

Dear Morgan Autism Center School Parents and Group Home Staff,

Our 2026-2027 School Program will begin on **Wednesday, August 19th, 2026!**

Please read through the following packet carefully and note important dates on your calendar. It is critically important to complete these yearly forms promptly to ensure a seamless return to campus activity and to meet California Department of Education requirements. **All completed forms should be returned to the office as soon as possible and no later than Wednesday, August 19th.** The forms in this packet are essential for your student's continued placement at Morgan Autism Center.

Absences:

When a student is absent for any reason, please do the following:

- **Call the office to report the absence. (408) 241-8161**
- **Notify any transportation services as early as possible to alert them of the absence so they may cancel the ride.**

We will notify the classroom staff for you. If you need to speak with the teacher, please reach out to them as well.

Attendance:

Consistent attendance at school is crucial for our students. Please do not schedule extended trips during school programming days, as it can have a negative impact on progress and routine, as well as Morgan Autism Center funding from school districts.

Please help us minimize the impact of absences by scheduling medical and dental appointments after school hours, or bring your student to school before or after the appointment.

The calendar may be viewed on the Morgan Autism Center's website, www.morgancenter.org. You can also find a copy in this packet.

Parent/Physician Authorizations to Medicate & Earthquake/Emergency Medication:

If your student requires any medication (prescription or over-the-counter) to be administered during school hours, you are **required to fill out BOTH Parent and Physician Authorization Forms** before we can do so. In addition, if you will be providing a 3-day supply of medications in the event of an earthquake or emergency that prevents students/staff from leaving school property for an extended time, you will also be required to fill out the **Earthquake/Emergency Medication Form**. Please refer to the specific forms for more details.

Proof of Conservatorship: All conserved students **must have a copy of their Letters of Conservatorship on file** at the Morgan Autism Center. Morgan Autism Center will abide by the Letters of Conservatorship in regard to medical issues, and in dealing with districts and regional centers. Protect your rights as conservators by ensuring we have the proper documentation. If you are not sure whether or not copies of your Letters of Conservatorship are on file at the Morgan Autism Center, please call the office for verification.

We are looking forward to an exciting and productive year full of growth and progress! We will see everyone back on **Wednesday, August 19th, 2026!**

Morgan Autism Center's Family Partnership Agreement

Welcome

At Morgan Autism Center, partnership and trust are at the heart of everything we do. Students thrive when families and staff share understanding, communicate openly, and work together toward common goals.

This agreement is designed to promote clarity. Clear expectations help support your child's progress, develop positive home-school relationships, and allow our team to remain fully focused on providing the very best care and instruction each day.

By joining our program, your family becomes part of a thoughtful, compassionate community built around consistency, collaboration, and student-centered practices. We are excited to be on this journey with you.

1. MAC's Commitment to Your Family

MAC agrees to:

Provide a Supportive, Predictable, and Caring Environment

- Prioritize students' comfort and happiness at school, leading to more-available learners
- Relationship-based, trust-centered instruction
- Evidence-supported practices: 15-minute rotations, visual supports, sensory-informed strategies, embedded communication
- Embed all disciplines throughout the day (communication/fine and gross motor support, proactive and reactive sensory strategies, etc.)

Communicate Clearly and Regularly

- One daily update from your child's teacher
- Responses to messages within **1-2 school days**
- CC'ing appropriate team members to support alignment
- Pre-IEP meetings offered before every IEP
- Sharing all IEP documents (reports, goals, BIPs) in advance of the meeting

- Notify MAC in advance if you plan to bring an advocate or attorney so the right team members can be present
- Return signature forms promptly to avoid delays in advancement of your student's programming

3. Program Participation, Attendance, and Consistency

Consistency is essential to regulation, connection, and learning progress.

Families agree to:

- Commit to their child attending summer session each year – it is a required part of MAC programming
- Schedule trips and discretionary absences to coincide with breaks in programming whenever possible
- Work with MAC and your district if extended absences are needed
- Notify the MAC office and SafeTrans (if applicable) of absences

We understand that emergencies and illnesses happen. Communication and planning help us support your child well.

4. Classroom, Campus, and Communication Expectations

These guidelines protect student privacy, safety, and the calm needed for learning. Together, we commit to:

Healthy Communication Boundaries

- One daily update from the classroom team
- Professional, kind communication at all times
- Space during the day for staff to remain fully present with students
- Refrain from calling/texting staff in the evenings unless an absolute emergency which requires immediate action on the teacher's part

Observations can be a great way for parents or other providers to gain nuanced insight into their student's day. We are eager to provide those opportunities for our families. However, they can create a certain amount of disruption or distraction in the classroom, so parents are asked to observe a provider no more than once per quarter.

- Duration of no more than 60 minutes, or one session of speech/OT
- Please avoid interacting with the staff member or your child, as it will compromise an accurate observation, and at times can lead to behavioral challenges
- We encourage you to write down any questions or comments for a follow up meeting with the classroom teacher if needed
- We are happy to provide other means of providing this information (e.g., videos) if your presence is likely to have a distracting effect on your student

5. Understanding Program Limits

We pride ourselves on a highly flexible program to serve the individual needs of our students and their families. There are limits to the lengths to which we can adjust our approach and continue to maintain the integrity of our model and serve all of our students effectively. Numerous requests and/or substantial adjustments may not be possible to accommodate.

To maintain a predictable, positive experience for all students, MAC is unable to support:

- Frequent or extended absences (summer session is a requirement)
- Requests for real-time or multiple daily updates
- Programming requests inconsistent with student needs or MAC's model
- Unscheduled campus visits or classroom interruptions

These boundaries are in place to protect your child's access to consistent, high-quality instruction and care and to maintain appropriate work-life balance for our teachers

6. Our Shared Vision

The purpose of this agreement is simple:

🌟 *Strong partnerships create the best outcomes for students.* 🌟

We are grateful for the trust you place in our team, and we look forward to building a meaningful, joyful journey for your child here at MAC.

Contact Information

Main Office: (408) 241-8161 • 950 St. Elizabeth Drive, San Jose, CA 95126

Name	Title	Contact About	Email
Josh Drake	Executive Director	Morgan Autism Center	jdrake@morgancenter.org
Mark Nielsen	Program Director	School Program, Post Secondary	mnielsen@morgancenter.org
Hailey Barker	Program Director	School Program, Post Secondary	hbarker@morgancenter.org
Sun Garcia	Program Director/Consultant	School Program, Post Secondary, District Referrals, Behavior Strategies Team	sgarcia@morgancenter.org
Leslie Davis	New Programs Director	New Programs	ldavis@morgancenter.org
Claudine Pitpitan	Program Coach	School Program Resources	cpitpitan@morgancenter.org
Jen Gray	AST Program Director/ BCBA	AST Program	jgray@morgancenter.org
Aya Sasaki	Adult Program Director	Adult Program	asasaki@morgancenter.org
Sara Cedano	Adult Program Director	Adult Program	scedano@morgancenter.org
Jess Moses	AST Program Director	AST Program	jmoses@morgancenter.org
Christy McCue-Risner	Assistant Coordinator	School Program IEP Scheduling, Assists School Program Directors	cmccuerisner@morgancenter.org
Hannah Sepulveda	Adult Program Administrative Assistant	Assists AP/AST Directors, IPP Scheduling, AP Transportation	hasepulveda@morgancenter.org
Lisa Lemke	Director of Administration	Parent Group	llemke@morgancenter.org
Robert Freiri	Director of Development	Donations, Grants, Fundraising	rfreiri@morgancenter.org
Haley Aceves	Development & Communications Manager	Donations, Fundraising	haceves@morgancenter.org
Nicole Ferguson	Administrative Specialist	School /Adult Program Records, School Program Transportation	nferguson@morgancenter.org
Ching Young	Administrative Associate	Office Support	cyoung@morgancenter.org

2026 - 2027 School Program Calendar

August '26						
Su	M	Tu	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

September '26						
Su	M	Tu	W	Th	F	S
		1	2	3	4	5
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13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October '26						
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11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November '26						
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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December '26						
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13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

January '27						
Su	M	Tu	W	Th	F	S
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3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

February '27						
Su	M	Tu	W	Th	F	S
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7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

March '27						
Su	M	Tu	W	Th	F	S
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14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

April '27						
Su	M	Tu	W	Th	F	S
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4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

May '27						
Su	M	Tu	W	Th	F	S
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9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

June '27						
Su	M	Tu	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

July '27						
Su	M	Tu	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

 School Break/Holidays

 First and Last Day of School

 Minimum Day (1:30 pm)

 Staff Inservice Days (No Students)



2026 – 2027 SCHOOL PROGRAM CALENDAR

Summer Session 2026 (1:30 pm dismissal every day)	July 6 – July 31, 2026
Summer Break	August 3 – 18
Staff Inservice Days (no students)	August 17 & 18

First Day of 2026–2027 School Year (minimum day) **August 19**

1:30 PM STUDENT DISMISSAL EVERY WEDNESDAY

Labor Day Holiday	September 7
Indigenous Peoples' Day Holiday	October 9 & 12
Veterans' Day Holiday	November 11
Thanksgiving Vacation	November 26 & 27
Minimum Day (1:30 pm dismissal)	December 18
Winter Break	Dec 21 – Jan 1, 2027
Return from Winter Break	January 4, 2027
Martin Luther King, Jr. Holiday	January 18
Presidents' Week Holiday	February 15 – 19
Spring Break	April 12 – 16
Memorial Day Holiday	May 31
Last Day of School (minimum day)	June 16
June Break	June 17 – July 30
Summer Session 2027 (1:30 pm dismissal every day)	July 1 – July 29, 2027
Fourth of July Holiday (observed)	July 5

School Days Per Month				School Bell Schedule	
August	9	February	15	<u>Summer Session (July)</u>	
September	21	March	23	9:00 am – 1:30 pm	
October	20	April	17	<u>Monday, Tuesday, Thursday, Friday</u>	
November	18	May	20	9:00 am – 2:30 pm	
December	14	June	12	<u>Wednesdays (minimum days)</u>	
January	19	July	20	9:00 am – 1:30 pm	
Total School Days*: 208					

**Total School Days calculated from August 2026–July 2027*

For student absences, please notify the office at (408) 241-8161 ASAP

Emergency Information Form

Last Name	First Name	M.I.	D.O.B.	Room/Program
ADDRESS:				Modified
PHONE:				
CONSERVED: ☐ Yes		CONSERVATOR[S]:		
Father's Name		Mother's Name		
Phone Type	Phone Number	Phone Type	Phone Number	
email		email		
EmergencyContact	Relationship	Emergency Phone Numbers		
Doctor/ Dentist	Doctor's Phone #	Meds (with Dosage and Time)		
EmergencyCardComments (Diagnosis, Seizure Info, Allergies, Diagnosis, Choking, Shunt, Heart, etc.)				
Preferred Hospital	Insurance	Policy #	MediCal	
Group Home	Group #			
	Plan Code			
Group HomeAddress	City	State	Zip	
Phone	Contact			

Consent for emergency treatment: (If it is deemed necessary by the program authorities, your son/daughter will be taken by ambulance at parent's expense to the nearest emergency facility).
I authorize and direct the attending physicians or dentist on duty to perform emergency treatment on my son/daughter.

Parent or Guardian

Date

Earthquake/Emergency Medication Form

I hereby give my permission for Morgan Autism Center staff to give my student/client medication in the event of an earthquake (or other emergency) in which the student/client is unable to get home and must remain at the school site.

Medication may be legally given at school only in the original container, labeled by the pharmacist. A new prescription bottle must accompany prescription changes.

Name of Student/Client: _____

Parent(s): _____

Medication: _____

Daily Dosage: _____

Prescription Number: _____

Physician: _____ Phone: _____

Physician Address: _____

In the event of an emergency, I hereby authorize Morgan Autism Center personnel to obtain medical help for my child.

Parent/Legal Guardian Signature: _____

Date: _____

Transportation Permission

I hereby authorize Morgan Autism Center personnel to provide transportation for my child to and from activities related to school programming.

Parent/Guardian Signature: _____ **Date:** _____

Seizure Protocol

Date: _____

Age: _____

Name: _____

Preferred Hospital: _____

Preferred Doctor: _____

Please call 911 if seizure continues beyond _____ minutes following this specific presentation:

Current Medication	Dosage	Last Change

Please complete the following checklist, giving us as much information about the seizure activity of your student/client.

Consciousness:

- ☐ Fully conscious throughout
- ☐ Partially conscious throughout (incoherent, dreamy)
- ☐ Loses consciousness (at least part of the time)
- ☐ Stops all activity

Activity:

☐ Repetition or pointless movements or actions ☐ Clenching or grinding teeth ☐ Staring into space ☐ Rapid blinking ☐ Vomiting	☐ Jerking of arms and legs or whole body ☐ Mild twitching and/or twitching or jerking of only one body part ☐ Trembling, shaking	☐ Drooling ☐ Falls - rigid ☐ Falls - limp ☐ Other: _____ _____ _____
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Appearance: ☐ Normal ☐ Pale skin ☐ Flushed cheeks ☐ Turns blue ☐ Sweaty ☐ Blank look on face	Breathing: ☐ Normal ☐ Rapid ☐ Irregular ☐ Stops breathing ☐ Chokes	Verbalizations: ☐ Odd sounds ☐ Screams ☐ Smacks lips ☐ Makes odd or incoherent statements or requests
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Post-Seizure:

Communication with parents/guardian:

- ☐ Immediately after every case
☐ Only if unusual
☐ Only if 911 is called

Is the person generally confused after a seizure?

Does the person need to sleep?

Additional Information:

Parent Authorization to Medicate at School

California Education Code section 49423 provides statutory authority for providing assistance in administering medication in California schools. **These regulations apply to “over the counter” as well as prescription medications.** The requirements of this section are as follows:

- a written statement from the California licensed Health Care Provider (Physician) detailing the medication, dosage, time and delivery method (see details below)
- signed statement from parents/guardians giving Morgan Center permission to assist in medication administration

To that end, parents must secure a supply of medication to be administered at school. **This must be in a pharmacy labeled container that contains the following information: pupil's name, physician's name, medication name and dosage, prescription number, time and frequency of administration, as well as the pharmacy name and phone number.** Each new supply of medication should contain the above information.

“Over the Counter” medication must also be kept in the original manufacturers labeled container, **with a prescription** if it is to be administered in a manner other than the directions on the label.

In compliance with these regulations, we request the following information:

Student/Client Name Birthdate Physician Name

<u>PREScription</u> MEDICATION	DOSAGE	TIME

<u>OVER THE COUNTER</u> MEDICATION	DOSAGE	TIME

I request that Morgan Autism Center assist me with the administration of medication during school hours. I give my consent to the school and Physician named above to exchange any information needed concerning my child.

Parent/Guardian Signature

Date

Physician Authorization to Medicate at School

Student/Client: _____

Medical Record Number: _____

Medical Facility (Kaiser, PAMF, etc.): _____

<u>PRESCRIPTION</u> MEDICATION	DOSAGE	TIME

<u>OVER THE COUNTER</u> MEDICATION	DOSAGE	TIME

Physician Signature _____

Date _____

Physician's Stamp:

Parent/Caregiver Accessibility Acknowledgement

At times it is necessary for staff to contact parents/caregivers or group homes during the day. These calls are usually related to a student/client's well-being and therefore may need to be picked up from program. It is very important that a parent/caregiver be available to talk to us and respond to the student's/client's needs as required. Below, please provide the best contacts for Morgan Autism Center staff to contact during program hours.

Contact 1

Name: _____

Cell Number: _____

Home Phone: _____

Work Phone: _____

Contact 2

Name: _____

Cell Number: _____

Home Phone: _____

Work Phone: _____



Free Breakfast/Lunch Program

Morgan Autism Center offers free breakfast and lunch for our students, per California Assembly Bill 167: The California Universal Meals Program. This is a service that will be provided for all students in our school program and billed to school districts. You are still welcome to send in a lunch with your student if you prefer.

Morgan Autism Center will provide a range of breakfast items that may include: oatmeal, granola, fruit, yogurt, almond milk, and eggs. The lunch meals will be provided by the company My Green Lunch, who will provide a set menu that will consider individual student dietary requirements. **Please check any box(es) below to inform us of your student's dietary restrictions.**

Student's Name _____

Please check any applicable boxes for your student:

- | | |
|--|---------------------------------------|
| ☐ No dietary restrictions | ☐ No pork/beef |
| ☐ Gluten Free | ☐ Chicken okay |
| ☐ Dairy Free | ☐ Egg Free |
| ☐ Vegetarian | |
| ☐ Vegan | |
| ☐ Nut Free | |
| ☐ Other _____ | |



Morgan Autism Center Peanut Policy

For All Students, Clients, and Staff

Morgan Autism Center recognizes that peanut allergies can pose a significant health and safety hazard to those affected by such allergies. In order to protect these students throughout our shared environment we have adopted the following Peanut Allergy Policy.

As part of our overall safety practices and policies at Morgan Autism Center, we adhere to a total peanut free policy throughout the school/adult program. This includes all campus environments (indoor and outdoor), all program related activities (on or off campus) and all school/adult program personnel.

It is essential for us to provide a safe environment for all. Please check food product labels and help us screen all potentially harmful snack and lunch items. Should any peanut products mistakenly make it to school, we will return them to you in the lunch box unopened. This policy only applies to peanuts and peanut products. All other nuts are fine to bring to program unless communicated otherwise.

We request full cooperation and apologize for any inconvenience.

Please sign below indicating that you have received, understand, and will adhere to the Morgan Autism Center's Peanut Allergy Policy.

Student/Client Name (please print)

Parent/Guardian Signature

Date

Morgan Autism Center Student/Client Activity Fund Donation Program Year 2026-2027

Every program year, teachers and staff plan activities that may require extra funds. Each room's activity fund covers the special activities (birthday present, holiday gift, field trips, etc.) for each individual student/client throughout the year. You are welcome to send in a check along with this form or you may make your donation through our website at www.morgancenter.org.

- Click on "Give Now"
- Specify the amount you'd like to contribute
- Select either "Adult Program Activity Fee" or "School Program Activity Fee" in the dropdown menu
- In the comments section at the bottom of the page, please specify the room and student/client name that the donation is intended for.

Please check donation type below.

☐ Online Donation ☐ Check Enclosed ☐ Donation not at this time

Please consider a donation of at least \$150.00

Student/Client Name (Print)

Date

Thank you!

For office use only:

Check # _____ Amount \$ _____

Online Donation Amount \$ _____

Date Received: _____

Media Consent and Release Form

Morgan Autism Center is proud of the work of its students and adult clients. Throughout the program year, MAC may want to promote some of our many activities and achievements. For example, we may feature students or adult clients on social media, in MAC Newsletters, or to increase public awareness of our organization and autism. Please consider giving MAC permission to highlight the achievements of your student/client by giving your consent below.

MORGAN AUTISM CENTER'S USE OF PHOTOGRAPHS/VIDEO INCLUDES:

Promotional/fundraising material, newsletters, greeting cards, MAC website, and authorized media such as TV, newspaper, or magazine.

SOCIAL MEDIA:

Facebook, X, Instagram, LinkedIn, YouTube, Vimeo, and any future social media channels.

Morgan Autism Center may use my student's/client's image for any media outlined above.

☐ YES

☐ NO

Identification (if yes):

☐ First Name Only

☐ Full Name

YEARBOOK MEDIA CONSENT: Morgan Autism Center may use my student's/client's image for the Morgan Autism Center school program/adult program yearbooks. Yearbooks are sold only to MAC families and staff.

Morgan Autism Center may use my student's/client's image for the MAC Yearbook.

☐ YES

☐ NO

1. I am aware that I will not receive monetary compensation for my student's/adult client's participation.
2. I further release and relieve Morgan Autism Center, its Board of Trustees, employees, and other representatives from any liabilities, known or unknown, arising out of the use of this material.

I certify that I have read the Media Consent and Release Form, and fully understand its terms and conditions.

Student/Client Name (print)

Parent/Guardian Name (print)

Parent/Guardian Signature

Date

Please complete this form and return to the Morgan Autism Center Office. For more information, contact the office at (408) 241-8161. Thank you for your cooperation.

Special Permission for Bike Riding / Roller Skating

For many of our students and clients, bike riding and roller-skating are an important and fun component of the Physical Education Program. The purpose is to provide an opportunity to participate in an age appropriate fitness/recreation activity. Initially, students are given the maximum physical support to learn pedaling, steering and braking, or “rolling”.

As they become more proficient, the physical support of staff is faded, though not their watchful eyes, so students can enjoy a more independent activity experience.

However, no matter how closely students and clients are supervised in these activities, there is always the potential for falling, and no matter how well padded, there is always the risk of bruises, scratches, scrapes, or even breaks.

Please be assured that every precaution is taken to minimize these risks, but accidents can, and do, happen.

If you would like your student or client to have the opportunity to ride a bike or roller skate as a part of their physical education/recreational time at the Morgan Autism Center, we will need your expressed permission by having you sign and date the form below, and return it to our office.

For those who can, we are asking that you purchase a bike helmet fitted to your child. We will label and store all helmets here at school and will use them during bike riding and skating as appropriate.

Please note: If you do not return this form, we will assume you do not wish your student or client to participate in these activities.

I would like my student/client to participate in:

☐ Bike Riding

☐ Roller Skating

☐ Neither Activity

Parent/Guardian Signature

Date

Dear Parent / Guardian / Conservator:

The State Department of Education requires that each student “receive, read, and understand” Ed Code Sections 200, 201, 212.5, 220, and 230 guidelines on sexual harassment. They will check our compliance with this in our Certification Review, which occurs annually.

Because our students are generally not able to meet this requirement, we may satisfy it by providing you with a copy of the policy as it pertains to students, and having you acknowledge that you have received it.

Please note: We are not asking you to share this information with your student. Just acknowledge that you have received it on their behalf.

Please sign the form below, detach and return to the Morgan Autism Center.

Thank you.

.....

I have received a copy of the State Department of Education Ed Code Sections 200, 201, 212.5, 220, and 230 guidelines on sexual harassment. I understand that the Morgan Autism Center adheres to this policy as it pertains to students.

Parent/Guardian/Conservator Signature

Date

Student Name (Print)

California Law – State Department of Education – Ed Code

ARTICLE 1. Declaration of Purpose [200 - 201]

(Article 1 added by Stats. 1982, Ch. 1117, Sec. 1)

200.

It is the policy of the State of California to afford all persons in public schools, regardless of their disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, sexual orientation, or any other characteristic that is contained in the definition of hate crimes set forth in Section 422.55 of the Penal Code, including immigration status, equal rights, and opportunities in the educational institutions of the state. The purpose of this chapter is to prohibit acts that are contrary to that policy and to provide remedies therefor.

(Amended by Stats. 2017, Ch. 493, Sec. 2. (AB 699) Effective January 1, 2018.)

201.

- (a) All pupils have the right to participate fully in the educational process, free from discrimination and harassment.
- (b) California's public schools have an affirmative obligation to combat racism, sexism, and other forms of bias, and a responsibility to provide equal educational opportunity.
- (c) Harassment on school grounds directed at an individual on the basis of personal characteristics or status creates a hostile environment and jeopardizes equal educational opportunity as guaranteed by the California Constitution and the United States Constitution.
- (d) There is an urgent need to prevent and respond to acts of hate violence and bias-related incidents that are occurring at an increasing rate in California's public schools.
- (e) There is an urgent need to teach and inform pupils in the public schools about their rights, as guaranteed by the federal and state constitutions, in order to increase pupils' awareness and understanding of their rights and the rights of others, with the intention of promoting tolerance and sensitivity in public schools and in society as a means of responding to potential harassment and hate violence.
- (f) It is the intent of the Legislature that each public school undertake educational activities to counter discriminatory incidents on school grounds and, within constitutional bounds, to minimize and eliminate a hostile environment on school grounds that impairs the access of pupils to equal educational opportunity.
- (g) It is the intent of the Legislature that this chapter shall be interpreted as consistent with Article 9.5 (commencing with Section 11135) of Chapter 1 of Part 1 of Division 3 of Title 2 of the Government Code, Title VI of the federal Civil Rights Act of 1964 (42 U.S.C. Sec. 1981, et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. Sec. 1681, et seq.), Section 504 of the federal Rehabilitation Act of 1973 (29 U.S.C. Sec. 794(a)), the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.), the federal Equal Educational Opportunities Act (20 U.S.C. Sec. 1701, et seq.), the Unruh Civil Rights Act (Secs. 51 to 53, incl., Civ. C.), and the Fair Employment and Housing Act (Pt. 2.8 (commencing with Sec. 12900), Div. 3, Gov. C.), except where this chapter may grant more protections or impose additional obligations, and that the remedies provided herein shall not be the exclusive remedies, but may be combined with remedies that may be provided by the above statutes.

(Added by renumbering Section 45 by Stats. 1998, Ch. 914, Sec. 5. Effective January 1, 1999.)

Article 2. Definitions

212.5.

“Sexual harassment” means unwelcome sexual advances, requests for sexual favors, and other verbal, visual, or physical conduct of a sexual nature, made by someone from or in the work or educational setting, under any of the following conditions:

- (a) Submission to the conduct is explicitly or implicitly made a term or a condition of an individual’s employment, academic status, or progress.
- (b) Submission to, or rejection of, the conduct by the individual is used as the basis of employment or academic decisions affecting the individual.
- (c) The conduct has the purpose or effect of having a negative impact upon the individual’s work or academic performance, or of creating an intimidating, hostile, or offensive work or educational environment.
- (d) Submission to, or rejection of, the conduct by the individual is used as the basis for any decision affecting the individual regarding benefits and services, honors, programs, or activities available at or through the educational institution.

(Amended by Stats. 1998, Ch. 914, Sec. 12. Effective January 1, 1999.)

Article 3. Prohibition of Discrimination

220.

No person shall be subjected to discrimination on the basis of disability, gender, gender identity, gender expression, nationality, race or ethnicity, religion, sexual orientation, or any other characteristic that is contained in the definition of hate crimes set forth in Section 422.55 of the Penal Code, including immigration status, in any program or activity conducted by an educational institution that receives, or benefits from, state financial assistance, or enrolls pupils who receive state student financial aid.

(Amended by Stats. 2017, Ch. 493, Sec. 3. (AB 699) Effective January 1, 2018.)

Article 4. Sex Equity in Education Act

230.

For purposes of this chapter, harassment and other discrimination on the basis of sex include, but are not limited to, the following practices:

- (a) On the basis of sex, exclusion of a person or persons from participation in, denial of the benefits of, or subjection to harassment or other discrimination in, any academic, extracurricular, research, occupational training, or other program or activity.
- (b) On the basis of sex, provision of different amounts or types of student financial aid, limitation of eligibility for student financial aid, or the application of different criteria to applicants for student financial aid or for participation in the provision of student financial aid by others. Nothing in this subdivision shall be construed to prohibit an educational institution from administering, or assisting in the administration of, scholarships, fellowships, or other forms of student financial aid, established pursuant to domestic or foreign wills, bequests, trusts, or similar legal instruments or by acts of a foreign government, which require that awards be made to members of a particular sex; provided, that the overall effect of the award of these sex-restricted scholarships, fellowships, and other forms of student financial aid does not discriminate on the basis of sex.

(c) On the basis of sex, exclusion from participation in, or denial of equivalent opportunity in, athletic programs. For purposes of this subdivision, "equivalent" means equal or equal in effect.

(d) An educational institution may be found to have effectively accommodated the interests and abilities in athletics of both sexes within the meaning of Section 4922 of Title 5 of the California Code of Regulations as that section exists on January 1, 2003, using any one of the following tests:

(1) Whether interscholastic level participation opportunities for male and female pupils are provided in numbers substantially proportionate to their respective enrollments.

(2) Where the members of one sex have been and are underrepresented among interscholastic athletes, whether the school district can show a history and continuing practice of program expansion that is demonstrably responsive to the developing interest and abilities of the members of that sex.

(3) Where the members of one sex are underrepresented among interscholastic athletes, and the institution cannot show a history and continuing practice of program expansion as required in paragraph (2), whether the school district can demonstrate that the interest and abilities of the members of that sex have been fully and effectively accommodated by the present program.

(e) If an educational institution must cut its athletic budget, the educational institution shall do so consistently with its legal obligation to comply with both state and federal gender equity laws.

(f) It is the intent of the Legislature that the three-part test articulated in subdivision (d) be interpreted as it has been in the policies and regulations of the Office of Civil Rights in effect on January 1, 2003.

(g) On the basis of sex, harassment or other discrimination among persons, including, but not limited to, students and nonstudents, or academic and nonacademic personnel, in employment and the conditions thereof, except as it relates to a bona fide occupational qualification.

(h) On the basis of sex, the application of any rule concerning the actual or potential parental, family, or marital status of a person, or the exclusion of any person from any program or activity or employment because of pregnancy or related conditions.

(Amended by Stats. 2003, Ch. 660, Sec. 1. Effective January 1, 2004.)