

Colorado Department of Education
Decision of the State Complaints Officer
Under the Individuals with Disabilities Education Act

**State-Level Complaint 2017:512
Arapahoe County School District 5**

DECISION

INTRODUCTION

This pro-se, state-level complaint (“Complaint”) was properly filed on August 11, 2017 by the mother (“Mother”) of a child (“Student”) who is identified as a child with a disability under the Individuals with Disabilities Education Act (“IDEA”). Mother brings this Complaint against Arapahoe County School District 5 (“School District”).

Based on the written Complaint, the State Complaints Officer (SCO) determined that the Complaint allegations raised a single issue subject to the jurisdiction of the state-level complaint process under the IDEA and its implementing regulations at 34 C.F.R. §§ 300.151 through 300.153.¹ The SCO has jurisdiction to resolve the Complaint pursuant to these regulations.

COMPLAINT

Whether the School District has violated the IDEA and denied Student a free appropriate public education (FAPE) since May 22, 2017 by failing to develop Student’s IEP, specifically, with regard to Student’s health needs.

Summary of Proposed Remedies. To resolve the Complaint, Mother proposes, in summary, that the School District revise Student’s IEP to reflect appropriate support services to enable him to attend school and access FAPE and allow a private duty nurse (“PDN”) to attend school with Student.

FINDINGS OF FACT

After a thorough and careful analysis of the credible record,² the SCO makes the following FINDINGS:

¹ Hereafter, only the IDEA regulation and any corresponding Exceptional Children’s Educational Act (ECEA) rule will be cited (e.g., § 300.000, Section 300.000 or Rule 1.00).

² The appendix, attached and incorporated by reference, details the entire record.

Background

1. Student, who is medically fragile, is identified by School District as a child with multiple disabilities, eligible for special education and related services under the IDEA and ECEA. Student lives with Mother within the boundaries of the School District and currently attends half-day kindergarten at School.³
2. Student's substantial medical history includes diagnoses of a rare disorder resulting in decreased dopamine and serotonin levels; a congenital brain malformation resulting in balance and coordination problems, speech delays, and learning difficulties; autism; global developmental delays; body temperature dysregulation; GERD (gastroesophageal reflux disease); and decreased pain sensitivity. These various conditions create a plethora of health and safety concerns. Student's risk of injury is increased due to his lack of safety awareness, as well his tendency to easily fatigue. Student also has significant delays in his communication skills that "may impact his ability to effectively interact and communicate with both teachers and peers in a classroom setting."⁴ Changes in routine and environment can have an effect on Student's executive functioning and emotional regulation skills. Student also has specific food restrictions, an unknown allergen requiring an anaphylaxis plan and rescue medications, and a list of medications to be avoided.⁵
3. Student's primary health risk is a dystonic crisis, which is a neurological event resembling a seizure, a consequence of his need for additional dopamine. Student requires the regular administration of dopamine and other medications throughout the day, including three scheduled times during his half day at School. Student's dystonic crises can be triggered by any number of things (i.e., environmental, physical, or emotional stressors and medication reaction or medication error). He requires consistent subjective assessment in order to determine whether he needs additional dopamine. For Student, a dystonic crisis can begin immediately or take up to several minutes and "can cause neurological symptoms from which it may take Student days to a week to recover." Due to the complexity of Student's medical needs, consistency of health services is critical in order to recognize his neurological symptoms and administer his medications when necessary.⁶
4. Over the past two years, School District provided Student with a dedicated, full time nurse ("Nurse") in Student's IEP because they "did not know Student." While Student was in preschool, Nurse arrived at Student's home in the morning so Mother could update her on Student's health status and also so she could assist in preparing Student for the bus ride to

³ Response; Exhibits 1 and A

⁴ Student's expressive communication consists of predominantly 1-2 word combinations and spontaneous speech largely characterized by immediate and delayed echolalia and repetitive words and phrases. Exhibits 1 and A

⁵ Response; Exhibits 1 and A

⁶ Response; Reply Ex. 7; Interviews with Director of Health Services, School Nurse, Mother, Nurse, and Special Education Director

school. Nurse attended to all of Student's health needs throughout his school day, including accompanying him on the bus ride to and from school.⁷

5. Based on a thorough review of the credible record, SCO concludes that before January 24, 2017 School District did not require any written documentation from Nurse regarding her service of Student (i.e., nursing notes or medication logs), but rather, only Nurse and Mother communicated about Student's daily health needs during that time.⁸ However, beginning on or about January 24, 2017, Director of Health Services began brief observations of Nurse on a monthly basis. During these observations, the director only observed Nurse while she was sitting outside of Student's classroom. She did not observe Nurse while she was interacting with Student.⁹

May 22, 2017 IEP (May 2017 IEP)

6. In the spring of 2017, in preparation for Student's transition to kindergarten, the School District conducted a reevaluation, including an updated health assessment that was handled by Director of Health Services. The director's health assessment consisted of a review of Nurse's notes, medication orders¹⁰, and Student's IHP.¹¹ She never requested any additional information from Mother or Nurse during her review.¹²

7. With this reevaluation information, the IEP team convened for two lengthy meetings. Director of Health Services and Mother were the only participants who could specifically discuss Student's health needs.¹³ Relative to his health needs, the IEP team identified that Student's "health impairment impacts his ability to maintain homeostasis, impacts his availability and ability to learn and places him at risk for dystonic crisis."¹⁴ Relative to addressing his health needs, the School District team members' "biggest input was that they did not see the need for a nurse in preschool." They determined that Student did not require a dedicated full time nurse. Mother disagreed.¹⁵

⁷ Response; Interviews with Mother, Nurse, Director of Health Services, and Special Education Director

⁸ Response; Exhibit F; Reply Ex. 1; Interviews with Director of Health Services, Mother, Nurse

⁹ Interviews with Director of Health Services, Nurse, and Mother; SCO notes that Nurse explained that she oftentimes stands in the doorway of the classrooms and looks through the window as she was instructed by preschool staff to do so that Student would not be distracted by her presence.

¹⁰ Mother coordinates with Student's physicians who provide School District with Student's medication orders. SCO notes that Mother is also a registered nurse. Reply Ex. 9

¹¹ Response; SCO notes that Director of Health Services had recently updated the IHP with Mother. Exhibit A

¹² Response; Exhibits A and B; Interviews with Director of Health Services, Nurse, and Mother

¹³ SCO notes that the documentation which indicates that Preschool School Nurse participated in the May 2017 IEP, as well as School District's Response related to participation of "multiple nurses" at the IEP meetings is incorrect. Exhibits 1, A and F

¹⁴ Exhibits 1 and A

¹⁵ Interviews with Special Education Director, Director of Health Services, and Mother; Response

8. The May 2017 IEP specifies that School Nurse will be responsible for maintaining a health care plan (IHP)¹⁶ and also provides for the following health, safety, and transportation accommodations, in relevant part:

- daily medications as ordered by Student’s physician;
- *emergency medications as necessary* as ordered by Student’s physician due to potential seizures and allergic reactions;
- mandatory break time of 15 minutes each day with other breaks *as needed per RN (registered nurse) assessment*; and
- medication to be administered *by Student’s nurse when needed* on the bus to and from school.¹⁷

9. The service grid on the May 2017 IEP reflects that Student will be provided with 30 minutes daily of direct school health services to be provided by School Nurse inside the general education classroom and 30 minutes weekly of indirect health services by the School Nurse outside of the general education classroom. The service delivery statement specifies that the direct nursing services include “[daily] initial assessment, as needed throughout his school day, and assessment prior to bus ride” and that “[s]chool nurse will provide training and delegation to staff responsible for [Student] in the school setting and during transportation on the bus.” The service delivery statement further explains that “[Student] will receive direct support at all times from a para educator and/or licensed staff who will be within arm’s reach and the ability to immediately respond including transportation to and from school.”¹⁸

10. Leading up to the beginning of the 2017-2018 school year, the School District communicated with Mother its readiness to implement Student’s IEP on the first day of school and also explained that in order to implement the transportation provision a registered nurse would accompany Student on the bus until a staff member could be trained and delegated. School District also shared with Mother that when a student’s IEP does not provide for a dedicated nurse and a family still wants their child to be accompanied by a nurse at school, it is School District’s practice to permit students to be accompanied by a PDN (private duty nurse), subject to the requirements specified in its policy. Mother opted for a PDN, however, Mother’s designated health care agency has not been able to fill the position. School District has provided the same dedicated full time nurse (Nurse) this school year and has agreed to continue to do so until health care agency is able to secure a nurse for the position.¹⁹

¹⁶ Exhibits 1 and A

¹⁷ SCO notes that this conflicts with the May 2017 IEP service delivery statement, School District’s Response, and email correspondence, which provides that a trained and delegated staff member will accompany Student on the bus. Exhibits 1, A; Response

¹⁸ Exhibits 1 and A

¹⁹ Response; Exhibits B, D, F, and Reply Ex. 6; Interviews with Director of Health Services, Special Education Director, and Mother

11. Nurse explained that there is no clear way to predict what will trigger Student into a crisis. Nurse always has Student in her line of sight and explained that she is continually assessing him. So far this school year Student has required extra doses of dopamine a majority of his school days. Nurse carries Student's medical equipment and emergency medication on the bus rides and at school and has immediate access to Student's medication, which is kept refrigerated in Teacher's classroom.²⁰

12. School Nurse observes Student in her office with Nurse for approximately ten minutes at the beginning and end of each school day. She also reads the notes that Mother gives Nurse in the morning and keeps a record of Nurse's notes and medication logs in a binder in her office. Mother has also described to School Nurse what dystonic crisis looks like. Despite this, School Nurse explained that she does not understand how to assess Student and denied that she would ever delegate the assessment of Student for dystonic crisis or the administration of his medication.²¹

CONCLUSIONS OF LAW

Based on the Findings of Facts above, the SCO enters the following CONCLUSIONS OF LAW:

1. There is no uncertainty in this case that Student is medically fragile and has complex medical needs requiring consistency of health services. The sole issue contemplated by SCO is whether School District violated the IDEA and denied Student a FAPE when the IEP team decided that Student's health needs no longer required the services of a dedicated full time nurse.
2. Under the IDEA, public school districts are required to provide children with disabilities with a "free appropriate public education" (or FAPE) by providing special education and related services individually tailored to meet the student's unique needs, and provided in conformity with an individualized education program (or IEP) that is developed according to the IDEA's procedures. 20 U.S.C. § 1401(9); 34 C.F.R. § 300.17; ECEA Rule 2.19. The IDEA's extensive procedural requirements relate to the development of the IEP, including the requirements that it be developed by a team of individuals with knowledge about the child, including parents, and that it be based upon the input of the IEP meeting participants, as well as on evaluations conducted in compliance with the IDEA's requirements. *See, e.g.*, 34 C.F.R. §§ 300.301-300.304 and §§ 300.320-300.324.
3. In the seminal case of *Board of Education v. Rowley*, the United States Supreme Court emphasized the importance of compliance with the IDEA's procedural requirements,

²⁰ Exhibits B and Reply Ex. 5B; Interviews with School Nurse, Nurse, Director of Health Services, Special Education Director, Teacher, and Mother

²¹ Exhibit B: Interviews with School Nurse, Nurse, and Mother

particularly given the lack of specificity provided by the IDEA with respect to the substantive requirements for FAPE.

“[W]e think that the importance Congress attached to these procedural safeguards cannot be gainsaid. It seems to us no exaggeration to say that Congress placed every bit as much emphasis upon compliance with procedures giving parents and guardians a large measure of participation at every stage of the administrative process, see, e.g. 1415(a)-(d), as it did upon the measurement of the resulting IEP against a substantive standard. We think that the congressional emphasis upon full participation of concerned parties throughout the development of the IEP ... demonstrate[s] the legislative conviction that adequate compliance with the procedures prescribed would in most cases assure much if not all of what Congress wished in the way of substantive content in an IEP.”

Board of Education v. Rowley, 458 U.S. 176, 205-206 (1982).

4. Typically, contemplation of the two prong analysis set forth in *Rowley* is necessary to determine whether the procedural violation resulted in a denial of FAPE. *Rowley, supra* at 206-207. “First, has the State complied with the procedures set forth in the Act? And second, is the individualized educational program developed through the Act’s procedures reasonably calculated to enable the child to receive educational benefits?” *Id.* It is well-established, however, that where the procedural inadequacies seriously infringe upon the parents’ opportunity to meaningfully participate in the IEP process, the result is a “per se” denial of FAPE. See, e.g., *O.L. v. Miami-Dade County Sch. Bd.*, 63 IDELR 182 (11th Cir. 2014); *Deal v. Hamilton County Bd. Of Educ.*, 392 F.2d 840 (6th Cir. 2004); see also, 34 C.F.R. § 300.513(a)(2)(ii) (“In matters alleging a procedural violation, a hearing officer may find that the child did not receive a FAPE only if the procedural inadequacies ... [s]ignificantly impeded the parent’s opportunity to participate in the decision-making process regarding the provision of FAPE to the parent’s child...”).

5. The SCO’s first concern in this case is School District’s evaluation of Student’s health. An evaluation under the IDEA has two primary purposes: 1) to determine the child’s eligibility for special education, and 2) to assist the IEP team in determining the child’s specific needs. 34 C.F.R. §300.304(b)(1)(i)-(ii); see also 71 Fed. Reg. 46548. The IDEA specifies that a school district’s evaluation must “[u]se a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about the child, including information provided by the parent.” 34 C.F.R. §§300.304-300.306. The IDEA is intentional that parents’ participation in the development of an IEP be meaningful, including giving consideration to their concerns about their child. 34 C.F.R. §§ 300.321, 300.322, and 300.324. This was recently underscored in *Endrew F.* in which the Supreme Court reasoned that developing an IEP that is reasonably calculated is a “fact-intensive exercise” that is “informed not only by the expertise of the school officials, but also by the input of the child’s parents or guardians.” *Endrew F. v. Douglas County Sch. Dist. RE-1*, 580 U.S. ____ (2017). Indeed, parent

input is critical in the process, particularly in a case where health services for a medically fragile child are being determined. In this case there is no question that Nurse has been providing the health services (with daily communication with Mother) provided for in Student's IEP for two years leading up to the May 2017 IEP meetings, yet, Director of Health Services never sought input from Nurse or Mother. Rather, the director depended only on a limited review of records, which SCO finds was insufficient to assist the IEP team in determining Student's specific health needs.

6. The lack of information in Director of Health Services' health assessment also leads to SCO's next concern, which is the appropriateness of the May 22, 2017 IEP team itself. The IDEA requires a school district to ensure that an IEP team for a child with a disability includes, "[at] the discretion of the parent or the district, other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate." 34 C.F.R. §300.321(a)(6). Due to the limited nature of the health assessment in the School District's reevaluation, it was critical that School District have people at the IEP meeting who did understand his needs. Moreover, it was important to include people who could discuss how his health needs could be appropriately addressed in kindergarten, specifically Nurse, Mother, and School Nurse. School District argues that school nurses are not statutorily required members of IEP teams. SCO agrees, however, in this case SCO concludes that School Nurse was essential to the plan they developed. With respect to related services, the United States Supreme Court has clarified that the IDEA requires those services necessary to enable the student to benefit from special education, meaning "services that enable the child to reach, enter, or exit the school" or that "permit a child to remain at school during the day." *Irving Indep. Sch. Dist. V. Tatro*, 468 U.S. 883, 891 (1984). In this case, SCO finds that the May 2017 IEP did not include services that met this standard. Here, the IEP team developed a plan for School Nurse to train and delegate staff to provide health services for Student, yet School Nurse and Nurse, who were both essential to the creation and the implementation of such a plan, were never consulted with nor were they at the IEP meeting. Indeed, the plan set forth in the IEP could not be implemented by School Nurse at all. Accordingly, SCO finds that the School District's failure to include Nurse and School Nurse in the IEP team meeting resulted in a failure to develop an IEP for Student to address his specific health needs, violating the IDEA and denying Student a FAPE.

7. Lastly, SCO addresses Mother's input in the May 22, 2017 IEP. School District argues that Mother was provided with meaningful participation in the IEP process, characterizing her input as an objection. SCO concludes otherwise. Parents are integral to the IEP development process. See 34 CFR § 300.321 (a)(1). It is well settled that parent participation in the IEP process means more than having an opportunity to speak. A school district must show that it came to the meeting with an open mind and was "receptive and responsive" to the parents' position at all stages, rather than cutting the conversation short when parents express their concerns. See *R.L. v. Miami-Dade County School Board*, 63 IDELR 182 (11th Cir. 2014). School Districts should consider the parents' suggestions and, to the extent appropriate, incorporate

them into the IEP. *See, e.g., Deal v. Hamilton County Bd. of Educ.*, 42 IDELR 109 (6th Cir. 2004), *cert. denied*, 110 LRP 46999 , 546 U.S. 936 (2005), *on remand*, 46 IDELR 45 (E.D. Tenn. 2006), *aff'd*, 49 IDELR 123 (6th Cir. 2008); and *J.D. v. Kanawha County Board of Educ.*, 48 IDELR 159 (S.D. W.Va. 2007), *aff'd*, 110 LRP 57258 , 357 F. App'x 515 (4th Cir. 2009) (*unpublished*), *cert. denied*, 110 LRP 57264 , 131 S. Ct. 107 (2010). As SCO has already discussed, Mother's input was never sought out in the evaluation process and, moreover, she was the only participant at the May 22, 2017 IEP meeting who could speak directly to Student's health needs and how they could be addressed. Despite Mother's objection, the IEP team developed a plan that could not be implemented. Accordingly, SCO finds that School District violated the IDEA by failing to provide Mother with meaningful participation in the development of Student's May 22, 2017 IEP, resulting in a denial of FAPE.

REMEDIES

The SCO has concluded that the School District committed the following violations of the IDEA:

Failure to develop an IEP according to the procedural requirements and the unique needs of a child with a disability (34 C.F.R. §§ 300.320-300.324), including:

- conducting an appropriate reevaluation (34 C.F.R. §§300.303-300.305);
- providing parent with meaningful participation in the IEP process (34 C.F.R. § 300.321(a)(1); and
- assembling an appropriate IEP team (34 C.F.R. §300.321(a)).

To remedy these violations, the School District is ordered to take the following actions:

1. By November 6, 2017, the School District must submit to the Department a proposed corrective action plan (CAP) that addresses the violation noted in this Decision. The CAP must effectively address how the cited noncompliance will be corrected so as not to recur as to Student and all other students with disabilities for whom the School District is responsible. The CAP must, at a minimum, provide for the following:

- a. Effective training must be conducted for Director of Health Services, school nurses, Special Education Director, special education case managers and coordinators concerning the policies and procedures, to be provided no later than December 1, 2017.
- b. Evidence that such training has occurred must be documented (i.e., training schedule(s), agenda(s), curriculum/training materials, and legible attendee sign-in sheets) and provided to the Department no later than December 15, 2017.

2. School District must provide an independent educational evaluation (IEE) with regard to Student's health needs. The IEE must be completed no later than December 18, 2017.

3. Once the IEE is complete, the IEP team will reconvene no later than January 8, 2018 to review Student's health needs and services, including transportation services, and also including a period of transition, as necessary. The IEP team must include Special Education Director, the IEE evaluator, School Nurse, Nurse, Director of Health Services, and Mother.

School District must provide the Department with documentation that it has complied with these requirements no later than January 15, 2018. Documentation must include a copy of the results of the IEE and IEP meetings, including all required notices and consent forms.

4. Until the IEE is complete and Student's IEP has been reviewed in accordance with the requirements above, School District must continue to provide Student with a dedicated, full time nurse as set forth in Student's IEP prior to May 22, 2017.

5. The Department will approve or request revisions of the CAP. Subsequent to the approval of the CAP, the Department will arrange to conduct verification activities to verify the School District's timely compliance with this Decision. Please submit the documentation detailed above to the Department as follows:

Colorado Department of Education
Exceptional Student Services Unit
Attn: Beth Nelson
1560 Broadway, Suite 1100
Denver, CO 80202-5149

Failure of the School District to meet the timelines set forth above will adversely affect the School District's annual determination under the IDEA and will subject the School District to enforcement action by the Department.

CONCLUSION

The Decision of the SCO is final and not subject to appeal. If either party disagrees with this Decision, their remedy is to file a Due Process Complaint, provided that the aggrieved party has the right to file a Due Process Complaint on the issue with which the party disagrees. *See*, 34 C.F.R. § 300.507(a) and Analysis of Comments and Changes to the 2006 Part B Regulations, 71 Fed. Reg. 156, 46607 (August 14, 2006).

This Decision shall become final as dated by the signature of the undersigned State Complaints Officer.

This 10th day of October, 2017.

Lisa A. Weiss, Esq.
State Complaints Officer

APPENDIX

Complaint, dated August 6, 2017, pages 1-2

- Exhibit 1: Notice of 5/22/17 Meeting; IEP (5/22/17); Alternate Assessment Worksheet (5/23/17); ESY Data Documentation (5/23/17); Evaluation Report (3/30/17)
- Exhibit 2: Email correspondence
- Exhibit 3: Private Duty Nursing authorization (6/2/17)
- Exhibit 4: Guidance on Delegation for Colorado School Nurses & Child Care Consultants (October 2015)
- Exhibit 5: CDE license reports
- Exhibit 6: School District Student Emergency Information; School District Early Childhood Addendum to General Health Appraisal Form (2016-17); Medical Information/Data Set; documentation from various private hospitals; medication consent forms
- Exhibit 7: Email correspondence; medication logs
- Exhibit 8: Physician orders
- Exhibit 9: Email correspondence with highlighting (2014-16); handwritten notes; Individualized Health Plan (IHP) with handwritten notes; IHP emails with highlighting
- Exhibit 10: IEP documentation (2015); Due process complaint (2016); IEP (3/22/16); IEP Addendum (11/11/16) with highlighting; IEP (4/7/17); Prior Written Notice (PWN)(4/28/17)
- Exhibit 11: Medication Administration Sheets; Home Health Certification and Plan of Care (Form 485)

Reply, dated September 11, 2017, pages 1-5

- Reply Ex. 1: Partial IEP (5/22/17); PDN document; email correspondence; Guidance of Delegation for Colorado School Nurses & Child Care Consultants; Department of Regulatory Agencies (DORA) Nursing (3 CCR 716-1); DORA complaint forms
- Reply Ex. 2: Partial evaluation report (3/30/17); partial IEP (5/22/17); copy of Preschool School Nurse's file
- Reply Ex. 3: Email correspondence regarding Mother's health records request; School Nursing document (CDE, June 2005); Preschool health records
- Reply Ex. 4: Email correspondence; IHP with handwritten notes
- Reply Ex. 5A: Email correspondence; medication records; seizure action plan; medication consent forms; School Nurse notes
- Reply Ex. 5B: Treatment Logs; medication consent forms; medication logs
- Reply Ex. 6: Email correspondence; PDN contract

Reply Ex. 7: Medical documentation from private providers; IEP and evaluation documentation (2015); IEP (5/22/17)

Reply Ex. 8A: Medical documentation from private providers

Reply Ex. 8B: Medical documentation from private providers; Home Health Certification and Plan of Care

Reply Ex. 9: Mother's Resume

Response, dated August 29, 2017, pages 1-5

Exhibit A: IEPs (6/28/15, 5/22/17); IEP Amendments (11/21/16, 1/20/17); Notices of Meetings (IEP) (6/20/16, 4/17/17); Prior Notice & Consent for Reevaluation (1/20/17); Determination of Eligibility (4/28/17); Evaluation Report (3/30/17); Prior Written Notice of Special Education Action (PWN)(4/28/17); Student Profile Snapshot (5/22/17); Transportation Request Forms (8/8/17, 8/9/17); Notice of Meeting (undated)

Exhibit A: Email correspondence; IHP with handwritten notes (5/17/16, 4/27/17, 1/27/17); IHP (IHP) with highlighting (8/16/17); Medication consent form; Faxed medication consent forms; Seizure action plan; Physician orders; IHP (2/27/17); Immunization certificate; General Health appraisal form; Student emergency information and addendum; IEP Addendum (11/11/16); Medication logs; Medication records; Permission for nursing procedures; Colorado Allergy and Anaphylaxis Emergency Care Plan and Medication Orders; Nurse narrative; Refrigerator temp log; PowerSchool health record, medical information/data set, CDE guidance document (June 20015)

Exhibit B: Email correspondence; School District Policy JRC; Faxed medication consent forms; Seizure action plan;

Exhibit C: School District staff with information regarding Complaint allegations

Exhibit D: School District Policies; Private Duty Nurse Contract

Documents provided by School District upon SCO request

Exhibit E: Nurse treatment logs; Medication logs; Medication consent forms; Therapeutic intranasal drug delivery documentation; Seizure action plan; School Nurse's notes; Physician orders; Immunization records

Exhibit F: Email correspondence

Interviews with:

Mother

Special Education Director

Director of Health Services

Principal

School Nurse

Nurse

Teacher