THREE VILLAGE CENTRAL SCHOOL DISTRICT



Setauket, New York

BOARD OF EDUCATION AGENDA MATERIALS

DATE OF BOARD MEETING: March 6, 2012 DATE MATERIAL SUBMITTED: March 1, 2012

OFFICE OF ORIGIN: <u>District Clerk</u> CATEGORY OF ITEM: <u>Information</u>

TITLE: Policy

STAFF RECOMMENDATION:

Be it RESOLVED that the Board of Education accept the following Policies as delineated below:

4321 – Programs for Students with Disabilities Under the IDEA and New York's Education Law Article 89 – First Reading (Draft 1-revision)

5405 – Student Wellness – First Reading (Draft 1- revision)

5420 - Student Health Services - First Reading (Draft 1-revision)

BACKGROUND/RATIONALE:

Accept the policies and to move to a Second Reading or adopt at the First Reading.

PROGRAMS FOR STUDENTS WITH DISABILITIES UNDER THE IDEA AND NEW YORK'S EDUCATION LAW ARTICLE 89

NOTE: Special education is an area in which federal and state statutes, regulations and case law keep evolving, resulting in the need to periodically review and update school district policies. NYSSBA offers this update to clarify and expand upon the process of referring students for evaluation to determine eligibility for special education. The new text is underlined below.

The Board of Education shall make available a free appropriate public education to all students with disabilities who reside within its district and are eligible for special education and related services under the Individuals with Disabilities Education Act and Article 89 of New York's Education Law, and their implementing regulations. Special education and related services will be provided to resident eligible students with disabilities in conformity with their individualized education program (IEP) and in the least restrictive environment appropriate to meet their individual educational needs. Special education services or programs will be designed to enable a student with disabilities to be involved in and progress in the general education curriculum, to the extent appropriate to his/her needs.

The Board also shall make available special education and related services to eligible students with disabilities parentally placed in a nonpublic school located within the District, regardless of whether they are residents of the District. However, this obligation does not extend to resident students with disabilities who are placed by their parents in a nonpublic school within District boundaries because of a disagreement between the parents and the District over the provision of a free appropriate public education. Nonpublic school students with disabilities who are not District residents but who reside within New York State will be provided programs and services in accordance with their individualized education services program (IESP). Nonpublic school students with disabilities who reside out-of-state will be provided services in accordance with their services plan (SP). (Refer to policy 4321.10, Programs and Services for Parentally-placed Nonpublic School Students with Disabilities under the IDEA and New York's Education Law Article 89 for more guidance on this topic).

In addition, to the maximum extent appropriate to their individual needs, eligible students with disabilities residing within the District and attending the District's public schools will be entitled to participate in District academic, cocurricular and extracurricular activities available to all other students enrolled in the District's public schools. Such cocurricular and extracurricular activities may include athletics, transportation, recreational activities, school-sponsored special interest groups or clubs, and referrals to agencies that provide assistance to individuals with disabilities and the employment of students (including both employment by the District and assistance in making outside employment available).

In providing a free appropriate public education to students with disabilities eligible under the IDEA and Article 89, the Board will afford the students and their parents the procedural safeguard rights they are entitled to under applicable law and regulations. The Board also will provide them with notice of such rights as required by law and regulation, using the form prescribed by the commissioner of education.

For purposes of this policy and others related to the provision of services to eligible students with disabilities, and consistent with applicable law and regulation, the word parent means a birth or adoptive parent, a legally appointed guardian generally authorized to act as the child's parent or authorized to make educational decisions for the child; a person in parental relationship to the child as defined in section 3212 of the Education Law; an individual designated as a person in parental relation pursuant to title 15-A of the General Obligations Law, including an individual so designated who is acting in the place of a birth or adoptive parent (including a grandparent, stepparent, or other relative with whom the child resides; or a surrogate parent who has been appointed in accordance with commissioner's regulations.

Eligible students with disabilities will be entitled to special education and related services until the end of the school year in which they turn 21 or until they receive a local high school or Regents diploma.

NOTE: Students with disabilities who graduate with a local high school or Regents diploma remain eligible for services in districts that provide post-graduation services to non-disabled students under section 3202 of New York's Education Law.

Students with disabilities may not be required to take medication as a condition for receiving a free appropriate public education.

To ensure the provision of a free appropriate public education to all eligible students with disabilities:

- 1. District staff will take steps to locate, identify, evaluate and maintain information about all children with disabilities within the District, including homeless children and children who are wards of the State, and children attending nonpublic school within the District (including religious schools), who are in need of special education.
- 2. The District will establish a plan and practice for implementing school-wide approaches and interventions in order to remediate a student's performance prior to referral for special education services. The District will provide general education support services, instructional modifications, and/or alternative program options to address a student's performance before referring the student to the Committee on Special Education (CSE). The Instructional Support Team and/or Response to Intervention Team will develop, implement and evaluate pre-referral intervention strategies (4321.2, School-wide Prereferral Approaches and Interventions).
- 3. District staff will <u>initiate a request for evaluation of</u> a student who has not made adequate progress after an appropriate period of time when provided instruction under a response to intervention program. <u>In making the request the staff person will describe in writing intervention services, programs and methodologies used to remediate the student's performance prior to referral. In addition, the extent of parental contact will be described as well.</u>

- 4. The Board will appoint a committee on special education (CSE), and, as appropriate, CSE subcommittees, to assure the timely identification, evaluation and placement of eligible students with disabilities.
- 5. The Board will arrange for special education programs and services based upon the recommendation of the CSE or CSE subcommittee.
- 6. The Superintendent shall establish a plan for the recruitment, hiring and retention of staff appropriately and adequately prepared to meet the needs of students with disabilities including, but not limited to, highly qualified special education teachers.
- 7. The Superintendent shall establish a comprehensive professional development plan designed to ensure that personnel necessary to carry out IDEA and Article 89 possess the skills and knowledge required to meet the needs of students with disabilities.
- 8. The Superintendent will establish a process for ensuring that District staff understand the right of students with disabilities to access and participate in the same academic, cocurricular and extracurricular programs and activities as all other students enrolled in the District's public schools, to the maximum extent appropriate to their individual needs.

Locate and Identify Students with Disabilities

The District will conduct an annual census to locate and identify all students with disabilities who reside in the District, and establish a register of such students who are entitled to attend the public schools of the District during the next school year, including students with disabilities who are homeless or wards of the State. The census shall be conducted, and the registry maintained, in accordance with the requirements established in Commissioner's regulations.

The Superintendent will determine what other activities might be appropriate to help locate and identify students with disabilities. These may include, but are not limited to, the mailing of letters to all District residents regarding the availability of special education programs and services and their right to access such services, and/or the publication of a similar notice in school newsletters and other publications.

(Refer to policy 4321.10, Programs and Services for Parentally-placed Nonpublic School Students with Disabilities under the IDEA and New York's Education Law Article 89, for more information regarding how to locate and identify nonpublic school students with disabilities).

Evaluation of Students with Disabilities

To initially determine a student's eligibility for a free appropriate public education under the IDEA and Article 89, the District will conduct a full evaluation of the student in accordance within legally prescribed time lines. As set forth in Commissioner's regulations, the initial evaluation will include, at least, a physical examination, an individual psychological evaluation unless the school psychologist determines it unnecessary, a social history, an observation of the student in the student's learning environment to document the student's academic performance and behavior in the areas of difficulty, and other appropriate assessments or evaluations

(including a functional behavioral assessment for a student whose behavior impedes his or he learning or that of others) to ascertain the physical, mental, behavioral and emotional factors that contribute to the suspected disabilities.

Once a student has been determined eligible to receive a free appropriate public education, the District will reevaluate the student with a disability whenever the student's parent requests a reevaluation, and when the District determines the educational and related services needs (including improved academic achievement and functional performance) of the child warrant a reevaluation. However, a reevaluation must take place at least once every three years, unless the student's parent and the District agree it is unnecessary.

Parental Consent for Student Evaluations

Before conducting any type of evaluation, District staff will take steps to obtain written informed consent from a student's parent, as required by applicable law and regulations. They also will keep a detailed record of those attempts and their results, including phone calls and correspondence, visits to the parent's home and any responses received.

- 1. If a parent refuses to give consent for an initial evaluation, or fails to respond to such a request, the parent will be given an opportunity to attend an informal conference and ask questions about the proposed evaluation. Unless the referral for evaluation is withdrawn, if the parent continues to withhold consent, the Board will commence due process proceedings to conduct an initial evaluation without parental consent within the time lines established in Commissioner's regulations.
- 2. If a parent refuses to give consent for a reevaluation, or fails to respond to such a request, District staff will proceed with the reevaluation without parental consent if it has engaged in documented reasonable efforts to obtain such consent and the parent has failed to respond. If the District cannot document its efforts to obtain consent, the Board will commence due process proceedings to conduct a reevaluation without parental consent.
- 3. If District staff is unable to obtain consent for the initial evaluation or reevaluation of a home schooled or a parentally-placed nonpublic school student, the Board will not commence due process proceedings to conduct the evaluation without parental consent, and will consider the student as not eligible for special education.

Conduct of Evaluations

In conducting evaluations of students with disabilities, the District will use a variety of assessment tools and strategies, including parent-provided information, to gather relevant functional, developmental, and academic information for determining a student's eligibility for special education and related services, and the content of the student's individualized education program or individualized education services program or services plan in the case of nonpublic school students with disabilities (including information related to enabling the student to be involved in and progress in the general education curriculum).

The District also will assess a student in all areas of suspected disability, and the assessment and other evaluation used will not be discriminatory on a racial or cultural basis. In addition, students will be assessed in the language and form most likely to yield accurate information on what the student actually knows and can do academically, developmentally, and functionally, unless it is not feasible to do so.

In the case of students suspected of having a specific learning disability, the District will follow the procedures established in commissioner's regulations.

The District will notify a student's parent of any determination that no additional data is needed and the reasons for such a determination. It will also inform the parent of his or her right to request an assessment, notwithstanding that determination.

Eligibility Determination

The CSE or CSE subcommittee will determine whether a student is eligible for special education and related services under the IDEA and Article 89, as well as the student's educational needs.

The CSE or CSE subcommittee may not determine that a student is eligible for special education and related services if the determining factor is lack of appropriate instruction in the essential components of reading, including phonemic awareness, phonics, vocabulary development, reading fluency (including oral reading skills), and reading comprehension strategies; or lack of appropriate instruction in math; or limited English proficiency.

Committee on Special Education

The members of the CSE and CSE subcommittees will include those individuals identified in applicable law and regulations, and their attendance at CSE and CSE subcommittee meetings will be required except as otherwise provided in law and regulations.

The parent of a student with disabilities is one of the mandated CSE and CSE subcommittee members and as such has a right to participate in CSE and CSE subcommittee meetings concerning the identification, evaluation, educational placement, and the provision of a free appropriate public education to their child. District staff will take steps to ensure the parent's participation, in accordance with the following:

- 1. CSE and CSE subcommittee meetings will be scheduled at a time and place that is mutually agreeable to the parent and the District.
- 2. The parent will be given at least five days notice of the time and place of a CSE or CSE subcommittee meeting, except as otherwise provided in law and regulation, along with notice of the purpose of the meeting, those who will attend (including name and title), and the parent's right to be accompanied to the meeting by person(s) the parent considers to have knowledge and special expertise about their child.
- 3. The parent and the District may agree to use alternative means of participation at CSE meetings, such as videoconferences or telephone conference calls.

4. District staff will take any action necessary to ensure that the parent understands the proceedings at CSE meetings, including arranging for an interpreter for deaf parents or parents whose native language is other than English.

The CSE or CSE subcommittee may meet without a student's parent only if District staff has been unable to obtain either parent's participation, and has a record of its attempts to arrange a mutually agreed upon time and place. Similarly, the CSE or CSE subcommittee may make a decision without the involvement of the student's parent only if District staff has been unable to obtain parental participation, even through the use of alternative means of participation, and has a record of its attempts to ensure parental involvement.

Provision of Services:

The Board will arrange for appropriate special education and related services recommended by the CSE or CSE subcommittee within 60 school days of the District's receipt of parental consent to evaluate a student not previously identified as a student with a disability, or within 60 school days of referral for review of a student with a disability, except as otherwise provided in law and regulations.

All staff responsible for the implementation of a student's individualized education program, or an individualized education services program or services plan in the case of parentally placed nonpublic school students with disabilities, will be provided information regarding those responsibilities (Refer to policy 4321.5 for more information on this topic).

Parental Consent for the Provision of Services:

The Board acknowledges that parental consent for initial evaluation does not constitute consent for placement for the provision of special education and related services. Therefore, District staff will take steps to obtain written informed consent for the initial provision of special education and related services to an eligible student. The Board will be precluded by applicable law and regulations from commencing due process proceedings to override the parent's refusal to provide such consent or override the parent's failure to respond to such a request.

Cross ref: 1900, Parental Involvement (Title I)

4000, Student Learning Objectives and District Instructional Goals

5500. Student Records

6700, Purchasing

9700, Staff Development

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Ref: The Individuals with Disabilities Education Act (IDEA), 20 USC §§1400 et seq.;

34 CFR Part 300

N.Y. Education Law Article 89, §§4401 et seq.

8 NYCRR Part 200

Adoption date: December, 1991

Revised: May 11, 2010

Sent to PPS for Review 12/23/2011

Policy Committee: February 28, 2012 (revision)

First Reading: March 6, 2012 - Draft 1(revision)

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STUDENT WELLNESS

NOTE: NYSSBA has updated this policy to reflect new requirements enacted as part of the Healthy, Hunger-Free Kids Act of 2010, a federal initiative. New text is underlined and in bold below. Federal regulations will be developed in the future, and we may need to revise this policy accordingly. Please review the new annotations, and the text in the shaded boxes, as well. This sample policy is structured as a template which must be customized appropriately for your district.

Given the documented connection between proper nutrition, adequate physical activity and educational success, the Board of Education adopts the following goals and authorizes the following actions to provide District students with a school environment that promotes student health and wellness and reduces childhood obesity.

I. Foods and Beverages Available in School

The Board recognizes that a nutritious, well-balanced, reasonably- portioned diet is essential for student wellness. To help students possess the knowledge and skills necessary to make nutritious food choices for a lifetime, the District shall ensure that all foods and beverages available in school promote good nutrition, balance, and reasonable portion sizes. The district shall ensure that reimbursable school meals meet or exceed the program requirements and nutrition standards found in federal regulations.

NOTE: Federal regulations regarding nutrition standards for school meals are in the process of being changed, but are not likely to be finalized before Fall 2013. NYSSBA Policy Services will analyze the future regulations and issue another update if necessary at that time.

To accomplish this, the Board directs that the District serve healthy and appealing foods and beverages at District schools, following state and federal nutrition guidelines, as well as safe food preparation methods.

NOTE: Some areas the Board may consider for goals related to "Foods and Beverages Available in School" are provided in the boxed area below. The Board is not required to address all of the subcategories identified below. These categories and subcategories should be customized to reflect district goals and actions. Number 5 below under "School Meals" is a new statutory requirement of the Healthy, Hunger-Free Kids Act.

School Meals

- 1. Promote fresh fruits, vegetables, salads, whole grains, and low fat items.
- 2. Encourage students to try new or unfamiliar items.
- 3. Make efforts to ensure that families are aware of need-based programs for free or reduced-price meals and encourage eligible families to apply.
- 4. Consider serving produce and food from local farms and suppliers.
- 5. Make free drinking water available from water fountains at locations where meals are served.

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Meal Scheduling

- 1. Provide adequate time to eat.
- 2. Schedule lunchtime between normal lunch hours (11 a.m. 1 p.m.) <u>lunch periods.</u>
- 3. Provide access to hand washing/sanitizer.

Foods and Beverages Sold Individually (a la carte and vending)

- 1. Promote items that are healthy, fresh, natural and less processed.
- 2. Discourage items high in sugar, fat, and that are highly processed.
- 3. Work with existing vendors or locate new vendors that will comply with the District's objectives.

Fund Raising Activities

- 1. Should only occur at the end of the scheduled lunch periods.
- 2. Promote Encourage healthy food items or non-food items to sell, or activities (physical or otherwise) to do.
- 3. Discourage sales of candy and other "junk food."

Celebrations Use of Food in the Classroom

- 1. Set guidelines for the frequency and content of classroom and school-wide celebrations where food is served.
- 2. Increase healthy food items or non-food activities, and reduce "junk food" and/or less-healthy food, at celebrations.
- 3. Model the healthy use of food as a natural part of celebrations.

II. Physical Activity

Physical activity is an important factor in staying healthy and being ready to learn. The Board encourages every student to develop the knowledge and skills necessary to perform a variety of physical activities, to regularly participate in physical activity, and to appreciate and enjoy physical activity as an ongoing part of a healthy lifestyle. In addition, staff, families, and community are encouraged to participate in and model physical activity as a valuable part of daily life. The District's Physical Education program shall adhere to the curricular requirements of the Commissioner of Education and the New York State Learning Standards.

NOTE: Areas the Board may wish to consider for goals related to "Physical Activity" are provided in the boxed area below. The Board is not required to address all of the subcategories identified below.

Physical Education

- 1. Students shall engage in physical education for at least the minimum number of hours or days per week under State requirements.
- 2. Physical Education classes shall incorporate the appropriate NYS Learning Standards.
- 3. Promote, teach and provide opportunities to practice activities that students enjoy and can pursue throughout their lives (e.g., yoga, fitness walking, step aerobics).
- 4. The performance of physical activity shall not be used as a form of discipline or punishment.

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Recess

- 1. Maintain daily allotment of recess time for elementary school.
- 2. Recess shall not used for punishment or reward.
- 3. Consider scheduling recess before lunch.
- 4. If the District is under severe time or space constraints, consider combining recess and Physical Education, though such activity must comply with the requirements for Physical Education under Commissioner's Regulations section 135.4.

Physical Activity in the Classroom

- 1. Promote the integration of physical activity in the classroom.
- 2. If the District is under severe time or space constraints, consider meeting the state requirements for Physical Education through collaborative and integrative in-classroom activity, under the supervision of a Physical Education teacher.

Extracurricular Opportunities for Physical Activity

1. Promote clubs and activities that meet the various physical activity needs, interests, and abilities of all students (e.g., walking, hiking and elimbing, snowshoeing other fitness activities).

III. Nutrition Promotion and Education

NOTE: The new law added "nutrition promotion" as an area for goal-setting.

The Board believes that nutrition **promotion and** education is a key component in introducing and reinforcing healthy behaviors in students. Nutrition **promotion and** education that teaches the knowledge, skills, and values needed to adopt healthy eating behaviors shall be integrated into the curriculum. Nutrition **promotion and** education information shall be offered throughout the school campus including, but not limited to, school dining areas and classrooms. Staff members who provide nutrition promotion and education shall be appropriately certified and trained. The District's broader Health Education program shall incorporate the appropriate New York State Learning Standards.

NOTE: Additional areas the Board may wish to consider for goals related to "Nutrition Promotion and Education" are provided in the boxed area below.

- 1. Include nutrition education as part of not only health education classes, but also classroom instruction in subjects such as math, science, language arts, social sciences and elective subjects.
- 2. Include enjoyable, developmentally appropriate, culturally relevant, participatory activities, such as contests, promotions, taste testing, farm visits, and school gardens.
- 3. Promote fruits, vegetables, whole grain products, low fat dairy products, safe and healthy food preparation methods, and health enhancing nutrition practices.

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- 4. Emphasize caloric balance between food intake and energy expenditure.
- 5. Teach media literacy with an emphasis on food marketing.

IV. Other School-Based Activities

The District may implement other appropriate programs that help create a school environment that conveys consistent wellness messages and is conducive to healthy eating and physical activity. Such activities may include, but are not limited to, health forums or fairs, health newsletters, parent outreach, employee health and wellness activities, limiting the use the elimination of food as a reward or punishment, reviewing food marketing and advertising in school, hosting or promoting community-wide events, and offering wellness-related courses in the District's Adult Education Program.

Implementation

The Board shall designate one person as the Superintendent or his or her designee to be responsible for ensuring that the provisions of this policy are carried out throughout the District. The Board may also designate one person [insert applicable title, such as School Wellness Coordinator] in each building to ensure that the wellness activities and actions are being implemented at the building-level.

Monitoring and Review

NOTE: The Healthy, Hunger-Free Kids Act of 2010 now requires that districts monitor the <u>effectiveness</u> of their wellness policy, not just the implementation. The law does not specify frequency or methodology, and regulations have not yet been promulgated. The Board can use the paragraph above ("Implementation") and below to guide these efforts.

In addition, the list of stakeholders that should be included in the process has been expanded to add physical education teachers and school health professionals. Text the Board may consider for ideas on measuring effectiveness of the Wellness policy includes:

The <u>Superintendent or his or her designee</u> shall report <u>once every two years</u> to the Board <u>and the public</u> on the implementation <u>and effectiveness</u> of this policy. Every <u>two years</u>, the <u>Superintendent</u>, in consultation with appropriate personnel and advisory committees, shall monitor and review the District's wellness activities to determine whether this policy is having a positive effect on increasing student wellness and decreasing childhood obesity in the District. Based on those results, this policy, and the specific objectives set to meet its goals, may be revised as needed.

NOTE: We have provided the following two paragraphs to reflect the provisions of the 2010 federal law. Note that New York State Education Law §918 already allows for a nutrition advisory committee which could be used to meet the requirements for community review. Or, if the district currently has a Wellness Committee in place, that might satisfy this requirement.

Parents, students, food service professionals, physical education teachers, school health professionals, school administrators and the school board shall participate in the development, implementation and periodic review and update of this wellness policy.

The District shall provide information to the public (including parents, students and others in the community) about the content and implementation of this wellness policy.

NOTE: Actions the Board may wish to consider related to "Monitoring and Review" are provided in the boxed area below. These items should be modified by the district. We have added item 11 to our list of suggested actions to address assessing the effectiveness of this policy.

The District shall monitor and review the implementation and effectiveness of this policy by conducting:

- 1. Periodic informal surveys of Building Principals, classroom staff, and school health personnel to see the progress of wellness activities and their effects.
- 1. Periodic checks of the nutritional content of food offered in the cafeterias for meals and a la carte items, and sales or consumption figures for such foods.
- 2. Periodic checks of the nutritional content of food available in vending machines, and sales or consumption figures for such foods.
- 3. Periodic checks of the amount of time students spend in Physical Education classes, and the nature of those activities.
- 4. Periodic checks of extracurricular activities of a physical nature, in the number of offerings and rates of participation by students.
- 5. Periodic checks of student mastery of the nutrition education curriculum <u>at the secondary</u> level.
- 7. Periodic completion of relevant portions of the CDC School Health Index.
- 6. Periodic review of data currently collected by the District, including:
 - a. attendance data, particularly absences due to illness;
 - b. test scores;
 - c. rates of suspension, discipline, and violent incidents;
 - d. physical education scores on flexibility, endurance, and strength (i.e., fitness test results);
 - e. student BMI (Body Mass Index) statistics, as collected in accordance with the State Department of Health efforts; and
 - e. revenues generated from vending machines and a la carte food items.
- 9. Periodic surveys of student/parent opinions of cafeteria offerings and wellness efforts.
- 7. Periodic review of professional staff development offered which focuses on student wellness.
- 11. Use NYSSBA's Student Wellness Assessment Checklist [every two years] to review the effectiveness of this policy.

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Ref: P.L. 111-296 (The Healthy, Hunger-Free Kids Act of 2010)

P.L. 108-265 (Child Nutrition and WIC Reauthorization Act of 2004) 42 USC §§1758(f)(1); 1766(a) (Richard B. Russell National School Lunch Act)

42 USC §1779 (Child Nutrition Act)

7 CFR §210.10; 210.11 (National School Lunch Program participation requirements – standards for lunches, snacks, and competitive foods)

7 CFR §220.8 (School Breakfast Program participation requirements – nutrition standards)

8 NYCRR Part 135 (Health and Physical Education curricular requirements); §114.1 (School Breakfast Program Requirements)

Appeal of Phillips, 37 EDR 204 (1997) (dec. no. 13,843) Appeal of Williams, 32 EDR 621 (1993) (dec. no. 12,934)

Adoption date: December, 1991

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February 23, 2010

Sent to Erin Blaney and Jean Ecker for Review: 12/23/2011

Policy Committee: February 28, 2012 (revision)

First Reading: March 6, 2012 - Draft 1 (revision)

STUDENT HEALTH SERVICES

NOTE: Recently the State Education Department released information that schools are now permitted to stock Albuterol Metered Dose Inhalers for students whose personal prescription is empty and are in need of the medication.

The Board does not need to adopt a separate policy regarding this issue, but should decide in conjunction with school medical personnel if the district will stock Albuterol and approve the final procedure as outlined in the attached regulation. This policy and regulation can be updated (see underlined text below) to address this generally. District staff will still need to develop procedures.

The specifics regarding the procedural requirements can be found at www.p12,nysed.gov/sss/schoolhealth/schoolhealthservices/Albuterol2011memo.pdf.

The Board of Education recognizes that good student health is vital to successful learning and acknowledges its responsibility, along with that of parent(s) or guardian(s), to protect and foster a safe and healthful environment for the students.

The school shall work closely with students' families to provide detection and preventive health services. In accordance with law, the school will provide vision, hearing, dental inspection and scoliosis screening. Problems shall be referred to the parent(s) or guardian(s) who shall be encouraged to have their family physician/dentist provide appropriate care.

In order to enroll in school a student must submit a health certificate within 30 calendar days after entering school, and upon entering second, fourth, seventh and tenth grades. The examination, which must conform to state requirements, must have been conducted no more than 12 months before the first day of the school year in question. If a student is unable to furnish the health certificate, the school will provide a physical examination by a licensed provider. A request for exemption from the physical examination, or the requirement to provide a health certificate, must be made in writing to the school principal or designee, who may require documents supporting the request. The only basis for exemption is a claim that the physical examination is in conflict with the parent or guardian's genuine and sincere religious belief.

The Board recognizes that the State of New York may authorize and require the collection of data from health certificates in furtherance of tracking and understanding health care issues that affect children. The Board supports these efforts and expects administrators to cooperate and to observe the appropriate laws and regulations in carrying out those responsibilities, including those that relate to student privacy.

In addition, students will be asked to provide a dental health certificate when they enroll in school and in accordance with the same schedule as the health certificate.

A permanent student health record shall be part of a student's cumulative school record and should follow the student from grade to grade and school to school along with his/her academic record. This record folder shall be maintained by the school nurse.

Schools shall also provide emergency care for students in accidental or unexpected medical situations. Each school in the District will include in its emergency plan a protocol for

responding to health care emergencies, including anaphylaxis, and head injury. Parents/guardians will be notified of any emergency medical situation as soon as is practicable.

Communicable Diseases

It is the responsibility of the Board to provide all students with a safe and healthy school environment. To meet this responsibility, it is sometimes necessary to exclude students with contagious and infectious diseases, as defined in the Public Health Law, from attendance in school. Students will be excluded during periods of contagion for time periods indicated on a chart developed by the school nurse and or Chief Medical Officer.

It is the responsibility of the Superintendent of Schools, working through District health personnel, to enforce this policy and to contact the county or local health department when a reportable case of a communicable disease is identified in the student or staff population.

Administering Medication to Students

Neither the Board nor District staff members shall be responsible for the diagnosis or treatment of student illness. The administration of prescribed medication to a student during school hours shall be permitted only when failure to take such medicine would jeopardize the health of the student, or the student would not be able to attend school if the medicine were not made available to him/her during school hours, or where it is done pursuant to law requiring accommodation to a student's special medical needs (e.g., Section 504 of the Rehabilitation Act of 1973). "Medication" will include all medicines prescribed by a physician.

Before any medication may be administered to or by any student during school hours, the Board requires:

- 1. the written request of the parent(s) or guardian(s), which shall give permission for such administration and relieve the Board and its employees of liability for administration of medication; and
- 2. the written order of the prescribing physician, which will include the purpose of the medication, the dosage, the time at which or the special circumstances under which medication shall be administered, the period for which medication is prescribed, and the possible side effects of the medication.

Both documents shall be kept on file in the office of the school nurse.

In addition, in accordance with Education Law 919, the District shall make a nebulizer available on-site in school buildings where nursing services are provided. Students with a patient-specific order, who require inhaled medications, shall have access to the nebulizer. The District will ensure that it is maintained in working order.

NOTE: If the district chooses to stock Albuterol metered dose inhalers (MDIs) and or liquid Albuterol for use in nebulizer for students diagnosed with asthma whose personal Albuterol prescription is empty, the Board should adopt the following language:

In conjunction with the nebulizer, the school stocks albuterol in the form of [please specify either metered dose inhalers or liquid] for students who are in need of emergency dosing when their

personal prescription is empty. The District will develop procedures in collaboration with school health personnel that is approved by the District medical director and the Board of Education.

Life-Threatening Allergies and Anaphylaxis Management

The Board recognizes its role and responsibility in supporting a healthy learning environment for all students, including those who have, or develop, life-threatening allergies. The District will work cooperatively with the student, their parent/guardian and healthcare provider to allow the child to participate as fully and as safely as possible in school activities. When a student has a known life-threatening allergy reported on their health form or if the District has been informed by the parent of the presence of a life-threatening allergy, the District will assemble a team, which may include the parent, the school nurse, the child's teacher, the building principal and other appropriate personnel, which will be charged with developing an individual health care plan. The plan will be maintained by the school nurse. The plan will guide prevention and response. If the student is eligible for accommodations based upon the IDEA, Section 504 or the Americans with Disabilities Act, the appropriate procedures will be followed regarding identification, evaluation and implementation of accommodations.

Training

Training to support the fulfillment of staff responsibilities in regard to student health services will be provided as part of the District's ongoing professional development plan and in conformity with Commissioner's regulations.

Regulations

The Superintendent shall develop comprehensive regulations governing student health services. Those regulations shall include the provision of all health services required by law, procedures for the maintenance of health records, and procedures for the administering of medication to students. The Superintendent shall also develop protocols, in consultation with the school physician and other appropriate District staff, for the management of injury, with particular attention to concussion.

Cross-ref:

4321, Programs for Students with Disabilities

5020.3, Students with Disabilities and Section 504

5280, Interscholastic Athletics

5550, Student Privacy

8130, School Safety Plans and Teams

9700, Staff Professional Development

Ref: Education Law §§310 (provisions for appeal of child denied school entrance for failure to comply with immunization requirements); 901 et seq. (medical, dental and health services, BMI reporting); 919 (provide and maintain nebulizers); 6909 (emergency treatment of anaphylaxis)

Public Health Law §§613 (annual survey); 2164 (immunization requirements)

8 NYCRR § 64.7 (administration of agents to treat anaphylaxis); § <u>135.4 (Physical</u> Education); Part 136 (school health services program)

<u>Administration of Medication in the School Setting Guidelines,</u> State Education Department, revised April 2002

<u>Immunization Guidelines: Vaccine Preventable Communicable Disease Control,</u> State Education Department, revised August 2000

Making the Difference: Caring for Students with Life-Threatening Allergies, New York State Department of Health, New York State Education Department, New York Statewide School Health Service Center, June 2008

Concussion Management Guidelines and Procedures, www.nysphsaa.org

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STUDENT HEALTH SERVICES REGULATION

NOTE: The new text is underlined below.

B. Immunization

Children must receive immunizations for diphtheria, polio, measles, mumps, rubella, hepatitis B, Haemophilus Influenzae Type b (Hib), pertussis, tetanus, pneumococcal disease (for children born on or after January 2008) and varicella prior to entering or being admitted to school.

Parents must provide acceptable proof indicating required receipt of all vaccines in accordance with law and regulations. A child may be excluded from the immunization requirements based on a physician determined health reason or condition. This medical exemption must be signed by a physician licensed to practice in New York State. A child may also be excluded from the immunization requirements because the child's parent/guardian holds a genuine and sincere religious belief which is contrary to the practice of immunization.

A child will not be admitted to school or allowed to attend school for more than 14 days without an appropriate immunization certificate or acceptable evidence of immunization. This period may be extended to 30 days on a case-by-case basis by the Building Principal if the child is transferring from another state or country and can show a good faith effort to get the necessary certification or other evidence of immunization.

When a student transfers out of the District, the parent/guardian will be provided with an immunization transfer record showing the student's current immunization status which will be signed by the school nursing personnel or the school physician. A transcript or photocopy of the immunization portion of the cumulative health record will be provided to the new educational institution upon request.

In the event that a parent is unable to provide an immunization record, the school nurse, or other authorized District official, will access the New York State Immunization Information System (NYSIIS) to determine if the child has met immunization requirements. If the system indicates that the child has received the required vaccinations, the information will be entered as part of the student's record, the source and date noted, and the documentation requirement will have been met.

B. Administering Medication to Students in School

The administration of prescribed medication to a student during school hours is permitted only when the medication is necessary to allow the student to attend school or failure to administer the medication would seriously affect the student's health.

Parent(s) or guardian(s) must present the following information:

- 1. a note from the family doctor containing the following information: student's name, the date and name of the medicine, dosage and time to be administered, and list of possible side effects; and,
- 2. a note from the parent(s) or guardian(s) giving the school nurse, teacher, Principal or other school staff permission to administer the medication; or
- 3. a medication request form (which includes the family doctor and parent signatures) must be filed with the school nurse.

The school nurse shall develop procedures for the administration of medication, which require that:

- 1. all medications will be administered by a licensed person unless the child is self-directed;
- 2. medications shall be securely stored in the office and kept in their original labeled container, which specifies the type of medication, the amount to be given and the times of administration; the school nurse shall maintain a record of the name of the student to whom medication may be administered, the prescribing physician, the dosage and timing of medication, and a notation of each instance of administration; and
- 3. all medications shall be brought to school by the parent(s) or guardian(s) and shall be picked up by the parent(s) or guardian(s) at the end of the school year or the end of the period of medication, whichever is earlier. If not picked up within five days of the period of medication, the medication shall be discarded.

An adult must bring the medication to school in the original container. The administering staff member should clearly label the medication with the time to be given and dosage.

<u>Administering medication on field trips and at after-school activities</u>. Taking medication on field trips and at after-school activities is permitted if a student is self-directed in administering their own medication. On field trips or at other after-school activities, teachers or other school staff may carry the medication so that the self-directed student can take it at the proper time.

If a student is going on a field trip but is not self-directed (i.e., fully aware and capable of understanding the need and assuming responsibility for taking medicine), then the District may:

- permit the parent or guardian to attend the activity and administer the medication.
- permit the parent to personally request another adult who is not employed by the school to voluntarily administer the medication on the field trip or activity and inform the school District in writing of such request.

allow the student's health care provider to be consulted and, if he/she permits, order the medication time to be adjusted or the dose eliminated.

If no other alternative can be found, a school nurse or licensed person must administer the medication.

<u>Administering epi-pen in emergency situations</u>. The administration of epinephrine by epi-pen has become an accepted and extremely beneficial practice in protecting individuals subject to serious allergic reactions (e.g., individual has an anaphylactic reaction to a wasp sting or the ingestion of peanut butter).

Pursuant to Commissioner's regulations, registered professional nurses may carry and administer agents used in non-patient specific emergency treatment of anaphylaxis.

In addition, pursuant to SED guidelines, school nurses may provide training to unlicensed school staff in administering epi-pens, prescribed by a licensed prescriber, to a child who has been diagnosed with the potential for a severe reaction, in the event of the onset of a serious allergic reaction when a nurse is not available.

(STRIKE)

NOTE: If the Board decides that the district will stock the albuterol MDIs then the following language should be included in this regulation.

<u>Use of Albuterol Metered Dose Inhalers</u>. Students diagnosed with asthma whose personal albuterol prescription is empty may receive an emergency dose of school-stocked albuterol under the following conditions:

- The student has a prescription ordering albuterol MDI or nebulized albuterol from their doctor which must include an order allowing the student to use the school's stocked albuterol MDI if their personal prescription is empty;
- The student's parent/guardian must provide written permission for the student to be administered dosing from the school's stocked albuterol MDI if their personal prescription is empty;
- The school's stock supply of albuterol is not to be used in place of the parent/guardian providing the medication for their child to the school. The school's stock supply is for use only in the event that the student's personal supply is empty while awaiting the parent/guardian to provide the school with a new one; and
- The student must have their own labeled spacer, tubing and facemask, or mouthpiece provided by the parent/guardian that is used when administering their own or the school's stock albuterol MDI.

(STRIKE)

Specific procedures will be developed by school health personnel that will outline the following:

- 1. The process for obtaining and replacing the stock albuterol;
- 2. The maintenance and cleaning of the school's stock MDI and nebulizer; individual students' MDIs and spacers; and/or students nebulizer tubing, facemask or mouthpiece;
- 3. The protocol for informing parents that the school stock albuterol was used; and
- 4. The protocol for informing parents/guardians of the need for replacement of their child's albuterol medication along with any district imposed deadlines for doing so.

This procedure will be approved by both the district medical director and the board of education.

C. Student Medical Exams

In accordance with Sections 903 and 904 of the state Education Law, each student shall have a physical exam given by the school doctor or family physician (including a physician, physician assistant or nurse practitioner) upon entrance to school and at grades pre-kindergarten or kindergarten, two, four, seven and ten. Findings are to be kept on record at the school on forms that can be obtained from the school nurse. In addition, the school will request a dental health certificate according to the same schedule.

A student may be excluded from the medical examination requirements because the child's parent/guardian holds a genuine and sincere religious belief which is contrary to medical examinations. The request for exemption must be in writing to the principal or his/her designee.

In the event that the student's medical history reveals that they have a known life-threatening allergy, the school nurse, in conjunction with the family, student, child's teacher, and other appropriate staff, will develop and implement an individual health care plan which will guide prevention and response.

The District will work with students in the self-management of their life-threatening allergy, or other chronic health conditions, by:

- 1. Adequately training staff involved in the care of the child.
- 2. Assuring the availability of the necessary equipment and/or medications.
- 3. Providing appropriately licensed and trained persons on school premises, as required by law.
- 4. Providing ongoing staff and student education.

D. <u>Illness or Injury in School</u>

If a student becomes ill or injured in school:

- 1. The nurse will determine if the student should receive further medical attention, remain in the dispensary or return to class.
- 2. The nurse will call the parent, guardian or designated emergency contact if he/she feels the student should go home. In general, a parent or guardian will pick up the student from school.
- 3. The nurse will contact the Building Principal if he/she feels the child should be transported by bus to the home.
- 4. If there is to be a change in bus routing in order to carry the student to his/her home, that decision will be made by the administrator and the transportation supervisor.
- 5. If the route is to be changed, the transportation supervisor shall inform the bus driver.
- 6. If no parent, guardian or designated emergency contact picks up the student at school, or if no parent/guardian or designated emergency contact will be home, the student will remain in the nurse's office until such time as a parent, guardian or designated emergency contact becomes available to assume responsibility for the child.

E. Medical Emergency Record

All students shall have on file a medical emergency record which shall state the name and telephone numbers of the following:

- 1. the student's parent(s) or guardian(s) at home and work;
- 2. the student's next of kin;
- 3. a neighbor;
- 4. the family physician;
- 5. preferred hospital;
- 6. any allergies or serious health conditions.

F. Student Return to School after Illness/Injury

In general, students should be symptom-free before returning to school and resuming normal activities. In some instances, students may be asked to provide a note from their doctor before they return to school or participate in the full range of school activities. The final decision to permit participation rests with the school physician. The Superintendent, in consultation with the school physician, nurse and other appropriate staff, will develop protocols to address a student's return to activities when there has been a serious illness or injury.