

MEMO TO: Board of Education  
TOPIC: Regular School Board Meeting  
FROM: Steve D. Cairns, Superintendent  
DATE: December 13, 2018

A Regular School Board Meeting of the Board of Education will be held December 17, 2018 at 7:30 PM in the High School Room 101.

### Agenda

**1. CALL TO ORDER**

A. Pledge

**2. PREVIEW OF AGENDA**

*During this time any board member may pull any item(s) from the Consent Agenda*

**3. ADDITIONS TO THE AGENDA**

- A. Recognition of LeAnn Agnes' service on the School Board
- B. Resignation - Wenesdai Goldstein as a bus driver effective December 21, 2018.

**4. CONSENT AGENDA**

A. Minutes December 3	4
B. Invoices - December 2018 - \$356,146.49 - Ck# 59613-59679	6
C. Hand Payables - November 2018 - \$73,293.70 - Ck# 32796-32825	20
D. Statement of Cash Balances - November 2018 - \$4,233,016.50	28
E. Budget Comparison	29
F. Wires Payments - November 2018 - \$319,307.78	30
G. Auxiliary Accounts	33

**5. COMMUNICATIONS**

**6. STUDENT INPUT AND RECOGNITION**

A. Student Athletes of the Week

- 1) December 5
  - Griffin Brovold (Sr., Hockey)
  - Madisyn Bennett (8th, Dance)
  - Carly Lewis (Sr., Girls Basketball)
  - Preston Derheim (7th, Boys Basketball)

- 2) December 12
  - Aleah Nelson (Jr., Dance Team)
  - Alec Norum (So., Boys Basketball)
  - Hillary Maruska (7th Grade, Girls Basketball)
  - Jayce Thompson (Fr., Wrestling)

- B. Good Student Award - December 15
  - Bayli Dukek

**7. PUBLIC AGENDA ITEM**

**8. COMMITTEE REPORTS**

- A. Athletics
- B. District Advisory
- C. Meet and Confer
- D. Negotiations
- E. Security
- F. Transportation
- G. Wellness
- H. Other

**9. REPORTS AND PRESENTATIONS**

- A. Minnesota Student Survey - Amy Kent 36
- B. Policy First Reading & Comments
  - 1) Policy 416 - Drug and Alcohol Testing - Revised 97

**10. SCHOOL BOARD ACTION**

**A. RESOLUTION ACCEPTING GIFTS/DONATIONS  
TO INDEPENDENT SCHOOL DISTRICT #162–BAGLEY**

**WHEREAS** the following ;therefore, **BE IT RESOLVED** by the School Board of Independent School District #162–Bagley School Board does hereby accept the following donation:

- \* \$3,030.52 from Clearwater Co. Environmental Services for Maintenance Dept. - Recycling Totes
- \* \$300.00 from Rotary Club for ECI Program
- \* \$1,650.00 from MN DNR Stewardship Program for School Forest

- B. Request to Transfer Bus Purchases from Reserve to Capital Outlay Account in the amount of \$278,805.

**11. NEXT MEETINGS AGENDA ITEMS**

**12. FUTURE MEETINGS**

School Board Meeting - January 7, 2019, at 7:30 p.m. in High School Room 101

**13. ADJOURNMENT**

**BAGLEY PUBLIC SCHOOLS  
REGULAR SCHOOL BOARD MEETING  
December 3, 2018  
MINUTES**

The regular meeting of the School Board, Independent School District #162 was held on December 3, 2018, at 8:30 p.m. in High School Room 101. Members present: Adam Broden, Wendy Fultz, Amy Fontaine, Renee Benson, Jamie Grover, Jeremy Davies, and Superintendent Cairns. Members absent: LeAnn Agnes.

Chairman Broden called the meeting to order and opened with the Pledge of Allegiance to the Flag.

1. A motion was made by Wendy Fultz, seconded by Jeremy Davies, to approve the following consent agenda items:
  - A. November 19 Regular Meeting Minutes
  - B. November 26 Working Session MinutesMotion passed 6-0.
2. Superintendent Cairns apprised the Board that December's enrollment is holding steady at 972 students. We will continue to closely watch enrollment.
3. Meet and Confer will meet on Thursday, December 6, 2018, at 7:30 p.m. in High School Staff Lounge. There will be discussion on the process of how something can be brought to Meet and Confer.
4. Superintendent Cairns distributed and collected ballots to vote for the candidates for the Region I Joint Powers Board.
5. Chairman Broden announced that Kara Bowman is the KRJB Good Students of the Month.
6. Chairman Broden announced that Emalee Ysen, Kegan Maruska, Trexen Olson, Hannah Dahl, Olivia Parks, Michael Roy, Libby Erickson, Emmi Skarison, Mayson Nattrass, Mazie Hoie, Kaylynn Waldvogel, Aiden Rolfson, Aalisa Auginaush, Paige Hilliard, Dalton Walker, Marlow Larson, Lydia Waldvogel, Alexis Anderson, Domanick Thompson, Lela Netland, Hailey Martine, Alexia Baird, Nora Stout, Nataly Stout, and Gavin Bruers were the October BES Students of the Month.
7. Chairman Broden announced that McKinzie Halverson is the Senior of the Month for November.
8. Bayli Dukek, Student Council President, updated the Board of Student Council events and invited board members to attend the Veteran's Day program. Student Council gave a special thank you to Superintendent Cairns for 20 years of support of the Student Council as both High School Principal and as District Superintendent and presented him with an honorary Student Council sweatshirt as token of their appreciation.
9. A motion was made by Amy Fontaine, seconded by Jamie Grover to authorize the Hoops for Hearts Fundraiser. Motion passed 6-0.
10. Chairman Broden opened the meeting to the public for tax impact discussion of the 2018 Payable 2019 Levy. Superintendent Cairns presented the 2018-2019 Budget and 2018 Payable 2019 Final Levy.
11. A motion was made by Jeremy Davies, seconded by Jamie Grover to adopt the 2018-2019 School Budget. Motion passed 6-0.

12. A motion was made by Jamie Grover, seconded by Jeremy Davies to adopt the Final 2018 Payable 2019 Levy in the amount \$1,547,126.35 and the category totals as shown on the Final Levy Limitation and Certification Report dated December 3, 2018, from the Department of Education. Motion passed 6-0.
13. The Board agreed that the Board Negotiators will meet with the Bagley Youth Hockey Association to discuss their lease agreement.
14. A motion was made by Jeremy Davies, seconded by Amy Fontaine to revise Policy 615 – Testing Accommodations, Modifications, and Exemptions for IEPs Section 504 Plans, and LEP Students. Motion passed 6-0.
15. A motion was made by Wendy Fultz, seconded by Renee Benson to revise Policy 618 – Assessment of Student Achievement. Motion passed 6-0.
16. A motion was made by Amy Fontaine, seconded by Jamie Grover to authorize payment to Darin Halvorson Roofing in the amount of \$7,639.32. Motion passed 6-0.
17. A motion was made by Jeremy Davies, seconded by Renee Benson to hire Dr. Bruce Miles, Big River Group, LLC, to perform the Superintendent Search. The Board selected search model #2 with an approximate cost of \$8,000. Motion passed 6-0.
18. A motion was made by Amy Fontaine, seconded by Renee Benson to approve the unpaid leave request for Employee A. Employee A is requesting two additional unpaid days off. Motion passed 6-0.
19. A motion was made by Jeremy Davies, seconded by Jamie Grover to approve the unpaid leave request for Employee B. Employee B is requested unpaid leave from January 2 – March 29, 2019. Motion passed 6-0.
20. A motion was made by Jamie Grover, seconded by Amy Fontaine to approve maternity leave request for Employee C. Employee C is requesting unpaid maternity leave up to 12 weeks beginning approximately January 16, 2019. Motion passed 6-0.
21. ITEMS FOR THE NEXT AGENDA
  - A. Policy Updates
  - B. Retirement of Board Member/Christmas Treats
22. The School Board meeting will held on December 17, 2018, at 7:30 p.m. in High School Room 101.
23. A motion was made by Amy Fontaine to adjourn the meeting at 8:35 p.m. Motion passes 6-0.

Adam Broden, Chairman  
School Board  
Ind. School District #162

Wendy Fultz, Clerk  
School Board  
Ind. School District #162

## Bagley Public Schools #162 December 2018 Check Register

Co	Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type		
0162	FNB	59613	00396		ACT		Check		
				E 01	300 710 000 461 000	Standardized Tests-HS Guidance Office		\$884.00	
PO#:	Voucher #:	69603	Invoice	Invoice No:	32095690	12/17/2018	Paid Amt:	\$884.00	
							Check Amount:	\$884.00	
0162	FNB	59614	1118		AMAZON CAPITAL SERVICES		Check		
				E 01	005 810 000 401 181	IPAD 5 AIR 1ST MODEL A1474 A1475 BLACK		\$215.28	
				E 01	005 810 000 401 181	DISCOUNT		(\$6.46)	
				E 01	005 810 000 401 181	ORDER ID 114-3531836-6839438		\$0.00	
PO#: 67570	Voucher #:	69537	Invoice	Invoice No:	1XXX-C99P-F3NK	12/17/2018	Paid Amt:	\$208.82	
				E 01	005 810 000 401 181	LENOVO THINKPAD T540P		\$49.95	
				E 01	005 810 000 401 181	114-5587401-6631462		\$0.00	
				E 01	005 810 000 401 181	SHIPPING		\$10.00	
PO#: 67575	Voucher #:	69538	Invoice	Invoice No:	1HC6-TPGX-F7JC	12/17/2018	Paid Amt:	\$59.95	
				E 01	005 810 000 401 181	WIRELESS MOUSE		\$49.95	
				E 01	005 810 000 401 181	VSB MOUSE		\$99.60	
PO#: 67579	Voucher #:	69618	Invoice	Invoice No:	1KJP-KKJG-K7G6	12/17/2018	Paid Amt:	\$149.55	
				E 01	300 211 000 401 000	PLEASE SEE ATTACHED		\$47.23	
				E 04	005 580 325 401 000	PLEASE SEE ATTACHED		\$47.23	
				E 04	005 582 344 401 000	PLEASE SEE ATTACHED		\$47.22	
PO#: 67580	Voucher #:	69628	Invoice	Invoice No:	16PP-R1PF-63QV	12/17/2018	Paid Amt:	\$141.68	
							Check Amount:	\$560.00	
0162	FNB	59615	01725		AMERIPRIDE LINEN, INC.		Check		
				E 01	005 760 720 305 000	Fees For Services-Reg Transportation		\$44.28	
PO#:	Voucher #:	69614	Invoice	Invoice No:	3501291908	12/17/2018	Paid Amt:	\$44.28	
				E 01	300 255 000 305 000	Fees For Services-Industrial Tech		\$38.22	
PO#:	Voucher #:	69615	Invoice	Invoice No:	3501291871	12/17/2018	Paid Amt:	\$38.22	
				E 01	300 361 830 305 000	Consulting/Fees For Services		\$54.96	
PO#:	Voucher #:	69616	Invoice	Invoice No:	3501291872	12/17/2018	Paid Amt:	\$54.96	
							Check Amount:	\$137.46	
0162	FNB	59616	04118		AUTUMN FIRE DESIGN		Check		
				E 02	005 770 701 401 000	27060 SIZE SMALL MAROON		\$82.00	
				E 02	005 770 701 401 000	27060 SIZE MED MAROON		\$82.00	
				E 02	005 770 701 401 000	82800L WOMEN'S MED MAROON		\$0.00	
				E 02	005 770 701 401 000	82800 SIZE LARGE MAROON		\$102.50	
				E 02	005 770 701 401 000	82800 SIZE XL MAROON		\$307.50	
				E 02	005 770 701 401 000	82800 SIZE 2XL MAROON		\$112.50	
				E 02	005 770 701 401 000	82800 SIZE 3XL MAROON		\$117.50	
				E 02	005 770 701 401 000	EMBROIDRY FOR SHIRTS - BAGLEY FOOD		\$0.00	
				E 02	005 770 701 401 000	APRONS - MERLOT		\$289.60	

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0162	FNB	59616	04118		<b>AUTUMN FIRE DESIGN</b>		Check
				E 02	005 770 701 401 000	EMBROIDRY FOR APRONS - BAGLEY FOOI	\$0.00
PO#: 67497	Voucher #:	69604	Invoice	Invoice No:	1302018	12/17/2018	Paid Amt: \$1,093.60
							Check Amount: \$1,093.60
0162	FNB	59617	18860		<b>BAGLEY COOP OIL ASSN.</b>		Check
				E 01	310 810 000 305 000	Fees For Services-Maintenance	\$138.00
				E 01	310 810 000 401 000	General Supplies-Maintenance	\$157.95
				E 01	310 810 000 440 000	Heating Fuel-Maintenance	\$166.08
				E 01	005 760 720 305 000	Fees For Services-Reg Transportation	\$41.00
				E 01	005 760 720 440 000	Fuels-Reg Transportation	\$9,469.85
PO#:	Voucher #:	69716	Invoice	Invoice No:	NOV18	12/17/2018	Paid Amt: \$9,972.88
							Check Amount: \$9,972.88
0162	FNB	59618	08280		<b>BEMIDJI REGIONAL INTERDISTRICT</b>		Check
				E 01	100 420 740 399 000	Purchase of Spec Ed Contracted	\$6,458.41
PO#:	Voucher #:	69532	Invoice	Invoice No:	112618	12/17/2018	Paid Amt: \$6,458.41
				E 01	005 760 723 396 000	Special Ed Salary - Purchased	\$2,000.00
				E 01	005 760 723 397 000	Special Ed Fringe - Purchased	\$307.20
				E 01	005 408 740 396 000	Purchased Salaries	\$2,257.44
				E 01	005 408 740 397 000	Purchased Benefits	\$346.74
				E 01	005 411 740 396 000	Autism Salary - Purchased	\$6,550.65
				E 01	005 411 740 397 000	Autism Fringe - Purchased	\$1,892.46
				E 01	005 420 740 396 000	Special Ed Salary - Purchased	\$12,267.52
				E 01	005 420 740 397 000	Special Ed Fringe - Purchased	\$3,574.57
				E 01	100 401 740 396 000	Speech Salary- Purchased	\$8,855.44
				E 01	100 401 740 397 000	Speech Fringe - Purchased	\$2,800.19
				E 01	100 402 740 396 000	MM- Cognitive Dis. Salary - Purchased	\$10,815.00
				E 01	100 402 740 397 000	MM Cognitive Dis. Fringe - Purchased	\$3,101.18
				E 01	100 408 740 396 000	EBD Salary - Purchased	\$18,952.20
				E 01	100 408 740 397 000	EBD Fringe - Purchased	\$3,511.06
				E 01	100 412 740 396 000	ECSE Salary - Purchased	\$32,700.20
				E 01	100 412 740 397 000	ECSE Fringe - Purchased	\$9,811.31
				E 01	100 416 740 396 000	Multi Needs Salary - Purchased	\$6,100.00
				E 01	100 416 740 397 000	Multi Needs Fringe - Purchased	\$936.96
				E 01	100 420 740 396 000	Special Ed Salary - Purchased	\$5,120.00
				E 01	100 420 740 397 000	Special Ed Fringe - Purchased	\$926.43
				E 01	300 408 740 396 000	EBD Salary - Purchased	\$15,570.60
				E 01	300 408 740 397 000	EBD Fringe - Purchased	\$3,971.64
				E 01	300 420 740 396 000	Special Ed Salary - Purchased	\$15,540.00

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0162	FNB	59618	08280		<b>BEMIDJI REGIONAL INTERDISTRICT</b>		Check	
				E 01	300 420 740 397 000	Special Ed Fringe - Purchased		\$3,126.94
		<b>PO#:</b>	<b>Voucher #:</b>	<b>69580</b>	Invoice	<b>Invoice No:</b> 113018		<b>12/17/2018</b>
							<b>Paid Amt:</b>	<b>\$171,035.73</b>
							<b>Check Amount:</b>	<b>\$177,494.14</b>
0162	FNB	59619	08326		<b>BEMIDJI STATE UNIVERSITY</b>		Check	
				E 01	998 211 000 394 000	to Other Agencies-PSEO, RG ED		\$8,703.24
		<b>PO#:</b>	<b>Voucher #:</b>	<b>69586</b>	Invoice	<b>Invoice No:</b> 113018		<b>12/17/2018</b>
							<b>Paid Amt:</b>	<b>\$8,703.24</b>
							<b>Check Amount:</b>	<b>\$8,703.24</b>
0162	FNB	59620	08625		<b>BEMIDJI WELDERS SUPPLY</b>		Check	
				E 01	300 255 000 430 000	Instructional Supply-Industrial Tech		\$335.50
		<b>PO#:</b>	<b>Voucher #:</b>	<b>69613</b>	Invoice	<b>Invoice No:</b> 10001073		<b>12/17/2018</b>
							<b>Paid Amt:</b>	<b>\$335.50</b>
							<b>Check Amount:</b>	<b>\$335.50</b>
0162	FNB	59621	09119		<b>BIO CORPORATION</b>		Check	
				E 01	300 260 000 430 000	SMALL SYNTHETIC GLOVES		\$60.00
				E 01	300 260 000 430 000	MED SYNTHETIC GLOVES		\$60.00
				E 01	300 260 000 430 000	LARGE SYNTHETIC GLOVES		\$60.00
				E 01	300 260 000 430 000	XL SYNTHETIC GLOVES		\$30.00
				E 01	300 260 000 430 000	LARGE NITRILE GLOVES		\$43.50
				E 01	300 260 000 430 000	SHIPPING		\$47.66
		<b>PO#:</b> 67549	<b>Voucher #:</b>	<b>69513</b>	Invoice	<b>Invoice No:</b> v536336		<b>12/17/2018</b>
							<b>Paid Amt:</b>	<b>\$301.16</b>
							<b>Check Amount:</b>	<b>\$301.16</b>
0162	FNB	59622	1684		<b>BOOTH LAW GROUP, LLC</b>		Check	
				E 01	300 050 000 366 000	Travel-HS Office		\$225.00
		<b>PO#:</b>	<b>Voucher #:</b>	<b>69617</b>	Invoice	<b>Invoice No:</b> 5048		<b>12/17/2018</b>
							<b>Paid Amt:</b>	<b>\$225.00</b>
							<b>Check Amount:</b>	<b>\$225.00</b>
0162	FNB	59623	1532		<b>BOX MAN, INC</b>		Check	
				E 01	300 270 000 430 000	BLACK EXHIBIT BOARDS		\$160.00
				E 01	300 270 000 430 000	WHITE EXHIBIT BOARDS WITH TITLE PANE		\$135.00
				E 01	300 270 000 430 000	Freight		\$81.46
		<b>PO#:</b> 67566	<b>Voucher #:</b>	<b>69512</b>	Invoice	<b>Invoice No:</b> WEB1420		<b>12/17/2018</b>
							<b>Paid Amt:</b>	<b>\$376.46</b>
							<b>Check Amount:</b>	<b>\$376.46</b>
0162	FNB	59624	1289		<b>BRADY, MARTZ &amp; ASSOCIATES, P.C.</b>		Check	
				E 01	005 010 000 305 000	Fees for Service-School Board		\$6,500.00
		<b>PO#:</b>	<b>Voucher #:</b>	<b>69665</b>	Invoice	<b>Invoice No:</b> 120718		<b>12/17/2018</b>
							<b>Paid Amt:</b>	<b>\$6,500.00</b>
							<b>Check Amount:</b>	<b>\$6,500.00</b>
0162	FNB	59625	12219		<b>BSN SPORTS</b>		Check	
				E 01	300 292 000 401 295	General Supplies-Athletic Support		\$602.35
		<b>PO#:</b>	<b>Voucher #:</b>	<b>69619</b>	Invoice	<b>Invoice No:</b> 903664536		<b>12/17/2018</b>
							<b>Paid Amt:</b>	<b>\$602.35</b>

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Co	Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type		
0162	FNB	59625	12219		<b>BSN SPORTS</b>		Check		
				E 01	300 292 000 401 295	General Supplies-Athletic Support		\$377.20	
		<b>PO#:</b>	<b>Voucher #:</b>	69679	Invoice	Invoice No: 903751911	12/17/2018		<b>Paid Amt: \$377.20</b>
									<b>Check Amount: \$979.55</b>
0162	FNB	59626	1661		<b>CARLSON PARTS STORE</b>		Check		
				E 01	005 760 720 401 000	General Supplies-Reg Transportation		\$1,889.83	
		<b>PO#:</b>	<b>Voucher #:</b>	69698	Invoice	Invoice No: NOV18	12/17/2018		<b>Paid Amt: \$1,889.83</b>
									<b>Check Amount: \$1,889.83</b>
0162	FNB	59627	14518		<b>CDWG, INC.</b>		Check		
				E 01	005 810 000 401 181	TRIPOD FLOOR STAND		\$119.36	
				E 01	005 810 000 401 181	IPAD OTTERBOX CASE		\$51.42	
		<b>PO#:</b> 67577	<b>Voucher #:</b>	69609	Invoice	Invoice No: QDC5486	12/17/2018		<b>Paid Amt: \$170.78</b>
				E 01	005 810 000 401 181	PLEASE SEE THE ATTACHED QUOTE #KFN		\$923.02	
		<b>PO#:</b> 67557	<b>Voucher #:</b>	69610	Invoice	Invoice No: QDC8480	12/17/2018		<b>Paid Amt: \$923.02</b>
				E 01	005 810 000 401 181	SAMSUNG CHROMEBOOKS - QUOTE# KGC		\$1,915.92	
				E 01	005 810 000 401 181	CHROMEBOOK INSURANCE MONEY		\$0.00	
<b>CO</b>		<b>PO#:</b> 67562	<b>Voucher #:</b>	69611	Invoice	Invoice No: QDH4534	12/17/2018		<b>Paid Amt: \$1,915.92</b>
				E 01	005 810 000 401 181	PLEASE ATACHED QUOTE #KGCZ653		\$796.37	
		<b>PO#:</b> 67568	<b>Voucher #:</b>	69612	Invoice	Invoice No: QBP1052, qcp0730	12/17/2018		<b>Paid Amt: \$796.37</b>
				E 01	005 810 000 406 181	MICROSOFT OFFICE - RENEWAL - SEE QU		\$1,538.06	
		<b>PO#:</b> 67561	<b>Voucher #:</b>	69676	Invoice	Invoice No: QGH8413	12/17/2018		<b>Paid Amt: \$1,538.06</b>
				E 01	005 810 000 401 181	BACKORDERED ITEMS		\$348.46	
		<b>PO#:</b> 67568	<b>Voucher #:</b>	69677	Invoice	Invoice No: QDV0854	12/17/2018		<b>Paid Amt: \$348.46</b>
				E 01	005 810 000 401 181	BACKORDERED ITEMS		\$267.18	
		<b>PO#:</b> 67568	<b>Voucher #:</b>	69678	Invoice	Invoice No: QFF7729	12/17/2018		<b>Paid Amt: \$267.18</b>
									<b>Check Amount: \$5,959.79</b>
0162	FNB	59628	1467		<b>CHROMEBOOK PARTS.COM</b>		Check		
				E 01	005 810 000 401 181	LCD-SMG-487-4 DELL 11 3120 CHROMEBOX		\$323.88	
		<b>PO#:</b> 67563	<b>Voucher #:</b>	69629	Invoice	Invoice No: 21062	12/17/2018		<b>Paid Amt: \$323.88</b>
				E 01	005 810 000 401 181	BAC-SNG-508-1 DELL 11 3120 P22T CHROM		\$539.88	
		<b>PO#:</b> 67578	<b>Voucher #:</b>	69630	Invoice	Invoice No: 21115	12/17/2018		<b>Paid Amt: \$539.88</b>
									<b>Check Amount: \$863.76</b>
0162	FNB	59629	16905		<b>CLEARWATER CO NURSING SERVICE</b>		Check		
				E 01	005 110 000 305 000	Fees For Services-Business Office		\$1,365.00	
		<b>PO#:</b>	<b>Voucher #:</b>	69683	Invoice	Invoice No: 121018	12/17/2018		<b>Paid Amt: \$1,365.00</b>
				E 01	005 110 000 305 000	Fees For Services-Business Office		\$3,666.00	
		<b>PO#:</b>	<b>Voucher #:</b>	69705	Invoice	Invoice No: NOV18	12/17/2018		<b>Paid Amt: \$3,666.00</b>
				E 01	005 110 000 305 000	Fees For Services-Business Office		\$5,443.40	
		<b>PO#:</b>	<b>Voucher #:</b>	69706	Invoice	Invoice No: OCT18	12/17/2018		<b>Paid Amt: \$5,443.40</b>

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Co	Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type		
0162	FNB	59629	16905		<b>CLEARWATER CO NURSING SERVICE</b>		Check		
				E 01	005 110 000 305 000	Fees For Services-Business Office		\$4,128.80	
PO#:	Voucher #:	69707	Invoice	Invoice No:	SEPT18	12/17/2018	Paid Amt:	\$4,128.80	
							Check Amount:	\$14,603.20	
0162	FNB	59630	17509		<b>COLE PAPERS INC.</b>		Check		
				E 01	310 810 000 401 000	General Supplies-Maintenance		\$1,178.65	
PO#:	Voucher #:	69622	Invoice	Invoice No:	9493132	12/17/2018	Paid Amt:	\$1,178.65	
				E 01	310 810 000 401 000	General Supplies-Maintenance		\$343.62	
PO#:	Voucher #:	69694	Invoice	Invoice No:	9496155	12/17/2018	Paid Amt:	\$343.62	
							Check Amount:	\$1,522.27	
0162	FNB	59631	17691		<b>COMFORT POINT, INC.</b>		Check		
				E 01	005 865 366 401 000	General Supplies		\$2,465.58	
				E 01	310 810 000 305 000	Fees For Services-Maintenance		\$495.00	
PO#:	Voucher #:	69582	Invoice	Invoice No:	537	12/17/2018	Paid Amt:	\$2,960.58	
							Check Amount:	\$2,960.58	
0162	FNB	59632	1366		<b>REMIT I COMO OIL &amp; PROPANE</b>		Check		
				E 01	005 760 720 440 000	Fuels-Reg Transportation		\$2,271.33	
PO#:	Voucher #:	69583	Invoice	Invoice No:	1254305	12/17/2018	Paid Amt:	\$2,271.33	
				E 01	005 760 720 440 000	Fuels-Reg Transportation		\$2,658.20	
PO#:	Voucher #:	69681	Invoice	Invoice No:	1349951	12/17/2018	Paid Amt:	\$2,658.20	
							Check Amount:	\$4,929.53	
0162	FNB	59633	1408		<b>CUSTOM SPRINKLERS</b>		Check		
				E 01	310 810 000 305 000	Fees For Services-Maintenance		\$130.00	
				E 01	310 810 000 401 000	General Supplies-Maintenance		\$40.00	
PO#:	Voucher #:	69689	Invoice	Invoice No:	5678	12/17/2018	Paid Amt:	\$170.00	
							Check Amount:	\$170.00	
0162	FNB	59634	21200		<b>DAROOS INC.</b>		Check		
				E 04	005 505 321 401 000	General Supplies-Comm Ed		\$18.17	
PO#:	Voucher #:	69545	Invoice	Invoice No:	0110275	12/17/2018	Paid Amt:	\$18.17	
				E 01	300 292 000 490 295	Food-Athletic Support		\$62.00	
PO#:	Voucher #:	69546	Invoice	Invoice No:	0110648	12/17/2018	Paid Amt:	\$62.00	
				E 01	300 292 000 490 295	Food-Athletic Support		\$92.00	
PO#:	Voucher #:	69632	Invoice	Invoice No:	0110917	12/17/2018	Paid Amt:	\$92.00	
				E 01	300 292 000 490 295	Food-Athletic Support		\$102.00	
PO#:	Voucher #:	69633	Invoice	Invoice No:	0110849, 0110865	12/17/2018	Paid Amt:	\$102.00	
				E 01	300 292 000 490 295	Food-Athletic Support		\$104.00	
PO#:	Voucher #:	69634	Invoice	Invoice No:	0111226, 0111197	12/17/2018	Paid Amt:	\$104.00	
							Check Amount:	\$378.17	

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## Bagley Public Schools #162 December 2018 Check Register

Co	Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type		
0162	FNB	59635	21204		<b>DARRELL'S AUTO GLASS</b>		Check		
				E 01	005 760 720 305 000	Fees For Services-Reg Transportation		\$120.00	
				E 01	005 760 720 401 000	General Supplies-Reg Transportation		\$132.00	
PO#:	Voucher #:	69644	Invoice	Invoice No:	27157	12/17/2018	Paid Amt:	\$252.00	
				E 01	005 760 720 305 000	Fees For Services-Reg Transportation		\$60.00	
				E 01	005 760 720 401 000	General Supplies-Reg Transportation		\$95.00	
PO#:	Voucher #:	69645	Invoice	Invoice No:	27160	12/17/2018	Paid Amt:	\$155.00	
							Check Amount:	\$407.00	
0162	FNB	59636	1686		<b>DEBERA WELEMIN</b>		Check		
				E 01	100 640 316 305 000	GUIDED READING TRAINING - JANUARY 9-		\$3,000.00	
PO#: 67590	Voucher #:	69708	Invoice	Invoice No:	1	12/17/2018	Paid Amt:	\$3,000.00	
							Check Amount:	\$3,000.00	
0162	FNB	59637	1447		<b>EAPC ARCHITECTS ENGINEERS</b>		Check		
				E 01	005 865 370 305 000	Consulting/Fees For Services		\$985.24	
PO#:	Voucher #:	69668	Invoice	Invoice No:	42480	12/17/2018	Paid Amt:	\$985.24	
							Check Amount:	\$985.24	
0162	FNB	59638	25968		<b>EVCO PETRO PRODUCTS, INC.</b>		Check		
				E 01	005 760 720 401 000	General Supplies-Reg Transportation		\$673.65	
PO#:	Voucher #:	69669	Invoice	Invoice No:	236270	12/17/2018	Paid Amt:	\$673.65	
							Check Amount:	\$673.65	
0162	FNB	59639	22689		<b>FARGO PUBLIC SCHOOL DISTRICT</b>		Check		
				E 01	998 211 000 392 000	Payments to Out-of-State Dist/		\$785.90	
PO#:	Voucher #:	69508	Invoice	Invoice No:	0000048913	12/17/2018	Paid Amt:	\$785.90	
							Check Amount:	\$785.90	
0162	FNB	59640	27140		<b>FARMERS PUBLISHING CO., INC.</b>		Check		
				E 01	005 110 000 305 000	Fees For Services-Business Office		\$780.89	
				E 02	005 770 701 305 000	Fees For Services-Lic and Inspections		\$76.95	
				E 01	005 760 720 401 000	General Supplies-Reg Transportation		\$201.00	
PO#:	Voucher #:	69713	Invoice	Invoice No:	NOV18	12/17/2018	Paid Amt:	\$1,058.84	
				E 01	300 050 000 401 000	NOTARY STAMP		\$35.42	
				E 01	300 050 000 401 000	SHIPPING		\$3.25	
PO#: 67503	Voucher #:	69714	Invoice	Invoice No:	50194	12/17/2018	Paid Amt:	\$38.67	
							Check Amount:	\$1,097.51	
0162	FNB	59641	1528		<b>FLR SANDERS</b>		Check		
				E 01	310 810 000 305 000	Fees For Services-Maintenance		\$5,414.50	
PO#:	Voucher #:	69529	Invoice	Invoice No:	4263	12/17/2018	Paid Amt:	\$5,414.50	
							Check Amount:	\$5,414.50	

## Bagley Public Schools #162 December 2018 Check Register

Co	Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type		
0162	FNB	59642	30521		<b>GALEN'S SUPERMARKET</b>		Check		
				E 01	310 810 000 401 000	General Supplies-Maintenance		\$35.47	
PO#:	Voucher #:	69642	Invoice	Invoice No:	02610	12/17/2018	Paid Amt:	\$35.47	
				E 01	300 403 740 433 000	Special Supplies Severe -Profound		\$63.84	
PO#:	Voucher #:	69643	Invoice	Invoice No:	NPV18	12/17/2018	Paid Amt:	\$63.84	
								Check Amount:	\$99.31
0162	FNB	59643	30935		<b>GARDEN VALLEY TELEPHONE</b>		Check		
				E 04	005 505 321 320 000	Telephone-Comm Ed		\$38.43	
				E 04	005 580 325 320 000	Telephone -ECFE		\$69.43	
				E 01	310 810 000 320 000	Telephone-Maintenance		\$3,846.92	
PO#:	Voucher #:	69544	Invoice	Invoice No:	200783455	12/17/2018	Paid Amt:	\$3,954.78	
								Check Amount:	\$3,954.78
0162	FNB	59644	31740		<b>GERRELLS SPORTS CENTER, INC</b>		Check		
				E 01	300 292 000 401 295	General Supplies-Athletic Support		\$994.00	
PO#:	Voucher #:	69640	Invoice	Invoice No:	0014309	12/17/2018	Paid Amt:	\$994.00	
								Check Amount:	\$994.00
0162	FNB	59645	33291		<b>GRAINGER</b>		Check		
				E 01	310 810 000 401 000	General Supplies-Maintenance		\$63.84	
PO#:	Voucher #:	69528	Invoice	Invoice No:	9003472538	12/17/2018	Paid Amt:	\$63.84	
				E 01	310 810 000 401 000	General Supplies-Maintenance		\$715.96	
PO#:	Voucher #:	69535	Invoice	Invoice No:	9008191133	12/17/2018	Paid Amt:	\$715.96	
				E 01	310 810 000 401 000	General Supplies-Maintenance		\$783.06	
PO#:	Voucher #:	69624	Invoice	Invoice No:	9012399318	12/17/2018	Paid Amt:	\$783.06	
				E 01	310 810 000 401 000	General Supplies-Maintenance		\$295.75	
PO#:	Voucher #:	69625	Invoice	Invoice No:	9014530555	12/17/2018	Paid Amt:	\$295.75	
				E 01	310 810 000 401 000	General Supplies-Maintenance		\$193.60	
PO#:	Voucher #:	69688	Invoice	Invoice No:	9022250857	12/17/2018	Paid Amt:	\$193.60	
								Check Amount:	\$2,052.21
0162	FNB	59646	36839		<b>HILL RIVER ELECTRIC, INC.</b>		Check		
				E 01	005 865 369 305 000	Consulting/Fees For Services		\$348.00	
				E 01	005 865 369 401 000	General Supplies		\$234.89	
PO#:	Voucher #:	69602	Invoice	Invoice No:	4471	12/17/2018	Paid Amt:	\$582.89	
								Check Amount:	\$582.89
0162	FNB	59647	1542		<b>INNOVATIVE OFFICE SOLUTIONS</b>		Check		
				E 01	005 110 000 401 000	PLEASE SEE ATTACHED		\$49.70	
				E 02	005 770 701 401 000	PLEASE SEE ATTACHED - FOOD SERVICE		\$61.88	
PO#: 67493	Voucher #:	69608	Invoice	Invoice No:	2229686, 2229690	12/17/2018	Paid Amt:	\$111.58	
								Check Amount:	\$111.58

## Bagley Public Schools #162 December 2018 Check Register

Co	Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type		
0162	FNB	59648	39224		INTERQUEST DETECTION CANINES		Check		
				E 01	300 211 000 305 000	HALF DAY VISITS		\$315.00	
	PO#: 67280	Voucher #: 69534	Invoice	Invoice No: 193nm-Nov2018		12/17/2018	Paid Amt:	\$315.00	
							Check Amount:	\$315.00	
0162	FNB	59649	42294		JOSTENS INC		Check		
				E 01	300 291 000 401 112	General Supplies-Annual		\$2,529.41	
	PO#:	Voucher #: 69673	Invoice	Invoice No: 02812		12/17/2018	Paid Amt:	\$2,529.41	
							Check Amount:	\$2,529.41	
0162	FNB	59650	43077		KENNEDY & GRAVEN, CHARTERED		Check		
				E 01	005 010 000 305 000	Fees for Service-School Board		\$3,162.50	
	PO#:	Voucher #: 69516	Invoice	Invoice No: 145666		12/17/2018	Paid Amt:	\$3,162.50	
				E 01	005 010 000 305 000	Fees for Service-School Board		\$494.00	
	PO#:	Voucher #: 69682	Invoice	Invoice No: 146026		12/17/2018	Paid Amt:	\$494.00	
							Check Amount:	\$3,656.50	
0162	FNB	59651	05598		KUBIAK'S FAMILY FOODS		Check		
				E 02	005 770 701 490 000	Food-Lunches		\$350.54	
	PO#:	Voucher #: 69701	Invoice	Invoice No: NOV18		12/17/2018	Paid Amt:	\$350.54	
				E 04	005 580 325 401 000	General Supplies-ECFE		\$12.75	
	PO#:	Voucher #: 69702	Invoice	Invoice No: 285030-123		12/17/2018	Paid Amt:	\$12.75	
				E 01	310 810 000 401 000	General Supplies-Maintenance		\$14.25	
	PO#:	Voucher #: 69703	Invoice	Invoice No: 21822-123		12/17/2018	Paid Amt:	\$14.25	
							Check Amount:	\$377.54	
0162	FNB	59652	44164		LAKES VENDING, INC.		Check		
				E 01	100 203 000 401 101	General Supplies-Elem Auxilary Accounts		\$148.00	
	PO#:	Voucher #: 69584	Invoice	Invoice No: 5820:086683		12/17/2018	Paid Amt:	\$148.00	
							Check Amount:	\$148.00	
0162	FNB	59653	46136		LISTROM'S DISPOSAL, INC.		Check		
				E 01	310 810 000 330 000	Utilities-Maintenance		\$2,578.41	
	PO#:	Voucher #: 69621	Invoice	Invoice No: 120418		12/17/2018	Paid Amt:	\$2,578.41	
							Check Amount:	\$2,578.41	
0162	FNB	59654	46808		MACKIN EDUCATIONAL RESOURCES		Check		
				E 01	100 620 000 470 000	Library Books-Elem Media		\$94.12	
	PO#:	Voucher #: 69542	Invoice	Invoice No: 558692		12/17/2018	Paid Amt:	\$94.12	
							Check Amount:	\$94.12	
0162	FNB	59655	47595		MARCO, INC.		Check		
				E 01	300 211 000 380 000	Computer/Technology Lease		\$1,329.45	
	PO#:	Voucher #: 69684	Invoice	Invoice No: 372711622		12/17/2018	Paid Amt:	\$1,329.45	

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## Bagley Public Schools #162 December 2018 Check Register

Co	Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type		
0162	FNB	59655	47595		MARCO, INC.		Check		
				E 01	100 203 000 380 000	Computer/Technology Lease		\$2,146.03	
PO#:	Voucher #:	69715	Invoice	Invoice No:	372711754	12/17/2018	Paid Amt:	\$2,146.03	
							Check Amount:	\$3,475.48	
0162	FNB	59656	47626		MARK'S HARDWARE		Check		
				E 01	005 760 720 401 000	General Supplies-Reg Transportation		\$5.37	
				E 01	300 361 830 433 000	Special-Voc-Woods		\$142.86	
				E 01	310 810 000 401 000	General Supplies-Maintenance		\$252.84	
PO#:	Voucher #:	69699	Invoice	Invoice No:	NOV18	12/17/2018	Paid Amt:	\$401.07	
				E 01	100 203 000 401 000	PLASTER OF PARIS - 25# BAGS		\$95.94	
				E 01	100 203 000 401 000	GOLD SPRAY PAINT		\$27.54	
PO#: 67572	Voucher #:	69700	Invoice	Invoice No:	29105	12/17/2018	Paid Amt:	\$123.48	
							Check Amount:	\$524.55	
0162	FNB	59657	1264		MASP		Check		
				E 01	300 050 000 820 000	RENEWAL OF MASP MEMBERSHIP - CARR		\$40.00	
				E 01	300 050 000 820 000	RENEWAL OF MASP MEMBERSHIP - KIM H.		\$40.00	
PO#: 67464	Voucher #:	69693	Invoice	Invoice No:	1125	12/17/2018	Paid Amt:	\$80.00	
							Check Amount:	\$80.00	
0162	FNB	59658	49273		MEDTOX LABORATORIES		Check		
				E 01	005 110 000 305 160	Fees For Services-Drug Testing		\$97.05	
PO#:	Voucher #:	69680	Invoice	Invoice No:	11201866597	12/17/2018	Paid Amt:	\$97.05	
							Check Amount:	\$97.05	
0162	FNB	59659	50656		MIDWEST BUS PARTS, INC		Check		
				E 01	005 760 720 401 000	General Supplies-Reg Transportation		\$1,308.24	
PO#:	Voucher #:	69671	Invoice	Invoice No:	114844	12/17/2018	Paid Amt:	\$1,308.24	
				E 01	005 760 720 401 000	General Supplies-Reg Transportation		\$51.67	
PO#:	Voucher #:	69672	Invoice	Invoice No:	114295	12/17/2018	Paid Amt:	\$51.67	
							Check Amount:	\$1,359.91	
0162	FNB	59660	55660		NAYLOR'S HEATING AND REFRIGERATION, LLC.		Check		
				E 01	310 810 000 305 000	Fees For Services-Maintenance		\$710.00	
				E 01	310 810 000 401 000	General Supplies-Maintenance		\$456.52	
PO#:	Voucher #:	69626	Invoice	Invoice No:	130560	12/17/2018	Paid Amt:	\$1,166.52	
				E 01	310 810 000 305 000	Fees For Services-Maintenance		\$1,504.00	
				E 01	310 810 000 401 000	General Supplies-Maintenance		\$3,708.82	
PO#:	Voucher #:	69627	Invoice	Invoice No:	130663	12/17/2018	Paid Amt:	\$5,212.82	
				E 01	005 850 302 530 000	DISHWASHER FOR EC CAFETERIA		\$14,399.88	
PO#: 67502	Voucher #:	69664	Invoice	Invoice No:	130699	12/17/2018	Paid Amt:	\$14,399.88	

## Bagley Public Schools #162 December 2018 Check Register

Co	Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type		
0162	FNB	59660	55660		NAYLOR'S HEATING AND REFRIGERATION, LLC.		Check		
				E 01	310 810 000 305 000	Fees For Services-Maintenance		\$110.00	
PO#:		Voucher #:	69667	Invoice	Invoice No: 130470	12/17/2018	Paid Amt:	\$110.00	
							Check Amount:	\$20,889.22	
0162	FNB	59661	55863		NEI BOTTLING, INC.		Check		
				E 01	300 292 000 490 295	Food-Athletic Support		\$102.00	
PO#:		Voucher #:	69507	Invoice	Invoice No: 802289	12/17/2018	Paid Amt:	\$102.00	
				E 01	300 292 000 490 295	Food-Athletic Support		\$515.00	
PO#:		Voucher #:	69547	Invoice	Invoice No: 103254	12/17/2018	Paid Amt:	\$515.00	
				E 01	300 292 000 490 295	Food-Athletic Support		\$704.00	
PO#:		Voucher #:	69685	Invoice	Invoice No: 802308	12/17/2018	Paid Amt:	\$704.00	
							Check Amount:	\$1,321.00	
0162	FNB	59662	57845		NORTH CENTRAL PARTS & SERVICE		Check		
				E 01	005 760 720 401 000	General Supplies-Reg Transportation		\$1,485.40	
PO#:		Voucher #:	69696	Invoice	Invoice No: 254917	12/17/2018	Paid Amt:	\$1,485.40	
				E 01	005 760 720 401 000	General Supplies-Reg Transportation		(\$211.64)	
PO#:		Voucher #:	69697	Invoice	Invoice No: CM254095	12/17/2018	Paid Amt:	(\$211.64)	
							Check Amount:	\$1,273.76	
0162	FNB	59663	58420		NORTHWEST SERVICE COOPERATIVE		Check		
				E 01	005 110 000 305 160	Fees For Services-Drug Testing		\$165.00	
PO#:		Voucher #:	69517	Invoice	Invoice No: 2717	12/17/2018	Paid Amt:	\$165.00	
				E 01	005 110 000 305 160	Fees For Services-Drug Testing		\$30.25	
PO#:		Voucher #:	69670	Invoice	Invoice No: 2767	12/17/2018	Paid Amt:	\$30.25	
							Check Amount:	\$195.25	
0162	FNB	59664	58430		NORTHWEST TECH - BEMIDJI		Check		
				E 01	998 211 000 394 000	to Other Agencies-PSEO, RG ED		\$9,324.90	
PO#:		Voucher #:	69585	Invoice	Invoice No: 113018	12/17/2018	Paid Amt:	\$9,324.90	
							Check Amount:	\$9,324.90	
0162	FNB	59665	62099		PLAYSCRIPTS, INC.		Check		
				E 01	300 291 000 401 126	PERFORMANCE ROYALTIES		\$200.00	
PO#: 67588		Voucher #:	69675	Invoice	Invoice No: 2167333	12/17/2018	Paid Amt:	\$200.00	
							Check Amount:	\$200.00	
0162	FNB	59666	62215		POPPLERS MUSIC INC		Check		
				E 01	300 258 000 430 000	00-46581 BETELEHEMN		\$41.00	
				E 01	300 258 000 430 000	SHIPPING		\$33.01	
				E 01	300 258 000 430 000	SBMP512 VIVIVA QUINCE BRIGADA		\$8.20	
				E 01	300 258 000 430 000	AMP1042 COVER ME WITH THE NIGHT		\$21.00	
				E 01	300 258 000 430 000	50486569 REQUIEM		\$19.50	

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## Bagley Public Schools #162 December 2018 Check Register

Co	Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type		
0162	FNB	59666	62215		<b>POPPLERS MUSIC INC</b>		Check		
				E 01	300 258 000 430 000	00-47107 KYRIE - RECOLLECTED BY MR. M		\$2.20	
				E 01	300 258 000 430 000	00244259 BELIEVER - IMAGINE DRAGONS		\$2.25	
				E 01	300 258 000 430 000	00265109 WILL YOU BE THERE		\$2.25	
				E 01	300 258 000 430 000	00266487 REWRITE THE STARS		\$2.25	
				E 01	300 258 000 430 000	00233555 YOU WILL BE FOUND		\$2.35	
				E 01	300 258 000 430 000	00251989 THIS IS ME - FROM THE GREATE		\$2.25	
				E 01	300 258 000 430 000	00274945 FROM NOW ON - FROM THE GRE		\$2.50	
	PO#: 67584	Voucher #:	69690	Invoice	Invoice No: 2214636	12/17/2018	Paid Amt:	\$138.76	
				E 01	300 258 000 430 000	00-EL03737 CLASSIC FESTIVAL SOLS Eb B.		\$8.99	
				E 01	300 258 000 430 000	00-EL03736 CLASIC FESTIVAL SOLOS Eb B		\$6.99	
				E 01	300 258 000 430 000	00-CB9740 YOU'VE A MEAN ONE MR. GRIN		\$62.00	
				E 01	300 258 000 430 000	00-EL03742 CLASSIC FESTIVAL SOLOS VO		\$6.99	
				E 01	300 258 000 430 000	00-EL03743 CLASSIC FESTIVAL SOLOS AC		\$8.99	
				E 01	300 258 000 430 000	00160727 RUBANK BOOK FOR TRUMPET S		\$12.99	
				E 01	300 258 000 430 000	00-EL03125 CLARINET SOLOS - PIANO ACC		\$8.99	
				E 01	300 258 000 430 000	7713 SELMER GOLDENTONE TENOR SAX F		\$26.95	
				E 01	300 258 000 430 000	00-EL03126 CLARINET SOLOS - LEVEL TW		\$5.95	
				E 01	300 258 000 430 000	2947 SELMER BASS CL SWAB-DRI BORE		\$4.95	
				E 01	300 258 000 430 000	00CBS00100 FOLK SONGS FOR CLARINET		\$4.95	
				E 01	300 258 000 430 000	UPS GROUND		\$7.95	
	PO#: 67585	Voucher #:	69691	Invoice	Invoice No: 2218432	12/17/2018	Paid Amt:	\$166.69	
							Check Amount:	\$305.45	
0162	FNB	59667	63020		<b>PUBLIC UTILITIES</b>		Check		
				E 01	310 810 000 330 000	Utilities-Maintenance		\$27,426.32	
	PO#:	Voucher #:	69620	Invoice	Invoice No: NOV1188	12/17/2018	Paid Amt:	\$27,426.32	
							Check Amount:	\$27,426.32	
0162	FNB	59668	65651		<b>ROGER'S TWO WAY RADIO, INC.</b>		Check		
				E 01	005 760 720 401 000	General Supplies-Reg Transportation		\$65.90	
				E 01	005 760 720 305 000	Fees For Services-Reg Transportation		\$289.20	
	PO#:	Voucher #:	69531	Invoice	Invoice No: 12110	12/17/2018	Paid Amt:	\$355.10	
							Check Amount:	\$355.10	
0162	FNB	59669	65899		<b>ROYAL TIRE, INC.</b>		Check		
				E 01	005 760 720 401 000	General Supplies-Reg Transportation		\$625.24	
	PO#:	Voucher #:	69606	Invoice	Invoice No: 317-34336	12/17/2018	Paid Amt:	\$625.24	
				E 01	005 760 720 401 000	General Supplies-Reg Transportation		\$518.56	
	PO#:	Voucher #:	69607	Invoice	Invoice No: 317-34319	12/17/2018	Paid Amt:	\$518.56	
							Check Amount:	\$1,143.80	

## Bagley Public Schools #162 December 2018 Check Register

Co	Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type		
0162	FNB	59670	1679		SCHOOL PAPER EXPRESS.COM		Check		
				E 01	100 216 401 430 000	NEWSPAPER - QTY OF PAPERS - 500 WITH		\$210.00	
	PO#: 67556	Voucher #:	69536	Invoice	Invoice No: 17591	12/17/2018	Paid Amt:	\$210.00	
							Check Amount:	\$210.00	
0162	FNB	59671	67160		SCHOOL SPECIALTY, INC.		Check		
				E 01	100 407 740 433 000	THEROPYBALL 75CC YELLOW		\$111.00	
	PO#: 67536	Voucher #:	69541	Invoice	Invoice No: 208122046074	12/17/2018	Paid Amt:	\$111.00	
				E 01	100 203 000 401 000	PLEASE SEE ATTACHED		\$20.33	
	PO#: 67571	Voucher #:	69605	Invoice	Invoice No: 208122054650	12/17/2018	Paid Amt:	\$20.33	
							Check Amount:	\$131.33	
0162	FNB	59672	68269		SHOPBOT TOOLS, INC.		Check		
				E 01	300 255 000 430 000	PLEASE SEE ATTACHED QUOTE		\$3,013.86	
	PO#: 67543	Voucher #:	69543	Invoice	Invoice No: 09963	12/17/2018	Paid Amt:	\$3,013.86	
							Check Amount:	\$3,013.86	
0162	FNB	59673	1439		SOLUS LED		Check		
				E 01	310 810 000 401 000	General Supplies-Maintenance		\$479.60	
17	PO#:	Voucher #:	69514	Invoice	Invoice No: 302843	12/17/2018	Paid Amt:	\$479.60	
				E 01	310 810 000 401 000	General Supplies-Maintenance		\$2,415.00	
	PO#:	Voucher #:	69515	Invoice	Invoice No: 302944	12/17/2018	Paid Amt:	\$2,415.00	
							Check Amount:	\$2,894.60	
0162	FNB	59674	71810		STELLHER HUMAN SERVICES, INC.		Check		
				E 01	100 605 175 394 000	to Other Agencies-Impact Aid		\$1,926.95	
	PO#:	Voucher #:	69631	Invoice	Invoice No: 161552	12/17/2018	Paid Amt:	\$1,926.95	
							Check Amount:	\$1,926.95	
0162	FNB	59675	74179		TEAM LABORATORY CHEMICAL CORP.		Check		
				E 01	310 810 000 401 000	General Supplies-Maintenance		\$324.00	
	PO#:	Voucher #:	69704	Invoice	Invoice No: 0014137	12/17/2018	Paid Amt:	\$324.00	
							Check Amount:	\$324.00	
0162	FNB	59676	1105		THUNDERBIRD GRAPHICS		Check		
				R 01	300 000 000 099 000	Misc Rev- High School		\$498.00	
	PO#:	Voucher #:	69674	Invoice	Invoice No: S15383	12/17/2018	Paid Amt:	\$498.00	
							Check Amount:	\$498.00	
0162	FNB	59677	75455		TIERNEY BROTHERS, INC.		Check		
				E 01	005 810 000 401 181	PLEASE SEE ATTACHED QUOTE# 138341		\$2,349.00	
				E 01	005 810 000 401 181	CHROME INSURANCE FUND		\$0.00	
	PO#: 67546	Voucher #:	69509	Invoice	Invoice No: 784419	12/17/2018	Paid Amt:	\$2,349.00	
				E 01	005 810 000 401 181	PLEASE SEE ATTACHED QUOTE# 138340		\$2,745.00	

## Bagley Public Schools #162 December 2018 Check Register

Co	Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type		
0162	FNB	59677	75455		TIERNEY BROTHERS, INC.		Check		
				E 01	005 810 000 401 181	INSURANCE FUNDS		\$0.00	
		PO#: 67544	Voucher #:	69510	Invoice	Invoice No: 784427	12/17/2018	Paid Amt:	\$2,745.00
				E 01	005 810 000 401 181	PLEASE SEE ATTACHED QUOTE# 138339		\$2,709.00	
				E 01	005 810 000 401 181	CHROME INSURANCE FUND		\$0.00	
		PO#: 67545	Voucher #:	69511	Invoice	Invoice No: 784426	12/17/2018	Paid Amt:	\$2,709.00
								Check Amount:	\$7,803.00
0162	FNB	59678	79179		VERIZON WIRELESS		Check		
				E 01	310 810 000 320 000	Telephone-Maintenance		\$200.05	
		PO#:	Voucher #:	69692	Invoice	Invoice No: 9819358712	12/17/2018	Paid Amt:	\$200.05
								Check Amount:	\$200.05
0162	FNB	59679	80788		WESTWOOD BUILDING CENTER, INC.		Check		
				E 01	310 810 000 401 000	General Supplies-Maintenance		\$475.24	
		PO#:	Voucher #:	69641	Invoice	Invoice No: NOV18	12/17/2018	Paid Amt:	\$475.24
								Check Amount:	\$475.24
								Report Total:	\$356,146.49

**Bagley Public Schools #162**  
**December 2018 Check Register**  
**Fund Summary**

<b>Fund</b>	<b>Description</b>	<b>Total</b>
01	General Fund	\$354,330.29
02	Food Service	\$1,582.97
04	Community Services	\$233.23
<b>Report Total</b>		<b>\$356,146.49</b>

## Bagley Public Schools #162 November 2018 Hand Payables Check Register

Co	Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type
0162	FNB	32796	1659		<b>BIMBO BAKERIES USA</b>		Check
				E 02	005 770 701 490 000 Food-Lunches		\$244.05
PO#:	Voucher #:	69376	Invoice	Invoice No:	34776	11/1/2018	Paid Amt: \$244.05
							Check Amount: \$244.05
0162	FNB	32797	64778		<b>REGION 8A SECTY</b>		Check
				R 01	300 296 000 060 213 Admission & Act Rec-Volleyball		\$3,006.00
PO#:	Voucher #:	69381	Invoice	Invoice No:	110118	11/1/2018	Paid Amt: \$3,006.00
							Check Amount: \$3,006.00
0162	FNB	32798	73661		<b>SYSCO NORTH DAKOTA</b>		Check
				E 02	005 770 701 490 000 Food-Lunches		\$453.67
				E 02	005 770 705 490 000 Food-Breakfast		\$53.38
PO#:	Voucher #:	69380	Invoice	Invoice No:	19538601	11/1/2018	Paid Amt: \$507.05
							Check Amount: \$507.05
0162	FNB	32799	33350		<b>US FOODSERVICE - GRAND FORKS</b>		Check
				E 02	005 770 701 490 000 Food-Lunches		\$33.09
PO#:	Voucher #:	69377	Invoice	Invoice No:	3407958	11/1/2018	Paid Amt: \$33.09
				E 02	005 770 701 490 000 Food-Lunches		\$627.32
				E 02	005 770 701 401 000 General Supplies-Lunches		\$199.87
				E 02	005 770 705 490 000 Food-Breakfast		\$178.28
PO#:	Voucher #:	69378	Invoice	Invoice No:	3372836	11/1/2018	Paid Amt: \$1,005.47
				E 02	005 770 701 490 000 Food-Lunches		\$1,022.74
				E 02	005 770 705 490 000 Food-Breakfast		\$228.55
				E 02	005 770 701 401 000 General Supplies-Lunches		\$103.94
PO#:	Voucher #:	69379	Invoice	Invoice No:	3372835	11/1/2018	Paid Amt: \$1,355.23
							Check Amount: \$2,393.79
0162	FNB	32800	1170		<b>DEAN FOODS NC</b>		Check
				E 02	005 770 701 495 000 Milk-Lunches		\$174.90
PO#:	Voucher #:	69388	Invoice	Invoice No:	17713076	11/2/2018	Paid Amt: \$174.90
				E 02	005 770 701 495 000 Milk-Lunches		\$182.76
PO#:	Voucher #:	69389	Invoice	Invoice No:	17713447	11/2/2018	Paid Amt: \$182.76
				E 02	005 770 701 495 000 Milk-Lunches		\$295.88
PO#:	Voucher #:	69390	Invoice	Invoice No:	17713448	11/2/2018	Paid Amt: \$295.88
				E 02	005 770 701 495 000 Milk-Lunches		\$139.10
PO#:	Voucher #:	69391	Invoice	Invoice No:	17713412	11/2/2018	Paid Amt: \$139.10
				E 02	005 770 701 495 000 Milk-Lunches		\$235.67
PO#:	Voucher #:	69392	Invoice	Invoice No:	17713381	11/2/2018	Paid Amt: \$235.67
				E 02	005 770 701 495 000 Milk-Lunches		\$106.56
PO#:	Voucher #:	69393	Invoice	Invoice No:	17713416	11/2/2018	Paid Amt: \$106.56

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## Bagley Public Schools #162 November 2018 Hand Payables Check Register

Co	Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type		
0162	FNB	32800	1170		DEAN FOODS NC		Check		
				E 02	005 770 701 495 000 Milk-Lunches			\$157.29	
PO#:	Voucher #:	69394	Invoice	Invoice No:	17713414	11/2/2018	Paid Amt:	\$157.29	
				E 02	005 770 701 495 000 Milk-Lunches			\$530.89	
PO#:	Voucher #:	69395	Invoice	Invoice No:	17713382	11/2/2018	Paid Amt:	\$530.89	
				E 02	005 770 701 495 000 Milk-Lunches			\$391.03	
PO#:	Voucher #:	69396	Invoice	Invoice No:	17713338	11/2/2018	Paid Amt:	\$391.03	
				E 02	005 770 701 495 000 Milk-Lunches			\$104.32	
PO#:	Voucher #:	69397	Invoice	Invoice No:	17713337	11/2/2018	Paid Amt:	\$104.32	
				E 02	005 770 701 495 000 Milk-Lunches			\$131.72	
PO#:	Voucher #:	69398	Invoice	Invoice No:	17713306	11/2/2018	Paid Amt:	\$131.72	
				E 02	005 770 701 495 000 Milk-Lunches			\$384.78	
PO#:	Voucher #:	69399	Invoice	Invoice No:	17713307	11/2/2018	Paid Amt:	\$384.78	
				E 02	005 770 701 495 000 Milk-Lunches			\$130.27	
PO#:	Voucher #:	69400	Invoice	Invoice No:	17713272	11/2/2018	Paid Amt:	\$130.27	
				E 02	005 770 701 495 000 Milk-Lunches			\$123.52	
PO#:	Voucher #:	69401	Invoice	Invoice No:	17713236	11/2/2018	Paid Amt:	\$123.52	
				E 02	005 770 701 495 000 Milk-Lunches			\$560.12	
PO#:	Voucher #:	69402	Invoice	Invoice No:	17713273	11/2/2018	Paid Amt:	\$560.12	
				E 02	005 770 701 495 000 Milk-Lunches			\$15.97	
PO#:	Voucher #:	69403	Invoice	Invoice No:	SHORTPAYS	11/2/2018	Paid Amt:	\$15.97	
							Check Amount:	\$3,664.78	
0162	FNB	32801	47595		MARCO, INC.		Check		
				E 01	300 211 000 380 000 Computer/Technology Lease			\$857.87	
				E 01	030 211 305 380 000 Computer/Technology Lease			\$35.74	
				E 01	005 760 720 380 000 Computer/Technology Lease			\$71.49	
				E 01	005 110 000 380 000 Computer/Technology Lease			\$142.92	
				E 01	100 203 000 380 000 Computer/Technology Lease			\$393.19	
				E 04	005 505 321 380 000 Computer/Technology Lease			\$71.49	
PO#:	Voucher #:	69387	Invoice	Invoice No:	369788674	11/2/2018	Paid Amt:	\$1,572.70	
							Check Amount:	\$1,572.70	
0162	FNB	32802	33350		US FOODSERVICE - GRAND FORKS		Check		
				E 02	005 770 701 490 000 Food-Lunches			\$745.16	
				E 02	005 770 705 490 000 Food-Breakfast			\$305.71	
				E 02	005 770 701 401 000 General Supplies-Lunches			\$42.32	
PO#:	Voucher #:	69386	Invoice	Invoice No:	3446813	11/2/2018	Paid Amt:	\$1,093.19	
							Check Amount:	\$1,093.19	

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## Bagley Public Schools #162 November 2018 Hand Payables Check Register

Co	Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type		
0162	FNB	32803	58420		<b>NORTHWEST SERVICE COOPERATIVE</b>		Check		
				E 01	300 291 000 305 116	TEAMS FOR KNOWLEDGE BOWL PARTCIP.		\$425.00	
		PO#: 67551	Voucher #: 69427	Invoice	Invoice No: 110518	11/5/2018		Paid Amt: \$425.00	
								Check Amount: \$425.00	
0162	FNB	32804	33350		<b>US FOODSERVICE - GRAND FORKS</b>		Check		
				E 02	005 770 701 490 000	Food-Lunches		\$61.20	
		PO#:	Voucher #: 69428	Invoice	Invoice No: 3419050	11/5/2018		Paid Amt: \$61.20	
				E 02	005 770 701 490 000	Food-Lunches		\$1,809.11	
				E 02	005 770 705 490 000	Food-Breakfast		\$76.20	
		PO#:	Voucher #: 69429	Invoice	Invoice No: 3446809	11/5/2018		Paid Amt: \$1,885.31	
								Check Amount: \$1,946.51	
0162	FNB	32805	33350		<b>US FOODSERVICE - GRAND FORKS</b>		Check		
				E 02	005 770 701 490 000	Food-Lunches		\$745.31	
				E 02	005 770 705 490 000	Food-Breakfast		\$374.04	
		PO#:	Voucher #: 69440	Invoice	Invoice No: 3502668	11/7/2018		Paid Amt: \$1,119.35	
								Check Amount: \$1,119.35	
0162	FNB	32806	1659		<b>BIMBO BAKERIES USA</b>		Check		
				E 02	005 770 701 490 000	Food-Lunches		\$181.80	
		PO#:	Voucher #: 69446	Invoice	Invoice No: 34825	11/8/2018		Paid Amt: \$181.80	
								Check Amount: \$181.80	
0162	FNB	32807	1643	1643-1	<b>GRAND CASINO INN</b>		Check		
				E 01	300 605 320 366 000	ROOM FOR CAROL VIK & JENNY FRALEY -		\$338.85	
				E 01	300 605 320 366 000	ROOM FOR BRITTANY NATTRASS - CONF#		\$338.85	
				E 01	300 605 320 366 000	ROOM FOR GRAHAM HENSEL - CONF# BPI		\$338.85	
				E 01	300 605 320 366 000	ROOM FOR GERI THOMPSON, GRACI SAN		\$338.85	
				E 01	300 605 320 366 000	ROOM FOR AYDEN HALL - CONF# QYJP5		\$338.85	
				E 01	300 605 320 366 000	ROOM FOR ALICIA AUGINAUSH, HAZEL BE		\$338.85	
		PO#: 67534	Voucher #: 69469	Invoice	Invoice No: 111318	11/13/2018		Paid Amt: \$2,033.10	
								Check Amount: \$2,033.10	
0162	FNB	32808	73661		<b>SYSCO NORTH DAKOTA</b>		Check		
				E 02	005 770 701 490 000	Food-Lunches		\$631.42	
				E 02	005 770 701 401 000	General Supplies-Lunches		\$109.36	
		PO#:	Voucher #: 69467	Invoice	Invoice No: 195390650	11/13/2018		Paid Amt: \$740.78	
								Check Amount: \$740.78	
0162	FNB	32809	33350		<b>US FOODSERVICE - GRAND FORKS</b>		Check		
				E 02	005 770 701 490 000	Food-Lunches		\$1,004.83	

## Bagley Public Schools #162 November 2018 Hand Payables Check Register

Co	Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type		
0162	FNB	32809	33350		US FOODSERVICE - GRAND FORKS		Check		
				E 02	005 770 705 490 000 Food-Breakfast			\$75.25	
PO#:	Voucher #:	69468	Invoice	Invoice No:	3502669	11/13/2018	Paid Amt:	\$1,080.08	
							Check Amount:	\$1,080.08	
0162	FNB	32810	58056		NORTHERN MUNICIPAL POWER AGENCY		Check		
				E 01	310 810 000 330 000 Utilities-Maintenance			\$1,609.37	
PO#:	Voucher #:	69319	Invoice	Invoice No:	102918	11/14/2018	Paid Amt:	\$1,609.37	
							Check Amount:	\$1,609.37	
0162	FNB	32811	33350		US FOODSERVICE - GRAND FORKS		Check		
				E 02	005 770 701 490 000 Food-Lunches			\$574.04	
				E 02	005 770 701 401 000 General Supplies-Lunches			\$14.61	
PO#:	Voucher #:	69504	Invoice	Invoice No:	3578625	11/16/2018	Paid Amt:	\$588.65	
				E 02	005 770 701 490 000 Food-Lunches			\$2,318.67	
				E 02	005 770 705 490 000 Food-Breakfast			\$409.73	
PO#:	Voucher #:	69505	Invoice	Invoice No:	3635471	11/16/2018	Paid Amt:	\$2,728.40	
							Check Amount:	\$3,317.05	
0162	FNB	32812	75457		TIES		Check		
				E 01	100 640 316 366 000 Travel-Staff Development			\$972.50	
PO#:	Voucher #:	69518	Invoice	Invoice No:	102018	11/20/2018	Paid Amt:	\$972.50	
							Check Amount:	\$972.50	
0162	FNB	32813	33350		US FOODSERVICE - GRAND FORKS		Check		
				E 02	005 770 701 490 000 Food-Lunches			\$1,213.96	
				E 02	005 770 705 490 000 Food-Breakfast			\$454.96	
PO#:	Voucher #:	69506	Invoice	Invoice No:	3635472	11/20/2018	Paid Amt:	\$1,668.92	
							Check Amount:	\$1,668.92	
0162	FNB	32814	1044		MN INDIAN EDUCATION ASSOCIATION		Check		
				E 01	300 605 510 366 000 REGISTRATION FOR FOR MIEA CONFERENCE			\$250.00	
PO#: 67487	Voucher #:	69519	Invoice	Invoice No:	569	11/21/2018	Paid Amt:	\$250.00	
							Check Amount:	\$250.00	
0162	FNB	32815	33350		US FOODSERVICE - GRAND FORKS		Check		
				E 02	005 770 701 490 000 Food-Lunches			\$172.26	
PO#:	Voucher #:	69520	Invoice	Invoice No:	3772351	11/21/2018	Paid Amt:	\$172.26	
				E 02	005 770 701 490 000 Food-Lunches			\$207.35	
PO#:	Voucher #:	69521	Invoice	Invoice No:	3772350	11/21/2018	Paid Amt:	\$207.35	
				E 02	005 770 701 490 000 Food-Lunches			\$2,489.60	
				E 02	005 770 705 490 000 Food-Breakfast			\$80.02	
				E 02	005 770 701 401 000 General Supplies-Lunches			\$64.61	
PO#:	Voucher #:	69522	Invoice	Invoice No:	3772354	11/21/2018	Paid Amt:	\$2,634.23	

## Bagley Public Schools #162

### November 2018 Hand Payables Check Register

Co	Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type		
0162	FNB	32815	33350		<b>US FOODSERVICE - GRAND FORKS</b>		Check		
				E 02	005 770 701 490 000	Food-Lunches		\$28.71	
PO#:	Voucher #:	69523	Invoice	Invoice No:	3713674	11/21/2018	Paid Amt:	\$28.71	
				E 02	005 770 701 490 000	Food-Lunches		\$1,023.96	
				E 02	005 770 705 490 000	Food-Breakfast		\$176.65	
				E 02	005 770 701 401 000	General Supplies-Lunches		\$177.46	
PO#:	Voucher #:	69524	Invoice	Invoice No:	3713673	11/21/2018	Paid Amt:	\$1,378.07	
				E 02	005 770 701 490 000	Food-Lunches		\$113.74	
PO#:	Voucher #:	69525	Invoice	Invoice No:	3772349	11/21/2018	Paid Amt:	\$113.74	
				E 02	005 770 705 490 000	Food-Breakfast		(\$53.52)	
PO#:	Voucher #:	69526	Invoice	Invoice No:	3772353	11/21/2018	Paid Amt:	(\$53.52)	
				E 02	005 770 701 490 000	Food-Lunches		\$632.92	
				E 02	005 770 705 490 000	Food-Breakfast		\$414.60	
PO#:	Voucher #:	69527	Invoice	Invoice No:	3772353	11/21/2018	Paid Amt:	\$1,047.52	
							Check Amount:	\$5,528.36	
0162	FNB	32816	1305		<b>KONICA MINOLTA PREMIER FINANCE</b>		Check		
				E 01	300 211 000 380 000	Computer/Technology Lease		\$953.05	
PO#:	Voucher #:	69530	Invoice	Invoice No:	371297029	11/26/2018	Paid Amt:	\$953.05	
							Check Amount:	\$953.05	
0162	FNB	32817	51065		<b>MN BOARD OF SCHOOL ADMINISTRAT</b>		Check		
				E 01	005 020 000 820 000	ANNUAL FEE ADMINISTRATIVE LICENSE - :		\$75.00	
				E 01	300 050 000 820 000	ANNUAL FEE ADMINISTRATIVE LICENSE - '		\$75.00	
PO#: 67576	Voucher #:	69533	Invoice	Invoice No:	112618	11/26/2018	Paid Amt:	\$150.00	
							Check Amount:	\$150.00	
0162	FNB	32818	05405		<b>BAGLEY EDUCATION ASSOC</b>		Check		
				B 01	215 040	Dues and ID Theft		\$28,871.89	
				E 01	005 110 000 899 000	Miscellaneous Exp-Business Office		\$424.04	
PO#:	Voucher #:	69539	Invoice	Invoice No:	112618	11/26/2018	Paid Amt:	\$29,295.93	
							Check Amount:	\$29,295.93	
0162	FNB	32819	1659		<b>BIMBO BAKERIES USA</b>		Check		
				E 02	005 770 701 490 000	Food-Lunches		\$297.55	
PO#:	Voucher #:	69540	Invoice	Invoice No:	34887	11/26/2018	Paid Amt:	\$297.55	
							Check Amount:	\$297.55	
0162	FNB	32820	61525		<b>PETTY CASH FUND</b>		Check		
				E 01	005 110 000 305 000	Fees For Services-Business Office		\$90.00	
				E 01	300 291 000 305 136	Fees For Services-Student Helpers		\$67.56	
				E 02	005 770 701 401 000	General Supplies-Lunches		\$48.88	
				E 01	300 292 000 401 295	General Supplies-Athletic Support		\$429.50	

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## Bagley Public Schools #162

### November 2018 Hand Payables Check Register

Co	Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type
0162	FNB	32820	61525		<b>PETTY CASH FUND</b>		<b>Check</b>
				E 01	300 605 320 430 000	Instructional Supply-AMI	\$8.00
				E 01	300 291 000 401 126	General Supplies-Drama Club	\$50.00
				E 01	005 105 000 401 166	General Supplies-Radiothon	\$59.64
				E 04	005 505 321 305 000	Fees For Services-Comm Ed	\$398.25
				E 01	300 640 316 366 000	Travel-Staff Development	\$23.78
				E 01	005 020 000 299 000	Other Benefits-Supt. Office	\$451.56
				E 01	300 294 000 305 212	Fees For Services-Football	\$100.00
				E 01	300 294 000 305 209	Fees For Services-Hockey	\$570.00
				E 01	300 294 000 305 210	Fees For Services-Boys X-Country	\$45.00
				E 01	300 296 000 305 211	Fees For Services-Girls Cross Country	\$45.00
				E 01	300 296 000 305 213	Fees For Services-Volleyball	\$150.00
				E 01	100 050 000 299 000	Other Benefits- Elem Office	\$132.05
				E 01	300 050 000 401 000	General Supplies-HS Office	\$31.47
				E 01	300 050 000 366 000	Travel-HS Office	\$58.08
				E 01	300 291 000 401 130	General Supplies-Jr Hi Drama Club	\$137.17
				E 01	005 760 720 305 000	Fees For Services-Reg Transportation	\$30.00
				E 01	300 296 000 305 205	Fees For Services-Girls BB	\$410.00
				E 01	005 110 000 329 000	Postage/UPS-Business Office	\$11.93
				E 01	300 294 000 305 205	Fees For Services-Boys BB	\$615.00
				E 04	005 582 344 401 000	General Supplies-School Readiness	\$21.96
<b>PO#:</b>	<b>Voucher #:</b>	<b>69551</b>	<b>Invoice</b>	<b>Invoice No:</b>	<b>112918</b>	<b>11/29/2018</b>	<b>Paid Amt: \$3,984.83</b>
							<b>Check Amount: \$3,984.83</b>
0162	FNB	32821	61530		<b>PETTY CASH -TRAVEL</b>		<b>Check</b>
				E 01	005 760 723 360 000	Transportation Costs	\$372.78
				E 01	300 640 316 366 000	Travel-Staff Development	\$866.52
				E 01	300 294 000 369 205	Team Travel-Boys BB	\$100.00
				E 01	300 605 320 369 000	Student Travel - AMI	\$265.00
				E 01	300 605 320 366 000	Travel-AMI	\$332.84
				E 01	005 110 000 366 000	Travel-Business Office	\$7.15
				E 01	100 640 316 366 000	Travel-Staff Development	\$178.70
				E 01	300 211 000 369 000	Student Travel	\$135.00
				E 01	005 020 000 366 000	Travel-Supt. Office	\$10.57
				E 01	100 050 000 366 000	Travel-Elem Office	\$10.56
				E 01	300 050 000 366 000	Travel-HS Office	\$10.56
				E 01	300 640 316 366 000	Travel-Staff Development	(\$200.00)
<b>PO#:</b>	<b>Voucher #:</b>	<b>69550</b>	<b>Invoice</b>	<b>Invoice No:</b>	<b>112918</b>	<b>11/29/2018</b>	<b>Paid Amt: \$2,089.68</b>
							<b>Check Amount: \$2,089.68</b>

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## Bagley Public Schools #162 November 2018 Hand Payables Check Register

Co	Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type		
0162	FNB	32822	73661		<b>SYSCO NORTH DAKOTA</b>		Check		
				E 02	005 770 701 490 000			\$484.21	
					Food-Lunches				
		PO#:	Voucher #:	69549	Invoice	Invoice No: 195402042	11/29/2018	Paid Amt:	\$484.21
								Check Amount:	\$484.21
0162	FNB	32823	33350		<b>US FOODSERVICE - GRAND FORKS</b>		Check		
				E 02	005 770 701 490 000			\$1,804.73	
				E 02	005 770 705 490 000			\$550.59	
					Food-Lunches				
					Food-Breakfast				
		PO#:	Voucher #:	69548	Invoice	Invoice No: 3883685	11/29/2018	Paid Amt:	\$2,355.32
								Check Amount:	\$2,355.32
0162	FNB	32824	58394		<b>NORTHWEST EVALUATION ASSOCIATI</b>		Check		
				E 01	300 640 316 305 000			\$253.75	
					Fees For Services-Staff Development				
		PO#:	Voucher #:	69552	Invoice	Invoice No: 9874	11/29/2018	Paid Amt:	\$253.75
								Check Amount:	\$253.75
0162	FNB	32825	51065		<b>MN BOARD OF SCHOOL ADMINISTRAT</b>		Check		
				E 01	100 050 000 820 000			\$75.00	
					ANNUAL FEE STATMENT				
		PO#: 67583	Voucher #:	69581	Invoice	Invoice No: 113018	11/30/2018	Paid Amt:	\$75.00
								Check Amount:	\$75.00
								Report Total:	\$73,293.70

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**Bagley Public Schools #162**  
**November 2018 Hand Payables Check Register**  
**Fund Summary**

<b>Fund</b>	<b>Description</b>	<b>Total</b>
01	General Fund	\$46,130.33
02	Food Service	\$26,671.67
04	Community Services	\$491.70
<b>Report Total</b>		<b>\$73,293.70</b>

**Bagley Public Schools  
Treasurer's Report  
Period Ended November 30, 2018**

<b>CASH SUMMARY</b>	<b>General</b>	<b>Food Service</b>	<b>Community Service</b>	<b>Capital Projects</b>	<b>Debt Redemption</b>	<b>Trust</b>	<b>Total</b>
Ending Cash Balances	<u>3,168,664.77</u>	<u>90,933.85</u>	<u>294,687.46</u>	<u>299,454.56</u>	<u>371,412.40</u>	<u>7,863.46</u>	<u>4,233,016.50</u>
<b>OPERATING ANALYSIS</b>							
<b>Revenues</b>							
Current Month Receipts	315,996.84	59,939.35	9,713.02	0.00	40,304.06	0.00	425,953.27
Previous Months	<u>3,071,928.72</u>	<u>85,856.88</u>	<u>64,734.07</u>	<u>0.00</u>	<u>212,427.79</u>	<u>0.00</u>	<u>3,434,947.46</u>
<b>Total YTD Revenues</b>	<b><u>3,387,925.56</u></b>	<b><u>145,796.23</u></b>	<b><u>74,447.09</u></b>	<b><u>0.00</u></b>	<b><u>252,731.85</u></b>	<b><u>0.00</u></b>	<b><u>3,860,900.73</u></b>
Current Month Expenditures	1,129,854.40	52,539.38	14,066.03	0.00	0.00	0.00	1,196,459.81
Previous Months	<u>3,859,539.19</u>	<u>141,357.17</u>	<u>68,252.77</u>	<u>0.00</u>	<u>87,107.50</u>	<u>0.00</u>	<u>4,156,256.63</u>
<b>Total YTD Expenditures</b>	<b><u>4,989,393.59</u></b>	<b><u>193,896.55</u></b>	<b><u>82,318.80</u></b>	<b><u>0.00</u></b>	<b><u>87,107.50</u></b>	<b><u>0.00</u></b>	<b><u>5,352,716.44</u></b>
<b>Revenues Over (Under) Expenditures</b>	<b><u>(1,601,468.03)</u></b>	<b><u>(48,100.32)</u></b>	<b><u>(7,871.71)</u></b>	<b><u>0.00</u></b>	<b><u>165,624.35</u></b>	<b><u>0.00</u></b>	<b><u>(1,491,815.71)</u></b>

<b>BUDGET ANALYSIS</b>							
<b>Revenues</b>							
YTD Revenues	3,859,539.19	141,357.17	68,252.77	0.00	87,107.50	0.00	3,860,900.73
Budget	<u>12,835,984.00</u>	<u>567,850.00</u>	<u>255,705.00</u>	<u>0.00</u>	<u>403,689.00</u>	<u>1,000.00</u>	<u>14,064,228.00</u>
Over (Under) Budget	<u>(8,976,444.81)</u>	<u>(426,492.83)</u>	<u>(187,452.23)</u>	<u>0.00</u>	<u>(316,581.50)</u>	<u>(1,000.00)</u>	<u>(9,907,971.37)</u>
<b>% Budget Received</b>	<b><u>30.07%</u></b>	<b><u>24.89%</u></b>	<b><u>26.69%</u></b>	<b><u>0.00%</u></b>	<b><u>21.58%</u></b>	<b><u>0.00%</u></b>	<b><u>27.45%</u></b>
<b>Expenditures</b>							
YTD Expenditures	<u>(1,601,468.03)</u>	<u>(48,100.32)</u>	<u>(7,871.71)</u>	<u>0.00</u>	<u>165,624.35</u>	<u>0.00</u>	<u>5,352,716.44</u>
Budget	<u>13,344,671.00</u>	<u>588,310.00</u>	<u>228,876.00</u>	<u>0.00</u>	<u>444,215.00</u>	<u>1,100.00</u>	<u>14,607,172.00</u>
Over (Under) Budget	<u>(14,946,139.03)</u>	<u>(636,410.32)</u>	<u>(236,747.71)</u>	<u>0.00</u>	<u>(278,590.65)</u>	<u>(1,100.00)</u>	<u>(16,098,987.71)</u>
<b>% Budget Expended (Over)</b>	<b><u>-12.00%</u></b>	<b><u>-8.18%</u></b>	<b><u>-3.44%</u></b>	<b><u>0.00%</u></b>	<b><u>37.28%</u></b>	<b><u>0.00%</u></b>	<b><u>36.64%</u></b>

INDEPENDENT SCHOOL DISTRICT 162  
STATEMENT OF REVENUES AND EXPENDITURES  
BUDGET AND ACTUAL  
GENERAL FUND  
THROUGH MONTH ENDED NOVEMBER 30, 2018  
WITH COMPARATIVE AMOUNTS FOR THE YEAR ENDED JUNE 30, 2018

	2019			2018	
	Budgeted Amounts		Actual	Over (Under)	
	Original	Final		Final Budget	Actual
<b>REVENUES</b>					
Local Property Taxes	1,265,493	1,265,493	384,018.70	(881,474.30)	1,212,779
Other Local and County Revenues	249,750	249,750	125,303.71	(124,446.29)	297,425
Revenues from State Sources	10,471,183	10,471,183	2,653,147.26	(7,818,035.74)	10,563,316
Revenues from Federal Sources	656,000	656,000	219,216.49	(436,783.51)	739,950
Investment Earnings	10,000	10,000	6,239.40	(3,760.60)	10,203
<b>TOTAL REVENUES</b>	<b>12,652,426</b>	<b>12,652,426</b>	<b>3,387,925.56</b>	<b>(9,264,500)</b>	<b>12,823,672</b>
<b>EXPENDITURES</b>					
<b>District and School Administration</b>					
Wages	613,570	613,570	244,812.34	(368,757.66)	584,811
Benefits	165,198	165,198	64,892.92	(100,305.08)	154,231
Supplies/Services	51,775	51,775	39,892.01	(11,882.99)	64,050
<b>District Support Services</b>					
Wages	122,940	122,940	51,373.58	(71,566.42)	123,748
Benefits	28,000	28,000	10,723.62	(17,276.38)	26,726
Supplies/Services	165,095	165,095	113,356.01	(51,738.99)	172,195
<b>Regular Instruction</b>					
Wages	3,740,657	3,740,657	1,019,287.35	(2,721,369.65)	3,636,451
Benefits	1,074,221	1,074,221	361,175.01	(713,045.99)	979,404
Supplies/Services	761,807	761,807	322,853.68	(438,953.32)	691,619
<b>Vocational Instruction</b>					
Wages	52,600	52,600	13,311.36	(39,288.64)	51,558
Benefits	8,385	8,385	2,125.87	(6,259.13)	8,136
Supplies/Services	4,900	4,900	1,379.26	(3,520.74)	2,435
<b>Special Education</b>					
Wages	1,030,905	1,030,905	276,422.14	(754,482.86)	1,036,492
Benefits	247,169	247,169	64,735.32	(182,433.68)	222,609
Supplies/Services	979,519	979,519	371,888.07	(607,630.93)	959,223
<b>Instructional Support Services</b>					
Wages	291,778	291,778	110,296.55	(181,481.45)	349,104
Benefits	55,482	55,482	26,536.54	(28,945.46)	90,188
Supplies/Services	179,320	179,320	51,303.15	(128,016.85)	247,250
<b>Pupil Support Services</b>					
Wages	538,090	538,090	183,677.49	(354,412.51)	509,825
Benefits	103,495	103,495	32,076.84	(71,418.16)	84,438
Supplies/Services	448,995	448,995	403,338.87	(45,656.13)	307,755
<b>Site, Buildings &amp; Equipment</b>					
Wages	566,793	566,793	222,009.79	(344,783.21)	562,079
Benefits	117,360	117,360	42,997.01	(74,362.99)	117,640
Supplies/Services	1,965,095	1,965,095	927,407.45	(1,037,687.55)	1,722,900
<b>Fiscal &amp; Other Fixed Costs</b>	<b>31,522</b>	<b>31,522</b>	<b>31,521.36</b>	<b>(0.64)</b>	<b>34,638</b>
<b>TOTAL EXPENDITURES</b>	<b>13,344,671</b>	<b>13,344,671</b>	<b>4,989,393.59</b>	<b>(8,355,277)</b>	<b>12,739,505</b>
Excess (Deficiency) of Revenues					
Over (Under) Expenditures	(692,245)	(692,245)	(1,601,468)	(909,223)	84,167

## Bagley Public Schools #162 November 2018 Wire Payments Register

Co	Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type
0162	FNB	1016			MN DEPT OF REVENUE		Wire
				B 01 215 013	State W/H Payable	\$24,141.99	
PO#:	Voucher #:	69360	Invoice	Invoice No:	M2019040	11/9/2018	Paid Amt: \$24,141.99
				B 01 215 013	State W/H Payable	\$13.44	
PO#:	Voucher #:	69371	Credit	Invoice No:	Z2019040	11/9/2018	Paid Amt: (\$13.44)
							Check Amount: \$24,128.55
0162	FNB	1015			IRS		Wire
				B 01 215 010	FICA Payable	\$93,129.58	
				B 01 215 011	Fed W/H Payable	\$47,621.11	
PO#:	Voucher #:	69359	Invoice	Invoice No:	M2019040	11/9/2018	Paid Amt: \$140,750.69
				B 01 215 011	Fed W/H Payable	\$30.16	
PO#:	Voucher #:	69370	Credit	Invoice No:	Z2019040	11/9/2018	Paid Amt: (\$30.16)
				B 01 215 010	FICA Payable	\$142.86	
PO#:	Voucher #:	69374	Invoice	Invoice No:	Z2019040	11/9/2018	Paid Amt: \$142.86
							Check Amount: \$140,863.39
0162	FNB	09890			NW SERVICE COOP SCHOOL		Wire
				B 01 215 030	Insurance Payable	\$62,474.00	
PO#:	Voucher #:	69339	Invoice	Invoice No:	M2019040	11/9/2018	Paid Amt: \$62,474.00
							Check Amount: \$62,474.00
0162	FNB	51276			MINNESOTA CHILD SUPPORT PAY CT		Wire
				B 01 215 035	Garnishments	\$1,092.00	
PO#:	Voucher #:	69361	Invoice	Invoice No:	M2019040	11/9/2018	Paid Amt: \$1,092.00
							Check Amount: \$1,092.00
0162	FNB	1014			TRA		Wire
				B 01 215 018	TRA Payable	\$60,121.38	
PO#:	Voucher #:	69358	Invoice	Invoice No:	M2019040	11/9/2018	Paid Amt: \$60,121.38
				B 01 215 018	TRA Payable	\$117.88	
PO#:	Voucher #:	69373	Invoice	Invoice No:	Z2019040	11/9/2018	Paid Amt: \$117.88
							Check Amount: \$60,239.26
0162	FNB	62905			PUBLIC EMPLOYEES RET ASSOC		Wire
				B 01 215 017	PERA Payable	\$30,347.41	
PO#:	Voucher #:	69363	Invoice	Invoice No:	M2019040	11/9/2018	Paid Amt: \$30,347.41
				B 01 215 017	PERA Payable	\$22.19	
PO#:	Voucher #:	69375	Invoice	Invoice No:	Z2019040	11/9/2018	Paid Amt: \$22.19
							Check Amount: \$30,369.60

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### Bagley Public Schools #162 November 2018 Wire Payments Register

Co	Bank	Check No	Code	Rcd	Vendor	Pmt/Void Date	Pmt Type
0162	FNB	52569			MINNESOTA REVENUE		Wire
				B 01 215 035	Garnishments		\$140.98
PO#:	Voucher #:	69362	Invoice	Invoice No:	M2019040	11/9/2018	Paid Amt: \$140.98
							Check Amount: \$140.98
							Report Total: \$319,307.78

**Bagley Public Schools #162**  
**November 2018 Wire Payments Register**  
**Fund Summary**

<b>Fund Description</b>	<b>Total</b>
01 General Fund	\$319,307.78
<b>Report Total</b>	<b>\$319,307.78</b>

Elementary Auxiliary Account  
November 30, 2018

	11/1/18	Receipts	Disbursements	11/30/18
Student Activities	\$256.05	66	\$1.00	\$321.05
Title VII	\$24.92			\$24.92
Total	\$280.97	\$66.00	\$1.00	\$345.97


BAGLEY ELEM SCHOOL  
 AUXILARY ACCOUNT  
 FY 19

	7/1/18	Receipts	Disbursements	6/30/19
Student Activities	\$260.05	\$66.00	\$5.00	\$321.05
Title VII	\$24.92	\$0.00	\$0.00	\$24.92
<b>Total</b>	<b>\$284.97</b>	<b>\$66.00</b>	<b>\$5.00</b>	<b>\$345.97</b>

## Bagley High School Auxiliary Master Account-2017-2018 School Year

Nov. 1-30-2018				
Auxiliary Accounts:	Beg Balance	Receipts	Disbursements	End Balance
Class of 2019	\$650.91	\$1,384.00	\$1,291.30	\$743.61
Class of 2020	\$169.58	\$77.00		\$246.58
Class of 2021	\$207.71			\$207.71
Class of 2022	\$245.19			\$245.19
Class of 2023	\$80.99			\$80.99
Class of 2024	\$165.49			\$165.49
Band/Choir	\$7,971.43	\$3,733.00	\$1,650.00	\$10,054.43
Cultural Club	\$0.49			\$0.49
Media Club	\$1,701.16	\$580.00	\$55.58	\$2,225.58
Prom	\$937.98			\$937.98
Robotics	\$5,334.96		\$1,580.47	\$3,754.49
Student Council	\$12,607.29	\$2,526.57	\$4,384.06	\$10,749.80
Flyer Pride	\$280.59	\$1,420.00	\$710.00	\$990.59
Life Skills	\$183.49			\$183.49
Math League	\$29.10			\$29.10
<b>TOTALS</b>	<b>\$30,566.36</b>	<b>\$9,720.57</b>	<b>\$9,671.41</b>	<b>\$30,615.52</b>

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 \_\_\_\_\_  
 Tony Kerr  
 High School Principal

  
 \_\_\_\_\_  
 Date

# Passive Consent Notice to Parents

## School District Plan to Survey Students

### 2019 Minnesota Student Survey

Our school district is asking students in grades 5, 8, 9 and 11 to participate in the 2019 Minnesota Student Survey (MSS). Federal law requires us to notify parents of this school activity. The MSS is conducted in schools across our state every three years.

Questions on the survey are about many topics relating to young people’s lives. The survey asks about how well school is going, future plans, out-of-school activities, physical and mental health, relationships, substance use and more. High school students are asked about sexual behavior. This useful information about their thoughts and behaviors helps communities and schools develop effective programs and provide better services.

The Minnesota Student Survey (MSS) will be administered the week of **January 22 – 25, 2019**.

If you have questions about the survey, please contact Amy Kent at 218-694-3120 or [akent@bagley.k12.mn.us](mailto:akent@bagley.k12.mn.us).

You have the right to review a copy of the survey. For details on how to do this, please contact: Amy Kent at 218-694-3120 or [akent@bagley.k12.mn.us](mailto:akent@bagley.k12.mn.us). You may also review the surveys on our district website, [www.bagley.k12.mn.us](http://www.bagley.k12.mn.us), under curriculum.

This survey is anonymous. To prevent individuals or families from being identified, students do not provide their names, student identification numbers or other personal information.

This survey is voluntary. You may choose to have your child not take the survey by completing and returning the form below. Students may also decline to take any part of the survey or the whole survey. They are informed of that option by staff.

***If you do not want your child to take the Minnesota Student Survey, please return this form to the building principal by the end of the day on **Thursday, January 17<sup>th</sup>, 2019.*****

Student’s name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student’s School: \_\_\_\_\_

Parent/Guardian name (please print): \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Minnesota Student Survey – Level 1

You can help your community and school learn more about the lives and feelings of young people like you. The questions on this survey cover many areas. Some questions might make you feel uncomfortable. You do not have to answer any question you don't want to. You can choose not to complete the survey.

No one will know how you answered these questions. Your answers will be kept private. Thank you for filling out this survey honestly and carefully.

**1. What is your grade in school right now?**

- a. 5th grade
- b. 6th grade

**2. How old are you?**

- a. 9 years old or younger
- b. 10 years old
- c. 11 years old
- d. 12 years old
- e. 13 years old
- f. 14 years old or older

**3. How do you describe yourself? (If more than one describes you, mark ALL that apply)**

- a. American Indian or Alaskan Native
- b. Asian or Asian American
- c. Black, African or African American
- d. Hispanic or Latino/a
- e. Native Hawaiian or Other Pacific Islander
- f. White

**\* If you are American Indian or Alaskan Native, which group best describes you? (If more than one describes you, mark ALL that apply)**

- a. Anishinaabe/Ojibwe
- b. Dakota/Lakota
- c. Other tribal affiliation

**\* If you are Asian or Asian American, which group best describes you? (If more than one describes you, mark ALL that apply)**

- a. Asian Indian
- b. Burmese
- c. Chinese
- d. Filipino
- e. Hmong
- f. Karen
- g. Korean
- h. Lao
- i. Vietnamese
- j. Other Asian

**\* If you are Black, African or African American, which group best describes you? (If more than one describes you, mark ALL that apply)**

- a. African American
- b. Ethiopian – Oromo
- c. Ethiopian – other
- d. Liberian
- e. Nigerian
- f. Somali
- g. Other Black, African or African American

**\* If you are Hispanic or Latino/Latina, which group best describes you? (If more than one describes you, mark ALL that apply)**

- a. Colombian
- b. Ecuadoran
- c. Guatemalan
- d. Mexican
- e. Puerto Rican
- f. Salvadoran
- g. Spanish/Spanish-American
- h. Other Hispanic or Latino/Latina

**4. Are you male or female?**

- a. Male
- b. Female

**5. Do you receive special education services as part of an individual education plan or IEP?**

- a. Yes
- b. No
- c. Not sure

**6. Do you currently get free or reduced-price lunch at school?**

- a. Yes
- b. No
- c. Not sure

**7. How would you describe your grades this school year?**

- a. Mostly As
- b. Mostly Bs
- c. Mostly Cs
- d. Mostly Ds
- e. Mostly Fs
- f. Mostly Incompletes
- g. None of these letter grades

**8. During the last 30 days, how many times did you miss...?**

	None	Once or twice	3 to 5 times	6 to 9 times	10 or more times
A full day of school? (Do not include school-sponsored activities like field trips, sports, academic or music events.)					
A part of a day of school such as coming late, leaving early or missing class time during the day? (Do not include school-sponsored activities like field trips, sports, academic or music events.)					

**\* What are the reasons you missed a full or part of a day of school in the last 30 days? (Mark ALL that apply)**

- a. Illness (feeling physically sick), including problems with breathing or your teeth
- b. Medical, dental or other health-related appointment
- c. Vacation or trip
- d. Felt very sad, hopeless, anxious, stressed or angry
- e. Didn't get enough sleep
- f. Didn't feel safe at school
- g. Missed your ride or didn't have a way to get to school
- h. Had to work
- i. Had to take care of or help a family member or friend
- j. Had no place to shower or wash clothes
- k. Wanted to use alcohol or drugs
- l. Behind in schoolwork or not prepared for a test or class assignment
- m. Bored with or not interested in school
- n. Suspended from school
- o. Other reason

**9. During the last 30 days, how many times did you get sent out of the classroom for discipline?**

- a. None
- b. Once or twice
- c. 3 to 5 times
- d. 6 to 9 times
- e. 10 or more times

**10. How often do you...**

	All of the time	Most of the time	Some of the time	None of the time
Care about doing well in school?				
Pay attention in class?				
Go to class unprepared?				

**11. How much do you agree or disagree with each of the following statements?**

	Strongly agree	Agree	Disagree	Strong disagree
If something interests me, I try to learn more about it.				
I think things I learn at school are useful.				
Being a student is one of the most important parts of who I am.				
Overall, adults at my school treat students fairly.				
Adults at my school listen to the students.				
The school rules are fair.				
At my school, teachers care about students.				
Most teachers at my school are interested in me as a person.				

**12. How much do you agree or disagree with each of the following statements?**

	Strongly agree	Agree	Disagree	Strongly disagree
I feel safe going to and from school.				
I feel safe at school.				
I feel safe in my neighborhood.				
I feel safe at home.				

**13. During the last 30 days, how often have other students harassed or bullied you for any of the following reasons?**

	Never	Once or twice	About one a week	Several times a week	Every day
Your race, ethnicity or national origin					
Your religion					
Your gender (being male or female)					
A physical or mental disability					
Your size or weight					
Your physical appearance					

**14. During the last 30 days, how often have you been cyberbullied? (Count being bullied through texting, Instagram, Snapchat or other social media)**

- a. Never
- b. Once or twice
- c. About once a week
- d. Several times a week
- e. Every day

**15. During the last 30 days, how often have other students at school...**

	Never	Once or twice	About once a week	Several times a week	Every day
Pushed, shoved, slapped, hit or kicked you when they weren't kidding around?					
Threatened to beat you up?					
Spread mean rumors or lies about you?					
Excluded you from friends, other students or activities?					

**16. During the last 30 days, how many times at school have YOU...**

	Never	Once or twice	About once a week	Several times a week	Every day
Pushed, shoved, slapped, hit or kicked someone when you weren't kidding around?					
Threatened to beat someone up?					
Spread mean rumors or lies about someone else?					
Excluded someone from friends, other students or activities?					

**17. During a typical week, how often are you home alone or somewhere unsupervised after school?**

- a. 0 days
- b. 1 day
- c. 2 days
- d. 3 days
- e. 4 days
- f. 5 days

**18. During a typical week, how often do you go to the following places after school?**

	0 days	1 day	2 days	3 to 4 days	5 days
I stay at my school or go to another school					
My home or another home such as a friend's, relative's or neighbor's					
A rec, community or other youth center					
A park or other outdoor space					
A library					
A church, synagogue, mosque, or other spiritual/religious place					

**19. Does your school or community offer a variety of programs for people your age to participate in outside of the regular school day?**

- a. Yes
- b. No
- c. I don't know what programs are available in my community

**20. During a typical week, how often do you participate in the following activities outside of the regular school day?**

	0 days	1 day	2 days	3 to 4 days	5 or more days
Sports teams, such as park and rec teams, school teams, in-house teams or traveling teams					
School sponsored activities or clubs that are not sports, such as drama, music, chess or science club					
Tutoring, homework help or academic programs					
Leadership activities such as student government, youth councils or committees					
Artistic lessons, such as music or dance					
Physical activity lessons, such as tennis or karate					
Other community clubs and programs such as 4-H, Scouts, Y-clubs or Community Ed					
Religious activities such as religious services, education or youth group					

**21. When you spend time doing activities outside of the regular school day, how often do you...**

	Rarely or never	Sometimes	Often	Very often
Feel safe?				
Learn skills like teamwork or leadership?				
Develop trusting relationships with peers your age?				
Develop trusting relationships with adults?				
Help make decisions?				
Do something that gives you joy and energy?				
Learn skills that you can use in a future job?				

**22. How would you describe your health in general?**

- a. Excellent
- b. Very good
- c. Good
- d. Fair
- e. Poor

**23. Have you had any of the following dental problems during the past 12 months? (Mark ALL that apply)**

- a. Toothaches or pain
- b. Decayed teeth or cavities
- c. Swollen, painful or bleeding gums
- d. Could not eat certain foods because of a dental problem
- e. Missed one or more school days because of a dental problem
- f. I have not had any of these dental health problems

**\* Have you had this dental problem treated by a dentist?**

- a. Yes
- b. No, but I will see a dentist
- c. No, I am not able to get dental treatment

**24. When was the last time you saw a dentist for a check-up, exam or teeth cleaning or other dental work?**

- a. During the last year
- b. Between 1 and 2 years ago
- c. More than 2 years ago
- d. Never

**25. Do you have any physical disabilities, or long-term health problems (such as asthma, cancer, diabetes, epilepsy or something else)? Long-term means lasting 6 months or more.**

- a. Yes
- b. No

**26. During the last 7 days, on how many days were you physically active for a total of AT LEAST 60 MINUTES PER DAY? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time)**

- a. 0 days
- b. 1 day
- c. 2 days
- d. 3 days
- e. 4 days
- f. 5 days
- g. 6 days
- h. 7 days

**27. During the last 30 days, have you had to skip meals because your family did not have enough money to buy food?**

- a. Yes
- b. No

**28. During a typical school week, where do you usually get your lunch? (Mark ALL that apply)**

- a. I usually don't eat lunch
- b. Regular school lunch from the cafeteria
- c. The a la carte line (buy individual items)
- d. School store or vending machine
- e. Fast food restaurant, gas station or somewhere else outside of school
- f. I bring lunch from home

**29. During the last 7 days, how many times did you...**

	I did NOT eat or drink this	1 to 3 times in the last 7 days	4 to 6 times in the last 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
Drink <b>100% fruit juices</b> such as orange, apple or grape? (Do <b>not</b> count punch, Kool-Aid, sports drinks or other fruit flavored drinks)							
Eat <b>fruit</b> ? (Do <b>not</b> count fruit juice)							
Eat <b>green salad, potatoes, carrots or other vegetables</b> ? (Do <b>not</b> count French Fries, fried potatoes, or potato chips)							
Eat from a <b>fast food restaurant</b> , including carry-out or delivery?							

**30. During the last 7 days, how many times did you drink...**

	I did NOT eat or drink this	1 to 3 times in the last 7 days	4 to 6 times in the last 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
A glass of <b>milk</b> ? (Count the milk you drank in a cup, from a carton, or with cereal.)							
A can, bottle or glass of <b>pop</b> or <b>soda</b> , such as Coke, Pepsi or Sprite? (Do <b>not</b> count diet pop or diet soda)							
A can, bottle or glass of a <b>sports drink</b> , such as Gatorade or Powerade? (Do <b>not</b> count low-calorie sports drinks such as Propel or G2)							
A can, bottle or glass of an <b>energy drink</b> , such as Rockstar, Red Bull, Monster or Full Throttle?							
A can, bottle or glass of <b>coffee</b> or <b>tea</b> that had sugar, syrups, or honey added to it? (Count coffee and tea you added a sweetener to or already had sweetener, such as Arizona Iced Tea or Frappuccinos. Do <b>not</b> count artificial sweeteners like Splenda, or diet drinks.)							
A can, bottle or glass of a <b>sweetened fruit drink</b> , such as Kool-Aid, Capri Sun or lemonade? (Do <b>not</b> count 100% fruit juice, such as 100% pure orange juice.)							
A bottle or glass of <b>water</b> ?							

**31. Has a doctor or nurse ever told you that you have...**

	Yes	No
Diabetes?		
Pre-diabetes?		
Asthma?		
An allergy that requires you to carry an epi-pen?		

**32. How often do you wear a seat belt when you are riding in a car, truck or SUV?**

- a. Never
- b. Rarely
- c. Sometimes
- d. Most of the time
- e. Always
- f. I am never in a car, truck or SUV

**33. During a typical school night, how many hours of sleep do you get?**

- a. 4 hours or less
- b. 5 hours
- c. 6 hours
- d. 7 hours
- e. 8 hours
- f. 9 hours
- g. 10 or more hours

**34. How much do you feel...**

	Not at all	A little	Some	Quite a bit	Very much
Your parents care about you?					
Other adult relatives care about you?					
Friends care about you?					
Teachers/other adults at school care about you?					
Adults in your community care about you?					

**35. Which of these adults can you talk to about problems you are having? (Mark ALL that apply)**

- a. Parent or guardian
- b. Adult at school
- c. Some other adult
- d. I don't have any adults that I can talk to about problems I am having

**36. In general, how does each of the following statements describe you?**

	Not at all or rarely	Somewhat or sometimes	Very or often	Extremely or almost always
I can shape and influence what happens in my life and future.				
I think about what I want to do in my life when I grow up.				
I feel good about myself.				
I say no to things that are dangerous or unhealthy.				
I build friendships with other people.				
I express my feelings in proper ways.				
I feel good about my future.				
I deal with disappointment without getting too upset.				
I find good ways to deal with things that are hard in my life.				
I plan ahead and make good choices.				
I stay away from bad influences.				
I resolve conflicts without anyone getting hurt.				
I feel valued and appreciated by others.				
I accept people who are different from me.				
I am included in family tasks and decisions.				
I am given useful roles and responsibilities.				
I am sensitive to the needs and feelings of others.				

**37. Thinking on back the last 30 days, how much do you agree or disagree?**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I worry a lot					
I sometimes feel sad without knowing why					

**38. Have you ever been in foster care? (Mark ALL that apply)**

- a. No
- b. Yes, during the last year
- c. Yes, more than a year ago

**39. During the last 12 months, how often have you...**

	Never	Once or twice	3 to 5 times	6 to 9 times	10 or more times
Run away from home?					
Damaged or destroyed property?					
Hit or beat up another person?					
Taken something from a store without paying for it?					

**40. During the last 30 days, have you smoked any cigarettes?**

- a. Yes
- b. No

**41. During the last 7 days, on how many days were you in the same room as someone who was smoking cigarettes?**

- a. 0 days
- b. 1 or 2 days
- c. 3 or 4 days
- d. 5 or 6 days
- e. All 7 days

**42. During the last 7 days, on how many days did you ride in a car with someone who was smoking cigarettes?**

- a. 0 days
- b. 1 or 2 days
- c. 3 or 4 days
- d. 5 or 6 days
- e. All 7 days

**43. During the last 12 months, have you...**

	Yes	No
Had alcoholic beverages to drink such as beer, wine, wine coolers, and liquor?		
Used marijuana (pot, weed) or hashish (hash, hash oil)?		
Sniffed glue or huffed or inhaled the contents of aerosol spray cans or other gases to get high?		
Used prescription drugs without a doctor's prescription or differently than how a doctor told you to use it?		

**\* indicates question will be skipped if it does not apply to the student based on previous answers.**

## Minnesota Student Survey – Level 2

You can help your community and school learn more about the lives and feelings of young people like you. The questions on this survey cover many areas. Some questions might make you feel uncomfortable. You do not have to answer any question you don't want to. You can choose not to complete the survey.

No one will know how you answered these questions. Your answers will be kept private. Thank you for filling out this survey honestly and carefully.

**1. What is your grade in school right now?**

- a. 7th grade
- b. 8th grade

**2. How old are you?**

- a. 11 years old or younger
- b. 12 years old
- c. 13 years old
- d. 14 years old
- e. 15 years old
- f. 16 years old
- g. 17 years old
- h. 18 years old
- i. 19-20 years old
- j. 21 years old or older

**3. How do you describe yourself? (If more than one describes you, mark ALL that apply)**

- a. American Indian or Alaskan Native
- b. Asian or Asian American
- c. Black, African or African American
- d. Hispanic or Latino/Latina
- e. Native Hawaiian or Other Pacific Islander
- f. White

**\* If you are American Indian or Alaskan Native, which group best describes you? (If more than one describes you, mark ALL that apply)**

- a. Anishinaabe/Ojibwe
- b. Dakota/Lakota
- c. Other tribal affiliation

**\* If you are Asian or Asian American, which group best describes you? (If more than one describes you, mark ALL that apply)**

- a. Asian Indian
- b. Burmese
- c. Chinese
- d. Filipino
- e. Hmong
- f. Karen
- g. Korean
- h. Lao
- i. Vietnamese
- j. Other Asian

**\* If you are Black, African or African American, which group best describes you? (If more than one describes you, mark ALL that apply)**

- a. African American
- b. Ethiopian – Oromo
- c. Ethiopian – other
- d. Liberian
- e. Nigerian
- f. Somali
- g. Other Black, African or African American

**\* If you are Hispanic or Latino/Latina, which group best describes you? (If more than one describes you, mark ALL that apply)**

- a. Colombian
- b. Ecuadoran
- c. Guatemalan
- d. Mexican
- e. Puerto Rican
- f. Salvadoran
- g. Spanish/Spanish-American
- h. Other Hispanic or Latino/Latina

**4. What is your biological sex?**

- a. Male
- b. Female

**5. Are you transgender, genderqueer, or genderfluid?**

- a. Yes
- b. No
- c. I am not sure about my gender identity
- d. I am not sure what this question means

**\* How do you describe yourself?**

- a. Male, trans male, trans man, or trans masculine
- b. Female, trans female, trans woman, or trans feminine
- c. Non-binary, genderqueer, or genderfluid
- d. I prefer to describe my gender as something else

**6. What is the MAIN thing you plan to do RIGHT AFTER high school?**

- a. I don't plan to graduate from high school
- b. Get my GED
- c. Go to a two-year community or technical college
- d. Go to a four-year college or university
- e. Get a license or certificate in a career field
- f. Attend an apprenticeship program
- g. Join the military
- h. Work at a job
- i. Other

**7. Do you receive special education services as part of an individual education plan or IEP?**

- a. Yes
- b. No
- c. Not sure

**8. Do you currently get free or reduced-price lunch at school?**

- a. Yes
- b. No
- c. Not sure

**9. How would you describe your grades this school year?**

- a. Mostly As
- b. Mostly Bs
- c. Mostly Cs
- d. Mostly Ds
- e. Mostly Fs
- f. Mostly Incompletes
- g. None of these letter grades

**10. During the last 30 days, how many times did you miss...**

	None	Once or twice	3 to 5 times	6 to 9 times	10 or more times
A full day of school? (Do not include school-sponsored activities like field trips, sports, academic or music events.)					
A part of a day of school such as coming late, leaving early or missing class time during the day? (Do not include school-sponsored activities like field trips, sports, academic or music events.)					

**\* What are the reasons you missed a full or part of a day of school in the last 30 days? (Mark ALL that apply)**

- a. Illness (feeling physically sick), including problems with breathing or your teeth
- b. Medical, dental or other health-related appointment
- c. Vacation or trip
- d. Felt very sad, hopeless, anxious, stressed or angry
- e. Didn't get enough sleep
- f. Didn't feel safe at school
- g. Missed your ride or didn't have a way to get to school
- h. Had to work
- i. Had to take care of or help a family member or friend
- j. Had no place to shower or wash clothes
- k. Wanted to use alcohol or drugs
- l. Behind in schoolwork or not prepared for a test or class assignment
- m. Bored with or not interested in school
- n. Suspended from school
- o. Other reason

**11. During the last 30 days, how many times did you get sent out of the classroom for discipline?**

- a. None
- b. Once or twice
- c. 3 to 5 times
- d. 6 to 9 times
- e. 10 or more times

**12. How often do you...**

	All of the time	Most of the time	Some of the time	None of the time
Care about doing well in school?				
Pay attention in class?				
Go to class unprepared?				

**13. How much do you agree or disagree with each of the following statements?**

	Strongly agree	Agree	Disagree	Strongly disagree
If something interests me, I try to learn more about it.				
I think things I learn at school are useful.				
Being a student is one of the most important parts of who I am.				
Overall, adults at my school treat students fairly.				
Adults at my school listen to the students.				
The school rules are fair.				
At my school, teachers care about students.				
Most teachers at my school are interested in me as a person.				

**14. How much do you agree or disagree with each of the following statements?**

	Strongly agree	Agree	Disagree	Strongly disagree
I feel safe going to and from school.				
I feel safe at school.				
I feel safe in my neighborhood.				
I feel safe at home.				

**15. Is there a police officer or School Resource Officer (SRO) at your school?**

- a. Yes
- b. No
- c. I don't know

**\* If I knew about something unsafe or illegal at my school, I would tell the SRO or police officer.**

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

**\* I would feel comfortable going to my school's police officer or SRO if I was having problems or needed help.**

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

**\* I think it is a good idea to have an SRO or police officer at our school.**

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

**16. During the last 30 days, how often have other students harassed or bullied you for any of the following reasons?**

	Never	Once or twice	About once a week	Several times a week	Every day
Your race, ethnicity or national origin					
Your religion					
Your gender (being male, female, transgender, etc.)					
A physical or mental disability					
Your size or weight					
Your physical appearance					

**17. During the last 30 days, how often have you been cyberbullied? (Count being bullied through texting, Instagram, Snapchat or other social media)**

- a. Never
- b. Once or twice
- c. About once a week
- d. Several times a week
- e. Every day

**18. During the last 30 days, how often have other students at school...**

	Never	Once or twice	About once a week	Several times a week	Every day
Pushed, shoved, slapped, hit or kicked you when they weren't kidding around?					
Threatened to beat you up?					
Spread mean rumors or lies about you?					
Made sexual jokes, comments or gestures towards you?					
Excluded you from friends, other students or activities?					

**19. During the last 30 days, how many times at school have YOU...**

	Never	Once or twice	About once a week	Several times a week	Every day
Pushed, shoved, slapped, hit or kicked someone when you weren't kidding around?					
Threatened to beat someone up?					
Spread mean rumors or lies about someone else?					
Made sexual jokes, comments or gestures towards someone else?					
Excluded someone from friends, other students or activities?					

**20. During a typical week, how often do you go to the following places after school?**

	0 days	1 day	2 days	3 to 4 days	5 days
I stay at my school or go to another school					
My home or another home such as a friend's, relative's or neighbor's					
A rec, community or other youth center					
A park or other outdoor space					
A library					
A church, synagogue, mosque, or other spiritual/religious place					

**21. Does your school or community offer a variety of programs for people your age to participate in outside of the regular school day?**

- a. Yes
- b. No
- c. I don't know what programs are available in my community

**22. During a typical week, how often do you participate in the following activities outside of the regular school day?**

	0 days	1 day	2 days	3 to 4 days	5 or more days
Sports teams, such as park and rec teams, school teams, in-house teams or traveling teams					
School sponsored activities or clubs that are not sports, such as drama, music, chess or science club					
Tutoring, homework help or academic programs					
Leadership activities such as student government, youth councils or committees					
Artistic lessons, such as music or dance					
Physical activity lessons, such as tennis or karate					
Other community clubs and programs such as 4-H, Scouts, Y-clubs or Community Ed					
Religious activities such as religious services, education or youth group					

**23. When you spend time doing activities outside of the regular school day, how often do you...**

	Rarely or never	Sometimes	Often	Very often
Feel safe?				
Learn skills like teamwork or leadership?				
Develop trusting relationships with peers your age?				
Develop trusting relationships with adults?				
Help make decisions?				
Do something that gives you joy and energy?				
Learn skills that you can use in a future job?				

**24. How would you describe your health in general?**

- a. Excellent
- b. Very good
- c. Good
- d. Fair
- e. Poor

**25. Have you had any of the following dental problems during the past 12 months? (Mark ALL that apply)**

- a. Toothaches or pain
- b. Decayed teeth or cavities
- c. Swollen, painful or bleeding gums
- d. Could not eat certain foods because of a dental problem
- e. Missed one or more school days because of a dental problem
- f. I have not had any of these dental health problems

**\* Have you had this dental problem treated by a dentist?**

- a. Yes
- b. No, but I will see a dentist
- c. No, I am not able to get dental treatment

**26. When was the last time you saw a dentist for a check-up, exam or teeth cleaning or other dental work?**

- a. During the last year
- b. Between 1 and 2 years ago
- c. More than 2 years ago
- d. Never

**27. How tall are you? (Write in whole numbers; no decimals or fractions)**

- a. Feet:
- b. Inches:

**28. About how much do you weigh? (Write in whole numbers; no decimals or fractions)**

Pounds:

**29. Do you have any physical disabilities, or long-term health problems (such as asthma, cancer, diabetes, epilepsy or something else)? Long-term means lasting 6 months or more.**

- a. Yes
- b. No

**30. Do you have any long-term mental health, behavioral or emotional problems? Long-term means lasting 6 months or more**

- a. Yes
- b. No

**31. Have you ever been treated for a mental health, emotional or behavioral problem? (Mark ALL that apply)**

- a. No
- b. Yes, during the last year
- c. Yes, more than a year ago

**32. Have you ever been treated for an alcohol or drug problem? (Mark ALL that apply)**

- a. No
- b. Yes, during the last year
- c. Yes, more than a year ago

**33. During the last 7 days, on how many days were you physically active for a total of AT LEAST 60 MINUTES PER DAY? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time)**

- a. 0 days
- b. 1 day
- c. 2 days
- d. 3 days
- e. 4 days
- f. 5 days
- g. 6 days
- h. 7 days

**34. During the last 30 days, have you had to skip meals because your family did not have enough money to buy food?**

- a. Yes
- b. No

**35. During a typical school week, where do you usually get your lunch? (Mark ALL that apply)**

- a. I usually don't eat lunch
- b. Regular school lunch from the cafeteria
- c. The a la carte line (buy individual items)
- d. School store or vending machine
- e. Fast food restaurant, gas station or somewhere else outside of school
- f. I bring lunch from home

**36. During the last 7 days, how many times did you...**

	I did NOT eat or drink this	1 to 3 times in the last 7 days	4 to 6 times in the last 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
Drink <b>100% fruit juices</b> such as orange, apple or grape juice? (Do <b>not</b> count punch, Kool-Aid, sports drinks or other fruit-flavored drinks)							
Eat <b>fruit</b> ? (Do <b>not</b> count fruit juice)							
Eat <b>green salad, potatoes, carrots</b> or <b>other vegetables</b> ? (Do <b>not</b> count French fries, fried potatoes, or potato chips)							

	I did NOT eat or drink this	1 to 3 times in the last 7 days	4 to 6 times in the last 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
Eat from a <b>fast food restaurant</b> , including carry-out or delivery?							

**37. During the last 7 days, how many times did you drink...**

	I did NOT eat or drink this	1 to 3 times in the last 7 days	4 to 6 times in the last 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
A glass of milk? (Count the milk you drank in a cup, from a carton, or with cereal.)							
A can, bottle or glass of pop or soda, such as Coke, Pepsi or Sprite? (Do <b>not</b> count diet pop or diet soda)							
A can, bottle or glass of a sports drink, such as Gatorade or Powerade? (Do <b>not</b> count low-calorie sports drinks such as Propel or G2)							
A can, bottle or glass of an energy drink, such as Rockstar, Red Bull, Monster or Full Throttle?							
A can, bottle or glass of coffee or tea that had sugar, syrups, or honey added to it? (Count coffee and tea you added a sweetener to or already had sweetener, such as Arizona Iced Tea or Frappuccinos. Do <b>not</b> count artificial sweeteners like Splenda, or diet drinks.)							
A can, bottle or glass of a sweetened fruit drink, such as Kool-Aid, Capri Sun or lemonade? (Do <b>not</b> count 100% fruit juice, such as 100% pure orange juice.)							
A bottle or glass of water?							

**38. Has a doctor or nurse ever told you that you have...**

	Yes	No
Diabetes?		
Pre-diabetes?		
Asthma?		
An allergy that requires you to carry an epi-pen?		

**39. How often do you wear a seat belt when you are riding in a car, truck or SUV?**

- a. Never
- b. Rarely
- c. Sometimes
- d. Most of the time
- e. Always
- f. I am never in a car, truck or SUV

**40. During a typical school night, how many hours of sleep do you get?**

- a. 4 hours or less
- b. 5 hours
- c. 6 hours
- d. 7 hours
- e. 8 hours
- f. 9 hours
- g. 10 or more hours

**41. During the last 12 months, how many times did you use an indoor tanning device such as a sunlamp, sunbed or tanning booth?**

- a. 0 times
- b. 1 or 2 times
- c. 3 to 9 times
- d. 10 to 19 times
- e. 20 to 39 times
- f. 40 or more times

**42. How much do you feel...**

	Not at all	A little	Some	Quite a bit	Very much
Your parents care about you?					
Other adult relatives care about you?					
Friends care about you?					
Teachers/other adults at school care about you?					
Adults in your community care about you?					

**43. Which of these adults can you talk to about problems you are having? (Mark ALL that apply)**

- a. Parent or guardian
- b. Adult at school
- c. Some other adult
- d. I don't have any adults that I can talk to about problems I am having

**44. In general, how does each of the following statements describe you?**

	Not at all or rarely	Somewhat or sometimes	Very or often	Extremely or almost always
I feel in control of my life and future.				
I feel good about myself.				
I say no to things that are dangerous or unhealthy.				

	Not at all or rarely	Somewhat or sometimes	Very or often	Extremely or almost always
I build friendships with other people.				
I express my feelings in proper ways.				
I feel good about my future.				
I deal with disappointment without getting too upset.				
I find good ways to deal with things that are hard in my life.				
I plan ahead and make good choices.				
I stay away from bad influences.				
I resolve conflicts without anyone getting hurt.				
I feel valued and appreciated by others.				
I accept people who are different from me.				
I am thinking about what my purpose is in life.				
I am included in family tasks and decisions.				
I am given useful roles and responsibilities.				
I am sensitive to the needs and feelings of others.				

**45. Over the last 2 weeks, how often have you been bothered by:**

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things?				
Feeling down, depressed or hopeless?				
Feeling nervous, anxious or on edge?				
Not being able to stop or control worrying?				

**46. During the last 12 months, how many times did you do something to purposely hurt or injure yourself without wanting to die, such as cutting, burning, or bruising yourself on purpose?**

- a. 0 times
- b. 1 or 2 times
- c. 3 to 5 times
- d. 6 to 9 times
- e. 10 to 19 times
- f. 20 or more times

**47. Have you ever seriously considered attempting suicide? (Mark ALL that apply)**

- a. No
- b. Yes, during the last year
- c. Yes, more than a year ago

**48. Have you ever actually attempted suicide? (Mark ALL that apply)**

- a. No
- b. Yes, during the last year
- c. Yes, more than a year ago

**49. Have you been in a casual or serious relationship where your partner ever:**

	Yes	No
Physically hurt you on purpose (shoved, kicked, slapped, punched, pulled hair, strangled, injured you with an object or weapon, etc.)?		
Verbally hurt or controlled you (called you names, told you what you could wear or eat, told you who you could see or talk to, threatened you, blamed you for their behavior, etc.)?		

**50. Have you ever been in foster care? (Mark ALL that apply)**

- a. No
- b. Yes, during the last year
- c. Yes, more than a year ago

**51. During the past 12 months, have you stayed in a shelter, somewhere not intended as a place to live, or someone else's home because you had no other place to stay? (Mark ALL that apply)**

- a. No
- b. Yes, I was with my parents or an adult family member
- c. Yes, I was on my own without any adult family members

**52. Have any of your parents or guardians ever been in jail or prison? (Mark ALL that apply)**

- a. None of my parents or guardians has ever been in jail or prison
- b. Yes, I have a parent or guardian in jail or prison right now
- c. Yes, I have had a parent or guardian in jail or prison in the past

**\* Did you live with a parent or guardian at the time they went to jail or prison?**

- a. Yes
- b. No

**53. Do you live with anyone who drinks too much alcohol?**

- a. Yes
- b. No

**54. Do you live with anyone who uses illegal drugs or abuses prescription drugs?**

- a. Yes
- b. No

**55. Does a parent or other adult in your home regularly swear at you, insult you or put you down?**

- a. Yes
- b. No

**56. Has a parent or other adult in your home ever hit, beat, kicked or physically hurt you in any way?**

- a. Yes
- b. No

**57. Do you live with anyone who is depressed or has any other mental health issues?**

- a. Yes
- b. No

**58. Have your parents or other adults in your home ever slapped, hit, kicked, punched or beat each other up?**

- a. Yes
- b. No

**59. Has anyone who was NOT a relative/family member ever pressured, tricked, or forced you to do something sexual or done something sexual to you against your wishes?**

- a. Yes
- b. No

**60. Has any relative/family member ever pressured, tricked, or forced you to do something sexual or done something sexual to you?**

- a. Yes
- b. No

**61. During the last 12 months, how often have you done the following gambling/betting activities:**

	Not at all	Less than once a month	About once a month	About once a week	2 to 6 times a week	Daily
Played cards, bet on sports teams or games of personal skill like video gaming, pool, golf or bowling?						
Bought lottery tickets or scratch offs?						
Gambled in a casino?						
Gambled for money online?						

**\* During the last 12 months, how often have you:**

	Never	Sometimes	Many times	All of the time
Hidden your gambling/betting from your parents, other family members or teachers?				
Felt that you might have a problem with gambling/betting?				
Skipped hanging out with friends who do not gamble/bet to hang out with friends who do gamble/bet?				

**62. During the last 12 months, how often have you...**

	Never	Once or twice	3 to 5 times	6 to 9 times	10 or more times
Run away from home?					
Damaged or destroyed property?					
Hit or beat up another person?					
Taken something from a store without paying for it?					

**63. During the last 30 days, on how many days did you...**

	0 day	1 to 2 days	3 to 9 days	10 to 19 days	20 to 29 days	All 30 days
Smoke a cigarette?						
Smoke cigars, cigarillos or little cigars?						
Use chewing tobacco, snuff or dip?						
Vape or use an e-cigarette like JUUL, suorin, blu, VUSE, or logic?						
Use a hookah or a water pipe to smoke tobacco?						

**\* When you vaped or used electronic cigarettes during the last 30 days, how did you get it? (Mark ALL that apply)**

- a. I bought it at gas stations or convenience stores
- b. I bought it at grocery, discount or drug stores
- c. I bought it on the internet
- d. I bought it at vape shops or other stores that sell only e-cigarettes
- e. I got it from friends
- f. I got it from my parents
- g. I got it from other family members
- h. I got it from someone I didn't know
- i. I got it by getting someone else to buy it for me
- j. I took it from my home
- k. I took it from a friend's home
- l. I took it from stores
- m. I got it some other way

**64. During the last 30 days, on how many days did you smoke cigarettes or other tobacco products that were flavored to taste like mint or menthol?**

- a. 0 days
- b. 1 to 2 days
- c. 3 to 9 days
- d. 10 to 19 days
- e. 20 to 29 days
- f. All 30 days

**65. During the last 30 days, on how many days did you use any tobacco product that was some other flavor, like candy, fruit, chocolate, clove, spice or alcoholic drinks?**

- a. 0 days
- b. 1 to 2 days
- c. 3 to 9 days
- d. 10 to 19 days
- e. 20 to 29 days
- f. All 30 days

**66. During the last 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?**

- a. 0 days
- b. 1 to 2 days
- c. 3 to 5 days
- d. 6 to 9 days
- e. 10 to 19 days
- f. 20 to 29 days
- g. All 30 days

**\* When you used alcohol during the last 30 days, how did you get it? (Mark ALL that apply)**

- a. I bought alcohol at gas stations or convenience stores
- b. I bought alcohol at bars or restaurants
- c. I bought alcohol at stores
- d. I bought alcohol on the Internet
- e. I got alcohol from friends
- f. I got alcohol from my parents
- g. I got alcohol from other family members
- h. I got alcohol by getting someone else to buy for me
- i. I got alcohol at parties
- j. I took alcohol from my home
- k. I took alcohol from a friend's home
- l. I took alcohol from stores
- m. I got alcohol some other way

**67. During the last 12 months, on how many occasions (if any) have you had alcoholic beverages to drink?**

- a. 0
- b. 1 to 2
- c. 3 to 5
- d. 6 to 9
- e. 10 to 19
- f. 20 to 39
- g. 40 or more

**\* If you drink beer/wine/wine coolers/liquor, generally how much (if any) do you drink at one time?**

- a. I don't drink beer/wine/wine coolers/liquor
- b. 1 glass/can/drink
- c. 2 glasses/cans/drinks
- d. 3 glasses/cans/drinks
- e. 4 glasses/cans/drinks
- f. 5 or more glasses/cans/drinks

**\* (Females) During the past 30 days, on how many days did you have 4 or more drinks of alcohol in a row, that is, within a couple of hours?**

- a. 0 days
- b. 1 day
- c. 2 days
- d. 3 to 5 days
- e. 6 to 9 days
- f. 10 to 19 days
- g. 20 or more days

**\* (Males) During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?**

- a. 0 days
- b. 1 day
- c. 2 days
- d. 3 to 5 days
- e. 6 to 9 days
- f. 10 to 19 days
- g. 20 or more days

**68. During the last 30 days, on how many days did you use marijuana or hashish? (Do NOT count medical marijuana prescribed for you by a doctor)**

- a. 0 days
- b. 1 to 2 days
- c. 3 to 5 days
- d. 6 to 9 days
- e. 10 to 19 days
- f. 20 to 29 days
- g. All 30 days

**69. During the last 12 months, on how many occasions (if any) have you used marijuana or hashish? (Do NOT count medical marijuana prescribed for you by a doctor)**

- a. 0
- b. 1 to 2
- c. 3 to 5
- d. 6 to 9
- e. 10 to 19
- f. 20 to 39
- g. 40 or more

**70. During the last 12 months, on how many occasions (if any) have you...**

	0	1 to 2	3 to 5	6 to 9	10 to 19	20 or more
Sniffed glue or huffed or inhaled the contents of aerosol spray cans or other gases to get high?						
Used LSD (acid), PCP (wet sticks or dipped joints), or other psychedelics (mushrooms, angel dust)?						
Used MDMA (E, X, ecstasy, Molly), GHB (G, Liquid E, Liquid X, roofies) or Ketamine (Special K)?						
Used crack, coke or cocaine in any form?						
Used heroin (smack, junk, China White)?						
Used methamphetamine (meth, glass, crank, crystal meth, ice)?						
Used over-the-counter drugs such as cough syrup, cold medicine or diet pills that you took only to get high?						
Used synthetic marijuana (K2, Gold) that you took only to get high?						
Used any other synthetic drugs such as bath salts (Ivory Wave, White Lightning) that you took only to get high?						

**71. During the last 30 days, on how many days did you use prescription drugs without a doctor's prescription or differently than how a doctor told you to use it?**

- a. 0 days
- b. 1 to 2 days
- c. 3 to 5 days
- d. 6 to 9 days
- e. 10 to 19 days
- f. 20 to 29 days
- g. All 30 days

**72. During the last 12 months, on how many occasions have you used any of the following prescription drugs without a doctor's prescription or differently than how a doctor told you to use it?**

	0	1 to 2	3 to 5	6 to 9	10 to 19	20 or more
Stimulants such as Amphetamines (bennies, speed, uppers) or diet pills?						
ADHD or ADD drugs (Ritalin, Adderall, hyper pills)?						
Pain relievers such as OxyContin, Percocet, Vicodin or others?						
Tranquilizers such as Valium, Xanax, Klonopin, Ativan, anxiety pills, sedatives or benzos (downers)?						

**\* During the last 12 months, have you...**

	Yes	No
Found that you had to use a lot more alcohol or drugs than before to get the same effect?		
Tried to cut down on your use of alcohol or drugs but couldn't?		
Continued to use alcohol or drugs even though you knew it was hurting your relationships with friends or family?		

**\* During the last 12 months, how many times have you...**

	0 times	1 time	2 times	3 or more times
Spent all or most of the day using alcohol or drugs, or getting over their effects?				
Given up important social or recreational activities like sports or being with friends or relatives to use alcohol or drugs or to get over their effects?				
Missed work or school, or neglected other major responsibilities because of alcohol or drug use?				
Hit someone or become violent while using alcohol or drugs?				
Used so much alcohol or drugs that the next day you could not remember what you had said or done?				
Used more alcohol or drugs than you intended to?				

**\* During the last 12 months, were there any times when you felt such a strong desire or urge to drink alcohol or to use a drug that you couldn't resist or could not think of anything else?**

- a. Yes
- b. No

**\* During the last 12 months, how many times has alcohol or drug use left you feeling depressed, agitated, paranoid, or unable to concentrate?**

- a. 0 times
- b. 1 time
- c. 2 times
- d. 3 or more times

**73. How much do you think people risk harming themselves physically or in other ways if they...**

	No risk	Slight risk	Moderate risk	Great risk
Smoke one or more packs of cigarettes per day?				
Have five or more drinks of an alcoholic beverage once or twice per week?				
Use marijuana once or twice per week?				
Use prescription drugs not prescribed for them?				
Vape or use e-cigarettes?				

**74. How wrong do your parents feel it would be for you to:**

	Not at all wrong	A little bit wrong	Wrong	Very wrong
Smoke cigarettes?				
Have one or more drinks of an alcoholic beverage nearly every day?				
Use marijuana?				
Use prescription drugs not prescribed for you?				
Vape or use e-cigarettes?				

**75. How wrong do your friends feel it would be for you to...**

	Not at all wrong	A little bit wrong	Wrong	Very wrong
Smoke cigarettes?				
Have one or more drinks of an alcoholic beverage nearly every day?				
Use marijuana?				
Use prescription drugs not prescribed for you?				
Vape or use e-cigarettes?				

**76. How do you feel about each of the following statements:**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Parents and other adults should clearly communicate with their children about the importance of not using alcohol.					
Drinking alcohol is never a good thing for anyone my age to do.					

**77. In your opinion, how do you think MOST STUDENTS in your school feel about each of the following statements:**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Parents and other adults should clearly communicate with their children about the importance of not using alcohol.					
Drinking alcohol is never a good thing for anyone my age to do.					

**78. How often do you use each of the following:**

	Never	Tried once or twice	Once or twice a year	Once a month	Twice a month	Once a week	Daily
Tobacco (cigarettes, chew)?							
Alcohol (beer, wine, liquor)?							
Marijuana (pot, hash, hash oil)?							
Vaping device or e-cigarette?							

**79. In your opinion, how often do you think MOST STUDENTS in your school use each of the following:**

	Never	Tried once or twice	Once or twice a year	Once a month	Twice a month	Once a week	Daily
Tobacco (cigarettes, chew)?							
Alcohol (beer, wine, liquor)?							
Marijuana (pot, hash, hash oil)?							
Vaping device or e-cigarette							

*\* indicates question will be skipped if it does not apply to the student based on previous answers*

## Minnesota Student Survey – Level 3

You can help your community and school learn more about the lives and feelings of young people like you. The questions on this survey cover many areas. Some questions might make you feel uncomfortable. You do not have to answer any question you don't want to. You can choose not to complete the survey.

No one will know how you answered these questions. Your answers will be kept private. Thank you for filling out this survey honestly and carefully.

### 1. What is your grade in school right now?

- a. 7th grade
- b. 8th grade
- c. 9th grade
- d. 10th grade
- e. 11th grade
- f. 12th grade
- g. Not applicable

### 2. How old are you?

- a. 11 years old or younger
- b. 12 years old
- c. 13 years old
- d. 14 years old
- e. 15 years old
- f. 16 years old
- g. 17 years old
- h. 18 years old
- i. 19-20 years old
- j. 21 years old or older

### 3. How do you describe yourself? *(If more than one describes you, mark ALL that apply)*

- a. American Indian or Alaskan Native
- b. Asian or Asian American
- c. Black, African or African American
- d. Hispanic or Latino/Latina
- e. Native Hawaiian or Other Pacific Islander
- f. White

**\* If you are American Indian or Alaskan Native, which group best describes you? *(If more than one describes you, mark ALL that apply)***

- a. Anishinaabe/Ojibwe
- b. Dakota/Lakota
- c. Other tribal affiliation

**\* If you are Asian or Asian American, which group best describes you? (If more than one describes you, mark ALL that apply)**

- a. Asian Indian
- b. Burmese
- c. Chinese
- d. Filipino
- e. Hmong
- f. Karen
- g. Korean
- h. Lao
- i. Vietnamese
- j. Other Asian

**\* If you are Black, African or African American, which group best describes you? (If more than one describes you, mark ALL that apply)**

- a. African American
- b. Ethiopian – Oromo
- c. Ethiopian – other
- d. Liberian
- e. Nigerian
- f. Somali
- g. Other Black, African or African American

**\* If you are Hispanic or Latino/Latina, which group best describes you? (If more than one describes you, mark ALL that apply)**

- a. Colombian
- b. Ecuadoran
- c. Guatemalan
- d. Mexican
- e. Puerto Rican
- f. Salvadoran
- g. Spanish/Spanish-American
- h. Other Hispanic or Latino/Latina

**4. What is your biological sex?**

- a. Male
- b. Female

**5. Are you transgender, genderqueer, or genderfluid?**

- a. Yes
- b. No
- c. I am not sure about my gender identity
- d. I am not sure what this question means

**\* How do you describe yourself?**

- a. Male, trans male, trans man, or trans masculine
- b. Female, trans female, trans woman, or trans feminine
- c. Non-binary, genderqueer, or genderfluid
- d. I prefer to describe my gender as something else

**6. A person's appearance, style, dress, or the way they walk or talk may affect how people describe them. How do you think other people at school would describe you?**

- a. Very or mostly feminine
- b. Somewhat feminine
- c. Equally feminine and masculine
- d. Somewhat masculine
- e. Very or mostly masculine

**7. How do you describe yourself?**

- a. Heterosexual (straight)
- b. Bisexual
- c. Gay or lesbian
- d. Questioning/not sure
- e. Pansexual
- f. Queer
- g. I don't describe myself in any of these ways
- h. I am not sure what this question means

**8. What is the MAIN thing you plan to do right AFTER high school?**

- a. I don't plan to graduate from high school
- b. Get my GED
- c. Go to a two-year community or technical college
- d. Go to a four-year college or university
- e. Get a license or certificate in a career field
- f. Attend an apprenticeship program
- g. Join the military
- h. Work at a job
- i. Other

**9. Has an adult in your school helped you...**

	Yes	No
Think about education options for after high school (college or other training program)?		
Find career-focused field experiences (job shadowing, work-based learning, service learning, career camps, apprenticeships)?		

**10. Do you receive special education services as part of an individual education plan or IEP?**

- a. Yes
- b. No
- c. Not sure

**11. Do you currently get free or reduced-price lunch at school?**

- a. Yes
- b. No
- c. Not sure

**12. How would you describe your grades this school year?**

- a. Mostly As
- b. Mostly Bs
- c. Mostly Cs
- d. Mostly Ds
- e. Mostly Fs
- f. Mostly Incompletes
- g. None of these letter grades

**13. During the last 30 days, how many times did you miss...**

	None	Once or twice	3 to 5 times	6 to 9 times	10 or more times
A full day of school? (Do not include school-sponsored activities like field trips, sports, academic or music events.)					
A part of a day of school such as coming late, leaving early or missing class time during the day? (Do not include school-sponsored activities like field trips, sports, academic or music events.)					

**\* What are the reasons you missed a full or part of a day of school in the last 30 days? (Mark ALL that apply)**

- a. Illness (feeling physically sick), including problems with breathing or your teeth
- b. Medical, dental or other health-related appointment
- c. Vacation or trip
- d. Felt very sad, hopeless, anxious, stressed or angry
- e. Didn't get enough sleep
- f. Didn't feel safe at school
- g. Missed your ride or didn't have a way to get to school
- h. Had to work
- i. Had to take care of or help a family member or friend
- j. Had no place to shower or wash clothes
- k. Wanted to use alcohol or drugs
- l. Behind in schoolwork or not prepared for a test or class assignment
- m. Bored with or not interested in school
- n. Suspended from school
- o. Other reason

**14. During the last 30 days, how many times did you get sent out of the classroom for discipline?**

- a. None
- b. Once or twice
- c. 3 to 5 times
- d. 6 to 9 times
- e. 10 or more times

**15. How often do you...**

	All of the time	Most of the time	Some of the time	None of the time
Care about doing well in school?				
Pay attention in class?				
Go to class unprepared?				

**16. How much do you agree or disagree with each of the following statements?**

	Strongly agree	Agree	Disagree	Strongly disagree
If something interests me, I try to learn more about it.				
I think things I learn at school are useful.				
Being a student is one of the most important parts of who I am.				
Overall, adults at my school treat students fairly.				
Adults at my school listen to the students.				
The school rules are fair.				
At my school, teachers care about students.				
Most teachers at my school are interested in me as a person.				

**17. How much do you agree or disagree with each of the following statements?**

	Strongly agree	Agree	Disagree	Strongly disagree
I feel safe going to and from school.				
I feel safe at school.				
I feel safe in my neighborhood.				
I feel safe at home.				

**18. Is there a police officer or School Resource Officer (SRO) at your school?**

- a. Yes
- b. No
- c. I don't know

**\* If I knew about something unsafe or illegal at my school, I would tell the SRO or police officer.**

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

**\* I would feel comfortable going to my school's police officer or SRO if I was having problems or needed help.**

- a. Strongly agree
- b. Agree
- c. Disagree
- d. Strongly disagree

**\* I think it is a good idea to have an SRO or police officer at our school.**

- a. Strongly Agree
- b. Agree
- c. Disagree
- d. Strongly Disagree

**19. During the last 30 days, how often have other students harassed or bullied you for any of the following reasons?**

	Never	Once or twice	About once a week	Several times a week	Every day
Your race, ethnicity or national origin					
Your religion					
Your gender (being male, female, transgender, etc.)					
Your gender expression (your style, dress, or the way you walk or talk)					
Because you are gay, lesbian, or bisexual or because someone thought you were					
A physical or mental disability					
Your size or weight					
Your physical appearance					

**20. During the last 30 days, how often have you been cyberbullied? (Count being bullied through texting, Instagram, Snapchat or other social media)**

- a. Never
- b. Once or twice
- c. About once a week
- d. Several times a week
- e. Every day

**21. During the last 30 days, how often have other students at school...**

	Never	Once or twice	About once a week	Several times a week	Every day
Pushed, shoved, slapped, hit or kicked you when they weren't kidding around?					
Threatened to beat you up?					
Spread mean rumors or lies about you?					
Made sexual jokes, comments or gestures towards you?					
Excluded you from friends, other students or activities?					

**22. During the last 30 days, how many times at school have YOU...**

	Never	Once or twice	About once a week	Several times a week	Every day
Pushed, shoved, slapped, hit or kicked someone when you weren't kidding around?					
Threatened to beat someone up?					
Spread mean rumors or lies about someone else?					
Made sexual jokes, comments or gestures towards someone else?					
Excluded someone from friends, other students or activities?					

**23. During a typical week, how often do you go to the following places after school?**

	0 days	1 day	2 days	3 to 4 days	5 days
I stay at my school or go to another school					
My home or another home such as a friend's, relative's or neighbor's					
A rec, community or other youth center					
A park or other outdoor space					
A library					
A church, synagogue, mosque, or other spiritual/religious place					
A job					

**24. Does your school or community offer a variety of programs for people your age to participate in outside of the regular school day?**

- a. Yes
- b. No
- c. I don't know what programs are available in my community

**25. During a typical week, how often do you participate in the following activities outside of the regular school day?**

	0 days	1 day	2 days	3 to 4 days	5 or more days
Sports teams, such as park and rec teams, school teams, in-house teams or traveling teams					
School sponsored activities or clubs that are not sports, such as drama, music, chess or science club					
Tutoring, homework help or academic programs					
Leadership activities such as student government, youth councils or committees					
Artistic lessons, such as music or dance					
Physical activity lessons, such as tennis or karate					
Other community clubs and programs such as 4-H, Scouts, Y-clubs or Community Ed					
Religious activities such as religious services, education or youth group					

**26. When you spend time doing activities outside of the regular school day, how often do you...**

	Rarely or never	Sometimes	Often	Very often
Feel safe?				
Learn skills like teamwork or leadership?				
Develop trusting relationships with peers your age?				
Develop trusting relationships with adults?				
Help make decisions?				
Do something that gives you joy and energy?				
Learn skills that you can use in a future job?				

**27. How would you describe your health in general?**

- a. Excellent
- b. Very good
- c. Good
- d. Fair
- e. Poor

**28. Have you had any of the following dental problems during the past 12 months? (Mark ALL that apply)**

- a. Toothaches or pain
- b. Decayed teeth or cavities
- c. Swollen, painful or bleeding gums
- d. Could not eat certain foods because of a dental problem
- e. Missed one or more school days because of a dental problem
- f. I have not had any of these dental health problems

**\* Have you had this dental problem treated by a dentist?**

- a. Yes
- b. No, but I will see a dentist
- c. No, I am not able to get dental treatment

**29. When was the last time you saw a dentist for a check-up, exam or teeth cleaning or other dental work?**

- a. During the last year
- b. Between 1 and 2 years ago
- c. More than 2 years ago
- d. Never

**30. How tall are you? (Write in whole numbers; no decimals or fractions)**

- a. Feet:
- b. Inches:

**31. About how much do you weigh? (Write in whole numbers; no decimals or fractions)**

Pounds:

**32. Do you have any physical disabilities, or long-term health problems (such as asthma, cancer, diabetes, epilepsy or something else)? Long-term means lasting 6 months or more.**

- a. Yes
- b. No

**33. Do you have any long-term mental health, behavioral or emotional problems? Long-term means lasting 6 months or more?**

- a. Yes
- b. No

**34. Have you ever been treated for a mental health, emotional or behavioral problem? (Mark ALL that apply)**

- a. No
- b. Yes, during the last year
- c. Yes, more than a year ago

**35. Have you ever been treated for an alcohol or drug problem? (Mark ALL that apply)**

- a. No
- b. Yes, during the last year
- c. Yes, more than a year ago

**36. During the last 7 days, on how many days were you physically active for a total of AT LEAST 60 MINUTES PER DAY? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time)**

- a. 0 days
- b. 1 day
- c. 2 days
- d. 3 days
- e. 4 days
- f. 5 days
- g. 6 days
- h. 7 days

**37. During the last 30 days, have you had to skip meals because your family did not have enough money to buy food?**

- a. Yes
- b. No

**38. During a typical school week, where do you usually get your lunch? (Mark ALL that apply)**

- a. I usually don't eat lunch
- b. Regular school lunch from the cafeteria
- c. The a la carte line (buy individual items)
- d. School store or vending machine
- e. Fast food restaurant, gas station or somewhere else outside of school
- f. I bring lunch from home

**39. During the last 7 days, how many times did you...**

	I did NOT eat or drink this	1 to 3 times in the last 7 days	4 to 6 times in the last 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
Drink <b>100% fruit juices</b> such as orange, apple or grape juice? (Do <b>not</b> count punch, Kool-Aid, sports drinks or other fruit-flavored drinks)							
Eat <b>fruit</b> ? (Do <b>not</b> count fruit juice)							
Eat <b>green salad, potatoes, carrots</b> or <b>other vegetables</b> ? (Do not count French fries, fried potatoes, or potato chips)							
Eat from a <b>fast food restaurant</b> , including carry-out or delivery?							

**40. During the last 7 days, how many times did you drink...**

	I did NOT eat or drink this	1 to 3 times in the last 7 days	4 to 6 times in the last 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
A glass of milk? (Count the milk you drank in a cup, from a carton, or with cereal)							
A can, bottle or glass of pop or soda, such as Coke, Pepsi or Sprite? (Do <b>not</b> count diet pop or diet soda)							
A can, bottle or glass of a sports drink, such as Gatorade or Powerade? (Do <b>not</b> count low-calorie sports drinks such as Propel or G2)							
A can, bottle or glass of an energy drink, such as Rockstar, Red Bull, Monster or Full Throttle?							
A bottle or glass of coffee or tea that had sugar, syrups, or honey added to it? (Count coffee and tea that you added a sweetener to or already had sweetener, such as Arizona Iced Tea or Frappuccinos. Do <b>not</b> count artificial sweeteners like Splenda, or diet drinks.)							
A can, bottle or glass of a sweetened fruit drink, such as Kool-Aid, Capri Sun and lemonade? (Do <b>not</b> count 100% fruit juice.)							
A bottle or glass of water?							

**41. Has a doctor or nurse ever told you that you have...**

	Yes	No
Diabetes?		
Pre-diabetes?		
Asthma?		
An allergy that requires you to carry an epi-pen?		

**42. When driving a car, truck or SUV, how often do you...**

	I don't drive a car	I never do this	Sometimes	Often	Always
Send or read text messages or emails?					
Make or answer a phone call?					

**43. How often do you wear a seat belt when you are driving or riding in a car, truck or SUV?**

- a. Never
- b. Rarely
- c. Sometimes
- d. Most of the time
- e. Always
- f. I am never in a car, truck or SUV

**44. During a typical school night, how many hours of sleep do you get?**

- a. 4 hours or less
- b. 5 hours
- c. 6 hours
- d. 7 hours
- e. 8 hours
- f. 9 hours
- g. 10 or more hours

**45. During the last 12 months, how many times did you use an indoor tanning device such as a sunlamp, sunbed or tanning booth?**

- a. 0 times
- b. 1 or 2 times
- c. 3 to 9 times
- d. 10 to 19 times
- e. 20 to 39 times
- f. 40 or more times

**46. How much do you feel...**

	Not at all	A little	Some	Quite a bit	Very much
Your parents care about you?					
Other adult relatives care about you?					
Friends care about you?					
Teachers/other adults at school care about you?					
Adults in your community care about you?					

**47. Which of these adults can you talk to about problems you are having? (Mark ALL that apply)**

- a. Parent or guardian
- b. Adult at school
- c. Some other adult
- d. I don't have any adults that I can talk to about problems I am having

**48. In general, how does each of the following statements describe you?**

	Not at all or rarely	Somewhat or sometimes	Very or often	Extremely or almost always
I feel in control of my life and future.				
I feel good about myself.				
I say no to things that are dangerous or unhealthy.				
I build friendships with other people.				
I express my feelings in proper ways.				
I feel good about my future.				
I deal with disappointment without getting too upset.				
I find good ways to deal with things that are hard in my life.				
I plan ahead and make good choices.				
I stay away from bad influences.				
I resolve conflicts without anyone getting hurt.				
I feel valued and appreciated by others.				
I accept people who are different from me.				
I am thinking about what my purpose is in life.				
I am included in family tasks and decisions.				
I am given useful roles and responsibilities.				
I am sensitive to the needs and feelings of others.				

**49. Over the last 2 weeks, how often have you been bothered by:**

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things?				
Feeling down, depressed or hopeless?				
Feeling nervous, anxious or on edge?				
Not being able to stop or control worrying?				

**50. During the last 12 months, how many times did you do something to purposely hurt or injure yourself without wanting to die, such as cutting, burning, or bruising yourself on purpose?**

- a. 0 times
- b. 1 or 2 times
- c. 3 to 5 times
- d. 6 to 9 times
- e. 10 to 19 times
- f. 20 or more times

**51. Have you ever seriously considered attempting suicide? (Mark ALL that apply)**

- a. No
- b. Yes, during the last year
- c. Yes, more than a year ago

**52. Have you ever actually attempted suicide? (Mark ALL that apply)**

- a. No
- b. Yes, during the last year
- c. Yes, more than a year ago

**53. Have you been in a casual or serious relationship where your partner ever:**

	Yes	No
Physically hurt you on purpose (shoved, kicked, slapped, punched, pulled hair, strangled, injured you with an object or weapon, etc.)?		
Verbally hurt or controlled you (called you names, told you what you could wear or eat, told you who you could see or talk to, threatened you, blamed you for their behavior, etc.)?		
Pressured, tricked, or forced you to do something sexual, or did something sexual to you against your wishes?		

**54. Have YOU ever pressured, tricked, or forced someone to do something sexual, or have you done something sexual to someone against their wishes?**

- a. Yes
- b. No
- c. Not sure

**55. Have you ever been in foster care? (Mark ALL that apply)**

- a. No
- b. Yes, during the last year
- c. Yes, more than a year ago

**56. During the past 12 months, have you stayed in a shelter, somewhere not intended as a place to live, or someone else's home because you had no other place to stay? (Mark ALL that apply)**

- a. No
- b. Yes, I was with my parents or an adult family member
- c. Yes, I was on my own without any adult family members

**57. Have any of your parents or guardians ever been in jail or prison? (Mark ALL that apply)**

- a. None of my parents or guardians has ever been in jail or prison
- b. Yes, I have a parent or guardian in jail or prison right now
- c. Yes, I have had a parent or guardian in jail or prison in the past

**\* Did you live with a parent or guardian at the time they went to jail or prison?**

- a. Yes
- b. No

**58. Do you live with anyone who drinks too much alcohol?**

- a. Yes
- b. No

**59. Do you live with anyone who uses illegal drugs or abuses prescription drugs?**

- a. Yes
- b. No

**60. Does a parent or other adult in your home regularly swear at you, insult you or put you down?**

- a. Yes
- b. No

**61. Has a parent or other adult in your home ever hit, beat, kicked or physically hurt you in any way?**

- a. Yes
- b. No

**62. Do you live with anyone who is depressed or has any other mental health issues?**

- a. Yes
- b. No

**63. Have your parents or other adults in your home ever slapped, hit, kicked, punched or beat each other up?**

- a. Yes
- b. No

**64. Has anyone who was NOT a relative/family member ever pressured, tricked, or forced you to do something sexual or done something sexual to you against your wishes?**

- a. Yes
- b. No

**65. Has any relative/family member ever pressured, tricked, or forced you to do something sexual or done something sexual to you?**

- a. Yes
- b. No

**66. Have you ever traded sex or sexual activity to receive money, food, drugs, alcohol, a place to stay, or anything else?**

- a. Yes
- b. No

**67. During the last 12 months, how often have you done the following gambling/betting activities:**

	Not at all	Less than once a month	About once a month	About once a week	2 to 6 times a week	Daily
Played cards, bet on sports teams or games of personal skill like video gaming, pool, golf or bowling?						
Bought lottery tickets or scratch offs?						
Gambled in a casino?						
Gambled for money online?						

**\* During the last 12 months, how often have you:**

	Never	Sometimes	Many times	All of the time
Hidden your gambling/betting from your parents, other family members or teachers?				
Felt that you might have a problem with gambling/betting?				
Skipped hanging out with friends who do not gamble/bet to hang out with friends who do gamble/bet?				

**68. During the last 12 months, how often have you...**

	Never	Once or twice	3 to 5 times	6 to 9 times	10 or more times
Run away from home?					
Damaged or destroyed property?					
Hit or beat up another person?					
Taken something from a store without paying for it?					

**69. During the last 30 days, on how many days did you...**

	0 days	1 to 2 days	3 to 9 days	10 to 19 days	20 to 29 days	All 30 days
Smoke a cigarette?						
Smoke cigars, cigarillos or little cigars?						
Use chewing tobacco, snuff or dip?						
Vape or use an e-cigarette like JUUL, suorin, blu, VUSE, or logic?						
Use a hookah or a water pipe to smoke tobacco?						

**\* When you vaped or used electronic cigarettes during the last 30 days, how did you get it? (Mark ALL that apply)**

- a. I bought it at gas stations or convenience stores
- b. I bought it at grocery, discount or drug stores
- c. I bought it on the internet
- d. I bought it at vape shops or other stores that sell only e-cigarettes
- e. I got it from friends
- f. I got it from my parents
- g. I got it from other family members
- h. I got it from someone I didn't know
- i. I got it by getting someone else to buy it for me
- j. I took it from my home
- k. I took it from a friend's home
- l. I took it from stores
- m. I got it some other way

**70. During the last 30 days, on how many days did you smoke cigarettes or other tobacco products that were flavored to taste like mint or menthol?**

- a. 0 days
- b. 1 to 2 days
- c. 3 to 9 days
- d. 10 to 19 days
- e. 20 to 29 days
- f. All 30 days

**71. During the last 30 days, on how many days did you use any tobacco product that was some other flavor, like candy, fruit, chocolate, clove, spice or alcoholic drinks?**

- a. 0 days
- b. 1 to 2 days
- c. 3 to 9 days
- d. 10 to 19 days
- e. 20 to 29 days
- f. All 30 days

**72. During the last 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?**

- a. 0 days
- b. 1 to 2 days
- c. 3 to 5 days
- d. 6 to 9 days
- e. 10 to 19 days
- f. 20 to 29 days
- g. All 30 days

**\* When you used alcohol during the last 30 days, how did you get it? (Mark ALL that apply)**

- a. I bought alcohol at gas stations or convenience stores
- b. I bought alcohol at bars or restaurants
- c. I bought alcohol at stores
- d. I bought alcohol on the Internet
- e. I got alcohol from friends
- f. I got alcohol from my parents
- g. I got alcohol from other family members
- h. I got alcohol by getting someone else to buy for me
- i. I got alcohol at parties
- j. I took alcohol from my home
- k. I took alcohol from a friend's home
- l. I took alcohol from stores
- m. I got alcohol some other way

**73. During the last 12 months, on how many occasions (if any) have you had alcoholic beverages to drink?**

- a. 0
- b. 1 to 2
- c. 3 to 5
- d. 6 to 9
- e. 10 to 19
- f. 20 to 39
- g. 40 or more

**\* If you drink beer/wine/wine coolers/liquor, generally how much (if any) do you drink at one time?**

- a. I don't drink beer/wine/wine coolers/liquor
- b. 1 glass/can/drink
- c. 2 glasses/cans/drinks
- d. 3 glasses/cans/drinks
- e. 4 glasses/cans/drinks
- f. 5 or more glasses/cans/drinks

**\* (Female) During the past 30 days, on how many days did you have 4 or more drinks of alcohol in a row, that is, within a couple of hours?**

- a. 0 days
- b. 1 day
- c. 2 days
- d. 3 to 5 days
- e. 6 to 9 days
- f. 10 to 19 days
- g. 20 or more days

**\* (Male) During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?**

- a. 0 days
- b. 1 day
- c. 2 days
- d. 3 to 5 days
- e. 6 to 9 days
- f. 10 to 19 days
- g. 20 or more days

**74. During the last 30 days, on how many days did you use marijuana or hashish? (Do NOT count medical marijuana prescribed for you by a doctor)**

- a. 0 days
- b. 1 to 2 days
- c. 3 to 5 days
- d. 6 to 9 days
- e. 10 to 19 days
- f. 20 to 29 days
- g. All 30 days

**75. During the last 12 months, on how many occasions (if any) have you used marijuana or hashish? (Do NOT count medical marijuana prescribed for you by a doctor)**

- a. 0
- b. 1 to 2
- c. 3 to 5
- d. 6 to 9
- e. 10 to 19
- f. 20 to 39
- g. 40 or more

**76. During the last 12 months, on how many occasions (if any) have you...**

	0	1 to 2	3 to 5	6 to 9	10 to 19	20 or more
Sniffed glue or huffed or inhaled the contents of aerosol spray cans or other gases to get high?						
Used LSD (acid), PCP (wet sticks or dipped joints), or other psychedelics (mushrooms, angel dust)?						
Used MDMA (C, X, ecstasy, Molly), GNB (G, Liquid E, Liquid X, roofies) or Ketamine (Special K)?						
Used crack, coke or cocaine in any form?						
Used heroin (smack, junk, China White)?						
Used methamphetamine (meth, glass, crank, crystal meth, ice)?						
Used over-the-counter drugs such as cough syrup, cold medicine or diet pills that you took only to get high?						
Used synthetic marijuana (K2, Gold) that you took only to get high?						
Used any other synthetic drugs such as bath salts (Ivory Wave, White Lightning) that you took only to get high?						

**77. During the last 30 days, on how many days did you use prescription drugs without a doctor's prescription or differently than how a doctor told you to use it?**

- a. 0 days
- b. 1 to 2 days
- c. 3 to 5 days
- d. 6 to 9 days
- e. 10 to 19 days
- f. 20 to 29 days
- g. All 30 days

**78. During the last 12 months, on how many occasions have you used any of the following prescription drugs without a doctor's prescription or differently than how a doctor told you to use it?**

	0	1 to 2	3 to 5	6 to 9	10 to 19	20 or more
Stimulants such as Amphetamines (bennies, speed, uppers) or diet pills?						
ADHD or ADD drugs (Ritalin, Adderall, hyper pills)?						
Pain relievers such as OxyContin, Percocet, Vicodin or others?						
Tranquilizers such as Valium, Xanax, Klonopin, Ativan, anxiety pills, sedatives or benzos (downers)?						

**\* During the last 12 months, have you...**

	Yes	No
Found that you had to use a lot more alcohol or drugs than before to get the same effect?		
Tried to cut down on your use of alcohol or drugs but couldn't?		
Continued to use alcohol or drugs even though you knew it was hurting your relationships with friends or family?		

**\* During the last 12 months, how many times have you...**

	0 times	1 time	2 times	3 or more times
Spent all or most of the day using alcohol or drugs, or getting over their effects?				
Given up important social or recreational activities like sports or being with friends or relatives to use alcohol or drugs or to get over their effects?				
Missed work or school, or neglected other major responsibilities because of alcohol or drug use?				
Driven a motor vehicle after using alcohol or drugs?				
Hit someone or become violent while using alcohol or drugs?				
Used so much alcohol or drugs that the next day you could not remember what you had said or done?				
Used more alcohol or drugs than you intended to?				

**\* During the last 12 months, were there any times when you felt such a strong desire or urge to drink alcohol or to use a drug that you couldn't resist or could not think of anything else?**

- a. Yes
- b. No

**\* During the last 12 months, how many times has alcohol or drug use left you feeling depressed, agitated, paranoid, or unable to concentrate?**

- a. 0 times
- b. 1 time
- c. 2 times
- d. 3 or more times

**79. How much do you think people risk harming themselves physically or in other ways if they...**

	No risk	Slight risk	Moderate risk	Great risk
Smoke one or more packs of cigarettes per day?				
Have five or more drinks of an alcoholic beverage once or twice per week?				
Use marijuana once or twice per week?				
Use prescription drugs not prescribed for them?				
Vape or use e-cigarettes?				

**80. How wrong do your parents feel it would be for you to:**

	Not at all wrong	A little bit wrong	Wrong	Very wrong
Smoke cigarettes?				
Have one or more drinks of an alcoholic beverage nearly every day?				
Use marijuana?				
Use prescription drugs not prescribed for you?				
Vape or use e-cigarettes?				

**81. How wrong do your friends feel it would be for you to...**

	Not at all wrong	A little bit wrong	Wrong	Very wrong
Smoke cigarettes?				
Have one or more drinks of an alcoholic beverage nearly every day?				
Use marijuana?				
Use prescription drugs not prescribed for you?				
Vape or use e-cigarettes?				

**82. How do you feel about each of the following statements:**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Parents and other adults should clearly communicate with their children about the importance of not using alcohol.					
Drinking alcohol is never a good thing for anyone my age to do.					

**83. In your opinion, how do you think MOST STUDENTS in your school feel about each of the following statements:**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Parents and other adults should clearly communicate with their children about the importance of not using alcohol.					
Drinking alcohol is never a good thing for anyone my age to do.					

**84. How often do you use each of the following:**

	Never	Tried once or twice	Once or twice a year	Once a month	Twice a month	Once a week	Daily
Tobacco (cigarettes, chew)?							
Alcohol (beer, wine, liquor)?							
Marijuana (pot, hash, hash oil)?							
Vaping device or e-cigarette?							

**85. In your opinion, how often do you think MOST STUDENTS in your school use each of the following:**

	Never	Tried once or twice	Once or twice a year	Once a month	Twice a month	Once a week	Daily
Tobacco (cigarettes, chew)?							
Alcohol (beer, wine, liquor)?							
Marijuana (pot, hash, hash oil)?							
Vaping device or e-cigarette?							

**86. Have you ever had sexual intercourse ('had sex')?**

- a. Yes
- b. No

**\* During the last 12 months, with how many different people have you had sexual intercourse?**

- a. None
- b. 1 person
- c. 2 persons
- d. 3 persons
- e. 4 persons
- f. 5 persons
- g. 6 or more persons

**\* Did you drink alcohol or use drugs before you had sexual intercourse the LAST time?**

- a. Yes
- b. No

**\* Have you talked with your partner(s) about...**

	Never	Not with every partner	At least once with every partner
Protecting yourselves from getting sexually transmitted infections/HIV/AIDS?			
Preventing pregnancy?			

**\* The LAST time you had sexual intercourse, did you or your partner use a condom?**

- a. Yes
- b. No

**\* The LAST time you had sexual intercourse, what method or methods did you or your partner use to prevent pregnancy? (Mark ALL that apply)**

- a. No method was used to prevent pregnancy
- b. Birth control pills
- c. Condoms
- d. Depo-Provera shot (or any birth control shot), Nuva Ring (or any birth control ring), Implanon (or any implant) or any IUD
- e. Withdrawal (pull-out)
- f. Some other method
- g. Not sure

***\* indicates question will be skipped if it does not apply to the student based on previous answers***

# Hurting, struggling?

## It's OK to ask for help

By participating in the Minnesota Student Survey, you and your peers have used your powerful voices to tell us what challenging issues high school students face today and what's important to you. Your feedback will be used to create programs that will ensure Minnesota teenagers get the support they need.

Thank you for taking the survey. Some survey questions dealt with difficult issues and this might prompt you or a friend to experience anxiety, stress, hurt, anger, shame, loneliness, despair or other strong emotions. If you or a friend need help, you can talk to your parents or guardians or go to a teacher, a guidance counselor, your school nurse, your school social worker or another adult who you trust at your school. You can also find help by texting or calling one of the numbers below or by visiting one of the following websites.

### Text, call or click for immediate help

#### National Suicide Hotline

[www.imalive.org](http://www.imalive.org)

1-800-442-HOPE (4673)  
1-800-SUICIDE (784-2433)

#### National Suicide Prevention Lifeline

[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)

1-800-273-TALK (8255)

#### Crisis Call Center

[www.crisiscallcenter.org](http://www.crisiscallcenter.org)

1-800-273-8255  
Text ANSWER to 839863

#### Crisis Text Line

[www.crisistextline.org](http://www.crisistextline.org)

Text MN to 741741

#### The Trevor Lifeline (LGBTQ)

[www.thetrevorproject.org/get-help-now](http://www.thetrevorproject.org/get-help-now)

1-866-488-7386  
Text START to 678678 (M-F 2-9pm)

#### Mental Illness

[www.ok2talk.org/gethelp](http://www.ok2talk.org/gethelp)

1-800-950-NAMI (6264) (M-F 9am-5pm)

#### Addiction/Drug Abuse

<https://findtreatment.samhsa.gov>

1-800-662-HELP (4357)

#### Sexual Abuse, Assault, Rape

[www.online.rainn.org](http://www.online.rainn.org)

1-800-656-HOPE (4673)

For more helpful resources, visit <https://bit.ly/2KSRyje>.

## 416 FEDERALLY MANDATED DRUG AND ALCOHOL TESTING FOR SCHOOL BUS DRIVERS

Board Adopted: January 5, 2015

### A. General Statement of Policy

All persons subject to commercial driver's license requirements shall be tested for alcohol, marijuana, cocaine, amphetamines, opiates (including heroin), and phencyclidine (PCP), pursuant to federal law. Drivers who test positive for alcohol or drugs shall be subject to disciplinary action, which may include termination of employment.

### B. Definitions

1. "Actual Knowledge" means actual knowledge by the school district that a driver has used alcohol or controlled substances based on: (a) direct observation of the employee's use (not observation of behavior sufficient to warrant reasonable suspicion testing); (b) information provided by a previous employer; (c) a traffic citation; or (d) an employee's admission, except when made in connection with a qualified employee self-admission program.
2. "Alcohol Screening Device" (ASD) means a breath or saliva device, other than an Evidential Breath Testing Device (EBT), that is approved by the National Highway Traffic Safety Administration and placed on its Conforming Products List for such devices.
3. "Breath Alcohol Technician" (BAT) means an individual who instructs and assists individuals in the alcohol testing process and who operates the EBT.
4. "Commercial Motor Vehicle" (CMV) includes a vehicle which is designed to transport 16 or more passengers, including the driver.
5. "Designated Employer Representative" (DER) means a designated school district representative authorized to take immediate action to remove employees from safety-sensitive duties, to make required decisions in the testing and evaluation process, and to receive test results and other communications for the school district.
6. "Department of Transportation" (DOT) means United States Department of Transportation.
7. "Driver" is any person who operates a CMV, including full-time, regularly employed drivers, casual, intermittent or occasional drivers, leased drivers, and independent owner-operator contractors.

8. “Evidential Breath Testing Device” (EBT) means a device approved by the National Highway Traffic Safety Administration for the evidentiary testing of breath for alcohol concentration and placed on its Conforming Products List for such devices.
9. “Medical Review Officer” (MRO) means a licensed physician responsible for receiving and reviewing laboratory results generated by the school district’s drug testing program and for evaluating medical explanations for certain drug tests.
10. “Refusal to Submit” (to an alcohol or controlled substances test) means that a driver: (a) fails to appear for any test within a reasonable time, as determined by the school district, consistent with applicable DOT regulations, after being directed to do so; (b) fails to remain at the testing site until the testing process is complete; (c) fails to provide a urine specimen or an adequate amount of saliva or breath for any DOT drug or alcohol test; (d) fails to permit the observation or monitoring of the driver’s provision of a specimen in the case of a directly observed or monitored collection in a drug test; (e) fails to provide a sufficient breath specimen or sufficient amount of urine when directed and a determination has been made that no adequate medical explanation for the failure exists; (f) fails or declines to take an additional test as directed; (g) fails to undergo a medical examination or evaluation, as directed by the MRO or the DER; (h) fails to cooperate with any part of the testing process (e.g., refuses to empty pockets when so directed by the collector, behaves in a confrontational way that disrupts the collection process, fails to wash hands after being directed to do so by the collector, fails to sign the certification on the forms); (i) fails to follow the observer’s instructions, in an observed collection, to raise the driver’s clothing above the waist, lower clothing and underpants, and to turn around to permit the observer to determine if the driver has any type of prosthetic or other device that could be used to interfere with the collection process; (j) possesses or wears a prosthetic or other device that could be used to interfere with the collection process; (k) admits to the collector or MRO that the driver adulterated or substituted the specimen; or (l) is reported by the MRO as having a verified adulterated or substituted test result. An applicant who fails to appear for a pre-employment test, who leaves the testing site before the pre-employment testing process commences, or who does not provide a urine specimen because he or she has left before it commences is not deemed to have refused to submit to testing.
11. “Safety-sensitive functions” are on-duty functions from the time the driver begins work or is required to be in readiness to work until relieved from work, and include such functions as driving, loading and unloading vehicles, or supervising or assisting in the loading or unloading of vehicles, servicing,

repairing, obtaining assistance to repair, or remaining in attendance during the repair of a disabled vehicle.

12. "Screening Test Technician" (STT) means anyone who instructs and assists individuals in the alcohol testing process and operates an ASD.
13. "Stand Down" means to temporarily remove an employee from performing safety-sensitive functions after a laboratory reports a confirmed positive, an adulterated, or a substituted test result but before the MRO completes the verification process.
14. "Substance Abuse Professional" (SAP) means a qualified person who evaluates employees who have violated a DOT drug and alcohol regulation and makes recommendations concerning education, treatment, follow-up testing, and aftercare.

C. Policy and Educational Materials

1. The school district shall provide a copy of this policy and procedures to each driver prior to the start of its alcohol and drug testing program and to each driver subsequently hired or transferred into a position requiring driving of a CMV.
2. The school district shall provide to each driver information concerning the effects of alcohol and controlled substances use on an individual's health, work, and personal life; signs and symptoms of an alcohol or drug problem; and available methods of intervening when an alcohol or drug problem is suspected, including confrontation, referral to an employee assistance program, and/or referral to management.
3. The school district shall provide written notice to representatives of employee organizations that the information described above is available.
4. The school district shall require each driver to sign a statement certifying that he or she has received a copy of the policy and materials. This statement should be in the form of Attachment A to this policy. The school district will maintain the original signed certificate and will provide a copy to the driver if the driver so requests.

D. Alcohol and Controlled Substances Testing Program Manager

1. The program manager will coordinate the implementation, direction, and administration of the alcohol and controlled substances testing policy for bus drivers. The program manager is the principal contact for the collection site,

the testing laboratory, the MRO, the BAT, the SAP, and the person submitting to the test. Employee questions concerning this policy shall be directed to the program manager.

2. The school district shall designate a program manager and provide written notice of the designation to each driver along with this policy.

E. Specific Prohibitions for Drivers

1. Alcohol Concentration. No driver shall report for duty or remain on duty requiring the performance of safety-sensitive functions while having an alcohol concentration of 0.04 or greater. Drivers who test greater than 0.04 will be taken out of service and will be subject to evaluation by a professional and retesting at the driver's expense.
2. Alcohol Possession. No driver shall be on duty or operate a CMV while the driver possesses alcohol.
3. On-Duty Use. No driver shall use alcohol while performing safety-sensitive functions.
4. Pre-Duty Use. No driver shall perform safety-sensitive functions within four (4) hours after using alcohol.
5. Use Following an Accident. No driver required to take a post-accident test shall use alcohol for eight (8) hours following the accident, or until he or she undergoes a post-accident alcohol test, whichever occurs first.
6. Refusal to Submit to a Required Test. No driver shall refuse to submit to an alcohol or controlled substances test required by post-accident, random, reasonable suspicion, return-to-duty, or follow-up testing requirements. A verified adulterated or substituted drug test shall be considered a refusal to test.
7. Use of Controlled Substances. No driver shall report for duty or remain on duty requiring the performance of safety-sensitive functions when the driver uses any controlled substance, except when the use is pursuant to instructions (which have been presented to the school district) from a licensed physician who has advised the driver that the substance does not adversely affect the driver's ability to safely operate a CMV.
8. Positive, Adulterated, or Substituted Test for Controlled Substance. No driver shall report for duty, remain on duty, or perform a safety-sensitive function if the driver tests positive for controlled substances or has adulterated or

substituted a test specimen for controlled substances.

9. General Prohibition. Drivers are also subject to the general policies and procedures of the school district which prohibit the possession, transfer, sale, exchange, reporting to work under the influence of drugs or alcohol, and consumption of drugs or alcohol while at work or while on school district premises or operating any school district vehicle, machinery, or equipment.

F. Other Alcohol-Related Conduct

No driver found to have an alcohol concentration of 0.02 or greater but less than 0.04 shall perform safety-sensitive functions for at least twenty-four (24) hours following administration of the test. The school district will not take any action under this policy other than removal from safety-sensitive functions based solely on test results showing an alcohol concentration of less than 0.04 but may take action otherwise consistent with law and policy of the school district.

G. Prescription Drugs

A driver shall inform his or her supervisor if at any time the driver is using a controlled substance pursuant to a physician's prescription. The physician's instructions shall be presented to the school district upon request. Use of a prescription drug shall be allowed if the physician has advised the driver that the prescribed drug will not adversely affect the driver's ability to safely operate a CMV.

H. Testing Requirements

1. Pre-Employment Testing

- a. A driver applicant shall undergo testing for [alcohol and] controlled substances before the first time the driver performs safety-sensitive functions for the school district.
- b. Tests shall be conducted only after the applicant has received a conditional offer of employment.
- c. In order to be hired, the applicant must test negative and must sign an agreement in the form of Attachment B to this policy, authorizing former employers to release to the school district all information on the applicant's alcohol tests with results of blood alcohol concentration of 0.04 or higher, or verified positive results for controlled substances, or refusals to be tested (including verified adulterated or substituted drug test results), or any other violations of DOT agency drug and alcohol testing regulations, or, if the applicant

violated the testing regulations, documentation of the applicant's successful completion of DOT return-to-duty requirements (including follow-up tests), within the preceding two (2) years.

- d. The applicant also must be asked whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee, during the last two (2) years, applied for, but did not obtain, safety-sensitive transportation work covered by DOT testing rules.

## 2. Post-Accident Testing

- a. As soon as practicable following an accident involving a CMV, the school district shall test the driver for alcohol and controlled substances if the accident involved the loss of human life or if the driver receives a citation for a moving traffic violation arising from an accident which results in bodily injury or disabling damage to a motor vehicle.
- b. Drivers should be tested for alcohol use within two (2) hours and no later than eight (8) hours after the accident.
- c. Drivers should be tested for controlled substances no later than thirty-two (32) hours after the accident.
- d. A driver subject to post-accident testing must remain available for testing, or shall be considered to have refused to submit to the test.
- e. If a post-accident alcohol test is not administered within two (2) hours following the accident, the school district shall prepare and maintain on file a record stating the reasons the test was not promptly administered and continue to attempt to administer the alcohol test within eight (8) hours.
- f. If a post-accident alcohol test is not administered within eight (8) hours following the accident or a post-accident controlled substances test is not administered within thirty-two (32) hours following the accident, the school district shall cease attempts to administer the test, and prepare and maintain on file a record stating the reasons for not administering the test.

## 3. Random Testing

- a. The school district shall conduct tests on a random basis at

unannounced times throughout the year, as required by the federal regulations.

- b. The school district shall test for alcohol at a minimum annual percentage rate of 10% of the average number of driver positions, and for controlled substances, at a minimum annual percentage of 50%.
- c. The school district shall adopt a scientifically valid method for selecting drivers for testing, such as random number table or a computer-based random number generator that is matched with identifying numbers of the drivers. Each driver shall have an equal chance of being tested each time selections are made.
- d. Random tests shall be unannounced. Dates for administering random tests shall be spread reasonably throughout the calendar year.
- e. Drivers shall proceed immediately to the collection site upon notification of selection; provided, however, that if the driver is performing a safety-sensitive function, other than driving, at the time of notification, the driver shall cease to perform the function and proceed to the collection site as soon as possible.

4. Reasonable Suspicion Testing

- a. The school district shall require a driver to submit to an alcohol test and/or controlled substances test when a supervisor or school district official, who has been trained in accordance with the regulations, has reasonable suspicion to believe that the driver has used alcohol and/or controlled substances on duty or within four (4) hours before coming on duty. The test shall be done as soon as practicable following the observation of the behavior indicative of the use of controlled substances or alcohol.
- b. The reasonable suspicion determination must be based on specific, contemporaneous, articulable observations concerning the driver's appearance, behavior, speech, or body odors. The required observations for reasonable suspicion of a controlled substances violation may include indications of the chronic and withdrawal effects of controlled substances.
- c. Alcohol testing shall be administered within two (2) hours following a determination of reasonable suspicion. If it is not done within two (2) hours, the school district shall prepare and maintain a record explaining why it was not promptly administered and continue to

attempt to administer the alcohol test within eight (8) hours. If an alcohol test is not administered within eight (8) hours following the determination of reasonable suspicion, the school district shall cease attempts to administer the test and state in the record the reasons for not administering the test.

- d. The supervisor or school district official who makes observations leading to a controlled substances reasonable suspicion test shall make and sign a written record of the observations within twenty-four (24) hours of the observed behavior or before the results of the drug test are released, whichever is earlier.
5. Return-To-Duty Testing. A driver found to have violated this policy shall not return to work until an SAP has determined the employee has successfully complied with prescribed education and/or treatment and until undergoing return-to-duty tests indicating an alcohol concentration of less than 0.02 and a confirmed negative result for the use of controlled substances.
  6. Follow-Up Testing. When an SAP has determined that a driver is in need of assistance in resolving problems with alcohol and/or controlled substances, the driver shall be subject to unannounced follow-up testing as directed by the SAP for up to sixty (60) months after completing a treatment program.
  7. Refusal to Submit and Attendant Consequences
    - a. A driver or driver applicant may refuse to submit to drug and alcohol testing.
    - b. Refusal to submit to a required drug or alcohol test subjects the driver or driver applicant to the consequences specified in federal regulations as well as the civil and/or criminal penalty provisions of 49 U.S.C. § 521(b). In addition, a refusal to submit to testing establishes a presumption that the driver or driver applicant would test positive if a test were conducted and makes the driver or driver applicant subject to discipline or disqualification under this policy.
    - c. A driver applicant who refuses to submit to testing shall be disqualified from further consideration for the conditionally offered position.
    - d. An employee who refuses to submit to testing shall not be permitted to perform safety-sensitive functions and will be considered insubordinate and subject to disciplinary action, up to and including dismissal. If an employee is offered an opportunity to return to a DOT

safety-sensitive duty, the employee will be evaluated by an SAP and must submit to a return-to-duty test prior to being considered for reassignment to safety-sensitive functions.

- e. Drivers or driver applicants who refuse to submit to required testing will be required to sign Attachment C to this policy.

I. Testing Procedures

1. Drug Testing

- a. Drug testing is conducted by analyzing a donor's urine specimen. Split urine samples will be collected in accordance with federal regulations. The donor will provide a urine sample at a designated collection site. The collection site personnel will then pour the sample into two sample bottles, labeled "primary" and "split," seal the specimen bottles, complete the chain of custody form, and prepare the specimen bottles for shipment to the testing laboratory for analysis. The specimen preparation shall be conducted in sight of the donor.
- b. If the donor is unable to provide the appropriate quantity of urine, the collection site person shall instruct the individual to drink up to forty (40) ounces of fluid distributed reasonably through a period of up to three (3) hours to attempt to provide a sample. If the individual is still unable to provide a complete sample, the test shall be discontinued and the school district notified. The DER shall refer the donor for a medical evaluation to determine if the donor's inability to provide a specimen is genuine or constitutes a refusal to test. For pre-employment testing, the school district may elect to not have a referral made, and revoke the employment offer.
- c. Drug test results are reported directly to the MRO by the testing laboratory. The MRO reports the results to the DER. If the results are negative, the school district is informed and no further action is necessary. If the test result is confirmed positive, adulterated, substituted, or invalid, the MRO shall give the donor an opportunity to discuss the test result. The MRO will contact the donor directly, on a confidential basis, to determine whether the donor wishes to discuss the test result. The MRO shall notify each donor that the donor has seventy-two (72) hours from the time of notification in which to request a test of the split specimen at the donor's expense. No split specimen testing is done for an invalid result.
- d. If the donor requests an analysis of the split specimen within seventy-

two (72) hours of having been informed of a confirmed positive test, the MRO shall direct, in writing, the laboratory to provide the split specimen to another Department of Health and Human Services – SAMHSA certified laboratory for analysis. If the donor has not contacted the MRO within seventy-two (72) hours, the donor may present the MRO information documenting that serious illness, injury, inability to contact the MRO, lack of actual notice of the confirmed positive test, or other circumstances unavoidably prevented the donor from timely making contact. If the MRO concludes that a legitimate explanation for the donor’s failure to contact him/her within seventy-two (72) hours exists, the MRO shall direct the analysis of the split specimen. The MRO will review the confirmed positive test result to determine whether an acceptable medical reason for the positive result exists. The MRO shall confirm and report a positive test result to the DER and the employee when no legitimate medical reason for a positive test result as received from the testing laboratory exists.

- e. If, after making reasonable efforts and documenting those efforts, the MRO is unable to reach the donor directly, the MRO must contact the DER who will direct the donor to contact the MRO. If the DER is unable to contact the donor, the donor will be suspended from performing safety-sensitive functions.
- f. The MRO may confirm the test as a positive without having communicated directly with the donor about the test results under the following circumstances:
  - (1) The donor expressly declines the opportunity to discuss the test results;
  - (2) The donor has not contacted the MRO within seventy-two (72) hours of being instructed to do so by the DER; or
  - (3) The MRO and the DER, after making and documenting all reasonable efforts, have not been able to contact the donor within ten (10) days of the date the confirmed test result was received from the laboratory.

## 2. Alcohol Testing

- a. The federal alcohol testing regulations require testing to be administered by a BAT using an EBT or an STT using an ASD. EBTs and ASDs can be used for screening tests but only EBTs can be used for confirmation tests.

- b. Any test result less than 0.02 alcohol concentration is considered a “negative” test.
- c. If the donor is unable to provide sufficient saliva for an ASD, the DER will immediately arrange to use an EBT. If the donor attempts and fails to provide an adequate amount of breath, the school district will direct the donor to obtain a written evaluation from a licensed physician to determine if the donor’s inability to provide a breath sample is genuine or constitutes a refusal to test.
- d. If the screening test results show alcohol concentration of 0.02 or higher, a confirmatory test conducted on an EBT will be required to be performed between fifteen (15) and thirty (30) minutes after the completion of the screening test.
- e. Alcohol tests are reported directly to the DER.

J. Driver/Driver Applicant Rights

- 1. All drivers and driver applicants subject to the controlled substances testing provisions of this policy who receive a confirmed positive test result for the use of controlled substances have the right to request, at the driver’s or driver applicant’s expense, a confirming retest of the split urine sample. If the confirming retest is negative, no adverse action will be taken against the driver, and a driver applicant will be considered for employment.
- 2. The school district will not discharge a driver who, for the first time, receives a confirmed positive drug or alcohol test UNLESS:
  - a. The school district has first given the employee an opportunity to participate in, at the employee’s own expense or pursuant to coverage under an employee benefit plan, either a drug or alcohol counseling or rehabilitation program, whichever is more appropriate, as determined by the school district after consultation with the SAP; and
  - b. The employee refuses to participate in the recommended program, or fails to successfully complete the program as evidenced by withdrawal before its completion or by a positive test result on a confirmatory test after completion of the program.
  - c. This limitation on employee discharge does not bar discharge of an employee for reasons independent of the first confirmed positive test result.

K. Testing Laboratory

The testing laboratory for controlled substances will be MEDTOX Laboratory, 402 Co. Road D, New Brighton, MN 55112, 855-415-1987, which is a laboratory certified by the Department of Health and Human Services – SAMHSA to perform controlled substances testing pursuant to federal regulations.

L. Confidentiality of Test Results

All alcohol and controlled substances test results and required records of the drug and alcohol testing program are considered confidential information under federal law and private data on individuals as that phrase is defined in Minn. Stat. Ch. 13. Any information concerning the individual's test results and records shall not be released without written permission of the individual, except as provided for by regulation or law.

M. Recordkeeping Requirements and Retention of Records

1. The school district shall keep and maintain records in accordance with the federal regulations in a secure location with controlled access.
2. The required records shall be retained for the following minimum periods:

Basic records	5 years
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“Basic records” includes records of: (a) alcohol test results with concentration of 0.02 or greater; (b) verified positive drug test results; (c) refusals to submit to required tests (including substituted or adulterated drug test results); (d) SAP reports; (e) all follow-up tests and schedules for follow-up tests; (f) calibration documentation; (g) administration of the testing programs; and (h) each annual calendar year summary.

Information obtained from previous employers	3 years
Collection records	2 years
Negative and cancelled drug tests	1 year
Alcohol tests with less than 0.02 concentration	1 year
Education and training records	indefinite

“Education and training records” must be maintained while the individuals perform the functions which require training and for the two (2) years after ceasing to perform those functions.

N. Training

The school district shall ensure all persons designated to supervise drivers receive training. The designated employees shall receive at least sixty (60) minutes of training on alcohol misuse and at least sixty (60) minutes of training on controlled substances use. The training shall include physical, behavioral, speech, and performance indicators of probable misuse of alcohol and use of controlled substances. The training will be used by the supervisors to make determinations of reasonable suspicion.

O. Consequences of Prohibited Conduct and Enforcement

1. Removal. The school district shall remove a driver who has engaged in prohibited conduct from safety-sensitive functions. A driver shall not be permitted to return to safety-sensitive functions until and unless the return-to-duty requirements of federal DOT regulations have been completed.

2. Referral, Evaluation, and Treatment

- a. A driver or driver applicant who has engaged in prohibited conduct shall be provided a listing of SAPs readily available to the driver or applicant and acceptable to the school district.
- b. If the school district offers a driver an opportunity to return to a DOT safety-sensitive duty following a violation, the driver must be evaluated by an SAP and the driver is required to successfully comply with the SAP's evaluation recommendations (education, treatment, follow-up evaluation(s), and/or ongoing services). The school district is not required to provide an SAP evaluation or any subsequent recommended education or treatment.
- c. Drivers are responsible for payment for SAP evaluations and services unless a collective bargaining agreement or employee benefit plan provides otherwise.
- d. Drivers who engage in prohibited conduct also are required to comply with follow-up testing requirements.

3. Disciplinary Action

- a. Any driver who refuses to submit to post-accident, random, reasonable suspicion, or follow-up testing not only shall not perform or continue to perform safety-sensitive functions, but also may be subject to disciplinary action, which may include immediate

suspension without pay and/or immediate discharge.

- b. Drivers who test positive with verification of a confirmatory test or are otherwise found to be in violation of this policy or the federal regulations shall be subject to disciplinary action, which may include immediate suspension without pay and/or immediate discharge.
- c. Nothing in this policy limits or restricts the right of the school district to discipline or discharge a driver for conduct which not only constitutes prohibited conduct under this policy but also violates the school district's other rules or policies.

## 416 DRUG AND ALCOHOL TESTING

Board Adopted: January 5, 2015

Board Revised: January 2019

*[Note: Drug and Alcohol Testing of school bus drivers and applicants is mandatory under federal law. The mandatory testing is described under Part III. of the policy. Testing of other employees or testing of school bus drivers beyond that mandated by federal law is optional but can be done under state law only if a policy containing provisions such as the provisions of Part IV. of this policy are adopted. To preserve the right to request or require school district employees who are not bus drivers and applicants to undergo drug and/or alcohol testing or to require bus drivers to submit to testing that is not federally mandated, a school district should adopt Part IV. as part of its drug and alcohol testing policy.]*

### I. PURPOSE

- A. The school board recognizes the significant problems created by drug and alcohol use in society in general, and the public schools in particular. The school board further recognizes the important contribution that the public schools have in shaping the youth of today into the adults of tomorrow.
- B. The school board believes that a work environment free of drug and alcohol use will be not only safer, healthier, and more productive but also more conducive to effective learning. Therefore, to provide such an environment, the purpose of this policy is to provide authority so that the school board may require all employees and/or job applicants to submit to drug and alcohol testing in accordance with the provisions of this policy and as provided in federal law and Minn. Stat. §§ 181.950-181.957.

### II. GENERAL STATEMENT OF POLICY

- A. All school district employees and job applicants whose positions require a commercial driver's license will be required to undergo drug and alcohol testing in accordance with federal law and the applicable provisions of this policy. The school district also may request or require that drivers submit to drug and alcohol testing in accordance with the provisions of this policy and as provided in Minn. Stat. §§ 181.950-181.957.
- B. The school district may request or require that any school district employee or job applicant, other than an employee or applicant whose position requires a commercial driver's license, submit to drug and alcohol testing in accordance with the provisions of this policy and as provided in Minn. Stat. §§ 181.950-181.957.
- C. The use, possession, sale, purchase, transfer, or dispensing of any drugs not medically prescribed, including medical cannabis, regardless of whether it has been prescribed for the employee, is prohibited on school district property (which includes school district vehicles), while operating school district vehicles or equipment, and at any school-sponsored program or event. Use of drugs which are not medically prescribed, including medical cannabis, regardless of whether it has been prescribed for the employee, is also prohibited throughout the school or work day, including lunch or other breaks, whether or not the employee is on or off school district property. Employees under the influence of drugs which are not medically prescribed are prohibited from entering or remaining on school district property.

- D. The use, possession, sale, purchase, transfer, or dispensing of alcohol is prohibited on school district property (which includes school district vehicles), while operating school district vehicles or equipment, and at any school-sponsored program or event. Use of alcohol is also prohibited throughout the school or work day, including lunch or other breaks, whether or not the employee is on or off school district property. Employees under the influence of alcohol are prohibited from entering or remaining on school district property.
- E. Any employee who violates this section shall be subject to discipline which includes, but is not limited to, immediate suspension without pay and immediate discharge.

### III. **FEDERALLY MANDATED DRUG AND ALCOHOL TESTING FOR SCHOOL BUS DRIVERS**

#### A. General Statement of Policy

All persons subject to commercial driver's license requirements shall be tested for alcohol, marijuana (including medical cannabis), cocaine, amphetamines, opiates (including heroin), and phencyclidine (PCP), pursuant to federal law. Drivers who test positive for alcohol or drugs shall be subject to disciplinary action, which may include termination of employment.

#### B. Definitions

1. "Actual Knowledge" means actual knowledge by the school district that a driver has used alcohol or controlled substances based on: (a) direct observation of the employee's use (not observation of behavior sufficient to warrant reasonable suspicion testing); (b) information provided by a previous employer; (c) a traffic citation; or (d) an employee's admission, except when made in connection with a qualified employee self-admission program.
2. "Alcohol Screening Device" (ASD) means a breath or saliva device, other than an Evidential Breath Testing Device (EBT), that is approved by the National Highway Traffic Safety Administration and placed on its Conforming Products List for such devices.
3. "Breath Alcohol Technician" (BAT) means an individual who instructs and assists individuals in the alcohol testing process and who operates the EBT.
4. "Commercial Motor Vehicle" (CMV) includes a vehicle which is designed to transport 16 or more passengers, including the driver.
5. "Designated Employer Representative" (DER) means a designated school district representative authorized to take immediate action to remove employees from safety-sensitive duties, to make required decisions in the testing and evaluation process, and to receive test results and other

communications for the school district.

6. “Department of Transportation” (DOT) means United States Department of Transportation.
7. “Driver” is any person who operates a CMV, including full-time, regularly employed drivers, casual, intermittent or occasional drivers, leased drivers, and independent owner-operator contractors.
8. “Evidential Breath Testing Device” (EBT) means a device approved by the National Highway Traffic Safety Administration for the evidentiary testing of breath for alcohol concentration and placed on its Conforming Products List for such devices.
9. “Medical Review Officer” (MRO) means a licensed physician responsible for receiving and reviewing laboratory results generated by the school district’s drug testing program and for evaluating medical explanations for certain drug tests.
10. “Refusal to Submit” (to an alcohol or controlled substances test) means that a driver: (a) fails to appear for any test within a reasonable time, as determined by the school district, consistent with applicable DOT regulations, after being directed to do so; (b) fails to remain at the testing site until the testing process is complete; (c) fails to provide a urine specimen or an adequate amount of saliva or breath for any DOT drug or alcohol test; (d) fails to permit the observation or monitoring of the driver’s provision of a specimen in the case of a directly observed or monitored collection in a drug test; (e) fails to provide a sufficient breath specimen or sufficient amount of urine when directed and a determination has been made that no adequate medical explanation for the failure exists; (f) fails or declines to take an additional test as directed; (g) fails to undergo a medical examination or evaluation, as directed by the MRO or the DER; (h) fails to cooperate with any part of the testing process (e.g., refuses to empty pockets when so directed by the collector, behaves in a confrontational way that disrupts the collection process, fails to wash hands after being directed to do so by the collector, fails to sign the certification on the forms); (i) fails to follow the observer’s instructions, in an observed collection, to raise the driver’s clothing above the waist, lower clothing and underpants, and to turn around to permit the observer to determine if the driver has any type of prosthetic or other device that could be used to interfere with the collection process; (j) possesses or wears a prosthetic or other device that could be used to interfere with the collection process; (k) admits to the collector or MRO that the driver adulterated or substituted the specimen; or (l) is reported by the MRO as having a verified adulterated or substituted test result. An applicant who fails to appear for a pre-employment test, who leaves the testing site before the pre-employment testing process commences, or who does not provide a urine specimen because he or she has left before it commences is not

deemed to have refused to submit to testing.

11. "Safety-sensitive functions" are on-duty functions from the time the driver begins work or is required to be in readiness to work until relieved from work, and include such functions as driving, loading and unloading vehicles, or supervising or assisting in the loading or unloading of vehicles, servicing, repairing, obtaining assistance to repair, or remaining in attendance during the repair of a disabled vehicle.
12. "Screening Test Technician" (STT) means anyone who instructs and assists individuals in the alcohol testing process and operates an ASD.
13. "Stand Down" means to temporarily remove an employee from performing safety-sensitive functions after a laboratory reports a confirmed positive, an adulterated, or a substituted test result but before the MRO completes the verification process.
14. "Substance Abuse Professional" (SAP) means a qualified person who evaluates employees who have violated a DOT drug and alcohol regulation and makes recommendations concerning education, treatment, follow-up testing, and aftercare.

C. Policy and Educational Materials

***[Note: The federal regulations require that school districts provide materials to bus drivers explaining the school district's policies and procedures and the federal requirements with respect to the mandatory drug and alcohol testing of bus drivers. 49 C.F.R. § 382.601. Almost all of the required information is contained within this model policy. Additional materials to be provided to employees are described in Paragraph 2. of this Section C.]***

1. The school district shall provide a copy of this policy and procedures to each driver prior to the start of its alcohol and drug testing program and to each driver subsequently hired or transferred into a position requiring driving of a CMV.
2. The school district shall provide to each driver information concerning the effects of alcohol and controlled substances use on an individual's health, work, and personal life; signs and symptoms of an alcohol or drug problem; and available methods of intervening when an alcohol or drug problem is suspected, including confrontation, referral to an employee assistance program, and/or referral to management.
3. The school district shall provide written notice to representatives of employee organizations that the information described above is available.
4. The school district shall require each driver to sign a statement certifying that he or she has received a copy of the policy and materials. This statement

should be in the form of Attachment A to this policy. The school district will maintain the original signed certificate and will provide a copy to the driver if the driver so requests.

***[Note: The federal regulations require a school district to obtain a signed statement from each driver certifying that he or she has received a copy of these materials. 49 C.F.R. § 382.601(d). The original signed certificate must be maintained by the school district and a copy may be provided to the driver.]***

D. Alcohol and Controlled Substances Testing Program Manager

***[Note: School districts are required by the federal regulations to designate a person to answer driver questions about the policy and the education materials described in Section C. above and to notify the drivers of the designation. 49 C.F.R. § 382.601(b)(1).]***

1. The program manager will coordinate the implementation, direction, and administration of the alcohol and controlled substances testing policy for bus drivers. The program manager is the principal contact for the collection site, the testing laboratory, the MRO, the BAT, the SAP, and the person submitting to the test. Employee questions concerning this policy shall be directed to the program manager.
2. The school district shall designate a program manager and provide written notice of the designation to each driver along with this policy.

E. Specific Prohibitions for Drivers

***[Note: The specific prohibitions for drivers are contained, in large part, in 49 C.F.R. §§ 382.201-382.215.]***

1. Alcohol Concentration. No driver shall report for duty or remain on duty requiring the performance of safety-sensitive functions while having an alcohol concentration of 0.04 or greater. Drivers who test greater than 0.04 will be taken out of service and will be subject to evaluation by a professional and retesting at the driver's expense.
2. Alcohol Possession. No driver shall be on duty or operate a CMV while the driver possesses alcohol.
3. On-Duty Use. No driver shall use alcohol while performing safety-sensitive functions.
4. Pre-Duty Use. No driver shall perform safety-sensitive functions within four (4) hours after using alcohol.
5. Use Following an Accident. No driver required to take a post-accident test shall use alcohol for eight (8) hours following the accident, or until he or she undergoes a post-accident alcohol test, whichever occurs first.

6. Refusal to Submit to a Required Test. No driver shall refuse to submit to an alcohol or controlled substances test required by post-accident, random, reasonable suspicion, return-to-duty, or follow-up testing requirements. A verified adulterated or substituted drug test shall be considered a refusal to test.
7. Use of Controlled Substances. No driver shall report for duty or remain on duty requiring the performance of safety-sensitive functions when the driver uses any controlled substance, except when the use is pursuant to instructions (which have been presented to the school district) from a licensed physician who has advised the driver that the substance does not adversely affect the driver's ability to safely operate a CMV. Controlled substance includes medical cannabis, regardless of whether the driver is enrolled in the state registry program.
8. Positive, Adulterated, or Substituted Test for Controlled Substance. No driver shall report for duty, remain on duty, or perform a safety-sensitive function if the driver tests positive for controlled substances, including medical cannabis, or has adulterated or substituted a test specimen for controlled substances.
9. General Prohibition. Drivers are also subject to the general policies and procedures of the school district which prohibit the possession, transfer, sale, exchange, reporting to work under the influence of drugs or alcohol, and consumption of drugs or alcohol while at work or while on school district premises or operating any school district vehicle, machinery, or equipment.

F. Other Alcohol-Related Conduct

***[Note: Consequences for drivers engaging in alcohol-related conduct are described in the federal regulations. 49 C.F.R. § 382.505.]***

No driver found to have an alcohol concentration of 0.02 or greater but less than 0.04 shall perform safety-sensitive functions for at least twenty-four (24) hours following administration of the test. The school district will not take any action under this policy other than removal from safety-sensitive functions based solely on test results showing an alcohol concentration of less than 0.04 but may take action otherwise consistent with law and policy of the school district.

G. Prescription Drugs

A driver shall inform his or her supervisor if at any time the driver is using a controlled substance pursuant to a physician's prescription. The physician's instructions shall be presented to the school district upon request. Use of a prescription drug shall be allowed if the physician has advised the driver that the prescribed drug will not adversely affect the driver's ability to safely operate a CMV. Use of medical cannabis is prohibited notwithstanding the driver's enrollment in the patient registry.

## H. Testing Requirements

### 1. Pre-Employment Testing

***[Note: 49 C.F.R. § 382.301 details the requirements for pre-employment testing.]***

- a. A driver applicant shall undergo testing for [alcohol and] controlled substances, including medical cannabis, before the first time the driver performs safety-sensitive functions for the school district.

***[Note: A school district is permitted, but not required, to conduct pre-employment testing for the use of alcohol. If a school district elects to require pre-employment testing for alcohol, it should include the bracketed text in Subparagraph a., above, and test all applicants uniformly.]***

- b. Tests shall be conducted only after the applicant has received a conditional offer of employment.
- c. In order to be hired, the applicant must test negative and must sign an agreement in the form of Attachment B to this policy, authorizing former employers to release to the school district all information on the applicant's alcohol tests with results of blood alcohol concentration of 0.04 or higher, or verified positive results for controlled substances, including medical cannabis, or refusals to be tested (including verified adulterated or substituted drug test results), or any other violations of DOT agency drug and alcohol testing regulations, or, if the applicant violated the testing regulations, documentation of the applicant's successful completion of DOT return-to-duty requirements (including follow-up tests), within the preceding two (2) years.

***[Note: The federal regulations require school districts to inquire about, obtain, and review alcohol and controlled substances information from prior employers pursuant to a driver's written authorization, prior to the time a driver performs safety-sensitive functions, if feasible. 49 C.F.R. § 382.413 and 49 C.F.R. § 40.25. If not feasible, school districts must not permit the employee to perform safety-sensitive functions for more than thirty (30) days from the date a safety-sensitive function was performed unless the school districts make good faith efforts to obtain the information and to make a record of those efforts to be retained in the driver's qualification file.]***

- d. The applicant also must be asked whether he or she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the employee, during the last two (2) years, applied for, but did not obtain, safety-sensitive transportation work covered by DOT testing rules.

### 2. Post-Accident Testing

***[Note: 49 C.F.R. § 382.303 governs post-accident testing of drivers.]***

- a. As soon as practicable following an accident involving a CMV, the school district shall test the driver for alcohol and controlled substances, including medical cannabis, if the accident involved the loss of human life or if the driver receives a citation for a moving traffic violation arising from an accident which results in bodily injury or disabling damage to a motor vehicle.
- b. Drivers should be tested for alcohol use within two (2) hours and no later than eight (8) hours after the accident.
- c. Drivers should be tested for controlled substances, including medical cannabis, no later than thirty-two (32) hours after the accident.
- d. A driver subject to post-accident testing must remain available for testing, or shall be considered to have refused to submit to the test.
- e. If a post-accident alcohol test is not administered within two (2) hours following the accident, the school district shall prepare and maintain on file a record stating the reasons the test was not promptly administered and continue to attempt to administer the alcohol test within eight (8) hours.
- f. If a post-accident alcohol test is not administered within eight (8) hours following the accident or a post-accident controlled substances test is not administered within thirty-two (32) hours following the accident, the school district shall cease attempts to administer the test, and prepare and maintain on file a record stating the reasons for not administering the test.

3. Random Testing

***[Note: 49 C.F.R. § 382.305 governs random testing of drivers.]***

- a. The school district shall conduct tests on a random basis at unannounced times throughout the year, as required by the federal regulations.

***[Note: The Federal Highway Administration (FHWA) lowered the random alcohol selection and testing rate from 25% of the average number of driver positions to 10% in 1998 and evaluates this minimum percentage each year. School districts can elect to stay at 25% (or a higher percentage) if they do not want to monitor the minimum annual percentage rate set by the FHWA. The random controlled substances selection and testing rate has remained at 50% each year and has not been lowered to 25% as is possible under the regulations.]***

- b. The school district shall test for alcohol at a the annual percentage rate of 25% of the average number of driver positions, and for controlled substances, including medical cannabis, at a minimum annual

percentage of 50%.

- c. The school district shall adopt a scientifically valid method for selecting drivers for testing, such as random number table or a computer-based random number generator that is matched with identifying numbers of the drivers. Each driver shall have an equal chance of being tested each time selections are made.
- d. Random tests shall be unannounced. Dates for administering random tests shall be spread reasonably throughout the calendar year.
- e. Drivers shall proceed immediately to the collection site upon notification of selection; provided, however, that if the driver is performing a safety-sensitive function, other than driving, at the time of notification, the driver shall cease to perform the function and proceed to the collection site as soon as possible.

#### 4. Reasonable Suspicion Testing

***[Note: 49 C.F.R. § 382.307 governs reasonable suspicion testing of drivers.]***

- a. The school district shall require a driver to submit to an alcohol test and/or controlled substances, including medical cannabis, test when a supervisor or school district official, who has been trained in accordance with the regulations, has reasonable suspicion to believe that the driver has used alcohol and/or controlled substances, including medical cannabis, on duty or within four (4) hours before coming on duty. The test shall be done as soon as practicable following the observation of the behavior indicative of the use of controlled substances or alcohol.
- b. The reasonable suspicion determination must be based on specific, contemporaneous, articulable observations concerning the driver's appearance, behavior, speech, or body odors. The required observations for reasonable suspicion of a controlled substances violation may include indications of the chronic and withdrawal effects of controlled substances.
- c. Alcohol testing shall be administered within two (2) hours following a determination of reasonable suspicion. If it is not done within two (2) hours, the school district shall prepare and maintain a record explaining why it was not promptly administered and continue to attempt to administer the alcohol test within eight (8) hours. If an alcohol test is not administered within eight (8) hours following the determination of reasonable suspicion, the school district shall cease attempts to administer the test and state in the record the reasons for not administering the test.

- d. The supervisor or school district official who makes observations leading to a controlled substances reasonable suspicion test shall make and sign a written record of the observations within twenty-four (24) hours of the observed behavior or before the results of the drug test are released, whichever is earlier.

***[Note: 49 C.F.R. §§ 382.309, 40.23(d), and 40.305 govern return-to-duty testing.]***

5. Return-To-Duty Testing. A driver found to have violated this policy shall not return to work until an SAP has determined the employee has successfully complied with prescribed education and/or treatment and until undergoing return-to-duty tests indicating an alcohol concentration of less than 0.02 and a confirmed negative result for the use of controlled substances.

***[Note: 49 C.F.R. §§ 382.311, 40.307, and 40.309 govern follow-up testing.]***

6. Follow-Up Testing. When an SAP has determined that a driver is in need of assistance in resolving problems with alcohol and/or controlled substances, the driver shall be subject to unannounced follow-up testing as directed by the SAP for up to sixty (60) months after completing a treatment program.

7. Refusal to Submit and Attendant Consequences

***[Note: Consequences for refusals to submit to required drug and alcohol tests are addressed generally in 49 C.F.R. §§ 40.191, 40.261, and 382.211. They are more specifically addressed in 49 C.F.R. §§ 382.501-382.507 and in 49 U.S.C. § 521(b).]***

- a. A driver or driver applicant may refuse to submit to drug and alcohol testing.
- b. Refusal to submit to a required drug or alcohol test subjects the driver or driver applicant to the consequences specified in federal regulations as well as the civil and/or criminal penalty provisions of 49 U.S.C. § 521(b). In addition, a refusal to submit to testing establishes a presumption that the driver or driver applicant would test positive if a test were conducted and makes the driver or driver applicant subject to discipline or disqualification under this policy.
- c. A driver applicant who refuses to submit to testing shall be disqualified from further consideration for the conditionally offered position.
- d. An employee who refuses to submit to testing shall not be permitted to perform safety-sensitive functions and will be considered insubordinate and subject to disciplinary action, up to and including dismissal. If an employee is offered an opportunity to return to a DOT safety-sensitive duty, the employee will be evaluated by an SAP and must submit to a

return-to-duty test prior to being considered for reassignment to safety-sensitive functions.

- e. Drivers or driver applicants who refuse to submit to required testing will be required to sign Attachment C to this policy.

I. Testing Procedures

1. Drug Testing

***[Note: The Federal Drug Testing Custody and Control Form (CCF) must be used to document every urine collection required by the DOT drug testing program. 49 C.F.R. § 40.45.]***

- a. Drug testing is conducted by analyzing a donor's urine specimen. Split urine samples will be collected in accordance with federal regulations. The donor will provide a urine sample at a designated collection site. The collection site personnel will then pour the sample into two sample bottles, labeled "primary" and "split," seal the specimen bottles, complete the chain of custody form, and prepare the specimen bottles for shipment to the testing laboratory for analysis. The specimen preparation shall be conducted in sight of the donor.
- b. If the donor is unable to provide the appropriate quantity of urine, the collection site person shall instruct the individual to drink up to forty (40) ounces of fluid distributed reasonably through a period of up to three (3) hours to attempt to provide a sample. If the individual is still unable to provide a complete sample, the test shall be discontinued and the school district notified. The DER shall refer the donor for a medical evaluation to determine if the donor's inability to provide a specimen is genuine or constitutes a refusal to test. For pre-employment testing, the school district may elect to not have a referral made, and revoke the employment offer.
- c. Drug test results are reported directly to the MRO by the testing laboratory. The MRO reports the results to the DER. If the results are negative, the school district is informed and no further action is necessary. If the test result is confirmed positive, adulterated, substituted, or invalid, the MRO shall give the donor an opportunity to discuss the test result. The MRO will contact the donor directly, on a confidential basis, to determine whether the donor wishes to discuss the test result. The MRO shall notify each donor that the donor has seventy-two (72) hours from the time of notification in which to request a test of the split specimen at the donor's expense. No split specimen testing is done for an invalid result.
- d. If the donor requests an analysis of the split specimen within seventy-two (72) hours of having been informed of a confirmed positive test, the

MRO shall direct, in writing, the laboratory to provide the split specimen to another Department of Health and Human Services – SAMHSA certified laboratory for analysis. If the donor has not contacted the MRO within seventy-two (72) hours, the donor may present the MRO information documenting that serious illness, injury, inability to contact the MRO, lack of actual notice of the confirmed positive test, or other circumstances unavoidably prevented the donor from timely making contact. If the MRO concludes that a legitimate explanation for the donor’s failure to contact him/her within seventy-two (72) hours exists, the MRO shall direct the analysis of the split specimen. The MRO will review the confirmed positive test result to determine whether an acceptable medical reason for the positive result exists. The MRO shall confirm and report a positive test result to the DER and the employee when no legitimate medical reason for a positive test result as received from the testing laboratory exists.

- e. If, after making reasonable efforts and documenting those efforts, the MRO is unable to reach the donor directly, the MRO must contact the DER who will direct the donor to contact the MRO. If the DER is unable to contact the donor, the donor will be suspended from performing safety-sensitive functions.
- f. The MRO may confirm the test as a positive without having communicated directly with the donor about the test results under the following circumstances:
  - (1) The donor expressly declines the opportunity to discuss the test results;
  - (2) The donor has not contacted the MRO within seventy-two (72) hours of being instructed to do so by the DER; or
  - (3) The MRO and the DER, after making and documenting all reasonable efforts, have not been able to contact the donor within ten (10) days of the date the confirmed test result was received from the laboratory.

## 2. Alcohol Testing

***[Note: The DOT Alcohol Testing Form (ATF) must be used for every DOT alcohol test. 49 C.F.R. § 40.225]***

- a. The federal alcohol testing regulations require testing to be administered by a BAT using an EBT or an STT using an ASD. EBTs and ASDs can be used for screening tests but only EBTs can be used for confirmation tests.

- b. Any test result less than 0.02 alcohol concentration is considered a “negative” test.
- c. If the donor is unable to provide sufficient saliva for an ASD, the DER will immediately arrange to use an EBT. If the donor attempts and fails to provide an adequate amount of breath, the school district will direct the donor to obtain a written evaluation from a licensed physician to determine if the donor’s inability to provide a breath sample is genuine or constitutes a refusal to test.
- d. If the screening test results show alcohol concentration of 0.02 or higher, a confirmatory test conducted on an EBT will be required to be performed between fifteen (15) and thirty (30) minutes after the completion of the screening test.
- e. Alcohol tests are reported directly to the DER.

J. Driver/Driver Applicant Rights

- 1. All drivers and driver applicants subject to the controlled substances testing provisions of this policy who receive a confirmed positive test result for the use of controlled substances have the right to request, at the driver’s or driver applicant’s expense, a confirming retest of the split urine sample. If the confirming retest is negative, no adverse action will be taken against the driver, and a driver applicant will be considered for employment.

***[Note: The limitation on discharge in Paragraph 2., below, is contained solely in Minnesota law. State law is preempted by federal laws and regulations as it relates to drivers of commercial motor vehicles (such as bus drivers). See Minn. Stat. § 221.031, Subd. 10. Nevertheless, school districts may decide to comply with the state law requirements for various reasons (such as to treat all school district employees equally since employees subject to testing only under state law are accorded these additional rights). Consultation with the school district’s legal counsel is recommended.]***

- 2. The school district will not discharge a driver who, for the first time, receives a confirmed positive drug or alcohol test UNLESS:
  - a. The school district has first given the employee an opportunity to participate in, at the employee’s own expense or pursuant to coverage under an employee benefit plan, either a drug or alcohol counseling or rehabilitation program, whichever is more appropriate, as determined by the school district after consultation with the SAP; and
  - b. The employee refuses to participate in the recommended program, or fails to successfully complete the program as evidenced by withdrawal before its completion or by a positive test result on a confirmatory test after completion of the program.

- c. This limitation on employee discharge does not bar discharge of an employee for reasons independent of the first confirmed positive test result.

K. Testing Laboratory

The testing laboratory for controlled substances will be **Medtox Laboratories, 402 W County Rd D, St. Paul, MN 55112**, which is a laboratory certified by the Department of Health and Human Services – SAMHSA to perform controlled substances testing pursuant to federal regulations.

L. Confidentiality of Test Results

All alcohol and controlled substances test results and required records of the drug and alcohol testing program are considered confidential information under federal law and private data on individuals as that phrase is defined in Minn. Stat. Ch. 13. Any information concerning the individual’s test results and records shall not be released without written permission of the individual, except as provided for by regulation or law.

M. Recordkeeping Requirements and Retention of Records

- 1. The school district shall keep and maintain records in accordance with the federal regulations in a secure location with controlled access.

***[Note: The federal recordkeeping requirements for school districts are detailed in the federal regulations 49 C.F.R. §§ 382.401 et seq. and 40.331. The DOT publishes a guide to the recordkeeping requirements of mandatory drug and alcohol testing for persons with a commercial driver’s license as part of its Alcohol & Drugs: DOT Compliance Manual.]***

- 2. The required records shall be retained for the following minimum periods:

Basic records	5 years
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“Basic records” includes records of: (a) alcohol test results with concentration of 0.02 or greater; (b) verified positive drug test results; (c) refusals to submit to required tests (including substituted or adulterated drug test results); (d) SAP reports; (e) all follow-up tests and schedules for follow-up tests; (f) calibration documentation; (g) administration of the testing programs; and (h) each annual calendar year summary.

Information obtained from previous employers	3 years
Collection records	2 years
Negative and cancelled drug tests	1 year
Alcohol tests with less than 0.02 concentration	1 year

Education and training records

indefinite

“Education and training records” must be maintained while the individuals perform the functions which require training and for the two (2) years after ceasing to perform those functions.

N. Training

The school district shall ensure all persons designated to supervise drivers receive training. The designated employees shall receive at least sixty (60) minutes of training on alcohol misuse and at least sixty (60) minutes of training on controlled substances use. The training shall include physical, behavioral, speech, and performance indicators of probable misuse of alcohol and use of controlled substances. The training will be used by the supervisors to make determinations of reasonable suspicion.

O. Consequences of Prohibited Conduct and Enforcement

1. Removal. The school district shall remove a driver who has engaged in prohibited conduct from safety-sensitive functions. A driver shall not be permitted to return to safety-sensitive functions until and unless the return-to-duty requirements of federal DOT regulations have been completed.

2. Referral, Evaluation, and Treatment

a. A driver or driver applicant who has engaged in prohibited conduct shall be provided a listing of SAPs readily available to the driver or applicant and acceptable to the school district.

*[Note: Subparagraphs b. and c., below, are based on the provisions of 49 C.F.R. § 40.289.]*

b. If the school district offers a driver an opportunity to return to a DOT safety-sensitive duty following a violation, the driver must be evaluated by an SAP and the driver is required to successfully comply with the SAP’s evaluation recommendations (education, treatment, follow-up evaluation(s), and/or ongoing services). The school district is not required to provide an SAP evaluation or any subsequent recommended education or treatment.

*[Note: School districts are not required to comply with state law governing drug and alcohol testing when the individuals are subject to the federal laws and regulations (i.e., bus drivers). If a school district, after consultation with legal counsel, chooses to comply voluntarily with these requirements, Subparagraph b., above, can be modified as follows:*

***b. The school district will offer a driver an opportunity to return to a DOT safety-sensitive duty following an employee’s first positive test result on a confirmatory test if no reasons***

***independent of the first test result for discharge exist. Otherwise, the school district may choose, but is not required, to provide an SAP evaluation or any subsequent recommended education or treatment.]***

- c. Drivers are responsible for payment for SAP evaluations and services unless a collective bargaining agreement or employee benefit plan provides otherwise.
- d. Drivers who engage in prohibited conduct also are required to comply with follow-up testing requirements.

3. Disciplinary Action

- a. Any driver who refuses to submit to post-accident, random, reasonable suspicion, or follow-up testing not only shall not perform or continue to perform safety-sensitive functions, but also may be subject to disciplinary action, which may include immediate suspension without pay and/or immediate discharge.
- b. Drivers who test positive with verification of a confirmatory test or are otherwise found to be in violation of this policy or the federal regulations shall be subject to disciplinary action, which may include immediate suspension without pay and/or immediate discharge.
- c. Nothing in this policy limits or restricts the right of the school district to discipline or discharge a driver for conduct which not only constitutes prohibited conduct under this policy but also violates the school district's other rules or policies.

P. Other Testing

The school district may request or require that drivers submit to drug and alcohol testing other than that required by federal law. For example, drivers may be requested or required to undergo drug and alcohol testing on an annual basis as part of a routine physical examination. Such additional testing of drivers will be conducted only in accordance with the provisions of this policy and as provided in Minn. Stat. §§ 181.950-181.957. For purposes of such additional, non-mandatory testing, drivers fall within the definition of "other employees" covered by Section IV. of this policy.

***[Note: When the testing of drivers complies with federal testing requirements and procedures, school districts clearly are exempt from the state drug and alcohol testing requirements in Minn. Stat. §§ 181.950-181.957. See Minn. Stat. § 221.031, Subd. 10. When testing beyond the federally mandated requirements, however, school districts still must comply with state law.]***

**Legal References:** Minn. Stat. Ch. 13 (Minnesota Government Data Practices Act)  
Minn. Stat. Ch. 43A (State Personnel Management)

Minn. Stat. § 152.22 (Medical Cannabis; Definitions)  
Minn. Stat. § 152.23 (Medical Cannabis; Limitations)  
Minn. Stat. § 152.32 (Protections for Registry Program Participation)  
Minn. Stat. §§ 181.950-181.957 (Drug and Alcohol Testing in the Workplace)  
Minn. Stat. § 221.031 (Motor Carrier Rules)  
49 U.S.C. § 31306 (Omnibus Transportation Employee Testing Act of 1991)  
49 U.S.C. § 521(b) (Civil and Criminal Penalties for Violations)  
49 C.F.R. Parts 40 and 382 (Department of Transportation Rules Implementing Omnibus Transportation Employee Testing Act of 1991)

***Cross-References:***

MSBA/MASA Model Policy 403 (Discipline, Suspension, and Dismissal of School District Employees)  
MSBA/MASA Model Policy 406 (Public and Private Personnel Data)  
MSBA/MASA Model Policy 417 (Chemical Use and Abuse)  
MSBA/MASA Model Policy 418 (Drug-Free Workplace/Drug-Free School)



# Bagley Public Schools

Independent School District 162  
202 Bagley Avenue NW  
Bagley, MN 56621  
Tel: (218) 694-6184 Fax: (218) 694-3221

## — DRIVER ACKNOWLEDGMENT — DRUG AND ALCOHOL TESTING POLICY AND MATERIALS Attachment A

I have received a copy of the Drug and Alcohol Testing Policy of Independent School District No. 162, Bagley, Minnesota and have read it in its entirety. I understand that I am subject to the provisions of Article III of the policy, entitled Drug and Alcohol Testing for Bus Drivers, because the position involves operating a commercial motor vehicle and requires a commercial driver's license.

The District's policy was provided to me:

1. Upon adoption of the policy. (employee).
2. Upon my hire. (job applicant/new employee).
3. After receipt of my conditional job offer, before any testing if my job offer is contingent upon my passing of drug and alcohol testing. (job applicant).

I also received materials concerning the effects of alcohol and controlled substances use on an individual's health, work, and personal life; signs and symptoms of an alcohol or drug problem; and available methods of intervening when an alcohol or drug problem is suspected.

I have been advised that the Alcohol and Controlled Substances Testing Program Manager is the Transportation Director and that any questions I may have concerning the Policy should be directed to the Program Manager.

Date \_\_\_\_\_

\_\_\_\_\_  
*Signature of Employee/Applicant*

\_\_\_\_\_  
*Typed or printed name*



# Bagley Public Schools

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## – BUS DRIVER OR DRIVER APPLICANT – AUTHORIZATION TO RELEASE INFORMATION Attachment B

**Section I.** To be completed by the school district, signed by the bus driver, or driver applicant, and transmitted to the previous employer:

Employee Printed or Typed Name: \_\_\_\_\_

Employee SS or ID Number: \_\_\_\_\_

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in Section I-B, to the employer listed in Section I-A. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in Section II-A by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulation;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section I-A

School District Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

Designated Employee Representative: \_\_\_\_\_

### Section I-B

Previous Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Designated Employer Representative (if known): \_\_\_\_\_



# Bagley Public Schools

Independent School District 162  
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**Section II.** To be completed by the previous employer and transmitted by mail or fax to the new employer:

**Section II-A.** In the two years prior to the date of the employee’s signature (in Section I), for DOT-regulated testing:

- 1. Did the employee have alcohol tests with a result of 0.04 or higher? YES \_\_\_ NO \_\_\_
- 2. Did the employee have verified positive drug tests? YES \_\_\_ NO \_\_\_
- 3. Did the employee refuse to be tested? YES \_\_\_ NO \_\_\_
- 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? YES \_\_\_ NO \_\_\_
- 5. Did a previous employer report a drug and alcohol rule violation to you? YES \_\_\_ NO \_\_\_
- 6. If you answered “yes” to any of the above items, did the employee complete the return-to-duty process? N/A \_\_\_ YES \_\_\_ NO \_\_\_

NOTE: If you answered “yes” to item 5, you must provide the previous employer’s report. If you answered “yes” to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

## Section II-B

Name of person providing information in Section II-A: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_



# Bagley Public Schools

Independent School District 162  
202 Bagley Avenue NW  
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## — BUS DRIVER OR DRIVER APPLICANT — REFUSAL TO SUBMIT TO TESTING Attachment C

I hereby refuse to submit to drug/alcohol testing by doing the following:

- Failing to appear for any test within a reasonable time, as determined by the school district, consistent with applicable DOT regulations, after being directed to do so;
- Failing to remain at the testing site until the testing process is complete;
- Failing to provide a urine specimen or an adequate amount of saliva or breath for any DOT drug or alcohol test;
- Failing to permit the observation or monitoring of any provision of a specimen in the case of a directly observed or monitored collection in a drug test;
- Failing to provide a sufficient breath specimen or sufficient amount of urine when directed and it has been determined that there was no adequate medical explanation for the failure;
- Failing or declining to take a second test as directed;
- Failing to undergo a medical examination or evaluation, as directed by the Medical Review Officer (MRO) or the Designation Employer Representative (DER);
- Failing to cooperate with any part of the testing process (e.g., refusing to empty pockets when so directed by the collector, behaving in a confrontational way that disrupts the collection process, failing to wash hands after being directed to do so by the collector, failing to sign the certification on the form;
- Failing to follow the observer's instructions, in an observed collection, to raise the driver's clothing above the waist, lower clothing and underpants, and to turn around to permit the observer to determine if the driver has any type of prosthetic or other device that could be used to interfere with the collection process;
- Possessing or wearing a prosthetic or other device that could be used to interfere with the collection process;
- Admitting to the collector or MRO that the driver adulterated or substituted the specimen; or
- Having a verified adulterated or substituted test as reported by the MRO.

[An applicant who fails to appear for a preemployment test, who leaves the testing site before the preemployment testing process commences, or who does not provide a urine specimen because he or she left before it commences, is not deemed to have refused to submit to testing.]

I recognize that my refusal subjects me to the consequences specified in federal law and regulations. It also constitutes a presumption of a positive result. I further recognize that if I am an applicant, I will be disqualified from consideration for the conditionally-offered position. If I an employee, I will not be permitted to perform safety-sensitive functions, and will be considered insubordinate and subject to disciplinary action, up to and including dismissal. If the school district offers me an opportunity to return to a DOT safety-sensitive function, I understand I will be evaluated by a substance abuse professional, and will be required to submit to a return-to-duty test prior to being considered for reassignment to safety-sensitive functions.

Date \_\_\_\_\_

Time \_\_\_\_\_

\_\_\_\_\_  
*Signature of Employee/Applicant*

Supervisor: \_\_\_\_\_

\_\_\_\_\_  
*Supervisor's Signature*

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee refusal to sign

*Supervisor's Initials:* \_\_\_\_\_