

UNITED INDEPENDENT SCHOOL DISTRICT

Roberto J. Santos
Superintendent

Administrative Guidelines: Random Student Drug Testing Program (RSDT)
Submitted by: Risk Management Department
Approved by Superintendent:
Effective Date: June 1, 2008
Revised: June 1, 2008

PURPOSE: These guidelines are to be adhered to when administering the District's Random Student Drug Testing (RSDT) Program to ensure compliance with established District policies and procedures, ensure that all District students in grades 7-12 that participate in a UISD identified competitive activity are listed on an activity roster, and have a signed consent form on file, and ensure that the contracted testing vendor is in compliance with District policy and procedures for testing and billing processes.

BOARD POLICY: Policy FNF (Local) Students Rights and Responsibilities outline the rationale and objectives of this program. These guidelines are to provide the procedures and responsibilities of district staff in order to ensure the program is effective and meets the goal of the board policy.

DEFINED: The following outlines the district's extra-curricular activities which qualify for drug testing. In order for an activity to qualify for testing the activity must consist of students who:

1. Are in grades 7-12 and
2. Participate in any activity sanctioned by UIL

OR

3. An activity that:
 - a. Has students that are in grades 7 -12 and
 - b. Has it's own rules and requirements, and
 - c. Has a faculty sponsor or coach monitoring the activity, and
 - d. Involves occasional off-campus travel , and
 - e. Requires communal undress (group suiting up)

If an activity is NOT a UIL sanctioned activity then ALL items (a-e) MUST be met in order for the activity to qualify for random testing.

LIST OF UISD APPROVED EXTRA-CURRICULAR ACTIVITIES: Below is a list of current activities that have been approved as qualifying for random drug testing. Student must be named on official campus activity roster prior to participating in any activity. Questions concerning eligibility should be referred to the Risk Management Department.

**United ISD Middle and High School
Competitive Extracurricular Activities and Coding
2008-09**

<u>Fall Sports</u>	<u>Activity Code</u>	<u>Estimated Start Date High School</u>	<u>Activity Code</u>	<u>Estimated Start Date Middle School</u>
• * Football	77H	August 29	77M	September 1
• * Volleyball	85H	August 7	85M	September 1
• * Swimming	87H	August 29		
• *Team Tennis	83H	August 10	83M	April 1
• *Golf	84H	September 15	84M	
• * Cross Country	86H	August 13	86M	September 1
• *Basketball – Boys	78H	November 1	78M	November 12
• * Basketball – Girls	79H	October 25	79M	November 12

<u>Spring Sports</u>	<u>Activity Code</u>	<u>Estimated Start Date High School</u>	<u>Activity Code</u>	<u>Estimated Start Date Middle School</u>
• * Soccer – Boys	71H	December 12	71M	April 1
• * Soccer - Girls	72H	December 12	72M	April 1
• * Baseball	80H	February 6	80M	
• * Softball	88H	January 30	88M	
• Powerlifting	73H	January 6		
• * Track/Field - Boys	81H	February 14	81M	March 1
• * Track/Field - Girls	82H	February 14	82M	March 1

<u>Fine Arts & Other Activities</u>	<u>Activity Code</u>	<u>Estimated Start Date High School</u>	<u>Activity Code</u>	<u>Estimated Start Date Middle School</u>
• Band – Band, Orchestra, Mariachi, Jazz ,etc.	15H	June 1	15M	June 1
• Choir	17H	June 30	17M	June 30
• Cheerleading	16H	June 1	16M	June 1
• Dance Team	18H	June 1	18M	June 1
• One-Act Play	11H	August 29	11M	August 29
• Journalism	13H	August 29		
• Speech and Debate	27H	August 29		
• UIL Academics	76H	August 29	76M	
• ROTC	19H	August 1		

* UIL classified athletic sport

The list provides the name of the activity, an assigned activity code and a starting date for the activity. This list will be updated annually with input from the athletic and fine arts departments as well as campus UIL coordinators.

STUDENT AND PARENT/GUARDIAN CONSENT TO RANDOM DRUG TESTING FORM: A Student and Parent/Guardian Consent to Random Drug Testing form must be completed, signed and dated by the student participant and parent/guardian. **The completed form must be turned into the respective coach, sponsor or school official before the student is allowed to participate in any activity.** A form will have to be completed for each activity the student is participating in even if the student has completed one for another activity.

The form is in triplicate. The white copy is for the campus, the yellow copy is for the coach/sponsor/official and the pink copy is for the parent/student.

The coach/sponsor should submit the white copy of the form to the campus registrar along with a roster of students. The designated campus administrator should ensure that all forms are filed and are kept in a secure environment.

COLLECTION AND VERIFICATION OF STUDENT DATA: It is imperative to the completeness and effective of the program to ensure that all students actively participating in these activities have submitted a completed Student and Parent/Guardian Consent to Random Drug Testing form and are subsequently entered into the EDP student system.

A list or roster of students for the activity should be submitted with the forms in order for the registrar to input the student's activity code into the EDP student system.

When all students of an activity have been submitted and keyed into the EDP student system, the registrar should provide a printout from the EDP student system for the coach/sponsor to verify that all participating students are included. A coach/sponsor should review the list and provide any changes, especially additional participating students, to the campus registrar on a timely basis.

ENTERING STUDENT DATA: The campus registrar should enter the student's activity codes through the STUDENT DEMOGRAPHIC screen on the EDP system as follows:

Step 1: Select menu option: "ACTIVITIES DATA 20"

Step 2: Enter the student's ID number found on the consent form.

Step 3: If there is no activity code that indicates "DRUG TESTING ELIGIBILITY", enter the school year: "89" for school year 2008-09, "90" for school year 2009-10. If such a code already exists, there is no need to re-enter the school year.

Step 4: Enter the appropriate sport/activity code as per the LIST OF IDENTIFIED ACTIVITIES. If a student is in multiple activities, an activity code has to be entered for each sport/activity he/she is participating in.

The MIS department will clear all activity codes on June 30th of each school year to ensure the integrity and completeness of the program.

RANDOM DRUG TESTING: The District shall contract for drug-screening services through an independent laboratory that has met all standards for certification as established by the Substance Abuse and Mental Health Services Administration (SAMHSA), and all testing shall be conducted by qualified laboratory personnel and /or District designee in accordance with accepted practices and procedures as may be established by the contracted laboratory.

Prior to the first of each month, the MIS department will download the student data related to the activities data information and send the report to the Risk Management Department who will then edit the data into required format and forward to the independent laboratory for random selection of participants.

The laboratory will provide a list of the randomly selected students for testing to the Risk Management Department who then forwards the information to the campus designee via email including student's name and date of testing, no sooner than 48 hours prior to testing. Under no circumstances should students or other personnel be notified.

The campus designee should have all the selected students' (including alternatives) consent forms available to provide to the laboratory's technician on the date of testing.

ADMINISTRATION OF PROGRAM: The following district staff will be responsible to carry out their duties related to this program to ensure the effectiveness and goals of the program are met.

ACTIVITY	Coach/Sponsor	Campus Registrar	Campus Administrator
1. Distribute and collect all RSDT forms from students.	X		
2. Prepare roster of student participants and ensure a consent form has been submitted by each participant.	X		
3. Submit rosters and consent forms to campus administrator.	X		
4. Review rosters and forms.			X
5. Input codes to EDP student system.		X	
6. Verify all student participants are on the EDP activity report.	X	X	X
7. Ensure forms have been submitted for each activity.			X
8. Have forms for randomly selected students available for lab technician on the date of testing.			X

United Independent School District

Student and Parent/Guardian Consent to Random Drug Testing

(PRINT)

Name of Student	Campus	Activity Code #:
Home Address	Student I.D. Number	Grade Level
Name of Parent/Guardian		Telephone Number (Home/Other)

Statement of Purpose and Intent

Participation in **Competitive Extracurricular Activities** in United Independent School District (herein after referred to as the "District") is a privilege. These students carry a responsibility to themselves, their fellow students, their parents, and their school to set the highest possible examples of conduct, which includes avoiding the use of illegal drugs and/or alcohol.

Participation

Each student who desires to participate in **Competitive Extracurricular Activities** shall be provided with written information regarding the District's random drug testing policy and a *Student and Parent/Guardian Consent to Random Drug Testing* form, which shall be read, signed and dated by the student, parent and/or person otherwise in lawful control of the student. The consent requires the student to provide a urine sample to be tested for illegal drugs and/or alcohol when chosen through the random selection process. No student shall be allowed to practice or participate in any **Competitive Extracurricular Activities** until the *Student and Parent/Guardian Consent to Random Drug Testing* form is properly signed and returned.

Student Authorization

I, the above-named student, understand after having read the information regarding the District's random drug testing, that out of care for my health and safety and that of other students, the District will enforce the rules applying to the use of illegal drugs and/or alcohol. As a member of one of the groups designated for inclusion in random drug testing, I realize that the personal decision that I make daily in regard to the consumption/use of illegal drugs and/or alcohol may affect my health and well being as well as the possible endangerment of those around me and reflect upon the group with which I am associated. If I choose to violate the random drug testing policy regarding the use of illegal drugs and/or alcohol any time while I am involved in any activity, including in-season and/or off-season activities, I understand upon determination of that violation, I will be subject to consequences as outlined in the random drug testing policy.

Name of Student (PRINT)	Signature of Student	Date
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Parent/Guardian Authorization

We have read and understand the District's random drug testing policy. As the parent and/or person otherwise in lawful control of the above-named student, we desire that he/she participate in the **Competitive Extracurricular Activities** of the District, and we hereby voluntarily agree to be subject to the terms of the random drug testing policy. We accept the method of obtaining urine samples, testing and analysis of such specimens, and all other aspects of the program. We further agree and consent to the disclosure of the sampling, testing, results and restrictions as provided in this program.

Name of Parent/Guardian (PRINT)	Signature of Parent/Guardian	Date
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United Independent School District

Consentimiento de Estudiante y Padre/Guardian para la Prueba Al Azar de Drogas

(LETRA DE MOLDE)

Nombre del Estudiante	Escuela	Codigo de Actividad:
Domicilio	Numero de Identification	Grado
Nombre de Padre/Guardian	Numeros de Telefono (Domicilio/Otro)	

Declaración de Proposito e Intento

La participación en **Actividad Extracurricular Competitiva** en el distrito escolar de United (de aquí en adelante referido como el "Distrito") es un privilegio. Estos estudiantes cargan una responsabilidad hacia ellos mismos, sus compañeros, sus padres, y a su escuela de dar el mejor ejemplo posible de conducta, que incluye evitar el uso de drogas y/o alcohol.

Participación

Cada estudiante que desee participar en **Actividad Extracurricular Competitiva** se le proveerá información por escrito sobre la póliza de la prueba de drogas del distrito y se les dará la forma de *Consentimiento de Estudiante y Padre/Guardián para la Prueba al Azar de Drogas*. Cada estudiante, padre y/o persona que tenga control legal del estudiante debe leer y firmar esta forma. Este consentimiento requiere que el estudiante elegido por proceso al azar someta una muestra de orina que se someterá a la prueba de drogas ilegales y/o alcohol. A ningún estudiante se le permitirá practicar o participar en **Actividad Extracurricular Competitiva** hasta que firmen y entreguen la forma de *Consentimiento de Estudiante y Padre/Guardián para la Prueba al Azar de Drogas*.

Autorización del Estudiante

Yo, el estudiante mencionado previamente, entiendo después de haber leído la información tocante las pruebas al azar de drogas del Distrito, que por el bien de mi salud y por mi seguridad y la de otros estudiantes, el Distrito enforzará las reglas que aplican sobre el uso de drogas ilegales y/o alcohol. Como miembro de uno de los grupos que se incluirá en las pruebas al azar de drogas, yo reconozco que la decisión personal que yo tome diariamente con respeto al consumo/uso de drogas ilegales y/o alcohol, puede afectar mi salud y bienestar tal como puede poner en peligro a personas a mi alrededor y refleja en el grupo con el que estoy asociado. Si decido violar la póliza tocante el uso de drogas ilegales y/o alcohol durante el tiempo que participo en cualquier actividad, incluyendo actividades de temporada o fuera de temporada, yo entiendo que esta determinada violación, me somete a las consecuencias definidas en la póliza de pruebas al azar de drogas.

Nombre del Estudiante (LETRA DE MOLDE)	Firma del Estudiante	Fecha
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Autorización del Padre/Guardián

Hemos leído y entendemos la póliza del distrito sobre las pruebas al azar de drogas. Como padre y/o persona que tiene control legal del estudiante mencionado, deseamos que el/ella participe in **Actividades Extracurricular Competitivas** del distrito, y por este medio voluntariamente cedemos a los términos de la póliza de pruebas al azar de drogas. Aceptamos el método de obtener muestras de orina, pruebas y análisis de estas muestras, y todos los otros aspectos del programa. Además cedemos y consentimos el acceso a las muestras, pruebas, resultados y restricciones proveídas en este programa.

Nombre del Padre/Guardián (LETRA DE MOLDE)	Firma del Padre/Guardián	Fecha
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