**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a teacher/staff of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(print full name)**

**Guidelines for the Discipline of Children:**

I understand and accept the following:

1. Teachers/staff may under no circumstances hit a child.
2. Teachers/staff may not use abusive or derogatory language with students.
3. Teachers/staff need to ask for help with difficult situations. When encountering a particularly difficult student, seek the assistance of the principal or another teacher.
4. In all dealings with students, teachers/staff should strive to respond as opposed to reacting to a student. Deal with the immediate but give your emotions time to settle.
5. You must complete a behavioral incident report for situations such as fights, a major argument, tantrum, bullying, harassment, substance abuse, unusual or very inappropriate behavior.

**Guidelines for Student-Teacher/Staff Contact:**

I understand and accept that when touching students, the following guidelines should be followed:

* On the hand, shoulder, or upper back can be appropriate.
* Never against a child’s will or discomfort whether expressed verbally or nonverbally (unless in the case of clear and present danger of the child or in restraining out of control behavior);
* Not when alone with the student, especially when out of sight of others as in room with a closed door with no window;
* Never when it would have the effect of over-stimulating a student;
* Never in a place on a student’s body that is normally covered by a bathing suit, unless for a clear medical necessity or reasons of safety, and then *only with supervision by another adult.*

**Teacher/Staff Responsibility:**

I understand and accept that I am a **care-taker of children**. My role is that of a **temporary parent.**

I understand that there is a clear **power difference** between myself and students (money, mobility, authority, experience, knowledge, different set of rules). This power needs to be controlled not abused.

I understand that inappropriate sexual contact with or physical abuse of a student can have severe emotional and psychological effect on that student that can last for a lifetime. These reactions can be so severe that they can require intensive professional intervention which can be disruptive to the victim’s life as well as time consuming and expensive. They can also have severe spiritual implications.

**State Code Pertaining to Child Abuse:**

**I am aware of the following:**

* Definition of **Child Abuse-** An abused and/or neglected child as any child under 18 whose parent or other person responsible for the child’s care:
  + Causes or threatens to cause a non accidental physical or mental injury;
  + Neglects or refuses to provide adequate food, clothing, shelter, emotional nurturing, or health care;
  + Abandons the child;
  + Fails to provide adequate supervision in relation to the child’s age and development level;
  + Commits or allows to be committed any illegal sexual act upon a child including incest, rape, fondling indecent exposure, and prostitution or allows a child to be used in any sexually explicit visual material.
* Definition of **Mandated Reporting** – [Include definitions from your state/provincial or federal codes here.]
* **Purpose of the Code** – To prevent child abuse and help the abused and abuser.
* **Failure to Report** – Not reporting reasonable suspicions that a child coming before you is abused can result or constitute grounds for failure to report.

**Other Guidelines for Working with Children**

**I understand and accept the following:**

* Students should not be left unsupervised for long periods of time. If you need to leave the room, ask someone to cover for you.
* A minimum of two adult staff must be present for sleepovers or an overnight outing.
* Discipline and counseling should occur within eyeshot or earshot of another staff person or in an open place such as the hallway.
* Tickling, excessive teasing, wrestling matches, pranks, and like behavior become **over-stimulating** and should be avoided.
* One-on-one outings to stores or restaurants, etc. are not advised, at least not without written permission from the parent. It would probably be better to take two. Also notify another staff when this happens and explain the purpose.
* Teachers/staff should set limits on students who “cling” to them as well as students who demonstrate romantic interest in them. Teachers/Staff under no circumstances may flirt or become romantically involved with students and avoid activities that give this appearance such as back rubs.
* Romantic or sexual lives of teachers/staff, under no circumstances, should be discussed with students.
* A guiding rule is that whatever is done with students should be done in the open and with company.
* Computer use should be done with doors open whenever possible; it is a safeguard to have monitors facing the open door.
* Teachers/Staff must follow the same dress code as asked of the students.

**Other Instructions**

**I agree to the following:**

* I will watch for signs of stress in myself and others as a way of maintaining a safe environment.
* I will alert the administration to dangerous or “at risk” situations that I observe or otherwise become aware of.
* I will seek help if more supervision, intervention, or support is needed. I will seek help if I find myself at risk for hurting, over stimulating, or abusing a student.

**By signing this document, I am attesting, under penalty of perjury, to the fact that I have read over, understand, and accept the rules, guidelines, and standards of conduct outlined in the document for my time of service at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Printed full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Witness (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**