

Letter of Agreement

DATE

_____, President

SCHOOL PTSA

ADDRESS

Seattle, WA ZIP

Dear _____,

Seattle Public Schools appreciates the work our school PTSA is doing to support the education of our students at _____ Elementary School. Pursuant to our common goals of providing safe, equitable, and valuable educational resources to Seattle Public Schools' students, this letter summarizes the agreements that the _____ PTSA and the District have made regarding the provision of PTSA-supported student programs at _____ Elementary School.

1. **INSURANCE.** Any provider of student services must have insurance for claims to personal injury or property damages that may arise from or in connection with the performance of their work within our school(s) with limits of not less than \$1,000,000.00 per occurrence including coverage for claims of sexual misconduct. Note that District employees working outside of the course and scope of their regular employment and persons not acting as volunteers for the PTSA will need their own insurance coverage and business license.
2. **EQUITY.** Recognizing the value of educational programming for all students, the PTSA will ensure that students will not be excluded from participation in programming based on inability to pay by offering scholarships and intentionally recruiting students who would benefit from the program, regardless of their ability to pay.
3. **SUPERVISION.** All educational programs supported by the PTSA will include student supervision that ensures the safety of every student and a nurturing environment. The exact adult to student ratio should be determined by the program based on student age, activity, and duration of program.
4. **BACKGROUND CHECKS.** The PTSA agrees that all PTSA staff and PTSA-contracted providers assigned to work in a District school or with District students will undergo an annual state or national criminal background screen based on the following factors:
 - a) The WATCH (Washington State Patrol) background check is sufficient for individuals who meet both of the following requirements:
 - have contact with students and have resided in Washington State for more than three years
 - have contact with students with other unrelated (through family ties) adults present at all times.

PTSA staff and PTSA-contracted providers must utilize their own [WATCH](#) account for individuals who provide services to SPS students. WATCH screens are free for non-profit organizations. Name and Date of Birth WATCH screens are \$12 each.

- b) A national background check is required for individuals who meet one or both of the following requirements:
- have contact with students and have resided in Washington State for less than three years from the date the background check is performed
 - have contact with students without another unrelated (through family ties) adult present at all times.

The national background check is required once; in subsequent years, the WATCH screen is sufficient. PTSA staff and PTSA-contracted providers may utilize [Verified Volunteer](#) - SPS' national background check vendor at <http://bit.ly/spspartners>, or they may utilize services of another entity who provides nation-wide background check coverage.

For the purposes of this Agreement, "unsupervised" means not in the presence of another unrelated (through family ties) adult working with a student. "Supervised" means that there is more than one unrelated (through family ties) adult staff member or volunteer in the room at all times.

Background checks must be paid for by PTSA or volunteers/contracted providers. It is the responsibility of PTSA to make sure that all necessary background checks have been conducted before individuals are assigned to work in a District school or building.

If a positive criminal history is reported, the PTSA must share that with the District's Human Resources Department and the District shall make a final determination as to whether that particular staff person may be assigned to a District school or student.

If the PTSA is in agreement, please sign and date this letter on the lines provided below and return to me at schoolprincipal@seattleschools.org.

Sincerely,

PRINCIPAL NAME

ACCEPTED AND AGREED

By: _____

Date: _____

Principal keep copy on file at school site and email copy to: communitypartnerships@seattleschools.org