

Student Teacher OTIS Account Request Form

PORTLAND PUBLIC SCHOOLS

Office of Technology and Information Services 501 North Dixon Street • Portland, OR 97227 Phone: (503) 916-3375

www.pps.net/information-technology

| Legal First Name | Preferred First Name | Middle Initial | Last Name |
|----------------------|----------------------|----------------|-------------|
| Phone Number | | Email Address | |
| University Attending | PPS Placement Site | | School Year |

POLICIES AND PROCEDURES ACKNOWLEDGEMENT

It is the responsibility of Student Teacher/ Intern applicant to read the following selected policies and to comply with them. For questions regarding PPS Policies and Administrative Directives, please contact your supervisor or the Human Resources Department. All Policies and Directives are available at www.pps.net/policies

- Affirmative Action Policy 5.10.025-P
- Anti-Harassment 4.30.060-P
- Child Abuse Reporting 4.50.040-AD
- Reporting of Suspected Abuse of a Child 4.50.051-P
- Complaint Resolution Process 4.50.031-AD
- Drug Free Workplace Act
- Non-Discrimination Policy <u>1.80.020-P</u>
- Racial Educational Equity Policy 2.10.010-P

- Prohibition Against Employee Child Abuse and Sexual Conduct with Students – 5.10.063-AD
- Sexual Harassment Staff to Student <u>5.10.062-P</u>
- Sexual Harassment Complaint Procedure <u>5.10.061-AD</u>
- Student and Staff Acceptable Use of District Technology Policy (AUP) – 8.60.041-AD
- Tobacco Possession and Use Policy 3.20.021-P
- Family Education Records Management (FERPA)
 Administrative Directive 2.50.021-AD

I acknowledge that I have read and understand the above PPS Policies and will be responsible for complying with them.

All users authorized to access student information are required to abide by the policies governing review and release of student education records. The Family Educational Rights and Privacy Act (FERPA) of 1974 mandates that information contained in a student's education record must be kept confidential and outlines the procedures for review, release, and access of such information. I have read and understand my responsibility to respect and maintain the confidentiality of all records and information to which I have been given access.

I understand that if I violate the AUP or FERPA, my access privileges may be suspended or revoked and appropriate disciplinary or legal action may be taken.

| SIGNATURE | DATE | | | | |
|--|---------------------|-----------------------|--|--|--|
| To be filled out by Professional Learning and Leadership Staff | | | | | |
| Signature | | Date | | | |
| | | | | | |
| Printed Name | Contact Information | Service Desk Ticket # | | | |
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Scan or email signed forms to Technology Services at itservicedesk@pps.net to provided standard Student Teacher access.