



COLORADO
Department of Education

**Guidance for Determining Eligibility
for Special Education Students
with
Other Health Impairment**

Revised August 2020

Guidance for Determining Eligibility for Special Education Students with Other Health Impairment

OHI Eligibility Category

“Other Health Impairment” (OHI) is one of the eligibility categories listed in the Individuals with Disabilities Education Act (IDEA). Under IDEA, a student who has “other health impairment” may be eligible for special education and related services to support the student and address his/her educational, developmental, and functional needs resulting from their disability. In 2011, Colorado added OHI to the Exceptional Children’s Education Act (ECEA) list of eligibility categories. The category of Physical Disability (PD) was phased out between August 2012 and July 2016. The Colorado eligibility criteria for OHI is consistent with federal law. Other Health Impairment is an umbrella term encompassing a range of conditions. A medical condition does not automatically qualify a student for special education services. Each student must receive a comprehensive evaluation and meet the eligibility criteria. It is a category that should be considered as a distinct and separate category for students having **limited strength, vitality or alertness** due to a chronic or acute health condition, and because of this condition needs specialized instruction under IDEA. A condition may be chronic or acute. There is no specified length of time for the health problem to be present or to continue. A chronic condition is a health condition or disease that is persistent or otherwise long-lasting in its effects or a disease that comes with time. Many national health organizations will not specify a timeline, but a general rule of thumb may be a condition lasting three months or longer ([U.S. National Library of Medicine](#)). An acute health problem begins abruptly and with marked intensity, then subsides or has rapid onset, severe symptoms, and a short course.

Definition of OHI

[ECEA 2.08 \(7\) Other Health Impaired](#) (OHI) means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment due to a chronic or acute health problem, including but not limited to asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, leukemia, kidney disease, sickle cell anemia or Tourette syndrome.

As a result of the child’s Other Health Impairment, as described above, the child is prevented from receiving reasonable educational benefit from general education, as evidenced by *one or more* of the following:

[ECEA 2.08 \(7\) \(a\)](#) Limited strength as indicated by an inability to perform typical tasks at school;

[ECEA 2.08 \(7\) \(b\)](#) Limited vitality as indicated by an inability to sustain effort or to endure throughout an activity; and/or

[ECEA 2.08 \(7\) \(c\)](#) Limited alertness as indicated by an inability to manage and maintain attention, to organize or attend, to prioritize environmental stimuli, including heightened alertness to environmental stimuli that results in limited alertness with respect to the educational environment.

Health Impairments mentioned in IDEA's definition

There are numerous conditions that may be included under this definition. The ones specifically listed in the IDEA definition are below, however this list was never meant to be an exhaustive one.

Other Health Impairments Not Mentioned in IDEA's Definition

Other health conditions can fall under the umbrella of the Other Health Impairment eligibility category besides the ones specifically mentioned in the law. The law explicitly lists health conditions that fall under the Other Health Impairment eligibility category; however, this is not an exhaustive list. Students may meet criteria for Other Health Impairment if other conditions exist as well.

For example:

- fetal alcohol syndrome (FAS)/fetal alcohol spectrum disorder (FASD)
- bipolar disorders, and
- other neurological disorders (e.g., acquired brain injury – non-traumatic type)

According to the Office of Special Education and Rehabilitative Services, Department of Education, *“the list of acute or chronic health conditions in the definition of other health impairment is not exhaustive, but rather provides examples of problems that children have that could make them eligible for special education and related services under the category of other health impairment”*. These conditions were not specifically mentioned in IDEA's regulations *“...because these conditions are commonly understood to be health impairments...”*. ([71 Fed. Reg. at 46550](#))

The U.S. Department of Education uses the phrase “could make them eligible”--*could*, not does. Other aspects such as, adversely affected educational performance, a child's evaluation results and state policies should be considered in determining eligibility for services under IDEA, not solely the existence of the disability or condition.”

A medical diagnosis is not a necessary, nor by itself a sufficient, criterion for establishing OHI eligibility. In order to provide a Free and Appropriate Public Education (FAPE) under the provisions of IDEA, if the school district requires a medical assessment or diagnosis, the school district is responsible for the cost of the assessment, not the child's parents. The finding of a medical condition that causes limited alertness is not enough, however. The condition and diminished alertness caused by the condition **must also adversely affect the student's educational performance.**

Source: <http://www.parentcenterhub.org/repository/ohi/#idea>

Need for Special Education Services

Key Questions:

School Individualized Education Program (IEP) teams deciding whether a child qualifies for special education and related services under the OHI category can begin by asking the following questions:

1. Does the student have a chronic or acute health problem?
2. Does the student have limited strength, vitality, or alertness due to a chronic or acute health problem? If not, does he or she have heightened alertness to general environmental stimuli?

3. How is the health problem manifested in the educational environment (within academics, behavior, social interactions, attendance, adaptive skills, etc.)?
4. Finally, if so, does the disability create a need for special education services?

Other Considerations

OHI: What it is and what it is not

There are students with medical problems in every eligibility category – not all health conditions fall within OHI. For example, a student with Down syndrome often has an impairment in the area of cognition and, thus, may be identified as having an intellectual disability. If that student with Down syndrome did not meet the criteria for the eligibility category of intellectual disability and had a heart condition, the child might be eligible for OHI if the condition prevented the child from achieving educational benefit from general education alone due to limited strength, vitality or alertness.

What OHI is	What OHI is not
<ul style="list-style-type: none"> • An impairment requiring a comprehensive evaluation by an IEP team, just like other eligibility categories 	<ul style="list-style-type: none"> • A default or back-up category, if the child does not meet eligibility criteria for another impairment (for example, behavior is severe, chronic, and frequent but not across settings does not mean the student meets the eligibility criteria for OHI. It only means he/she does not have a Serious Emotional Disability (SED)).
<ul style="list-style-type: none"> • A wide range of health conditions with symptoms ranging from mild to severe 	<ul style="list-style-type: none"> • Generally the eligibility category for students with mental health diagnoses
<ul style="list-style-type: none"> • A wide range of service needs ranging from constant to intermittent 	<ul style="list-style-type: none"> • If the adverse effect on education is primarily due to active substance abuse (alcohol or other drugs)
<ul style="list-style-type: none"> • A continuum of options and services 	<ul style="list-style-type: none"> • A disability more accurately described by another disability category, such as TBI, SED or Orthopedic Impairment
<ul style="list-style-type: none"> • A focus on presenting problems or issues associated with health condition. 	<ul style="list-style-type: none"> • An automatic entitlement for students with any diagnosed medical condition, including ADD/ADHD (the child must meet criteria and “need” for special education)
<ul style="list-style-type: none"> • An established need for specially designed instruction because student cannot receive reasonable educational benefit from regular education alone. 	<ul style="list-style-type: none"> • A way to avoid difficult discussions about another eligibility category(ies)

Adapted from – Wisconsin Department of Public Instruction (2016)

Eligibility Category	There must be evidence of the following criteria:
Other Health Impaired OHI	<input type="checkbox"/> Limited strength as indicated by an inability to perform typical tasks at school; and/or <input type="checkbox"/> Limited vitality as indicated by an inability to sustain effort or to endure throughout an activity; and/or <input type="checkbox"/> Limited alertness as indicated by an inability to manage and maintain attention, to organize or attend, to prioritize environmental stimuli, including heightened alertness to environmental stimuli that results in limited alertness with respect to the educational environment
Traumatic Brain Injury TBI	<input type="checkbox"/> Either medical documentation of a traumatic brain injury or a significant history one or more traumatic brain injuries reported by a reliable and credible source and/or corroborated by numerous reporters; and <input type="checkbox"/> A display of educational impact most probably and plausibly related to the traumatic brain injury
Serious Emotional Disability SED	<input type="checkbox"/> An inability to learn that is not primarily the result of intellectual, sensory, or other health factors; and/or <input type="checkbox"/> An inability to build or maintain interpersonal relationships, which significantly interferes with the child's social development; and/or <input type="checkbox"/> In appropriate types of behavior or feelings under normal circumstances; and/or <input type="checkbox"/> A general pervasive mood of unhappiness or depression; and/or <input type="checkbox"/> A tendency to develop physical symptoms or fears associated with personal or school problems
Finally, if so, does the disability create a need for special education services?	

Data Sources and Evaluation to Determine Eligibility

During the evaluation, review information from a variety of sources such as:

- Comprehensive health history including hospitalizations and injuries
- Record review, including attendance/absenteeism, discipline, office referrals, behavior and academics.
- Educational testing
- Teacher interviews and rating scales
- Student interviews and rating scales
- Parent interviews and rating scales
- Functional performance
- Medical reports
- Classroom observations

In 2011, the Office of Special Education Programs (OSEP) released a memo stating a Response to Intervention (RTI) process cannot be used to delay or deny an evaluation for eligibility under the IDEA. This memo also addresses steps and documentation required when the team has determined that an evaluation for special education is unnecessary. To view the OSEP memo click the following link:

<https://www2.ed.gov/policy/speced/guid/idea/memosdcltrs/osep11-07rtimemo.pdf>

Response to intervention data is required to demonstrate that a student meets criteria for two educational eligibility categories in Colorado: Specific Learning Disability and Serious Emotional Disability. OHI is not one of these categories. However, educational impact must be present for all educational eligibility categories. The team can identify educational impact (or the lack thereof) through evidence provided from a variety of sources. For a student with a health condition, sources of information might include: office referral data, disciplinary records, functional behavioral assessment (FBA), Response To Intervention (RTI) data, direct observation, student/teacher/family interviews, student achievement data, report cards, work products, behavior checklists, attendance records, formal and informal social/emotional assessments, formal and informal academic achievement assessments, etc. This is not an exhaustive list.

A diagnosis is not required to meet criteria for special education eligibility for any category in the state of Colorado. Likewise, a diagnosis does not necessarily mean a student will automatically meet or will automatically not meet criteria for special education eligibility for any category. The Colorado Department of Education (CDE) has a technical assistance document that addresses [clinical diagnosis](#).

Eligibility for special education and related services is based on an educational determination of a disability, which includes meeting not just the criteria for a specific disability but also finding that a student is in need of specially designed instruction. You can request permission from the parents/guardians to speak with the student's healthcare provider. Being able to communicate with the healthcare provider can help the team better understand the student's health condition and decide what educational impact it may have on the child. This communication is also helpful for the healthcare provider to understand the school's role and what accommodations and modifications can be provided. Remember that a student's medical diagnosis is only one part of the determination of eligibility. Just as the team would not use only one test or tool to make an eligibility determination, the evaluation should be sufficiently comprehensive to identify all of the student's special education and related service needs. Alternative assessment measures administered by "qualified personnel" that meet standard evaluation procedures would be sufficient to establish Other Health Impairment eligibility.

The school nurse has an important role in the evaluation process and serves as the health/medical expert for the team. The school nurse should complete a health assessment which collects subjective information about the student such as a health history obtained from the parents/guardian. The school nurse should also conduct an objective health assessment of the student that may include height and weight; hearing and vision screening results; medications taken at school and at home; and review of reports from providers treating the student. The school nurse's report should be written in layman's terms so that it can be easily understood and should contain educationally significant health information. This **brief summary** should include the child's strengths, health difficulties (including hospitalizations and injuries) that impact learning and any needed school nursing or school health services. Information that is prone to change, such as treatments and medications, should not be described in detail, but rather summarized broadly. Health and medical details can be recorded in the student's school health record and shared by the school nurse on a needs-to-know basis. This report is included in the special education evaluation documentation.

If the student has an individualized health care plan (IHP), the IEP should address how health plans will be implemented during all educational experiences. The location of the IHP should be referenced in the IEP and not attached to the IEP. Information in a student's IHP is considered highly confidential and should be shared with staff strictly on a needs-to-know basis. An IHP is a working document that may undergo multiple changes throughout the school year to meet the student's changing health needs. The recommended IHP location is the school health office where it will be maintained and updated by the

school nurse. The school nurse will provide information and training related to the IHP to the appropriate school staff on a needs-to-know basis.

When interpreting the evaluation data to determine if a student is a child with a disability it is important to consider information from a variety of sources. Teams should focus on presenting problems along with a comprehensive evaluation to determine the appropriate eligibility category.

Factors to consider in an evaluation include, but are not limited to:

- Medical history including medications
- Type, degree, and severity of health impairment
- Current levels of performance both academic and nonacademic
- Need for special education and related services

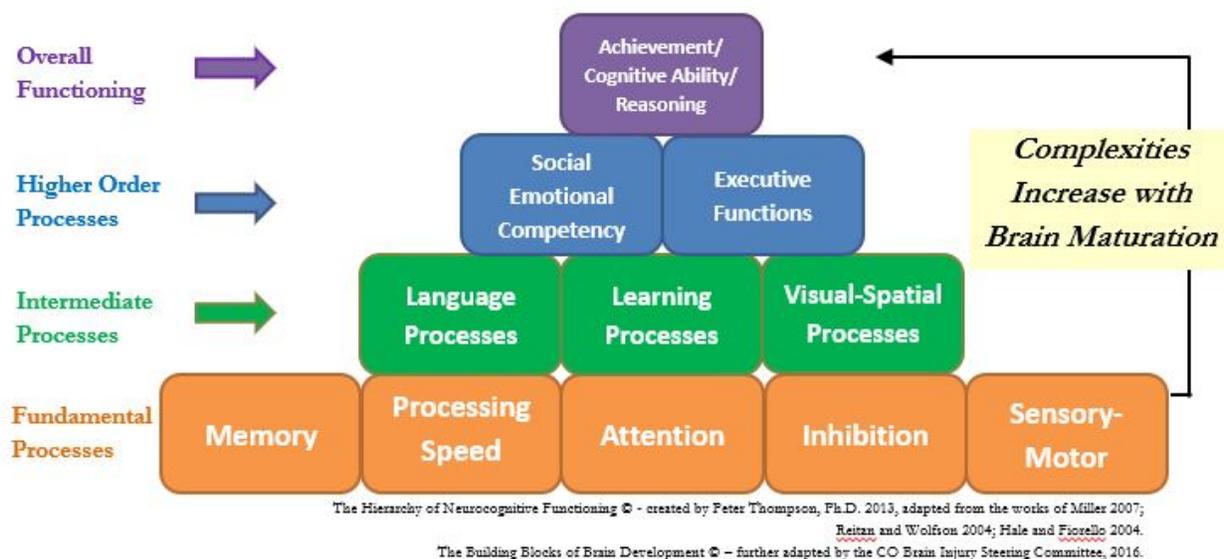
This matrix may be used to collect data when considering the Other Health Disabilities category.						
The columns indicate where data might be found for each criterion						
Criteria	Educational Evaluation	Interviews	Observations	Health History	Record Review	Diagnosis
Absence linked to health condition		X		X	X	X
Specialized health care procedures needed during school day		X	X	X	X	X
Medications that adversely affect learning		X	X	X	X	X
Limited physical strength	X	X	X	X	X	X
Limited endurance	X	X	X	X	X	X
Heightened or diminished alertness	X	X	X	X	X	X
Organization, assignment completion	X	X	X	X	X	X
Directions followed, tasks initiated and completed	X	X	X	X	X	X
Purpose of data	Academic skills, social/emotional/behavioral skills, Functional Performance	Day-to-day educational strengths and needs	Snapshot of strengths and needs in educational environment	Student's health data	Educational achievement, behavior, absences	Diagnostician data and data on student's health

Adapted from Minnesota Department of Education (2013)

When a Health Condition Affects Brain Function

For some health conditions, such as a **non-traumatic brain injury** or an organic/prenatal condition (e.g., substance exposure in utero/Fetal Alcohol Spectrum Disorder (FASD)), cognitive functioning must be evaluated. In an effort to support school-based multidisciplinary teams in completing comprehensive neuro-educational evaluations that produce rich data for the special education eligibility process, the Colorado Department of Education (CDE) along with the Colorado Brain Injury Steering Committee, applied the most current research on brain function, neuroanatomy and assessing the various brain processes and developed a user-friendly framework titled, the Building Blocks of Brain Development. Our brains develop each and every process/building block in a progressive manner. They build upon one another to become more complex and efficient (i.e. higher order thinking). The graphic below represents typical areas of processing/learning and those that are commonly affected by brain injury, trauma, neglect, etc. We encourage school teams to utilize these building blocks to guide assessment and educational planning across the special education categories and areas, as appropriate, especially non-traumatic brain injury and prenatal substance exposure/fetal alcohol spectrum disorder.

Building Blocks of Brain Development ©



When school-based multidisciplinary teams have a deep understanding of a student's functioning levels within these building blocks, the eligibility process, educational planning and focal areas for intervention may be easily identified. For more information on the [Building Blocks of Brain Development](#).

Examples of Strength, Vitality or Alertness

To qualify as a child with an Other Health Impairment, there must be evidence that the child cannot receive reasonable educational benefit from general education without specially designed instruction and the condition resulted in the student's limited strength, vitality, or alertness.

Limited strength as indicated by an inability to perform typical tasks at school

- Example: A child with Sickle Cell Anemia may have limited physical strength due to his or her condition and have difficulty with work output, mobility and fatigue especially during a crisis which can include pain and swelling in hands and feet, fever, gastric and respiratory problems. The child can also experience altered brain tissue perfusion that would cause loss of balance, altered gait, changes in behavior and academic performance and possible seizure activity.

Limited vitality as indicated by an inability to sustain effort or to endure throughout an activity

- Example: A child undergoing chemotherapy for leukemia or a brain tumor may have frequent absences from school for doctor's appointments and chemo/radiation therapy including bone marrow transplant. The child may have limited cognition and stamina to attend to his or her school work due to effects of treatments.

Limited alertness as indicated by an inability to manage and maintain attention, to organize or attend, to prioritize environmental stimuli, including heightened alertness to environmental stimuli that results in limited alertness with respect to the educational environment.

- Example: A child with Attention-Deficit/Hyperactivity Disorder (ADHD) may have limited ability to attend to specific academic tasks because the disorder causes them to be overly alert to the general environment and may cause them:
 - to be distractible during academic instruction
 - to have difficulty with organization
 - to have difficulty paying attention and inability to focus
 - to have difficulty maintaining positive social relationships or work with peers
 - to be impulsive and control behavior

The U.S. Department of Education (July 16, 2016) released guidance on the [Civil Rights of Students with ADHD](#). In this guidance, they cited the most common complaint received by the Office of Civil Rights (OCR) was that students with ADHD who had academic and behavioral difficulties were, never referred for an evaluation, not evaluated in a timely manner or were inadequately evaluated. In addition, even if the student with ADHD was identified as having a disability, the student did not receive the necessary special education or related aids/services. This guidance explains that schools must evaluate a student when a student needs or is believed to need special education or related services. As IDEA's definition of OHI makes clear, the health impairment must affect a student's educational performance. In fact, for a child to qualify for special education services, the health condition must affect the child's educational performance.

Providing Services in the School Setting

When a child is found to be eligible for special education, he or she will be eligible to receive related services in school. Related services are provided as required to enable children with disabilities to benefit from their special education program. What was previously called "school health services" in IDEA was expanded in its 2004 Reauthorization to distinguish between services that are provided by a qualified nurse and those that may be provided by other qualified individuals. **School health services and school nurse services**, which are defined by IDEA as "...health services that are designed to enable a child with a disability to receive FAPE as described in the child's IEP. School nurse services are services provided by a qualified school nurse. School health services are services that may be provided by either a qualified school nurse or other qualified person." [\[34 CFR §300.34\(c\)\(13\)\]](#)

Many children with disabilities, especially those with medically fragile conditions, could not attend school without the supportive services of school nurses and other qualified people. Over the years, the extent of the health-related services provided in schools has grown, as might be expected considering the medical advances in the last decade alone. School nursing requires a qualified nurse to provide the service whereas health services may be provided by either a nurse or Unlicensed Assistive Personnel (UAP) who are trained and if necessary delegated and supervised by the nurse. School health services and school nurse services may include the following as health-related support:

- gastric feedings;
- Clean intermittent catheterization;
- Suctioning;
- Management of a tracheostomy;
- Administering and/or dispensing medications;
- Planning for the safety of a child in school;
- Ensuring that care is given while at school and at school functions to prevent injury (e.g., changing a child's position frequently to prevent pressure sores);
- Chronic disease management; and
- Conducting and/or promoting education and skills training for all (including the child) who serve as caregivers in the school setting.

Source: <http://www.parentcenterhub.org/ohi/#idea>

All students attending public schools must have access to health care during the school day and for extracurricular school activities, if necessary, to enable the student to participate fully in their educational program. The federal laws include the Americans with Disabilities Act, Individuals with Disabilities Education Act (IDEA), and Section 504 of the Rehabilitation Act of 1973. Since most school districts in Colorado do not have a full time nurse in each school it is often necessary to delegate specific nursing tasks, including medication administration, to a UAP so that children with special health care needs can attend school and school sponsored activities. Any health-related procedure in school requires medical orders. Knowing when and how to delegate specific nursing tasks is essential for the school nurse. Only a professional nurse can delegate nursing care. Further, nursing delegation is not appropriate for all students, all nursing tasks, or all school settings (NASN 2014). Tasks commonly performed by a parent/guardian at home take on a more complex dimension in the school setting. ([*Guidance on Delegation for Colorado School Nurses & Child Care Consultants*](#))

For more information on OHI, go to <http://www.cde.state.co.us/cdesped/sd-other>.

DETERMINATION OF ELIGIBILITY: OTHER HEALTH IMPAIRMENT

Definition: A child with an Other Health Impairment shall have limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli that results in limited alertness with respect to the educational environment due to a chronic or acute health problem that prevents the child from receiving reasonable educational benefit from general education. **ECEA 2.08(7)**

The team has addressed each of the following statements and has determined: **IDEA 34 C.F.R. §§ 300.304(c)(6) and 300.306(b); ECEA 2.08(7)**

- Yes No 1. The evaluation is sufficiently comprehensive to appropriately identify all of the child's special education and related services needs, whether or not commonly linked to the disability category. (Answer must be "yes" in order for the child to be eligible for services.)
- Yes No 2. The child **can** receive reasonable educational benefit from general education alone. (Answer must be "no" in order for the child to be eligible for services.)
3. The child's performance: (All answers below must be "is not" in order for the child to be eligible for services.)
- is** **is not** due to a lack of appropriate instruction in reading, including the essential components of reading instruction
- is** **is not** due to a lack of appropriate instruction in math; and
- is** **is not** due to limited English proficiency.

To be eligible as a child with an Other Health Impairment, there must be evidence of the following criterion: **ECEA 2.08(7)**

- Yes No A chronic or acute health problem, **including but not limited to** asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, leukemia, kidney disease, sickle cell anemia or Tourette syndrome.

The Other Health Impairment, as described above, prevents the child from receiving reasonable educational benefit from general education as evidenced by one or more of the following criteria: *(check all that apply)* **ECEA 2.08(7)(a) (b) (c)**

- Yes No Limited strength as indicated by an inability to perform typical tasks at school; **and/or**
- Yes No Limited vitality as indicated by an inability to sustain effort or to endure throughout an activity; **and/or**
- Yes No Limited alertness as indicated by an inability to manage and maintain attention, to organize or attend, to prioritize environmental stimuli, including heightened alertness to environmental stimuli that results in limited alertness with respect to the educational environment.
- Yes No The child has a disability as defined in the State Rules for the Administration of the Exceptional Children's Educational Act and is eligible for special education.

Resources

Attention Deficit Hyperactivity Disorder -

<https://www.nlm.nih.gov/medlineplus/attentiondeficithyperactivitydisorder.html>

Brain Injury in Children and Youth – A Manual for Educators 2017, CO Department of Education,

<https://www.cde.state.co.us/cdesped/sd-tbi>

Building Blocks of Brain Development Framework© - <http://cokidswithbraininjury.com/> or

https://www.cde.state.co.us/cdesped/sd-tbi_buildingblocks

Center for Parent Information and Resources

<http://www.parentcenterhub.org/>

The Consideration of Clinical Diagnoses in the Educational Identification of Disabilities in Accordance with IDEA 2004, November 2015, CO Department of Education

http://www.cde.state.co.us/cdesped/ta_clinicaldiagnoses

Guidance on Delegation for Colorado School Nurses & Child Care Consultants 2016,

<http://www.cde.state.co.us/healthandwellness/guidance-on-delegation-for-colorado-school-nurses-child-care-consultants-2-2016>

LRP Publications, *SmartStart: Chronic or Acute Health Conditions (Eligibility)*. (subscription required)

Retrieved on 12/11/2015 from:

<http://www.specialedconnection.com/LrpSecStoryTool/index.jsp?contentId=10005&chunkid=350240&query={{OTHER+HEALTH+IMPAIRMENT}}{OHI}}&topic=Main&chunknum=1&offset=0&listnum=0>

(subscription required)

Rules for the Administration of the Exceptional Children's Educational Act 1 CCR 301-8.

Special Education Eligibility Criteria and Evaluation for OHI – Wisconsin Department of Public Instruction (Updated March 2016), <http://dpi.wi.gov/sped/program/other-health-impairment>

Special Education Division of Other Health Disabilities Manual – Minnesota Department of Education (Aug 2013)

Special Needs Factsheet ADHD: What Teachers Should Know -

<http://kidshealth.org/parent/classroom/factsheet/adhd-factsheet.html>

Sexson, Madan-Swain 1995 article from School Psychology Chronicles

Student with ADHD and Section 504: A Resource Guide, U.S. Department of Education (2016)

<http://www2.ed.gov/about/offices/list/ocr/letters/colleague-201607-504-adhd.pdf>

Yonkaitis, C., Shannon, R. (2017) *The Role of the School Nurse in the Special Education Process Part 1: Student Identification and Evaluation*, April 2017, NASN School Nurse, vol 32, Issue 3, pp 179-184.

Yonkaitis, C., Shannon, R. (2017) *The Role of the School Nurse in the Special Education Process Part 2: Eligibility Determination and the Individualized Education Program*, May, 2017, NASN School Nurse, vol 32, Issue 4, pp 249-254.

What is ADHD? <http://kidshealth.org/en/parents/adhd.html>

2020 Colorado State Board of Education

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