



Guidance for Homebound and Modified Day Placements

A Collaborative Effort
of:
Disability Rights NC
and
NCDPI Exceptional Children Division

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DISABILITY RIGHTS
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Purpose

In the fall of 2016, Disability Rights NC approached the NC DPI Exceptional Children Division with concerns about homebound placements of students with disabilities in NC. Concerns about the placements included lack of legal justification, length, frequency, lack of appropriate academic instruction, effects on educational outcomes, hardship on working parents, and use with other forms of exclusion, including suspension and modified day schedules. In response, DPI reviewed internal data about homebound placements and proposed that Disability Rights and DPI partner to facilitate a stakeholder group to attempt to address these concerns.

Professionals from schools, advocacy organizations, community disability and mental health providers, and others met to establish the stakeholder group. The focus was to create an open, thoughtful dialogue about the challenges of serving students with significant behavior support and/or intensive education needs, and offer guidance for improved solutions for addressing those needs.

This guidance document is the product of this stakeholder collaboration. It is designed to guide IEP teams that are considering a homebound or modified day placement for a child and represents the collective thoughts of the stakeholder group on best practices to be followed by IEP teams. This document should be used in conjunction with the *North Carolina Policies Governing Services for Children with Disabilities*, the Individuals with Disabilities Education Act (IDEA) and the federal regulations. It reinforces the basic legal requirement that every child is entitled to a free appropriate public education in the least restrictive environment; and it supports teams in their efforts to implement that requirement.

Introduction

Homebound instruction is instruction provided in a setting outside of school for students with disabilities who are unable to attend school. Instruction is provided by certified staff from the local education agency (LEA).

A homebound setting may be used in several distinct situations for students with or without disabilities. This guidance document focuses on students with disabilities served with an individualized education program (IEP).

Child with a Disability:

As defined by the Individuals with Disabilities Education Act (IDEA), a child with a disability means a child who has autism, deaf-blindness, deafness, developmental delay (applicable to children age 3 – 7), hearing impairment, intellectual disability, multiple disabilities, orthopedic impairment, other health impairment, serious emotional disability, specific learning disability, speech or language impairment, traumatic brain injury, visual impairment, and who by reason of the disability, needs special education and related services.

Eligibility for services pursuant to the IDEA must be supported by an evaluation completed in accordance with the *Policies Governing Services for Children with Disabilities* NC 1503-2 through NC 1503-3. Evidence must show that the child has at least one of the disabilities identified above, that the disability has an adverse effect on educational performance, and that the child requires specially designed instruction.

Homebound or Modified Day Placements – Students with IEPs - Overview

A homebound or modified day placement may be appropriate for a student served under the IDEA who is unable to attend school due to a medical or mental health condition. Additionally, in some situations, suspended students served under the IDEA may be placed in a homebound setting, as may students whose behaviors jeopardize the safety of themselves or others in the school building.

For students with disabilities served under IDEA, decisions regarding homebound or modified day placement are made by the student's IEP team. The IEP team must consider what will be the appropriate least restrictive environment for the student. Homebound isolates students from their peers - both those with and without disabilities – as well as from the variety of educators in the school building and the general learning environment. A “modified day” for a special education student is a partial homebound placement and is a highly restrictive because it similarly segregates students with disabilities.

When in a homebound or modified day placement, students with disabilities are entitled to receive a free, appropriate, public education (FAPE). As it is modifying the IEP for implementation in a setting outside of school, the team must determine how the student will continue to access the general curriculum as well as the special education and related services identified in the student's IEP.



Homebound services should be calculated to ensure appropriate access and reasonable rigor during times of chronic conditions.

Students with IEPs and Medical Conditions

Students with disabilities under the IDEA, like other students, may, at times, be unable to attend school due to either temporary or long-term medical or mental health conditions. The student's IEP team must obtain written documentation from the student's medical and/or mental health providers when considering a homebound or modified day placement for medical or mental health reasons. Documentation from the medical providers must support the conclusion that the student's condition prevents the student from attending school. At the time a homebound placement is determined, the team should set a reasonable time for review of the placement.

Students with IEPs Serving Long-Term Suspensions

A student who has been long-term suspended (i.e., suspended for more than ten school days) could be placed in a homebound setting in some circumstances. Under the IDEA, this type of removal from school is called a “disciplinary change of placement.” If the IEP team, which includes the parents, finds that the student's conduct is a manifestation of his/her disability, then the suspension may not occur, and the student must return to school. If, however, the IEP team finds that the conduct leading to the suspension was not a manifestation of the student's disability, then the long-term suspension may be implemented, and the student can be subjected to a disciplinary change in placement. See the Policies at NC 1504-2.

If a student with a disability is suspended for more than ten days, the student is entitled to a continuation of a free appropriate public education (FAPE) during the period of suspension. The IEP team must determine the alternative educational setting for the student. This could be in an alternative school in the district or in another setting. The student may not be placed in a homebound setting during the period of

suspension unless the student's IEP team, which includes the parent, determines that such a placement is the least restrictive alternative environment for that student. If it is determined that the homebound placement is the least restrictive environment, the continued appropriateness of the setting must be reviewed at least monthly by a designee of the IEP team, as required by the Policies at NC 1504-2.9.

Students with IEPs Exhibiting Dangerous or Other Highly Disruptive Behaviors

A student who displays repeated dangerous or other highly disruptive behaviors, despite various staff interventions, may need to be removed from his or her current placement. A homebound placement may be necessary for a temporary period when the student's behaviors put the safety of the student, staff and other students in jeopardy and all less restrictive options on the continuum of placements have been considered to the extent appropriate.

Prior to the implementation of a homebound/modified day placement for a student exhibiting dangerous or other highly disruptive behaviors, the IEP team should consider the following actions unless, for some reason, they are inappropriate or inapplicable for the situation:

- Initiate a reevaluation for the purposes of obtaining consent to conduct a Functional Behavioral Assessment (FBA) for the purposes of programming (reviewing/revising the student's IEP).
- Develop a strong, appropriate Behavioral Intervention Plan (BIP) based on the results of the FBA using evidenced-based practices.
- Implement the BIP with fidelity; evaluate and revise the BIP as needed.
- Review and revise the current IEP to determine if additional supplemental aids and supports in the current school setting are needed.
- Consult with school-based staff (counselors, school psychologists, etc.) who are familiar with the student to obtain information about the student's behaviors.
- Consult with district-level exceptional children administrators, behavior specialists, and/or disability-specific specialists about alternative strategies, supplemental aids, and supports.
- Consult with private behavior specialists and/or disability-specific program specialists from DPI about alternative strategies, supplemental aids, and supports.
- Request a release of confidential information to seek the recommendations of
 - i. the treating physicians or other mental health providers regarding supports that would allow the student to remain in a school setting, and/or
 - ii. community agencies.
- Consider all alternative placements along the full continuum.
- Provide placement in a school setting that will offer the student a free, appropriate public education in the least restrictive environment.
- Thoroughly and accurately document consideration of additional supplemental aids and supports in the school, as well as consideration of all options along the continuum.

Evaluating the Appropriateness of a Homebound/Modified Day Placement

When evaluating the appropriateness of a homebound/modified day placement, the IEP team should consider:

1. Factors regarding the nature and type of the services to be provided.
 - a. Current classes, schedule, course of study, and method of instruction/delivery (with consideration of both general curriculum and special education curriculum)
 - b. Need for related services
 - c. Need for revisions to BIP for implementation in the home setting
 - d. Requirements for standardized testing
 - e. Impact of any ongoing medical conditions or treatment
 - f. Need for social or emotional instruction to address behavior that triggered the homebound/modified day placement
 - g. Coordination with community resources and supports
2. Factors affecting the amount of services provided.
 - a. Current classes, schedule, course of study, and method of instruction/delivery (with consideration of both general curriculum and special education curriculum)
 - b. Credit needed for graduation or to progress to the next grade
 - c. Impact of any ongoing medical conditions or treatment
3. Factors affecting the scheduling of services.
 - a. The need to schedule instructional time around medical or mental health services or appointments
 - b. The need for special transportation, if homebound instruction will be delivered somewhere other than at home
 - c. Coordination of multiple service providers (with consideration of both general and special education)
 - d. Coordination with family (supervision, work schedules, etc.)

Guidelines for Homebound/Modified Day Placement Reviews

After a student has been placed in a homebound or modified day setting, the IEP team must immediately begin the planning process for reviewing/revising/determining the least restrictive environment for the student in order to have options available for the IEP Team to discuss once it reconvenes.

When the IEP Team reconvenes to discuss the homebound/modified day placement, the following essential questions should be considered:
How appropriate is it to continue the current placement?

- Is a transition plan needed for placement in a less restrictive setting?
- Is progress being made toward meeting IEP goals?
- How appropriate is it to continue current services?
- What input is needed from community sources (mental health, juvenile court, etc.)?

PLEASE REMEMBER

Discipline and Homebound Instruction -

The continued appropriateness of the homebound instruction during a period of suspension shall be evaluated monthly
Policies at NC 1504-2.9(a)

- Is progress being made toward meeting behavior goals?
- What external factors (family situation, location of services, etc.) are impacting placement?
- Is there a need for a different educational setting (public or private), additional staffing, or other necessary services and supports?
- Do opportunities exist for gradual re-entry into the school setting?

Guidelines for Functional Behavioral Assessments

Evidence-based strategies include the use of a Functional Behavioral Assessment (FBA) to develop a Behavioral Intervention Plan (BIP). When conducting an FBA, the IEP team should

1. Assume the student wants to behave appropriately but lacks essential skills to respond to demands at school in an adaptive way.
2. Consider the scope of the assessment activities:
 - a. Impartial observations conducted by professionals with particular expertise,
 - b. Multiple documented data-based observations across settings (For example, collect ABC data. ABC data consists of detailed data collection about the antecedents, behavior, and consequences. ABC data is not complete if it does not include antecedents. ABC data must be systematically documented, taken in real time, and taken over time. ABC data is not a description of an incident relayed verbally by a staff person at an IEP meeting.),
 - c. Parent/student/teacher interviews (Include meaningful input from the student, parents, teachers, and other relevant school personnel, including behavior specialists, to help identify the underlying causes of the behaviors. For example, does a student who is seeking adult attention in an inappropriate manner lack effective skills to appropriately communicate his wants and needs?), and
 - d. Analysis of behavior that prompted suspensions or lead to a change of placement.

Guidelines for Behavior Intervention Plans

Following the completion of a thorough FBA, the IEP team should use the information to develop a strong Behavioral Intervention Plan (BIP). The team should consider these guidelines when developing a BIP:

1. Include meaningful input from the student, parents, teachers, and other relevant school personnel, behavior specialists, disability-specific specialists (such as autism specialists), and outside experts with knowledge and expertise.
2. Begin by identifying one or two target behaviors that a student can change, based on the result of the FBA.
3. Identify the replacement behaviors that will fulfill the same function as the undesired behaviors.
4. Provide the student repeated and consistent instruction in replacement behaviors. Identify the methods for this instruction in the BIP.
5. Include explicit and proactive strategies that staff will use to make the student's target behaviors unnecessary for student.
6. Identify changes that can be made to the environment, if necessary, to minimize triggers to dangerous behaviors, and identify the personnel responsible for ensuring the changes occur.
7. Provide positive reinforcements for positive behavior that are selected specifically with and for the student. The IEP team could ask, "What will motivate this particular student to change his behavior?"

8. Identify the specific staff members who will implement the plan.
9. Include a plan for collecting and analyzing behavioral data and measurable criteria for success.
10. Allow time for the BIP to be implemented with fidelity while recording data to track progress. Then, meet with the team again to review progress and make any necessary changes. Regular reviews of the student's progress and adjustments to the plan should occur monthly.
11. If the dangerous behaviors have not responded to the intervention plan, the team needs to meet to review and revise the BIP. The team should also consider whether the hypothesis made regarding the function of the undesired behavior was correct. If the team concludes the hypothesis was in error, it should revisit that aspect of the FBA or complete a new FBA.

Resources

NC Policies Governing Services for Children with Disabilities

<https://ec.ncpublicschools.gov/policies/nc-policies-governing-services-for-children-with-disabilities>

Federal Regulations

<https://ec.ncpublicschools.gov/policies/34-cfr-parts-300-and-301-2013-federal-regulations>

Functional Behavioral Assessments/Behavior Intervention Plans

http://www.ideapartnership.org/documents/ASD-Collection/asd-dg_Brief_FBA.pdf

<https://iris.peabody.vanderbilt.edu/module/fba/>

NCDPI Multi-Tiered System of Support

<http://www.ncpublicschools.org/integratedsystems/mtss/>

<http://mtss.ncdpi.wikispaces.net>

<http://www.livebinders.com/play/play?id=2052295>

NCDPI Student Support Services

<http://www.ncpublicschools.org/studentssupport/>

OSEP Dear Colleague Letter on Ensuring Equity and Providing Behavioral Supports to Students with Disabilities (PDF)

<https://sites.ed.gov/idea/files/dcl-on-pbis-in-ieps-08-01-2016.pdf>

OSEP Dear Colleague Letter on Ensuring Equity and Providing Behavioral Supports to Students with Disabilities—Summary for Stakeholders. (PDF)

<https://sites.ed.gov/idea/files/dcl-summary-for-stakeholders.pdf>

Problem Solving for Students with Behaviors Related to Specific Disabilities

Significant Anxiety and/or School Avoidance

For students who experience significant anxiety and/or school avoidance, it is important to assess and identify what is triggering the anxiety. A good FBA will help *identify triggers for the student's anxiety and possible strategies to avoid those triggers* and better meet the student's needs in a school setting.

Suggested strategies prior to implementing a modified day or homebound setting might include:

- Modifying the environment or schedule (e.g., fewer transitions, adding safe space to calm down in classroom, smaller class);
- Utilizing mentors/trusted people in the school to provide daily check-ins and/or safe spaces for student to go when anxiety is triggered;
- Modifying the student's schedule to allow student to arrive a few minutes late and/or transition between classes when hallways are not crowded, and other students are already in place;
- Considering the teacher's teaching/classroom management style when placing student in class(es) (e.g., student may respond best to a teacher who speaks in a calm, quiet tone or may feel safest in classroom where a teacher maintains tight control over student behavior);

- Addressing bullying, as per district bullying policy and IDEA requirements;
- Addressing school-based trauma history (e.g., being bullied, abused, or arrested at school) through training for student body or staff, personnel changes, or student reassignment to different classes or a different school, with assistance from LEA/EC administrators who know the options and can approve the transfer;
- Adding counseling as a related service to address coping skills, perhaps in collaboration with the student’s counselor from an outside agency;
- Develop a crisis plan and training for staff in de-escalation techniques; and
- Adding academic evaluations/data collection to determine if anxiety is caused by difficulty with particular academic tasks/demands in the school environment.

Trauma-Related Behaviors

Students with trauma-related behaviors, which are caused by adverse childhood events (ACEs) (e.g., abuse, domestic violence, significant illness or injury) and may present as unusual or extreme reactions to people, places, or things not usually considered triggers, may benefit from some of the same strategies for students with significant anxiety addressed above. Additional strategies include:

- Educating school personnel about the connection between behaviors and trauma and trauma-informed care;
- Compiling or reviewing social/developmental history for clues to past trauma if suspected but not known (e.g., contact with child welfare or court system, hospitalizations);
- Utilizing outside resources (e.g., SAMHSA’s National Center for Trauma-Informed Care, NC START, film “Resilience” about ACES study and community-based approaches to address childhood trauma, other trauma-informed schools and classrooms resources);
- Collaborating with outside providers of trauma-informed care;
- Modifying the environment to reduce triggers (e.g., less stimulation, calm down person, anticipating and addressing triggers);
- Having a safe check-in person;
- Employing a FBA/BIP and/or crisis/safety plan (Make sure this plan is a trauma-informed approach. Watch for possible triggers like being touched, being “yelled at.”); and
- Providing counseling at school to address fears/triggers/etc. (Consider contracting with trauma-informed mental health provider, if needed).

Autism and/or Sensory Processing Disorders

For students with autism and/or sensory processing disorder-related behaviors that may be misunderstood or not easily recognized as disability-related, it is important for *school personnel to be educated about the connection between the student’s behavior and his/her disability*. Beyond the LEA’s own exceptional children department, potential resources for training and consultation include:

- DPI regional autism specialists, occupational therapists, school psychologists, and behavior consultants;
- Experts from outside organizations or agencies (e.g., TEACCH, Autism Society of NC, ABA or VBA Therapists); and
- Online webinars or training modules available (often at no or low-cost) on some disability-specific websites (e.g., Autism Society of NC, TEACCH).

Effective strategies to help minimize the impact of autism and sensory processing disorders on learning and behavior might include attention to helping the student communicate wants and needs, rewards for completing non-preferred tasks, the use of structured schedules/routines, picture schedules, work systems, sensory diets, scheduled movement breaks that the student gets regardless of behavior, or environmental

modifications to make classrooms less over-stimulating and to provide calm-down spaces within classrooms.

Explicit teaching of self-awareness, coping strategies, and social skills using a curriculum (e.g., Social Thinking), social stories, or other related interventions/tools may help students better navigate social situations and learn to self-regulate their emotions and reactions in stressful or confusing situations.

Behavior is often a form of communication, and giving students the tools (e.g., pragmatic language skills, assistive technology, augmentative communication systems) *to communicate* more effectively can have a very positive effect on behavior.

Further evaluation (e.g., FBA, speech/communication, OT/sensory evaluation), a BIP utilizing positive approaches and the teaching of replacement behaviors (possibly using a Ziggurat Model), and a crisis plan may be needed. Outside experts may be contracted to complete observations, evaluations, and/or provide consultation for very challenging behaviors. NC Assistive Technology is a resource for assessment and recommendation of AT or augmentative communication devices.

Intellectual Disabilities

A student in any of the above categories whose behavior is related to an intellectual disability may benefit from the same strategies listed above.

Students with Dual Diagnoses (Intellectual Disability or Developmental Disability (ID/DD) AND Mental Health Diagnosis)

NC START serves children who are dually diagnosed with developmental disabilities (including autism, for example) or an intellectual disability AND mental health disabilities; NC START also has expertise in trauma-informed care.

Murdoch Developmental Center operates a child assessment clinic for out-patient evaluations of children who may have dual diagnoses of mental illness and ID/DD and complex needs and are referred through their managed care organization (MCO). This service is available to children state-wide, not in Murdoch's catchment area. Once identified, children with complex needs may receive care coordination and possibly case management services through their MCO and services from NC START, any of which may help to address needs contributing to behavior at school.

(Additional evaluation sites are expected to open in other areas of the state.)

Additional online resources:

- <https://www.ncdhhs.gov/about/department-initiatives/children-complex-needs>
- <http://www.disabilityrightsncc.org/sites/default/files/Kids%20Settlement.pdf>

Problem Solving for Students Transitioning Back from Out-of-School Placements

Homebound or Modified Day

For students who are already on homebound (or modified day) who need to or whom the school is trying to transition back to school, the school could *develop a targeted transition plan* for the student to return to a full day of school. This plan could include frequent meetings to review the student data in order to make data-driven decisions regarding the student's placement. It is important to *individualize the targeted transition plan* to meet the student's unique needs and not automatically assume that the transition plan

must include modified day as an intermediate step before the student returns to a full day of school.

Possible strategies to facilitate the transition from homebound (or modified day) back to school include:

- Having the classroom teacher provide the homebound services to increase the connection from homebound to the school environment;
- Using a combination of modified day and homebound, with an expanding modified day component; and
- Having a creative discussion about the use of supplemental aids and services (e.g., modifying the environment, utilizing a daily check-in system with a trusted individual, adding counseling as a related service, implementing a crisis/safety plan, FBA/BIP, etc.).

While a student is on homebound (or modified day) and consideration is given to ending homebound (or modified day), the IEP team should consider the following questions:

- Are there specific steps and activities documented to move the student to a less restrictive environment and ultimately back to a full day of school?
 - Do these steps and activities include efforts to add supplementary aids or services in the school environment?
 - If not, brainstorm and document additional services or supports that would enable the student to move to a less restrictive environment.
 - Do these steps and activities include what the school will complete rather than what the student must do to be “ready” to move to a less restrictive environment?

Hospitals, Psychiatric Residential Treatment Facilities (PRTFs), Juvenile Justice Facilities

Students transitioning from an out-of-home placement (e.g., hospitals, psychiatric residential treatment facilities (PRTFs), juvenile justice facilities) can face difficulties when re-entering school. Transitioning from an out-of-home placement back to school requires *considerable coordination and communication between all parties*. In order to effectively coordinate these transitions, schools must *build and maintain relationships with the hospitals, PRTFs, and juvenile justice facilities in their area*.

It is important for the school to collaborate with the family and the out-of-home placement to *develop a targeted transition plan* to ensure a seamless transition and return to the school environment. *School personnel should attend the re-entry meeting or the transition meeting prior to discharge, allowing the school to seek out recommendations from the out-of-home placement and learn about the structure of that placement*. With parental permission, school personnel can observe at the out-of-home placement to learn effective teaching and management strategies. Some possible strategies to consider for students transitioning from an out-of-home placement may include:

- Placement in a smaller school in the district or a more structured, smaller classroom rather than using modified day,
- Modification of the environment and/or schedule (e.g., fewer transitions, arriving a few minutes late to minimize transition issues, adding safe space to calm down in classroom),
- Use of a mentor/trusted individual in the school to provide daily check-ins to monitor transition,
- Development and implementation a crisis/safety plan, and
- Providing regular feedback to caregivers of the student’s adjustment.

Students transitioning from an out-of-home placement may benefit from some of the same strategies addressed above for **students who experience anxiety** and for **students with trauma-related behaviors**.

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