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A-1: CRYSTAL VEGA
EDUCATOR'S EXHIBITS 1-5

State of Arkansas

EDUCATOR LICENSE

By virtue of the authority vested in the Arkansas State Board of Education, we hereby issue this Educator License to

CHRYSTAL ESTELLE VEGA

This is to certify that person name hereon is licensed under the laws of Arkansas to teach or serve in the public schools in the capacity indicated.

CID: 5696251

BACHELORS

Code	Area	Type	Grade Level	Valid From	Valid To
002	Middle Childhood Lang Arts/SS	Standard	4 - 8	1/1/2015	12/31/2019
168	Middle Childhood Science/Math	Standard	4 - 8	1/1/2015	12/31/2019
418	Career Development	Standard	4 - 8	5/5/2017	12/31/2019



COMMISSIONER OF EDUCATION

MANAGER - EDUCATOR
LICENSURE

SENTENCING ORDER

IN THE CIRCUIT COURT OF Pope COUNTY, ARKANSAS,
FIFTH JUDICIAL DISTRICT 1 DIVISION

On 2/26/2019 the Defendant appeared before the Court, was advised of the nature of the charge(s), of Constitutional and legal rights, of the effect of a guilty plea upon those rights, and of the right to make a statement before sentencing.

BY: S
POPE COUNTY CLERK
2019 MAR -5
FILED

Defendant (Last, First, MI)	Vega, Chrystal	DOB	2/23/1978	Sex	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Total Number of Counts	1
SID#		Race & Ethnicity	<input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Pacific Islander		<input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American		

Supervision Status at Time of Offense	
Judge	WILLIAM PEARSON
Prosecuting Attorney/Deputy	Heather Patton
Defendant's Attorney	Michael Robbins
	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Appointed <input type="checkbox"/> Public Defender <input type="checkbox"/> Pro Se
Change of Venue	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, from:	

<input type="checkbox"/> Pursuant to A.C.A. <input type="checkbox"/> 16-93-301 et seq., or <input type="checkbox"/> this Court, without making a finding of guilt or entering a judgment of guilt and with the consent of the Defendant defers further proceedings and places the Defendant on probation. There being no legal cause shown by the Defendant, as requested, why judgment should not be pronounced, a judgment: <input checked="" type="checkbox"/> is hereby entered against the Defendant on each charge enumerated, fines levied, and court costs assessed. Defendant was advised of the conditions of the sentence and/or placement on probation and understands the consequences of violating those conditions. The Court retains jurisdiction during the period of probation/suspension and may change or set aside the conditions of probation/suspension for violations or failure to satisfy Department of Community Correction (D.C.C.) rules and regulations. <input type="checkbox"/> of conviction is hereby entered against the Defendant on each charge enumerated, fines levied, and court costs assessed. The Defendant is sentenced to the Arkansas Department of Correction (A.D.C.) for the term specified on each offense shown below. Defendant made a voluntary, knowing and intelligent waiver of right to counsel. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

A.C.A. # / Name of Offense	5-14-124 - SEXUAL ASSAULT IN THE FIRST DEGREE (8/13/2001 and thereafter)	Case #	58CR-18-761
A.C.A. # Orig. Charge	ATN POP005103522	Offense was	<input type="checkbox"/> Nolle Prossed <input type="checkbox"/> Dismissed <input type="checkbox"/> Acquitted
Offense Date	9/6/2018	Appeal from District Court	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Criminal History Score	0	Seriousness Level	7
Offense Is	<input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misd. <input type="checkbox"/> Violation	Offense Classification	<input type="checkbox"/> Y <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> U
Presumptive Sentence	<input checked="" type="checkbox"/> Prison Sentence of 60 to 120 months	<input checked="" type="checkbox"/> Community Corrections Center	<input checked="" type="checkbox"/> Alternative Sanction
Number of Counts	1	Defendant	<input type="checkbox"/> Attempted <input type="checkbox"/> Solicited <input type="checkbox"/> Conspired to Commit the Offense
Defendant Sentence	<input type="checkbox"/> ADC <input type="checkbox"/> Jud Trans <input type="checkbox"/> Cnty Jail	If probation or SIS accompanied by period of confinement, state time:	_____ days _____ mths
Imposed	0 months	Sentence was enhanced	_____ months, pursuant to A.C.A.
Probation	72 months	Enhancement(s) is to run	<input type="checkbox"/> Concurrent <input type="checkbox"/> Consecutive
SIS	0 months	Defendant was sentenced as a habitual offender, pursuant to A.C.A. 5-4-501, subsection	
Other	<input type="checkbox"/> Life <input type="checkbox"/> LWOP <input type="checkbox"/> Death	<input type="checkbox"/> (a) <input type="checkbox"/> (b) <input type="checkbox"/> (c) <input type="checkbox"/> (d)	
Victim Information	<input checked="" type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	Age	
Multiple Victims	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Defendant voluntarily, intelligently and knowingly entered a		Race & Ethnicity	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Hispanic
<input checked="" type="checkbox"/> negotiated plea of	guilty <input checked="" type="checkbox"/> nolo contendere	Defendant	<input type="checkbox"/> was sentenced pursuant to <input type="checkbox"/> 16-93-301 et seq. <input type="checkbox"/> entered a plea and was sentenced by a jury. <input type="checkbox"/> was found guilty by the court & sentenced by <input type="checkbox"/> court <input type="checkbox"/> jury <input type="checkbox"/> was found guilty at a jury trial & sentenced by <input type="checkbox"/> court <input type="checkbox"/> jury <input type="checkbox"/> was found guilty of lesser offense by <input type="checkbox"/> court <input type="checkbox"/> jury
<input type="checkbox"/> plea directly to the court of	guilty <input type="checkbox"/> nolo contendere		
Sentence is a Departure	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Sentence Departure	<input type="checkbox"/> Durational <input type="checkbox"/> Dispositional <input type="checkbox"/> Both
Departure Reason	Mitigating # _____ or Aggravating # _____	If Durational, state how many months above/below the Presumptive Sentence	_____ 0
Sentence will run	<input type="checkbox"/> Consecutive <input type="checkbox"/> Concurrent	to Offense # _____	or to Case # _____

Defendant's Full Name: Vega, Chrystal

Special Conditions	Sex Offenses Defendant has been adjudicated guilty of an offense requiring sex offender registration and must complete the Sex Offender Registration Form and pay the Mandatory Sex Offender Fee. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Domestic Violence Offenses Defendant has been adjudicated guilty of a domestic-violence related offense and must pay additional court costs of \$25 under Act 583 of 2017. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Defendant has committed an aggravated sex offense as defined in A.C.A. 12-12-903 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Defendant was originally charged with a domestic-violence related offense. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, state the A.C.A. # of the Offense	
	Defendant is alleged to be a sexually dangerous person and is ordered to undergo an evaluation at a facility designated by A.D.C. pursuant to A.C.A. 12-12-918. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If Yes to either question, identify the relationship of the victim to the Defendant by offense number.	
	Defendant has been adjudicated guilty of an offense requiring registration and has previously been adjudicated guilty of a prior sex offense under a separate case number. If yes, list prior case numbers. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case Number(s)		Drug Crime Defendant has been adjudicated guilty of a drug crime as defined in A.C.A. 12-17-101. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Fines, Fees, Restitution	DNA Sample / Qualifying Offenses Defendant has been adjudicated guilty of a qualifying offense or repeat offense as defined in A.C.A. 12-12-1103. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Defendant is ordered to have a DNA sample drawn at <input type="checkbox"/> a D.C.C. Facility <input type="checkbox"/> the A.D.C. <input type="checkbox"/> Other			
	Court Costs	\$150.00	Restitution Payable to (If multiple beneficiaries, give names and payment priority) Terms <input type="checkbox"/> Due Immediately <input checked="" type="checkbox"/> Installments of: \$50 per month until paid in full beginning 4-26-19 <input type="checkbox"/> Payments must be made within _____ days of release from A.D.C. <input type="checkbox"/> Upon release from confinement, Defendant must return to court to establish payment of restitution. <input type="checkbox"/> Restitution is joint and several with co-defendant(s) who was found guilty. List name(s) and case number(s).	
	Fines	\$2,500.00		
	Booking/Admin Fees (\$20)	\$20.00		
	Drug Crime Assessment Fee (\$125)			
	DNA Sample Fee (\$250)			
	Children's Advocacy Center Fund Fee			
	Public Defender User Fee (\$25)			
	Public Defender Attorney Fee			
	Other (explain below)	\$250.00		
Sex Offender Fee \$250.00				
Sentence Options	Defendant was convicted of a target offense(s) and is sentenced pursuant to provisions of the Community Punishment Act. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Extended Juvenile Jurisdiction Applied <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	The Court hereby orders a judicial transfer to the Department of Community Correction. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Pursuant to Community Punishment Act, the defendant shall be eligible to have his/her records sealed. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	JAIL TIME CREDIT In days:	TOTAL TIME TO BE SERVED FOR ALL OFFENSES In months: <input type="checkbox"/> Life <input type="checkbox"/> LWOP	Death Penalty <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If Yes, State Execution Date
	DEFENDANT IS ASSIGNED TO: <input type="checkbox"/> ADC <input type="checkbox"/> ADC, Admn. Transfer Authorized <input type="checkbox"/> CCC <input type="checkbox"/> COUNTY JAIL <input checked="" type="checkbox"/> PROBATION <input type="checkbox"/> SIS			
	Conditions of disposition or probation are attached. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Defendant has previously failed a drug court program
	A copy of the Pre-sentence investigation on sentencing information is attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No A copy of the Prosecutor's Short Report is attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	DEFENDANT WAS INFORMED OF APPELLATE RIGHTS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Appeal Bond \$			
	The County Sheriff is hereby ordered to: <input type="checkbox"/> transport the defendant to county jail <input type="checkbox"/> take custody for referral to CCC <input type="checkbox"/> transport to ADC			
	Defendant shall report to DCC probation officer for report date to CCC <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	Prosecuting Attorney/Deputy Signature: <i>Heather A. Patton</i>		Date: 3-5-19 Print Name: Heather Patton	
Circuit Judge Signature: <i>William M. Pearson</i>		Date: 3-5-19 Print Name: WILLIAM PEARSON		
Additional Info				



Arkansas Department of Education

Transforming Arkansas to lead the nation in student-focused education

03/19/2019

PERSONAL AND CONFIDENTIAL

Chrystal Estelle Vega

VIA FIRST CLASS AND CERTIFIED MAIL
RETURN RECEIPT REQUESTED NO.:

Re: Criminal Background Check

Dear Ms. Vega:

The Arkansas Department of Education has received information concerning your [REDACTED] under Ark. Code Ann. § 6-17-410 and § 6-17-411 as a condition of your licensure or employment with an educational entity.

The information we received revealed the disqualifying offense identified below.

[REDACTED]

Therefore, the Department will recommend that the State Board of Education deny your eligibility for licensure and employment in an educational entity.

You have the right to challenge or complete the accuracy of the information in the record. You must contact this office within fourteen (14) days of the date of this letter if you intend to challenge a record with the appropriate office, or wish to provide this office with additional information about the disposition of the disqualifying offense(s).

Failure to contact us or provide this information within fourteen (14) days of the date of this letter may result in denial of your licensure and disqualify you for employment in a local education agency or school district.

You are entitled to a hearing in front of the State Board of Education regarding denial of your license. Ark. Code Ann. § 6-17-410(f) authorizes the State Board to grant waivers of the licensure eligibility provisions of § 6-17-410(c) upon request of an affected applicant for licensure. To request a hearing for a waiver of the disqualifying offense, you must submit your

written request to this office, by mail or by email, **within thirty (30) days** of the date of this letter.

State Board of Education meetings occur once a month and are available to the public through live video-streaming. A request to be placed on the agenda must be received not less than three weeks before the meeting date. The Board meets in the Auditorium of the Arkansas Department of Education - Arch Ford Education Building, Four Capitol Mall, Little Rock. Meeting dates may be found at: http://www.arkansased.org/events/event_categories/state-board-of-education

The circumstances that the State Board may consider includes, but is not limited to:

- The age at which the crime or incident was committed
- The circumstances surrounding the crime or incident
- The length of time since the crime or incident
- Subsequent work history
- Employment references
- Character references
- Other evidence demonstrating that the applicant does not pose a threat to the health or safety of school children or school personnel.

If you request a hearing, you will be asked to provide to this office a written statement and any supporting documents that at a minimum address those considerations, including the names and phone numbers of persons who may verify information contained in your statement or documentation.

You may obtain information concerning the disqualifying offense or schedule a hearing to request a waiver from the State Board of Education by contacting Taylor Dugan, Arkansas Department of Education, Four Capitol Mall, Little Rock, AR 72201, (501) 682-1958; or by email at Taylor.Dugan@arkansas.gov.

Sincerely,

/s/ Taylor Dugan

Taylor Dugan, Attorney

Enclosures: How to Obtain Further Information or Correct a Record
Noncriminal Justice Applicant's Privacy Rights
8 CFR § 16.34
Requesting a Waiver

cc: Simoné Blagg, Attorney Educator Effectiveness & Licensure



ARKANSAS DEPARTMENT OF EDUCATION

REQUESTING A WAIVER OF A DISQUALIFYING OFFENSE

You have been notified that, as a result of the background check reviewed by the Arkansas Department of Education, you are disqualified for licensure and for employment with a charter school, school district, or education service cooperative, and that you are entitled to request a waiver of that disqualification from the State Board of Education. Below are the steps to follow to seek a waiver.

Ark. Code Ann. § 6-17-410

Provides that the Department of Education shall not issue a first-time license nor renew an existing license and shall revoke any existing license not up for renewal of any person who has a true report in the Child Maltreatment Central Registry or has pled guilty or nolo contendere to or has been found guilty of any of [certain listed] offenses, *including offenses which have been expunged or pardoned.*

Ark. Code Ann. § 6-17-411

Requires a background check for initial employment with a charter school, school district, or education service cooperative.

1 Request a Hearing

To request a hearing for a waiver of the disqualifying offense, you must submit your written request to the Department by mail, fax, or email, within thirty (30) days of the date you are notified of the disqualification.

You may, but are not required to be, represented by an attorney at any stage of this process.

2 Provide Documentation

The Department will confirm your request for a waiver and ask you to provide a written statement and any supporting documents that at a minimum address the circumstances that the Board will consider (see STEP 3), including the names and phone numbers of persons who may verify information contained in your statement or documentation. You must also provide a signed and notarized form providing authorization for the release of criminal records from courts and law enforcement. If your documentation is received less than six (6) weeks before the scheduled State Board meeting the matter may be postponed until after all documentation is received and reviewed by the Department.

3 Accept or Reject the Department's Recommendation

After reviewing the documentation received from you or from other agencies, the Department will advise you of its decision to:

- Recommend a waiver to the State Board, including any conditions for licensure, such as:

- Probation or suspension for a specific period of time;
- Counseling, rehabilitation, or training;
- Background check at end of probation or suspension;
- No other disqualifying offenses or ethics violations during the probation or suspension period;
- Recommend that the State Board not issue, not renew, or revoke the license as applicable; or
- Decline to make a recommendation.

You will be given the opportunity to accept or reject the recommendation.

- If you accept the recommendation, the matter will be placed on the State Board's consent agenda. The consent agenda is voted on at that public meeting, and therefore, any documents presented to the State Board are public. If the matter is submitted on the consent agenda, you do not have to appear at the meeting. However, sometimes the State Board members have questions, and you may want to be there to respond to those questions. The State Board has the final decision and may accept a recommendation on the consent agenda or reject the recommendation and afford the educator the opportunity for a hearing at a later date.
- If you reject the recommendation, you will proceed to a hearing.

4 State Board Hearing

If you request a hearing, you should appear at the meeting and be prepared to present your case and answer questions from the State Board members. If you request a hearing and do not appear, the State Board may decide the matter without you being present. Hearings are conducted at a public meeting of the State Board that is videoed by live streaming and archived. All documents provided to the State Board are public record. You should consult the Rules Governing Background Checks and Licensure Revocation for information on the hearing process (Section 8). The rules are online at <http://www.arkansased.org/> under Rules – Current.

The circumstances that the State Board may consider includes, but is not limited to:

- The age at which the crime or incident was committed
- The circumstances surrounding the crime or incident
- The length of time since the crime or incident
- Subsequent work history
- Employment references
- Character references
- Other evidence demonstrating that the applicant does not pose a threat to the health or safety of school children or school personnel.

The State Board typically makes a decision at the time of the State Board meeting at which the consent agenda or hearing is considered.



Arkansas Department of Education

Transforming Arkansas to lead the nation in student-focused education

May 10, 2019

PERSONAL AND CONFIDENTIAL

Chrystal Estelle Vega
[REDACTED]

**VIA FIRST-CLASS & CERTIFIED MAIL
RETURN RECEIPT REQUESTED NO.:** [REDACTED]

RE: Chrystal Estelle Vega - Revocation Hearing

Dear Ms. Vega:

A hearing will be held on **June 13th, 2019** to determine whether your license will be revoked pursuant to Ark. Code Ann. § 6-17-410(c). The State Board meets at **10:00 a.m.** in the **Auditorium of the Arkansas Department of Education – Arch Ford Education Building, Four Capitol Mall, in Little Rock.** The time at which agenda items are heard is within the State Board's discretion, therefore I cannot provide a specific time. However, you will be able to view the agenda on the ADE website once it is published.

If you have any questions, please feel free to contact Mr. Taylor Dugan at (501) 682-1958, or by email at Taylor.Dugan@arkansas.gov.

Sincerely,

/s/ Taylor Dugan

Taylor Dugan, Attorney
Legal Services

ADE EXHIBIT 4

From: Chrys Vega
To: Taylor Dugan (ADE)
Subject: Re: Hearing Request
Date: Thursday, May 16, 2019 1:43:15 PM

Yes, I did receive the information in the mail.

Thank you. Same to you.

Chrystal Vega

On May 15, 2019, at 4:18 PM, Taylor Dugan (ADE) <Taylor.Dugan@arkansas.gov> wrote:

Ms. Vega,

Good afternoon! I was following up to see if you received our notice in the mail.

Have a great day,
Taylor

Taylor Dugan
Attorney
Arkansas Department of Education
Four Capitol Mall, 301-A
Little Rock, AR 72201
(501) 682-1958

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B-1: O'KELLEY FAMILY

LAKE SIDE EXHIBITS 1-2

O'KELLEY EXHIBIT 1



Arkansas Department of Education

Transforming Arkansas to lead the nation in student-focused education

Johnny Key
Commissioner

January 11, 2019

State Board
of Education

Dr. Jay Barth
Little Rock
Chair

Charisse Dean
Little Rock
Vice Chair

Susan Chambers
Bella Vista

Dr. Fitz Hill
Little Rock

Kathy McFetridge
Springdale

Dr. Sarah Moore
Stuttgart

Ouida Newton
Poyen

R. Brett Williamson
El Dorado

Diane Zook
Melbourne

Via Regular Mail, Certified Mail, and Email

Mr. Shawn Cook, Superintendent
Lakeside School District
2837 Malvern Avenue
Hot Springs, AR 71901
shawn_cook@lakeside.org

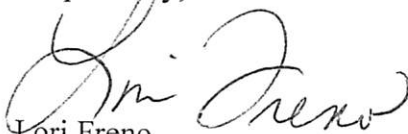
**Re: Lakeside School District Claim of Conflict with the Public School
Choice Act of 2015, Ark. Code Ann. § 6-18-1901 et seq.**

Dear Superintendent Cook:

The Arkansas Department of Education has reviewed the documentation submitted by the Lakeside School District in support of the District's claim that provisions of an enforceable desegregation court order or a court-approved desegregation plan bars the District from participating in school choice under the Public School Choice Act of 2015. Specifically, the District provided documents concerning a lawsuit filed in the United States District Court for the Western District of Arkansas captioned *Davis, et al., v. Hot Springs School District, et al.*, Case No. 89-6088.

Based on the documentation provided, the ADE has determined that the Lakeside School District is not required to participate in school choice under the Act, as participation would conflict with the terms of a federal court order. If you have any questions or require further information, I invite you and your attorney to call me at (501) 682-4234.

Respectfully,

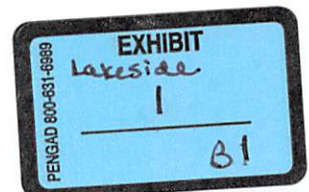

Lori Freno
General Counsel

cc: (via email transmission only)

Mr. Robert Brech at rbrech@apsrc.net

Four Capitol Mall
Little Rock, AR
72201-1019
(501) 682-4475
arkansasEd.gov

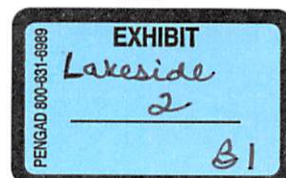
*An Equal
Opportunity
Employer*



2603000	HOT SPRINGS SCHOOL DISTRICT	Y	1			7.98%	0.93%	36.16%	19.76%	0.31%	0.14%	34.71%
2604000	JESSIEVILLE SCHOOL DISTRICT	Y	1			2.59%	0.94%	2%	4.36%	0.35%	0.35%	89.39%
2605000	LAKE HAMILTON SCHOOL DISTRICT	Y	1			6.23%	0.59%	3.92%	11.19%	0.50%	0.11%	77.46%
2606000	LAKESIDE SCHOOL DIST (GARLAND)	Y	1	2		4.52%	1.68%	8.33%	10.81%	0.74%	0.14%	73.78%
2607000	MOUNTAIN PINE SCHOOL DISTRICT	Y	1			4.90%	0.70%	7.01%	3.33%	0.35%	1.40%	82.31%
County Percentages						5.90%	0.93%	12.32%	12.20%	0.50%	0.17%	67.97%
Acceptable Ranges						5.16% - 6.63%	0.82% - 1.05%	10.78% - 13.86%	10.68% - 13.73%	0.44% - 0.57%	0.15% - 0.2%	59.48% - 76.47%

GRANT COUNTY												
LEA	District	Participant	Eligibility Codes			% K-12 Students						
						2 or More Races	Asian	Black	Hispanic	Native American / Native Alaskan	Native Hawaiian / Pacific Islander	White
2703000	POYEN SCHOOL DISTRICT	Y	1	2	3	1.68%	0.51%	0.51%	3.37%	0%	0%	93.94%
2705000	SHERIDAN SCHOOL DISTRICT	Y	1	2		1.39%	1.59%	1.96%	4.94%	0.46%	0.05%	89.61%
County Percentages						1.43%	1.45%	1.77%	4.74%	0.41%	0.04%	90.16%
Acceptable Ranges						1.25% - 1.61%	1.27% - 1.63%	1.55% - 1.99%	4.15% - 5.33%	0.35% - 0.46%	0.04% - 0.05%	78.89% - 101.43%

GREENE COUNTY												
LEA	District	Participant	Eligibility Codes			% K-12 Students						
						2 or More Races	Asian	Black	Hispanic	Native American / Native Alaskan	Native Hawaiian / Pacific Islander	White
2807000	GREENE COUNTY TECH SCHOOL DISTRICT	Y	1	2	3	0.22%	0.64%	2.70%	3.62%	0.25%	0.50%	92.07%
2803000	MARMADUKE SCHOOL DISTRICT	Y	1	2	3	1.39%	0.14%	0.28%	2.51%	0%	0%	95.68%



LEA	District	Participant	Eligibility Codes			2 or More Races	Asian	Black	Hispanic	Native American / Native Alaskan	Native Hawaiian / Pacific Islander	White
6102000	MAYNARD SCHOOL DISTRICT	Y	1	2	3	1.05%	0%	0.42%	2.32%	0%	0%	96.21%
6103000	POCAHONTAS SCHOOL DISTRICT	Y	1	2		3%	0.63%	0.92%	3.97%	0.10%	7.94%	83.44%
County Percentages						2.64%	0.51%	0.83%	3.66%	0.08%	6.46%	85.83%
Acceptable Ranges						2.31% - 2.97%	0.45% - 0.58%	0.72% - 0.93%	3.2% - 4.12%	0.07% - 0.09%	5.65% - 7.26%	75.1% - 96.56%

Ross and Sally O'Kelley
2923 Palomino Dr.
Benton, AR 72015

April 20, 2019

Office of the Commissioner
Four Capitol Mall
Little Rock, AR 72201

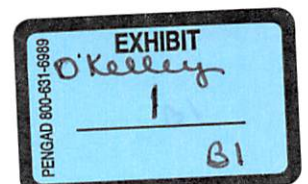
To whom it may concern:

On April 11, we received notification from the Lakeside School District that our application to transfer our son, Owen O'Kelley, was rejected. While we understand and respect this decision, we would like to take this opportunity to request a hearing before the State Board of Education to reconsider the transfer.

Because of his medical conditions, we believe that attending the Lakeside School District would be in Owen's best interest. Lakeside is the only local district that offers a "flex" program for elementary students. The flex program allows the family of the student to choose which days the child will and will not be present on the school campus. The school days are also shorter than a traditional school schedule. The program allows students the opportunity to have face to face time with a teacher, social interaction with peers, and special classes such as art, music, and physical education on the school campus. The majority of the educational instruction is completed at home, following the school's curriculum.

We, along with Owen's medical and educational providers, feel this option is best for Owen because of the complications of both TRAP Syndrome and suspected Fetal Alcohol Spectrum Disorder. TRAP Syndrome produces flare-ups of inflammation which cause cycles of fever, headaches, joint pain, and mouth sores; these flares could prevent Owen from meeting attendance requirements of a traditional school schedule, as flare-ups have caused a large number of absences in the past. He also needs additional rest periods when he is affected by these symptoms, which increase in frequency with fatigue and stress. We are concerned that a drastic increase in school attendance, from his current schedule of nine hours per week to a traditional schedule of thirty-five hours per week would increase his fatigue and stress, in turn increasing the frequency of TRAP Syndrome flare-ups and hindering his educational progress. Therefore, we believe that the schedule offered by Lakeside's Flex program would be ideal for keeping Owen's flare-ups under control, thus promoting his academic success.

In addition to suffering from TRAP Syndrome, Owen experiences anxiety, Sensory Processing Disorder, and other struggles associated with suspected Fetal Alcohol Spectrum Disorder. We



believe that Lakeside's Flex program with less seated classroom time and the opportunity to complete educational instruction at home would minimize the effect of these struggles, and thereby enable his success, more than traditional school. Additionally, the more flexible schedule would also allow him to continue receiving occupational therapy and behavioral therapy services, to help him progress and improve in these areas of difficulty. Thus, we believe the structure of Lakeside's Flex program would provide an option for Owen that will allow him to be successful, despite his struggles, caused by suspected Fetal Alcohol Spectrum Disorder.

With personal experience in both the Bryant and Lakeside School Districts, we believe that both districts are very capable and have the best interests of their students in mind. However, in Owen's particular situation, we believe that the opportunities offered by the Lakeside School District would be in his best educational, social, and psychological interests.

Thank you for providing us the opportunity to advocate for our son and seek out the best educational opportunities for him.

Sincerely,

  Sally O'Kelley

Ross and Sally O'Kelley



CENTRAL ARKANSAS PEDIATRIC CLINIC

2301 SPRINGHILL ROAD, SUITE 200 ▼ BENTON, ARKANSAS 72019

OFFICE: (501)847-2500 ▼ FAX (501) 943-3016

R. ALLAN STANFORD, MD, FAAP
ADELE HOLMES, MD, FAAP
DAVID WEED, MD, FAAP
ROBBIE RHODES, MD, FAAP
MISTY NOLEN, MD, FAAP
JESSICA FOX, MD, FAAP
AMANDA MERRICK, MD, FAAP
MEGHAN REPP, MD, FAAP
NANCY THOMAS APN
AMBER MCGUIRE APN
REBECCA WHITE APN
BRICIN MARTIN, APN

CHERYL ARNOLD, MHSA, CMPE
Administrator

4/24/2019

RE: O'KELLEY, OWEN M
DOB: 9/29/2013

To Whom It May Concern:

I have been in practice as a pediatrician at Central Arkansas Pediatric Clinic for almost 17 years and have had the privilege of knowing and caring for Owen in that capacity since he was born. He has had some interesting medical issues from early on. Over the past few years he has been dealing with Trap Syndrome, which is a fever syndrome that causes cycles of fever, mouth sores, and joint pain. He has seen and continues to see multiple specialists for this.

The fevers aren't usually related to infectious or contagious issues but he does have to stay home when these episodes occur because of the discomfort, malaise, and other symptoms that arise with the flare ups. It often takes him longer than would be expected to recover from a "normal" fever virus or regular childhood illness due to the Trap Syndrome and flare ups.

Because of this, I would expect that he will miss more school days than allowed by traditional attendance policies. He also has sensory processing difficulties and suspected fetal alcohol syndrome (FAS), along with anxiety. He is a fun little boy that always has a smile when I see him but because of the processing issues, along with the shortened attention span and other issues related to the FAS, it is likely that he will have a more difficult time with a "regular" school day of seven to eight hours, five days a week sitting still in a large group. I believe it would be most beneficial to him to be in the Flex program which allows him a more flexible schedule, not being punitive for missing excessive days related to Trap flare ups, multiple doctor appointments, and his occupational and behavioral therapies that he requires to maximize his potential. Shorter class days and smaller class size would also be less fatiguing and less stressful for him, which have both shown to trigger Trap flare ups for him in the past. The "Flex" program would also help allow him to participate in a regular school environment with access to music, art, P.E., and possibly most importantly, social interactions with children his age, giving him a more regular childhood experience.

Thank you for considering Owen for the Flex program in your school district. Feel free to contact me with any questions or concerns you may have.

Sincerely,

A handwritten signature in cursive script that reads "Robbie Rhodes". The signature is written in dark ink and is positioned above the typed name.

X Robbie Rhodes, M.D.

RR/Bg

UAMS



COLLEGE OF MEDICINE
DEPARTMENT OF PEDIATRICS

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES



Pediatric Rheumatology
Arkansas Children's Hospital

#1 Children's Way, Slot 512-2
Little Rock, AR 72202-3591

Telephone: 501-364-3686
Fax: 501-364-5339

To whom it may concern:

Owen O'Kelley is followed at Arkansas Children's Hospital in the Rheumatology Department for TRAP Syndrome, or, Periodic Fever Syndrome, which can have an impact on his ability to meet school attendance requirements. When Owen has a flare up of his disease process, he will need to be at home recovering and this can affect his attendance. Owen tires easily and will need an adjusted schedule to help meet his needs. The flare-ups of inflammation caused by TRAP Syndrome causes cycles of fever, joint pain, mouth sores and general malaise that would possibly prevent Owen from meeting traditional attendance requirements. In addition, Owen experiences anxiety, sensory difficulties and many other struggles associated with TRAP Syndrome and Fetal Alcohol Syndrome. I feel Owen would benefit from shorter school days, less seated classroom time and smaller class sizes to allow him to be more successful in the school environment. A more flexible schedule would also allow Owen to continue receiving Occupational Therapy and Behavioral Therapy services to help him progress in areas of difficulty.

Please contact me with any questions or concerns.

Thank you.

Sukesh Sukumaran MD

**Department of
Pediatrics**

**Section of Pediatric
Rheumatology**

Sukesh Sukumaran, MD
Section Chief
Assistant Professor

Jason A. Dare, MD
Associate Professor

Ashley Bryan, RN, CPN
Specialty Nurse

Ashley McCoy, RN, CPN
**Rheumatology Referral
Nurse**

Erin Kelley
Access Coordinator II

Rheumatology Office
501.364.3686

Rheumatology Fax
501.364.5339

Appointments
501.364.4000

—ESTABLISHED 1879—

*Arkansas Children's Hospital is the comprehensive clinical, research, & teaching affiliate of the College of Medicine at the University of Arkansas for Medical Sciences.
UAMS pediatric faculty physicians and surgeons are on the staff at Arkansas Children's Hospital.*



Lorrie Bouchard
1900 Aldersgate Rd
Little Rock, AR 72205

22 April 2019

Lakeside School District
2837 Malvern Ave
Hot Springs, AR 71901

To the Lakeside School District Board of Education:

My name is Lorrie (Fleming) Bouchard. I am a 2009 graduate of Lakeside. Much of my success in my career has been because of my educational foundation at Lakeside from kindergarten to high school. After high school, I received higher education at the University of Central Arkansas. I graduated from Occupational Therapy school in August 2014. Since then I have been given the pleasure of working with kids with disabilities as an Occupational Therapist. Specifically, I have been working with a possible candidate of the Lakeside kindergarten class of 2019, Owen O'Kelley. I am writing on his behalf to advocate for his education and the enrollment into the Lakeside School District.

From my understanding, Lakeside School District is the only district that has a "flex" program for elementary students. Due to the nature of Owen's medical diagnosis of TRAP syndrome, he often has flares ups causing cycles of fever, joint pain, and mouth sores that would possibly prevent him from meeting attendance requirements of a traditional school schedule. In addition, his body awareness is limited in the fact that he does not identify pain, leading to sensory processing deficits and behavioral outbursts that are not usually part of Owen's demeanor. Owen demonstrates cognitive potential to learn how to cope with his diagnosis over time; however, a typical school schedule will add extra stress to him and his family. During the flare ups, Owen needs additional rest time in the afternoon. Shortened school days will allow him to have down time his immune system needs to overcome his symptoms of the flare-ups. His family has experienced that with fatigue or stress the frequency of these flare-ups increase. It is possible that increasing school attendance from his current schedule of nine hours per week to a traditional school schedule of thirty-five hours per week could increase his fatigue and stress, in turn increasing the frequency of TRAP Syndrome flare-ups. Not only would a shortened schedule give him adequate rest time, a more flexible schedule would also allow him to continue receiving occupational therapy and behavioral therapy services, to help him progress and improve in these areas of difficulty.

In addition, Owen experiences anxiety, sensory processing difficulties, decreased attention span, and many other struggles associated with the suspected Fetal Alcohol Spectrum Disorder. Owen's educational success will be best supported by shorter school days, less seated classroom time, and possible smaller class sizes.

Thank you for your time and consideration to enroll Owen O'Kelley in the upcoming kindergarten class. It has been my joy working with this family. Owen is a bright little boy who has a ton of potential. Lakeside School District will benefit from his attendance in the flex program.

Best regards,

Lorrie Bouchard, MS, OTR/L

PRI CHILD STUDY CENTER
1210 Wolfe St
Child Study Center, 2nd Floor
Little Rock AR 72202
Dept: 501-364-5150
Dept Fax: 501-364-3966



April 18, 2019

TO: Sally O'Kelley

Re: Owen Michael O'Kelley

Dear Mrs. O'Kelley,

Per your request, I am writing this summary letter of Owen's diagnosis and treatment with the Child Study Center:

I first met Owen and his parents in September 2018. The behavioral problems presenting at intake were peer relational difficulties, mild aggression, and defiance. In addition, it was reported that Owen struggled with receptive language difficulties and sensory processing issues. The parents indicated that his mood and behavioral difficulties would escalate substantially when he was having a flare-up of TRAP syndrome symptoms.

We are currently treating a diagnosis of Unspecified Disruptive, Impulse Control, and Conduct Disorder in our clinic which includes both weekly parent/child psychotherapy visits and quarterly appointments with a Child Psychiatrist.

Please let me know if there is additional information I might provide to assist with appropriate school placement for Owen.

Sincerely,

Amy T Buckley, LCSW
Clinical Social Worker/Therapist
Infant/Parent and Early Childhood Mental Health Specialist
UAMS Child Study Center at ACH

April 17, 2019

To Whom It May Concern,

I am writing this letter on behalf of Owen O'Kelley. He is currently a student in my pre-K class at Geyer Springs First Baptist Preschool. Your school district has a learning environment that would help him be a successful student. Large classrooms would be too much stimulation for him. Owen needs extra one-on-one attention, so a smaller classroom would provide better learning opportunities for him. The flexible schedule that you offer would allow him to continue receiving occupational and behavioral therapy, which are critical for him to continue to build the skills and have the proper behavior to be successful. Fatigue and stress are major factors in Owen having TRAP Syndrome flare-ups. The shorter days that you offer would allow him to experience less fatigue and stress.

Please let me know if you have any questions or need additional input into his educational plan.

Stacey Bullington
501.231.8418

April 16, 2109

To Whom It May Concern,

I had the opportunity to have Owen O'Kelley in my 3 year old preschool class. I have researched the flex class of Lakeside School District. I feel this is the best option for Owen to continue his education.

Owen has complications from TRAP Syndrome. He experienced flare ups quite often in my class. The flare ups cause fever, joint pains, and mouth sores. It was very hard for Owen to attend school during this time of sickness. He missed a lot of instruction time. When he did come back to school it was hard for Owen to get back into routine from complications that they suspect is Fetal Alcohol Spectrum Disorder.

Owen also suffers from sensory issues and anxiety. A smaller classroom setting will benefit Owen. He needs to be around other children to have social interaction, but a smaller setting will be much more manageable for Owen.

Owen is such a smart child. He needs the best environment and surroundings to continue his education. *The flex program would be the best fit for Owen.*

Thank You,

Jennifer Goudy

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B-10: ABC 2019-2020 ROUND 2 CONTRACTS

EXHIBIT 1

Second Round Arkansas Better Chance (ABC) Grants 2019-2020

Name of School District, Coop, Charter School or other grantee	Vendor #	Type of Program	Slots	Amount	Purpose
Arkansas River Educ Service Cooperative	3352000001	Center Based	8	\$39,728.00	Expansion slots to April 2019 Approval
Arkansas State University - Jonesboro	9901250001	Center Based		\$10,000.00	One Time Classroom Set-up 1x
Crowley's Ridge Education Cooperative	3562000001	Center Based	20	\$99,320.00	Expansion slots to April 2019 Approval
Crowley's Ridge Education Cooperative	3562000001	Center Based		\$10,000.00	One Time Classroom Set-up 1x
Dawson Education Cooperative	3102000001	Center Based	20	\$99,320.00	Expansion slots to April 2019 Approval
Fort Smith School District	3660100001	Center Based		\$20,000.00	One Time Classroom Set-up 2x
West Memphis School District	3180300001	Center Based	40	\$198,640.00	Expansion slots to April 2019 Approval
West Memphis School District	3180300001	Center Based		\$20,000.00	One Time Classroom Set-up 2x

TOTALS

\$497,008.00



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B-18: DOLLARWAY SCHOOL DISTRICT

EXHIBIT 1

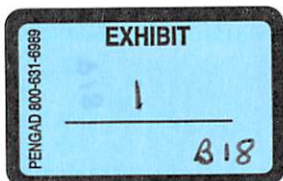
2018-2019 Student Discipline Data

Grade Span	Average Daily Membership				# of Referrals by Grade Span			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
K-4	391.86	389.20	392.85	382.16	91	152	77	159
5-8	269.64	269.36	285.85	282.70	103	211	142	150
9-12	272.62	265.25	272.77	273.16	72	37	40	40

*Students With Disabilities

Grade Span	# of Referrals by Sub-population												Number of Students with 5 or more Discipline Referrals			
	Male				Female				*SWD							
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
K-4	58	113	61	109	33	39	15	50	21	25	13	38	0	8	25	49
5-8	79	166	99	94	24	45	43	56	19	33	10	26	1	11	32	51
9-12	46	24	24	15	26	13	16	25	18	10	3	6	1	1	2	4

Discipline Referrals by Description																												
Grade Span	01	01	01	01	02	02	02	02	03	03	03	03	04	04	04	04	05	05	05	05	06	06	06	06	07	07	07	07
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
K-4	0	0	0	1	0	0	0	0	0	0	0	0	0	10	9	11	12	21	21	35	1	2	1	4	0	0	0	0
5-8	2	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	2	8	4	4	1	0	2	1	0	0	0	0
9-12	1	0	1	0	0	0	0	0	3	0	2	0	0	0	0	0	1	1	0	0	0	0	0	0	0	1	0	0



Discipline Referrals by Description

Grade Span	08 Q1	08 Q2	08 Q3	08 Q4	09 Q1	09 Q2	09 Q3	09 Q4	10 Q1	10 Q2	10 Q3	10 Q4	11 Q1	11 Q2	11 Q3	11 Q4	12 Q1	12 Q2	12 Q3	12 Q4	13 Q1	13 Q2	13 Q3	13 Q4
K-4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2	0	1
5-8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	2	0
9-12	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Discipline Referrals by Description (Continued)

Grade Span	14 Q1	14 Q2	14 Q3	14 Q4	15 Q1	15 Q2	15 Q3	15 Q4	16 Q1	16 Q2	16 Q3	16 Q4	17 Q1	17 Q2	17 Q3	17 Q4	18 Q1	18 Q2	18 Q3	18 Q4	19 Q1	19 Q2	19 Q3	19 Q4
K-4	27	41	14	45	2	2	10	1	1	0	0	0	25	52	21	31	4	5	0	9	12	12	1	12
5-8	4	15	9	8	11	57	34	32	0	0	0	0	42	95	64	69	5	8	5	2	11	24	22	31
9-12	14	9	0	3	9	6	1	6	0	0	0	1	40	20	26	9	0	0	0	0	3	2	9	20

Discipline Referrals by Description (Continued)

Grade Span	20 Q1	20 Q2	20 Q3	20 Q4	21 Q1	21 Q2	21 Q3	21 Q4	22 Q1	22 Q2	22 Q3	22 Q4	23 Q1	23 Q2	23 Q3	23 Q4	24 Q1	24 Q2	24 Q3	24 Q4	25 Q1	25 Q2	25 Q3	25 Q4
K-4	0	0	0	0	0	0	0	0	0	0	0	5	0	0	0	1	0	1	0	0	4	5	1	3
5-8	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	2
9-12	0	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1

Discipline Descriptions

01 Drugs- excluding alcohol and tobacco, (illegal drug possession, sale, use/under the influence): Unlawful use, cultivation, manufacture, distribution, sale, solicitation, purchase, possession, transportation, or importation of any controlled drug (e.g. Demerol, morphine, marijuana, LSD,), narcotic substance, or inhalant.

02 Alcohol- (liquor law violations – possession, use sale): Violations of laws or ordinances prohibiting the manufacture, sale, purchase, transportation, possession, or consumption of intoxicating alcoholic beverages or substances represented as alcohol. Suspicion of being under the influence of alcohol may be included if it results in disciplinary action.

03 Tobacco- (Cigarettes or other forms of tobacco) – The possession, use, distribution, or sale of tobacco products on school grounds, at school sponsored events, or on school transportation by any person under the age of 18.

04 Truancy- any absence of part of a day, or all of a day, or for more than one day from school which the school attendance officer, principal or guardian is not aware of and also means intermittent carried on for the purpose of defeating the intent of compulsory education.

05 Student Assault- Battery (physical attack/harm): Examples include striking that causes bleeding, broken nose; kicking while a student is down. Consider age and developmentally appropriate behavior before using this category. This category should be used when the attack is serious enough to warrant calling the police or security or when serious bodily harm occurs. Include an attack with a weapon in this category. (This offense may be referred to by law enforcement as aggravated assault.)

06 Staff Assault- An attempt to cause purposely, knowingly, or recklessly bodily injury to staff, or negligently causing bodily injury to staff with a deadly weapon.

07 Knife- These weapons include the instrument or object used such as a sharp object (e.g., razor blade, ice pick, Chinese star). **HANDGUNS, RIFLES, AND SHOTGUNS** – Possession of an instrument or object defined as a firearm and used to inflict harm on other persons. Any weapon (including a starter gun) which will or is designed to or may readily be converted to expel a projectile by the action of any explosive; the frame or receiver of any weapon described above; and any firearm muffler or firearm silencer.

08 Handgun- A firearm (revolver or pistol) designed to be held and fired with one hand.

09 Rifle- A shoulder weapon.

10 Shotgun- A smoothbore shoulder weapon used for firing shots at short range.

11 Club- (chain, nunchakus, billy club, electrical weapon or device (stun gun)), or substance used as a weapon (e.g., mace, tear gas).

12 Gangs- A "gang" shall be defined as individuals with a common interest, bond or activity whose purpose includes the commission of illegal acts, and who refer to themselves by a group name or designation.

13 Vandalism- The intentional destruction, damage, or defacement of public or private property without consent of the owner or the person having custody or control of it.

14 Insubordination- willful failure or refusal to recognize or submit to the authority of a superior.

15 Disorderly Conduct- (significantly disrupts all or portions of the campus activities, school sponsored events or school bus transportation) – Disruptive behavior that poses a serious threat to the learning environment, health, safety or welfare of others.

16 Explosives- incendiary, or poison gas; any weapon which will, or which may be readily converted to, expel a projectile by the action of an explosive or other propellant, and which has any barrel with a bore of more than one-half inch in diameter, i.e., Bomb; Grenade, Rocket having a propellant charge of more than four ounces, Missile having an explosive or incendiary charge of more than one-quarter ounce, Mine, or Similar device. Page 26 of 36

17 Other- This involves those items not listed elsewhere.

18 Bullying- Unwanted and repeated written, verbal, or physical behavior, including any threatening, insulting, or dehumanizing gesture, by a student that is severe or pervasive enough to create an intimidating, hostile or offensive educational environment, cause discomfort or humiliation, or unreasonably interfere with the individual's school performance or participation. Also included here is Cyber Bullying: Intentional and repeated harm inflicted through the use of computers, cell phones, and other electronic devices.

19 Fighting- Violent incidents without injury (physical altercation, minor (pushing, shoving); fighting (mutual altercation); school threat (threat of destruction or harm); threat/intimidation (causing fear of harm), harassment nonsexual (physical, verbal, or psychological) and harassment, sexual (unwelcome sexual conduct).

20 Cell Phone/Electronic Device- Using electronic devices against school policy.

21 Cyberbullying- According to A.C.A. 5-71-217, Cyberbullying is electronic communication of information of a person's choosing between or among points specified by the person without change in the form or content of the information as sent and received and electronic means of text, visual, written or oral communication of any kind made through the use of a computer online service, internet service, telephone or any other means of electronic communications, including with limitation to local bulletin board service, an internet chat room, electronic mail, social networking site or an online messaging service.

22 Harassment/Sexual Harassment- behavior which appears to be disturbing or threatening and upsets and is characteristically repetitive. Sexual harassment refers to persistent and unwanted sexual advances that interferes with a student's ability to learn, study or participate in school activities.

23 Public Display of Affection- are acts of physical intimacy or affection in the view of others e.g. kissing, holding hands, sexual acts that's not conducive to concentration or learning.

24 Stealing/Theft- to take another's property, e.g. student's or school, without the verbal or written permission of owner and no return it.

25 Terroristic Threats- threats to commit any crime of violence against another person with the intent to terrorize.

Student Discipline 3-Year Trend Data

Grade Span	Average Daily Membership			# of Referrals by Grade Span			# of Referrals by Sub-population									Number of Students with 5 or more Discipline Referrals		
							Male			Female			*SWD					
	17-18	18-19	19-20	17-18	18-19	19-20	17-18	18-19	19-20	17-18	18-19	19-20	17-18	18-19	19-20	17-18	18-19	19-20
K-4	414.98	389.04	NA	1,512	571	NA	1040		NA	472		NA			NA	98	49	NA
5-8	278.06	276.94	NA	500	661	NA	346		NA	154		NA	26	25	NA	11	51	NA
9-12	283.07	270.98	NA	16	216	NA	10		NA	6		NA	0		NA	1	4	NA

*Students With Disabilities

C E R T I F I C A T E

STATE OF ARKANSAS)
) ss.
 COUNTY OF SALINE)

I, SHARON K. HILL, CCR, a Certified Stenomask Reporter and Notary Public before whom the foregoing proceedings was taken, do hereby certify that the same is a true and correct transcription before the Arkansas State Department of Education, State Board of Education, in Little Rock, Arkansas, on June 13, 2019, that the said proceedings was reduced to typewritten form by me or under my direction and supervision; and that the foregoing pages constitute a true and correct transcription of all proceedings had in said matter.

I FURTHER CERTIFY that I am neither counsel for, related to, nor employed by any of the parties to this action.

I FURTHER CERTIFY that I have no contract with any parties within this action that affects or has a substantial tendency to affect impartiality, that requires me to relinquish control of an original transcript or copies of the transcript before it is certified and delivered to the custodial agency, or that requires me to provide any service not made available to all parties to the action.

WITNESS, MY HAND AND SEAL, THIS DATE: June 24, 2019.



Sharon K. Hill

SHARON K. HILL, CCR
 Certified Court Reporter
 Certificate No. 670

