

3. I have been provided staff development or training on the appropriate use of the Internet by:

Name of trainer/teacher: _____ Date:(M/D/Y) _____

Location of training: _____ Hours of training: _____

4. I have read West Virginia Board of Education Policy 2460 and will comply with it and the referenced WVNET policies. _____ Yes _____ No

5. I understand that in addition to these policies, I will need to abide by any county or school policy. _____ Yes _____ No

6. I understand that I have no expectation of privacy with respect to content of e-mail. I have been informed that the county, WVNET and WVDE reserve the right to monitor or access my information system files whenever there is a business need to do so. _____ Yes _____ No

7. I understand that as an educator, I will not use my account or any computer provided to me for education purposes to view or download visual depictions or send or receive messages that are obscene or contain child pornography or other material reasonably deemed to be "inappropriate for minors" or otherwise harmful to minors. _____ Yes _____ No

8. I understand any violation of use policies could result in loss of access, personal payment of fees incurred, employment discipline, licensure revocation and/or prosecution. _____ Yes _____ No

With connections to computers and people all over the world also comes the availability of material that may not be considered to be of appropriate educational value. On a global network, it is impossible to restrict access to controversial materials. It is the responsibility of the student, parent, teacher and administrator to ensure that access to telecommunication networks and computers provided by the educational system is not abused.

Educators: Have this box completed.

By placing my signature on this document, I am confirming I have read, understand, and will abide by the use policies and guidelines noted. I know that the WVDE and WVNET do not control the content of Internet networks. I will notify WVDE of any future change in employment.

Signature of Educator: _____ Date: (M/D/Y) _____

Signature of Teacher/Trainer for Internet Use: _____

School Technology/Internet Contact: _____

County Technology/Internet Contact: _____

Return the completed form to: Office of Technology
Attention: Email Applications
West Virginia Department of Education
1900 Kanawha Blvd., East, Building 6, Room 346
Charleston, WV 25305-0330

(No fax accepted)