

# GLASSBORO SCHOOL DISTRICT

Updated 2/1/05

## Monthly Board Items

Date Submitted:  
**11/19/2018**

Proposed Effective Date:  
**Nov. 26, 2018**

Grade(s) impacted:  
**9-12**

Name:  
**Taylor Machulsky**

Position/Item:  
**Head Coach Winter  
Cheerleading**

Submitted By:  
**Jeff Cusack Athletic  
Director/Activities Dir**

Building:  
**High School**

Proposed cost/amount:  
Step- 1  
\$ 2,894.00

Funded through:  
**Co-Curricular**

Hours/Days per week:

Benefits: Y or (N)  
(circle one)

Is candidate currently employed by District:

No  Yes

(if yes, what position) 5<sup>th</sup> gr. Teacher at Bowe

Sch.     

If yes, part time or full time (circle one)

Is candidate a former employee:  No  Yes

Check references/review district personnel file?

No  Yes

**Board Action Requested:**

Recommend ratification of Taylor Machulsky as head winter cheerleading coach for the 2018-2019 school year. Ms. Machulsky is to be placed on step-1 for \$2,894.00.

**Details and ramifications**

Ms. Machulsky is a 5<sup>th</sup> grade teacher at the Bowe School. She has experience coaching cheerleading in the Mullica Hill recreation department. She cheered for four years at Clearview Regional HS and in the Mullica Hill recreation program. Practices will not start until coach arrives from Bowe School which would be 3:45pm. Team members will be required to attend study group/tutoring if they elect to stay at school.

**Positives:**

She demonstrated a positive attitude and an extensive knowledge of the fundamentals of coaching cheerleading.

**Concerns:** Ms. Machulsky will need to be in constant contact with the athletic office at the high school with regards to practices and home basketball games.

**Other Comments:**

**FOR OFFICE USE ONLY:**

Board Date: \_\_\_\_\_

Approved: Y or N

Index #: \_\_\_\_\_

**Inspira Medical Center - Woodbury**  
**Emergency Medical Services Academy**  
238 South Evergreen Avenue  
Woodbury, New Jersey 08096  
856-384-1000  
856-384-3210 Fax

Letter of Successful AHA Course Completion

This Letter will serve as proof that

*Taylor Macholsky*

Successfully completed the Following American Heart Association Program

*BLS*

On the Following Date(s)

*12/4/18*

Conducted at

*Thomas E. Rowe School*

This letter will serve as proof of successful AHA course completion for a period of not more than 30 days from the date of this notice or until the certificate is issued by the Training Center at Inspira Medical Center - Woodbury.

Instructor's Name

*Judith Tamaska*

Signature

*Mark Chapman*

Mark Chapman  
EMS Academy Coordinator

*609-970-7246*