

**WINSLOW TOWNSHIP SCHOOL DISTRICT - REQUEST FOR SCHOOL FIELD TRIPS**  
**BOARD APPROVAL DATE: Wednesday, August 14, 2024**  
**EXHIBIT NO. XA-4**

Sch	Date of Trip	Destination (Trip Information)	Teacher/Coach	Bus(es)	# of Pupils	Departure/Return Time
1	ECEC 06/04/2025	Schools No. 1-4 (Students to travel to their homeschool to meet their teachers and principals for the 2025/2026 school year)	Prek Teachers	4	105	Depart: 10:00 a.m. Return: 11:30 a.m.
2	#4 03/18/2025	Edelman Planetarium at Rowan University Glassboro, NJ (First Grade students to observe the sun, moon, and stars to describe patterns that can be predicted)	First Grade Teachers	3	80	Depart: 9:30 a.m. Return: 12:30 p.m.
3	WTMS 05/29/2025	National Constitution Center Philadelphia, PA (7 <sup>th</sup> grade student study of the constitution)	7 <sup>th</sup> Grade Teachers/ Chaperones	7	300	Depart: 8:30 a.m. Return: 3:30 p.m.
4	WTHS 10/10/2024	School No. 2 Sicklerville, NJ (Spanish Honor Society students to hold assembly for students on Hispanic Heritage)	Ms. Gomez Ms. Duca	1	20	Depart: 9:30 a.m. Return: 12:30 p.m.
5	WTHS 10/24/2024	School No. 1 Blue Anchor, NJ (Spanish Honor Society students teach Spanish lesson to third grade students)	Ms. Gomez Ms. Duca	1	20	Depart: 9:30 a.m. Return: 12:30 p.m.
6	WTHS 10/30/2024	DiDonato Family Fun Center Hammononton, NJ (Spanish Honor Society students to hold a meet and greet with old and new members)	Ms. Gomez Ms. Duca	1	40	Depart: 2:00 p.m. Return: 5:00 p.m.
7	WTHS 11/21/2024	School No. 2 Sicklerville, NJ (Spanish Honor Society students teach Spanish lesson to third grade students)	Ms. Gomez Ms. Duca	1	20	Depart: 9:30 a.m. Return: 12:30 p.m.
8	WTHS 12/19/2024	School No. 3 Sicklerville, NJ (Spanish Honor Society students teach Spanish lesson to third grade students)	Ms. Gomez Ms. Duca	1	20	Depart: 9:30 a.m. Return: 12:30 p.m.
9	WTHS 01/23/2025	School No. 4 Sicklerville, NJ (Spanish Honor Society students teach Spanish lesson to third grade students)	Ms. Gomez Ms. Duca	1	20	Depart: 9:30 a.m. Return: 12:30 p.m.
10	WTHS 02/20/2025	School No. 1 Blue Anchor, NJ (Spanish Honor Society students teach Spanish lesson to third grade students)	Ms. Gomez Ms. Duca	1	20	Depart: 9:30 a.m. Return: 12:30 p.m.
11	WTHS 03/20/2025	SK8 47 Skating and Fun Center (Spanish Honor Society students to gather and celebrate hard work with induction)	Ms. Gomez Ms. Duca	1	45	Depart: 2:30 p.m. Return: 5:30 p.m.

12	WTHS	03/27/2025	School No. 2 Sicklerville, NJ (Spanish Honor Society students teach Spanish lesson to third grade students)	Ms. Gomez Ms. Duca	1	20	Depart: 9:30 a.m. Return: 12:30 p.m.
13	WTHS	04/16/2025	School No. 3 Sicklerville, NJ (Spanish Honor Society students teach Spanish lesson to third grade students)	Ms. Gomez Ms. Duca	1	20	Depart: 9:30 a.m. Return: 12:30 p.m.
14	WTHS	5/22/25	School No. 4 Sicklerville, NJ (Spanish Honor Society students teach Spanish lesson to third grade students)	Ms. Gomez Ms. Duca	1	20	Depart: 9:30 a.m. Return: 12:30 p.m.
15	4	10/11/24	Storybook Land 6415 Black Horse Pike Egg Harbor Township, NJ 08234 (Kindergarten class trip, learning about pumpkins, fiction and fairytale characters, and climate change)	Ms. Brown Kindergarten Teachers/ Chaperones	3	100	Depart: 9:30 a.m. Return: 1:30 p.m.
16	MS	10/23/24	Nifty Fifty's 4670 Route 42 Turnersville, NJ 08012 (MS Renaissance trip to award students for academic achievement, good attendance, and good behavior)	Ms. Kernaghan Ms. Kownacki	1	40	Depart: 1:15 p.m. Return: 3:45 p.m.
17	MS	1/29/25	30 Strikes Bowling Alley 501 S. White Horse Pike Stratford, NJ 08084	Ms. Kernaghan Ms. Kownacki	1	40	Depart: 1:15 p.m. Return: 3:45 p.m.



2024-2025 Termination of OOD Students  
August 14, 2024

	<b>Student #</b>	<b>Placement</b>	<b>Effective</b>	<b>Cost</b>	<b>Reason for Termination of Placement</b>
A	5105	Y.A.L.E Ellisburg	7/19/24	N/A	Moved out of District
B	5077	Archbishop Damiano	7/19/24	\$8,784.60	Attendance-ESY Only
C	5074	Archway Schools	7/24/24	\$8,768.10	Attendance-ESY Only
D	5026	Warren Glen Academy	6/26/24	\$121,537.50	Change in Placement
E	5010	Durand Academy	6/14/24	\$136,486.49	Moved out of District

### WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: #2

RECEIVED

Club/Organization: Home and School Association

JUL 31 2024

Person Submitting Request: Frank Lavala ASSISTANT SUPERINTENDENT

Date(s) of Fundraiser: 10/22/24 Time of Activity: 5:00pm to 8:00pm

Fundraising Activity: Dine out Night @ Joe's Pizza

Location of Activity: Berlin, NJ

Cost Per Item/Person: Varies Sale Price: N/A Anticipated Profit: TBD

Intended Use of Raised Funds: All profits of event to benefit School 2 HSA in support of School 2 Student Activities.

Vendor Description (If Appropriate): \_\_\_\_\_

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: Profits will benefit School 2 HSA.

APPROVED BY: Administrator: [Signature] Date: 7/31/24  
Superintendent/Designee: [Signature] Date: 7/31/24

WINSLOW TOWNSHIP SCHOOL DISTRICT  
FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: #2

RECEIVED

Club/Organization: School # 2 HSA

JUL 31 2024

Person Submitting Request: Frank Lavala

ASSISTANT SUPERINTENDENT

Date(s) of Fundraiser: 2/24/25 to 2/28/25 Time of Activity: Daytime

Fundraising Activity: Scholastic Book Fair (Book Fair Family Night 2/27/25 6:30pm to 8:00pm)

Location of Activity: School 2 Media Center - Schoolwide

Cost Per Item/Person: Varies Sale Price: N/A Anticipated Profit: Scholastic dollars

Intended Use of Raised Funds: All profits of event to benefit School 2 HSA in support of school 2 Student Activities.

Vendor Description (If Appropriate): Scholastic Book Fair

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: Scholastic dollars used to support School 2 activities.

APPROVED BY: Administrator: [Signature] Date: 7/31/24  
Superintendent/Designee: [Signature] Date: 7/31/24

### WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

**RECEIVED**

School: #2

JUL 31 2024

Club/Organization: Home and School Association

ASSISTANT SUPERINTENDENT

Person Submitting Request: Frank Lavala

Date(s) of Fundraiser: 10/30/24 Time of Activity: 6:30 pm to 8:00pm

Fundraising Activity: Silent Auction Family Night

Location of Activity: School #2 Multi Purpose Room (MPR)

Cost Per Item/Person: N/A Sale Price: N/A Anticipated Profit: N/A

Intended Use of Raised Funds: All profits of event to benefit School 2 HSA in support of School 2 Student Activities.

Vendor Description (If Appropriate): Various School families to donate baskets that will be raffled.

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: \_\_\_\_\_

APPROVED BY: Administrator: [Signature] Date: 7/31/24  
Superintendent/Designee: [Signature] Date: 7/31/24

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WINSLOW TOWNSHIP SCHOOL DISTRICT  
FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: #2

Club/Organization: Home and School Association

Person Submitting Request: Frank Lavala

Date(s) of Fundraiser: 10/15/24 to 10/18/24 Time of Activity: During School hours

Fundraising Activity: Scholastic Book Fair (Book Fair Family Night 10/17/24 6:30pm to 8:00pm)

Location of Activity: School 2 Media Center

Cost Per Item/Person: N/A Sale Price: N/A Anticipated Profit: TBD by sales.

Intended Use of Raised Funds: To raise Scholastic dollars for book purchases & HSA Funds.

Vendor Description (If Appropriate): Scholastic Book Fair

RECEIVED

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: \_\_\_\_\_ JUL 31 2024

ASSISTANT SUPERINTENDENT

APPROVED BY: Administrator: [Signature] Date: 7/31/24  
Superintendent/Designee: [Signature] Date: 7/31/24



WINSLOW TOWNSHIP SCHOOL DISTRICT  
FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: #2

Club/Organization: School #2 HSA

Person Submitting Request: Frank Lavala

Date(s) of Fundraiser: 3/28/25 Time of Activity: 6:30pm to 8:00pm

Fundraising Activity: Spring Fling Dance for School 2 students & Parents

Location of Activity: School 2 MPR

Cost Per Item/Person: \$5.00 Sale Price: N/A Anticipated Profit: TBD

Intended Use of Raised Funds: All profits of event to benefit School 2 HSA in support of School 2 Student Activities.

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Vendor Description (If Appropriate): N/A JUL 30 2024

ASSISTANT SUPERINTENDENT

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: \_\_\_\_\_

APPROVED BY: Administrator: [Signature] Date: 7/30/24  
Superintendent/Designee: [Signature] Date: 7/30/24

WINSLOW TOWNSHIP SCHOOL DISTRICT  
FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: #2

Club/Organization: School #2 HSA

Person Submitting Request: Frank Lavala

Date(s) of Fundraiser: 11/4/24 to 11/15/24 Time of Activity: Ongoing until 11/15/24

Fundraising Activity: Fun Pasta Product online fundraiser

Location of Activity: School 2

Cost Per Item/Person: Varies Sale Price: Varies Anticipated Profit: 35-50 %

Intended Use of Raised Funds: All profits of event to benefit School 2 HSA in support of School 2 Student Activities.

RECEIVED

Vendor Description (If Appropriate): N/A JUL 30 2024

ASSISTANT SUPERINTENDENT

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: \_\_\_\_\_

APPROVED BY: Administrator: [Signature] Date: 7/30/24

Superintendent/Designee: [Signature] Date: 7/30/24

WINSLOW TOWNSHIP SCHOOL DISTRICT  
FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: #2

Club/Organization: Home and School Association

Person Submitting Request: Frank Lavala

Date(s) of Fundraiser: 12/13/24 Time of Activity: 6:00 pm to 8:00pm

Fundraising Activity: Holiday Shopping & Vendor Event (Student Shopping)

Location of Activity: School 2

Cost Per Item/Person: \$25 Vendor Table Rental Sale Price: N/A Anticipated Profit: 40-50% of holiday shoppe sales

Intended Use of Raised Funds: All profits of event to benefit School 2 HSA in support of School 2 Student Activities.

RECEIVED

JUL 19 2024

Vendor Description (If Appropriate): Various local craft/business vendors to rent table space during event.

ASSISTANT SUPERINTENDENT

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: Profits will benefit School 2 HSA.

APPROVED BY: Administrator: [Signature] Date: 7/19/24  
Superintendent/Designee: [Signature] Date: 7/22/24

WINSLOW TOWNSHIP SCHOOL DISTRICT  
FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: #2

Club/Organization: Home and School Association

Person Submitting Request: Frank Lavala

Date(s) of Fundraiser: 2024/2025 School Year Time of Activity: varies

Fundraising Activity: Double Good Pop-up Fundraiser

Location of Activity: Online

Cost Per Item/Person: varies Sale Price: \$9-\$59 Anticipated Profit: 50% of sales

Intended Use of Raised Funds: Funds raised will be used to host student activities and events

Vendor Description (If Appropriate): Double Good Pop-up Stores

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: Profits will benefit School 2 HSA

APPROVED BY: Administrator: [Signature]  
Superintendent/Designee: [Signature] Date: 7/22/24

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JUL 19 2024

### WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: #2

Club/Organization: Home and School Association

Person Submitting Request: Frank Lavala

Date(s) of Fundraiser: Ongoing Time of Activity: Ongoing

Fundraising Activity: Winslow Spirit Wear

Location of Activity: Flyer

Cost Per Item/Person: \$12-\$20 Sale Price: \_\_\_\_\_ Anticipated Profit: \$2/item

Intended Use of Raised Funds: HSA Funds to use for schoolwide activities

Vendor Description (If Appropriate): Heavenly Promotions

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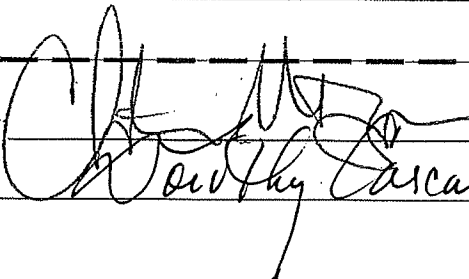
JUL 29 2024

ASSISTANT SUPERINTENDENT  
ASSISTANT SUPERINTENDENT

Is there any commission or other gain to be received by school or advisor?  Yes  No

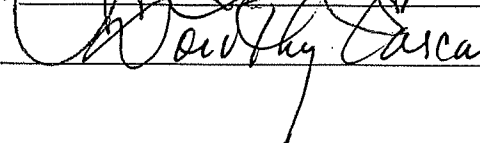
If Yes, please explain: Commission will be \$2/item

APPROVED BY: Administrator



Date: 7/18/24

Superintendent/Designee:



Date: 7/22/24



W331

# WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: #3

Club/Organization: PTO

Person Submitting Request: Jennifer Farrands

Date(s) of Fundraiser: 4/7-4/11/25 Time of Activity: All Day

Fundraising Activity: Selling pretzels for Autism Awareness

Location of Activity: Winslow School 3

Cost Per Item/Person: \$0.60 Sale Price: \$1 Anticipated Profit: \$200

Intended Use of Raised Funds: \_\_\_\_\_

To reinvest in student activities for Winslow School 3, to include field trips, various activities and events.

Vendor Description (If Appropriate): Philadelphia Soft Pretzel Factory

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: \_\_\_\_\_

RECEIVED

JUL 22 2024

ASSISTANT SUPERINTENDENT

APPROVED BY: Administrator: Jamika Shelton Esq Date: 7/19/24

Superintendent/Designee: Doody Cascar Date: 7/22/24

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W331

# WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: #3

Club/Organization: PTO

Person Submitting Request: Jennifer Farrands

Date(s) of Fundraiser: 12/16- 12/20/24 Time of Activity: All Day

Fundraising Activity: Holiday Shopping

Location of Activity: School 3

Cost Per Item/Person: \$0.50-\$3 Sale Price: \$1-6 Anticipated Profit: \$1000

Intended Use of Raised Funds: \_\_\_\_\_

To reinvest in student activities for Winslow School 3, to include field trips, various activities and events.

Vendor Description (If Appropriate): Multiple Vendors

RECEIVED

Is there any commission or other gain to be received by school or advisor?  Yes  No

JUL 2 9 2024

If Yes, please explain: \_\_\_\_\_

ASSISTANT SUPERINTENDENT

APPROVED BY: Administrator: [Signature] Date: 7/19/24

Superintendent/Designee: [Signature] Date: 7/22/24



# WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: #3

Club/Organization: PTO

Person Submitting Request: Jennifer Farrands

Date(s) of Fundraiser: 2/21- 2/28/25 Time of Activity: 9-3

Fundraising Activity: Bookfair

Location of Activity: Winslow School 3

Cost Per Item/Person: \$5-20 Sale Price: \$5-20 Anticipated Profit: \$1500

Intended Use of Raised Funds: \_\_\_\_\_

To reinvest in student activites for Winslow School 3, to include field trips, various activities and events.

Vendor Description (If Appropriate): Scholastic Books

**RECEIVED**

Is there any commission or other gain to be received by school or advisor?  Yes  No

JUL 28 2024

If Yes, please explain: \_\_\_\_\_

ASSISTANT SUPERINTENDENT

APPROVED BY: Administrator: [Signature] Date: 7/19/24

Superintendent/Designee: [Signature] Date: 7/22/24



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W331

# WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: #3

Club/Organization: PTO

Person Submitting Request: Jennifer Farrands

Date(s) of Fundraiser: 5/12-5-16/25 Time of Activity: 9-3

Fundraising Activity: Buy One Get One Bookfair

Location of Activity: Winslow School 3

Cost Per Item/Person: \$5-20 Sale Price: \$5-20 Anticipated Profit: \$1500

Intended Use of Raised Funds: \_\_\_\_\_

To reinvest in student activities for Winslow School 3, to include field trips, various activities and events.

Vendor Description (If Appropriate): Scholastic Books

RECEIVED  
RECEIVED

Is there any commission or other gain to be received by school or advisor?  Yes  No

JUL 22 2024  
JUL 19 2024

If Yes, please explain: \_\_\_\_\_

ASSISTANT SUPERINTENDENT  
ASSISTANT SUPERINTENDENT

APPROVED BY: Administrator: Jamela Galloway Ed Date: 7/19/24

Superintendent/Designee: Wendy Casen Date: 7/22/24

W331

# WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: #3

Club/Organization: PTO

Person Submitting Request: Jennifer Farrands

Date(s) of Fundraiser: 5/15/25 Time of Activity: 630-8pm

Fundraising Activity: Buy One Get One Bookfair Family Night

Location of Activity: Winslow School 3

Cost Per Item/Person: \$5-20 Sale Price: \$5-20 Anticipated Profit: \$300

Intended Use of Raised Funds: \_\_\_\_\_

To reinvest in student activites for Winslow School 3, to include field trips, various activities and events.

Vendor Description (If Appropriate): Scholastic Books

**RECEIVED**

Is there any commission or other gain to be received by school or advisor?  Yes  No

JUL 21 2024

If Yes, please explain: \_\_\_\_\_

**ASSISTANT SUPERINTENDENT**

APPROVED BY: Administrator: Jamul Gullett Lyd Date: 7/19/24

Superintendent/Designee: Wendy Carson Date: 7/22/24



W331

# WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: #3

Club/Organization: PTO

Person Submitting Request: Jennifer Farrands

Date(s) of Fundraiser: 4/28- 5/8/25 Time of Activity: All Day

Fundraising Activity: Wooden Rose Sale

Location of Activity: Winslow School 3

Cost Per Item/Person: \$0.50 Sale Price: \$1 Anticipated Profit: \$200

Intended Use of Raised Funds: \_\_\_\_\_

To reinvest in student activities for Winslow School 3, to include field trips, various activities and events.

Vendor Description (If Appropriate): WoodenRoseUSA.com

**RECEIVED**

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: \_\_\_\_\_

JUL 2 2024

ASSISTANT SUPERINTENDENT  
ASSISTANT SUPERINTENDENT

APPROVED BY: Administrator: Jumela Bell Date: 7/19/24  
Superintendent/Designee: Deborah Carson Date: 7/22/24

WINSLOW TOWNSHIP SCHOOL DISTRICT  
FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: #3

Club/Organization: PTO

Person Submitting Request: Jennifer Farrands

Date(s) of Fundraiser: 12/17/24 Time of Activity: 630-8

Fundraising Activity: Holiday Shopping Family Night

Location of Activity: School 3

Cost Per Item/Person: \$0.50-\$3 Sale Price: \$1-6 Anticipated Profit: \$150

Intended Use of Raised Funds: \_\_\_\_\_

To reinvest in student activities for Winslow School 3, to include field trips, various activities and events.

**RECEIVED**

Vendor Description (If Appropriate): \_\_\_\_\_

AUG - 2 2024

**ASSISTANT SUPERINTENDENT**

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: \_\_\_\_\_

APPROVED BY: Administrator: Jamie Hill-Hyer Date: 8/2/24

Superintendent/Designee: Wendy Carter Date: 8/5/24

# WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: #3

Club/Organization: PTO

Person Submitting Request: Jennifer Farrands

Date(s) of Fundraiser: 2/20/25 Time of Activity: 630-8pm

Fundraising Activity: Bookfair Family Night

Location of Activity: Winslow School 3

Cost Per Item/Person: \$5-20 Sale Price: \$5-20 Anticipated Profit: \$300

Intended Use of Raised Funds: \_\_\_\_\_

To reinvest in student activities for Winslow School 3, to include field trips, various activities and events.

**RECEIVED**

Vendor Description (If Appropriate): Scholastic Books

AUG - 2 2024

ASSISTANT SUPERINTENDENT

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: \_\_\_\_\_

APPROVED BY: Administrator: [Signature] Date: 8/2/24

Superintendent/Designee: [Signature] Date: 8/5/24

WINSLOW TOWNSHIP SCHOOL DISTRICT  
FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: #4

Club/Organization: Home and School Association

Person Submitting Request: Jennifer Osborne/Lia Dunn

Date(s) of Fundraiser: 2024-2025 School Year Time of Activity: Varies RECEIVED

Fundraising Activity: Spirit Wear T-Shirt Sales JUL 25 2024

Location of Activity: School #4 ASSISTANT SUPERINTENDENT

Cost Per Item/Person: \$10.00 + Sale Price: N/A Anticipated Profit: \$200.00

Intended Use of Raised Funds: HSA Events

Vendor Description (If Appropriate): N/A

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: \_\_\_\_\_

APPROVED BY: Administrator: Jari Kelly Date: 7/25/24

Superintendent/Designee: Neddy Casan Date: 7/29/24

# WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: #4

Club/Organization: Home and School Association

Person Submitting Request: Jennifer Osborne/Lia Dunn

Date(s) of Fundraiser: 9/30-10/3/24 Time of Activity: School Day & 6:30-8:00

Fundraising Activity: Book fair and family night (10/3/24).

Location of Activity: School #4

Cost Per Item/Person: \$5+ Sale Price: n/a Anticipated Profit: \$500.00

Intended Use of Raised Funds: Supplemental funding for field trips.

Vendor Description (If Appropriate): Scholastic Book Fairs

JUL - 1 2024

ASSISTANT SUPERINTENDENT

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: \_\_\_\_\_

APPROVED BY: Administrator: Jeri Kelly Date: 6/18/24  
Superintendent/Designee: Woodley Carson Date: 7/2/24

# WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: #4

Club/Organization: Home and School Association

Person Submitting Request: Jennifer Osborne/Lia Dunn

Date(s) of Fundraiser: 9/2024-5/2025 Time of Activity: online

Fundraising Activity: Small batch premium popcorn sales.

Location of Activity: School #4

Cost Per Item/Person: \$5+ Sale Price: n/a Anticipated Profit: \$200.00

Intended Use of Raised Funds: Supplemental funding for field trips.

Vendor Description (If Appropriate): Double Good Popcorn Virtual Fundraising

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Is there any commission or other gain to be received by school or advisor?  Yes  No

JUL - 1 2024

If Yes, please explain: \_\_\_\_\_

ASSISTANT SUPERINTENDENT

APPROVED BY: Administrator: [Signature] Date: 6/18/24

Superintendent/Designee: [Signature] Date: 7/2/24



# WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: #4

Club/Organization: Home and School Association

Person Submitting Request: Jennifer Osborne/Lia Dunn

Date(s) of Fundraiser: 9/26/2024 Time of Activity: 6:30-8:00

Fundraising Activity: Refreshment sold at welcome back movie night.

Location of Activity: School #4

Cost Per Item/Person: \$1-\$2 Sale Price: n/a Anticipated Profit: \$100.00

Intended Use of Raised Funds: Field Day T-shirts

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JUL - 1 2024

Vendor Description (If Appropriate): n/a

ASSISTANT SUPERINTENDENT

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: \_\_\_\_\_

APPROVED BY: Administrator: Keri Kelley Date: 6/18/24

Superintendent/Designee: Woody Cascar Date: 7/2/24

WINSLOW TOWNSHIP SCHOOL DISTRICT  
FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: #4

Club/Organization: Home and School Association

Person Submitting Request: Jennifer Osborne/Lia Dunn

Date(s) of Fundraiser: 9/2024 Time of Activity: varies

Fundraising Activity: Students read to raise funds via donations made online.

Location of Activity: School #4 and home

Cost Per Item/Person: varies Sale Price: n/a Anticipated Profit: \$300.00

Intended Use of Raised Funds: Field Day T-shirts RECEIVED

JUL - 1 2024

Vendor Description (If Appropriate): Read-a-Thon (<https://www.read-a-thon.com/>) ASSISTANT SUPERINTENDENT

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: \_\_\_\_\_

APPROVED BY: Administrator: [Signature] Date: 6/18/24

Superintendent/Designee: [Signature] Date: 7/2/24

# WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: #4

Club/Organization: Home and School Association

Person Submitting Request: Jennifer Osborne/Lia Dunn

Date(s) of Fundraiser: March 2025 Time of Activity: Online

Fundraising Activity: Chocolate and candy fundraiser.

Location of Activity: School #4 via order forms

Cost Per Item/Person: \$10.00+ Sale Price: n/a Anticipated Profit: \$300.00

Intended Use of Raised Funds: Supplemental funding for field trips.

Vendor Description (If Appropriate): Gertrude Hawk Chocolates

RECEIVED

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: JUL - 1 2024

ASSISTANT SUPERINTENDENT

APPROVED BY: Administrator: Kelli Kelly Date: 6/18/24

Superintendent/Designee: Woodhy Carson Date: 7/5/24

# WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: #4

Club/Organization: Home and School Association

Person Submitting Request: Jennifer Osborne/Lia Dunn

Date(s) of Fundraiser: November 2024 Time of Activity: Online

Fundraising Activity: Pizza Kits and Dessert Sales

Location of Activity: School #4 via order forms

Cost Per Item/Person: \$10.00+ Sale Price: n/a Anticipated Profit: \$300.00

Intended Use of Raised Funds: Supplemental funding for field trips.

Vendor Description (If Appropriate): Joe Corbie--Famous pizza kits and gourmet dessert sales.

RECEIVED

Is there any commission or other gain to be received by school or advisor?  Yes  No

JUL - 1 2024

If Yes, please explain: \_\_\_\_\_

ASSISTANT SUPERINTENDENT

APPROVED BY: Administrator: Geri Kelley Date: 6/18/24

Superintendent/Designee: Woodley Cascar Date: 7/2/24

# WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: #4

Club/Organization: Home and School Association

Person Submitting Request: Jennifer Osborne/Lia Dunn

Date(s) of Fundraiser: 9/2024-5/2025 Time of Activity: Varies

Fundraising Activity: Scented pencil sales

Location of Activity: School #4 via order forms

Cost Per Item/Person: \$1.00 Sale Price: n/a Anticipated Profit: \$300.00

Intended Use of Raised Funds: Supplemental funding for field trips.

Vendor Description (If Appropriate): Scentco--A company that makes scented pencils.

**RECEIVED**

JUL - 1 2024

Is there any commission or other gain to be received by school or advisor?  Yes  No

ASSISTANT SUPERINTENDENT

If Yes, please explain: \_\_\_\_\_

APPROVED BY: Administrator: [Signature] Date: 6/18/24

Superintendent/Designee: [Signature] Date: 7/2/24

WINSLOW TOWNSHIP SCHOOL DISTRICT  
FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: #5

Club/Organization: School 5 HSA

Person Submitting Request: Jennifer Brittain - HSA President

Date(s) of Fundraiser: September - April Time of Activity: Ongoing/Online

Fundraising Activity: Yearbook Sale

Location of Activity: School 5 / Online ordering

Cost Per Item/Person: \$15-25/book Sale Price: \$25.00 Anticipated Profit: ~\$5-10/book

Intended Use of Raised Funds: Provide school 5 families, students and staff an opportunity to purchase annual yearbook

Funds to be used by School 5 HSA to provide supplies, resources and other expenses requested by School 5 staff and students

Vendor Description (If Appropriate): Josten's Yearbook

RECEIVED

Is there any commission or other gain to be received by school or advisor?  Yes  No

JUL 21 2024

If Yes, please explain:

ASSISTANT SUPERINTENDENT

APPROVED BY: Administrator: *[Signature]* Date: 7/18/24

Superintendent/Designee: *[Signature]* Date: 7/22/24

J

W331

WINSLOW TOWNSHIP SCHOOL DISTRICT  
FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: #5

Club/Organization: School 5 HSA

Person Submitting Request: Jennifer Brittain - HSA President

Date(s) of Fundraiser: Ongoing School Year Time of Activity: Ongoing

Fundraising Activity: HSA School Spirit Sales

Location of Activity: School 5

Cost Per Item/Person: Various \$/item Sale Price: Various \$/item Anticipated Profit: ~50%

Intended Use of Raised Funds: Provide school 5 families, students & staff School Spirit merchandise

Funds to be used by School 5 HSA to provide supplies, resources and other expenses requested by School 5 staff and students

Vendor Description (If Appropriate): Various vendors supply store materials / goods for resale

RECEIVED

Is there any commission or other gain to be received by school or advisor?  Yes  No

JUL 29 2024

If Yes, please explain: \_\_\_\_\_

ASSISTANT SUPERINTENDENT

APPROVED BY: Administrator: [Signature] Date: 7/18/24

Superintendent/Designee: [Signature] Date: 7/22/24

J

W331

WINSLOW TOWNSHIP SCHOOL DISTRICT  
FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: #5

Club/Organization: School 5 HSA

Person Submitting Request: Jennifer Brittain - HSA President

Date(s) of Fundraiser: Monthly / Ongoing School Year Time of Activity: During School Hours

Fundraising Activity: School Store

Location of Activity: School 5 Library

Cost Per Item/Person: \$0.25 - \$2.00 Sale Price: Anticipated Profit: ~50%

Intended Use of Raised Funds:

Funds to be used by School 5 HSA to provide supplies, resources and other expenses requested by School 5 staff and students

Vendor Description (If Appropriate): Various vendors supply store materials / goods for resale

RECEIVED  
RECEIVED

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain:

JUL 22 2024  
JUL 19 2024

ASSISTANT SUPERINTENDENT  
ASSISTANT SUPERINTENDENT

APPROVED BY: Administrator: Date: 7/18/24

Superintendent/Designee: [Signature] Date: 7/22/24



✓

W331

# WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: #5

Club/Organization: School #5 HSA

Person Submitting Request: Jennifer Brittain - President

Date(s) of Fundraiser: Ongoing Time of Activity: Ongoing

Fundraising Activity: Donation Box

Location of Activity: Setup at all HSA sponsored events

Cost Per Item/Person: NA Sale Price: NA Anticipated Profit: Various

Intended Use of Raised Funds: Provide various donations to HSA during school events

Funds will be used for various HSA events, supplies and other needed resources

Vendor Description (If Appropriate): \_\_\_\_\_

RECEIVED  
RECEIVED

Is there any commission or other gain to be received by school or advisor?  Yes  No

JUL 27 2024  
JUL 29 2024

If Yes, please explain: \_\_\_\_\_

ASSISTANT SUPERINTENDENT  
ASSISTANT SUPERINTENDENT

APPROVED BY: Administrator: [Signature] Date: 7/18/24

Superintendent/Designee: [Signature] Date: 7/22/24

# WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: #5

RECEIVED

Club/Organization: School #5 HSA

JUL 19 2024

Person Submitting Request: Jennifer Brittain - President

~~ASSISTANT SUPERINTENDENT~~

Date(s) of Fundraiser: Ongoing Time of Activity: Ongoing

Fundraising Activity: Dine Out Night(s)

Location of Activity: Various local restaurants and stores

Cost Per Item/Person: NA Sale Price: NA Anticipated Profit: 10-20% of sales

Intended Use of Raised Funds: HSA can receive between 10-20% of sale profits

Funds will be used for various HSA events, supplies and other needed resources

Vendor Description (If Appropriate): Local restaurants and stores willing to contribute

a portion of sale profits as a charitable contribution

Is there any commission or other gain to be received by school or advisor?  Yes  No

RECEIVED

If Yes, please explain: \_\_\_\_\_

JUL 22 2024

~~ASSISTANT SUPERINTENDENT~~

APPROVED BY: Administrator: [Signature] Date: 7/18/24

Superintendent/Designee: [Signature] Date: 7/22/24

# WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: School 5

Club/Organization: School 5 HSA

Person Submitting Request: Jennifer Brittain

RECEIVED  
RECEIVED

JUL 22 2024  
JUL 19 2024

ASSISTANT SUPERINTENDENT  
ASSISTANT SUPERINTENDENT

Date(s) of Fundraiser: Ongoing Time of Activity: Ongoing

Fundraising Activity: Double Good Popcorn Fundraiser

Location of Activity: Online

Cost Per Item/Person: NA Sale Price: NA Anticipated Profit: 50% of sales

Intended Use of Raised Funds: Popcorn fundraiser to provide us with 50% of sales as profit to HSA

HSA plans to use funds to support various school events and provide additional supplies as needed

Vendor Description (If Appropriate): Double Good Popcorn www.doublegood.com

Virtual fundraising website

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: School 5 HSA expected to receive 50% of total sales profit

Funds to be deposited for the use of School 5 HSA

APPROVED BY: Administrator: [Signature] Date: 7/18/24

Superintendent/Designee: [Signature] Date: 7/22/24

J

W331

# WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: #5

Club/Organization: School 5 HSA

Person Submitting Request: Jennifer Brittain, HSA President

RECEIVED  
RECEIVED

JUL 22 2024  
JUL 19 2024

ASSISTANT SUPERINTENDENT  
ASSISTANT SUPERINTENDENT

Date(s) of Fundraiser: Ongoing Time of Activity: Ongoing

Fundraising Activity: Refreshment Sales

Location of Activity: School 5 during various school events & activities

Cost Per Item/Person: \$0 - \$4.00/item Sale Price: \$1 - \$5.00 Anticipated Profit: ~50%

Intended Use of Raised Funds: Funds will support HSA

HSA to continue providing resources, supplies and expenses as needed for School 5

Vendor Description (If Appropriate): NA

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: \_\_\_\_\_

APPROVED BY: Administrator: [Signature] Date: 7/18/24

Superintendent/Designee: [Signature] Date: 7/22/24

WINSLOW TOWNSHIP SCHOOL DISTRICT  
FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

RECEIVED

School: WTMS

JUL 23 2024

Club/Organization: WTMS 7th Grade Class of 2030

ASSISTANT SUPERINTENDENT

Person Submitting Request: Donohue/Parzanese

Date(s) of Fundraiser: February 2025 Time of Activity: 4:00-8:00pm

Fundraising Activity: Five Guys Dine Out Night

Location of Activity: Berlin Crosskeys Rd. Sicklerville, NJ

Cost Per Item/Person: Various Sale Price: Various Anticipated Profit: 10% of sales

Intended Use of Raised Funds: Defray cost of 7th grade class activities and class trip

Vendor Description (If Appropriate): \_\_\_\_\_

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: \_\_\_\_\_

APPROVED BY: Administrator: [Signature] Date: 7-23-24

Superintendent/Designee: [Signature] Date: 7/23/24

WINSLOW TOWNSHIP SCHOOL DISTRICT  
FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

RECEIVED

School: WTMS

JUL 23 2024

Club/Organization: WTMS 7th Grade Class of 2030

ASSISTANT SUPERINTENDENT

Person Submitting Request: Donohue/Parzanese

Date(s) of Fundraiser: October 2024 Time of Activity: 4:00-8:00pm

Fundraising Activity: Chipotle Dine Out Night

Location of Activity: Berlin Crosskeys Rd. Sicklerville, NJ

Cost Per Item/Person: Various Sale Price: Various Anticipated Profit: 10% of sales

Intended Use of Raised Funds: Defray cost of 7th grade class activities and class trip

Vendor Description (If Appropriate): \_\_\_\_\_

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: \_\_\_\_\_

APPROVED BY: Administrator: [Signature] Date: 7.22.24

Superintendent/Designee: [Signature] Date: 7/23/24

WINSLOW TOWNSHIP SCHOOL DISTRICT  
FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

RECEIVED

School: WTMS

JUL 23 2024

Club/Organization: WTMS Student Government Association

ASSISTANT SUPERINTENDENT

Person Submitting Request: Donohue/Parzanese

Date(s) of Fundraiser: Sep 2024-June 2025

Time of Activity: Outside School Day

Fundraising Activity: SGA Spirit Wear

Location of Activity: WTMS

Cost Per Item/Person: Varies Sale Price: Varies Anticipated Profit: 20% of sales

Intended Use of Raised Funds: Defray cost of student activities

Vendor Description (If Appropriate): Heavenly Promotions

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: \_\_\_\_\_

APPROVED BY: Administrator: [Signature] Date: 7.22.24

Superintendent/Designee: [Signature] Date: 7/23/24

WINSLOW TOWNSHIP SCHOOL DISTRICT  
FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: WTMS

Club/Organization: WTMS Student Government Association

Person Submitting Request: Donohue/Parzanese

Date(s) of Fundraiser: Back to School Night Time of Activity: Evening

Fundraising Activity: Rice Krispy Back to School Grams

Location of Activity: Cafeteria

Cost Per Item/Person: \$0.50 Sale Price: \$1.00 Anticipated Profit: \$50.00

Intended Use of Raised Funds: Defray cost of student activities

RECEIVED

Vendor Description (If Appropriate): \_\_\_\_\_ JUL 23 2024

ASSISTANT SUPERINTENDENT

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: \_\_\_\_\_

APPROVED BY: Administrator: [Signature] Date: 7.22.24

Superintendent/Designee: [Signature] Date: 7/23/24



WINSLOW TOWNSHIP SCHOOL DISTRICT  
FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

RECEIVED

School: WTMS

JUL 23 2024

Club/Organization: WTMS Student Government Association

ASSISTANT SUPERINTENDENT

Person Submitting Request: Donohue/Parzanese

Date(s) of Fundraiser: Sept-June 2024

Time of Activity: Lunches

Fundraising Activity: Shoe Charm and Straw Topper Sale

Location of Activity: Cafeteria

Cost Per Item/Person: \_\_\_\_\_ Sale Price: \$1-\$3 Anticipated Profit: \$200

Intended Use of Raised Funds: Defray cost of student activities

Vendor Description (If Appropriate): \_\_\_\_\_

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: \_\_\_\_\_

APPROVED BY:

Administrator:

*Walter...*

Date:

7-22-24

Superintendent/Designee:

*Dorothy Cascaro*

Date:

7/23/24

# WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

RECEIVED

School: WTMS

JUL 23 2024

Club/Organization: National Junior Honor Society/WTMS Student Government Association

ASSISTANT SUPERINTENDENT

Person Submitting Request: Portia Kiett and Carol Donohue

Date(s) of Fundraiser: Nov-Dec 2024 Time of Activity: 8:00am-2:00pm

Fundraising Activity: Toy Drive and Coin Drop

Location of Activity: L109, H117 and Cafeteria

Cost Per Item/Person: NA Sale Price: NA Anticipated Profit: \$100.00

Intended Use of Raised Funds: A coin drop and toy drive will be set up in the cafeteria for students/staff to donate new, unwrapped toys and money. Monetary donations will go towards the purchase of new toys.

Vendor Description (If Appropriate): Camden Marines Toys for Tots

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: \_\_\_\_\_

APPROVED BY: Administrator: [Signature] Date: 7-22-24

Superintendent/Designee: [Signature] Date: 7/23/24

# WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

**RECEIVED**

School: WTMS

JUL - 2 2024

Club/Organization: 8th Grade Class of 2029

ASSISTANT SUPERINTENDENT

Person Submitting Request: Jeff Watson

Date(s) of Fundraiser: Oct 2024 Time of Activity: Ongoing Online Sales

Fundraising Activity: Online school apparel sales at Fancloth.com

Location of Activity: Fancloth.com (online website)

Cost Per Item/Person: Varies by item Sale Price: Varies by item Anticipated Profit: \$4-\$9 per item

Intended Use of Raised Funds: Provide funds to offset the cost of the 8th grade activities

Vendor Description (If Appropriate): Fancloth.com is an online, custom apparel site. You can purchase a wide variety of apparel with Winslow markings.

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: The 8th grade class will receive profits to be used towards offsetting the cost of their end of year activities (trip, dance, etc.)

APPROVED BY: Administrator: [Signature] Date: 7-2-24

Superintendent/Designee: [Signature] Date: 7-2-24

# WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

RECEIVED

School: WTMS

JUL - 2 2024

Club/Organization: 8th Grade Class of 2029

ASSISTANT SUPERINTENDENT

Person Submitting Request: Nicole Stallard & Jeff Watson

Date(s) of Fundraiser: September 23, 2024 Time of Activity: Online Live Sales Link

Fundraising Activity: Students will sell Little Caesars Pizza Kits to help offset end of year expenses

Location of Activity: Online

Cost Per Item/Person: Varies per item Sale Price: Varies per item Anticipated Profit: \$5 per kit

Intended Use of Raised Funds: This will help offset end of year expenses for 8th grade activities

Vendor Description (If Appropriate): Little Caesars Pizza Kits Fundraising

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: \_\_\_\_\_

APPROVED BY: Administrator: [Signature] Date: 7-2-24

Superintendent/Designee: [Signature] Date: 7/2/24

WINSLOW TOWNSHIP SCHOOL DISTRICT  
FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: WTMS

RECEIVED

Club/Organization: WTMS Student Activities

JUL - 2 2024

Person Submitting Request: Mr. Shropshire ASSISTANT SUPERINTENDENT

Date(s) of Fundraiser: All Year Time of Activity: All Year

Fundraising Activity: Box Tops for Education

Location of Activity: On Line

Cost Per Item/Person: \$0 Sale Price: \$.10 or more Anticipated Profit: Undetermined

Intended Use of Raised Funds: To enhance student activities

Vendor Description (If Appropriate): Box Tops for Education parents/staff can submit their receipts for items on grocery receipts that participate.

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: WTMS Student Activities can receive \$.10 or more for grocery items on receipts submitted online.

APPROVED BY: Administrator: [Signature] Date: 7-2-24

Superintendent/Designee: [Signature] Date: 7-2-24

WINSLOW TOWNSHIP SCHOOL DISTRICT  
FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

RECEIVED

School: WTMS

JUL - 2 2024

Club/Organization: WTMS Student Activities

ASSISTANT SUPERINTENDENT

Person Submitting Request: Mr. Shropshire

Date(s) of Fundraiser: 9/17/24, 9/18/24, 10/28/24 Time of Activity: All Day

Fundraising Activity: Picture Day Fundraiser

Location of Activity: WTMS

Cost Per Item/Person: 10% of Profit Sale Price: \_\_\_\_\_ Anticipated Profit: Undetermined

Intended Use of Raised Funds: To enhance student activities

Vendor Description (If Appropriate): Barksdale School Portraits

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: Barksdale School Portraits will refund WTMS 10% of profits from student pictures

APPROVED BY: Administrator: [Signature] Date: 7-2-24

Superintendent/Designee: [Signature] Date: 7-2-24

# WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

RECEIVED

JUL 31 2024

ASSISTANT SUPERINTENDENT

School: WTHS

Club/Organization: Sophomore Class of 2027

Person Submitting Request: Channel H Jenifer

Date(s) of Fundraiser: 9/3- 10/3 Time of Activity: 7am- 2pm

Fundraising Activity: Spirit Wear T- shirts

Location of Activity: Winslow Twp High School

Cost Per Item/Person: \$15 Sale Price: \$20 Anticipated Profit: \$200

Intended Use of Raised Funds: Class Activities

Vendor Description (If Appropriate): Spirit Wear Express

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: \_\_\_\_\_

APPROVED BY: Administrator: [Signature] Date: 7/25/24

Superintendent/Designee: [Signature] Date: 7/31/24

WINSLOW TOWNSHIP SCHOOL DISTRICT  
FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

RECEIVED

School: WTHS

Club/Organization: Sophomore Class of 2027

JUL 31 2024

Person Submitting Request: Channel H Jenifer

ASSISTANT SUPERINTENDENT

Date(s) of Fundraiser: 2/3 -2/13 Time of Activity: 7:00am- 7:19 & 1:38pm- 2:00pm

Fundraising Activity: Valentine's Day Flower Grams- Carnations

Location of Activity: Winslow Twp HS

Cost Per Item/Person: \$119 per box Sale Price: \$2 Anticipated Profit: \$181

Intended Use of Raised Funds: Class Activities

Vendor Description (If Appropriate): Flowers for Fundraising

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: \_\_\_\_\_

APPROVED BY: Administrator: [Signature] Date: 7/25/24  
Superintendent/Designee: [Signature] Date: 7/31/24



WINSLOW TOWNSHIP SCHOOL DISTRICT  
FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

RECEIVED

School: WTHS

JUL 31 2024

Club/Organization: Sophomore Class of 2027

ASSISTANT SUPERINTENDENT

Person Submitting Request: Channel H Jenifer

Date(s) of Fundraiser: 4-10-24 Time of Activity: 5:00pm- 8:00pm

Fundraising Activity: Chic Fil A Dine and Donate

Location of Activity: 481 Berlin- Cross Keys Rd, Sicklerville, NJ 08081

Cost Per Item/Person: \$0 Sale Price: varies Anticipated Profit: 15% of profits

Intended Use of Raised Funds: Class activities

Vendor Description (If Appropriate): Chic Fil A- chicken nuggets, fries, chicken sandwich

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: \_\_\_\_\_

APPROVED BY: Administrator: [Signature] Date: 7/25/24  
Superintendent/Designee: [Signature] Date: 7/31/24

WINSLOW TOWNSHIP SCHOOL DISTRICT  
FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: WTHS

Club/Organization: Sophomore Class of 2027

Person Submitting Request: Channel H Jenifer

Date(s) of Fundraiser: 10/15- 10/24 Time of Activity: 7:00am- 7:19am & 1:38pm- 2:00pm

Fundraising Activity: Chocolate Covered Pretzels

Location of Activity: Winslow Twp HS

Cost Per Item/Person: \$156 Sale Price: \$1 Anticipated Profit: \$84

RECEIVED

Intended Use of Raised Funds: Class Activities

JUL 31 2024

ASSISTANT SUPERINTENDENT

Vendor Description (If Appropriate): Van Wyck Confections

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: \_\_\_\_\_

APPROVED BY: Administrator: [Signature] Date: 7/25/24

Superintendent/Designee: [Signature] Date: 7/31/24

# WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

RECEIVED

School: WTHS

JUL 31 2024

Club/Organization: Sophomore Class of 2027

ASSISTANT SUPERINTENDENT

Person Submitting Request: Channel H Jenifer

Date(s) of Fundraiser: WTHS Football Home Games

Time of Activity: 6:00- 7:30pm

Fundraising Activity: Coin Drop

Location of Activity: Winslow Twp High School

Cost Per Item/Person: \$0

Sale Price: \$0

Anticipated Profit: \$100

Intended Use of Raised Funds: Class Activities

Vendor Description (If Appropriate): \_\_\_\_\_

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: \_\_\_\_\_

APPROVED BY:

Administrator:

*[Signature]*

Date:

7/25/24

Superintendent/Designee:

*[Signature]*

Date:

7/31/24

WINSLOW TOWNSHIP SCHOOL DISTRICT  
FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

RECEIVED

School: WTHS

JUL 31 2024

Club/Organization: Sophomore Class of 2027

ASSISTANT SUPERINTENDENT

Person Submitting Request: Channel H Jenifer

Date(s) of Fundraiser: 12/10 -12/19 Time of Activity: 7:00am- 7:19 & 1:38pm- 2:00pm

Fundraising Activity: X- Mas Candy Grams- Candy Canes

Location of Activity: Winslow Twp HS

Cost Per Item/Person: \$2 per box Sale Price: \$2 Anticipated Profit: \$88

Intended Use of Raised Funds: Class Activities

Vendor Description (If Appropriate): \_\_\_\_\_

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: \_\_\_\_\_

APPROVED BY: Administrator: [Signature] Date: 7/25/24  
Superintendent/Designee: [Signature] Date: 7/31/24

WINSLOW TOWNSHIP SCHOOL DISTRICT  
FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: WTHS

RECEIVED

Club/Organization: Sophomore Class of 2027

JUL 31 2024

Person Submitting Request: Channel H Jenifer

ASSISTANT SUPERINTENDENT

Date(s) of Fundraiser: 11-14-24 Time of Activity: 5:00pm- 8:00pm

Fundraising Activity: Wing Stop Dine and Donate

Location of Activity: 583 Berlin- Cross Keys Rd, Sicklerville, NJ 08081

Cost Per Item/Person: \$0 Sale Price: varies Anticipated Profit: 10% of profits

Intended Use of Raised Funds: Class activities

Vendor Description (If Appropriate): WingStop- wings, fries, chicken sandwiches

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: \_\_\_\_\_

APPROVED BY: Administrator: [Signature] Date: 7/25/24  
Superintendent/Designee: [Signature] Date: 7/31/24

WINSLOW TOWNSHIP SCHOOL DISTRICT  
FUNDRAISER REQUEST



This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: WTHS

Club/Organization: Sophomore Class of 2027

Person Submitting Request: Channel H Jenifer

Date(s) of Fundraiser: 11/12- 11/21 Time of Activity: 7:00am- 7:19am & 1:38pm- 2:00pm

Fundraising Activity: Welch Fruit Snacks

Location of Activity: Winslow Twp HS

Cost Per Item/Person: \$144 Sale Price: \$2 Anticipated Profit: \$96

RECEIVED

Intended Use of Raised Funds: Class Activities JUL 31 2024

ASSISTANT SUPERINTENDENT

Vendor Description (If Appropriate): Van Wyck Confections

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: \_\_\_\_\_

APPROVED BY: Administrator: [Signature] Date: 7/25/24

Superintendent/Designee: [Signature] Date: 7/31/24

WINSLOW TOWNSHIP SCHOOL DISTRICT  
FUNDRAISER REQUEST



This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: WTHS

Club/Organization: National Honor Society

Person Submitting Request: Lisa Paparo

RECEIVED

JUL 31 2024

ASSISTANT SUPERINTENDENT

Date(s) of Fundraiser: On-going (2024-2025) Time of Activity: n/a

Fundraising Activity: rally towels/Winslow blanket sales

Location of Activity: high school pep rallies, football/basketball games

Cost Per Item/Person: \$2.00-\$8.00 Sale Price: \$5.00-\$15.00 Anticipated Profit: \$100

Intended Use of Raised Funds: NHS Scholarships & activities

Vendor Description (If Appropriate): \_\_\_\_\_

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: \_\_\_\_\_

APPROVED BY: Administrator: K. Male Date: 7-26-24

Superintendent/Designee: Deborah Carson Date: 7/31/24

WINSLOW TOWNSHIP SCHOOL DISTRICT  
FUNDRAISER REQUEST



This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

RECEIVED

School: WTHS

JUL 31 2024

Club/Organization: National Honor Society

ASSISTANT SUPERINTENDENT

Person Submitting Request: Lisa Paparo

Date(s) of Fundraiser: Sept. 2024-June 2025 Time of Activity: n/a

Fundraising Activity: DoubleGood Popcorn-vitual sale

Location of Activity: virtual

Cost Per Item/Person: \$8-\$12 Sale Price: \$8-\$12 Anticipated Profit: 50% of sales

Intended Use of Raised Funds: NHS Scholarships & activities

Vendor Description (If Appropriate): DoubleGood Popcorn

(630)568-5544

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: \_\_\_\_\_

APPROVED BY: Administrator: K. Mull Date: 7.26.24

Superintendent/Designee: Deborah Casen Date: 7/31/24



WINSLOW TOWNSHIP SCHOOL DISTRICT  
FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

RECEIVED

School: WTHS

JUL 31 2024

Club/Organization: Sophomore Class of 2027

ASSISTANT SUPERINTENDENT

Person Submitting Request: Channel H Jenifer

Date(s) of Fundraiser: 5/6, 5/13, 5/20, 5/27 Time of Activity: 1:38pm- 2:00pm

Fundraising Activity: Rita's Water Ice Berlin, NJ

Location of Activity: Winslow Twp HS

Cost Per Item/Person: \$90 Sale Price: \$2 Anticipated Profit: \$100

Intended Use of Raised Funds: Class Activities

Vendor Description (If Appropriate): various water ice flavors

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: \_\_\_\_\_

APPROVED BY: Administrator: [Signature] Date: 7/25/24

Superintendent/Designee: [Signature] Date: 7/31/24

# WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

RECEIVED

School: WTHS

JUL 31 2024

Club/Organization: Sophomore Class of 2027

ASSISTANT SUPERINTENDENT

Person Submitting Request: Channel H Jenifer

Date(s) of Fundraiser: 3/25/25 Time of Activity: 5:00pm- 8:00pm

Fundraising Activity: SK8 47 Skating and Fun Center LLC- Spirit Night

Location of Activity: 2608 Delsea Drive, Franklinville, NJ

Cost Per Item/Person: \$0 Sale Price: \$15 Anticipated Profit: \$500

Intended Use of Raised Funds: Class activities

Vendor Description (If Appropriate): Skate rink and arcade games

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: \_\_\_\_\_

APPROVED BY: Administrator: [Signature] Date: 7/25/24

Superintendent/Designee: [Signature] Date: 7/31/24

WINSLOW TOWNSHIP SCHOOL DISTRICT  
FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: WTHS

Club/Organization: National Honor Society

Person Submitting Request: Lisa Paparo

RECEIVED

JUL 31 2024

ASSISTANT SUPERINTENDENT

Date(s) of Fundraiser: On-going (2024-2025) Time of Activity: n/a

Fundraising Activity: NHS Member polos

Location of Activity: advisor classroom

Cost Per Item/Person: \$10 Sale Price: \$15 Anticipated Profit: \$5 each

Intended Use of Raised Funds: NHS Scholarships & activities

Vendor Description (If Appropriate): SpiritWear Express

Sicklerville, NJ

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: \_\_\_\_\_

APPROVED BY: Administrator: K. Mantele Date: 7-26-24

Superintendent/Designee: D. Cascan Date: 7/31/24

WINSLOW TOWNSHIP SCHOOL DISTRICT  
FUNDRAISER REQUEST



This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: WTHS

Club/Organization: National Honor Society

Person Submitting Request: Lisa Paparo

RECEIVED

JUL 31 2024

ASSISTANT SUPERINTENDENT

Date(s) of Fundraiser: Oct 2024-Jan.2025 Time of Activity: n/a

Fundraising Activity: Winslow clothing for staff

Location of Activity: WTHS

Cost Per Item/Person: \$20-\$35 Sale Price: \$25-\$40 Anticipated Profit: \$150

Intended Use of Raised Funds: NHS Scholarships & activities

Vendor Description (If Appropriate): SpiritWear Express

(dress code compliant clothing for Winslow staff w/Winslow logo)

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: \_\_\_\_\_

APPROVED BY: Administrator: K. [Signature] Date: 7-26-24

Superintendent/Designee: [Signature] Date: 7/31/24

# WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

RECEIVED

School: HS

JUL 25 2024

Club/Organization: Spanish Honor Society

ASSISTANT SUPERINTENDENT

Person Submitting Request: M. Gomea and I. Duca

Date(s) of Fundraiser: 10/24 to 5/25 Time of Activity: Before and after School

Fundraising Activity: World's Finest Chocolate

Location of Activity: School and Community

Cost Per Item/Person: 1.00 Sale Price: 1.00 Anticipated Profit: 40%

Intended Use of Raised Funds: Spanish Honor Society Activities

Vendor Description (If Appropriate): \_\_\_\_\_

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: \_\_\_\_\_

APPROVED BY: Administrator: K. Mendla Date: 7-25-24  
Superintendent/Designee: Deborah Casen Date: 7/29/24

WINSLOW TOWNSHIP SCHOOL DISTRICT  
FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: WTHS

Club/Organization: National Honor Society

Person Submitting Request: Lisa Paparo

Date(s) of Fundraiser: Dec. 2024-March 2025 Time of Activity: during Boys Basketball Home Games

Fundraising Activity: Concession Stand Sales

Location of Activity: WTHS Gym Concession stand

Cost Per Item/Person: \$.25-\$2.50 Sale Price: \$.50-\$5.00 Anticipated Profit: \$150

Intended Use of Raised Funds: NHS Scholarships & activities

Vendor Description (If Appropriate): \_\_\_\_\_

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: \_\_\_\_\_

APPROVED BY: Administrator: K. Mulla Date: 7-25-24

Superintendent/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

WINSLOW TOWNSHIP SCHOOL DISTRICT

FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: HS

Club/Organization: Class of 2025

Person Submitting Request: LySandra Bracy

*LySandra Bracy 7/25/24*

Date(s) of Fundraiser: 09/03-09/16/24 Time of Activity: school day(order form submissions)

Fundraising Activity: Class of 2025- Senior Spirit Week t-shirt

Location of Activity: High school

Cost Per Item/Person: 9.00 Sale Price: 15.00 Anticipated Profit: 600.00

Intended Use of Raised Funds: Funds will be used for Class of 2025 end of year events.

Vendor Description (If Appropriate): \_\_\_\_\_

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: \_\_\_\_\_

APPROVED BY: Administrator: *K. M...* Date: 7-26-24

Superintendent/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

WINSLOW TOWNSHIP SCHOOL DISTRICT  
FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: WTHS

Club/Organization: Sophomore Class of 2027

Person Submitting Request: Channel H Jenifer

Date(s) of Fundraiser: WTHS Girl's Basbetball Home Games Time of Activity: 3:45- 7:00pm

Fundraising Activity: Concession Stand

Location of Activity: Winslow Twp HS

Cost Per Item/Person: cost varies Sale Price: \$1- \$3 Anticipated Profit: \$300

Intended Use of Raised Funds: Class Activities

Vendor Description (If Appropriate): \_\_\_\_\_

Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: \_\_\_\_\_

APPROVED BY: Administrator: [Signature] Date: 7/25/24

Superintendent/Designee: \_\_\_\_\_ Date: \_\_\_\_\_



# WINSLOW TOWNSHIP SCHOOL DISTRICT FUNDRAISER REQUEST

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

RECEIVED

School: HS

JUL 25 2024

Club/Organization: Spanish Honor Society

ASSISTANT SUPERINTENDENT

Person Submitting Request: M. Gomea and I. Duca

Date(s) of Fundraiser: 10/24 to 5/25 Time of Activity: Before and after School

Fundraising Activity: Latin Theme Snacks

Location of Activity: School and Community

Cost Per Item/Person: 1.00 Sale Price: 1.00 Anticipated Profit: 50%

Intended Use of Raised Funds: Spanish Honor Society Activities

Vendor Description (If Appropriate): \_\_\_\_\_

Is there any commission or other gain to be received by school or advisor?  Yes  No

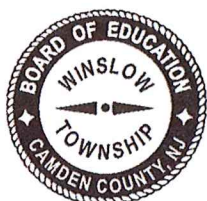
If Yes, please explain: \_\_\_\_\_

APPROVED BY: Administrator: K. Miller Date: 7-25-24

Superintendent/Designee: Dorothy Casan Date: 7/29/24

WINSLOW TOWNSHIP SCHOOL DISTRICT  
Dr. H. Major Poteat, Superintendent

## Winslow Township School District



# MEDICAL STANDING ORDERS 2024-2025



**Stephanie S. Doyle, MD**  
506 Menantico Avenue  
Millville, NJ 08332

Physician's Approval  
Date: 7/15/24  
Board of Education  
Approval Date: 8/14/24

# WINSLOW TOWNSHIP PUBLIC SCHOOLS

## Medical Standing Orders

### A. Abdominal Cramps

1. If pain is generalized; have child go to the bathroom.
2. If accompanied by nausea, vomiting, or diarrhea, exclude to parent.
3. If elevated temperature (>100) exclude to parent.

### B. Asthmatic Distress

1. Assess respiratory status.
2. Administer medication if prescribed.
3. If the nurse believes the child is in distress such that administration of rescue medications is required, 911 should be called.
4. Keep patient calm.
5. Administer oxygen if indicated.
6. Notify parent/911 as indicated.

### C. Bleeding

#### Gloves are required.

#### A. Nosebleed

1. Keep person quiet
2. A sitting position with head held erect or a lying position with head and shoulders raised, is best.
3. Advise individual to breathe through mouth.
4. Apply pressure by pinching nostrils together.
5. May apply cold compresses.
6. If bleeding persists for more than 15 minutes, refer the child to parent's care.

#### B. Moderate Bleeding-result of injury (excluding head injury).

1. Control bleeding with pressure and elevation.
2. Apply sterile dressing.
3. Notify parent.

#### C. Severe Bleeding

1. Have patient lie down.
2. Place thick sterile gauze dressing over wound and press firmly-use hand until proper dressing can be obtained.
3. If dressing becomes saturated (do not remove dressing) lay a fresh dressing over it and continue pressure.
4. If extremity is involved, elevate part.
5. Use pressure points if necessary.
6. When bleeding has stopped apply bandage to dressing.
7. The use of the tourniquet, by staff personnel, in case of hemorrhage, is discouraged. If application of tourniquet is needed, 911 should be called.

Care of, treatment, and cleaning of wound should be performed by the patient's home physician once the injury is stabilized.

8. Notify parent.

#### D. Bites and Stings

##### 1. Animal/Human

- a. Wash area thoroughly with antiseptic soap.
- b. If skin is not broken, wash with antiseptic soap.
- c. Apply sterile bandage only if wound is open. If the bite does not break the skin, covering it is not recommended.
- d. Advise parent to contact physician when skin is broken. Inform parent of date of last recorded tetanus vaccine.
- e. Notify health department if animal is a stray.
- f. Follow blood borne pathogen protocols if necessary.

##### 2. Insect

- a. Check if student is allergic. Administer medication prescribed and notify parent.
- b. Remove stinger if visible.
- c. Apply ice, or Sting Wipe, Caladryl or Hydrocortisone Cream 0.5%.
- d. Use Epi-Pen - Pen or Benadryl elixir 1 tsp. as indicated. (If parents provide permission and medication in advance.)
- e. Call 911 and parents if Anaphylaxis is suspected or if child has a known anaphylactic reaction to bug bites.

#### E. Burns

1. Mild – (no blistering, minimal blistering with small areas involved.)
  - a. Submerge in cold water.
  - b. May apply burn gel.
  - c. Cover with sterile dressing.
2. Severe – (Blistered or large areas involved.)
  - a. Submerge in cold water or apply ice.
  - b. Cover with sterile dressing.
  - c. Keep patient lying down-treat for shock.
  - d. Notify parent.
  - e. Advise professional treatment-urgency determined by the severity of the burn.
3. Chemical
  - a. Wash away the chemical completely with large quantities of water.
  - b. Cover with sterile dressing.
  - c. Notify parent, advise medical treatment, and supply with name of chemical. MSDS if available.
4. Electric burn
  - a. Do not immerse in water.
  - b. Wrap with sterile dressing.
  - c. Call 911/notify parents.

**F. Cessation of Breathing and/or pulse**

1. Check for responsiveness.
2. If unresponsive – Call 911.
3. Position victim and check airway and check for breathlessness.
4. Give 2 full breaths – Bag to mouth.
5. Check for pulse – Follow CPR according to American Heart Association standards.

**G. Obstructed Airways**

1. Heimlich maneuver until unresponsive.
2. Try bag to mouth ventilation X 2.
3. Give 5 abdominal thrusts.
4. Attempt 2 full breaths – Bag to mouth.
5. Continue last 3 steps until obstruction is clear or EMT personnel arrive.

**H. Convulsions, Seizures**

1. Lower patient to the floor.
2. Position on side.
3. Do not restrain child. Protect them from injury.
4. Do NOT force anything between teeth.
5. Exclude to parent if necessary/OR rest after attack if this is a known condition.
6. Document duration and type of seizure.
7. Call 911 for seizures lasting more than 5 minutes.

**I. Dermatitis, Ivy, Sumac, Oak, Poisons**

1. Cleanse area immediately after exposure.
2. If area is weeping, exclude to parent.
3. If dry – apply caladryl to affected area.
4. Any questionable rashes are to be excluded only to be readmitted with a doctor's note.

**J. Diabetic Condition**

1. Follow protocols if available.
  - A. HYPERglycemia
    1. Follow protocol, if available.
    2. Give patient fluids without sugar if able to swallow.
    3. Contact parent and/or patient's physician.
  - B. HYPOglycemia
    1. Follow protocol, if available.
    2. Give 3-4 glucose tablets, sugar or food containing sugar (honey, candy, fruit, 4oz. orange juice or 7-8 lifesavers.)
    3. Do not give fluids or #2(above) if patient is unconscious and unable to swallow. Call 911.
    4. Notify parent and/or call 911 if necessary.

**K. Drug abuse or alcohol intoxication**

1. Observe for signs and symptoms of drug or alcohol abuse.
2. Notify appropriate designated personnel or 911 as indicated.

**L. Ears**

1. Foreign body
  - a. Examine ear.
  - b. Do not cause additional damage to ear trying to remove an article.
  - c. Exclude to the care of the parent.
2. Pain
  - a. Examine eardrum for S/S of fluid build up or ear infection.
  - b. If positive, refer to parents for treatment.

**M. Eyes**

1. Foreign body
  - a. Flush eye with water.
  - b. Have child blink.
  - c. Pull upper lid gently over lower lid. Examine for foreign body and remove if able. Refer child to ER if object cannot be removed or person is impaled.
  - d. Examine for object.
  - e. If pain is persistent, contusions around the eye, lacerations to the eye or eyelid, flashes of light, blurry vision, or blood in the eye– exclude child to parents for mild injuries and ER for severe injuries.
2. Serious injury to eye
  - a. Put dry sterile dressing over both eyes and exclude to parents.
  - b. Call 911 if necessary.
3. Conjunctivitis (Pink eye)
  - a. Exclude to parent.
  - b. S/S eye red, discharge present, itching.
  - c. Admit back to school with Doctor's note.

**N. Fever**

1. If temperature is over 100 degrees, exclude to parent.
2. Child is not to return to school for 24 hours after fever-free without medication.

**O. Fractures**

1. Immobilize injured limb or area.
2. Simple fractures – exclude to parent
3. Compound fractures – Call 911.
  - a. Must have doctor's note to return.

**P. Frostbite**

1. Give warm liquid to drink (Not tea or coffee).
2. Keep frozen parts in warm water for 30 minutes.

**Q. Headache**

1. Check temperature, if elevated (100 degrees F. or above) exclude to parent.
2. If temperature normal – check if child has eaten.
3. Apply ice pack/cool compress and/or, allow to rest for a few minutes.
4. Contact parent and refer to physician if headache is accompanied by visual changes, altered LOC, contusion, stiff neck, lack of coordination, weakness on one side, elevated blood pressure, or any notable change in neurological status.

**R. Migraines**

1. Follow protocol listed in Headache, intervention #3.

**S. Heat Exhaustion/Heat Stroke**

1. H.E. – pale skin, profuse sweating/ normal body temperature.
2. H.S. – red, flushed, dry skin and high body temperature.
  - a. Cool cloth or air conditioning
  - b. Let student rest
  - c. Refer to parents if the symptoms do not resolve in 15 minutes.

**T. Injuries**

1. Head;
  - a. Examine for alertness. Complete a neuro check.
  - b. Apply ice.
  - c. Notify Parent
  - d. Send head injury sheet home.
2. If concussion occurs or change in level of consciousness:
  - a. Check pupil size
  - b. Check BP-assure stability
  - c. Assess level of consciousness
  - d. Severe Head Trauma – S/S loss of consciousness, vomiting, short-term memory loss. Depressed fracture, pupils dilated, blood from ear.
  - e. Call 911 & notify parents.
3. Mild Head Trauma
  - a. Notify parents and exclude to their Doctors care.

**U. Sprains/Strains**

- Rest
- Ice
- Compression
- Elevate
- Notify Parents

**V. Nausea/Vomiting**

1. If a child vomits one time without a fever, it is not mandatory that he/she be excluded, allow them to rest and rinse their mouth.
2. Exclude if temperature is present or if vomiting continues.
3. Child must remain home for 24 hours after vomiting has stopped.

W. Poison Ivy/Sumac/Oak

1. Apply Caladryl lotion to affected area if dry.
2. If new exposure, cleanse area immediately.
3. If weeping, exclude to parent.
4. Any questionable rashes are to be excluded only to be readmitted with a Doctor's note.

X. Poisoning (By mouth)

1. Obtain history.
2. Notify poison control. (1-800-222-1222)
3. Save label or container for identification purposes, or MSDS.
4. Follow recommendations by poison control.
5. Notify parent immediately.
6. If a suspicion of food poisoning contact principal and call 911.
7. **IPECEC SYRUP IS TO BE USED FOR FLUORIDE POISONING ONLY.**

Y. Shock

1. Fainting – position with head lower than body.
  - Keep warm.
  - Use smelling salts if available.
  - Check vital signs.
  - Call 911
2. **Anaphylactic Shock** – S/S facial swelling, drop in blood pressure, rash, inability to breathe (occurs from allergic reactions).
  - a. If a student has a kit in school, administered Epinephrine as prescribed, call 911 and notify parent.
  - b. If no kit, administer epinephrine, call 911, and notify-parents.

**EMERGENCY MEDICATION FOR ANAPHYLACTIC SHOCK**

School nurses may administer the Epi-Pen in the event of anaphylactic shock.

Signs/symptoms:

Dosage: Epi-Pen by weight

Epi-Pen Jr.-up to 66 lbs. or as ordered by the child's physician

Site: Give LAT or RAT, Route: SC

Epi-Pen-over 100 lbs. Site: Give LAT or RAT, Route: SC

Nursing Implications:

- Notify parent/or contact person immediately before injecting if possible.
- Transport via 911 to hospital as soon as possible.
- Vital signs are to be taken as needed.
- Injection site should be massaged after injection.

Side Effects: Pallor, nervousness, tremor, palpitations, epinephrine anxiety, headache, dyspnea, pulmonary edema, or CVA.

3. In any serious injury always expect shock and act to prevent or lessen it. Notify parents and call 911.



**Z. Rashes**

1. Any child with a questionable rash must be excluded until medical diagnosis is confirmed in writing and treatment is started or the doctor determines child is not contagious.

**AA. Ringworm**

Circular rash with a raised edge.

1. Exclude to parent for medical treatment.
2. Advise custodians to cleanse desktops, and other surface areas.
3. Diagnosis must accompany child upon returning back to school.

**BB. Nuisance Skin Disorders**

Such as lice

1. Examine child for lice and/or nits.
2. Exclude to parent with directions.
3. Child must be re-examined by school nurse before entering the classroom.
4. It is not necessary for students to have no nits to return to school. If the nits are greater than ¼ inch from the scalp and no active lice are seen, they are considered dead. Many experts now concede that children can return to school after 1 treatment with insecticide such as NIX, ELIMITE, ULESFIA, OVIDE, etc.
5. All students in the class and on the bus must be checked.  
If any present, all classes and buses of siblings must be checked or any class that switches with this particular class.

Scabies

1. Refer to parents.
2. Must have doctor's note to return to school.

**CC. Splinters**

1. Remove if possible.
2. Cleanse and dress if necessary.

**DD. Toothache/Dental Injury**

1. Refer all toothaches, abscesses, etc. to parents.
2. If a tooth is knocked out, retrieve tooth and exclude child to parent.
3. If tooth is broken off – notify parents and exclude.
4. As with all accidents – a report must be filed.
5. Apply Ambesol to affected area x1

**EE. Wounds**

1. Abrasions

- a. Cleanse with antibacterial soap and water, apply antibiotic ointment and dress.
- b. Remove foreign body if possible. If not possible, refer child to parent and physician.

2. Lacerations

- a. If severe – apply pressure to stop bleeding and exclude to parent.
- b. If bleeding subsides, a butterfly bandage can be applied prior to exclusions.
- c. Check last DPT immunization and record this date on accident report.

3. Puncture Wounds

- a. Minor – Cleanse and dress
- b. Major – Stabilize and immobilize article that has punctured body. Notify and exclude to parent to seek medical attention.

**FF. Dysmenorrhea (Menstrual Cramps)**

1. Encourage exercise.
2. Allow to rest for a stipulated period of time.
3. Use of a hot water bottle or heating pad.

**GG. Tuberculosis screening**

All newly employed staff members are required to have a Mantoux test unless they have proof of negative Mantoux test within the past 6 months. Newly employed staff members transferring between school districts within New Jersey will not have to be tested if there is a documented record of a Mantoux tuberculin skin test being administered upon his or her initial employment in a New Jersey public school.

The school nurse will administer all Mantoux test for Winslow Township Board of Education staff members and designated pupils. In the event of any extreme allergic reaction Epipen will be administered to said patient by the school nurse and then referred for medical treatment. (Mantoux) Tubersol Solution 0.1ml/5US units Intracutaneous.

**HH. Oxygen**

Oxygen should be administered via nasal canula if possible and should be started at 2 Lpm. If a facemask is used, 4Lpm is recommended to be the starting level. Monitor the oxygen saturation and titrate the oxygen to 95% or greater while awaiting the arrival of EMS.

**II. Homebound Instruction**

Students not able to attend school for an extended period of time may be approved for HOMEBOUND INSTRUCTION. Such approval may be issued by the school nurse based upon a review of a medical assessment forwarded by the pupil's attending physician documenting the pupil's inability to attend school for a designated period of time.

JJ. AED Certification:  
Persons certified in the use of the AED procedure, may use when needed.

KK. Scoliosis:  
Every Board of Education must provide the biennial examination of every student between the ages of 10 and 18.

LL. Auditory Screening:  
Screenings must be conducted for students who are:

1. Enrolled in preschool program.
2. Enrolled in grades kindergarten through 4.
3. Enrolled in grades, 6, 8, and 10.
4. Entering the district with no recent record of audiometric screening.
5. At risk for hearing impairments.
6. Referred to the CST for evaluation.
7. Referred for screening by a teacher, parent, / guardian, or at the students own request.
8. At risk for noise exposure.

MM. Vision Screening  
Should be conducted, at a minimum, at the following grade/age levels:

Preschool (3-4 yrs.)	6 <sup>th</sup> grade (10-11 yrs.)
Kindergarten (5-6 yrs.)	8 <sup>th</sup> grade (13-14 yrs.)
2 <sup>nd</sup> grade (7-8 yrs.)	10 <sup>th</sup> grade (15-17 yrs.)
4 <sup>th</sup> grade (8-9 yrs.)	

**\*\*Every student shall be examined upon entry to school.**

NN. Covid  
The district will comply with all state and local health department recommendations regarding COVID.



Winslow Township School District  
H. Major Poteat, Ed. D., Superintendent



# School Nursing Services Plan

## 2024-2025

Board of Education approval date: 08/14/24

# WINSLOW TOWNSHIP SCHOOL DISTRICT

## SCHOOL NURSING SERVICES PLAN

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# SECTION I

## BUILDING ASSESSMENTS

**ACUITY LEVELS OF  
STUDENTS REQUIRING SCHOOL HEALTH SERVICES**

School Acuity Levels

<b>School</b>	<b>Acuity Levels</b>
1	Level III – Medically Complex
2	Level III – Medically Complex Level IV – Health Concerns
3	Level II – Medically Fragile
4	Level III – Medically Complex
5	Level III – Medically Complex
6	Level II – Medically Fragile
Middle School	Level IV – Health Concerns
High School	Level III – Medically Complex

## **ACUITY LEVELS OF STUDENTS REQUIRING SCHOOL HEALTH SERVICES**

### **Level I – NURSING DEPARTMENT**

Nursing dependent students require 24 hour/day, frequent one-to-one, skilled nursing care for survival. Many are dependent on technological devices for breathing and/or require continuous nursing care, or the student will experience irreversible damage or death (DNR's).

### **Level II – MEDICALLY FRAGILE**

Students with complicated health needs in this category face each day with the possibility of a life-threatening emergency requiring the skill and judgment of a professional nurse. Examples may include, but are not limited to: severe seizure disorder requiring medication, severe asthma, sterile procedures, tracheotomy care and suctioning, unstable or newly diagnosed diabetics with unscheduled blood sugar monitoring and insulin injections, diabetes and insulin pumps requiring monitoring and asthmatics requiring nebulizer treatments.

### **Level III – MEDICALLY COMPLEX**

Students with medically complex concerns require daily treatments or close monitoring by a professional nurse. They may have unstable physical and/or social-emotional conditions and the potential for a life-threatening event may exist. Examples include, but are not limited to: ADHD and on medication, anaphylactic event, cancer, immune disorders, moderate to severe asthma (inhaler, peak flow meters), preteen or teenage pregnancy, carefully timed medications, medications with major side effects, unstable metabolic conditions, continuous or intermittent oxygen and complex mental or emotional disorders.

### **Level IV – HEALTH CONCERNS**

In the category of health concerns, the student's physical and/or social-emotion condition is currently uncomplicated and predictable. Occasionally the student requires monitoring, varying from bi-weekly to annually. Examples include, but are not limited to: migraines, sensory impairments, self-managed diabetes, dietary restrictions, eating disorders, orthopedic conditions requiring accommodations and encopresis.

Adapted from the "Washington Model" of acuity for the NJSSNA.



## SUMMARY OF PLAN TO ADDRESS STUDENTS WITH CERTAIN MEDICAL CONDITIONS

### **ASTHMA**

- If the student with known asthma develops any of the following symptoms, persistent cough, shortness of breath, wheezing or retractions. If any of the above happens, the school nurse will:
  1. Assess the respiratory status of the student.
  2. Assess the vital signs of the student.
  3. Administer respiratory rescue medication if ordered by the family's health care provider.
  4. Allow the student to rest.
  5. Notify parent of episode, treatment and results.
  6. Return the student to class if respiratory symptoms improved.
  7. If fever over 100 degrees or respiratory status not improved, notify parent to seek medical attention.
- If the student develops any life threatening symptoms, i.e., attempting to cough but unable, unable to speak, color changes (blue hue around lips), severe chest pain, or agonal breathing (short, sharp breaths), school nurse will administer oxygen at 4 liters/minute via face mask, notify parent and call 911.

### **SEIZURES**

- If a student with a known seizure disorder develops any of the following symptoms, body stiffens or jerks, color changes, continuous blinking, starting spells, impairment of consciousness, and/or incontinence with other symptoms. If any of the above happens, the school nurse will:
  1. Make sure the student is safe.
  2. Turn the student to the rescue position.
  3. Track the time.
  4. Designate another adult to remove the other children from the class if necessary.
  5. Assess the respiratory status of the student.
  6. Assess the vital signs of the student.
  7. Administer anti-seizure medication as ordered by the student's health care physician.
  8. Allow the student to rest.
  9. Notify parents of the episode.
- If the student develops any life threatening symptoms, i.e. seizure lasting longer than 5 minutes, repeated seizures without regaining consciousness or it is the first time student has had a seizure, parent notified and 911 called.

### **SICKLE CELL DISEASE**

- If a student with sickle cell disease develops the following symptoms, pain in hands, chest or feet, abdominal pain, pain in arms, back or legs or fever over 100 degrees, the school nurse will:
  1. Assess the vital signs of the student.
  2. Allow the student to rest.
  3. Administer fluids.
  4. Administer pain medications if ordered by the family's health care provider.
  5. Initiate comfort measures (warm compresses, relaxation exercises).
  6. Notify parent of episode, treatment and results.
  7. Return student to class if pain is controlled.
  8. If fever over 100 degrees or pain not controlled, notify parent to seek medical attention.
- If the student develops any life threatening symptoms, i.e. loss of balance, weakness on one side, visual disturbance, sudden/severe headache, seizure, weakness/lethargy swollen painful abdomen, severe chest pain with or without fever >100, parent will be notified and 911 called.

## FOOD ALLERGIES

- If a student with a known food allergy attends the school, the cafeteria is notified and a note is made on his/her record. If the student's allergy is a peanut allergy, a peanut free table is provided in the cafeteria for the student to sit at if the parent or he/she so chooses to sit at.
- If a student with a known food allergy accidentally ingests foods that they are allergic to the student will immediately be brought to the school nurse. The school nurse will then:
  1. Assess what the allergy is and what type of reaction the student has had in the past to the food.
  2. Assess to see if any medications are prescribed by family doctor to counter the effects of the allergy. Benadryl/Epipens are often prescribed if allergic reaction is life threatening.
  3. Administer medications and watch student for 15 to 20 minutes. If reaction subsides allow the student to return to cafeteria/class, and notify parent of episode.
- If the student develops any life threatening symptoms, i.e., reaction is anaphylactic and student becomes lethargic, unable to communicate or breathe, active 911 and notify the parent.

## DIABETES

A known diabetic with symptoms of hypo or hyperglycemia can lead to life threatening emergency if symptoms are not reversed.

- Staff In-service re: signs and symptoms of hypo & hyperglycemia.
- Staff In-service on testing blood sugar with glucometer and administration of either Insulin or glucagon appropriately as needed per Dr.'s orders.
- If glucose level is low and the student is conscious give snack as specified in IHP and Dr.'s order, wait for 15 minutes and then re-test glucose level making sure it is elevated to recommended level (usually 70 or above) may require additional snacks to reach that level.
- If glucose level is higher than acceptable parameter and the student is conscious, check urine for ketones and administer insulin following the insulin sliding scale, encourage student to drink extra water to maintain ketones level to normal.
- In case of hypoglycemia and hyperglycemia not responding to treatment as specified in step's # 3 and #4 and the student is **unconscious**, then proceed as follows:
  - a) Delegate staff member to activate 911 and notify parent/guardian.
  - b) Attend to the student by administering glucagon as ordered for cases of hypoglycemia.
  - c) Administer insulin for cases of hyperglycemia.
  - d) Remain with the student, check level of consciousness and monitor vital signs.
  - e) Administer oxygen at 4 liters per minute via face mask.
- Begin CPR in the event that respiratory or cardiac arrest

## CARDIAC

- Maintain CPR certification
- Maintaining AED in good working order
- Updating medical history yearly
- Obtaining vital signs during a suspected cardiac event and completing a nursing assessment
- Administering oxygen as ordered
- Activating 911 and notifying the parent

## COVID

- The district will comply with all state and local health department recommendations regarding COVID.

## **ROLE OF THE SCHOOL NURSE**

### **The school nurse provides direct health care to students and staff.**

The school nurse provides care to students and staff who have been injured or who present with acute illnesses. Care may involve treatment of health problems within the scope of nursing practice, communication with parents for treatment, and referral to other providers. The school nurse uses the nursing process to assess, plan, implement, and evaluate care for students with chronic health conditions. This care should begin with the development of a nursing care plan (also known as an individualized health care plan) that should include an emergency action plan. The school nurse is responsible for medication administration and the performance of health care procedures that are within the scope of nursing practice and are ordered by an appropriately licensed health care provider. The school nurse also assists faculty and staff in monitoring chronic health conditions.

### **The school nurse provides leadership for the provision of health services.**

As the health care expert within the school, the school nurse assesses the overall system of care and develops a plan for assuring that health needs are met. This leadership role includes developing a plan for responding to emergencies and disasters and training staff to respond appropriately. It also involves the appropriate delegation of care within applicable laws. Delegation to others involves initial assessment, training, competency validation, supervision, and evaluation by the school nurse.

### **The school nurse provides screening and referral for health conditions.**

In order to address potential health problems that are barriers to learning or symptoms of underlying medical conditions, the school nurse often engages in screening activities. Screening activities may include vision, hearing, postural, body mass index, or other screening. Determination of which screenings should be performed is based on several factors, including legal obligations, the validity of the screening test, the cost-effectiveness of the screening program, and the availability of resources to assure referral and follow-up.

### **The school nurse promotes a healthy school environment.**

The school nurse provides for the physical and emotional safety of the school community. The school nurse monitors immunizations, assures appropriate exclusion from and re-entry into school, and reports communicable diseases as required by law. The school nurse provides leadership to the school in implementing precautions for blood borne pathogens and other infectious diseases. The school nurse also assesses the physical environment of the school and takes actions to improve health and safety. Such activities may include an assessment of the playground, indoor air quality evaluation, or a review of patterns of illness or injury to determine a source of concern. Additionally, the school nurse addresses the emotional environment of the school to decrease conditions that may lead to bullying and violence and/or an environment not conducive to optimal mental health and learning.

**The school nurse promotes health.**

The school nurse provides health education by providing health information directly to individual students, groups of students, or classes or by providing guidance about the health education curriculum, encouraging comprehensive, sequential, and age appropriate information. They may also provide programs to staff, families, and the community on health topics. Other health promotion activities may include health fairs for students, families, or staff, consultation with other school staff such as food service personnel or physical education teachers regarding healthy lifestyles, and staff wellness programs. The school nurse is a member of the coordinated school health team that promotes the health and well-being of school members through collaborative efforts.

**The school nurse serves in a leadership role for health policies and programs.**

As the health care expert within the school system, the school nurse takes a leadership role in the development and evaluation of school health policies. The school nurse participates in and provides leadership to coordinated school health programs, crises/disaster management teams, and school health advisory councils. The school nurse promotes nursing as a career by discussions with students as appropriate, role modeling, and serving as a preceptor for student nurses or as a mentor for others beginning school nursing practice. Additionally, the school nurse participates in measuring outcomes or research, as appropriate, to advance the profession and advocates for programs and policies that positively affect the health of students or impact the profession of school nursing.

**The school nurse serves as a liaison between school personnel, family, community, and health care providers.**

The school nurse participates as the health expert on Individualized Education Plan and 504 teams and on student and family assistance teams. As case manager, the nurse communicates with the family through telephone calls, assures them with written communication and home visits as needed, and serves as a representative of the school community. The school nurse also communicates with community health providers and community health care agencies while ensuring appropriate confidentiality, develops community partnerships, and serves on community coalitions to promote the health of the community.

# SECTION II

# NURSING STAFFING PLAN

WINSLOW TOWNSHIP SCHOOL DISTRICT  
STAFFING PLAN

- I. School Physicians – Dr. Stephanie Doyle
  - A. Board Certified in Family Medicine
  - B. Licensed to Practice in New Jersey
  - C. Final authority in medical decisions
  
- II. Certified School Nurses
  - A. Eight full-time school nurses holding NJ School Nurse Certificates and CPR/AED Certification and one Medical Assistant.
  - B. One full-time Certified School Nurse in each school
  - C. One nurse and one Medical Assistant in the Middle School and High School
    - a. Under supervision of the Assistant Superintendent and the Director of Special Services
  
- III. Substitute School Nurses
  - A. Contracted substitute nursing service
  - B. NJ Licensed Registered required
  - C. Current CPR/AED Certification required
  - D. Responsible for covering building in the absence of the Certified School Nurse and providing nursing services to students and staff.
  - E. Paid at contracted rate.
  
- IV. Emergency Coverage
  - A. In the absence of a Certified School Nurse
    - a. A substitute School Nurse is called
    - b. If no substitute nurse is available
      - i. School Nurses are shared between buildings for medication and on call as needed.
      - ii. In the event that more than one Certified School Nurse is absent and no substitute is available, the district will rotate nurses among schools to provide coverage as needed.
      - iii. In the absence of a nurse and in the event of an emergency, assistance will be sought from an emergency medical unit by calling 911 or 609-561-3300.

Winslow Township School District  
 School Nurse Directory  
 2024-2025

Early Education Center	Mackenzie Sklarew (Medical Assistant)
School 1	Jennifer Trail, RN
School 2	Virginia McHugh, RN
School 3	Cordelia Allen , RN
School 4	Patricia Reese-Reeber, RN
School 5	Adeline Auguste, RN
School 6	Frances Jones, RN
Middle School	Taylir Wielhouwer (Medical Assistant)
High School	Kathleen Smith, RN Mary Ann Whitby , RN



# JOB DESCRIPTIONS

# WINSLOW TOWNSHIP SCHOOL DISTRICT JOB DESCRIPTION

## School District Physician/Medical Inspector

### Qualifications:

- Licensed Medical Doctor or Doctor of Osteopathy in the State of New Jersey.

### Reports to:

Superintendent

### Job Goals:

1. To provide for the safety, well-being, and welfare of the School District students and staff members.
2. To provide a climate and atmosphere of health and safety in the School District.

### Performance Responsibilities:

1. Conducts routine examination/physicals of certified and non-certified personnel and other referred staff cases.
2. Conducts inoculations, as appropriate, for staff participating in HBV prevention immunization program.
3. Recommend and oversee rules, regulations, and policies governing professional medical techniques, service, treatment, examinations, and inspections.
4. Oversee and enforces all local, county, state, and federal medical rules, regulations, laws, etc.
5. Conducts routine physicals of each student in designated grade levels on an annual basis.
6. Conducts examinations/physicals of students involved in child study team evaluation.
7. Examines and makes recommendations regarding any student who is in need of special medical programs.
8. Examines each student prior to his/her acceptance/participation in intramural athletic programs.
9. Cooperates with local/public health authorities to control communicable disease.
10. Serves as liaison for the school district with individual student's family physicians.
11. Inspects medical reports, requests for excuse from school attendance and requests for excuse form full participation in school activities when requested by administration.
12. Performs or arranges to have performed special examination for physically handicapped student or students with the physical conditions that require special accommodation.
13. Performs any other job related duties that may be assigned.

Approved: 6/26/05

# WINSLOW TOWNSHIP SCHOOL DISTRICT JOB DESCRIPTION

## School Nurse

The School Nurse is a health services specialist who assists pupils and staff in attaining and/or maintaining optimum health, and promoting positive health habits and attitudes. Health services extend into the community and encompass all supportive health resources and agencies.

### **Major Responsibilities:**

1. Assess the physical well-being of the pupil in terms of developmental and present health status.
2. Coordinate the health referral process and communicates health findings to appropriate persons and/or agencies.
3. Assists in the identification of pupils whose medically related absences may require home bound instruction.
4. Provides health counseling for pupils, parents and staff.
5. Maintains a comprehensive health history and health appraisal record system.
6. Provides direct health care services to pupils and staff including the transportation of pupils when immediate exclusion is necessitated during the school year.
7. Maintains an adequate communicable disease control program.
8. Participates in the child study team process by interpreting significant findings of health history, physical assessment and reports of medical consultants.
9. Consults with staff regarding modification or change in the educational environment necessitated by the pupil's developmental or health status.
10. Participates in the health education program by providing health/family life instruction and in-service education.
11. Initiates, facilitates and maintains liaison between the school and community health agencies.
12. Disseminates information on health careers upon request.
13. Remains on the school site during the hours school is in session except when transportation for an excluded pupil required.
14. Maintains and orders equipment and supplies for nurse's office and first aid station.

### **Extend and Limits of Authority:**

The school physician provides medical direction and consultation for the school nurse.  
The nurse is responsible to the building administrator.

### **ACKNOWLEDGEMENT:**

I acknowledge receipt of a copy of this job description and I am aware that I may be required to fulfill any of the listed performance responsibilities.

I am aware of the fact I will be on a 90 day probationary period during which I may be summarily dismissed without notice.

### **EVALUATION:**

Performance of this job will be evaluated annually in accordance with State Statutes and the Board's policy on evaluation.

Reviewed and agreed to by employee:

Signature

Date

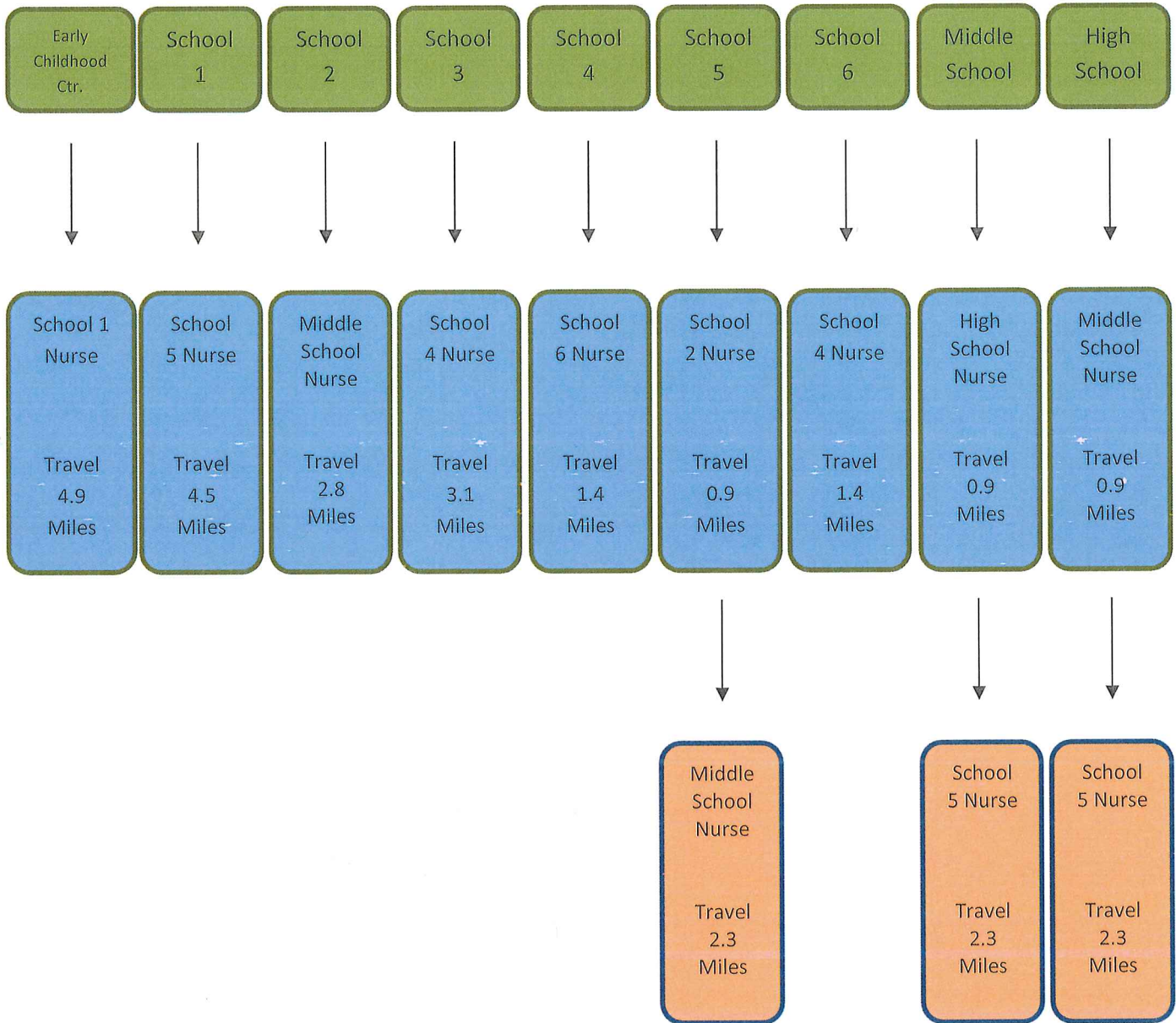
**Approved:** 6/26/05, 8/27/08

# SECTION III

## SCHOOL COMPLEX

SCHOOL COMPLEX  
EMERGENCY NURSING COVERAGE

In the event that nursing coverage is needed, due to the absence of the school nurse, coverage is to be provided as indicated below, or as directed by the Assistant Superintendent.



# HEALTH POLICIES

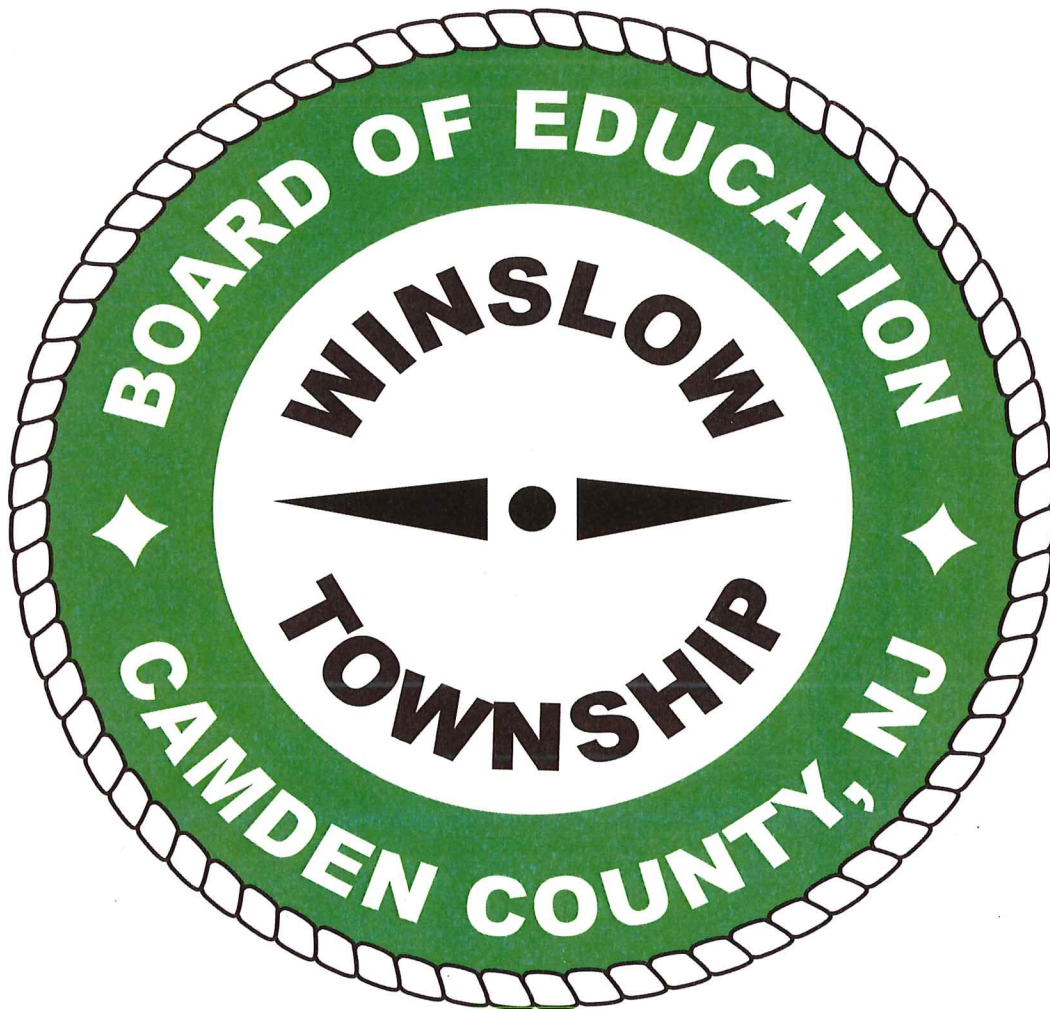
WINSLOW TOWNSHIP SCHOOL DISTRICT  
HEALTH POLICIES

5300	Use of Defibrillator(s)
5305	Health Insurance Personnel
5306	Health Services to Non Public Schools
5307	Nursing Services Plan
5308	Pupil Health Records
5310	Health Services (Pupils)
5320	Immunization
5330	Administration of Medication
5331	Management of Life – Threatening Allergies in Schools
5332	Do Not Resuscitate Orders
5335	Treatment of Asthma
7420	Hygienic Management

# WINSLOW TOWNSHIP SCHOOL DISTRICT

2024- 2025

## DISTRICT MENTORING PLAN



H. Major Poteat, Ed.D., Superintendent



# District Profile Sheet

## 2024-2025 District Teacher Mentoring Plan

Name of District: Winslow Township School District

District Code: 07

County Code: 5820

District Address: 40 Coopers Folly Road

Atco, New Jersey 08801

Chief School Administrator: Dr. H. Major Poteat

Mentoring Program Contact: Mr. Dion Davis

Contact Phone Number: 856-767-2850 ext. 7521

Type of District: K-12

Please provide the following information:

Number of novice teachers with a Certificate of Eligibility: 2

Number of novice teachers with a Certificate of Eligibility with Advanced Standing: 20

Number of novice special education teachers with a Standard license: 0

Number of Mentors: 22

Identify the number of novice teachers in the following areas:

K- 6: 15      7-8: 2      9-12: 5      Special Education (all grades): 3

# District Board of Education Approval Form

District: Winslow Township

County: Camden

	Completed		Comments
	Yes	No	
<b>Section 1: District Profile</b>			
a. District profile sheet	X		
b. Board of Education approval form	X		
c. Explanation	X		
<b>Section 2: Needs</b>			
a. Current assessment of mentoring program	X		
b. Current needs of district mentoring plan	X		
<b>Section 3: Vision and Goals</b>			
a. Mentoring program vision	X		
b. Mentoring program goals	X		
<b>Section 4: Mentor Selection</b>			
a. Guidelines for selection of mentors	X		
b. Application process and criteria for selection of mentors	X		
<b>Section 5: Roles and Responsibilities</b>	X		
<b>Section 6: Professional Learning Components for Mentors</b>	X		
<b>Section 7: Professional Learning Components for Novice Teachers</b>	X		
<b>Section 8: Action Plan for Implementation</b>			
<b>Section 9: Resource Options Used</b>	X		
<b>Section 10: Funding Resources</b>	X		
<b>Section 11: Program Evaluation</b>	X		

# District Board of Education Approval Notification

## District Board of Education Approval Notification: County Superintendent

The Winslow Township School District Board of Education has reviewed and approved the local mentoring plan. The Winslow Township Board of Education assures that the submitted plan is aligned with the New Jersey Professional Standards for Teachers and meets or exceeds the minimum requirements of the mentoring regulations in *N.J.A.C.6A: 9C-5*.

A copy of the district profile sheet and the board of education's review of the plan have been attached.

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(Signature of Superintendent)

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(Signature of Board of Education President)

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(Date)

## **Explanation of how the plan aligns with the New Jersey Professional Standards for Teachers**

This mentoring plan addresses all of the Professional Standards for teachers. The plan is designed to guide the mentor and the novice teacher through a successful mentoring experience. The novice teacher should gain an understanding of learner development, learning environments, content knowledge, application of content, and instructional strategies (Standards 1,3,4,5,8).

In order to become an effective and caring teacher, it is important that the teacher gains an understanding of how children learn, that each child develops into a unique individual with diverse needs, personalities, social and intellectual abilities. Understanding that children are uniquely different in various ways, it is imperative that the novice teacher becomes resourceful at planning for and addressing the needs of the “Special Needs” child (Standards 1,2,3,6,7,8). Addressing the needs of all children, and creating a stimulating learning environment for them, helps to ignite in children an enthusiasm for learning. The experienced teacher, the mentor, accepts this charge as a part of the mentoring process and helps the novice teacher distinguish between acceptable and normal developmental stages of growth and academic development, and helps the novice teacher learn how to create stimulating learning opportunities for the student (Standards 1,2,3,11).

As the building administrator and the mentor work with the novice teacher acquainting him or her with the school environment, the novice teacher should learn through modeling, the importance of building a positive relationship between school and home. A key component of student success can largely be contributed to the relationship between home and school, therefore appropriate and effective communication with parents paves the way to a healthy and rewarding partnership for all stakeholders, especially the child (Standard 10).

All professional development opportunities that are made available to the teachers will be available to the novice teacher. Based upon observations during the mentoring process, the administrator and mentor may direct/suggest professional development opportunities to the novice teacher (Standard 9).

## Section 2: Needs Assessment

### Current Assessment of mentoring program

During the 2023- 2024 school year, novice teachers completed a survey after the first marking period to provide feedback on the mentoring process. The *Mentoring Feedback Survey* asked the novice teachers to respond to YES or NO statements regarding the type of support they received from their mentor (i.e. “I communicate regularly with my mentor”, “My mentor provided assistance and helped me develop my SGO”, “I understood what was expected of me as a novice teacher”). The survey also asked the novice teacher to provide commentary on the training/information they felt was missing that would have provided an easier transition for their first year of teaching; to list the top three supports, resources or trainings that helped them during the year; and to cite training they would like to see in the future. Overall, the survey revealed that the majority of the novice teachers felt informed and supported by their mentor, principal and district administrators. Specifically, the novice teachers cited the New Teacher Orientation held in August; the on-going professional development (imbedded PD); the grade book and lesson plan workshops presented by the Educational Technology Supervisor; and the monthly building meetings to review district expectations, as invaluable. The survey validated that most teachers had a great year with support and collaboration from their mentor, Principal and district administration.

## **Current needs of district mentoring plan**

Great care and thought are taken into consideration when assigning mentors to novice teachers. All assigned mentors are viewed as “Master Teachers” and experts in their craft. During the 2021-2022 school year, the Mentor Training handbook and the Mentor Training professional development workshop were revamped. Mentor training workshops were presented in 2021-2022 school year, 2022-2023 school year, 2023-2024, and additional training workshops are scheduled for the 2024-2025 school year to rebuild the pool of trained mentors. Currently, we have 75 trained mentor.

Annually, letters are mailed in mid July to both mentors and novice teachers, encouraging them to establish contact prior to New Teacher Orientation. Additionally, the New Teacher Orientation Program, which takes place in August, consists of two days of intensive training dealing with Math and Language Arts initiatives; use of portfolios; SGO process and the establishment of benchmarks; Genesis training (lesson planner and gradebook), IEP direct training, to name a few.

## Section 3: Vision and Goals

### Mentoring program vision

It is the vision of the Winslow Township School District to build a mentoring program that will equip novice teachers with the skills they need to become strong dedicated teachers, excel in developing programs that positively impact students' performance, acquire content area knowledge and how to effectively impart this knowledge onto students, to engage teachers in on-going training, collaboration and ultimately, to ensure that teachers have a supportive environment that will lead to teacher retention in the district, a love for the teaching field and retention in the teaching profession.

### Mentoring program goals

**The goals of our mentor program are to:**

- Create a meaningful supportive and nurturing program for novice teachers
- Provide mentoring teachers with the skills and resources needed to effectively mentor the novice teacher
- Help the novice teacher learn to work with a diverse student body
- Tap into the creative potential of novice and mentoring teachers
- Promote the need for continuous professional growth
- Empower the novice teacher with skills necessary to be a successful teacher
- Build a climate of trust, promote positive relationship with superiors
- Develop mentors who excel in leading and motivating novice teachers

- Help novice teachers face problems with confidence and assurance
- Help novice teachers learn to respond quickly to new instructions, situations, methods and procedures
- Help novice teachers develop sound techniques to maximize learning
- Help novice teachers understand the need for and the effectiveness of hands-on learning
- Help the novice teacher recognize management problems and develop solutions
- Help the novice teacher recognize the important roles of responsibility and accountability
- Help the novice teacher develop effective communication skills so that the teacher is relaxed, confident and enjoyable
- Help the novice teacher learn to plan, organize and complete tasks in the most efficient manner
- Acquaint the novice teacher with and provide guidance in using various forms of student assessment, formative and summative
- Enhance the teacher's knowledge of and strategies related to the New Jersey Student Learning Standards in order to facilitate student achievement
- Identify exemplary teaching skills and educational practices necessary to acquire and maintain excellence in teaching
- Assist the novice teacher in the performance of their duties and adjustment to the challenges of teaching



## Section 4: Mentor Selection

### Guidelines for selection of mentors:

Teachers who are selected to mentor novice teachers must meet the following criteria:

- Tenured in the district and viewed as a Master Teacher
- Completion of the application process and commitment to the terms and conditions noted on the application (visiting/observing novice teacher, sharing and modeling effective planning, communication, assessment, instructional and classroom management strategies, helping the novice teacher become familiar with the school procedures and grading policies, and documenting time and procedures spent with novice teacher) (Attached A & B)
- Skilled in employing effective Instructional Strategies
- Possess the traits of a responsive listener and effective communicator
- Promote harmony within the school environment
- Knowledgeable of the resources, policies, and practices of the district
- Possess excellent classroom management skills
- Respectful of the confidential nature of the mentor teacher/novice teacher relationship
- Willingness to invest the time needed to meet the professional needs of the novice teacher
- Demonstrates enthusiasm and commitment to the teaching
- Demonstrate leadership qualities and professionalism

## Section 4: Mentor Selection

### Application Process

It is the goal of the Winslow Township School district to recruit and train a group of committed mentors. The application process is as follows:

- Letter of recruitment is distributed to all tenured staff in the Spring.
- Mentor applications and recommendation forms are available through the Human Resources Office.
- Completed applications and recommendation forms are returned to the principal for review.
- The principal screens all applications and selects mentors using the mentor criteria selection checklist.
- All applications are then forwarded to the Director of Human Resources for training/placement.
- Based upon need, the principal pairs the mentor with the novice teacher.
- The Director of Human Resources notifies the mentor and novice teacher of the pairing.

## Section 5A: Roles and Responsibilities

The roles and responsibilities for a successful mentoring program must be shared by all of the district's key stakeholders.

### **The District's Responsibilities:**

- Ensure that each novice teacher is mentored
- Established procedures for mentor/novice teacher training
- Provide resources needed to support the Teacher Mentor Training program (including funds, teacher training resources, and appropriate stipends for substitute coverage)
- Select administrators to serve as members of the Professional Development Committee
- Ensure compliance with state regulations regarding evaluation of the novice teacher and utilization of state funds
- Ensure annual assessment of the Teacher Mentoring Program

## Section 5B: Roles and Responsibilities

### **The Principal/Administrator's Responsibilities:**

- Select mentors from the applicants based on the established mentor criteria
- Assign mentor to novice teacher as soon as possible
- Ensure mentor participation in district mentoring training program
- Provide mentor and novice teacher with a copy of the district's Mentoring Handbook of Guidelines for Mentors & Novice Teachers
- Monitor the on-going activities of the mentor/novice teacher
- Meet monthly with the mentor/novice teacher to support the mentoring process
- Review with the novice teacher the district and state evaluation tools
- Observe and evaluate the novice teacher according to district and state regulations
- Ensure that the mentor conducts monthly visits to novice teacher's class to observe the mentor teacher
- Require the mentor and novice teacher to document time spent during the mentoring process
- Serve as a facilitator of the mentoring activities (reviewing expectations, policies, mentoring fees, roles of the mentor/novice teacher, professional development and the Professional Standards for Teachers)
- When possible, provide for common planning time for the mentor and novice teacher

## Section 5C: Roles and Responsibilities

### **Mentor's Responsibilities:**

- Meet with novice teacher as soon as assignment is made to help acquaint the teacher to the district
- Attend all training workshops
- Serve as a role model in professional and classroom practices
- Meet with novice teacher weekly during the initial mentoring process and as frequently as needed by the novice teacher
- Visit and observe the novice teacher in his/her classroom setting and provide appropriate feedback in a non-evaluative manner (This should be done at least once/marking period)
- Serve as the ambassador of instructional support by sharing information and ideas with the novice teacher such as teaching strategies, classroom management, professional development ideas, effective communication, assessment, conferencing techniques, school procedures and policies, and procedures of the teachers' association.
- Serve as an objective observer who maintains confidentiality
- Serve as a collaborator who keeps an open mind and a non-judgmental view

### **Novice Teacher's Responsibilities:**

- Meet regularly with the mentor
- Keep building administrator apprised of concerns, problems during the mentoring process (if the mentor/novice pairing is unacceptable or inappropriate, a new pairing can be made without penalty to either party)
- Participate in professional development opportunities
- Document time spent with the mentor
- Observe the mentor in the mentor's classroom

## **Sections 6 & 7: Professional Learning Components for Mentors and Novice Teachers**

### **Section 6: Professional learning opportunities for mentors:**

- Attendance at workshops
- College Courses
- Participation in district designed mentoring program
- Articulation with peers
- Books & Reference Materials
  - 1) Just Ask – “Why Didn’t I Learn This in College?”
  - 2) What Works in Schools – Translating Research into Action
  - 3) Mentoring Matters: A Practical Guide to Learning Focused Relationships
  - 4) Clinical Practice Handbook
  - 5) Mentoring Across Boundaries
  - 6) The First Days of School
  - 7) Mentoring in 21<sup>st</sup> Century
  - 8) Mentoring Works
  - 9) Classroom Teaching Skills
  - 10) Mentoring the Beginning Teacher
  - 11) How to Get Things Done

### **Section 7: Professional learning opportunities for Novice Teachers:**

- Attendance at workshops
- Participation in district workshops
- Articulation and informal observation with colleagues
- Observing mentor teachers



## Mentoring Activities Checklist

To help with planning, here's a checklist you might review, modify, and share with your mentee to help with the first six to nine weeks of school.

<b>Instructional Planning</b>	
	<ul style="list-style-type: none"> <li>• Review curriculum guides and general course syllabi</li> </ul>
	<ul style="list-style-type: none"> <li>• Obtain teacher's edition of textbooks</li> </ul>
	<ul style="list-style-type: none"> <li>• Identify the major areas of instruction for the first four to six weeks</li> </ul>
	<ul style="list-style-type: none"> <li>• Look at the school calendar for the first six weeks. Develop a timeline of topics and skills for the time frame. Match your outline to the mandated allotment of time required for each subject.</li> </ul>
	<ul style="list-style-type: none"> <li>• Prepare a topic outline for the year.</li> </ul>
<b>Organizational Policies and Procedures</b>	
	<ul style="list-style-type: none"> <li>• <b>Review school policies and student handbooks. Specially check:</b>            Bus Duty            Homework policy            Fields trips            Dress code            Emergency procedures (tornado, fire drills, injuries, etc.)</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Review school district policies/faculty handbook. Specifically check:</b>            Sick/personal leave procedures            Conduct code            Crisis plan            Attendance            Substitute procedures            Grading procedures</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Review the school goals and/or school improvement plans.</b></li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Find out about the school culture as it relates to:</b>            Induction orientation activities            Staff development programs            Teacher mentoring options            Emphasis on professional development            Reassignment and transfer procedures            Supervision and evaluation            Contracts, regulations, and waivers</li> </ul>
<b>Classroom</b>	



<b>Organization</b>	
	<ul style="list-style-type: none"> <li>• <b>Think about the first week of school and design the physical layout:</b>  Large group arrangement  Small group areas  Bulletin boards  Quiet/time-out area  Position of your desk  Organization of materials and supplies  Filing system  Traffic flow  Seating arrangement and seating charts</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Plan how to handle/record daily routines and student Interactions:</b>  Entering the room  Assigning seats  Lunch money and charges  Receipt of books  Gradebooks  Attendance records  Absentees' excuses  Lesson Plans  Textbook distribution</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Plan how to manage student behavior:</b>  Establishing class rules and procedures  Enforcing rules and consequences fairly  Teaching class rules and procedures  Helping students to monitor and self-correct their own behavior  Minimizing transitions between learning tasks  Establishing a businesslike climate  Setting reasonable expectations</li> </ul>
<b>Instructional Preparation</b>	
	<ul style="list-style-type: none"> <li>• <b>Assess lesson plans:</b>  Teacher directed, motivating, differentiation, integration of technology  Directions are easy to follow and not overly complicated  Students work more as a large group until teacher knows students and classroom management procedures are routine</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Size up activities, projects, groups and learning centers:</b>  Planned in advance and match learning objectives  Procedures and sequence of events are clearly described  Resources and materials ordered/prepared well ahead.</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Develop substitute teacher plans:</b>  Includes the daily schedule for each class  Includes the seating roster for each class  Lesson plans are detailed and all materials are duplicated, ready for distribution, and easily found in your room</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Think about supervision and evaluation:</b></li> </ul>

	<p>Review the school evaluation form</p> <p>Ask for a preliminary assessment before the official one to get sense of evaluator's supervisory style and school focus for teaching</p>
<b>Managing Individuals' Differences</b>	
	<ul style="list-style-type: none"> <li>• <b>Identify student needs and interests:</b> As a class As individuals</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Assess and evaluate students by:</b> Recording daily grades Observing students Varying the type of assessment (cognitive, affective, psychomotor) Placement of students</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Assign students to groups:</b> Devising procedures for group work Communicating expectations to group members, including roles and assignments Finding out about cooperative learning and how groups function</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Develop modified education plans for special needs students</b></li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Design alternative lessons and activities for students with special needs</b></li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Formulate homework policy:</b> Amount and frequency Weight and impact on course grade Coordination with team or department</li> </ul>
<b>Implementing Classroom Management Plan</b>	
	<ul style="list-style-type: none"> <li>• <b>Establish rules and procedures and post</b></li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Reinforce positive behavior routinely</b></li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Enforce rules and procedures consistently</b></li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Document student behavior systematically</b></li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Design a classroom management plan and share with peers and administrative team</b></li> </ul>
<b>Home-School Communications</b>	
	<ul style="list-style-type: none"> <li>• <b>Orient parents at night meeting:</b> Handout on course syllabi and grading procedures Student expectations How parents can help</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Develop personal communication skills:</b> Oral Expression Voice tone and modulation Correct grammar and mechanics Clear directions</li> </ul>

	<p>Written Expression</p> <ul style="list-style-type: none"> <li>Correct grammar and mechanics</li> <li>Clear and concise writing</li> <li>Professional yet inviting tone</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Develop ways to get students' work home</b></li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Develop a descriptive rather than a judgmental communication style when communicating with students, parents, and peers</b></li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Prepare report cards/evaluation for students:</b> <ul style="list-style-type: none"> <li>Filling in information accurately</li> <li>Marking attendance</li> <li>Determining grades</li> <li>Reporting student conduct</li> <li>Checking for signatures and conference requests</li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Monitoring professional development by:</b> <ul style="list-style-type: none"> <li>Observing/modeling good practices of/for a colleague</li> <li>Videotaping your lessons and assessing your performance</li> <li>Attending staff-development workshops</li> <li>Seeking feedback from a colleague</li> <li>Preparing for your first official evaluation</li> </ul> </li> </ul>

## Section 8: Implementation of Mentoring Activities

	Date	Responsible
<p><b>1. Mentor/Novice orientation</b> Workshops will address:</p> <ul style="list-style-type: none"> <li>• Creating a climate for learning</li> <li>• Preparing for the first day and week of school</li> <li>• Technology (e-mail, attendance, and grade book)</li> <li>• Acceptable policy for internet</li> <li>• Review of district curriculum</li> <li>• Personnel related benefits and certification procedures.</li> </ul>		
<p><b>2. Quarterly meeting to discuss:</b> First Meeting:</p> <ul style="list-style-type: none"> <li>• Lesson plans</li> <li>• Substitute plans</li> <li>• Time management</li> <li>• School policies/procedures</li> <li>• Grading procedures/parental notification</li> <li>• Effective classroom management skills</li> <li>• Instructional strategies which impact student achievement and diverse learners</li> <li>• Networking opportunities for novice teachers</li> <li>• Instructional strategies and specific classroom situations</li> <li>• Parent communication, note writing, conferences, phone calls, progress reports and report cards.</li>   <li>• Students with special needs, in class support, and writing IEP reports</li> <li>• Classroom management: handling of bullying issues, disciplinary actions</li> <li>• Meeting the needs of</li> </ul>		

<p>individualized learning styles, learning centers for differentiated instruction.</p> <ul style="list-style-type: none"> <li>• Preventative discipline, homework practices, instructional strategies, grading, parent communications, student motivation, and time management.</li> </ul>		
<p>Second Meeting:</p> <ul style="list-style-type: none"> <li>• Difficult parents/conferences</li> <li>• Observation</li> <li>• Standardized testing procedures</li> </ul>		
<p>Third Meeting:  Recommendation of student placement  Field trips  End of year procedures</p>		
<p>Fourth Meeting:</p> <ul style="list-style-type: none"> <li>• Review of school year and mentoring process</li> </ul>		
<p><b>3. Provide Mentor Handbook to both mentor and novice teacher which includes:</b></p> <ul style="list-style-type: none"> <li>• Mentor observation model</li> <li>• Mentoring discussion topics</li> <li>• Timeline of suggested activities</li> <li>• Journal/documentation guidelines</li> </ul>		

## Section 9: Resource Options Used

**Resources used to achieve the program's goals and objectives are:**

- District funding
- Personnel Resources – Principals, Supervisors and Directors
- Commercially purchased reference and training materials
- District designed mentoring handbook and resources

## Section 10: Funding Resources

Novice teachers will be responsible for compensation associated with mentoring services in the amount of \$550.00 for traditional route candidates and \$1,000.00 for alternate route candidates. This is a requirement by the New Jersey Department of Education, and Standard certification will not be granted until this obligation has been satisfied. Novice teachers will make two payments in the amount of \$275.00 (for traditional route candidates) or \$500.00 (for alternate route candidates). All mentor payments will be directed to my office for documentation purposes, after which time they will be forwarded to the respective mentor.

## Section 11: Program Evaluation

During the 2021- 2022 school year, the Mentor Training Handbook and professional development workshop were updated based upon revisions made by the NJDOE. This update required all mentors to be retrained for continued participation in the program. Since November 2, 2021, over 80 master teachers have been trained as mentors. Additional training opportunities will be provided for the 2024-2025 school year, with the hopes of growing our mentor pool to approximately 100 trained mentors by June 2025.

Based upon feedback from the mentor training sessions that took place in November 2023, the mentors reported that they found the training informative, relevant and useful to assist them in their role of supporting novice teachers. The mentors also commented that the Mentor Training manual provided by the district served as a “great resource for talking points with their novice teacher”.

I am proud to report that the majority of the 2023- 2024 novice teachers responded favorably to the District’s mentoring activities (New Teacher Orientation, mentor support, peer to peer observation, building based meetings for novice teachers, and professional development workshops).

For the 2024-2025 school year, we will continue to provide professional development opportunities to train new mentors and follow-up workshops for mentors and mentees, to ensure the success of the novice teacher program. We will also continue to provide “buddy teachers” to educators new to the district, but not new to the teaching profession.

## APPENDIX A

### Mentoring Program Feedback

As we conclude the first marking period, please give an honest assessment of the mentoring program to date.

**Please respond Y (Yes) or N (No) to each of the following statements:**

- 1. I communicate regularly with my mentor (daily during first month and at least weekly thereafter).
- 2. I observed my mentor and/or another experienced professionals to enhance my teaching (mandatory 3 observations).
- 3. My mentor observed me to provide support/feedback (mandatory 3 observations).
- 4. My mentor provided assistance and helped me develop my SGO.
- 5. My mentor provided guidance regarding the procedures for Back to School Night, report cards and parent conferences.
- 6. I attend building level and/or district offered professional development workshops.
- 7. I felt comfortable/prepared for my first formal observation.

**Please provide commentary for the following:**

8. What training/information do you feel was missing that would have provided an easier transition for the start of the school year?

9. What training would you like to have in the future?

10. Any other needs or concerns you have at this time?



## APPENDIX B

# Teacher Mentor Application

I am interested in being considered for a position of mentor. I understand that the role of the mentor is a critical factor in the success of a beginning teacher.

Directions: Answer the following questions and forward the completed form to Mr. Dion Davis, Director of Human resources, no later than May 30<sup>th</sup>.

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Current Degree Status \_\_\_\_\_ Certification(s) \_\_\_\_\_

Years of Classroom Experience \_\_\_\_\_ Year you received mentor training \_\_\_\_\_

1. What abilities and experiences do you possess that would make you an effective mentor for a beginning teacher?
2. Have you ever been a mentor in the past? If so, reflect on the impact you had on the beginning teacher and an overview of your interactions with that teacher.
3. List professional development activities you have completed within the last two years. (committee work, workshops attended or presented, college coursework, student teacher, practicum teacher).
4. List professional publications (other than NEA, NJEA publications) read within the last two years.

APPENDIX C

**Mentoring Recommendation Form**

Mentor Applicant \_\_\_\_\_

School \_\_\_\_\_ Subject/Grade Level \_\_\_\_\_

The above named tenured teacher has demonstrated the ability to be a positive school leader who possesses the essential instructional skills, knowledge, organization, classroom management, and professional attitude to effectively serve as a mentor. The applicant exemplifies the New Jersey Standards for Teaching.

Comments (please be specific as it relates to their ability to serve as a mentor):

PLEASE SEAL THIS RECOMMENDATION IN AN ENVELOPE WITH YOUR NAME WRITTEN ACROSS THE SEAL. RETURN TO THE MENTOR CANDIDATE FOR SUBMISSION TO THE PERSONNEL OFFICE BY JUNE 30<sup>TH</sup>.

Please rank this applicant in regards to how effective you feel they will be as a mentor, with 5 being extremely effective.

For administrative purposes only:                    1        2        3        4        5

**Recommendation submitted by:**

**Name** \_\_\_\_\_

**Position** \_\_\_\_\_

**School/Building** \_\_\_\_\_

**Signature** \_\_\_\_\_