

Pre-Session School Report 2025

School Name: _____ School ID: _____

Principal: _____ Email: _____

Cell Phone: _____ Preferred Contact Method: _____

Board Meeting Dates and Times:

| | | | |
|-----------|--|--------|--|
| September | | March | |
| October | | April | |
| November | | May | |
| December | | June | |
| January | | July | |
| February | | August | |

Board Chair: _____ Cell Number: _____ Email: _____

Faculty meeting schedule (day of week and time): _____

Faculty worships (days and time): _____

School Start Time: _____ A.M. School Dismissal Time: _____ P.M.

Friday Dismissal Time: _____ P.M. Lunch Break: _____ (minutes)

(ELEMENTARY: SEE NPUC CODE 2255:23 / JUNIOR ACADEMY: SEE NPUC CODE 2455:23)

PLEASE ATTACH / INCLUDE:

- ☐ **School Calendar**
- ☐ **ALL class schedules gr. PreK-8 and/or master schedule gr. 9-12**
- ☐ **Supervision Policy—detailed and specific to your school**
- ☐ **Staff Supervision Policy Agreement (pg. 10) with signatures**
- ☐ **Signed NPUC Harassment Policy (pgs. 8-9) for each faculty/staff member**
- ☐ **Principal Goals based on Spring 2025 Survey Results**

School-Wide Professional Development

State (and/or attach) your school's SBL (Standards-Based Learning) Goal(s) for the 2025/26 school year—based on the goal form distributed at the final PLC gathering in spring of 2025.

- ☐ I acknowledge that I have received the document (available in the Principal Notebook and on the OC Education website under *Professional Development → General Forms*) and understand the **Oregon Conference Professional Development Procedures for All Classroom Teachers**. I will ensure that the teachers at my school are informed of these expectations and are supported in following the professional development procedures.

Principal Signature: _____

- ☐ I understand the teacher observation requirements outlined in the *Oregon Conference Professional Development Procedures for All Classroom Teachers*. As the school administrator and primary observer/evaluator for my campus, I will ensure that the required minimum number of observations are conducted for each FTE using iObservation.

Principal Signature: _____
(Write "N/A" if not serving as an observer/evaluator.)

- ☐ I will ensure that all K–2 teachers at my school implement UFLI as part of their ELA/literacy instruction. I will also ensure these teachers receive the UFLI Teacher Guide no later than September 29, prior to the UFLI training.

Principal Signature: _____
(Write "N/A" if not an elementary school.)

Harassment Prevention / Child Abuse Prevention / Mandatory Reporting / Safety

- ☐ All school staff have signed the NPUC Harassment Policy (pgs. 8-9 of the Pre-Session report), and copies have been submitted to the Office of Education. (NPUC Code 4315:22)

Principal Signature: _____

- ☐ All school staff have completed the assigned *Sexual Harassment: Student Issues and Response* training video on SafeSchools.

Principal Signature: _____

- ☐ School administration and staff have reviewed and understand the policies and processes related to Senate Bill 197 and harassment prevention, and the required language is included in the school handbook. (See "School Handbook Requirements" in the January tab of the Principal Handbook or the "Principal Required Forms" on the OC Education site.)

Principal Signature: _____

- ☐ The NPUC Mandatory Reporting of Child Abuse policy has been reviewed with employees. (NPUC Code 4320:22) Additionally, the appropriate state laws and policies linked below have been shared and reviewed with all staff in a pre-session staff meeting and/or shared via email with the clear expectation of individual reading/review of the state laws related to mandatory reporting.

4320:22 Mandatory Reporting of Child Abuse

The conference superintendent shall provide each school employee with a copy of the applicable state law regarding the reporting of suspected child abuse.

Any employee or volunteer at the school who suspects child abuse must report that suspicion to a law enforcement officer or appointed child protection agent within a specified period of time as stated by law.

When a report of suspected child abuse is made to local authorities, the local school administrator and/or conference superintendent of education shall be notified and ensure that procedures in each case comply with legal statutes and are in harmony with NAD Working Policy E87.

In making these reports and notifications, confidentiality shall be maintained.

Oregon: <https://www.oregon.gov/odhs/report-abuse/pages/mandatory-reporting.aspx>

Washington: <https://www.dshs.wa.gov/altsa/home-and-community-services/reporting-abuse-mandatory-reporter>

Principal Signature: _____

- ☐ All school staff have completed the assigned *Child Abuse: Mandatory Reporting* training video on SafeSchools.

Principal Signature: _____

- ☐ **Parents will be provided a training resource for child abuse awareness/prevention—the SafeSchools video or other.** *(Contact your superintendent for additional resources, if needed.)*

Principal Signature: _____

- ☐ **I certify that all volunteers have completed, or will complete, an approved background check through the Oregon Conference Office (Sterling Volunteers), and that volunteers will only be permitted to serve once the background check process is complete and they have been fully vetted and approved.**

Principal Signature: _____

- ☐ **For elementary schools and junior academies, site-specific supervision policies and procedures—aligned with the NPUC Teacher Handbook supervision statement (*below*) and expanded with detailed, personalized guidelines—have been developed for staff and volunteers. These policies have been published, reviewed, and discussed with all school staff.**
- ☐ **A copy of the supervision policy, along with the signed faculty/staff form confirming their commitment to provide alert and interactive supervision (*pg. 10 of the Pre-Session Report*), will be submitted with the Pre-session Report.**
- ☐ **I have ensured that the supervision policy specifies that one-on-one student/student and student/teacher interactions in isolated settings are not permitted.**
- ☐ **I will ensure that all staff and volunteers follow the supervision policies and procedures at all times.**

“Student supervision must be provided in the classroom, on the playground, during recess, before and after school, and during activities sponsored by the school. Adequate supervision requires close attention to whatever is occurring in the area being supervised. It is not enough to have a teacher just standing in the area. The teacher must be alert and aware of the various groups and their activities.”

Principal Signature: _____

(Academy principals, please sign to indicate that you have appropriate supervision policies for gr. 9-12.)

- ☐ **The school staff have reviewed active shooter drill procedures prior to the school year beginning. Training provided by your local sheriff’s office for your staff is highly recommended.**

All school staff have watched the assigned *Active Assailant/Potential Attacks/Threats* training videos on SafeSchools.

Additional Resources:

<https://iloveguys.org/> ; <https://www.alicetraining.com/> ;
https://www.dhs.gov/xlibrary/assets/active_shooter_booklet.pdf

Principal Signature: _____

Safety / Health & Medical

- ☐ **The school has a volunteer or hired nurse to assist or serve as a consultant for health- and injury-related situations, immunization tracking, and other needs.**
- ☐ **The nurse has access to the Oregon Conference School Nurse Handbook and is prepared to assist the school as outlined in the Handbook.**

Name of Nurse: _____

Principal Signature: _____

- ☐ **All teaching staff hold current CPR and First Aid certification, which included Epi Pen administration and AED use, and records of First Aid certification are kept on file at the school.**

Principal Signature: _____

- ☐ **The AED installed within the school building current, compliant, and in good working condition. (*Oregon State Law 2010 SB 1033*)**

Location of AED: _____

Expiration Date of Pads: _____

Expiration Date of Battery: _____

Principal Signature: _____

- ☐ **A current, unexpired EpiPen is available in the school building for general emergency use. (*ORS 433.800-830*)**

Steps for Obtaining Epi Pens

1. Ask a local doctor to prescribe an Epi Pen for your school.
2. Order a free Epi Pen at: <https://www.epipen4schools.com/>.

Expiration Date of Epi Pen: _____

Principal Signature: _____

- ☐ **All school staff have completed the assigned *Bloodborne Pathogen Exposure Prevention* training video on SafeSchools, and procedures have been implemented.**

Principal Signature: _____

- ☐ **The following protocol is in place for injury-related incidents at my school:**
- An injury report form (or an electronic injury report) is provided to parent/guardian the day of the injury.
 - A copy of the injury report for is kept in the school file.
 - The Student Insurance Claim Form is provided to the parent/guardian on the day of the injury when further medical attention may be needed.
 - Injury report forms and Student Insurance Claim Forms are taken on field trips.

Principal Signature: _____

- ☐ **I understand that my school may need to purchase additional student accident insurance or additional general liability insurance activity insurance for high-risk activities such as outdoor rock climbing, trampoline parks, etc. (Contact the OC Risk Management Dept for assistance.)**

Principal Signature: _____

- ☐ **All school staff and coaches, including volunteer coaches, have completed the assigned Concussion Awareness: Athletics training video on SafeSchools.**
- ☐ **Checklist(s) for head injury/concussion have been provided. (For checklists and resources, see the Medical tab in the Principal Handbook or "General Resources" on the OC Education website and/or share this website: <https://www.cdc.gov/heads-up/index.html> .)**

Principal Signature: _____

- ☐ **The following protocol is followed for the use of medication:**
- Designated school personnel have received training from licensed healthcare personnel and are the only ones to administer medication to students. (OR: ORS 339.870, AR 581-021-0037; WA: RCW 28A.210.260 / 270)
 - Designated school personnel have watched the *Medication Administration* training SafeSchools video.
 - Medication authorization forms are required and kept current for administration.
 - A detailed medication log is kept for every medication administered.

Principal Signature: _____

- ☐ **Each classroom has a First Aid Kit, and a portable First Aid Kit will be taken on all field trips, be readily available during outside play, and will be available/provided for sporting events on- or off-campus.**
- ☐ **All First Aid Kits have been checked to ensure they are stocked and accessible. There are:**
- # _____ classroom First Aid Kits
 - # _____ portable First Aid Kits for outside play and field trips
 - # _____ First Aid Kits in the office, sick room, or common areas

By signing below, you are verifying that every First Aid Kit utilized by your school has been verified to contain the required items in good, usable condition, according to the *First Aid Kit Inspection Checklist* (in the Medical tab of the Principal Handbook or at the OC Education website in "General Resources.")

Principal Signature: _____

Legal / Other

- ☐ I understand that my school may not enter into any contract, lease, or legal agreement—including those with teachers, staff, or outside entities—without prior approval from the Oregon Conference Education Department. This includes, but is not limited to, agreements for office equipment, student activity venues, and rental facilities.

Principal Signature: _____

- ☐ In compliance with Section 504 of the Rehabilitation Act of 1973, the school prohibits discrimination against students and employees with disabilities. Accommodations will be provided to the extent the school is able.

Principal Signature: _____

- ☐ I have reviewed with my staff, the form: *Mission Minded, A Guide for Oregon Conference Educators on Political and Activism Neutrality* (found in the “Other” tab of the Principal Notebook and also emailed).

Principal Signature: _____

- ☐ All employees and board members have signed *Confidentiality* statements and *Conflict of Interest* statements, which are securely filed at/in _____.

Principal Signature: _____

4315:22 Harassment (NAD Working Policy E 84)

NOTE: The following is an excerpt from the NAD Working Policy E84. This policy is applicable to the entities and employees of the North Pacific Union Conference.

1. Working Environment

The North American Division values the dignity of all human beings as children of God and recognizes its responsibility to all employees to maintain a working environment free from harassment. It endeavors to achieve this environment through educating employees that harassment violates the law and will not be tolerated by the Division. The North American Division also endeavors to prevent harassment by publishing this policy, by developing appropriate sanctions for misconduct, and by informing all employees of their right to complain of harassment.

To maintain a work environment free of harassment and assist in preventing inappropriate workplace conduct, the North American Division expects each NAD organization to take the following actions:

- a. Develop a harassment policy and complaint procedure
- b. Designate an officer to serve as the individual to whom complaints of harassment can be made in addition to an employee's departmental director
- c. Supply each employee with a copy of the harassment policy and complaint procedure, and
- d. Have each employee acknowledge receipt of this policy and complaint procedure, which will be maintained in the employee's personnel file.

2. Personal Conduct

Employees are to exemplify the Christ-like life and should avoid all appearances of wrongdoing. They should not engage in behavior that is harmful to themselves or others and that casts a shadow on their dedication to the Christian way of life. Personal attire, posters, banners, bumper stickers, tags, flags, and other symbols whose message, historically or currently, is, or could reasonably be construed to be, one of prejudice, discrimination, or that is inflammatory, must not be displayed anywhere on the premises of any NAD organization, or while representing the organization in any capacity. Employees should respect and uplift one another. Employees should never be placed in a position of embarrassment, disrespect, or harassed because of their gender, race, color, national origin, age or disability. To do so would be a violation of God's law and civil laws protecting human rights and governing workplace conduct.

3. Sexual Harassment

Sexual harassment is a form of harassment that involves unwelcomed sexual advances, requests for sexual favors or other verbal, written or physical conduct of a sexual nature when:

- a. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment; or
- b. Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting an individual; or
- c. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creates an intimidating, hostile, or offensive working environment.

4. Improper Conduct

Improper conduct by the employer, co-workers and, in some instances, non-employees include, but is not limited to:

- a. Any subtle or other pressure or request for sexual favors or activity, including any suggestion that an applicant's or employee's giving in to or rejecting sexual advances will have an effect on that person's employment or terms of employment.
- b. Unwelcomed sexual flirtation or propositions.
- c. Unnecessary or inappropriate touching of a sexual or abusive nature (e.g., patting, pinching, hugging, repeated brushing against another person's body, etc.),
- d. Displays, whether worn on the person, displayed in offices or on personal vehicles parked in parking lots used by the NAD or its organizations of sexually suggestive pictures, drawings, cartoons or objects,
- e. Threats or demands for sexual favors,
- f. Unwelcomed or derogatory statements related to gender, race, color, national origin, age or disability (for example, kidding, teasing, degrading jokes or offensive comments or tricks),
- g. Demeaning or degrading comments about an individual's appearance,
- h. Denying an employee, the opportunity to participate in training or education on account of gender, race, color, national origin, age or disability,
- i. Limiting opportunities for promotion, transfer or advancement on account of gender, race, color, national origin, age or disability, or
- j. Requiring a protected employee to perform more difficult tasks or less desirable work assignments in order to force them to retire or resign from employment.

5. Reporting Incidents

Employees who believe that they have been harassed should immediately take the following steps:

- a. Make it clear that such conduct is offensive and should be stopped immediately; and
- b. Report the incident to the immediate department director or to the designated officer of the organization to whom complaints can be made. The initial report should be followed by a written statement describing the incident and identifying potential witnesses.

6. Third-Party Reports

Employees who are aware of incidents of potential workplace harassment toward others are to report such incidents to their department director or the designated officer to whom complaints can be made.

7. Investigation

Complaints of sexual harassment shall be promptly handled and maintained in confidence to the extent possible.

8. Discipline

A violation of this policy may result in discipline, up to and including dismissal from employment.

9. Prohibition of Retaliation

North American Division policy prohibits retaliation against employees complaining of harassment.

Teacher Name (PRINT): _____ School: _____

Teacher Signature: _____ Date: _____

Staff Supervision Policy Agreement

I will follow my school's supervision plan and provide alert, engaged, and interactive supervision of the students in my care at all times.

Employee Signature _____ Date _____

Employee Signature _____ Date _____

Employee Signature _____ Date _____

Employee Signature _____ Date _____

Employee Signature _____ Date _____

Employee Signature _____ Date _____

Employee Signature _____ Date _____

Employee Signature _____ Date _____

Employee Signature _____ Date _____

Employee Signature _____ Date _____

Employee Signature _____ Date _____

Employee Signature _____ Date _____

Employee Signature _____ Date _____

Employee Signature _____ Date _____

Employee Signature _____ Date _____

Employee Signature _____ Date _____

Employee Signature _____ Date _____

Employee Signature _____ Date _____

Employee Signature _____ Date _____

Employee Signature _____ Date _____

Employee Signature _____ Date _____

Employee Signature _____ Date _____

Employee Signature _____ Date _____

Employee Signature _____ Date _____

Employee Signature _____ Date _____

Employee Signature _____ Date _____

Employee Signature _____ Date _____

NOTE: Please make additional copies as needed.