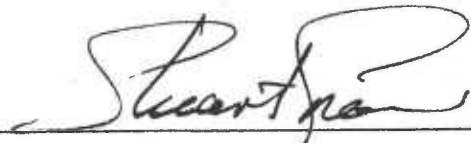


I acknowledge receipt of a letter of release from further employment at Northfield Township High School, District #225, hand delivered to me by Dr. E. J. Duffy, Principal, on March 30, 1988.




Teacher's Signature

3/30/88

Date

P-565 896 727
RECEIPT FOR CERTIFIED MAIL
NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL
(See Reverse)

U.S.G.P.O. 153-506

Sent to	Stuart Snow
Street and No.	[REDACTED]
P.O., State and ZIP Code	[REDACTED]
Postage	\$.22
Certified Fee	.75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	.70
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 1.67
Postmark or Date	

PS Form 3800, June 1985

THE
GLENBROOK
HIGH SCHOOLS

Northfield Township High School District 225

1835 LANDWEHR ROAD
GLENVIEW, ILLINOIS 60025

March 29, 1988

Mr. Stuart Snow
[REDACTED]
[REDACTED]

Dear Mr. Snow:

We regret that we must inform you that the Board of Education of the Glenbrook High Schools, District No. 225, Cook County, Illinois, pursuant to Section 24-11 of the School Code has determined that you are to be honorably released at the end of the 1987-88 school term and not re-employed for the 1988-89 school term. The reason for your honorable release is the decision of the Board of Education to decrease the total number of teachers employed and reduce particular types of teaching services. Your services to the School District shall be terminated as of June 10, 1988.

Very truly yours,

Board of Education
Glenbrook High School District No. 225
Cook County, Illinois

By: _____
President

By: _____
Secretary

THE
GLENBROOK
HIGH SCHOOLS

Northfield Township High School District 225

1835 LANDWEHR ROAD
GLENVIEW, ILLINOIS 60025

March 29, 1988

Mr. Stuart Snow
[REDACTED]
[REDACTED]

Dear Mr. Snow:

We regret that we must inform you that the Board of Education of the Glenbrook High Schools, District No. 225, Cook County, Illinois, pursuant to Section 24-11 of the School Code has determined that you are to be honorably released at the end of the 1987-88 school term and not re-employed for the 1988-89 school term. The reason for your honorable release is the decision of the Board of Education to decrease the total number of teachers employed and reduce particular types of teaching services. Your services to the School District shall be terminated as of June 10, 1988.

Very truly yours,

Board of Education
Glenbrook High School District No. 225
Cook County, Illinois

By: David E. Winter

President

By: James D. Wisner

Secretary

INDIVIDUAL TEACHER SENIORITY LIST UPDATE

1987-88

NAME: STU SNOW (please print)

TO: Director of Personnel

Please change the master seniority list accordingly:

1) The number of full-time, full-term, continuous years of service in District #225, including the current year (1986-87) should be 2.

2) I have been employed in the following service area(s) in District #225 during the last five years:

	<u>Service Area</u>	<u>Latest Year</u>
a.	<u>ENGLISH</u>	<u>2</u>
b.	<u>BASKETBALL COACH</u>	<u>5</u>
c.	<u>BASEBALL COACH</u>	<u>5</u>
d.	<u>FOOTBALL/SOCCER PHOTOGRAPHER</u>	<u>5</u>
e.	<u>FACULTY DEV. COM.</u>	<u>1</u>
f.	<u>COMPUTE APPL. COM</u>	<u>1</u>
	<u>WRITING WORKSHOP</u>	<u>1</u>

3. I have completed at least six quarter hours of college credit approved by the Office of the Superintendent in the service area listed below during the last three years. I have completed the following courses:

<u>Course Title</u>	<u>Quarter Hours Credit</u>	<u>Date Completed</u>

Thank you for your cooperation. Please sign this statement for inclusion in your personnel file.

Stu Snow
Signature

10/29/87
Date

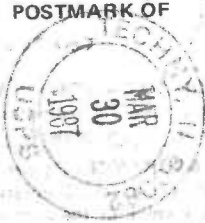
I acknowledge receipt of a letter of release from further employment at Northfield Township High School, District #225, hand delivered to me by Dr. Dr. E. J. Duffy, Principal, on March 26, 1987.



Teacher's signature

3/30/87
Date

All Entries MUST be in Ball Point or Typed

REGISTERED NO. 384-448-079		POSTMARK OF 	
Post Office Completion	Reg. Fee \$ 355	Special Delivery \$	
	Handling Charge \$	Return Receipt \$ 70	
	Postage \$ 22	Restricted Delivery \$	
	Received by <i>Melson</i>	<input type="checkbox"/> Intl	
Customer must declare Full value \$		<input type="checkbox"/> With Postal Insurance \$25,000 Domestic Ins. Limit	<input checked="" type="checkbox"/> Without Postal Insurance
Customer Completion (Please Print)	FROM		
	THE GLENBROOK HIGH SCHOOLS		
	1835 LANDWEHR ROAD		
	GLENVIEW, IL		ZIP CODE 60025
	MR. STUART SNOW		
TO	[REDACTED]		
	[REDACTED] ZIP CODE [REDACTED]		

PS FORM 3806 RECEIPT FOR REGISTERED MAIL (Customer Copy)
 Apr. 1985 (See Information on Reverse)

PS Form 3811, Jan. 1979

● SENDER: Complete items 1, 2, and 3. Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one.)

- Show to whom and date delivered.....¢
- Show to whom, date and address of delivery.....¢
- RESTRICTED DELIVERY Show to whom and date delivered.....¢
- RESTRICTED DELIVERY. Show to whom, date, and address of delivery.\$_____

(CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:
Mr. Stuart Snow
[REDACTED]

3. ARTICLE DESCRIPTION:

REGISTERED NO.	CERTIFIED NO.	INSURED NO.

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE Addressee Authorized agent
Elizabeth Snow

4. DATE OF DELIVERY 4/4/87 POSTMARK

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: CLERK'S INITIALS

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

GPO : 1979-300-459

THE
GLENBROOK
HIGH SCHOOLS

Northfield Township High School District 225

1835 LANDWEHR ROAD
GLENVIEW, ILLINOIS 60025

March 30, 1987

Mr. Stuart Snow
[REDACTED]
[REDACTED]

Dear Mr. Snow:

We regret that we must inform you that the Board of Education of the Glenbrook High Schools, District No. 225, Cook County, Illinois, pursuant to Section 24-11 of the School Code, has determined that you will not be re-employed for the 1987-88 school term. Your services to the School District shall be terminated as of June 12, 1987.

Very truly yours,

Board of Education
Glenbrook High School District No. 225
Cook County, Illinois

By: *James D. Bravenman*
President

By: *James D. Wisner*
Secretary

INDIVIDUAL TEACHER SENIORITY LIST UPDATE

1986-87

NAME: STU SNOW (please print)

TO: Director of Personnel

Please change the master seniority list accordingly:

1) The number of full-time, full-term, continuous years of service in District #225, including the current year (1986-87) should be 1.

2) I have been employed in the following service area(s) in District #225 during the last five years:

	<u>Service Area</u>	<u>Latest Year</u>
a.	<u>ENGLISH TEACHER</u>	<u>1986-87</u>
b.	_____	_____
c.	_____	_____
d.	_____	_____
e.	_____	_____
f.	_____	_____

3. I have completed at least six quarter hours of college credit approved by the Office of the Superintendent in the service area listed below during the last three years. I have completed the following courses:

<u>Course Title</u>	<u>Quarter Hours Credit</u>	<u>Date Completed</u>
<u>MEDIA + SOCIETY</u>	<u>3</u>	<u>8/15/86</u>
<u>CONFLICT, CONFRONTATION, COMMUNICATION</u>	<u>3</u>	<u>8/20/86</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Thank you for your cooperation. Please sign this statement for inclusion in your personnel file.

Stuart Snow
Signature

10/9/86
Date



STATE OF ILLINOIS

GORDON JOHNSON
DIRECTOR

DEPARTMENT OF
CHILDREN AND FAMILY SERVICES

406 EAST MONROE
SPRINGFIELD, ILLINOIS 62701-1498

ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I, STUART SNOW, understand that when I am employed as a
(Employee name)
TEACHER / COACH, I will become a mandated reporter under
(Type of Employment)

the Abused and Neglected Child Reporting Act (Ill. Rev. Stat. 1985, ch. 23, pars. 2051 et seq.) This means that I am required to report or cause a report to be made to the child abuse Hotline number (1-800-25A-BUSE) whenever I have reasonable cause to believe that a child known to me in my professional or official capacity may be abused or neglected. I understand that there is no charge when calling the Hotline number and that the Hotline operates 24-hours per day, 7 days per week, 365 days per year.

I further understand that the privileged quality of communication between me and my patient or client is not grounds for failure to report suspected child abuse or neglect. I know that if I willfully fail to report suspected child abuse or neglect I may be found guilty of a Class A misdemeanor. This does not apply to physicians who will be referred to the Illinois State Medical Disciplinary Board for action.

I also understand that if I am subject to licensing under the Illinois Nursing Act, the Medical Practice Act, the Psychologist Registration Act, the Social Workers Registration Act, the Dental Practices Act, the School Code, or "AN ACT to regulate the practice of Podiatry," I may be subject to license suspension or revocation if I willfully fail to report suspected child abuse or neglect.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements which apply to me under the Abused and Neglected Child Reporting Act.

Stuart Snow
Signature of Applicant/Employee

10/18/86
Date



State of Illinois
DEPARTMENT OF STATE POLICE

PAID

CRIMINAL HISTORY BACKGROUND INVESTIGATION
REQUEST FORM FOR
ILLINOIS SCHOOL EMPLOYMENT

11 1 1986

\$3.00

RESPOND TO:

SCHOOL ORI: BUREAU OF IDENTIFICATION
#0162253
COST CENTER 096

Dr. Robert L. Pommerenke
Director of Personnel
The Glenbrook High Schools #225
1835 Landwehr Rd., Glenview, IL 60025

Does position for which this subject is applying require certification:

YES NO

INSTRUCTIONS: This form must be filled out completely and correct fees attached. Please print all information, except the applicant's signature. Make all checks payable to the Illinois Department of State Police. Failure to comply with these instructions will result in the return of this request unprocessed.

APPLICANT INFORMATION

NAME:

Snow Stuart
(last name, first name)

SEX: M

RACE: C

DATE OF BIRTH: 06/09/86

mo da yr

I authorize the Illinois Department of State Police pursuant to Illinois Revised Statutes, 1985, to release any criminal history record information which may be identified as a result of this request. I agree to indemnify and save harmless the Department of State Police and its employees from any action arising out of the release of such information.

[Signature]
Signature of Applicant

06/09/86
mo da yr

DEPARTMENT OF STATE POLICE USE ONLY

Based upon the information supplied above, no criminal record was identified.

In order to complete the processing of this request, the two fingerprint cards which are attached must be completed and submitted with a \$22.00 fee.

slw 8-11-86
mjt 8-12-86

FOIA 00193

PERSONNEL OFFICE
GLENBROOK HIGH SCHOOLS

August 13, 1986

TO: Mr. James Wisner
FROM: Personnel
RE: Reimbursement of physical examinations for new teachers

Please reimburse the following teacher for a "new teacher physical".
The amount of reimbursement for each teacher is fifty dollars (\$50.00).

SNOW, Stuart

S.S. [REDACTED]

Receipt is attached.

The account to be charged is:

10-5-1130-1--18-000-2403

Thank you.

Evelyn Hirth

eh

**MEDICAL & SURGICAL ASSOC.
OF PARK RIDGE, SERV. CORP.**
112 S. NORTHWEST HWY.
PARK RIDGE, IL 60068
PHONE 696-3370

No. 146

DB# **MEDICARE Nos.**
14 J.R. McCARTHY, M.D. No. 417420
15 R.J. LEHMAN, M.D. No. 441450
12 W.K. SPINDLER, M.D. No. 443060
16 E.A. VALDE, M.D. No. 462740
17 B. BERNE, M.D. No. 440750
13 D.L. DAHLINGHAUS, M.D. No. 620010
18 D.S. PETERS, M.D. No. 715100
25 OTHER

No 48077

Tax ID No. 36-2644459
BS No. 016-15384-69

Bookkeeping Phone 692-7385
Insurance Info Phone 692-7386

Patient's Name		Phone	Birthdate	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Address		Subscribers Name	Insurance Carrier	
		Policy No.	Group No.	

ASSIGNMENT: I authorize, and request payment of medical benefits to the undersigned physician for service described below.
SIGNED (Insured Person) _____ Date _____

RELEASE: I hereby authorize the undersigned physician to furnish any information required to process this claim.
SIGNED (Patient or Parent if Minor) _____ Date _____

ACCOUNT No. 54668	MBR. No. 1	PATIENT'S NAME <i>now Mr. Stuart James</i>	DATE 6/29/86
-----------------------------	----------------------	---	------------------------

DR#	CPT-4	SERVICE DESCRIPTION	FEE	DR#	CPT-4	SERVICE DESCRIPTION	FEE
OFFICE SERVICES				IMMUNIZATIONS			
<i>14</i>	90017	Office Visit, New Patient			90724	Flu Vaccine	
	90060	Office Visit, Est. Patient	<i>25</i>		90732	Pneumonia Vaccine	
	90020	Complete Physical Exam New Pt.			90741	Gamma Globulin	
	90080	Complete Physical Exam Est. Pt.			90701	DPT	
	90605	Office Consultation			90702	DT	
	90015	Insurance Exam			90703	Tet Tox	
	90040	Surgery Visit			90712	OPV	
		Prescription			907	Measles, Mumps, Rubella	
	90605	Second Opinion			86585	TB Skin Test	
					90749	Misc. Immunization	
SPECIAL PROCEDURE				LABORATORY			
	20600	Joint Aspiration/Injection			85031	CBC	
	19000	Breast Aspiration			80019	Chemistry Profile	
	20610	Bursa/Tendon Injection		<i>14</i>	81000	Urinalysis	<i>4</i>
	90782	Ganglion Injection			86592	Serology	
	46600	Anoscopy			93000	EKG	
	90050	Dressing			88160	Pap Smear	
	69210	Ear Irrigation			82270	Occult Blood (Stool)	
OFFICE SURGERY					87060	Throat Culture	
	11	Excision Skin Lesion			87086	Urine Culture	
	10120	Removal Foreign Body			87999	Misc. Culture	
	10003	Incision and Drainage			86300	Mono Test	
	17110	Electro Coagulation			85610	Prothrombin Time	
	120	Skin Suture			84435	T-4	
	90030	Suture Removal			82947	FBS	
INJECTIONS					84132	Potassium	
	90788	Antibiotic			87204	Gram Stain	
	95125	Allergy Serum			93274	Holter Monitor	
	20550	Steroid			85999	Misc. Laboratory	
	96500	Chemo Therapy					
	90782	Therapeutic B-12					
	90799	Misc. Injection					

DIAGNOSIS <i>School exam</i>	ACCEPT Assignment <input type="checkbox"/> yes <input type="checkbox"/> no	DOCTOR'S SIGNATURE <i>[Signature]</i>	Return Appointment Information ___ Days ___ Wks ___ Yrs
---------------------------------	---	--	--

INSTRUCTIONS TO PATIENT FOR FILING INSURANCE CLAIMS		DATES DISABLED	
1. COMPLETE UPPER PORTION OF THIS FORM. 2. SIGN AND DATE. 3. MAIL THIS FORM DIRECTLY TO YOUR INSURANCE COMPANY, YOU MAY ATTACH YOUR OWN INSURANCE COMPANY'S FORM IF YOU WISH, ALTHOUGH IT IS NOT NECESSARY. PLEASE REMEMBER THAT PAYMENT IS YOUR OBLIGATION REGARDLESS OF INSURANCE OR OTHER THIRD PARTY INVOLVEMENT.		From ___ To ___ OK TO RETURN TO WORK <input type="checkbox"/> TOTAL CHARGES: <i>29.00</i> PAYMENT RECEIVED: <i>CR BA</i>	

IL-W-4

(R-8/84)

EMPLOYEE'S ILLINOIS WITHHOLDING EXEMPTION CERTIFICATE

EMPLOYEE:

File this form with your employer. Otherwise he must withhold Illinois income tax from your wages without exemption.

EMPLOYER:

Keep this certificate with your records. If you have referred the employee's federal certificate to IRS and IRS has notified you to disregard it, you may also be required to disregard this certificate. Furthermore, even if you are not required to refer the employee's federal certificate to IRS, you may still be required to refer this certificate to the Illinois Department of Revenue for inspection. See Illinois Income Tax Regulations Section 702-2.

Print Full Name STUART LEO SNOW	Social Security Number [REDACTED]
Home Address & Zip Code [REDACTED]	

HOW TO CLAIM YOUR ILLINOIS WITHHOLDING EXEMPTION

1. Write the number of exemptions to which you are ENTITLED on your U.S. Form W-4 (less any exemptions for items which do not enter into the computation of federal adjusted gross income) .
2. To claim your full Illinois exemption, enter the amount shown on line 1. If you elect to reduce the number of your Illinois exemptions for purposes of withholding Illinois income tax, enter a lesser number
3. I claim exemption from withholding (check only if you checked line 6, U.S. Form W-4). CAUTION: The fact that a person can claim total exemption from federal withholding does not necessarily mean that there will be no Illinois income tax liability for the taxable year.

1

I certify that the withholding exemption claimed on this certificate does not exceed the number to which I am entitled on my federal income tax return.

(Signed) Stuart Snow

(Date) 1 July 19 86

1 Type or print your full name STUART LEO SNOW		2 Your social security number [REDACTED]	
Home address (number and street or rural route) [REDACTED]		3 Marital Status { <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.	
City or town, State, and ZIP code [REDACTED]			
4 Total number of allowances you are claiming (from line F of the worksheet on page 2)		1	
5 Additional amount, if any, you want deducted from each pay		\$	
6 I claim exemption from withholding because (see instructions and check boxes below that apply):			
a <input type="checkbox"/> Last year I did not owe any Federal income tax and had a right to a full refund of ALL income tax withheld, AND		Year	
b <input type="checkbox"/> This year I do not expect to owe any Federal income tax and expect to have a right to a full refund of ALL income tax withheld. If both a and b apply, enter the year effective and "EXEMPT" here		Year	
c If you entered "EXEMPT" on line 6b, are you a full-time student?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or if claiming exemption from withholding, that I am entitled to claim the exempt status.
Employee's signature Stuart Snow Date 7/1/86, 19

7 Employer's name and address (Employer: Complete 7, 8, and 9 only if sending to IRS) HIGH SCHOOL DISTRICT #225	8 Office code	9 Employer identification number
---	---------------	----------------------------------

----- Detach along this line. Give the top part of this form to employer; keep the lower part for your records. -----



Teachers' Retirement System of the State of Illinois

P.O. Box 4057, 2815 West Washington • Springfield, Illinois 62708 • 217/753-0311

Membership Information Record

The information provided on this form will become part of the member's permanent record in the Teachers' Retirement System of the State of Illinois.

Instructions:

This form is to be completed in ink or by typewriter by any new member of TRS or any member or annuitant wishing to change name or address.

Last name SNOW	First STUART	Middle LEO	Maiden	Social Security number [REDACTED]
Present employment:	County COOK	Dist. no. 225	Birth date (mo/day/yr) [REDACTED]	
Telephone number:	Home (312) 967-9694	Work (312) 272-6400	Sex M	Marital status SINGLE

Current address:

Street [REDACTED]
City, state and zip code [REDACTED]

Previous address:

Street
City, state and zip code

Check appropriate TRS status:

- Member
 New member
 Annuitant

Signature *Stuart Snow*

Date 7/4/86



Teachers' Retirement System of the State of Illinois

P.O. Box 4057, 2815 West Washington
Springfield, Illinois 62708

217/753-0311

Nomination of Beneficiary

The information provided on this form will become part of the member's permanent record in the Teachers' Retirement System of the State of Illinois and will determine distribution of survivor benefits. This designation revokes any prior designation.

Benefits

Refund of Accumulated Contributions. All accumulated contributions made by a member or on a member's behalf are payable to a designated beneficiary or, if no one is designated, to an estate. After retirement, this amount is reduced by the amount of benefit payments made to the member.

Survivor Benefits. In addition to a refund of accumulated contributions, if any, beneficiaries may be paid a lump sum cash settlement OR a monthly benefit. Monthly benefits will be paid ONLY to qualifying dependent beneficiaries or to a trust established for such a dependent beneficiary if the beneficiary is living. A qualifying dependent beneficiary who is a surviving widow or widower may also receive additional monthly benefits because of surviving eligible children. A nondependent beneficiary is entitled only to a lump sum cash settlement. If no beneficiary is designated, the benefit is payable to an eligible dependent or if none, to the member's estate.

Definitions

Dependent beneficiary is (a) a widow or widower who was married to the member for at least one year prior to the member's death, except where a child is born of the marriage in which case such qualifying period shall not be applicable; (b) an eligible child of a member; and (c) a dependent parent who was receiving from the member at least one-half support for the twelve calendar months immediately preceding the member's death.

Eligible child is a natural or adopted child of a member who is unmarried and under age 18, provided the following conditions are met. An adopted child is eligible only if the adoption proceedings were initiated one year prior to the member's death or date of retirement, whichever occurs first. An unmarried child of any age is eligible only if the child has been adjudged a disabled person pursuant to Article XIa of the Probate Act of 1975 and is not receiving benefits under Article III of the Illinois Public Aid Code.

Nondependent beneficiary is any person who does not qualify as a dependent beneficiary, an organization, estate or trust fund.

Instructions

This form is to be completed by any new member of TRS or any member or annuitant wishing to change beneficiary designation. A new designation should be filed if marital status changes; a child is born; or if a spouse or beneficiary dies. It should not be completed by those members changing name or address. To change name or address, contact TRS.

Member Data (Complete in black ink or use typewriter)

Last name	First	Middle	Maiden	Social Security number	
SNOW	STUART	LEO		[REDACTED]	
Street address			Birthdate	Sex	Marital status
[REDACTED]			[REDACTED]	M	SINGLE
City and state		zip code	Home telephone: (312) 969-9694		
[REDACTED]		[REDACTED]	Work telephone: (312) 272-6400		

Check appropriate TRS status:



Member



New member



Annuitant

FOIA 00198

Nomination of Beneficiary



AUTOMATIC DESIGNATION. In lieu of designating primary and/or alternate beneficiaries in Parts A and B, I ELECT that my dependent beneficiaries (a spouse if married one year; unmarried children under age 18 and unmarried disabled children of any age; or dependent parents), as determined at death, receive a refund of any accumulated contributions and survivor benefits. If no dependent beneficiary survives, benefits will be paid to my estate. *If the automatic designation is selected, do not complete Parts A and B.*

I HEREBY DESIGNATE in Parts A and B, beneficiaries to receive any accumulated contributions and survivor benefits.

PART A. Refund of accumulated contributions. If no beneficiary is named, the benefit, if any, is payable to the member's estate.

1.	Last name	First	Middle	Birthdate	Relationship
	Address				
2.	Last name	First	Middle	Birthdate	Relationship
	Address				

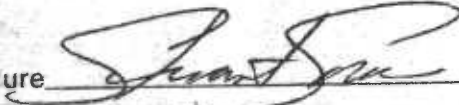

PART B. Survivor Benefits. If no beneficiary is designated, the benefit is payable to an eligible dependent or, if none, to the member's estate. I UNDERSTAND that if more than one person in each part (primary or alternate) is designated, benefits will be paid on a share and share alike basis or to the survivor unless otherwise specified. I understand that if more than one person in each part is designated and either person, by law, is determined to be a nondependent beneficiary, all persons so designated shall share equally in the lump sum cash settlement only, preventing payment of monthly benefits to otherwise dependent beneficiaries.

Primary Beneficiary

1.	Last name	First	Middle	Birthdate	Relationship
	Address				
2.	Last name	First	Middle	Birthdate	Relationship
	Address				

Alternate Beneficiary

1.	Last name	First	Middle	Birthdate	Relationship
2.					
3.					
4.					

Signature  Soc. Sec. #  Date 7/3/86 FOIA 00199

TEACHER MEDICAL EXAMINATION RECORD
GLENBROOK HIGH SCHOOLS

I hereby certify that I have examined STUART SNOW
and find him/her physically fit for employment in the Northfield Township High
School District #225.

Physican's remarks (exceptions, conditions, recommendations)

*Excellent physical condition.
1500 cal diet recommended.*

Date: 6-27-86

J. R. McCarthy, M.D.
Signature of Physician

J. R. McCARTHY, M.D.
Street Address
112 S. NORTHWEST HWY.
PARK RIDGE, ILL. 60068

City

696-3370 State

Telephone Number

Please return to:

Dr. Robert L. Pommerenke
Director of Personnel
Glenbrook High Schools
1835 Landwehr Road
Glenview, Illinois 60025

GLENBROOK HIGH SCHOOLS
Glenview, Illinois 60025

AUTOBIOGRAPHY FORM
(For Publicity Releases)

Date 6/22/86

Name STUART SNOW Teaching Subject(s) at Glenbrook ENGLISH

College UNIVERSITY OF NOTRE DAME Minor(s) _____

Name and location of secondary school graduated from CANISTOTA HIGH SCHOOL

Name and location of college or university where you received your
CANISTOTA, SOUTH DAKOTA

Bachelor's degree UNIVERSITY OF NOTRE DAME

Master's degree _____

Doctor's degree _____

If you have done graduate work but have not completed an advanced degree, give name(s) and location(s) of school where work was done _____

UNIVERSITY OF ILLINOIS - CHICAGO

Name and location of school where you did your student teaching _____

NOTRE DAME HIGH SCHOOL - NILES IL.

List all previous teaching experience (begin with your most recent experience)

School	Location	Dates	Subject(s)
1. <u>JOHN HERSEY HIGH SCHOOL</u>	<u>SPRING</u>	<u>1985-1986</u>	<u>ENGLISH</u>
2. <u>NOTRE DAME HIGH SCHOOL</u>	<u>NILES</u>	<u>1978-1984</u>	<u>ENGLISH</u>
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Military Record: Where - What Branch - When _____

Professional activities and societies: Please indicate if you have held office, participated in institutes, clinics, conferences, panels, etc. List articles published in professional journals and dates. NATIONAL COUNCIL TEACHERS OF ENGLISH, ILLINOIS

HIGH SCHOOL BASKETBALL COACHES ASSOC.

Marital status: SINGLE Name of spouse _____

Names and ages of children: _____

Have you secured housing: Yes No If so, where (address) _____

Number of semester hours: Undergraduate 124 Graduate 28 FOIA 00201

OFFICE OF THE SUPERINTENDENT
GLENBROOK HIGH SCHOOLS
Glenview - Northbrook, Illinois

TO: Members of the Board of Education
FROM: Jean B. McGrew
RE: Contract for Board of Education Approval

STUART SNOW

English - Glenbrook North High School
Replacement for Deborah Middleton, Cynthia Billington, and
Lisa Koc (all have received 2/5 Special Leaves of Absence)

Native of South Dakota, 42 years old, single

BA - University of Notre Dame (1963-68)
- Northwestern University
- Loyola University
- University of Illinois, Chicago

Experience: Sixteen (16) years
Notre Dame High School, Niles (1968 - 83)
Arlington Heights, District #214 (1985 - 86)

Dr. E. J. Duffy and Mr. Jim Bloch, write, "We are extremely pleased that you were able to add Mr. Snow to our teaching staff for the upcoming school year. As you know, Mr. Snow has coached at North for three years and has had a significant impact upon our student/athletes and program. He has earned a great deal of respect from kids, parents and staff through his sincere and honest approach. He has been a superb role model and an excellent contributor. Having him here on a "full-time" basis is a tremendous asset to our school and community. Thanks for going and getting him."

Mr. John Glavin, Instructional Supervisor, English, Glenbrook North High School, states, "This letter is an endorsement of Stu Snow who is recommended for the faculty of Glenbrook North in general, and the English department in particular. Stu Snow would be an excellent faculty member because he cares for people and dedicates his talents to the group. He would be a valuable teacher in the English department because he communicates his skills in the areas of writing and word processing to the individual student. I have known Stu Snow for several years; the words "calm integrity" and "teaching by example" would describe him as a person and as a teacher. Our school district would be strengthened and renewed by a person of the caliber of Stu Snow."

Salary: \$26,831.00
BA Level, Step 7

THE
GLENBROOK
HIGH SCHOOLS

Northfield Township High School District 225

1835 LANDWEHR ROAD
GLENVIEW, ILLINOIS 60025

June 17, 1986

Mr. Stuart Snow
[REDACTED]
[REDACTED]

Dear Mr. Snow:

The Board of Education of Northfield Township High School District #225 has approved your contract as a teacher in the Glenbrook High Schools for the 1986-87 academic year. You have been approved as an instructor in our English department. Accordingly, I am enclosing a signed copy of the contract for your files.

We are happy to have you as a colleague and will do everything we can to make your transition and acclimation to a new environment a smooth, pleasant, and personally rewarding one.

Sincerely,



Robert L. Pommerenke, Ph.D
Director of Personnel

RLP/eh
Encl.

Note: If you have not already done so, we would suggest that you take care of the requirements for your personnel file as quickly as possible.



**GLENBROOK
NORTH
HIGH SCHOOL**

**JAMES BLOCH
COORDINATOR, ATHLETICS**

**MARILYN BRADLEY
ASST. COORDINATOR ATHLETICS**

**ROBERT ALBRIGHT
INSTR. SUPVR. P.E.**

Northfield Township High School District 225

2300 SHERMER ROAD
NORTHBROOK, ILL. 60062

TO: Dr. Pommerenke
FROM: Jim Bloch *(98)*
DATE: June 11, 1986
RE: Mr. Stuart Snow

0 w
I am extremely pleased that you were able to add Mr. Snow to our teaching staff for the upcoming school year. As you know, Mr. Snow has coached at North for three years and has had a significant impact upon our student/athletes and program. He has earned a great deal of respect from kids, parents and staff through his sincere and honest approach. He has been a superb role model and an excellent contributor. Having him here on a "full-time" basis is a tremendous asset to our school and community. Thanks for going and getting him. //

JB/hc

STUART SNOW - HEAD BASKETBALL INTERVIEW

THURSDAY, APRIL 19, 1984

10:00 am ----- Dr. Pommerenke

11:00 am ----- Mr. Fuller

12:00 pm ----- Dr. Duffy

12:45 pm ----- Mr. Bloch

*Papers sent to the above
on 4-17-84*

Head Basketball

SNOW

APR 3 1984



3/26/84

Dr. Robert Pommerenke
Director of Personnel
Glenbrook School District #225
1835 Landwehr Rd.
Glenview, Il. 60025

Dr. Pommerenke,

As you may know I have been coaching basketball and baseball on a part time basis at Glenbrook North during the present school year. I would at this time like to make formal application for the head basketball coaching position that has opened at Glenbrook North.

I have an application on file with the district office, but I would like to know if there are any further steps that I should take. I have an updated resume prepared if one is desired. Please let me know if there is any other information needed or forms to be filled out.


Stu Snow


attached

Will be here on Monday
at 3:30 to sign
a contract -

BA Step 7

26831. annual
2235.91 monthly

26831
268 GB Day
27099 Total Contract

THE
GLENBROOK
HIGH SCHOOLS

Northfield Township High School District 225

1835 LANDWEHR ROAD
GLENVIEW, ILLINOIS 60025

June 9, 1986

Mr. Stuart Snow
[REDACTED]
[REDACTED]

Dear Mr. Snow:

It is with pleasure that I extend to you an offer of employment with the Glenbrook High Schools. This contract places you on the BA Level, Step 7, and is for the 1986-87 academic year. Please sign both copies of the contract.

After the Board of Education has approved your contract, we will return one signed copy to you for your files.

We look forward to your joining our staff, Stu, and I extend a warm welcome to you as a colleague.

Sincerely,

Robert L. Pommerenke, Ph.D.
Director of Personnel

RLP/eh
Encl.

Note: Enclosed is a list of the file requirements for your personnel file. We would suggest that you take care of these requirements as quickly as possible.

INTERVIEW RECORD

Blach

NAME Stuart Snow

DATE 4-19-84

POSITION SOUGHT Head Basketball

RATE BY CHECKS	POOR	AVERAGE	HIGH	OUTSTANDING
General Appearance				✓
Personality, manner, enthusiasm				✓
Voice, diction, usage, vocabulary				✓
Attitude; cooperative, flexible				✓
Emotional maturity				✓
Sense of humor				✓
Training and preparation				✓
Suitability of experience, if any				✓

CONCLUSIONS:

General over-all impression				✓
Probability of teaching for us				✓
Probability of candidate's signing contract				✓

ADDITIONAL COMMENTS:

I have great respect for Mr. Snow. His work the past year in our basketball program was outstanding. He has the experience and the knowledge. I believe him to be one of our two finalists.

CHECK RECOMMENDATION:

Strongly recommended	✓
Recommended	
Recommended with reservations	
Not recommended at this time	
Not recommended	

CAN COACH OR DIRECT:

- 1) _____
- 2) _____
- 3) _____

James G. [Signature]
Signature of Interviewer

Stuart Snow

Personal Data:

Age [REDACTED]
Marital Status Single
Height 5' 11" Weight 210
Health Excellent

Education History:

High School Canistota Public, Canistota, S. D.
College Bachelor of Arts Degree (English Major)
University of Notre Dame
Notre Dame, Ind. (1968)

Post-graduate &
Education credits Loyola University
Northwestern University
University of Illinois - Chicago Circle
National College of Education

Illinois High School Teaching Certificate (6-12) # 237285

Work History:

Notre Dame High School for Boys
7655 Dempster
Niles, Il. 60648
1968-1983 Department of English

Academic Involvement:

- *Six years of middle level senior composition/world literature
(a course I helped to structure directed toward preparation for college comp courses)
- *Five years of lower level senior composition/literature
(again a course I helped to structure that is directed to the student who may not be college bound, but can use the composition skills)
- *Five years of sophomore composition/film study
(a course in which the basics of composition were presented through a relationship with film language)
- *Four years of freshman English
- *Single course in film study and documentary film

Athletic Involvement:

Basketball 1968 - 1983

- *Six years as head basketball coach (81-81)
 - *Three IHSA Regional Championships - 1978 - 1982 - 1983
 - *Two Luther North Christmas Tournament Championships - 1979 - 1981
- *Nine years as varsity assistant (under Coach Ralph Hinger)
- *Nine years as freshman coach
- *Established the Notre Dame High School Summer Basketball Camp in 1971.
The camp now teaches approximately 125-150 grammar school boys each summer.
- *I have been one of the major coaching recruiters for Notre Dame for the past ten years.
- *Member of the Illinois High School Basketball Coaches Association
- *Treasurer (since its inception) of the East Suburban Catholic Conference Basketball Coaches' Association

Baseball 1968 - 1983

- *Assistant varsity coach - five years
 - *Two IHSA Regional Championships
 - *One ESCC Conference Championship
 - *One summer league district championship
- *Sophomore Coach - eight years
 - *Three conference championships
- *Freshman Coach - two years

Football:

- *Sophomore Coach - two years 1969-70
 - *Undefeated season - 1969
 - *Conference Champions - 1969
- *Freshman Coach - 1968

Cross Country 1975 - 1977

(I took on this job when no coach was available for the 1975 school year, and relinquished the position when I took on the duties as head basketball coach in 1977.)

Recommendations on request.

FOIA 00211

NOTRE DAME HIGH SCHOOL / 7655 Dempster St. / Niles, Ill. 60648 / (312) 965-2900

April 20, 1983

Dear Sirs,

This letter is to serve as a recommendation for Stu Snow. In my capacity as English teacher and department chairman of Communication Arts, I have known Stu for the past thirteen years.

Stu is a competent, articulate, and resourceful instructor, and his experience is evident in the effective creation and implementation of our English curriculum. Stu has demonstrated expertise in the instruction of both literature and composition to remedial and college preparatory students.

Stu is an effective motivator whose respect for the personhood of the students he serves is commendable. Stu is dedicated to the total development of personality of the students and is an effective role model.

I am confident that Stu will be an asset to your faculty academically, socially, and spiritually.

Sincerely,

David L. Vanden Busch

David L. Vanden Busch
Chairman, Communication Arts Dept.



FOIA 00212

22 April '83

Dear Sir:

It is my pleasure to write you recommending Stu Snow for a position on your staff. I have known Stu for 12 years, and in that time he has proven himself an outstanding teacher/coach, the type of person you are looking for.

Personally, Stu is intelligent, a positive thinker, innovative, highly enthusiastic and dedicated to improving himself and helping others. I have know few people more dedicated to what he is doing with an appreciation of what loyalty is about. He is a gentleman, most generous with both time and talent and finally a positive representative of himself and his school.

As a teacher/coach I have found Stu to be cooperative and one who follows the ideals of the program in which he works. He is always willing to attend clinics and seminars to improve himself. I feel his rapport with all members of the coaching staff; the positive image he presents in practice, games, and other public appearances; knowledge in his given area; and his willingness to incorporate new ideas are his most noteworthy professional attributes. His concern for his players goes beyond the basketball court and classroom, and he encourages his players as both athletes and students.

I recommend Stu Snow to you. I feel he would be a positive contribution to your staff.

Sincerely,

Bill Casey

Bill Casey
Athletic Director



NAME Snow, Stuart Leo

HOME ADDRESS Moreau Seminary

PARENT Rev. Raymond F. Cour, C.S.C.
St. Lawrence A. Snow

SCHOOL Canistota H. S. Place Sioux Falls, S. Dak. DATE GRADUATED 6/62

6311451 SISE 196364

SACRED SCRIPTURES
PHYS EDUC ACT
RHET AND COMP 1
AMER SOCIETY
FUND OF MATH 1
BIOLOGY 1

THEO 012
PE 011
ENGL 011
SOC 011
MATH 011
BIOL 011

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AVG. 1.400 CARRIED 015 PASS 012 IN GOOD STANDING
IN 15TH PERCENTILE OF CLASS

CURR 15C 12P

6311452 NDBSEM 196364

GENERAL BIOLOGY 11
FUND OF LATIN
RHET AND COMP 11
FUND OF MATH 11

BIOL 012
CLLA 013
ENGL 012
MATH 012

03
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AVG. 1.241 CARRIED 029 PASS 018 ON PROBATION
IN 05TH PERCENTILE OF CLASS
JUNE 7, 1964 TRFD TO COLG OF ARTS AND LETTERS

CURR 14C 06P

866550 1ST SEM 5/66 AL 631
INTLPM PROSE READ
INTERM PROSE COMP
INTLIT LIT 1
HIST WEST EUR 1
LOGIC AND LANGUAGE
ANCIENT PHILOSOPHY

DEPT. ULLA
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ENGL
HIST
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Entered Sept. 16, 1963 Freshman year of Study with 15 H.S. Units
Entered as transfer student on Accepted into
College of with credit hours transferred
from

(SEE REMARKS POSTED AT END OF EACH SEMESTER FOR ANY ADDITIONAL MEMORANDA)

DEPT.	COURSE NUMBER	CR. HRS.	GRADE	QUAL. PTS.
HEAD	011L	00	S	0
DEVELOP READING	024	03	C	0
DIR READ LATIN 11	026	03	C	0
INT COMPOSITION 11	021	03	C	0
PRIN OF ECON 1	022M	03	A	1
INTRO LIT 11	012M	03	C	0
HIST WEST EUR 11	027	03	P	0
SOCIAL PSYCHOLOGY				

UNIV 1.892/CCLG 2.416/SEM 2.500/10 FCTLEICLASS-CC
C065 P054/C036 P036/C018 P018/ GOOD STANDING

DEPT.	COURSE NUMBER	CR. HRS.	GRADE	QUAL. PTS.
ECON	022	03	C	0
ENGL	206	03	B	0

866550 SUMMER 1966 AL 631
PRINCIPLES ECON 11
WRIT AND TCH FICT
UNIV 1.943/COLG 2.428/SEM 2.500
C071 P060/C042 P042/C006 P006/

DEPT.	COURSE NUMBER	CR. HRS.	GRADE	QUAL. PTS.
ENGL	195	03	B	0
HIST	027	03	C	0
MLFR	011	05	C	1
PHIL	161M	06	C	1

866550 1ST SEM 6/67 AL 631
MODERN FICTION 1
DEV AMER CIV 1
ELEMENTARY FRENCH
PHIL NATURE
UNIV 1.988/COLG 2.355/SEM 2.176/10 PCTLEICLASS-CC
C088 P077/C059 P059/C017 P017/ GOOD STANDING

UNIVERSITY OF NOTRE DAME, NOTRE DAME, INDIANA
STUDENT TERMINANT RECORD -
NOT OFFICIAL UNLESS SIGNED AND INITIALED WITH THE UNIVERSITY SEAL
OFFICE OF ACADEMIC AFFAIRS

COURSE NUMBER	DEPT.	COURSE NUMBER	CR. HRS.	GRADE	QUAL. PTS.
UNIV 2.000/CCLG 2.2R9/SEM 2.058/05 C105 PC94/C076 F076/C017	ENGL	055	03	C	OK
UNIV 2.100/CCLG 2.373/SEM 2.800/10 C120 P109/CC91 P091/C015	ENGL	003	03	B	OK
UNIV 2.113/CCLG 2.359/SEM 2.250/15 C120 P121/C103 F103/CC12 P012/1	ENGL	200	03	B	OK
UNIV 2.104F DEGREE-BACHELOR OF ARTS-MAJOR IN ENGLISH	PHIL	002	03	B	OK
UNIV 2.000/CCLG 2.2R9/SEM 2.058/05 C105 PC94/C076 F076/C017	THEO	001	03	B	OK
UNIV 2.100/CCLG 2.373/SEM 2.800/10 C120 P109/CC91 P091/C015	CLAS	150	03	D	OK
UNIV 2.113/CCLG 2.359/SEM 2.250/15 C120 P121/C103 F103/CC12 P012/1	ENGL	009	03	C	OK
UNIV 2.104F DEGREE-BACHELOR OF ARTS-MAJOR IN ENGLISH	ENGL	004	03	H	OK
UNIV 2.104F DEGREE-BACHELOR OF ARTS-MAJOR IN ENGLISH	PSY	121C	03	F	OK

UNIVERSITY OF NOTRE DAME, NOTRE DAME, INDIANA

NOV 1972

273033

268069

235119

MICROFILMED ROLL NO.

NOV 25 '68 677

81108 GRATING

111015

113054

FOIA 2015

SNOW, Stuart

Student Name: [Redacted] Social Security No. [Redacted] M Sex Birth Date [Redacted]

City, Town or Village: Niles Telephone: Y09-2055

State: S. DAKOTA Place: M. ED Degree Sought

Street Address: [Redacted] Zip Code: [Redacted]

GRADING SYSTEM IN THE GRADUATE SCHOOL

Prior to September, 1941: SH—Special Honors (96-100) 4, H—Honors (85-95) 3, P—Passed (75-84) 2, F—Failed (0-74) 1, I—Incomplete, X—Absent from Examination, W—Withdrawn

After September, 1941: A (93-100) 4, B (85-92) 3, C (77-84) 2, D (70-76) 1, F (Failure) 0

WF—Withdrawn with permission, W—Penalized withdrawal, I—Incomplete, X—Absent from examination

Numerical Grades in the Graduate School

The Graduate School of Arts & Sciences converted to letter grades effective June 1, 1969.

DESCRIPTIVE TITLE OF COURSE	DEPT.	COURSE NUMBER	SEM. HRS. CREDIT	GRD	POINTS
SNOW STUART LEO 1ST SUM 1968 STUDENT TEACHING	07 503502305	EDUC ERN.	MU3 ATT.	W PTS.	0.0 AVG.
CURRENT	0.0	0.0	0.0	0.0	0.00
SNOW STUART LEO 1ST SUM 1969-70 TECH OF TCH IN SEC SCHOOLS	07 503502305	CURR ERN.	M13 ATT.	3.0 C PTS.	6.0 AVG.
CURRENT	3.0	3.0	6.0	6.0	2.00
SNOW STUART L 2ND SEM 1978-79 STUDENT TCHING UNDER SUPERVSN (SECONDARY)	24 503502305	CURR ERN.	MU3 ATT.	6.0 A PTS.	24.0 AVG.
P/F EARN ATTEMP REG CURRENT 0.0 0.0		6.0	6.0	24.00	4.00

MASTER'S PROGRAM

- Adviser
- Transferred credit
- Language examination
- Candidacy
- Final oral examination
- Final written examination
- Title of thesis

Degree conferred

Date

EDUCATION B.A./6-68

DOCTORAL PROGRAM

- Major Professor
- Language examinations
- Transferred credit
- Comprehensive examination
- Candidacy
- Dissertation defense
- Title of dissertation

Degree conferred

Date

Name

Mr. Stuart Snow

Address



CREDIT - Sept. 1965 The course is the unit of credit. Each undergraduate course equals 3 1/2 semester hours, each graduate course equals 2 semester hours.

NUMBERING - Sept. 1965 1 - 99 are undergraduate, 500 and above are graduate. Before 1965 400, 499 were graduate and senior.

DEGREE

Date

Minimum Requirement: 15 Courses

Birthplace

High School

Address

Date

Grad. Date

Grade Point System:

A=4, B=3, C=2, D=1

Cr.—credit, is not averaged

Aud.—Audit, non-credit

Course Numbering
September 1965:
500 & above=Graduate

Before 1965:
450 & above=Graduate
400-450 Senior & Graduate

ACCREDITATION

Illinois Certification Board

American Association of Teachers Colleges, 1942

North Central Association of Colleges and Secondary Schools, 1946

NATIONAL COUNCIL FOR ACCREDITATION OF
TEACHER EDUCATION SINCE 1954

ACCALAUREATE DEGREE RECEIVED:

A. Univ. of Notre Dame 1968

ATE ADMITTED TO GRADUATE STUDY:

..... Conditions: Est. course record.

..... Full standing.

ATE ADMITTED TO CANDIDACY:

GNIFICANT PAPERS APPROVED:

Dept.	No.	Description	Course	Gr.	Qual. Pts.	Dept.	No.	Description	Course	Gr.	Qual. Pts.
		Winter 68-69 Niles, Ext.									
	psy.508	Study in Practice of Group Dynamics		1	B3						

TRANSCRIPTS

Unavailable if financial obligations are unmet.
No charge for 1st transcript — each additional one \$1.00.
School officials should include student's permission when requesting transcripts — transcripts sent with student's approval.
Registrar's signature and NCE seal appear on official transcripts.

College Seal Signature of Registrar Date

17
5, 1 89

SOCIAL SECURITY NUMBER

ENTERED

JUNE 21, 1982

UNIVERSITY OF ILLINOIS AT CHICAGO CIRCLE
Office of Admissions & Records

Address at
Time of
Admission

NAME

SNOW, STUART

DEGREE AND DATE

PARENT, GUARDIAN OR SPOUSE

DATE OF BIRTH

RESIDENCE CLASSIFICATION

2/22/44

ADDRESS OF PARENT, GUARDIAN OR SPOUSE AT TIME OF STUDENT'S ADMISSION

EDMUND J. JAMES SCHOLAR

COLLEGE AND CURRICULUM AT TIME OF ADMISSION

HONORS DAY RECOGNITION

GRADUATE COLLEGE EDUCATION SPECIAL EDUCATION (NON-DEGREE)

HIGH SCHOOL UNITS

English	Latin	U.S. His.	Physics	Home Economics	ACCEPTED FROM
Algebra	German	U.S. History	Chemistry	Art Subjects	UNIVERSITY OF NOTRE DAME B.A., 6/68.
Geometry	French	Other Studies	Biology		
Trigonometry	Spanish		General Science		
C.P. Math.	Russian		Other Sciences		
	Other Languages				

Rank

% Act Comp

DESCRIPTIVE TITLE OF COURSE

COURSE NUMBER

CREDIT

GRADE

DESCRIPTIVE TITLE OF COURSE

COURSE NUMBER

CREDIT

GRADE

SNOW STUART

503-50-2305 SUMMER QUARTER 1982
 POL ISS - AM ED HIST ED 303 4.00QA
 CHAR & ED OF EXCP CH ED 310 4.00QB
 AVG: QH
 GRAD EDUC SPEC ED

29 1982

Edmund J. James

☆ BY EXAM ☆☆ BY RULE E EXTEN X CORRESP. / CORRECTION
 R. RESIDENT CREDIT □ GRAD HOURS & HONORS

FOIA 00218

AMS
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SNOW, STUART LEO

BIRTH
DATE, PLACE
PARENT OR
GUARDIAN

13 NUMBER

NO. OF
COURSES
CREDIT
HOURS
TOTAL CR. HRS.

FIELD OR CLAS
Summer Special

INSTITUTION LAST ATTENDED

FROM SCHOOL AND LOCATION

NAME
of student

U.S. GR
or other

SESSION 1969
EDUCATION
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NORTHERN ILLINOIS UNIVERSITY

ILLINOIS MUNICIPAL RETIREMENT FUND

100 South Wacker Drive, Chicago, Illinois 60606

NOTICE OF TERMINATION OF I.M.R.F. PARTICIPATION

(DO NOT SUBMIT FOR DISABILITY CLAIM)

PLEASE PRINT OR TYPE

1. EMPLOYER NAME: NORTHFIELD TOWNSHIP HIGH SCHOOL DIST
2. EMPLOYER NUMBER (STATE SSA NUMBER): 225 69-033 1 5 8 1
3. NAME OF EMPLOYEE: STUART SNOW
4. SOCIAL SECURITY NUMBER: [REDACTED]

5. DATE OF TERMINATION OF EMPLOYMENT: 03-29-85 (MONTH) (DAY) (YEAR)

6. FINAL EARNINGS AND DEDUCTIONS REPORT ON FORM 3.11 (INCLUDING FINAL PAY, VACATION PAY, ETC.)
A) Date of employee's final check: 04-30-85 (DATE)
B) Month of Participating Employee Report (Form 3.11) on which you will list final check earnings and deductions: APRIL 1985 (MONTH AND YEAR)

7. EMPLOYEE CONTRIBUTIONS OWED TO EMPLOYER (COMPLETE THIS SECTION ONLY IF THE EMPLOYEE OWES IMRF CONTRIBUTIONS TO THE EMPLOYER)
The employee owes \$ _____ for employee IMRF contributions which have been charged to the employer.

8. REASON FOR TERMINATION OF PARTICIPATION:
Resignation or Dismissal [X]
Elected Official whose term ended []
Retirement []
Death []
Change from participating to non-participating: job will require less than 600 hours per year. []
Change from IMRF to state teacher's retirement system. []
Military Leave []
Other - Explain []

9. WORKMEN'S COMPENSATION OR OCCUPATIONAL DISEASE BENEFITS (COMPLETE THIS SECTION ONLY IF EMPLOYEE DIED)
A) Was deceased employee receiving Workmen's Compensation or Occupational Disease Benefits? [] YES [] NO
B) Has a survivor of the deceased employee filed (or do you expect a survivor to file) a claim for Workmen's Compensation or Occupational Disease Benefits? [] YES [] NO

THIS FORM IS NOT AN APPLICATION FOR ANY BENEFIT. IT SERVES ONLY TO OFFICIALLY NOTIFY I.M.R.F. OF A SEPARATION FROM PARTICIPATING SERVICE. BENEFITS MUST BE CLAIMED ON THE APPROPRIATE CLAIMS FORMS AS FOLLOWS:

- REFUND - APPLICATION FOR SEPARATION BENEFIT, #5.10
PENSION - APPLICATION FOR RETIREMENT ANNUITY, #5.20
DEATH - APPLICATION FOR DEATH BENEFIT, #5.30
DISABILITY - APPLICATION FOR DISABILITY BENEFITS, #5.40
EMPLOYER'S CERTIFICATE OF DISABILITY, #5.41
PHYSICIAN'S STATEMENT, #5.42

SIGNATURE OF AUTHORIZED AGENT: [Signature] DATE: 04/12/85

THE
GLENBROOK
HIGH SCHOOLS

Northfield Township High School District 225

1835 LANDWEHR ROAD
GLENVIEW, ILLINOIS 60025

May 7, 1984

Mr. Stuart Snow
[REDACTED]
[REDACTED]

Dear Mr. Snow:

This letter is to inform you that the Head Basketball Coaching position at Glenbrook North High School, for which you made application, has been filled. The decision was an extremely difficult one to make because we had so many outstanding candidates.

We appreciate the time and effort you expended in entering your name as an applicant for the position. Should additional vacancies occur in your area of preparation, please rest assured that your application will receive every careful consideration.

Thank you again for your interest in the Glenbrook High Schools and best wishes for every continued success in the education profession.

Sincerely,



Robert L. Pommerenke, Ph.D.
Director of Personnel

RLP:lh

Stu -
I really enjoyed our interview -
Good luck to you! - Hope
you find the job you're
looking for

FOIA 00221

JUL 16 1984

15 July 1984

Place in his file

Dr. Fommerenke,

As I promised, this is an update of my situation following my interview with the representative at Northwestern University. There is some good news and some bad news in what he explained to me.

The bad news is centered in the fact that the program Northwestern offers is a one year course, as I knew, but there is a required course that is non-credited and is offered only in the summer session. It is a concentrated introduction to the program that will follow. It is possible to take some of the regular program courses during this coming year, but I could not get in to the Masters program per se without taking this summer program. This would indicate that the whole program is now to be seen as a two year course of studies rather than the one originally projected. This might allow for my not being a full time student, but that would have to be decided by the department as a part of the acceptance procedure.

The good news, from the point of view of making the program viable for District 225 is that the direction a student takes for the Masters is almost completely up to the student. That is to say that if things can be worked out to the point where I do enroll in the Masters program offered by Northwestern, I will be able to formulate my courses around the area which I feel is most important to me. I mentioned to the representative that my desire was to teach the media as on hands experience on the secondary level, and he seemed to think that there was a great deal that could be done within courses offered. My feeling at this time is to contact the person you have chosen to head the program and discuss with him/her what directions would be best for the program as it will be offered in the system. Since we might be dealing with the program as a new concept, it would seem to be somewhat of an advantage to be able to direct the course of studies of one of the instructors.

Finally, in all fairness to the district, to you, and to myself, I want you to know that this is not the only avenue I am pursuing at this time. I am all too well aware of the fact that I am striving for something that is very nebulous. However, I am also aware that a possibility exists, and I am not yet ready to admit to the fact that the final answer is no. I would like to get together with you and discuss the possibilities - not as a prospective employer / employee, but rather as two parties interested in a developing program.

As usual I thank you for your time, and I will get in touch with you this week to see if or when you would like to discuss the possibilities further.

John Snow

FOIA 00222

OFFICE OF THE SUPERINTENDENT
GLENBROOK HIGH SCHOOLS
Glenview - Northbrook, Illinois

TO: Members of the Board of Education of District #225
FROM: Jean B. McGrew
RE: Non-Certificated Resignations

<u>NAME</u>	<u>POSITION</u>	<u>EFFECTIVE</u>	<u>SCHOOL</u>
ALLSOP, Irene	Paraprofessional (Social Studies Resource Center)	4-12-85	SOUTH
FOGAL, Julie	Secretary-Assoc. Principal/Curric- ulum	4-26-85	SOUTH
✓ SNOW, Stuart	Paraprofessional (Supervision)	3-29-85	NORTH

4-12-85

FOIA 00223

DISTRICT
 SOUTH
 XX NORTH
 CERTIFICATED
 SUPPORT
 CLERICAL/SECRETARIAL
 XX PARAPROFESSIONAL
 CUSTODIAL/MAINTENANCE
 CAFETERIA

GLENBROOK HIGH SCHOOLS
PAYROLL DIRECTIVE

ATTACHMENTS
 W-4 (Federal)
 W-4 (State)
 Insurance Cards*
 IMRF*

~~XXXXXXXXXXXXXXXXXXXX~~

TERMINATION

ANNUAL
 MONTHLY
 HOURLY

STUART SNOW
 Name Rate Date Effective

Area of Assignment Replacement for:

RATE CHANGE

ANNUAL
 MONTHLY
 HOURLY

Name Rate Date Effective

ADDITIONS TO/DEDUCTIONS FROM PAY

_____ days from _____ paycheck for leave without pay.
 _____ days from _____ paycheck for days in excess of sick leave allowance.

DATES: _____

TERMINATION OF EMPLOYMENT

PLEASE TERMINATE PARTICIPATION IN IMRF.
 NOT ELIGIBLE TO ACCRUE VACATION.

STUART SNOW
 Name

March 29, 1985
 Final Working Day
 [Signature]
 Director of Personnel
 3-29-85
 Date

FOR BUSINESS OFFICE USE

CHARGE TO: _____
 INSURANCE: _____
 ADD DROP
 INITIAL

(DATE COPY MAILED TO SIS.)

*Insurance Requirement - 30 hours per week
 *IMRF Requirement - 600 hours per year
 FOIA 00224

S.I.B.S. - NOTICE OF EMPLOYEE TERMINATION

Employer: The Glenbrook High Schools
District #225

Date: April, 1985

EMPLOYEE NAME	SOCIAL SECURITY NUMBER	TERMINATION DATE
Irene Allsop	[REDACTED]	April 12, 1985
Stuart Snow	[REDACTED]	March 29, 1985

NOTICE OF EMPLOYEE SEPARATION

INSTRUCTIONS

Immediately upon the separation of any employee, record completely and accurately the information requested herein, and forward this form to R. E. Harrington, Inc. at the mailing address provided below.

IDENTIFICATION

NAME Stuart Snow

SOCIAL SECURITY NUMBER [REDACTED]

FIRST DAY WORKED September 4, 1984

JOB DESCRIPTION Paraprofessional

LAST DAY WORKED March 29, 1985

CETA FUNDED
OTHER SPECIAL FUNDS _____

REASON FOR SEPARATION (check one and explain under remarks)

01 - LACK OF WORK

- 0100 No other information
- 0101 Reduction in force
- 0102 Job eliminated
- 0103 Reorganization
- 0106 End of temporary employment
- 0107 End of seasonal employment
- 0108 Project completed
- 0111 Partially unemployed reduced hours
- 0116 Temporary

04 - DISCHARGE

- 0400 No other information
- 0401 Insubordination
- 0402 Violation of rules or policies
- 0403 Violation of safety rules
- 0404 Reported under influence of alcohol
- 0405 Reported under influence of drugs
- 0410 Destruction of property—willful
- 0411 Destruction of property—carelessness
- 0412 Fighting
- 0413 Leaving work station
- 0415 Falsification of employment application
- 0416 Dishonesty—falsified records
- 0417 Dishonesty—unauthorized removal of property
- 0418 Dishonesty—monetary theft
- 0419 Dishonesty—other
- 0425 Absenteeism—unreported
- 0426 Absenteeism—excessive and/or unauthorized
- 0428 Tardiness—frequent
- 0432 Excessive garnishments
- 0436 Quality of work
- 0437 Quantity of work
- 0438 Poor performance
- 0439 Probationary—not qualified for job
- 0440 Poor judgement—no misconduct
- 0441 Lack of technical knowledge
- 0451 Inability to work—illness

07 - LEAVE OF ABSENCE

- 0700 No other information
- 0701 Illness
- 0702 Maternity
- 0705 Injury—work connected
- 0706 Injury—not work connected
- 0710 Military
- 0712 Family obligations
- 0712 Personal
- 0713 School or Sabbatical
- 0714 Other

03 - QUIT

- 0300 Reason unknown
- 0301 Abandoned job
- 0302 Walked off job
- 0303 Did not return from leave
- 0304 Did not return from layoff
- 0305 Personal—not job related
- 0306 School
- 0307 Marriage
- 0308 Relocate
- 0309 Family obligations
- 0310 Unable to obtain babysitter
- 0311 Transportation
- 0315 Accept another job
- 0316 Go into own business
- 0320 Illness
- 0321 Maternity
- 0326 Enter military
- 0330 Dissatisfaction—work hours
- 0331 Dissatisfaction—salary
- 0332 Dissatisfaction—working conditions
- 0333 Dissatisfaction—performance review
- 0334 Dissatisfaction—supervisor
- 0335 Dissatisfaction—policies

08 - RETIREMENT

- 0800 No other information
- 0801 Voluntary—with pension
- 0803 Voluntary—without pension
- 0806 Contractual—with pension
- 0808 Contractual—without pension
- 0811 Involuntary—with pension
- 0813 Involuntary—without pension
- 0816 Disability—job related
- 0817 Disability—not job related

06 - LABOR DISPUTE

- 0600 No other information
- 0601 Member of striking union
- 0602 Refused to cross picket line
- 0603 Strike—other union
- 0605 Unsanction strike

90 - MISCELLANEOUS

- 9000 No information whatsoever
- 9001 Refusal to work
- 9004 Disciplinary suspension
- 9099 Death

REMARKS

CERTIFICATION

DATE 3-29-85

PREPARED BY Dr. Robert L. Pommerenke

TITLE Director of Personnel

AGENCY The Glenbrook High Schools

DEPT. NO. _____ PHONE NO 998-6100

URGENT

MAIL IMMEDIATELY
UPON SEPARATION OF ANY EMPLOYEE

To: R. E. HARRINGTON, INC.

1100 JORIE BLVD.
SUITE 153
OAKBROOK, IL 60521

ORDER ADDITIONAL SUPPLIES OF THIS FORM 0226
THE ABOVE ADDRESS.

MAR 22 1985

19 March 1985

Mr. Rich Cicciu
Dean of Students
Glenbrook North High School

Rich,

I would like to take this opportunity to offer you official notification of my decision to leave my position as a para-professional assigned to your office. My last day would be Friday, March 29.

As per our discussion, I will be available after the sixth of June if there is any way I can be of service to you or your office during the final days of school at GBN.

Finally, I would like to express my gratitude to you, first for finding room on your staff so that I could continue to work in education in general, and GBN in particular. I have enjoyed the relationship a great deal, and I sincerely hope there is opportunity in the future for us to work together again.

Respectfully,


Stu Snow

cc Dr. Duffy, Dr. Pommerenke

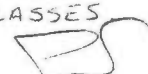
DR. POMMERENKE -

IT WOULD PROBABLY BE AN OVERLY OBVIOUS STATEMENT TO SAY THAT I WOULD LIKE MY FILE KEPT ACTIVE - FOR BOTH PRESENT AND FUTURE CONSIDERATIONS.

ALSO A STRONG THANK YOU FOR YOUR COMMENTS TO DR. CUDNEY OF DIST. 214. GETTING BACK TO A 'REAL' TEACHING SITUATION FEELS GOOD.

THERE IS STILL A STRONG INTEREST IN THE RADIO/NEWS PROGRAM IF I CAN FIND A WAY TO WORK OUT THE CLASSES

FOIA 00227

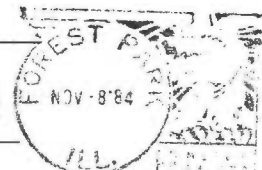


DATE

NOV 5 1984

FILM NUMBER

790



THIS IS YOUR CHEST X-RAY REPORT

IMPORTANT

NAME

ADDRESS

CITY

STATE

ZIP CODE

DO NOT
DESTROY
THIS CARD

IMPORTANT:

CUT ON DOTTED LINE AND PLACE IN YOUR WALLET.

*original
given to the show
3/29/85*

THE SUBURBAN COOK COUNTY
TUBERCULOSIS SANITARIUM DISTRICT

7556 West Jackson Blvd. Forest Park, Illinois 60130
FOrest 6-5000

A GOOD REPORT
TODAY IS NO
GUARANTEE FOR
THE FUTURE.

•
HAVE A
PERIODIC
X-RAY

This tax supported District provides its residents
cost-free care for tuberculosis.

You will be glad to know that in the opinion of
chest specialist the recent X-ray of your chest appears
satisfactory.

THIS HEALTH REPORT IS IMPORTANT . . . KEEP IT

The **Sanitarium District** thanks you for your cooperation and welcomes
opportunity to work with your **family physician, hospital** and cooperate
official and **voluntary health** and **welfare agencies** in this program
wipe out tuberculosis.



ILLINOIS MUNICIPAL RETIREMENT FUND
100 S. WACKER DRIVE CHICAGO, ILLINOIS 60606

NOTICE OF PARTICIPATION IN IMRF

EMPLOYEE DATA

(PLEASE PRINT OR TYPE)

THE EMPLOYEE'S SOCIAL SECURITY NUMBER IS REQUIRED TO REPORT COVERED WAGES TO THE SOCIAL SECURITY ADMINISTRATION. IMRF ALSO USES THE EMPLOYEE'S SOCIAL SECURITY NUMBER TO IDENTIFY EMPLOYEE'S ACCOUNTS AND FILES.

1. EMPLOYEE NAME
LAST FIRST MIDDLE INITIAL
Snow Stuart L.

3. EMPLOYEE ADDRESS
STREET OR ROUTE
[REDACTED]

CITY STATE ZIP CODE
[REDACTED]

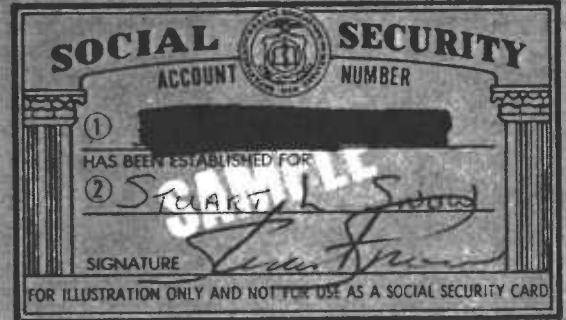
4. BIRTHDATE
MONTH DAY YEAR
[REDACTED]

5. BIRTH PLACE
CITY STATE
Sioux Falls S.D.

6. SEX
 MALE
 FEMALE

7. MARITAL STATUS
 SINGLE
 DIVORCED
 MARRIED
 WIDOWED

2. SOCIAL SECURITY I.D.
ATTACH A COPY OF EMPLOYEE'S SOCIAL SECURITY CARD HERE, OR PRINT SOCIAL SECURITY NUMBER (LINE 1) AND NAME (LINE 2) EXACTLY AS THEY APPEAR ON THE SOCIAL SECURITY CARD.



IF THE NAME IN BOX # 1 IS NOT THE ONE SHOWN ON THE SOCIAL SECURITY CARD, THE EMPLOYEE SHOULD TAKE EVIDENCE TO SUBSTANTIATE THE CHANGE OF NAME TO A LOCAL SOCIAL SECURITY OFFICE, SO THAT A NEW CARD MAY BE ISSUED.

I CERTIFY THAT THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF

EMPLOYEE SIGNATURE * *Stuart Snow* DATE: 9 / 6 / 84
(WRITE, DO NOT TYPE OR PRINT) MONTH DAY YEAR

EMPLOYER DATA

(PLEASE PRINT OR TYPE)

8. EMPLOYER NAME
NORTHFIELD TOWNSHIP HIGH SCHOOL DISTRICT 225

9. EMPLOYER NUMBER (STATE SSA NUMBER)
69-033 1 5 8 1

10. TITLE OF EMPLOYEE'S POSITION
SUPERVISORY PARAPROFESSIONAL

11. DEPARTMENT
NORTH

12. DATE EMPLOYEE BEGAN PARTICIPATION IN IMRF
MONTH DAY YEAR
09-04-84

13. DATE EMPLOYED
MONTH DAY YEAR
09-04-84

14. IF DATE EMPLOYEE BEGAN PARTICIPATION IS LATER THAN DATE EMPLOYED, PLEASE EXPLAIN.

15. IS EMPLOYEE:
A. ELECTED OFFICIAL OR APPOINTED TO FILL OFFICE? YES NO
B. CITY HOSPITAL WORKER? YES NO
IF "YES" EITHER BOX, ATTACH FORM 6.21

I CERTIFY THIS INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT THE PERSON NAMED ABOVE IS EMPLOYED IN A POSITION NORMALLY REQUIRING THE PERFORMANCE OF DUTY DURING 600 HOURS OR MORE PER YEAR AND WAS UNDER AGE 60 AT DATE OF IMRF PARTICIPATION WITH THE ABOVE EMPLOYER OR WITH A PREVIOUS IMRF EMPLOYER.

AUTHORIZED AGENTS SIGNATURE * *James D. Wisner* FOIA 00230
(WRITE, DO NOT TYPE OR PRINT)

ILLINOIS MUNICIPAL RETIREMENT FUND

100 S. WACKER DRIVE CHICAGO, ILLINOIS 60606

DESIGNATION OF BENEFICIARY (DIRECTIONS AND CONDITIONS ON REVERSE SIDE)

NAME OF MEMBER OR PERSON RECEIVING PENSION			SOCIAL SECURITY NUMBER
TYPE OR PRINT	LAST	FIRST	MIDDLE INITIAL
	Snow	Stuart	L

BY LAW, A SURVIVING SPOUSE IS THE BENEFICIARY. HOWEVER, MEMBERS IN PARTICIPATING STATUS (EMPLOYED, DRAWING DISABILITY BENEFITS OR ON IMRF AUTHORIZED LEAVE OF ABSENCE) MAY EXCLUDE THEIR SPOUSE FROM DEATH BENEFITS PROVIDED THEY NAME AS BENEFICIARY OR BENEFICIARIES, BLOOD OR ADOPTIVE RELATIVES. INACTIVE AND RETIRED MEMBERS (INCLUDING ANNUITANTS RETURNING TO PARTICIPATING STATUS) CANNOT EXCLUDE THEIR SPOUSES.

PART I - REGULAR DESIGNATION

A. SPOUSE (PRIMARY BENEFICIARY UNLESS EXCLUDED IN PART II)

SPOUSE'S NAME	FIRST	MIDDLE	MAIDEN (if applicable)
---------------	-------	--------	------------------------

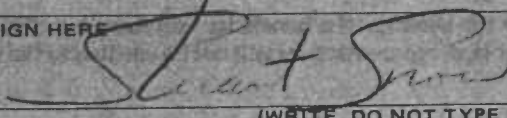
PLACE OF MARRIAGE	DATE OF MARRIAGE (MO-DAY-YR)
-------------------	------------------------------

B. DESIGNATION OTHER THAN SPOUSE

FIRST NAMED BENEFICIARY(IES) (BENEFIT WILL BE PAID TO THIS BENEFICIARY OR BENEFICIARIES IF NO SPOUSE SURVIVES OR IF SPOUSE IS EXCLUDED)	RELATIONSHIP	SHARE TO EACH (WILL SHARE EQUALLY IF NO SHARES SPECIFIED)
ELIZABETH SNOW	Sister	
MARY CATHERINE OSWALD	Sister	

CONTINGENT BENEFICIARY(IES) (BENEFIT WILL BE PAID TO THIS BENEFICIARY OR BENEFICIARIES, IF NO SPOUSE SURVIVES OR SPOUSE IS EXCLUDED AND NO FIRST NAMED BENEFICIARY SURVIVES)

NAME	RELATIONSHIP	SHARE TO EACH (WILL SHARE EQUALLY IF NO SHARES SPECIFIED)

SIGN HERE	DATE
* 	9/6/84
(WRITE, DO NOT TYPE OR PRINT)	

PART II - OPTIONAL EXCLUSION OF SPOUSE

(DO NOT FILL OUT IF YOU WANT SPOUSE AS BENEFICIARY) I HEREBY EXCLUDE MY SPOUSE NAMED BELOW FROM DEATH BENEFITS PAYABLE BY IMRF. I UNDERSTAND (1) THAT THIS EXCLUSION IS APPLICABLE ONLY IF OTHER NAMED SURVIVING BENEFICIARY(IES) NAMED IN PART I-B IS A BLOOD OR ADOPTIVE RELATIVE AND I AM IN A PARTICIPATING STATUS AT DEATH AND (2) MY SPOUSE WILL BE ENTITLED TO NEITHER A LUMP SUM DEATH BENEFIT NOR SURVIVING SPOUSE PENSION.

SPOUSE'S NAME	FIRST	MIDDLE	MAIDEN (if applicable)
---------------	-------	--------	------------------------

SIGN HERE	DATE
* _____	
(WRITE, DO NOT TYPE OR PRINT)	

FILE A NEW DESIGNATION IF YOU MARRY, ARE DIVORCED OR SPOUSE OR ANY BENEFICIARY DIES.

PERSONNEL OFFICE
GLENBROOK HIGH SCHOOLS

SEPTEMBER, 1984

STUART SNOW
EMPLOYEE NAME (please print)

NORTH
SCHOOL (North-South-District)

SUMMARY

The items listed below require some kind of action on your part; a decision, completion of a form or card, or both. Please review these items, complete all necessary forms and return this sheet with the forms to the Personnel Office immediately.

<u>DESCRIPTION</u>	<u>Check here if you wish coverage and are eligible</u>	<u>Form Returned (Office Use Only)</u>
<u>HEALTH INSURANCE</u>		
Single (SIBS) Coverage (BOARD PAYS)	<u>✓</u>	<u>✓</u>
Family (SIBS) Coverage (\$141.00/month)	<u> </u>	<u> </u>
<u>ALTERNATE HEALTH (HMO) PLANS (OPTIONAL)</u>		
PRUCARE - Single Coverage (\$30.99/month)	<u> </u>	<u> </u>
PRUCARE - Family Coverage (\$184.83/month)	<u> </u>	<u> </u>
H.A.P. - Single Coverage (\$24.29/month)	<u> </u>	<u> </u>
H.A.P. - Family Coverage (\$167.81/month)	<u> </u>	<u> </u>
<u>LIFE INSURANCE</u>		
\$10,000 term insurance (BOARD PAYS)	<u>✓</u>	<u>✓</u>
Additional term insurance (.32¢ per thousand)	<u> </u>	<u> </u>
<u>DENTAL INSURANCE</u>		
Single Coverage (BOARD PAYS)	<u>✓</u>	<u>✓</u>
Family Coverage (\$14.00/month)	<u> </u>	<u> </u>
FEDERAL & STATE WITHHOLDING FORMS	<u>✓</u>	<u>✓</u>
ILLINOIS MUNICIPAL RETIREMENT FORMS	<u>✓</u>	<u>✓</u>
EMERGENCY CARD	<u>✓</u>	<u>✓</u>
TUBERCULIN EXAM* (REQUIRED FOR ALL NEW EMPLOYEES)	<u> </u>	<u> </u>
PHYSICAL EXAMINATION (Cafeteria & Custodial Employees Only)	<u> </u>	<u> </u>

I have reviewed the options available to me at this time. My choices are listed above. *Return this form even if the T.B. or physical examination have not been completed.

Stuart Snow 9/6/84
Employee's Signature - Date

FOIA 00232

FOR OFFICE USE

Date 9-10-84 Received and forwarded to payroll. (initials) (initials)

THE
GLENBROOK
HIGH SCHOOLS

Northfield Township High School District 225

1835 LANDWEHR ROAD
GLENVIEW, ILLINOIS 60025

September 4, 1984

TO: Mr. Stuart Snow
FROM: Dr. Robert L. Pommerenke
RE: Your Employment as a Paraprofessional at Glenbrook North

This communication is to confirm your employment with the Glenbrook High Schools as a Supervisory Paraprofessional, effective September 4, 1984.

CONDITIONS OF EMPLOYMENT

SALARY: \$5.80 per hour for a 7.5 hour day, school year employment only.

PROCEDURES FOR PAYMENT: You will receive payment on the 15th and 31st of each month, or the working day closest to these days.

HOURS: 7:30 a.m. to 3:30 p.m. with 1/2 hour for lunch.

SICK LEAVE: 11 days sick leave per year cumulative to 90 days, accrued at 1.1 days per month worked.

HEALTH, LIFE & DENTAL INSURANCE: The Board of Education provides you paid hospitalization and major medical insurance, individual dental insurance, and \$10,000 life insurance.

DEDUCTIONS: Illinois Municipal Retirement Fund, Social Security, and State and Federal Income Tax.

TB X-RAY: You should furnish my office with evidence that you are free from active tuberculin at your earliest convenience.

IMMEDIATE SUPERVISION: Mr. Richard Cicciu, Assistant Principal-Dean of Students, will afford you daily supervision.

RLP:lh
cc:
Mr. Cicciu
Mr. Fuller
Mr. Wisner
Payroll
File ✓


Robert L. Pommerenke

FOIA 00233

ATTACHMENTS

- ___ W-4 (Federal)
- ___ W-4 (State)
- ___ Insurance Cards*
- ___ IMRF*

GLENBROOK HIGH SCHOOLS

PAYROLL DIRECTIVE

- ___ DISTRICT
- ___ SOUTH
- XX NORTH
- ___ CERTIFICATED
- ___ SUPPORT
- ___ CLERICAL/SECRETARIAL
- XX PARAPROFESSIONAL
- ___ CUSTODIAL/MAINTENANCE
- ___ CAFETERIA

REPLACEMENT/ADDITION TO STAFF

Stuart SNOW
Name

\$5.80
Rate

ANNUAL
MONTHLY
HOURLY

September 4, 1984
Date Effective

Supervisory Paraprofessional
Area of Assignment

Replacement for: Linda Neaylon - replaced Pat Fernandes in the attendance office.

RATE CHANGE

Name

Rate

ANNUAL
MONTHLY
HOURLY

Date Effective

ADDITIONS TO/DEDUCTIONS FROM PAY

___ days from _____ paycheck for leave without pay.

___ days from _____ paycheck for days in excess of sick leave allowance.

DATES: _____

TERMINATION OF EMPLOYMENT

Name

Final Working Day

Robert L. Tommen
Director of Personnel

9-5-84
Date

FOR BUSINESS OFFICE USE

CHARGE TO: _____

INSURANCE:

ADD DROP

INITIAL

(DATE COPY MAILED TO SIS.)

*Insurance Requirement - 30 hours per week ^{FOLA} 00234
*IMRF Requirement - 600 hours per year

ILLINOIS MUNICIPAL RETIREMENT FUND

100 S. WACKER DRIVE CHICAGO, ILLINOIS 60606

DESIGNATION OF BENEFICIARY (DIRECTIONS AND CONDITIONS ON REVERSE SIDE)

NAME OF MEMBER OR PERSON RECEIVING PENSION			SOCIAL SECURITY NUMBER
TYPE OR PRINT	LAST	FIRST	MIDDLE INITIAL
	Snow	Stuart	L

BY LAW, A SURVIVING SPOUSE IS THE BENEFICIARY. HOWEVER, MEMBERS IN PARTICIPATING STATUS (EMPLOYED, DRAWING DISABILITY BENEFITS OR ON IMRF AUTHORIZED LEAVE OF ABSENCE) MAY EXCLUDE THEIR SPOUSE FROM DEATH BENEFITS PROVIDED THEY NAME AS BENEFICIARY OR BENEFICIARIES, BLOOD OR ADOPTIVE RELATIVES. INACTIVE AND RETIRED MEMBERS (INCLUDING ANNUITANTS RETURNING TO PARTICIPATING STATUS) CANNOT EXCLUDE THEIR SPOUSES.

PART I - REGULAR DESIGNATION

A. SPOUSE (PRIMARY BENEFICIARY UNLESS EXCLUDED IN PART II)

SPOUSE'S NAME	FIRST	MIDDLE	MAIDEN (if applicable)
PLACE OF MARRIAGE	DATE OF MARRIAGE (MO-DAY-YR)		

B. DESIGNATION OTHER THAN SPOUSE

FIRST NAMED BENEFICIARY(IES) (BENEFIT WILL BE PAID TO THIS BENEFICIARY OR BENEFICIARIES IF NO SPOUSE SURVIVES OR IF SPOUSE IS EXCLUDED)	NAME	RELATIONSHIP	SHARE TO EACH (WILL SHARE EQUALLY IF NO SHARES SPECIFIED)
	ELIZABETH SNOW	SISTER	
	MARY CATHERINE OSWALD	SISTER	

CONTINGENT BENEFICIARY(IES) (BENEFIT WILL BE PAID TO THIS BENEFICIARY OR BENEFICIARIES, IF NO SPOUSE SURVIVES OR SPOUSE IS EXCLUDED AND NO FIRST NAMED BENEFICIARY SURVIVES)	NAME	RELATIONSHIP	SHARE TO EACH (WILL SHARE EQUALLY IF NO SHARES SPECIFIED)

SIGN HERE	DATE
* <u>Stuart Snow</u> (WRITE, DO NOT TYPE OR PRINT)	9/6/84

PART II - OPTIONAL EXCLUSION OF SPOUSE

(DO NOT FILL OUT IF YOU WANT SPOUSE AS BENEFICIARY) I HEREBY EXCLUDE MY SPOUSE NAMED BELOW FROM DEATH BENEFITS PAYABLE BY IMRF. I UNDERSTAND (1) THAT THIS EXCLUSION IS APPLICABLE ONLY IF OTHER NAMED SURVIVING BENEFICIARY(IES) NAMED IN PART I-B IS A BLOOD OR ADOPTIVE RELATIVE AND I AM IN A PARTICIPATING STATUS AT DEATH AND (2) MY SPOUSE WILL BE ENTITLED TO NEITHER A LUMP SUM DEATH BENEFIT NOR SURVIVING SPOUSE PENSION.

SPOUSE'S NAME	FIRST	MIDDLE	MAIDEN (if applicable)
SIGN HERE	DATE		
* _____ (WRITE, DO NOT TYPE OR PRINT)			

FILE A NEW DESIGNATION IF YOU MARRY, ARE DIVORCED OR SPOUSE OR ANY BENEFICIARY DIES.

FOIA 00235

SOCIAL SECURITY
ACCOUNT NUMBER

HAS BEEN ESTABLISHED FOR
Stuart Leo Snow

SIGNATURE *Stuart L. Snow*

FOR SOCIAL SECURITY PURPOSES • NOT FOR IDENTIFICATION

R E C E I P T

I hereby acknowledge receipt of my copy of the Handbook for Paraprofessional Personnel for the Glenbrook High Schools. This handbook outlines my privileges and obligations as an employee of District #225. I will familiarize myself with the information in this handbook and refer to it while an employee of this organization. I understand that it constitutes many of the current personnel policies germane to my position as adopted by the Board of Education and that my employment is governed by these policies.

I understand that the information contained in this handbook is necessarily subject to change without prior notice by action of the Board and that any change in the policies as contained herein may modify, supersede or eliminate the policies in this handbook. Every effort will be made to communicate any change in policy with those employees affected.



Signature of Employee



Date

OFFICE OF THE SUPERINTENDENT

GLENBROOK HIGH SCHOOLS

Glenview - Northbrook, Illinois

TO: Members of the Board of Education of District #225FROM: Jean B. McGrewRE: Recommendations for Employment (Non-Certificated)

<u>NAME</u>	<u>POSITION</u>	<u>EFFECTIVE</u>	<u>SCHOOL</u>	<u>SALARY</u>
ASPINALL, Ethel (Rep. Betty Bogdanski)	Paraprofessional (Supervision)	9-4-84	SOUTH	\$5.80/hr.
BAAR, John (Rep. Mark Braun)	Paraprofessional (Microcomputer)	8-30-84	SOUTH	\$5.80/hr.
CABOT, Cathy (Rep. Cathy Bachar)	Paraprofessional (Swimming Aide)	9-4-84	SOUTH	\$6.80/hr.
DEROSA, Diane (Rep. Shirley Pinches)	Paraprofessional (Supervision)	9-4-84	NORTH	\$5.80/hr.
GEORGE, Patricia Ann (Rep. Susan Price)	Paraprofessional (Special Education)	8-31-84	NORTH	\$5.80/hr.
GIANORIO, Patricia (Rep. Carol Moellers)	Paraprofessional (clerical)	9-5-84	OFF-CAMPUS	\$5.80/hr.
GOLDSTEIN, Irving (Rep. Patrick Boothe)	Paraprofessional (Boys' Locker Room)	9-4-84	SOUTH	\$5.80/hr.
HODGES, Rebecca (Rep. Alice Sonnenberg- transferred to GBS)	Chapter I Aide	8-30-84	NORTH	\$6.40/hr.
MOORE, Georgeanne (Rep. Lorraine Kroll- in house transfer)	Library Specialist	8-22-84	NORTH	\$936/mo.
NEAYLON, Linda (Rep. Patricia Fernandes)	Paraprofessional (Attendance Office)	9-4-84	NORTH	\$6.00/hr.
✓ SNOW, Stuart (Rep. Linda Neaylon- in house transfer)	Paraprofessional (Supervision)	9-4-84	NORTH	\$5.80/hr.
SOBEL, Andrea (Rep. Tom Bujnowski)	Paraprofessional (Supervision)	9-4-84	SOUTH	\$5.80/hr.
SONNENBERG, Alice (Rep. Susan Pritz)	Chapter I Aide	9-4-84	SOUTH	\$6.60/hr.
WECKERLIN, Gayle (Rep. Hillary Hirsch)	Paraprofessional	9-4-84	OFF-CAMPUS	\$5.80/hr.

FOIA 00288

RESIGNATIONS:

<u>NAME</u>	<u>POSITION</u>	<u>EFFECTIVE</u>	<u>SCHOOL</u>
BREUER, Deborah	Attendance Office Specialist	9-14-84	NORTH
FERNANDES, Patricia	Paraprofessional (Attendance Office)	6-7-84	NORTH



Illinois Municipal Retirement Fund

100 South Wacker Drive Chicago, IL 60606
312/346-6722

EMPLOYER COPY

MEMBER'S STATEMENT OF ACCOUNT FOR THE YEAR 1987

GLENBROOK SD 225

TAX DEFERRED PLAN BEGAN 02/82

EMPLOYER SSA NUMBER
69-0331581

SNOW STUART L
C/O JAMES A WISNER BUS MGR

DATE OF BIRTH

SEX

SOCIAL SECURITY NO

YOUR IMRF SERVICE AND CONTRIBUTION ACCOUNT

EXPLANATION	SERVICE		CONTRIBUTIONS CREDIT					
	YEARS	MONTHS	RETIREMENT		SPOUSE		OVER DEDUCTED OR UNDER DEDUCTED (-)	TOTAL MEMBER CONTRIBUTIONS REPORTED
BEGINNING BALANCE ON 1/1/87	1	1	414	62	82	93		\$497.55
1987 CREDITS:								
TAX DEFERRED (TD)		2	193	00	39	60	1	237.61
ENDING BALANCE ON 12/31/87	1	3	612	62	122	53	1	\$735.16

PENSION GUARANTEED
AFTER 8 (OR MORE)
YEARS OF SERVICE

REFUNDABLE AMOUNT
PROVIDED NO LONGER A
CONTRIBUTING MEMBER
AND NOT ELIGIBLE FOR
A PENSION

1987 MONTHLY EARNINGS AND CONTRIBUTIONS REPORTED TO IMRF

JAN	FEB	MAR	APR	MAY	JUNE	TOTAL EARNINGS
		2,807.00			2,473.00	\$5,280.00
		TD 126.32			TD 111.29	
JULY	AUG	SEPT	OCT	NOV	DEC	TOTAL CONTRIBUTIONS
						TD \$237.61

TAX DEFERRED AMOUNT - SUBJECT TO IRS TAX WHEN DISTRIBUTED: \$735.16

"YOUR RETIREMENT FUND" LEAFLETS WILL NOT BE AVAILABLE UNTIL LATER THIS YEAR. THEY ARE BEING REVISED TO INCORPORATE THE LEGISLATIVE CHANGES EFFECTIVE JULY 1988.

BENEFIT INFORMATION

IMRF provides four types of benefits: 1) Withdrawal of a member's contributions upon termination of participation; 2) Survivor benefits upon the death of a member; 3) Disability benefits; 4) Retirement benefits.

These benefits and eligibility requirements are described in our leaflet, "Your Retirement Fund". To apply for any of these benefits or to obtain additional information concerning your statement see your authorized agent or write directly to IMRF.

FOIA 00240

THANK YOU.



Illinois Municipal Retirement Fund

100 South Wacker Drive Chicago, IL 60606
312/346-6722

EMPLOYER COPY

MEMBER'S STATEMENT OF ACCOUNT FOR THE YEAR 1985

EMPLOYER NAME
GLENBROOK SD 225

EPU PLAN ADOPTED 02/01/82

EMPLOYER SSA NUMBER
69-0331581

MEMBER NAME
SNOW STUART L

SEX
M

DATE OF BIRTH
[REDACTED]

SOCIAL SECURITY NO.
[REDACTED]

YOUR IMRF SERVICE AND CONTRIBUTION ACCOUNT

EXPLANATION	SERVICE		CONTRIBUTIONS CREDIT					TOTAL MEMBER CONTRIBUTIONS REPORTED	
	YEARS	MONTHS	RETIREMENT		SPOUSE		OVER DEDUCTED OR UNDER DEDUCTED (-)		
BEGINNING BALANCE ON 1/1/85		4	197	15	39	43			\$236 58
1985 CREDITS: MEMBER PAID EMPLOYER PICKED UP		6	193	28	38	66			231 94
ENDING BALANCE ON 12/31/85		10	390	43	78	09			\$468 52

PENSION GUARANTEED
AFTER 8 (OR MORE)
YEARS OF SERVICE

REFUNDABLE AMOUNT
PROVIDED NO LONGER A
CONTRIBUTING MEMBER
AND NOT ELIGIBLE FOR
A PENSION

1985 MONTHLY EARNINGS AND CONTRIBUTIONS REPORTED TO IMRF

JAN	FEB	MAR	APR	MAY	JUNE	TOTAL EARNINGS
487 20 EPU 21 93	855 50 EPU 38 50	3,082 20 EPU 138 70	480 40 EPU 21 62			\$5,154 00
JULY	AUG	SEPT	OCT	NOV	DEC	TOTAL CONTRIBUTIONS
153 20 EPU 6 89				95 50 EPU 4 30		MP EPU \$231 94

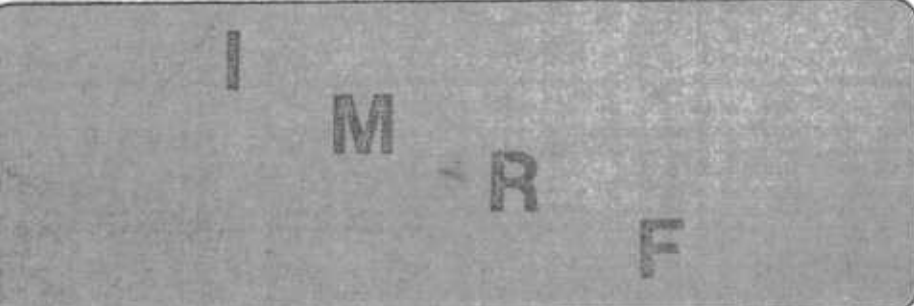
SUBJECT TO IRS TAX WHEN DISTRIBUTED: \$468.52

BENEFIT INFORMATION

IMRF provides four types of benefits: 1) Withdrawal of a member's contributions upon termination of participation 2) Survivor benefits upon the death of a member; 3) Disability benefits; 4) Retirement benefits.

These benefits and eligibility requirements are described in our leaflet, "Your Retirement Fund". To apply for any of these benefits or to obtain additional information concerning your statement see your authorized agent or write directly to IMRF.

THANK YOU.





Illinois Municipal Retirement Fund

100 South Wacker Drive Chicago, IL 60606
312/346-6722

EMPLOYER COPY

**MEMBER'S STATEMENT OF ACCOUNT
FOR THE YEAR 1984**

EMPLOYER NAME
GLENBROOK SD 225

EPU PLAN ADOPTED 02/01/82

EMPLOYER SSA NUMBER
69-0331581

MEMBER NAME
SNOW STUART L

SEX
M

DATE OF BIRTH
[REDACTED]

SOCIAL SECURITY NO.
[REDACTED]

YOUR IMRF SERVICE AND CONTRIBUTION ACCOUNT

EXPLANATION	SERVICE		CONTRIBUTIONS CREDIT				TOTAL MEMBER CONTRIBUTIONS REPORTED
	YEARS	MONTHS	RETIREMENT	SPOUSE		OVER DEDUCTED OR UNDER DEDUCTED (--)	
BEGINNING BALANCE ON 1/1/84							
1984 CREDITS: MEMBER PAID EMPLOYER PICKED UP		4	197 15	39	43		236 58
ENDING BALANCE ON 12/31/84		4	197 15	39	43		\$236 58

PENSION GUARANTEED AFTER 8 (OR MORE) YEARS OF SERVICE

REFUNDABLE AMOUNT PROVIDED NO LONGER A CONTRIBUTING MEMBER AND NOT ELIGIBLE FOR A PENSION

1984 MONTHLY EARNINGS AND CONTRIBUTIONS REPORTED TO IMRF

JAN	FEB	MAR	APR	MAY	JUNE	TOTAL EARNINGS
						\$5,257 20
JULY	AUG	SEPT	OCT	NOV	DEC	TOTAL CONTRIBUTIONS
		440 60 EPU 19 83	1,171 45 EPU 52 72	2,874 35 EPU 129 34	770 80 EPU 34 69	MP EPU \$236 58

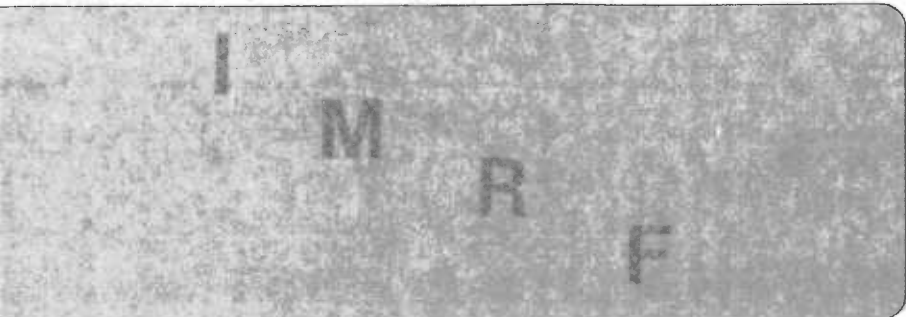
SUBJECT TO IRS TAX WHEN DISTRIBUTED: \$236.58

BENEFIT INFORMATION

IMRF provides four types of benefits: 1) Withdrawal of a member's contributions upon termination of participation; 2) Survivor benefits upon the death of a member; 3) Disability benefits; 4) Retirement benefits.

These benefits and eligibility requirements are described in our leaflet, "Your Retirement Fund". FOIA 00242
FOIA apply for any of these benefits or to obtain additional information concerning your statement see your authorized agent or write directly to IMRF.

THANK YOU.



AN EQUAL OPPORTUNITY EMPLOYER

Dr. Forrest S. Sheely, Superintendent
Northfield Township High School District #225
Glenbrook High Schools
1835 Landwehr Road
Glenview, Illinois 60025 Code 312 729-2000
(Serving villages of Glenview and Northbrook)

T
R

Step II

Northfield Township High School District #225 is an equal opportunity employer and actively recruits and hires the best qualified candidates for positions without regard to sex, race, religion, color, national origin, age or marital status.

(Office use only)

Received MAY 6 1983

References Requested _____ Received _____

Credentials Requested _____ Received _____

Interview Requested Interview 4-19-84

Follow Up _____

Reactivated for 1985-86

PROFESSIONAL APPLICATION OF

BA STOP 7

Name STUART LEO SNOW
(Print or Type)

Present Address _____ City _____ State _____ Zip _____

Until _____ 19 _____ Phone _____ Area Code _____

Permanent Address SAME City _____ State _____ Zip _____

Phone _____ Area Code _____

Head Basketball POSITION DESIRED

ENGLISH TEACHER (WITH COACHING IF POSSIBLE)

(1st Choice)

(2nd Choice)

Date 2 MAY 19 83

Stuart Snow
Signature of Applicant

INSTRUCTIONS: Great care should be exercised in completing this form. Information given that is incorrect will constitute sufficient cause for contract review. All items - especially the academic record - must be completed even though transcripts and credentials from placement offices will show identical information. This gives us a complete academic picture of your candidacy in a single document.

EDUCATION

NAMES AND LOCATIONS OF SCHOOLS ATTENDED	DATES INCLUSIVE	TITLE OF DEGREE IF ANY	MAJOR	MINOR	LANGUAGE ARTS				FOREIGN LANGUAGE					
					ENGLISH	JOURNALISM	SPEECH		FRENCH	GERMAN	LATIN	SPANISH	HIST. AMERIC.	HIST.
High School: <u>CANISTOTA S.D. CANISTOTA PUBLIC</u>	<u>1958-62</u>	<u>XXX</u>	<u>XXX</u>	<u>XXX</u>										
Colleges:														
<u>UNIVERSITY OF NOTRE DAME</u>	<u>1963-68</u>	<u>B-A</u>	<u>ENGLISH</u>		<u>43</u>									
<u>NORTHWESTERN U.</u>	<u>SUMMER 69</u>													
<u>LOYOLA UNIVERSITY</u>	<u>SUMMER 70 + 78</u>													
<u>U OF I CHICAGO CIRCLE</u>	<u>SUMMER 82</u>													

INSTRUCTIONS: In the appropriate column, list the total COLLEGE SEMESTER HOURS in your MAJOR AND MINOR academic areas only. (Multiply term hours or quarter hours by 2/3 to convert to semester hours.) For example, with an English major and a French minor, only the LANGUAGE ARTS and FOREIGN LANGUAGE columns need be completed. If your major

COURSES IN PROFESSIONAL EDUCATION. List title of courses with semester hours earned. Include general and educational psychology, philosophy and history of education, methods, tests and measurements, mental hygiene, etc. Include student or practice teaching hours as well as courses in which you are currently enrolled.

TITLE OF COURSE	SEMESTER HOURS CREDIT	DATE	NAME OF COLLEGE OR UNIVERSITY
<u>TECH OF TCH IN SEC SCHOOLS</u>	<u>3</u>	<u>Sum-69</u>	<u>LOYOLA U.</u>
<u>STUDENT TECHNS / SUPERVISION</u>	<u>6</u>	<u>78-79</u>	<u>LOYOLA U</u>
<u>STUDY IN PRACTICE OF GROUP DYNAMICS</u>	<u>3</u>	<u>1969</u>	<u>NATIONAL COLLEGE EDUCATION</u>
<u>AM ED HIST</u>	<u>4</u>	<u>1982</u>	<u>U OF I CHICAGO CIRCLE</u>
<u>CHAR + ED OF EXP CH</u>	<u>4</u>	<u>1982</u>	<u>" " " " "</u>
<u>ED PSYCH</u>	<u>4</u>	<u>1969</u>	<u>NORTHWESTERN U.</u>
<u>PHIL. OF ED.</u>	<u>3</u>	<u>1969</u>	<u>" "</u>
<u>2 classes writing at Roswell - writing across the curriculum common caten's & theater</u>	<u>3</u>		<u>4.5.4</u>
<u>35h. National college</u>			
<u>Drop dynamics</u>			
		<u>Bradley ??</u>	

PREPARATION

SOCIAL SCIENCE				NATURAL SCIENCE				COMMERCIAL SUBJECTS				VOCATIONAL SUBJECTS		OTHER AREAS										
ECONOMICS	SOCIOLOGY	MATHEMATICS	BIOLOGY	BOTANY	CHEMISTRY	PHYSICS	EARTH SCIENCE	ZOOLOGY	BKPG. ACCTG.	BUSINESS LAW	OFFICE PRACTICES	SHORTHAND	TYPENWRITING	CONSUMER ED.	HOME ECON.	INDUSTRIAL ARTS	PSYCHOLOGY	DRIVER EDUCATION	PHYSICAL EDUCATION	READING	AUDIO-VISUAL	LIBRARY SCIENCE	HEALTH	SPECIAL ED.

is NATURAL SCIENCE, fill in the semester hours you have in MATHEMATICS, especially if you are a CHEMISTRY or PHYSICS major. P.E. majors who are certified in DRIVER EDUCATION and HEALTH should also complete these columns. Use your judgement as to what other completed columns would enhance your candidacy.

List all SUBJECT MATTER COURSES in your MAJOR academic area only. If your choice of a position as indicated on the front page is in a MINOR area, those courses should be listed instead. Courses in which you are now enrolled should also be listed. Use addendum pages if necessary.

TITLE OF COURSE	SEMESTER HOURS CREDIT	DATE	NAME OF COLLEGE OR UNIVERSITY
RHET + Comp I	3	63/64	UNIVERSITY OF NOTRE DAME
RHET + Comp II	3	63/64	
INTRO LIT I	3	65/66	
INTRO LIT II	3	65/66	
WRIT + Tch Fict	3	65/66	
MODERN FICTION I	3	66/67	
VICTORIAN POETRY	3	66/67	
MODERN FICTION II	3	66/67	
SHAKESPEARE	3	67/68	
MAJ. Am. WRITERS I	3	67/68	
MODERN Am DRAMA	3	67/68	
LATE 19c BRIT LIT	3	67/68	
MAJ Am WRITERS II	3	67/68	

List all scholastic honors received _____

Circle the approximate scholastic average of UNDERGRADUATE college work. Indicate with an (X) the average for your academic area MAJOR.

A A- B+ B ~~B-~~ C+ C

Circle the approximate scholastic average of all GRADUATE college work and indicate with an (X) the average of your academic MAJOR.

A A- B+ B B- C+ C

FOR BEGINNING TEACHERS AND THOSE WITH LESS THAN TWO YEARS OF EXPERIENCE

Have you completed your student teaching? _____

If so, describe the

Location _____ Dates _____

Name of School _____

Class level(s) taught _____

Academic area assignment(s) _____

If not, where and when do you expect to complete it? _____

Expected academic area assignment _____

Have you had an interview with a representative from the Glenbrook High Schools? _____

Date of interview _____

DO NOT COMPLETE - FOR OFFICE USE ONLY

Date of interview _____ Place _____

Candidate qualifications _____

Statement of interest _____

Contract offered _____ Date _____

Salary level _____ Step _____ for _____

Extra pay assignment(s) _____

_____ salary _____

Total contract _____

Contract acceptance date _____

Board action date _____

Comments _____

PERSONAL DATA

For consideration, all questions must be answered

1. Place of birth SIoux FALLS S.D. Social Security No. [REDACTED]

2. Condition of health during last two years EXCELLENT
In the last 12 months how many days have you lost from work or school because of illness? 2 DAYS

3. Any defects in sight or hearing? NONE
Any other physical defects? NONE

4. Organizations to which you belong (Professional and Social) _____

5. Do you have a teaching certificate? YES What state? IL.
Give exact title and grade of certificate(s) HIGH SCHOOL 6-12 TEACHING # 1183573
If just out of school have you made application for Illinois Certification? _____ Another State? _____

6. Check any of the following which you feel you can coach or direct successfully: Circle any to show college participation:
Football _____ Basketball Baseball Track _____ Cross Country Wrestling _____ Soccer _____
Gymnastics _____ Swimming _____ Tennis _____ Golf _____ Dance _____ Cheerleaders _____ Orchestra _____
Band _____ Vocal Music _____ Debate _____ Speech Activities _____ Dramatics _____ Student Council _____
School Newspaper _____ School Annual _____ Photography Club _____
Others not listed in the above _____

7. List college activities engaged in prior to graduation STUDENT GOVERNMENT (SEMINARY)
VOLUNTEER - CHILDREN'S HOSPITAL - TEACHING PROGRAM FOR HEARING
IMPAIRED - VOLUNTEER COACHING IN LOCAL HIGH SCHOOL -

8. Could you come for interview? YES When? WEEKDAY AFTER 2 P.M.

9. If elected and conditions prove satisfactory, have you any present plans which would prevent your teaching here at least two years? NONE

10. Have you ever failed of re-election in a position? TEACHING - NO ^{COACHING - YES} If so, where NOTRE DAME H.S.
If so, give reasons INABILITY ON MY PART TO ACCEPT PROBATIONARY AGREEMENT FOR APPOINTMENT

11. Are you a citizen of the United States? YES If not, do you have a working visa? Yes _____ No _____

12. Have you ever been convicted of a misdemeanor, a felony, or any offense involving moral turpitude? NO

13. Indicate how you heard about our high schools LIVING IN THE AREA / FRIENDS ON STAFF

14. Give the date of your availability for a teaching contract 7/83

15. In the event it is necessary to contact you while you are away from your home on trips, vacations, holidays, etc. please give the name and address and telephone number of parents, relative or person who would know how and where to reach you:

MR. + MRS. TERRY HOKAN
[REDACTED]
[REDACTED]

TEACHING EXPERIENCE (List Chronologically)

DATES	NAME OF SCHOOL	LOCATION	TEACHING ASSIGNMENT(S)	NO. YEARS TAUGHT	ANNUAL SALARY
1968-1983	NOTRE DAME H.S.	7655 DEMPSTER WILES, IL.	ENGLISH - YES 9-12	15	\$18,000

NON-TEACHING WORK EXPERIENCE

FIRM OR ORGANIZATION	ADDRESS	DATES	TYPE OF WORK	SALARY
NOTRE DAME H.S.	ABOVE	1971-1982	BEGINNING AND WORKING WITH A SUMMER BASKETBALL CAMP.	1/0 OF CROSS OF STUDENTS ENROLLED.

REFERENCES

If you are registered with a College Placement Office or Professional Agency and your credentials are up-to-date, indicate where they are available: _____

Have you requested your Placement Office to forward your papers to our Office? Yes _____ No _____

If you have teaching experience, list supervisors, department heads, principals and superintendents who are familiar with your educational experience.

If you have had no teaching experience, list as references your college supervisors, critic teachers, or others who are familiar with your educational, professional training and student teaching. Include at least two references who have taught you in your subject matter specialties.

Indicate with an asterisk (*) those references listed below which will be found in a set of your credentials from the source given above.

NAME	COMPLETE ADDRESS	Telephone No. Office/Residence	Position of Reference When He Knew of Your Work
Jim Wicklund	ARLINGTON H.S. ARLINGTON IL.		DEPT HEAD / ENGLISH
DAVE JAW DEN BUSCH	NOTRE DAME H.S. WILES IL.	965-2900	" " "
BILL CASEY	" " " " "	"	ATH. DIRECTOR.

THE
GLENBROOK
HIGH SCHOOLS

Northfield Township High School District 225

1835 LANDWEHR ROAD
GLENVIEW, ILLINOIS 60025-1289
PHONE: (847) 998-6100

January 12, 2001

Mr. Stuart Snow
[REDACTED]
[REDACTED]

Dear Mr. Snow:

Enclosed please find your final paycheck and the payout summary as I shared with you in my communication of January 10, 2001.

Please contact my office if you have any questions.

Sincerely,



Victoria Helander-Heiser
Director of Human Resources

**ACKNOWLEDGMENT OF THE STATUTORY REQUIREMENT THAT
SCHOOL PERSONNEL REPORT SUSPECTED CASES OF CHILD ABUSE
AND NEGLECT, AS SET FORTH IN THE ILLINOIS ABUSE AND
NEGLECTED CHILD REPORTING ACT. ILL. REV. STAT. 1985 CH. 23,
PAR. 2051 ET SEQ.**

Any school personnel, including teachers, administrators, nurses, social workers and psychologists, who have reasonable cause to believe a child, known to them in their professional capacity, may be an abused or neglected child are required by law to immediately report the cause to the *Department of Child and Family Services (DCFS)*. An "abused child" is one whose parent, or immediate family member, or other person responsible for the child's welfare, or any individual residing in the same home, or a paramour of the child's parent, inflicts upon or creates a substantial risk of physical or emotional injury to the child, commits a sex offense against the child, or commits torture or inflicts excessive corporal punishment upon the child. A "neglected child" is one whose parent or other person responsible for the child's welfare fails to provide the child with the necessary care and support, such as nourishment, medical care, education as required by law, clothing and shelter, or who is abandoned. A child may not be considered abused or neglected solely because a parent or guardian, in good faith, depends upon spiritual prayer alone for the treatment of disease.

A report of suspected child abuse or neglect must be made orally to the DCFS either by calling the statewide 24-hour child abuse hotline number (1-800-252-2873) or by contacting the nearest DCFS office by telephone or in person. The oral report must be confirmed in writing to the appropriate Child Protective Service Unity within 48 hours. School personnel should, but are not required to, inform the school principal that they have reported a suspected abuse or neglect case to the DCFS.

When making a report to the DCFS, the following information is required if know:

1. The name and address of the child and his or her parents or guardian.
2. The child's age, sex and race.
3. The nature and extent of the abuse or neglect.
4. Any evidence or previous injuries.
5. The names of persons apparently responsible for the abuse or neglect.

ACKNOWLEDGEMENT

I, _____,

(print your name)

hereby acknowledge that I have carefully read and understand the attached statement entitled "Acknowledgement of the Statutory Requirement that School Personnel Report Suspected Cases of Child Abuse and Neglected Child Reporting Act." "IL. Rev. Stat. 1985, ch. 23, par. 2051 et seq."

(signature)

(date)

**THE
GLENBROOK
HIGH SCHOOLS**

Northfield Township High School District 225

1835 LANDWEHR ROAD
GLENVIEW, ILLINOIS 60025-1289
PHONE: (847) 486-4700
FAX: (847) 486-4733

Office of the Superintendent
February 23, 2001

Mr. Joseph F. Kaczanowski
Interim Regional Superintendent
Suburban Cook County Regional Office of Education
10110 Gladstone
Westchester, Illinois 60154-2618

Re: Request for Suspension and Revocation of Teaching Certificate
Teacher: Stuart L. Snow
Certificate No.: 1687842

Dear Superintendent Kaczanowski:

I am writing you at the direction of the Board of Education to request, pursuant to 105 ILCS 5/21-23, the suspension and revocation of the teaching certificate of Mr. Stuart L. Snow on the basis of immorality and unprofessional conduct.

Mr. Snow was employed as an English teacher at Glenbrook North High School for fourteen years. On December 14, 2000, the Northbrook Police Department received a telephone call from a male caller who identified himself as "[REDACTED]." [REDACTED] explained to the Police Department that he attended Glenbrook North High School and graduated in [REDACTED]. He also stated that [REDACTED]

[REDACTED]. He advised the officers that he visited Mr. Snow at Mr. Snow's home and that Mr. Snow counseled him. He also stated that the relationship became sexual and that Mr. Snow touched him inappropriately both at Mr. Snow's home and at Glenbrook North High School. [REDACTED] indicated to the officers that he was [REDACTED] or [REDACTED] years old at the time that the touching occurred and that he sought counseling as a result of the contact. At the time of his report by telephone on December 14, [REDACTED] indicated that he was unsure whether he wished to file an official report because he was worried about damaging his reputation. He did indicate that he would consider the matter and that he might come to the department to make a report on December 16. He did not do so.

On December 19, 2000, Investigator Michael A. O'Malley and Detective Dunham of the Northbrook Police Department interviewed Mr. Snow at the Northbrook Police station. According to the Supplementary Report, Mr. Snow reported to Investigator O'Malley and Detective Dunham as follows:

Mr. Joseph F. Kaczanowski
February 23, 2001
Page 2

On 12-19-00 R/O interviewed Snow at the police department with Detective Dunham present. R/O advised Snow that he was not under arrest and was free to leave at any time. The following is a summary of Snow's statement and is not verbatim. Snow is 56 years old and has worked at Glenbrook North for fifteen years as a teacher and coach. Prior to this he worked at Notre Dame High School for sixteen years. Snow had a homosexual relationship while at camp when he was thirteen, but relates that he is a heterosexual. He has had three heterosexual relationships in his life, one in high school, one when he started teaching (31 years ago) and a one-night stand about twelve years ago. Snow related that he has not had sex with anyone since that night twelve years ago. Over the last fifteen years Snow has had approximately six students over to his house at [REDACTED]. One of those students, [REDACTED] (last name omitted), was over approximately six times. On two of those occasions Snow gave (last name omitted) full body massages and on both occasions Snow touched (last name omitted) penis with his hand. Snow related that [REDACTED] became at least semi-erect during the touching, but did not ejaculate. Snow related that he did not view the touching as sexual in nature, but acknowledged that the relationship was inappropriate. Snow explained that he remembers (last name omitted) being a student at the high school after the incidents. R/O prepared a written statement for Snow to sign, but he refused, relating that he thought he might need a lawyer. He also refused to give R/O the names of the other students that were at his house over the years.

Glenbrook North High School officials were informed of the Northbrook Police Department's interview with Mr. Snow on the afternoon of December 19. On the morning of December 20, 2000, district officials met with Mr. Snow. Mr. Snow was advised that the Northbrook Police Department had informed the district of his admissions at the police department on the previous afternoon, December 19. Mr. Snow declined to comment further regarding his admissions on the previous day. [REDACTED]

On January 5, 2001, Mr. Snow submitted his resignation as a tenured teacher from his employment by the Board of Education. On Monday, January 8, the Board of Education accepted Mr. Snow's resignation without regret, and directed the administration to seek the suspension and revocation of Mr. Snow's teaching certificate.

Following Mr. Snow's resignation, the Department of Children and Family Services Mass Molestation Unit conducted an investigation at Glenbrook North High School. Department of Children and Family Services (DCFS) representatives interviewed students known by the administration to be friendly with Mr. Snow. Fortunately, DCFS advises that none of the students reported similar experiences to that reported by "[REDACTED]" to the Northbrook Police Department.

Based upon the report of "[REDACTED]" to the Northbrook Police Department, however, and Mr. Snow's admitted conduct to the department on December 19, 2000, DCFS has advised the school district's legal counsel that it will enter a finding of "indicated" on the report of child abuse (CFS No. 892454A) made by the Northbrook Police Department.

Mr. Joseph F. Kaczanowski
February 23, 2001
Page 3

The district is advised that Mr. Snow no longer resides in the State of Illinois and has moved to Indiana. While we have no Indiana forwarding address for Mr. Snow, he can be reached at [REDACTED]
[REDACTED]

The school district respectfully requests that Mr. Snow's teaching certificate be suspended, and that your office forward the case to the State Superintendent and State Teacher Certification Board for purposes of the revocation of his certificate. Please be advised that it is expected that DCFS will issue its indicated finding on the report of child abuse within the next thirty days.

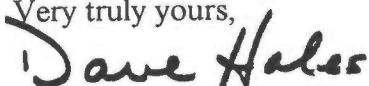
In support of the request for the suspension of Mr. Snow's certificate, the district provides the following information:

1. Copies of Mr. Snow's teaching certificate;
2. A copy of the Approval of Request for Public Records issued by the Village of Northbrook, Cook County, Illinois, the Northbrook Police Department General Incident Report dated December 14, 2000, and Supplementary Reports issued on December 19 and December 21, 2000;
3. A copy of Mr. Snow's resignation dated January 5, 2001.

The district is advised that Officer Michael A. O'Malley and Detective Dunham of the Northbrook Police Department are prepared to testify as to Mr. Snow's admissions if a hearing is necessary prior to the suspension of Mr. Snow's certificate. The district believes that Investigator O'Malley and Detective Dunham would also cooperate with any hearing by the State Superintendent or the State Teacher Certification Board for the purpose of considering the revocation of Mr. Snow's teaching certificate. District administrative personnel are prepared to assist as necessary. The district will be further assisted by its legal counsel, Mr. Alan T. Sraga of Sraga and Engler, L.L.C., with whom you spoke concerning this matter on January 8, 2001.

Should you have any further questions at this time with respect to the district's request for the suspension and revocation of Mr. Snow's certificates, please contact either me or Mr. Sraga (630-928-1200) at your earliest convenience.

Very truly yours,



Dave Hales
Superintendent

DH:dt
Enclosures

Mr. Joseph F. Kaczanowski
February 23, 2001
Page 4

Blind copy to: Board of Education

- ✓ J. Lacivita, Assistant Superintendent
- V. Helander-Heiser, Director of Human Resources
- M. Riggle, Principal, Glenbrook North High School

STATE TEACHER CERTIFICATION BOARD - STATE OF ILLINOIS

CERTIFICATE

Issued To:

██████████
Snow, Stuart L.

Number: 1687842

Type: Standard Secondary Teaching

Issued: 07/25/2000

Years Valid: 5

Valid For: Grade 6 to Grade 12

Issued by the State Teacher Certification Board at Springfield, Illinois

Glen W. Lee
Chairman of the Board

M. Lee

Robert Simpson
Secretary

Joseph Kaszowski
Regional Superintendent of Schools
SUCURBAN COOK
INTERIM SUPERINTENDENT
Region

ENDORSEMENTS: The Certificate holder is qualified to teach the subjects, to perform the school services or to serve in the field of administrative endorsement listed below.

Completed State Approved Program In:

English

*** No Further Valid Entries ***

ADDITIONAL INFORMATION:

- This certificate must be registered with your regional superintendent.
- In compliance with Public Act 90-548, this certificate has been issued in exchange for a previously issued certificate.
- May teach any subject where content and grade level qualifications have been met.
- Continuing professional development is required to renew this certificate when the holder is employed in statutorily designated positions.

This certificate is subject to registration for its period of validity with the Regional Superintendent of Schools. The first year of all certificates expires June 30 after the date of issuance.

Registered (Date) County Regional Superintendent

7/1/00 - 6/30/08

Joseph Korynowski

Interim Superintendent
Suburban Cook

Registered (Date) County Regional Superintendent

237285

State Teacher Certification Board State of Illinois

This is to certify that the person named below, having complied with requirements of the law, is hereby granted this certificate, subject to annual registration by the Regional Superintendent of Schools of the Region in which the holder is employed or resides.

Certificate Number	Name Last-First-Middle	Degree of Credit	SP	Contribution to State Exam	Type Cert.	Years Valid	Issue Date of Certificate
1183573	SNOW STUART LEO	1	C	P P	09 4	04 11 83	

Degree: 1 Bachelor's
 2 Master's
 3 Doctor's
 4 No Degree
 Contribution to State Exam: P Passed, NR Not Passed

Issued by the State Teacher Certification Board at Springfield, Illinois

Valid for: HIGH SCHOOL 6-12 TEACHING

Donald H. Hill
Chairman of the Board

503502305



Susan L. Brady
Secretary and

Regional Superintendent of Schools

County

Issued _____	_____ 19__	<i>Joseph W. Belmont</i>	
Regional Superintendent Registered July 1, 1983	County _____ 19__	Registered to June 30, 1996 Pursuant to Public Act 87-1251	Cook _____ 19__
Regional Superintendent Registered July 1, 1984	County _____ 19__	Registered _____	Superintendent _____ 19__
<i>Richard J. Matwick</i>	Cook	<i>Joseph W. Belmont</i>	
Regional Superintendent Registered July 1, 1984	County _____ 19__	Registered _____	County _____ 19__
<i>Richard J. Matwick</i>	Cook	<i>Joseph W. Belmont</i>	
Regional Superintendent Registered July 1, 1985	County _____ 19__	Registered _____	County _____ 19__
<i>Richard J. Matwick</i>	Cook	<i>Joseph W. Belmont</i>	
Regional Superintendent Registered July 1, 1986	County _____ 19__	Registered _____	County _____ 19__
<i>Richard J. Matwick</i>	Cook	<i>Joseph W. Belmont</i>	
Regional Superintendent Registered July 1, 1987	County _____ 19__	Registered _____	County _____ 19__
<i>Richard J. Matwick</i>	Cook	<i>Joseph W. Belmont</i>	
Regional Superintendent Renewed July 1, 1988	County _____ 19__	Registered _____	County _____ 19__
<i>Richard J. Matwick</i>	Cook	<i>Joseph W. Belmont</i>	
Regional Superintendent Registered July 1, 1988	County _____ 19__	Registered _____	County _____ 19__
<i>Richard J. Matwick</i>	Cook	<i>Joseph W. Belmont</i>	
Regional Superintendent Registered July 1, 1990	County _____ 19__	Registered _____	County _____ 19__
<i>Richard J. Matwick</i>	Cook	<i>Joseph W. Belmont</i>	
Regional Superintendent Renewed July 1, 1991	County _____ 19__	Registered _____	County _____ 19__
<i>Richard J. Matwick</i>	Cook	<i>Joseph W. Belmont</i>	
Regional Superintendent Registered July 1, 1992	County _____ 19__	Registered _____	County _____ 19__
<i>Richard J. Matwick</i>	Cook	<i>Joseph W. Belmont</i>	
Regional Superintendent Registered July 1, 1993	County _____ 19__	Registered _____	County _____ 19__
<i>Richard J. Matwick</i>	Cook	<i>Joseph W. Belmont</i>	
Regional Superintendent Renewed _____	County _____ 19__	Registered _____	County _____ 19__
<i>Joseph W. Belmont</i>	Cook	<i>Joseph W. Belmont</i>	
Regional Superintendent _____	County _____ 19__	Registered _____	County _____ 19__
<i>Joseph W. Belmont</i>	Cook	<i>Joseph W. Belmont</i>	

VILLAGE OF

NORTHBROOK

1225 CEDAR LANE

NORTHBROOK, ILLINOIS 60062-4582

847/272-5050
FAX 847/272-9760



PRESIDENT
Mark W. Danisch

BOARD OF TRUSTEES

Robert J. Jaeger
Sandra E. Frum
James A. Karagianis

A.C. Buchler III
Kent J. Donewald
Brian J. Meek

Lona N. Louis

Village Clerk

Village Manager
John M. Novinson

RECEIVED

JAN 15 2001

VILLAGE OF NORTHBROOK
COOK COUNTY, ILLINOIS

APPROVAL OF REQUEST FOR PUBLIC RECORDS

To: Alan T. Sraga
Sraga & Engler, LLC
2803 Butterfield Road, Suite 380
Oak Brook, IL 60523-1152

On January 9, 2001 the Village of Northbrook received your written request for the inspection, copying, or certification of certain Village public records ("Your Request").

I. Approval of Request

Your Request is hereby approved to the following extent as to the following public records (the "Specified Records"):

Certified Copies of:

Any & all General Incident Reports, Supplementary Reports, and Interview Notes or other documents related to the allegations made against Stuart Snow, a teacher at Glenbrook North High School, in Case No. 200022898.

II. Appointment for Inspection or Pick-up

The certified copy is attached and forwarded herewith..

III. Copying and Certification Fees

No copies or certified copies of the Specified Records will be provided to you until the applicable fees, as established by the Village's Annual Fee Ordinance, have been paid. Fees must be paid in cash, by cashier's or certified check, or by money order.

The following provisions marked with an "x" apply to your request:

___ Your fees have been paid in full.



Your request for a fee waiver or reduction has been approved in the following amount: \$ _____

You have previously deposited the following amount: \$ _____

A balance is due in the following amount: \$1.75

IV. Mailing of Records

Your request that the Village mail the Specified Records to you has been denied on the basis that you have not shown that it would be unduly burdensome for you to arrange to pick up the Specified Records

Your request that the Village mail the Specified Records to you has been approved. Postage has been waived.

Dated: January 11, 2001.

VILLAGE OF NORTHBROOK

Lonan N. Lewis

Village Clerk

STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

PROOF OF SERVICE

I, Lona N. Louis being duly sworn on oath state that on this 11th day of January 2001, on or about the hour of 5 pm. I personally delivered or mailed the foregoing document entitled "APPROVAL OF REQUEST FOR PUBLIC RECORDS" by:

 Personally handing it to the person to whom it is addressed.

 Delivering it to the residence located at:

which residence is believed by me to be the residence of the person to whom such document is addressed.

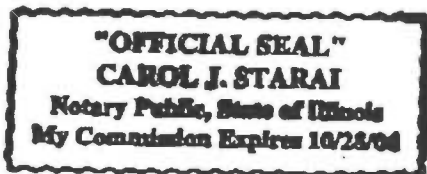
X Placing it in an envelope addressed to the person to whom it is addressed at the address to which it is addressed and depositing said envelope, with proper postage affixed, in the United States post office or mail box located at:

 Faxing it to the person to whom it is addressed at the listed fax number.

Signed: Lona N. Louis

Subscribed and sworn
to before me this 11th day
of January, 2001

Carol J. Starai
Notary Public



NORTHBROOK POLICE DEPARTMENT, Northbrook, IL 60062 GENERAL INCIDENT REPORT

Name of Complainant: **CRIMINAL SEXUAL ABUSE**

Location of Incident: **2300 SHEPHERD**

Business Name: **GLENBROOK NORTH HIGH SCHOOL**

Type of Premise: **SCHOOL**

Name (Last): **OMALLEY #151** (First) (Middle)

Address: _____ City: _____ State: _____ Zip: _____

DOB: _____ SSN: _____ DLN: _____ Sex: _____ Race: _____

Date Reported: _____ Date of Entry/Tool Used: _____

Method of Entry/Tool Used: _____

Supplemental Page 1 of 2 Case # **200022898**

Date Reported or Date of Entry/Tool Used: _____ Yr00 _____ Trm1 (10)

Victim: _____ License # _____ State: _____ Mo/Yr _____ Model _____ Color _____

Offender: _____ License # _____ State: _____ Mo/Yr _____ Model _____ Color _____

Damage: Yes No

What: _____

Property Code: _____ Loss Code: _____ Recovery Code: _____ Quantity: _____ Description: _____ Unit: _____ Measure: _____

Value: _____

Leads # _____

Recovered: Yes No

ON 12-14-00 AT APPROXIMATELY 1100 R/O RECEIVED A TELEPHONE CALL FROM A MALE THAT IDENTIFIED HIMSELF ONLY AS "DAVID". HE EXPLAINED THAT HE WAS A FORMER NORTHBROOK RESIDENT AND HAD ATTENDED GLENBROOK NORTH HIGH SCHOOL, GRADUATING IN 1992. HE FURTHER EXPLAINED THAT HE HAD PLAYED ON THE BASEBALL TEAM AS A FRESHMAN. HE RELATED THAT HE HAD FORMED A RELATIONSHIP WITH A TEACHER/COACH OF HIS. HE IDENTIFIED THE TEACHER AS STUART SNOW. HE RELATED THAT HE VISITED SNOW AT HOME AND SNOW COUNSELLED HIM. HE FURTHER RELATED THAT THE RELATIONSHIP BECAME SEXUAL AND THAT SNOW TOUCHED HIM IN APPROPRIATELY BOTH AT SNOW'S HOME AND AT THE HIGH SCHOOL IN NORTHBROOK.

Reporting Officer: **OMALLEY** Star # _____

Case Status: Pending (02) Cleared (09) Fail to prosecute (08) Inv. No Arrest (10) TOT Other Juved (01)

Supervisor: _____

Review: _____

NORTHBROOK POLICE DEPARTMENT

SUPPLEMENTARY REPORT

OFFENSE: Criminal Sexual Abuse

CASE NUMBER: 200022898

DATE: 12-19-00

DAY: Tue

TIME: 1500

FOLLOW-UP: XX

SUPP:

PAGE 2 of 2

FO

CASE STATUS:

CLEARED:

PENDING:

DWP:

OTHER: XX

REPORTING OFFICER/STAR: Inv. Michael A. O'Malley #151
SUPERVISOR/STAR: Cmdr. John R. Graham #180
REPORT REVIEW:

VICTIM: State of Illinois

COMPLAINANT: O'Malley #151

LOCATION OF INCIDENT: 2300 Sherman

DATE OCCURRED: 1990

OFFENDER: Stuart Snow m/w 2-22-44

DISPOSITION OF EVIDENCE:

"David" was unsure if he wanted to file an official report because he was worried about his reputation being damaged. "David" mentioned that he was fifteen or sixteen years old when the touching occurred and that he has sought counseling in order to deal with his feelings on the subject. "David" related that he would think the matter over and try to come in for a report on 12-16-00, he never re-contacted R/O.

On 12-19-00 R/O interviewed Snow at the PD with Det. Dunham present. R/O advised Snow that he was not under arrest and was free to leave at any time. The following is a summary of Snow's statement and is not verbatim. Snow is 56 years old and has worked at GBN for fifteen years as a teacher and coach. Prior to this he worked at Notre Dame High School for sixteen years. Snow had a homosexual relationship while at camp when he was thirteen, but relates that he is a heterosexual. He has had three heterosexual relationships in his life, one in high school, one when he started teaching (31 years ago) and a one-night stand about twelve years ago. Snow related that he has not had sex with anyone since that night twelve years ago. Over the last fifteen years Snow has had approximately six students over to his house at 195 W. Brandon ct. #A14 in Palatine. One of those students, David , was over approximately six times. On two of those occasions Snow gave full body massages and on both occasions Snow touched penis with his hand. Snow related that David became at least semi-erect during these encounters, but did not ejaculate. Snow related that he did not view the touching as sexual in nature, but acknowledged that the relationship was inappropriate. Snow explained that he remembers being a student at the high school after the incidents. R/O prepared a written statement for Snow to sign, but he refused, relating that he thought he might need a lawyer. He also refused to give R/O the names of the other students that were at his house over the years.

R/O contacted the DCFPS hotline and reported the incident, it was assigned DCFPS #892454A by Susan Dubre.

R/O advised High School Liaison Officer Hulne

R/O will notify Dean Cicciu when he is available.

Case Status: Pending

Hrs: 6.5

Line #

02/22/2001 15:00 FAX 0306282000



NORTHBROOK POLICE DEPARTMENT

SUPPLEMENTARY REPORT

OFFENSE: Criminal Sexual Abuse

CASE NUMBER: 200022895

FOI 00265

DATE: 12-21-00 DAY: Thu TIME: 0800 FOLLOW-UP: XX SUPP: PAGE 1 of 1

CASE STATUS: CLEARED: PENDING: DWP: OTHER: XX

REPORTING OFFICER/STAR: Inv. Michael A. O'Malley #151
SUPERVISOR/STAR: Cmdr. John R. Graham #180
REPORT REVIEW:

[Handwritten signature]

VICTIM: State of Illinois
COMPLAINANT: O'Malley #151
LOCATION OF INCIDENT: 2300 Sherman
DATE OCCURRED: 1990
OFFENDER: Stuart Snow m/w 2-22-44
DISPOSITION OF EVIDENCE:

R/O spoke with GBN Principal Dr. Mike Riggle, he related that Snow had been suspended with pay pending the School's Human Resources department's investigation.

R/O spoke with Andrea Jones, caseworker for DCFS, she explained that she would follow up with the school and the Cook County State's Attorney's Mass Molestation Unit and try to determine if there are other victims.

It is clear that Snow committed this offense, however, due to the late reporting, it is outside the statute of limitations and no charges can be brought.

Case Status: Closed/Cleared
Hrs: 6.0
Line # 200920

I hereby certify this to be a true and exact copy of the original.

[Handwritten signature]
Village Clerk

Rec'd 1-5-01
D.T.

5 January, 2001

Dr. Hales,

Effective this date, I hereby resign my tenured position as a teacher at Glenbrook North High School.

It has been my distinct privilege to work at GBN for the past fifteen years.

Respectfully submitted,



Stuart Snow

5 January '01

RECEIVED

JAN 08 2001

HUMAN RESOURCES
GLENBROOK #225

FOIA 00266

Other Agenda Items

New/Revised Board Policies and Procedures
Consent Agenda Items
School Calendar 2003/2004
Closed Session

Updates

Legal Issues

--Alan has informed me that the [redacted] family has changed attorneys. Alan will consult with the new non-relative attorney with regard to a possible settlement. If a satisfactory settlement is not possible, Alan will submit a fee agreement for board approval, and he will begin the litigation process for tuition reimbursement.

-- I have included the following documents with this executive summary:
(1) Alan's January 7 correspondence to me regarding the position of our insurance carrier; (2) Alan's draft correspondence to the [redacted], which provides some history of this case and spells out the district's legal position; and (3) Alan's October 8 letter to Michael Nugent, which provides greater detail regarding this incident. A review of these documents will be very helpful in facilitating our discussion in closed session.

I would like to note the following points:

1. Timeline/Background

- March '98 - - Initial incident with Snow
- March/April/May'98 - - Subsequent meetings with school officials regarding follow-up and support. According to the notes from my meeting with [redacted] last April, [redacted] admitted that tutoring was never discussed. John Court, former GBN principal, does not recall tutoring ever being discussed. However, [redacted] believes he was told that if [redacted] or other family members needed support, services were available within the institution, and if the family chose to go outside of school services, those options were available as well. John Court remembers mentioning that if [redacted] needed to see somebody, the school district had people available to provide support and assistance. He does not recall ever mentioning outside counseling, nor did he feel he had the authority to do so.
- January '01 - - Mr. Snow resigned when a GBN graduate reported to the Northbrook police that Mr. Snow engaged in an inappropriate relationship with the student some 10 years ago while he was a student at GBN.

- April '01 - - [REDACTED] met with me and informed me of the tutoring and counseling his son had received and requested reimbursement. The school district had no prior knowledge of these services. I subsequently referred the matter to district legal counsel and informed the school board.

2. Alan believes [REDACTED]

3. [REDACTED]

4. [REDACTED]

5. I have a dissenting opinion on this one, which I will share in closed session that is more of a moral concern than a legal one.

GBN Mold

GBN air quality testing has been completed and sent to the lab. We are waiting for the results and the final report.

Financial Task Force

Andy and Elias met Tuesday afternoon with Craig, Hillarie Siena (Director of Business Affairs) who replaced Stacey, Edie Baerson, who works with Hillarie in the business office, and me. The meeting was very constructive, and Andy and Elias will give a report Monday evening.

Goals

I am planning to provide an update for board members Monday evening in closed session.

Administrative Performance Reviews

This is scheduled for January 28.

Out of Office

I will be out of the office from Tuesday, January 15, through Saturday, January 19. The following week Brenda and I will be taking some vacation time in Destin. I might need to return to the office for a meeting on the budget process on January 22, but I will be monitoring e-mail and voice mail regularly.

Administrative Briefings

The next set of administrative briefings will be included in your info packet on January 17.

Sraga and Engler, L.L.C.

2803 Butterfield Road - Suite 380
Oak Brook, IL 60523-1152
630-928-1200
Facsimile: 630-928-1300

RECEIVED

OCT 10 2001

BY: D.H.

Teri E. Engler
Sarah E. Joyce
Alan T. Sraga

October 8, 2001

SENT BY FACSIMILE (847/412-0610) AND U.S. MAIL

Mr. Michael Nugent
Nugent Risk Management Services
2425 Maple Avenue
Northbrook, Illinois 60062-5212

**Re: Northfield Township High School District 225 --
Claim on Behalf of [REDACTED]**

Dear Mr. Nugent:

I am writing you in furtherance of my April 20, 2001 letter wherein I advised you that the parents of former student [REDACTED] have submitted a request for reimbursement for [REDACTED]'s private psychological counseling and tutoring sessions. The parents contend that the services were purchased to assist [REDACTED] due to his difficulty with former teacher Stuart Snow. As you may recall from our earlier correspondence of January 11, 2001, Mr. Snow resigned following allegations that he had engaged in inappropriate sexual conduct with a former Glenbrook student in 1988 or 1989.

According to [REDACTED]'s parents and physicians, and as supported by the modest documentation, an initial diagnostic evaluation was conducted on [REDACTED] on July 4, 1998. Thereafter, services were provided by a psychiatrist for the remainder of 1998 (sixteen sessions), 1999 (forty-four sessions), 2000 (forty-one sessions) and 2001 (twelve sessions). In a memorandum to Superintendent of Schools Dave Hales dated May 16, 2001, [REDACTED] treating physician states as follows:

[REDACTED] [] is a Glenbrook North High School student who has been under my psychiatric care for treatment of anxiety and depression since August 7, 1998.

Mr. Michael Nugent
October 8, 2001
Page - 2 -

█'s history is extremely significant as he related in his first session with me that he had been sexually harassed by a Glenbrook North faculty member. It was clear that this was a serious trauma for this young high school student, as the faculty member was his English teacher. █ related the situation to his parents shortly after the experiences, and his parents reported this to the Glenbrook North Administration, requesting that an investigation take place. █ was highly distressed that this teacher was allowed to continue teaching until recently, when additional incidents involving this teacher had come to light.

█ was clearly traumatized by this incident, and as a consequence he is extremely vigilant in his interactions with all male teachers. He has serious difficulty in trusting faculty as a consequence of his experience. The entire [] family has been traumatized by this, and have needed to be part of his treatment.

If further information is required or if you have any questions, please contact me. (copy enclosed)

In sum, the parents are requesting reimbursement for the costs of psychiatric care and treatment in the amount of \$16,655.00. The parents are also requesting reimbursement in the amount of \$4,320.00 for tutoring from Dr. Mark A. Puchalski. Dr. Puchalski provided █ with tutoring services twice per week from September 1999 to June 2000. According to Dr. Puchalski's statement dated September 12, 2001, Dr. Puchalski provided assistance with English, U.S. History, and Algebra II. Dr. Puchalski's statement is also enclosed.

By way of history, teacher Stuart Snow resigned from his employment with the School District in early January 2001. In March 1998, █ had a private conversation with Mr. Snow in Mr. Snow's classroom following an English class. This conversation included inquiries by Mr. Snow into █'s personal sexual habits and sexual activities with his girlfriend. Among other things, the conversation also included suggestions by Mr. Snow that █ maintain a log or journal of his accomplishments, and that █ masturbate only at special times and mark "j" in his journal to record that activity.

Following this conversation, █ complained to his parents who in turn complained to the District. Mr. Snow was examined by a physician of the Board's

choosing. The District's physician opined that Mr. Snow did not present with any pathology of such magnitude that he would be unable to perform his duties and responsibilities as a high school teacher in the future in an appropriate manner, that Mr. Snow appreciated the inappropriateness of his behavior, and that it would be unlikely that such behavior would continue. Mr. Snow issued a written apology to [REDACTED] to his parents, and to the Members of the Board of Education. By the end of March 1998, the Board adopted a Resolution directing the issuance of [REDACTED] to Mr. Snow which which characterized Mr. Snow's conduct as follows:

[REDACTED]

a. [REDACTED]

b. [REDACTED]

c. [REDACTED]

d. [REDACTED]

e. [REDACTED]

i. [REDACTED]

ii. [REDACTED]

iii. [REDACTED]

iv. [REDACTED]

The Board's [REDACTED] directed Mr. Snow as follows, under penalty of dismissal if there were further transgressions:

1. [REDACTED]
 - a. [REDACTED]
 - b. [REDACTED]
 - c. [REDACTED]
 - d. [REDACTED]
2. [REDACTED]

To the knowledge of the District, there were no further like or similar reported incidents between Mr. Snow and other students, including [REDACTED], up to the time of his resignation in January 2001. Of course, Mr. Snow's resignation in January 2001 was as a consequence of a complaint by a former Glenbrook student of sexual activity engaged in by Mr. Snow with that student in 1988 or 1989. This matter first came to light in December 2000.

[REDACTED]

Mr. Michael Nugent
October 8, 2001
Page - 5 -

1. [REDACTED]
2. [REDACTED]
3. [REDACTED]
4. [REDACTED]

There has never been any indication that Mr. Snow's conduct in 1988 or 1989, as alleged by the 1992 Glenbrook graduate, was brought to the attention of Glenbrook school officials until December 2000. [REDACTED]

[REDACTED] The activity alleged of Mr. Snow was a single isolated interaction between Mr. Snow and [REDACTED] which occurred in March 1998. After [REDACTED] complained of the conduct, Mr. Snow was immediately relieved of his responsibilities pending his evaluation by a psychiatrist as to his ability to return to work and conform his conduct to District expectations. Mr. Snow formally apologized to [REDACTED], his parents, and the Board of Education. [REDACTED]

[REDACTED] To the District's knowledge, there was not any recurrence of Mr. Snow's conduct as to [REDACTED] or anyone else subsequent to the [REDACTED] issued by the Board of Education.

[REDACTED]

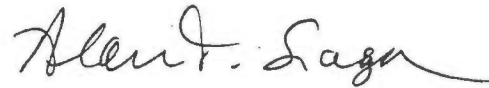
The School District is requesting that its carrier advise whether consideration should be given to settling the claim at this time and, if so, whether the amount the carrier is prepared to contribute towards the settlement.

Mr. Michael Nugent
October 8, 2001
Page - 6 -

If you have any questions regarding this matter, please contact me at your earliest convenience.

Very truly yours,

SRAGA and ENGLER, L.L.C.

A handwritten signature in cursive script that reads "Alan T. Sraga". The signature is written in black ink and is positioned below the typed name.

ALAN T. SRAGA

ATS:nm

Enclosures

cc: Dr. Dave Hales, Superintendent of Schools,
School District 225
Dr. Craig Schilling, Assistant Superintendent for Business and
Finance, School District 225

n\sd225c\ltr\nugent04.1

Sraga and Engler, L.L.C.

2803 Butterfield Road - Suite 380
Oak Brook, IL 60523-1152
630-928-1200
Facsimile: 630-928-1300

Teri E. Engler
Sarah E. Joyce
Alan T. Sraga

April 20, 2001

SENT BY FACSIMILE (847/412-0610) AND U.S. MAIL

Mr. Michael Nugent
Nugent Risk Management Services
2425 Maple Avenue
Northbrook, Illinois 60062-5212

Re: My Letter Dated January 11, 2001:
Northfield Township High School District 225 --
Possible Claim by Former Student

Dear Mr. Nugent:

This letter is a follow-up to my abovementioned letter to you dated January 11, 2001 concerning former School District 225 teacher Stuart Snow and his conduct while an employee of the Board of Education.

To update you since my January 11, 2001 letter, the Illinois Department of Children and Family Services ("DCFS") has completed its investigation at the School District. Fortunately, no students came forward to DCFS claiming that Mr. Snow had engaged in activities similar to those raised by "John Doe" with the Northbrook Police Department. However, the attention generated in the District by the DCFS investigation, the local media reports, and Mr. Snow's resignation resulted in a request for reimbursement for psychologist counseling services, and tutoring services, provided to a current student, [REDACTED], resulting from a conversation between [REDACTED] and Mr. Snow which allegedly occurred in March 1998. According to [REDACTED] Mr. Snow had a private conversation with him in Mr. Snow's classroom which included a conversation about the [REDACTED]'s sexual experience and activities. After [REDACTED] and his parents contacted the School Administration about the incident, the Board of Education issued a [REDACTED] to Mr. Snow, and Mr. Snow apologized to [REDACTED] and his parents in writing.

As a result of the recent DCFS investigation, [REDACTED]'s parents, [REDACTED] reinitiated contact with the District and submitted a request for reimbursement for private psychological counseling and tutoring sessions which the parents purchased for [REDACTED]. It should be noted that at the parents were informed by the School Administration in 1998 that the District would be willing to provide school services to assist [REDACTED] with any issues arising as a result of the alleged conversation with Mr. Snow. No promise was made by the School District to reimburse the family for psychological counseling or tutoring services from outside providers. In fact, in a conversation between [REDACTED] and School Superintendent Dave Hales on April 18,

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JAN 11 2001

Sraga and Engler, L.L.C.

2803 Butterfield Road - Suite 380
Oak Brook, Illinois 60523-1152
630-928-1200
Facsimile 630-928-1300

FACSIMILE TRANSMITTAL SHEET

DATE: January 11, 2001 TIME: 10:40 a.m.

PLEASE DELIVER THE FOLLOWING PAGE(S) TO:

TO: Dr. Dave Hales and Dr. Craig Schilling
COMPANY: School District 225
FAX NO.: (847) 486-4733
FROM: Alan T. Sraga

NUMBER OF PAGES INCLUDING THIS SHEET: 4
If you do not receive all pages or if they are not legible, please contact Nancy immediately at (630) 928-1200.

MESSAGE:

Transmitted herewith is my letter dated January 11, 2001 concerning a possible claim by a former student against School District 225.

NOTE: THIS MESSAGE SENT BY ELECTRONIC FACSIMILE TRANSMISSION ("THE MESSAGE") IS INTENDED AND RESTRICTED FOR THE USE OF ADDRESSEE ONLY. THE MESSAGE MAY CONTAIN CONFIDENTIAL AND PRIVILEGED INFORMATION, EXEMPT FROM DISCLOSURE UNDER FEDERAL AND/OR STATE LAW. IN THE EVENT SOME OTHER PERSON OR ENTITY RECEIVES THE MESSAGE, SAID RECIPIENT IS HEREBY NOTIFIED THAT ANY DISSEMINATION, REGARDING TRANSMISSION, DISTRIBUTION OR DUPLICATION OF THE MESSAGE IS PROHIBITED. IN THE EVENT THE MESSAGE IS RECEIVED FROM A PERSON OR ENTITY OTHER THAN THE SPECIFIED RECIPIENT OR THE RECIPIENT'S AGENT, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, COLLECT, AND RETURN THE ENTIRETY OF THE MESSAGE BY U.S. MAIL.

01/11/2001 11:20 FAX 6309281300 SRAGA & ENGLER, L.L.C. 002/001

Sraga and Engler, L.L.C.

2803 Butterfield Road - Suite 380
Oak Brook, IL 60523-1152
630-928-1200
Facsimile: 630-928-1300

Teri E. Engler
Sarah E. Joyce
Alan T. Sraga

January 11, 2001

SENT BY FACSIMILE (847/412-0610) AND U.S. MAIL

Mr. Michael Nugent
Nugent Risk Management Services
2425 Maple Avenue
Northbrook, Illinois 60062-5212

**Re: Northfield Township High School District 225 --
Possible Claim by Former Student**

Dear Mr. Nugent:

I am writing in furtherance of our exchange of voice mail messages yesterday and this morning concerning Northfield Township High School District 225, one of the school district clients of Nugent RMS, and the reporting of a possible claim against the School District.

On the afternoon of December 19, 2000, an assistant principal at Glenbrook North High School received contact from the Northbrook Police Department that one of its teachers, Stuart Snow, admitted in an interview at the police station that afternoon that he had an inappropriate physical relationship with a former male student (hereinafter "John Doe") about eleven years ago. Mr. Snow is approximately 56 years old and has worked for the Northfield Township High School District as a teacher and a coach for fifteen years. Prior thereto, he worked at Notre Dame High School for sixteen years.

According to the Northbrook Police Department, this matter came to the attention of the Department on December 14, 2000, on which date the Department received a telephone call from John Doe. Mr. Doe identified himself as a former student at Glenbrook North High School, graduating in [REDACTED]. He indicated to the officers that he visited Snow at home and that Snow counseled him. He further advised the officers that the relationship became sexual and that Mr. Snow touched him inappropriately both at Snow's home and at Glenbrook North High School. Mr. Doe

Mr. Michael Nugent
January 11, 2001
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indicated to the officers during the telephone conversation that he was unsure whether he wished to file an official report because he was concerned about damage to his reputation. He did state that he was 15 or 16 years old when the touching occurred and that he had thereafter sought counseling. He did indicate to the Department that he would consider the possibility of coming in to the Department to make a report. However, he never did so.

Mr. Snow was interviewed at the Department on December 19. He admitted to having approximately six Glenbrook students over to his home over the years of his employment by the School District. Mr. Snow also admitted having John Doe over to his home approximately six times and that, on two of those occasions, he gave John Doe full body massages, on both occasions touching Mr. Doe's penis with his hand. He admitted that Mr. Doe became at least semi-erect during those encounters, but that he did not ejaculate. Mr. Snow did indicate to the officers that he did not believe that the touching was sexual in nature, but acknowledged that the relationship was inappropriate. He admitted to the officers that he remembered John Doe as being a student at the High School after the incidents. While a written statement was prepared by the officers for Mr. Snow to sign, he refused, then indicating that he might need a lawyer. Mr. Snow also refused to give the officers the names of other students that visited his home over the years.

Following the report to the School District on December 19, Mr. Snow was interviewed by the School District Administration on the morning of December 20 and [REDACTED]. On January 5, 2001, Mr. Snow submitted a resignation from his tenured position as a teacher employed by School District 225. At its meeting on January 8, 2001, the Board of Education accepted Mr. Snow's resignation, without regret, and authorized the Administration to seek the suspension and revocation of Mr. Snow's teaching certificate from the Regional Superintendent of Schools, the State Superintendent of Schools, and the State Teacher Certification Board. Those proceedings have not yet been initiated. The District is awaiting a release of the police reports under a FOIA request made this week to the Department.

The School District, as well as the Northbrook Police Department, have also reported Mr. Snow's admitted conduct to the Illinois Department of Children and Family Services ("DCFS"). DCFS has indicated that it wishes to conduct an investigation of a representative sample of current Glenbrook North High School students who have had contact with Mr. Snow over the past several years. While DCFS has indicated that it wishes

Mr. Michael Nugent
January 11, 2001
Page - 3 -

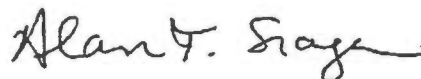
to conduct this investigation in the very near future, it has been unresponsive to the School District's request this week to schedule the initiation and discuss the parameters of the investigation.

To date, no "claim" has been made by John Doe against the School District as a result of these incidents. As the School District's legal counsel, I have also had the opportunity to speak to Mr. Doe's counsel, and it appears unlikely that any claim will be brought. In the event that it is, it would appear that the statute of limitations for filing a claim against Mr. Snow and the School District has already long expired. The District will keep you, and its carriers through you, advised as to whether any further allegations against Mr. Snow develop as a result of the expected DCFS investigation.

Should you or the District's carriers have any questions regarding this matter, please contact me at your earliest convenience. Also, I would appreciate your copying both Dr. Craig Schilling (Assistant Superintendent for Business and Finance) and myself with respect to any correspondence you have with the District's carriers. Finally, if there is any additional information you require to process this claim on behalf of the District, please contact me as soon as possible.

Very truly yours,

SRAGA and ENGLER, L.L.C.



ALAN T. SRAGA

ATS:nm

cc: Dr. Dave Hales, Superintendent of Schools,
School District 225 (by facsimile and U.S. Mail)
Dr. Craig Schilling, Assistant Superintendent for Business and
Finance, School District 225 (by facsimile and U.S. Mail)

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3/18/98

CONFIDENTIAL

On the evening of March 16, 1998, [REDACTED] approached Mr. Mark Rebora and asked if he had a couple of minutes to talk over an issue. Mr. Rebora said he had plenty of time, since the idea of the wrestling pizza party was for coaches, parents, and students to interact.

[REDACTED] informed Mr. Rebora that his son [REDACTED] had been having difficulty in English class and was receiving some extra help from Mr. Stu Snow. This help involved preparation for class and motivational techniques. [REDACTED] the said that during these motivational sessions Mr. Snow had asked [REDACTED] how many times a week he masturbated and suggested keeping a journal of this activity.

[REDACTED] said that he was concerned about these comments, and felt that these comments were inappropriate. [REDACTED] also said he did not know what the context of the conversation was when [REDACTED] was asked about masturbation.

[REDACTED] said that [REDACTED] would like to speak with Mr. Rebora about this incident the following morning. Mr. Rebora said that would be fine and expressed concern about what [REDACTED] had spoken about.

[REDACTED] and Mr. Rebora have known each other for three years and do speak to one another on a regular basis. Sometimes about [REDACTED] sons other times just to shoot the breeze in casual conversation.

Sincerely,


Mark Rebora

FOIA 00282

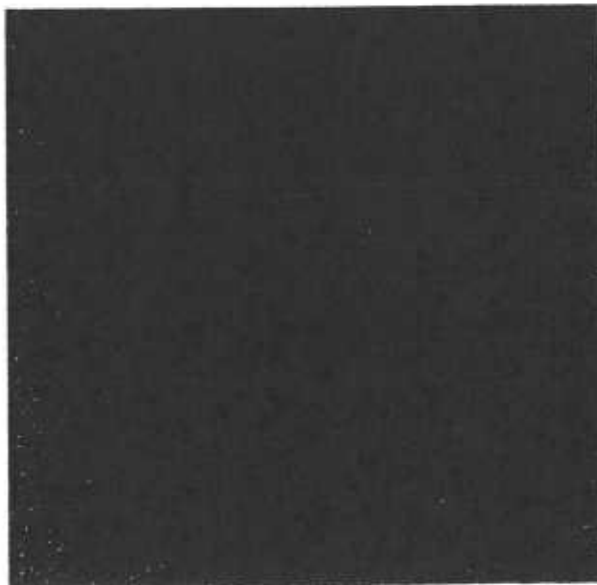
My meeting(s) with [REDACTED] began when I saw him in the hallway-obviously depressed. His statements showed a deep concern over his inability to perform well in an academic setting.

Our conversation on the first day (30 minutes) focused around his success as a [REDACTED]
[REDACTED] - According to [REDACTED] he was nervous about how he looked in the beginning and confident by the end. I mentioned that it made no difference how he was perceived by fans in the stands - including girls who were just "checking him out" - he was confident in himself- not in what others might think - or say.

On the second day - with the idea of continuing to build on the things that were important to him - his successes - I asked what things he felt good about over the past 3 or so years. [REDACTED] mentioned that wrestling and the fact that he had reached puberty - I asked how he meant that - [REDACTED]'s reply was biologically and anatomically precise - to the point that I thought he might be focusing on things that could in fact have an impact on self esteem.

The references to masturbation in each case were to diminish the impact of the subject Whenever the subject was addressed it was done in the context of other aspects of his life - in an attempt to show him what was important and what was not. Masturbation was not the subject of this conversation - it was one of the subjects - herein was my error.

I thought if I could help [REDACTED] diminish negative aspects - we could focus on the positives - [REDACTED] has a number of strengths - but at this point he was seeing very few of them - if any. Of the 3/4 tactics I tried during our conversation - one that I chose was most inappropriate.



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