EMPLOYEE CERTIFICATION TO PERMIT PERSONAL USE OF SOCIAL MEDIA WITH A STUDENT BASED ON A SOCIAL RELATIONSHIP

Please complete the following information:

Employee's Name (please print):					
School:	Position:				
Building Principal/Immediate Supervisor:					
The School Corporation permits only certificated/licens in writing by the Superintendent or Principal to use soc communicating with students about matters pertaining tests/quizzes. Employees who have extra-curricular rethe extra-curricular activity. Other staff members – in bus drivers, janitors/custodians, cafeteria workers, etc media with students, except as expressly author ()	sed employees, and those employees authorized cial media with students. Teachers are limited to ng to the students' classwork, homework, and esponsibilities are limited to communicating about cluding support staff administrators, secretaries, . – are prohibited from communicating via social				

The above-stated limitations on an employee's ability to communicate with students via social media are subject to the following two (2) exceptions:

- (1) this prohibition applies only to communications with students currently enrolled in the Corporation; and
- (2) the Corporation recognizes an employee may communicate via social media with relatives, the children of friends, friends of the employee's children, and members or participants in the same civic, social, recreational, or religious organizations (i.e., a "social relationship" exists between the employee and the student).

In order for an employee to claim an exception based on a social relationship, the employee must:

- (1) provide a copy of AG 7544 Use of Social Media to the parent/guardian of each student listed below:
- (2) explain to each listed student's parent/guardian that the parent/guardian is solely responsible for monitoring social media-based communications between me and his/her child: and
- (3) submit this form to his/her Building Principal/Immediate Supervisor.

Student Name	School	<u>Grade</u>	Home Address	Parent/Guardian Name	Basis of Social Relationship
this form truthf	ully and take	en the above	ve-identified acti		ent that I have completed at falsification of this form
Employee's Signature:				Date:	

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