

**BULK REGISTRATION SPREADSHEET AP & Pre-AP Workshops #3101110101 & #3101110102**

**Please complete this form and return to the Middle States Regional Office of the College Board by September 15, 2011**

**Name of Workshop: AP & Pre-AP One-Day Workshops**

Date: October 10, 2011

**Location:** Hasbrouck Heights High School

Meeting ID #3101110101 & #3101110102

The registration fee is \$180 for members and \$205 for non-members

| First Name | Last Name    | Subject Attending           | Registration Fee |      |  |  |  |  |  |
|------------|--------------|-----------------------------|------------------|------|--|--|--|--|--|
| Robert     | Sline        | Physics B                   | COMP             |      |  |  |  |  |  |
| Dan        | Pignatello   | Chemistry                   | COMP             |      |  |  |  |  |  |
| Laura      | Czeisaj      | English Language and Comp   | COMP             |      |  |  |  |  |  |
| John       | Van Dam      | English Literature and Comp | COMP             |      |  |  |  |  |  |
| Brady      | Trexler      | Biology                     |                  | 205  |  |  |  |  |  |
| Catherine  | Cassidy      | US History                  |                  | 205  |  |  |  |  |  |
| Shoshanna  | Michaell     | Statistics                  |                  | 205  |  |  |  |  |  |
| Avani      | Khandhar     | Calculus AB                 |                  | 205  |  |  |  |  |  |
| Mike       | Warren       | Government and Politics     |                  | 205  |  |  |  |  |  |
| Marla      | Squillace    | Spanish Language            |                  | 205  |  |  |  |  |  |
| Elizabeth  | McGinty      | US History                  |                  | 205  |  |  |  |  |  |
| Ryan       | Smith        | Pre-AP Eng Vertical team    |                  | 205  |  |  |  |  |  |
| Danielle   | Monetti      | Pre-AP Eng Vertical team    |                  | 205  |  |  |  |  |  |
| Angela     | O'Brien      | Pre-AP Math Vertical Team   |                  | 205  |  |  |  |  |  |
| Amanda     | Kistner      | Pre-AP Math Vertical Team   |                  | 205  |  |  |  |  |  |
| Phil       | Cassano      | Pre-AP Math Vertical Team   |                  | 205  |  |  |  |  |  |
| Corrie     | Kemple       | Biology                     |                  | 205  |  |  |  |  |  |
| Joe        | Mastropietro | Pre-AP Math Vertical Team   |                  | 205  |  |  |  |  |  |
| Mike       | Binzeski     | Environmental Science       |                  | 205  |  |  |  |  |  |
| Carolyn    | Healey       | Pre-AP Math Vertical Team   |                  | 205  |  |  |  |  |  |
| Mike       | Sillman      | Pre-AP Eng Vertical team    |                  | 205  |  |  |  |  |  |
| Gena       | Rowland      | Pre-AP Eng Vertical team    |                  | 205  |  |  |  |  |  |
| Kim        | Venneman     | Pre-AP Eng Vertical team    |                  | 205  |  |  |  |  |  |
| Adam       | Baeira       | Pre-AP Math Vertical Team   |                  | 205  |  |  |  |  |  |
|            |              | total                       |                  | 4100 |  |  |  |  |  |

**Harassment, Intimidation, Bullying Report**  
*For Administrative Use Only*

**School:** \_\_\_\_\_

Name of Complainant: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Name of Alleged Victim: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Name of Alleged Harasser **Offender**: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Date of Report: (No later than 10 days after written report) \_\_\_\_\_ Date Incident Reported: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Location: \_\_\_\_\_ Time: \_\_\_\_\_

Name(s) of Witness(es): \_\_\_\_\_

Type: ☐ Sexual ☐ Verbal ☐ Physical ☐ Cyber Bullying **Electronic** ☐ Written ☐ Gestural ☐  
Other \_\_\_\_\_

Frequency ☐ Single Incident ☐ Multiple Incidents: Please explain \_\_\_\_\_

Involvement: ☐ Student/Student ☐ Student/Adult ☐ Adult/Adult

Possible Motivation: ☐ Race/Color/National Origin ☐ Religion ☐ Gender ☐ Sexual Orientation ☐ Gender Identity and Expression ☐ Mental/Physical/Sensory Disability ☐ Other: \_\_\_\_\_

How did complainant come to know of this incident (i.e. eye-witness, victim reported to them, heard through another parent or student)?

\_\_\_\_\_  
\_\_\_\_\_

Complainant Incident Summary: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach the HIB Compliant Form and any forms of communication.

**Victim Incident Summary:** \_\_\_\_\_

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**Alleged Harasser's Summary:**

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**Witnesses' Summary:** (If staff member was a witness, please attach written report-should be provided no later than 2 days after verbal report)

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**Administrator's Prompt Actions:**

1. Parents (or guardian) of victim contacted **on same day incident was reported?**

☐ By phone                      Date: \_\_\_\_\_

☐ By mail                        Date: \_\_\_\_\_

☐ **No (explain):** \_\_\_\_\_

☐ **Attempted, but parent could not be reached.**

☐ **Yes**

☐ **Yes and discussed availability of counseling and intervention services.**

**Further description of contact with parent:** \_\_\_\_\_

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2. Parent (or guardian) of suspected harasser **alleged offender** contacted **on same day incident was reported?**

☐ No (explain): \_\_\_\_\_

☐ Attempted, but parent couldn't **could not** be reached.

☐ Yes, and parent agreed to cooperate.

☐ Yes, but parent was uncooperative **and discussed availability of counseling and intervention services.**

**Further description of contact with parent:** \_\_\_\_\_

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**If electronic communication, please complete the following:**

3. If **Was electronic communication** was it performed on school equipment? Yes \_\_\_\_\_ If so, in what location?  
No \_\_\_\_\_, Please explain: \_\_\_\_\_

4. What type of device(s) was used to initiate this electronic incident? \_\_\_\_\_  
Please Attach copies of any printouts of harassing messages.

5. Harassing messages traced to sending computer and/or Internet account?

☐ Yes (give account information): \_\_\_\_\_

☐ No (explain): \_\_\_\_\_

6. Sender's Internet service provider (ISP) contacted?

☐ Yes (give account information): \_\_\_\_\_

☐ No (explain): \_\_\_\_\_

7. If conduct violated user or accountholder agreement, did ISP terminate sender's account?

☐ Yes

☐ No (explain): \_\_\_\_\_

8. Police Contacted?

☐ Yes (describe action taken): \_\_\_\_\_

☐ No (explain): \_\_\_\_\_

9. Comments/Opinion: \_\_\_\_\_  
\_\_\_\_\_

10. Does the victim or the alleged person bullying **offender** have an IEP, 504, or I&RS plan?

Victim: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, nature of the disability: \_\_\_\_\_

Offender: Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, nature of the disability: \_\_\_\_\_

11. Was this the first reported offense? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, Please explain: \_\_\_\_\_  
\_\_\_\_\_

**Investigation supposition checklist- Please check those that apply.**

☐ The offender was aware that the circumstances would have the effect of physically or emotionally harming a pupil or damaging the pupil's property or placing a pupil in reasonable fear of physical or emotional harm to his/her person or damage his/her property.

☐ The incident had the effect of insulting or demeaning the pupil or groups of pupils.

☐ The incident created a hostile educational environment for the pupil by interfering with his/her education or by severely or pervasively causing physical or emotional harm to the pupil.

The following were considered when determining actions to be taken.

Degree of Harm: \_\_\_\_\_

Nature & Severity of behavior: \_\_\_\_\_

Past Incidents: \_\_\_\_\_

Context in which alleged incident occurred: \_\_\_\_\_

Action Taken (School Penalty):

Consequences:

- |                             |                       |
|-----------------------------|-----------------------|
| 1. Verbal Warning           | Date(s): _____        |
| 2. Detention                | Date(s): _____        |
| 3. Withdrawal of activities | Length of time: _____ |
| 4. In school Suspension     | Date(s): _____        |
| 5. Saturday School          | Date(s): _____        |
| 6. Suspension               | Date(s): _____        |
| 7. Citation Issues          | Date(s): _____        |
| 8. Administrative Hearing   | Date(s): _____        |
| 9. Expulsion                | Date(s): _____        |

Remedial Action – Individual:

- |                                 |                |                                   |
|---------------------------------|----------------|-----------------------------------|
| 1. Referral to counselor        | Date(s): _____ | Parent Consent Yes _____ No _____ |
| 2. Parent/Guardian conference   | Date(s): _____ |                                   |
| 3. I&RS Referral                | Date(s): _____ |                                   |
| 4. CST Referral                 | Date(s): _____ |                                   |
| 5. Restitution and Restoration  |                |                                   |
| 6. <b>Behavior Plan</b>         |                |                                   |
| 7. <b>Alternative Placement</b> |                |                                   |
| 8. Other: _____                 |                |                                   |

Remedial Action – Environmental:

- \_\_\_\_\_ Modification of schedules
- \_\_\_\_\_ Adjustment in hallway traffic
- \_\_\_\_\_ Modifications in student routed or patterns traveling to and from school
- \_\_\_\_\_ Targeted use of monitors
- \_\_\_\_\_ Teacher aides
- \_\_\_\_\_ School Policy and Procedures Revisions
- \_\_\_\_\_ Small or large group presentations for fully addressing the behaviors and the responses to the behaviors

**\*Were consequences for reprisal or retaliation discussed with the offender? Yes \_\_\_\_\_ No \_\_\_\_\_**

Investigator: \_\_\_\_\_

Signature of Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Two Week Follow-up:

Date to be reviewed: \_\_\_\_\_

Was the actions taken successful?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any new actions needed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Report must be submitted to the Superintendent of Schools within two school days of completion of report.**  
**Superintendent to report results to BOE at the next regularly scheduled board meeting.**

Approved: April 21, 2005

Revised: October 21, 2009

Revised (First Reading): August 25, 2011

Revised (Second Reading): September 22, 2011

HASBROUCK HEIGHTS BOARD OF EDUCATION

Hasbrouck Heights, New Jersey 07604

File Code: 5131.2

**Exhibit**

**Harassment, Intimidation, Bullying**  
**Parent Consent Form For School Based Counseling**

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

Name of Student being referred for counseling: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Recommended number of sessions- \_\_\_\_\_

I hereby grant permission for my child to be seen for school based counseling as described above, provided by a school psychologist, guidance counselor, school social worker or SAC. I am aware that the information discussed in counseling is confidential. I can be provided with information as to my child's progress if requested.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

First Reading: August 25, 2011

Second Reading: September 22, 2011

**HASBROUCK HEIGHTS BOARD OF EDUCATION**

**Hasbrouck Heights, New Jersey 07604**

**File Code: 5131.2**

**Exhibit**

**Harassment, Intimidation, Parent Report**

**Offender**

Name of Offender: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Date of Report- \_\_\_\_\_

Board of Education Meeting Date- \_\_\_\_\_

Nature of the

Investigation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did the district find evidence of Harassment, Intimidation or Bullying? Yes \_\_\_\_\_ No \_\_\_\_\_

If the district found evidence of Harassment, Intimidation or Bullying, were consequences imposed as per the district code of conduct and as per district policy (XXXXXX) or services provided to address the incident? Yes \_\_\_\_\_ No \_\_\_\_\_

*Please be advised that you may request a hearing with the Board of Education if you do not agree with the findings of this investigation.*

First Reading: August 25, 2011

Second Reading: September 22, 2011

HASBROUCK HEIGHTS BOARD OF EDUCATION

Hasbrouck Heights, New Jersey 07604

File Code: 5131.2

Exhibit

**Harassment, Intimidation, Parent Report**  
**Victim**

Name of Victim: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Date of Report- \_\_\_\_\_

Board of Education Meeting Date- \_\_\_\_\_

Nature of the

Investigation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did the district find evidence of Harassment, Intimidation or Bullying? Yes \_\_\_\_\_ No \_\_\_\_\_

If the district found evidence of Harassment, Intimidation or Bullying, were consequences imposed as per the district code of conduct and as per district policy (XXXXXX) or services provided to address the incident? Yes \_\_\_\_\_ No \_\_\_\_\_

*Please be advised that you may request a hearing with the Board of Education if you do not agree with the findings of this investigation.*

First Reading: August 25, 2011

Second Reading: September 22, 2011



**HASBROUCK HEIGHTS BOARD OF EDUCATION**

**Hasbrouck Heights, New Jersey 07604**

**File Code: 5131.2**

**Exhibit**

**Harassment, Intimidation, Staff Member Report**

Date of report: (no later than 2 days after verbal report)- \_\_\_\_\_

Date of incident: \_\_\_\_\_

Name of Staff Member: \_\_\_\_\_

Position in the district: \_\_\_\_\_

Name of alleged victim(s): \_\_\_\_\_

Name of alleged offender: \_\_\_\_\_

Please provide a detailed description of what  
occurred: \_\_\_\_\_

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What action, if any, did you  
take? \_\_\_\_\_

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Staff Member Signature \_\_\_\_\_

First Reading: August 25, 2011

Second Reading: September 22, 2011

**Harassment, Intimidation, and Bullying Complaint Form**

Please complete each section of this form.

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

Name of Victim(s): \_\_\_\_\_

Name of the Person (s) who **allegedly** harassed/bullied: \_\_\_\_\_

Where did the incident occur? \_\_\_\_\_

When did the incident take place? \_\_\_\_\_

How long has this been going on? \_\_\_\_\_

What did the alleged offender(s) say or do? **Nature of the offense:**

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Why do you think the harassment or intimidation occur?

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Did a physical injury result from this incident? Was medical attention required **due to the incident**?

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**Were the Police notified?**

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Is there any additional information you would like to provide?

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What do you want to happen now?

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Name of person reporting: \_\_\_\_\_ Relationship to victim(s): \_\_\_\_\_

Approved: October 21, 2009

Revised (First Reading): August 25, 2011

Revised (Second Reading): September 22, 2011

**Please note that the district prohibits any person from falsely accusing another as a means of HIB.**

**Hasbrouck Heights Public Schools  
Department of Special Services  
365 Boulevard  
Hasbrouck Heights, New Jersey 07604**

Parent Transportation Contracts for ESY 2011 & SY 2011/12

|                                |                                  |                   |
|--------------------------------|----------------------------------|-------------------|
| Student ID #00020287           | CP Center, Clifton               | \$ 60.00 per diem |
| Student ID #0000465            | BCSS Bleshman, Paramus           | \$ 60.00 per diem |
| Student ID #00020052 (PM only) | BCSS Washington North, Rockleigh | \$ 30.00 per diem |
| Student ID #00010512           | In District                      | \$ 30.00 per diem |
| Student ID #00010345           | Leonia Middle School, Leonia     | \$ .50 per mile   |

**CONTACT**  
**September 2011 Facilities Listing**

## FACILITY REQUEST

DATE REQUESTED

DATE APPROVED:

[illegible]ATTACHMENT D

B09-01-12

## HASBROUCK HEIGHTS BOARD OF EDUCATION

Hasbrouck Heights, New Jersey 07604

File Code: 3453

## Policy

SCHOOL ACTIVITY FUND

The board authorizes establishment and maintenance of the Hasbrouck Heights Student Activities Fund for each school.

These funds shall consist of the moneys belonging to student activity groups recognized by the board. The principal shall submit annually a list and brief description of the objectives, activities and limitations of each group prior to the start of the new fiscal year.

In general, these groups are: student government; student clubs; student entertainment; student publications; and school classes. and school band School athletics are accounted for separately in a single fund.

The funds shall be audited annually along with other district funds and shall be administered, expended, and accounted for according to rules of the state board of education.

The student activity funds for each school shall be kept in separate accounts, supervised by the building principal and in the Junior Senior High School the Faculty Treasurer. All receipts from student fund-raising projects, and events for which admission is charged, will be deposited promptly. Disbursements must be made by check signed by the person authorized by the board of education. Separate and complete records shall be maintained for each student organization. The business administrator/board secretary shall ensure that prudent and efficient procedures are followed in handling these moneys.

An account will be submitted monthly to the school business administrator/board secretary and will include a listing of all receipts and disbursements.

A detailed ledger shall be kept indicating source of revenue and explanation of disbursements.

Funds remaining in a class account after the class graduates may be held for a specific purpose – such as reunion expenses – for a period of not more than five years. Unexpended funds shall then be transferred to the district's general funds. Funds remaining in the account of a discontinued organization or activity revert to the district's general funds.

Athletic Fund

During the school year, funds collected as gate receipts for official athletic events shall be deposited in the **general fund**. athletic association account, and shall be used to pay referee/umpire fees, entry fees and the like. Any money remaining at the end of the school year shall revert to the general fund.

**At the request of the Athletic Director, funds shall be transferred from the general fund to the athletic fund to pay referee and umpire fees and entry fees shall be paid directly from the general fund, each based on the budgeted line item per school year.**

The athletic account shall be the responsibility of the Athletic Director and shall be administered by him/her and reconciled by the Assistant to the School Business Administrator.

Adequate financial and bookkeeping controls shall be established, including:

- A. The books of account shall reflect the expense and income for each approved sport.
- B. All payments for athletic supplies, equipment and services shall be made through the regular purchasing procedure in accordance with board policies and state regulations, **including** referees' fees, ticket takers' fees, security personnel fees and league fees.
- C. A checking account shall be established for disbursements from the athletic fund. Each check shall be approved by the Athletic Director and appropriate building principal.
- D. All gate receipts shall be turned in to the athletic director on the date of collection so they can be safeguarded. All gate receipts shall be deposited in the bank on the date of the receipt by the business office. **within one business day by the Athletic Director.**
- E. A financial report of the athletic fund shall be submitted to the board monthly **kept on file in the Business Office.**

Date: May 22, 1990

Revised: February 27, 2997

Revised: September 30, 1999

Revised (First Reading): August 25, 2011

Revised (Second Reading): September 22, 2011

HASBROUCK HEIGHTS PUBLIC SCHOOLS  
Hasbrouck Heights High School/ Middle School

**Mr. Steven A. Forte & Mrs. Linda Simmons**

**6th period stipend (30 periods per week)**

B. Kritzer  
J. Carcich  
P. Cassano  
M. Centrella  
L. Geftic  
B. Cafferty  
E. Schneeweiss  
R. Smith  
M. Squillace  
L. Bernstein  
K. Freund  
D. Kolich  
S. Kos  
M. Stoehs  
C. Miller  
A. Mai  
M. Hernandez  
R. Shannon  
J. Ascolese  
K. Krysz

**26 periods per week**

S. Michaeli  
A. Khandhar

**27 Periods per week**

D. Pignatiello

## HASBROUCK HEIGHTS PUBLIC SCHOOLS

## Paraprofessional Assignments – School Year 2011/2012

LS

|                       |  |
|-----------------------|--|
| Altamura, Grace       | Resource/PSD                                   |
| Christafolo, Ro       | 2:1-Gr.5 – Kathleen DiGiacinto – Long-term Sub |
| Dallara, Bonnie       | LLD  |
| DePalma, Anna         | PreK-4   |
| Dunn, Joanne          | Gr.3 504 & 1:1                                 |
| Ellerbrock, AnneMarie | PSD  |
| Wheeler, Karen        | LLD  |
| Catapane, Julie       | 1:1  |
| Albanese, Adele       | 504 1:1 – 4 <sup>th</sup> Grade                |
| Checchi, Dorothy      | Reg. Ed. PSD                                   |

ES

|                     |  |
|---------------------|--|
| Alosco, Patty       | 1:1 - Gr. 2  |
| Bischoff, Michelle  | 1:1 - Gr. 5  |
| Colaneri, Brenda    | 2:1 – Gr. K  |
| Gasparino, Theresa  | <b>1:1,Gr.4</b>  |
| Latorre, Debbie     | Resource, ICS – 5 <sup>th</sup> Grade for all Subjects |
| McCann, Maryann     | LLD  |
| Priore, Lynne       | 2:1 – Gr. 5  |
| Shenloogian, Leanne | Resource/ICS   |
| Valente, Sabina     | Resource/ICS   |
| Wipper, Donna       | LLD  |



|                    |                      |
|--------------------|----------------------|
| Hughes, Kathleen   | Resource/2:1 – Gr. 4 |
| Pasqualone, Helen  | Resource/ICS         |
| Garden, Maureen    | Resource/ICS/1:1     |
| Jaramillo, Vanessa | 2:1                  |
|                    | .5 Resource          |

**MS/HS**

|                    |                |
|--------------------|----------------|
| Anderson, Esterina | Resource MS/HS |
| Kistner, Marie     | 1:1- Gr.9      |
| Innis, Debbie      | 1:1- Gr.10     |
| Lallo, Karen       | 1:1 - Gr. 9    |
| Salerno, Francine  | Resource MS    |
| Verdi, Nancy       | Resource MS    |
| Wexler, Melissa    | 1:1 – Gr. 8    |
| Cagiao, Lorraine   | 1:1 – Gr. 11   |
| Delsole, Carmen    | 1:1            |
| Iappelli, Kathy    | 1:1            |

**Hasbrouck Heights School District  
Euclid Elementary School**

One Burton Avenue  
Hasbrouck Heights, New Jersey 07604-1499  
*"Home of the Eagles"*

Peter G. O'Hare, Jr., Principal

Telephone: (201) 288-2138  
Fax No.: (201) 727-1409  
Email : oharep@hhschools.org

9/12/11

To: Dr. Porto  
Re: Stipend Appointments / Euclid School, SY 1112



**Position**

**Staff Member**

504 Officer (2)

Pamela Lambe / Jolanta Czajkowski ( 50/50 )

Going Green

Michelle Gyenes

Safety Patrol

Joan Weir

Student Council Advisor

Courtney Coccoaro

Lead Teacher ( TIC )

Pamela Lambe

Math Prime ( Math League )

Michelle Gyenes

Peter O'Hare