

PORT TOWNSEND SCHOOL DISTRICT NO. 50
6:00 p.m. Regular School Board Meeting
September 12, 2016
“Learning Through a Sense of Place”

Mission:

Through community-focused maritime place-based projects, students develop effective thinking, effective action, and effective relationships. As a result, our students demonstrate meaningful accomplishments as engaged citizens.

Vision: We create and enable the culture, competence and conditions to ensure each student is prepared for meaningful work and engaged citizenship in our diverse and rapidly changing world.

01. Location/Time

01.01 Gael Stuart Building, Room S-11, 1610 Blaine St., 6:00 p.m.

02. Call to Order

- 02.01 Roll Call
- 02.02 Pledge of Allegiance

03. Agenda

- 03.01 Agenda Approval

04. Recognition

- 04.01 Superintendent
 - 04.010 Hero Awards
 - 04.011 City Proclamation
- 04.02 Board

05. Public Comments

06. Board Correspondence - None

07. Reports

- 07.01 Update on Construction of New Elementary School – Kirk Robinson

08. Action Items

- 08.01 Approval of Sports Cooperative for 2016-17
- 08.02 Approval of Minimum Basic Education Requirement Compliance for 2016-17
- 08.03 Approval of Accounts Payable, August 22, 2016
- 08.04 Approval of Resolution 16-15, Cancellation of Warrants

09. Unfinished Business

10. New Business

11. Policy Review

- 11.01 Policy 1620 – Board/Superintendent Relationship – First Review
- 11.02 Policy 1630 – Evaluation of the Superintendent – First Review

12. Board Member Announcements/Suggestions for Future Meetings

13. Next Meeting

- 13.01 Regular Board Meeting, September 26, 2016, 1610 Blaine St., Room S-11, 6:00 pm

14. Executive Session – (if necessary)

15. Adjournment



PROCLAMATION

WHEREAS, developing the habit of attendance prepares students for success in college and career and in life; and

WHEREAS, in the Port Townsend School District, as in the State of Washington, a child 8 years of age and under 18 years of age is required to attend public school, private school or be home schooled; and

WHEREAS, chronic absence, defined as missing 10 percent or more of school for any reason, is a predictor of lower third-grade reading proficiency, course failure, and a leading indicator of students dropping out of school; and

WHEREAS, risk factors are more prevalent for low-income students who face systemic barriers to getting to school such as unreliable transportation, chronic health issues, and poor nutrition; and

WHEREAS, mental health and social emotional problems and other health issues negatively impact school attendance as part of their usual activities; and

WHEREAS, the Port Townsend City Council encourages all schools within the district, public, private, and home-based, and the greater Port Townsend community to join together in reducing chronic absenteeism and ensure an equitable opportunity for children to learn, grow, and thrive; and

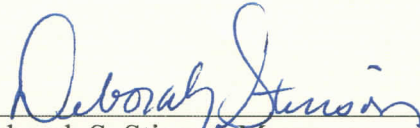
WHEREAS, the Port Townsend City Council recognizes that good attendance is essential to student achievement and on time graduation; and

WHEREAS, the Port Townsend City Council encourages every school to set attendance goals, monitor absences, and partner with families and communities to address barriers to attendance;

NOW, THEREFORE, I, Deborah S. Stinson, Mayor of the City of Port Townsend, do hereby proclaim the month of September 2016 as

Attendance Awareness Month




Deborah S. Stinson, Mayor
September 6, 2016



WASHINGTON INTERSCHOLASTIC ACTIVITIES ASSOCIATION
 435 Main Ave South, Renton, WA 98057 | (425) 687-8585 | Fax (425) 687-9476
COOPERATIVE/COMBINE REQUEST FORM

ALLOCATION CYCLE: 2016-20

SCHOOL NAME	LEVEL (HS, JH, MS)	CLASSIFICATION
Port Townsend High School	HS	1A
Chimacum High School	HS	1A
Type name here	Level	Choose one

SPORT	BOYS OR GIRLS
<u>Tennis</u> Please submit a separate form for each program request, unless all, then write all.	Boys & Girls
	COMBINE OR COOPERATIVE
	Cooperative

FOR COMBINED PROGRAM ONLY:

NEW CLASSIFICATION WILL BE:	<input type="checkbox"/> 1B <input type="checkbox"/> 2B <input type="checkbox"/> 1B/2B <input type="checkbox"/> 1A <input type="checkbox"/> 2A <input type="checkbox"/> 3A <input type="checkbox"/> 4A
------------------------------------	--

MAIN ATHLETIC DIRECTOR CONTACT:

NAME	PHONE	EMAIL
Type AD name here	(area code) number	Type email here
HIGH SCHOOL ONLY:		
Combine School Formal Name: <small>(To be used in State Tournament Program and League Standings)</small>		Type name here (Examples: School A-B or School A/B)
Combine program fees to be covered by: <small>(For questions regarding fees email Alli Krous: akrous@wiaa.com)</small>		<input type="checkbox"/> Split 50/50 <input type="checkbox"/> Covered by: Type school name here <input type="checkbox"/> Other: Click here
		<small>to enter text</small>

COMBINED ENROLLMENT:	Type number here	VERIFIED BY WIAA STAFF:	
SUBMITTED BY:	Type Administrator name	SIGNATURE OF SUBMITTER:	DATE: Type date here

SIGNATURES OF APPROVAL (all signatures required before submitting to WIAA office)

SCHOOL NAME	SCHOOL BOARD PRESIDENT SIGNATURE	DATE	LEAGUE PRESIDENT SIGNATURE	DATE
Port Townsend High School		8/30/16		
Chimacum High School		8/31/16		
Type name here				
WIAA DISTRICT DIRECTOR SIGNATURE			WIAA DISTRICT	DATE

WIAA OFFICE USE ONLY

<input type="checkbox"/> Approved for school year(s): _____	<input type="checkbox"/> Denied	<input type="checkbox"/> Decision pending. Additional information is required.
WIAA Assistant Executive Director Signature:		Date:



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COOPERATIVE/COMBINE REQUEST FORM

ALLOCATION CYCLE: 2016-20

SCHOOL NAME	LEVEL (HS, JH, MS)	CLASSIFICATION	SPORT	BOYS OR GIRLS
Port Townsend High School	HS	1A	Cross Country Please submit a separate form for each program request, unless all, then write all.	Boys & Girls
Chimacum High School	HS	1A		COMBINE OR COOPERATIVE
Type name here	Level	Choose one		Cooperative

FOR **COMBINED PROGRAM** ONLY:

NEW CLASSIFICATION WILL BE: 1B 2B 1B/2B 1A 2A 3A 4A

MAIN ATHLETIC DIRECTOR CONTACT:

NAME	PHONE	EMAIL
Type AD name here	(area code) number	Type email here
HIGH SCHOOL ONLY: Combine School Formal Name: <small>(To be used in State Tournament Program and League Standings)</small> Type name here (Examples: School A-B or School A/B)		
Combine program fees to be covered by: <small>(For questions regarding fees email Alli Krous: akrous@wiaa.com)</small> <input type="checkbox"/> Split 50/50 <input type="checkbox"/> Covered by: Type school name here <input type="checkbox"/> Other: Click here to enter text		

COMBINED ENROLLMENT:	Type number here	VERIFIED BY WIAA STAFF:	
SUBMITTED BY:	Type Administrator name	SIGNATURE OF SUBMITTER:	DATE: Type date here

SIGNATURES OF APPROVAL (all signatures required before submitting to WIAA office)

SCHOOL NAME	SCHOOL BOARD PRESIDENT SIGNATURE	DATE	LEAGUE PRESIDENT SIGNATURE	DATE
Port Townsend High School		8/30/16		
Chimacum High School		8/31/16		
Type name here				
WIAA DISTRICT DIRECTOR SIGNATURE			WIAA DISTRICT	DATE

WIAA OFFICE USE ONLY

<input type="checkbox"/> Approved for school year(s): _____	<input type="checkbox"/> Denied	<input type="checkbox"/> Decision pending. Additional information is required.
WIAA Assistant Executive Director Signature:		Date:



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COOPERATIVE/COMBINE REQUEST FORM

ALLOCATION CYCLE: 2016-20

SCHOOL NAME	LEVEL (HS, JH, MS)	CLASSIFICATION	SPORT	BOYS OR GIRLS
Port Townsend High School	HS	1A	<u>Wrestling</u> Please submit a separate form for each program request, unless all, then write all.	Boys & Girls
Chimacum High School	HS	1A		COMBINE OR COOPERATIVE
Type name here	Level	Choose one		Cooperative

FOR **COMBINED PROGRAM** ONLY:

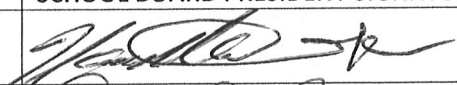
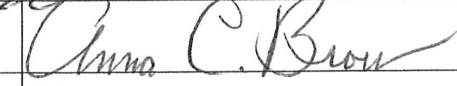
NEW CLASSIFICATION WILL BE: 1B 2B 1B/2B 1A 2A 3A 4A

MAIN ATHLETIC DIRECTOR CONTACT:

NAME	PHONE	EMAIL
Type AD name here	(area code) number	Type email here
HIGH SCHOOL ONLY: Combine School Formal Name: <small>(To be used in State Tournament Program and League Standings)</small> Type name here (Examples: School A-B or School A/B)		
Combine program fees to be covered by: <small>(For questions regarding fees email Alli Krous: akrous@wiaa.com)</small> <input type="checkbox"/> Split 50/50 <input type="checkbox"/> Covered by: Type school name here <input type="checkbox"/> Other: Click here to enter text		

COMBINED ENROLLMENT:	Type number here	VERIFIED BY WIAA STAFF:	
SUBMITTED BY:	Type Administrator name	SIGNATURE OF SUBMITTER:	DATE: Type date here

SIGNATURES OF APPROVAL (all signatures required before submitting to WIAA office)

SCHOOL NAME	SCHOOL BOARD PRESIDENT SIGNATURE	DATE	LEAGUE PRESIDENT SIGNATURE	DATE
Port Townsend High School		8/30/16		
Chimacum High School		8/31/16		
Type name here				
WIAA DISTRICT DIRECTOR SIGNATURE			WIAA DISTRICT	DATE

WIAA OFFICE USE ONLY

<input type="checkbox"/> Approved for school year(s): _____	<input type="checkbox"/> Denied	<input type="checkbox"/> Decision pending. Additional information is required.
WIAA Assistant Executive Director Signature:		Date:



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COOPERATIVE/COMBINE REQUEST FORM

ALLOCATION CYCLE: 2016-20

SCHOOL NAME	LEVEL (HS, JH, MS)	CLASSIFICATION	SPORT	BOYS OR GIRLS
Port Townsend High School	HS	1A	Swimming & Diving Please submit a separate form for each program request, unless all, then write all.	Girls
Chimacum High School	HS	1A		COMBINE OR COOPERATIVE
Type name here	Level	Choose one		Cooperative

FOR COMBINED PROGRAM ONLY:

NEW CLASSIFICATION WILL BE: 1B 2B 1B/2B 1A 2A 3A 4A

MAIN ATHLETIC DIRECTOR CONTACT:

NAME	PHONE	EMAIL
Type AD name here	(area code) number	Type email here
HIGH SCHOOL ONLY: Combine School Formal Name: <small>(To be used in State Tournament Program and League Standings)</small>	Type name here (Examples: School A-B or School A/B)	
Combine program fees to be covered by: <small>(For questions regarding fees email Alli Krous: akrous@wiaa.com)</small>	<input type="checkbox"/> Split 50/50 <input type="checkbox"/> Covered by: Type school name here <input type="checkbox"/> Other: Click here to enter text	

COMBINED ENROLLMENT:	Type number here	VERIFIED BY WIAA STAFF:	
SUBMITTED BY:	Type Administrator name	SIGNATURE OF SUBMITTER:	DATE: Type date here

SIGNATURES OF APPROVAL (all signatures required before submitting to WIAA office)

SCHOOL NAME	SCHOOL BOARD PRESIDENT SIGNATURE	DATE	LEAGUE PRESIDENT SIGNATURE	DATE
Port Townsend High School		8/30/16		
Chimacum High School		8/31/16		
Type name here				
WIAA DISTRICT DIRECTOR SIGNATURE			WIAA DISTRICT	DATE

WIAA OFFICE USE ONLY

<input type="checkbox"/> Approved for school year(s): _____	<input type="checkbox"/> Denied	<input type="checkbox"/> Decision pending. Additional information is required.
WIAA Assistant Executive Director Signature:		Date:



Mary Colton Role: iGrant User
Port Townsend School District

Fiscal Period 16-17

600 Minimum Basic Education Requirement Compliance
Current Form Package Status: Under Org. Review

			Modified By	Modified On	Modified By	Modified On
Save	Print	Print All	By Org.	By Org.	By OSPI	By OSPI
			Mary Colton	8/26/2016 12:52 PM		

- Profile Page
- Instructions
- Required Pages
- District
 - Select a Form Package
- Consortium
 - Select a Form Package
-
-

Page 1

STATE BOARD OF EDUCATION

2016-2017 -- Minimum Basic Education Requirement Compliance

Please Check One		
In Compliance	NOT in Compliance	
<input checked="" type="radio"/>	<input type="radio"/>	Kindergarten Minimum 180-Day School Year (RCW 28A.150.220 RCW 28A.150.203) The kindergarten program consists of no fewer than 180 half days or equivalent (450 hours) per school year.
<input checked="" type="radio"/>	<input type="radio"/>	Kindergarten Total Instructional Hour Offering (RCW 28A.150.220 RCW 28A.150.205 WAC 180-16-200) The district makes available to students enrolled in kindergarten at least a total instructional offering of 450 hours.
<input checked="" type="radio"/>	<input type="radio"/>	Grades 1-12 Minimum 180-Day School Year (RCW 28A.150.220 RCW 28A.150.203) The school year is accessible to all legally eligible students and consists of at least 180 school days for students in grades 1-12, inclusive of any 180-day waivers granted by the State Board of Education.
<input checked="" type="radio"/>	<input type="radio"/>	Grades 1-12 Total Instructional Hour Offering (RCW 28A.150.220(2) RCW 28A.150.205 WAC 180-16-200) The district makes available: <ul style="list-style-type: none"> a. A district-wide average of at least 1,000 instructional hours in grades 1-8 and a district-wide average of at least 1,080 instructional hours in grades 9-12, or b. A district-wide average of 1,027 hours in grades 1-12.
K-12 Districts Only State High School Graduation Minimum Requirements (RCW 28A.230.090 WAC 180-51-067)		
<input checked="" type="radio"/>	<input type="radio"/>	All subject areas are aligned with the state's high school learning standards and essential academic learning requirements, and at a minimum meet grades 9-10 grade level expectations. District high schools meet or exceed all state minimum graduation requirements.
If your district is NOT in compliance with any of these requirements, please explain why.		
<div style="border: 1px solid black; height: 40px;"></div>		

Has your district been granted a waiver of the minimum 180-day school year requirement by the State Board of Education for the 2016-17 school year? Yes No

NOTE: A district that has been granted a waiver of the minimum 180-day school year requirement is in compliance with [RCW 28A.150.220](#).

Which method of calculating instructional hours is your district using to demonstrate compliance with the minimum offering of instructional hours required by [RCW 28A.150.220\(2\)](#)?

- District-wide annual average of 1,000 instructional hours in grades 1-8 and 1,080 instructional hours in grades 9-12
- District-wide average 1,027 instructional hours in grades 1-12

CERTIFICATION OF COMPLIANCE	
<p>The following persons named below certify that the information stated herein is true and correct and that Port Townsend School District meets the basic education program requirements contained in RCW 28A.150.220 and the minimum high school graduation requirements set forth in WAC 180-51-067 for students entering the ninth grade on or after July 1, 2012.</p> <p>The undersigned further acknowledge that a copy of this document has been provided to the district's Board of Directors and that the district has maintained records in its possession supporting this certification for auditing purposes.</p>	
<input style="width: 95%;" type="text" value="Dr. John A. Polm, Jr."/> School District Superintendent	<input style="width: 95%;" type="text" value="08/26/2016"/> Date (MM/DD/YY)
<input style="width: 95%;" type="text" value="Nathanael O'Hara"/> Board President or Chair	<input style="width: 95%;" type="text" value="08/26/2016"/> Date (MM/DD/YY)



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The following vouchers, as audited and certified by the Auditing Officer as required by RCW 42.24.080, and those expense reimbursement claims certified as required by RCW 42.24.090, are approved for payment. Those payments have been recorded on this listing which has been made available to the board.

As of August 22, 2016, the board, by a _____ vote, approves payments, totaling \$133,635.19. The payments are further identified in this document.

Total by Payment Type for Cash Account, GENERAL FUND:
Warrant Numbers 61195 through 61250, totaling \$133,635.19

Secretary _____	Board Member _____
Board Member _____	Board Member _____
Board Member _____	Board Member _____

Check Nbr	Vendor Name	Check Date	Check Amount
61195	BACKGROUND INVESTIGATION BUREA	07/15/2016	95.00
61196	CENEX FLEETCARD	07/15/2016	1,147.39
61197	CITY OF PT TOWNSEND	07/15/2016	6,910.15
61198	CITY OF PORT TOWNSEND	07/15/2016	120.00
61199	COOPER FUEL & AUTO REPAIR	07/15/2016	22.38
61200	COSTCO	07/15/2016	81.09
61201	CROSSROADS MUSIC INC	07/15/2016	1,405.84
61202	CUMMINS INC	07/15/2016	520.35
61203	DAIRY FRESH FARMS INC	07/15/2016	1,342.41
61204	DIGITAL INSURANCE INC	07/15/2016	500.00
61205	DM DISPOSAL CO INC	07/15/2016	5,289.74
61206	Ehrhardt, Carrie L	07/15/2016	90.72
61207	ESD 114	07/15/2016	4,764.25
61208	Falge, Lysa Marie	07/15/2016	48.60
61209	FOOD CO-OP	07/15/2016	50.00
61210	FOOD SERVICES OF AMERICA	07/15/2016	5,400.84
61211	HENERY HARDWARE	07/15/2016	886.21
61212	HIGHWAY SPECIALTIES LLC	07/15/2016	392.40
61213	HOUGHTON MIFFLIN HARCOURT	07/15/2016	89.93
61214	HSU, SUNG-LING	07/15/2016	100.00
61215	JAMESTOWN NETWORKS	07/15/2016	2,256.30
61216	JEFF CO DEPT OF PUBLIC WORKS	07/15/2016	474.31
61217	JEFF COUNTY PUBLIC HEALTH	07/15/2016	5,038.93
61218	JIVE COMMUNICATIONS, INC.	07/15/2016	5,527.32
61219	KARSCHNEY CONSULTING	07/15/2016	3,900.00
61220	KING COUNTY DIRECTORS	07/15/2016	7,643.54
61221	Kruse, Jennifer Kathleen	07/15/2016	4,976.16
61222	Larsen, Stacey C	07/15/2016	261.57
61223	LEADER	07/15/2016	973.40
61224	LEARNING A-Z	07/15/2016	3,540.77
61225	LES SCHWAB	07/15/2016	68.04
61226	MASCO PETROLEUM	07/15/2016	2,245.61
61227	MICRO K12	07/15/2016	11,101.65

Check Nbr	Vendor Name	Check Date	Check Amount
61228	Mulligan, Monica	07/15/2016	79.92
61229	NORTHWEST MARITIME CENTER	07/15/2016	332.50
61230	OLYMPIC SPRINGS	07/15/2016	102.02
61231	OLYMPIC ART & OFFICE	07/15/2016	122.56
61232	PACIFIC OFFICE EQUIPMENT	07/15/2016	929.98
61233	PART WORKS INC	07/15/2016	293.43
61234	PEARSON EDUCATION	07/15/2016	366.44
61235	PEARSALL, S NEVILLE	07/15/2016	610.40
61236	PENINSULA PEST CONTROL INC	07/15/2016	386.95
61237	PENINSULA AWARDS & TROPHIES	07/15/2016	13.04
61238	PHONAK	07/15/2016	438.75
61239	PLATT	07/15/2016	680.16
61240	Rubenstein, Sarah Margaret	07/15/2016	245.81
61241	SCHOLASTIC INC	07/15/2016	3.50
61242	SHORLINE COMMUNITY COLLEGE	07/15/2016	1,955.70
61243	SHORT STOP TRUCK REPAIR	07/15/2016	424.99
61244	SKOOKUM CONTRACT SERVICES	07/15/2016	2,459.92
61245	SOS PRINTING	07/15/2016	525.38
61246	SUPPLYWORKS	07/15/2016	3,644.82
61247	THE MATH LEARNING CENTER	07/15/2016	39,385.84
61248	WARDS	07/15/2016	315.98
61249	WASBO	07/15/2016	350.00
61250	YMCA CAMP SEYMOUR	07/15/2016	2,702.20

56 Computer Check(s) For a Total of 133,635.19

The following vouchers, as audited and certified by the Auditing Officer as required by RCW 42.24.080, and those expense reimbursement claims certified as required by RCW 42.24.090, are approved for payment. Those payments have been recorded on this listing which has been made available to the board.

As of August 22, 2016, the board, by a _____ vote, approves payments, totaling \$864.79. The payments are further identified in this document.

Total by Payment Type for Cash Account, ASSOCIATED STUDENT BODY:
Warrant Numbers 10456 through 10458, totaling \$864.79

Secretary _____	Board Member _____
Board Member _____	Board Member _____
Board Member _____	Board Member _____

Check Nbr	Vendor Name	Check Date	Check Amount
10456	COAST ARTILLERY MUSEUM	07/15/2016	192.00
10457	DURAN GUEVARA, JESUS JAVIER	07/15/2016	100.00
10458	GOOD SPORTS	07/15/2016	572.79
3	Computer	Check(s) For a Total of	864.79

The following vouchers, as audited and certified by the Auditing Officer as required by RCW 42.24.080, and those expense reimbursement claims certified as required by RCW 42.24.090, are approved for payment. Those payments have been recorded on this listing which has been made available to the board.

As of August 22, 2016, the board, by a _____ vote, approves payments, totaling \$52.38. The payments are further identified in this document.

Total by Payment Type for Cash Account, CAPITAL PROJECTS:
Warrant Numbers 3282 through 3282, totaling \$52.38

Secretary _____	Board Member _____
Board Member _____	Board Member _____
Board Member _____	Board Member _____

Check Nbr	Vendor Name	Check Date	Check Amount
3282	Taylor, Brad James	07/15/2016	52.38
1	Computer	Check(s) For a Total of	52.38

Comp Exp

The following vouchers, as audited and certified by the Auditing Officer as required by RCW 42.24.080, and those expense reimbursement claims certified as required by RCW 42.24.090, are approved for payment. Those payments have been recorded on this listing which has been made available to the board.

As of August 22, 2016, the board, by a _____ vote, approves payments, totaling \$507.96. The payments are further identified in this document.

Total by Payment Type for Cash Account, Wire Transfers:
Wire Transfer Payments 201500053 through 201500054, totaling \$507.96

Secretary _____	Board Member _____
Board Member _____	Board Member _____
Board Member _____	Board Member _____

Check Nbr	Vendor Name	Check Date	Check Amount
201500053	DEPARTMENT OF REVENUE	07/07/2016	477.93
201500054	DEPARTMENT OF REVENUE	07/07/2016	30.03

2 Wire Transfer Check(s) For a Total of 507.96

PORT TOWNSEND SCHOOL DISTRICT NO. 50
1610 Blaine St
Port Townsend, WA 98368

RESOLUTION 16-15

WHEREAS, RCW 36.22.100 directs the cancellation of any warrant not presented within one year of their issue, and;

WHEREAS, the County Treasurer furnished the following list of warrants not presented within one year of their issue:

<u>Warrant #</u>	<u>Date of Issue</u>	<u>Amount</u>
9981 ASB	1/15/2015	30.00
58632 General	3/16/2015	8.72
58749 General	3/31/2015	198.97
58877 General	4/30/2015	40.97
58885 General	4/30/2015	109.66
58948 General	5/15/2015	130.00

NOW, THEREFORE, the County Treasurer is directed to cancel the listed warrants.

ADOPTED by the Board of Directors of Port Townsend School District No. 50, Jefferson County, Washington, at an open public meeting held September 12, 2016.

BY ORDER OF THE BOARD OF DIRECTORS
PORT TOWNSEND SCHOOL DIST NO. 50

ATTEST:

Dr. John Polm
Secretary to the Board

BOARD OF DIRECTORS

Board-Superintendent Relationship

The successful operation of schools requires a close, effective working relationship between the board and the superintendent. The relationship must be one of trust, goodwill and candor. As the legally designated governing body, the board retains final authority within the district. The board exercises powers expressly required and implied by law. The superintendent is the board's professional advisor, to whom the board delegates executive responsibility, including such powers required to manage the district in a manner consistent with board policy and state and federal law.

The superintendent, as an executive officer of the board (Secretary), is responsible for the administration of the schools under applicable laws and policies of the district. The board delineates the duties of the superintendent and uses them as the basis for evaluating the superintendent's performance. Unless specifically limited, the superintendent may delegate to other staff the exercise of any powers and the discharge of any duties imposed by district policy or a vote of the board. The delegation of power or duty does not relieve the superintendent of responsibility for the actions taken under such a delegation.

In order to perform their responsibilities, board members must be familiar with the operations within the schools. The superintendent will establish communication procedures which can enhance the board member's understanding of student programs and school operations.

Legal References:	RCW 28A.320.010	Corporate powers
	RCW 28A.330.100	Additional powers of the board (First Class Districts Only)
	RCW 28A.400.010	Employment of superintendent — Superintendent's qualifications, general powers, term, contract renewal
	RCW 28A.400.030	Superintendent's duties

Management Resources: *Policy & Legal News*

February 2013

Date: _____

BOARD OF DIRECTORS

Evaluation of the Superintendent

The board shall establish evaluative criteria and shall be responsible for evaluating the performance of the superintendent ~~as provided by statute.~~

The superintendent shall have the opportunity for confidential conferences with the board members on no less than two occasions in each school year, the purpose of which shall be the aiding of the superintendent in his/her performance. The board, on the basis of the evaluation, may renew and/or extend the superintendent's contract for periods not to exceed three years.

The Board will conduct three performance conferences/evaluations with the superintendent each year. Two informal conferences will be completed, one (1) prior to October 31st, and another prior to January 31st, and a formal evaluation to be completed prior to June 30th.

Legal References:	RCW 28A.405.100	Minimum criteria for the evaluation of certificated employees, including administrators—Procedure—Scope—Penalty
	RCW 28A.400.010	Employment of Superintendent – superintendent’s qualifications, general powers, term, contract renewal

Date: 6/4/01; 3/8/04 _____