N.J.A.C. 6A:16-2.2(h)5.
- 9. The Board of Education shall make accessible information regarding the New Jersey FamilyCare Program to students who are knowingly without medical coverage pursuant to N.J.S.A. 18A:40-34.
 - 10. Information concerning a student's HIV/AIDS status shall not be required as part of the medical examination or health history pursuant to N.J.S.A. 26:5C-1 et seq.
 - 11. The Board of Education shall ensure that students receive health screenings as outlined in N.J.A.C. 6A:16-2.2(k).
 - 12. The school nurse or designee shall screen to ensure hearing aids worn by students who are deaf and/or hard of hearing are functioning properly. The school nurse or designee will ensure any FM hearing aid systems in classrooms or any school equipment in the school building used to assist students hear are functioning properly.

N.J.S.A. 18A:40-4 et seq.

N.J.A.C. 6A:16-1.3; 6A:16-2.2 et seq.

Adopted:



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R 5310 HEALTH SERVICES

A. Definitions – N.J.A.C. 6A:16-1.3

1. Advanced practice nurse – means a person who holds a current license as nurse practitioner/clinical nurse specialist from the State Board of Nursing.
2. Certified School Nurse – means a person who holds a current license as a registered professional nurse from the State Board of Nursing and an Educational Services Certificate, school nurse or school nurse/non-instructional endorsement from the Department of Education pursuant to N.J.A.C. 6A:9-13.3 and 13.4.
3. Medical Examination – means the assessment of an individual's health status.
4. Medical Home – means a health care provider, including New Jersey FamilyCare providers as defined by N.J.S.A. 30:4J-12 and the provider's practice site chosen by the student's parent for the provision of health care.
5. Non-certified Nurse – means a person who holds a current license as a professional nurse from the State Board of Nursing and is employed by a district Board of Education or nonpublic school, and who is not certified as a school nurse by the Department of Education.
6. Physical Examination – means the examination of the body by a professional licensed to practice medicine or osteopathy, or an advanced practice nurse. The term includes specific procedures required by statute as stated in N.J.A.C. 6A:16-2.2.
7. School Physician – means a physician with a current license to practice medicine or osteopathy from the New Jersey Board of Examiners who works under a contract or as an employee of the school district. The physician is also referred to as the medical inspector as per N.J.S.A. 18A:40-1.



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B. Medical Examinations – General Conditions

Each student medical examination shall be conducted at the medical home of the student. If a student does not have a medical home, the school district shall provide the examination at the school physician's office or other comparably equipped facility pursuant to N.J.S.A. 18A:40-4.

The findings of required examinations under C. through G. below shall include the following components:

1. Immunizations pursuant to N.J.A.C. 8:57-4.1 through 4.24;
2. Medical history including allergies, past serious illnesses, injuries, operations, medications, and current health problems;
3. Health screenings including height, weight, hearing, blood pressure, and vision; and
4. Physical examinations.

The Board of Education shall make accessible information regarding the New Jersey FamilyCare Program for students who are knowingly without medical coverage pursuant to N.J.S.A. 18A:40-34.

Pursuant to N.J.S.A. 18A:40-4.4, a student who presents a statement signed by his/her parent that required examinations interfere with the free exercise of his/her religious beliefs shall be examined only to the extent necessary to determine whether the student is ill or infected with a communicable disease or under the influence of alcohol or drugs or is disabled or is fit to participate in any health, safety, or physical education course required by law.

Information concerning a student's HIV/AIDS status shall not be required as part of the medical examination or health history pursuant to N.J.S.A. 26:5C-1 et seq.



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C. Medical Examinations - Prior to Participation on a School-Sponsored Interscholastic or Intramural Athletic Team or Squad for Students Enrolled in Any Grades Six to Twelve

The school district shall ensure that students receive medical examinations prior to participation on a school-sponsored interscholastic or intramural athletic team or squad for students enrolled in any grades six to twelve.

1. The examination shall be conducted within 365 days prior to the first practice session.
2. The medical examination shall include a health history questionnaire completed and signed by the parent.
 - a. The report of health findings of the medical examination for participation shall be documented on the Athletic Preparticipation Physical Examination Form approved by the Commissioner of Education to determine whether the student had or currently has any of the following since their last physical:
 - (1) Injuries;
 - (2) Chronic or ongoing illness;
 - (3) Need for prescribed medication;
 - (4) Allergies;
 - (5) Head-related conditions;
 - (6) Heart-related conditions;
 - (7) Eye, ear, nose, mouth, or throat conditions;
 - (8) Neuromuscular/orthopedic conditions; or
 - (9) General or exercise-related conditions.



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- b. The medical report shall include a determination concerning the student's participation that includes, at a minimum, the following normalities:
- (1) Measurement of weight, height, and blood pressure;
 - (2) Examination of the skin to determine the presence of infection, scars from previous surgery or trauma, jaundice, a rash, and purpura;
 - (3) Examination of the eyes to determine visual acuity, use of eyeglasses or contact lenses, and examination of the sclera for the presence of jaundice;
 - (4) Examination of the ears to determine the presence of acute or chronic infection, perforation of the eardrum and gross hearing loss;
 - (5) Examination of the nose to assess the presence of deformity which may affect endurance;
 - (6) Assessment of the neck, back, and spine to determine range of motion, the presence of pain associated with such motion, and abnormal curvature of the spine;
 - (7) Examination of chest contour;
 - (8) Auscultation and percussion of the lungs;
 - (9) Assessment of the heart with attention to the presence of murmurs, noting rhythm and rate;
 - (10) Assessment of the abdomen with attention to the possible presence of hepatomegaly, splenomegaly, or abnormal masses;



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- (11) Examination of upper and lower extremities to determine abnormal mobility or immobility, deformity, instability, muscle weakness or atrophy, surgical scars and varicosities;
 - (12) Examination of the testes to determine the presence and descent of testes, abnormal masses, or configurations, or hernia;
 - (13) Assessment of physiological maturation; and
 - (14) Neurological examination to assess balance and coordination.
- c. The medical report shall indicate if a student is allowed or disallowed to participate in the required sports categories and shall be completed and signed by the original examining physician, advanced practice nurse, or physician's assistant.
- d. An incomplete form shall be returned to the student's medical home for completion unless the school nurse can provide documentation to the school physician that the missing information is available from screenings completed by the school nurse or physician within the prior 365 days.
3. Each student whose medical examination was completed more than sixty days prior to the first practice session shall provide a health history update of medical problems experienced since the last medical examination. This shall be completed and signed by the parent. The health history update shall include the following information:
- a. Hospitalization/operations;
 - b. Illnesses;
 - c. Injuries;



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- d. Care administered by a physician of medicine or osteopathy, advanced practice nurse, or physician's assistant; and
 - e. Medications.
 - 4. Each school district shall provide to the parent written notification signed by the school physician stating approval of the student's participation in athletics based upon the medical report or the reasons for the school physician's disapproval of the student's participation.
 - 5. A student who does not have a completed Athletic Preparticipation Physical Examination Form shall not be permitted to participate.
- D. Medical Examinations - Upon Enrollment in School
- 1. The school district shall ensure that students receive medical examinations upon enrollment in school. The parent shall be required to provide examination documentation of each student within thirty days of enrollment in the school.
 - 2. When a student transfers to another school, the sending school district shall ensure the entry-examination documentation is forwarded to the receiving school district pursuant to N.J.A.C. 6A:16-2.4(d).
 - 3. Students transferring into this school district from out-of-State or out-of-country may be allowed a thirty-day period to obtain entry examination documentation.
 - 4. The school district shall notify parents through its website or other means about the importance of obtaining subsequent medical examinations of the student at least once during each developmental stage: at early childhood (pre-school through grade three), pre-adolescence (grades four through six), and adolescence (grades seven through twelve).



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E. Medical Examinations - When Students Apply for Working Papers

1. Pursuant to N.J.S.A. 34:2-21.7 and 21.3, the school district may provide for the administration of a medical examination for a student pursuing a certificate of employment.
2. The school district shall not be held responsible for the costs for examinations at the student's medical home or other medical provider(s).

F. Medical Examinations - For the Purposes of the Comprehensive Child Study Team Evaluation Pursuant to N.J.A.C. 6A:14-3.4

1. The school district shall ensure that students receive medical examinations for the purposes of the comprehensive Child Study Team evaluation pursuant to N.J.A.C. 6A:14-3.4.

G. Medical Examinations - When a Student is Suspected of Being Under the Influence of Alcohol or Controlled Dangerous Substances pursuant to N.J.S.A. 18A:40A-12 and N.J.A.C. 6A:16-4.3

1. If a student who is suspected of being under the influence of alcohol or controlled dangerous substances is reported to the certified school nurse, the certified school nurse shall monitor the student's vital signs and general health status for emergent issues and take appropriate action pending the medical examination pursuant to N.J.A.C. 6A:16-4.3.
2. No school staff shall interfere with a student receiving a medical examination for suspicion of being under the influence of alcohol or controlled dangerous substances pursuant to N.J.A.C. 6A:16-4.3.

H. Health Screenings

The Board of Education shall ensure that students receive health screenings in accordance with N.J.A.C. 6A:16-2.2(k).



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1. Screening for height, weight, and blood pressure shall be conducted annually for each student in Kindergarten through grade twelve.
2. Screening for visual acuity shall be conducted biennially for students in Kindergarten through grade ten.
3. Screening for auditory acuity shall be conducted annually for students in Kindergarten through grade three and in grades seven and eleven pursuant to N.J.S.A. 18A:40-4.
4. Screening for scoliosis shall be conducted biennially for students between the ages of ten and eighteen pursuant to N.J.S.A. 18A:40-4.3.
5. Screenings shall be conducted by a school physician, school nurse, or other school personnel properly trained.
6. The school district shall provide for the notification of the parent of any student suspected of deviation from the recommended standard.

Issued:



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5339 SCREENING FOR DYSLEXIA

In accordance with the provisions of N.J.S.A. 18A:40-5.1 et seq., the Board of Education shall ensure each student enrolled in the school district who has exhibited one or more potential indicators of dyslexia or other reading disabilities is screened for dyslexia and other reading disabilities using a screening instrument selected pursuant to the provisions of N.J.S.A. 18A:40-5.2. This screening shall be administered no later than the student's completion of the first semester of the second grade.

In the event a student who would have been enrolled in Kindergarten, grade one, or grade two during or after the 2014-2015 school year enrolls in the district in Kindergarten through grade six during or after the 2015-2016 school year and has no record of being previously screened for dyslexia or other reading disabilities, pursuant to N.J.S.A. 18A:40-5.2 et seq., the Board shall ensure the newly-enrolled student is screened for dyslexia and other reading disabilities using a screening instrument selected pursuant to N.J.S.A. 18A:40-5.1. This screening shall be administered at the same time other students enrolled in the student's grade are screened for dyslexia and other reading disabilities, or if other students enrolled in the student's grade have previously been screened, within ninety calendar days of the date the student is enrolled in the district. The screenings shall be administered by a teacher or other teaching staff member properly trained in the screening process for dyslexia and other reading disabilities.

For the purposes of this Policy, "potential indicators of dyslexia or other reading disabilities" means indicators that include, but shall not be limited to, difficulty in acquiring language skills; inability to comprehend oral or written language; difficulty in rhyming words; difficulty in naming letters, recognizing letters, matching letters to sounds, and blending sounds when speaking and reading words; difficulty recognizing and remembering sight words; consistent transposition of number sequences, letter reversals, inversions, and substitutions; and trouble in replication of content.



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Screening for Dyslexia

In accordance with the provisions of N.J.S.A. 18A:40-5.2(a), the Commissioner of Education shall distribute to each Board of Education information on screening instruments available to identify students who possess one or more potential indicators of dyslexia or other reading disabilities. The Commissioner shall provide information on the screening instruments appropriate for Kindergarten through grade two students and on screening instruments that may be suitably used for older students. The Board shall select and implement age-appropriate screening instruments for the early diagnosis of dyslexia and other reading disabilities.

In accordance with provisions of N.J.S.A. 18A:40-5.2(b), the Commissioner shall also develop and distribute to each Board of Education guidance on appropriate intervention strategies for students diagnosed with dyslexia or other reading disabilities.

In the event a student is determined, through the screening conducted in accordance with N.J.S.A. 18A:40-5.3, to possess one or more potential indicators of dyslexia or other reading disabilities pursuant to the provisions of N.J.S.A. 18A:40-5.1 et seq., the Board shall ensure the student receives a comprehensive assessment for the learning disorder. In the event a diagnosis of dyslexia or other reading disability is confirmed by the comprehensive assessment, the Board shall provide appropriate evidence-based intervention strategies to the student, including intense instruction on phonemic awareness, phonics and fluency, vocabulary, and reading comprehension.

N.J.S.A. 18A:40-5.1; 18A:40-5.2; 18A:40-5.3; 18A:40-5.4

Adopted:

