

## REQUIRED STAFF POLICY REVIEW

- Each School staff member must be oriented to each of the policies listed below. Please click each link below to review and read each listed policy. Upon completion, place your signature and date at the bottom of the page.

[CODE OF CONDUCT](#)

[GRIEVANCE PROCEDURES](#)

[SAFE AND SUPPORTIVE SCHOOLS POLICY 4373](#)

[RACIAL,SEXUAL , RELIGIOUS / ETHNIC HARASSMENT OF AND VIOLENCE AGAINST STUDENTS & EMPLOYEES](#)

[DRUG FREE WORKPLACE](#)

[PROPER HANDLING OF BODILY FLUIDS](#)

[COLLECTION, MAINTENANCE, & DISCLOSURE OF STUDENT DATA](#)

[REVIEW OF POLICY 5310 \(Performance Evaluation of School Personnel\)](#)

- [PRESTON COUNTY PERSONNEL POLICY GUIDELINES](#)
- [CLASSROOM TEACHERS EVALUATION PROCEDURES](#) [TEACHER OBSERVATION FORM](#)  
[TEACHER EVALUATION FORM](#)
- [PROFESSIONAL SUPPORT EVALUATION PROCEDURES](#) [PROFESSIONAL GROWTH &](#)  
[DEVELOPMENT PLAN](#)
- [SERVICE EMPLOYEE EVALUATION PROCEDURES](#)

[SICK BANK](#)

[EMPLOYEE CELL PHONE USE](#)

[TRAVEL REGULATIONS](#)

- I have reviewed all of the policies stated above, and confirm my review of the policies with my signature below.

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TEACHER SIGNATURE

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DATE

