

a Family Guide to **Special Education Services**

EMOTIONAL DISABILITY

VOLUME 4



Family Guides for Special Education Services

- VOLUME 1: Autism (AU)
- VOLUME 2: Deaf-Blind (DB)
- VOLUME 3: Developmentally Delayed (DD)
- VOLUME 4: Emotional Disability (EmD)
- VOLUME 5: Hearing Impairment (HI)
- VOLUME 6: Intellectual Disability (ID)
- VOLUME 7: Language or Speech Impairment (LS)
- VOLUME 8: Multiple Disabilities (MD)
- VOLUME 9: Orthopedic Impairment (OI)
- VOLUME 10: Other Health Impairment (OHI)
- VOLUME 11: Specific Learning Disability (SLD)
- VOLUME 12: Traumatic Brain Injury (TBI)
- VOLUME 13: Visually Impaired (VI)
- VOLUME 14: Significant Cognitive Disability (SCD)

Other MDE Resources

- Parent Engagement and Support
 - mdek12.org/OSE/Information-for-Families
 - **6**01.359.3498
- General resources for parents:
 - ★ mdek12.org/OSE/Information-for-Families/Resources
- Procedural Safeguards: Your Family's Special Education Rights



EMOTIONAL DISABILITY (EMD)



Definition

Emotional Disability (EmD) exists when a student exhibits one (1) or more of the following characteristics over a long period of time and/ or to a marked degree, adversely affecting educational performance:

- A. An inability to learn that cannot be explained by intellectual, sensory, or health factors (e.g., intellectual disability, severe auditory/ visual disorders, chronic health concerns—medications, etc.);
- B. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers (e.g., disregards the feelings of others, avoids social interactions, difficulty making and keeping friends, hurts or threatens others when confronted, initiates or picks fights, appears unaware of how others feel about him/her, anxious or uncomfortable around others, gets taken advantage of by peers, etc.);
- C. Inappropriate types of behavior or feelings under normal circumstances (e.g., difficulty controlling anger, jumps from one thing to another when talking or performing tasks, fails to show remorse, refuses to speak, overreacts, fails to react appropriately, selfinjurious, speaks in disorganized ways makes no sense, refuses to eat, poor hygiene, etc.);



A student who receives special education services under the category of Emotional Disability (EmD) has emotional problems of some kind that are adversely affecting his/her educational performance. Usually schools look at grades, discipline records, and performance on achievement tests to quantify educational impact. In determining eligibility for EmD, several evaluations are typically completed.

A school will conduct psychological testing by a school psychologist, which will include cognitive testing and social/emotional measures (rating scales, interviews, observations). Educational testing is typically completed to determine current levels of achievement in reading, writing, math, and other educational areas. Additionally, a sociocultural evaluation or interview by a school social worker is typically completed with a parent to rule out environmental factors and obtain a developmental history.



- D. A general pervasive mood of unhappiness or depression (e.g., depressed or irritable mood most of the time—feeling sad, appearing tearful, frequently, and/or easily agitated; diminished interest or pleasure in daily activities; significant and unexpected changes in weight or appetite—sleeps excessively, unusually tired, or insomnia nearly every day; fatigue or diminished energy nearly every day; feelings of worthlessness or excessive or inappropriate guilt—negative self-statements; diminished ability to think or concentrate, or indecisiveness, nearly every day; recurrent thoughts of death or suicidal ideation; etc.); and/or
- E. A tendency to develop physical symptoms or fears associated with personal or school problems (e.g., headaches; gastrointestinal problems; cardiopulmonary symptoms; incapacitating feelings of anxiety often accompanied by trembling, hyperventilating, and/or dizziness; panic attacks characterized by physical symptoms, for example, when an object, activity, individual, or situation cannot be avoided or is confronted; persistent and irrational fears of particular objects or situations; intense fears or irrational thoughts related to separation from parent(s), clings to adults; etc.).

Seriously emotionally disabled includes schizophrenia. The reference to schizophrenia is included in the definition of EmD only for the purpose of illustrating one example of a psychiatric (medical) diagnosis of a serious emotional disorder. The term Seriously emotionally disabled does not include students who are socially maladjusted, unless it is determined that they are seriously emotionally disabled.

When the evaluation team is considering eligibility under the EmD category, the multidisciplinary team evaluation report and/or eligibility determination report must include:

- **A.** Narrative descriptions of:
 - 1. the student's behaviors,
 - situations in which the behaviors occur and situations in which the behaviors do not occur,
 - 3. antecedents leading to the behaviors, and
 - 4. consequences immediately following the behaviors;
- **B.** Functional assessments of the student's behavior, if conducted;
- **C.** Attempts to address the behaviors and the results, including:
 - Behavior Intervention Plans, if developed and implemented during the pre-referral process,
 - 2. office discipline referrals, and
 - 3. disciplinary actions;
- **D.** Documentation to support the behaviors have been exhibited for a long period of time and/or to a marked degree;
- **E.** A description of how the behaviors adversely affect educational performance;
- **F.** A statement as to whether the behaviors are typical for the student's age, setting, circumstances, and peer group, and if not, how the behaviors are different;
- **G.** The association between documented patterns of behavior and results of emotional and behavioral assessments;



- **H.** A statement by a qualified professional supporting the team's conclusion that the student meets the eligibility criteria for EmD. Prior to eligibility determination, the qualified professional making the statement must:
 - 1. observe the child,
 - 2. review all information gathered during the comprehensive evaluation,
 - be qualified to interpret the test instruments administered according to the user qualifications for each measure, and
- review the eligibility criteria for EmD.
 Qualified personnel for this purpose include at least one of the following:
 - i. School psychologist currently licensed by MDE,
 - ii. Board-licensed psychologist, or
 - iii. Psychiatrist.
- I. If the team concludes the child does not meet the criteria for EmD because all behavior patterns appear to be the result of social maladjustment, the eligibility determination report must indicate this conclusion. Documentation must be included to support the team's conclusion that the behaviors are indicative of social maladjustment.



Helpful Vocabulary

Accommodation—Tool that enables a student with a disability to better access the general curriculum. Some accommodations are applicable to instruction only (for example, an assignment that is shortened but still addresses the state standard); others are permitted for both instruction and assessment (for example, change in formatting or timing).

Applied Behavior Analysis (ABA)—A technique for correcting behavior and social skill deficits in children with special needs. It is based on the understanding that children are more likely to repeat desired behaviors when these behaviors are met with positive reinforcement, and that they are less likely to repeat undesirable behaviors that are not rewarded.

Antecedent-Behavioral-Consequences Chart (ABC)—Tool used to create a record of disruptive behaviors that is utilized as part of functional behavioral assessment (FBA) to determine the triggers of an undesired behavior.



Behavior interventions—A method used to address challenging behaviors in the school environment to ensure all students meet academic and social goals.

Behavior intervention plan (BIP)—A plan of positive interventions in the Individualized Education Program (IEP) of a child whose behaviors impede her or his learning or that of others.

Behavioral objective—A statement of what a person will be able to do in measurable terms.

Classroom management—Techniques teachers use to keep students organized, orderly, focused, attentive, on task, and academically productive during a class.

Data-based decisions—A process that involves using information collected through observation/ assessments to determine the intensity and duration of needed interventions.

Free Appropriate Public Education (FAPE)—

Foundational requirement of the Individuals with Disabilities Education Act of 2004 (IDEA) stipulating that special education and related services must be provided at public expense (that is, without charge to parents), meet state requirements, include an appropriate education that leads to outcomes such as employment or higher education, and conform to

Functional behavioral assessment (FBA)—A student behavior assessment used when developing positive behavioral interventions for a child with a disability.

the Individualized Education Program (IEP) prepared

Inclusion—The practice of educating children with disabilities in the general education classroom. Inclusion in special education programs is an important part of the continuum of special education placements required by the Individuals with Disabilities Education Act (IDEA). In an inclusion classroom, a student with disabilities feels included, accepted, and makes friends, and the student's peers learn to better understand their classmate's disabilities.

Individuals with Disabilities Act (IDEA)—A law that makes available a free public education to eligible children with disabilities throughout the nation and ensures special education and related services to those children.

Individualized Education Program (IEP)—A document written for a child with a disability that is developed, reviewed, and revised in accordance with state and federal policies.

Modification—Adjustment to an assignment, test, or activity in a way that significantly simplifies or lowers the standard or alters the original measurement. Modifications change what a student is taught or expected to learn, and most are applicable to students with significant cognitive disabilities.

Observation—Systematically watching and recording facts, data, behavior, and time on task.

On-task behavior—An expected behavior while completing a task.

Positive Behavior Interventions and Supports (PBIS)—A schoolwide approach to improve student behavior.

for the student.



Progress monitoring—A form of assessment in which a student's behavior is evaluated on a regular basis to provide students and teachers useful feedback about performance.

Psychological services—A related service that includes:

- Administering psychological and educational tests and other assessment procedures
- Interpreting assessment results
- Obtaining, integrating, and interpreting information about child behavior and conditions related to learning
- Consulting with other staff members in planning school programs to meet the special educational needs of children as indicated by psychological tests, interviews, direct observation, and behavioral evaluations
- Planning and managing a program of psychological services, including psychological counseling for children and parents
- Assisting in developing positive behavioral intervention strategies

Related services—Additional support services that a child with disabilities requires, such as transportation, occupational, physical, speech pathology services, interpreters, medical services, etc.

Significant cognitive disability (SCD)—In order for a student to be classified as having a significant cognitive disability, **all** of the following criteria must be true:

- The student demonstrates significant cognitive deficits and poor adaptive skill levels (as determined by that student's comprehensive evaluation) that prevent participation in the standard academic curriculum or achievement of the academic content standards, even with accommodations and modifications.
- The student requires extensive direct instruction in both academic and functional skills in multiple settings to accomplish the application and transfer of those skills.
- The student's inability to complete the standard academic curriculum is neither the result of excessive or extended absences nor is primarily the result of visual, auditory, or physical disabilities, emotional behavioral disabilities, specific learning disabilities, or social, cultural, or economic differences.

Social emotional learning (SEL)—The process of developing students' and adults' social and emotional competencies—the knowledge, skills, attitudes, and behaviors that individuals need to make successful choices.



Specially designed instruction (SDI)—Universally required component that defines special education and stipulates that students with disabilities receive instruction that includes changes in content, methodology, and/or delivery. It is not dependent on setting and is a primary responsibility of special education professionals.

Speech-language pathologist (SLP)—A speech-language pathologist works to prevent, assess, diagnose, and treat **speech**, language, social communication, cognitive communication, and swallowing disorders in children and adults.



Ways to Help at Home

Responding to Problem Behavior

Adapted from childmind.org/guide/parents-guide-to-problem-behavior

When children are acting out, parents often feel powerless. You may have tried different techniques for discipline but without much success. Trying too many different strategies for managing disruptive behavior can sometimes be part of the problem since children respond better to firm boundaries that are consistently reinforced. But if you haven't seen progress before now, don't feel discouraged, because parents have more power than they may realize when kids are being oppositional.

Tips for responding in the moment

- **Don't give in.** Resist the temptation to end your child's tantrum by giving her or him what she or he wants when she or he explodes. Giving in teaches your child that tantrums work.
- **Remain calm.** Harsh or emotional responses tend to escalate a child's aggression, be it verbal or physical. By staying calm, you're also modeling for your child the type of behavior you want to see in her or him.



- **Ignore negative behavior and praise positive behavio**r. Ignore minor misbehavior, since even negative attention like reprimanding or telling your child to stop can reinforce her or his actions. Instead, provide lots of labeled praise on behaviors you want to encourage (e.g., Don't just say "good job;" say "good job calming down.").
- **Use consistent consequences.** Your child needs to know what the consequences are for negative behaviors, such as time-outs, as well as rewards for positive behaviors, like time on the iPad. You need to show your child you follow through with these consequences every time.
- Wait to talk until the meltdown is over. Don't try to reason with a child who is upset. You want to encourage a child to practice negotiating when she or he is not blowing up (and you're not either).

Before the Behavior Happens



When thinking about a particular behavior you are targeting, it is important to consider what generally happens before that behavior and what may be triggering it. This helps parents understand not only why a child might be acting out, but also how anticipating certain triggers might help prevent those behaviors from happening. Parents can also examine the triggers that make positive behaviors (like obeying a command on the first time) more likely.

Potential triggers to embrace

- Adjusting the environment—Try to manage
 environmental and emotional factors that can make
 it more difficult for children to rein in their behavior
 (e.g., hunger, fatigue, anxiety, distractions, etc.).
 When it's homework time, for instance, remove
 distractions like screens and toys, provide snacks,
 establish an organized place for children to work,
 and make sure to schedule some breaks.
- Making expectations clear—You and your child should be clear on what's expected. Even if he should know what is expected, clarifying expectations at the outset of a task helps head off misunderstandings down the line.
- **Providing countdowns for transitions**—Whenever possible, prepare children for an upcoming transition. For example, give a 10-minute warning when it is time to come to dinner or start homework and follow-up when there are 2 minutes left. Making the transition at the state time is just as important as issuing the countdown.
- Letting kids have a choice—As kids grow up, it's
 important they have a say in their scheduling. Giving
 a structured choice (e.g., "Do you want to take a
 shower after dinner or before?") can help them feel
 empowered and encourage them to become more
 self-regulating.

After the behavior happens



Considering what happens after a targeted behavior is important because consequences can affect the likelihood of a behavior recurring. This is true for consequences that are positive (like getting an extra 10 minutes of screen time) or negative (like getting a time-out). Consequences that are more effective begin with generous attention to the behaviors you want to encourage.

Consequences that are effective:

• **Positive attention for positive behaviors**—Praising children when you catch them being good makes them more likely to repeat that good behavior in the future. Positive attention is also a good thing for the parent-child relationship, improves a child's self-esteem, and feels good for everyone involved.

- **Ignoring actively**—This consequence might seem counterintuitive, but child behavior experts often teach active ignoring as an effective behavior management strategy. To perform active ignoring, deliberately withdraw your attention when a child starts to misbehave. As a child learns that acting out doesn't get your attention, she or he will begin to do it less. An important component of active ignoring is to immediately give a child positive attention as soon as she or he exhibits behavior you do want to see, like sitting calmly. This consequence should be used only for minor misbehavior, not when a child is being aggressive or doing something dangerous.
- **Reward menus**—Rewards are a tangible way to give children positive feedback for desired behaviors and are most motivating when children can choose from a variety of desirable things—extra time on the iPad, a special treat, etc. Rewards should be linked to specific behaviors and delivered consistently.
- **Time-outs**—Time-outs are one of the most effective consequences parents can use, but also one of the hardest to do correctly. The next section in the guide gives parents tips on how to have a successful time-out.



Ten Things Parents Can Do at Home

Taken from "Schools, families, and social emotional learning: ides and tools for working with parents and families"—<u>casel.org/wp-content/uploads/2016/06/schools-families-and-social-and-emotional-learning.pdf</u>

Authors: Linda Fredericks, Roger Weissberg, Hank Resknik, Eva Patrikakou, and Mary Utne O'Brien

- 1 Focus on strengths. When your child brings home an assignment, talk about the good aspects first, then the things to improve. Praise strengths; don't merely criticize things done wrong.
- Pollow up with consequences for misbehavior. You might say, "Because of what you did, no video games for a week." Your child knows that after a week the video games will be allowed. Decide on fair consequences and follow through with them.
- 3 Ask children how they feel. This shows that they matter, and that you care.

- 4 Stay calm when angry. Learn your triggers and do something before you get angry. Establish a quiet area to go when upset. Sit down together with your child and talk about what can be done to stay calm.
- Avoid humiliating or mocking your child. It can lead to problems with schoolwork, illness, and trouble getting along with friends. Be mindful how you speak to your child. Allow your child to make mistakes as she or he learns new skills.



- Be willing to apologize. If what was said was not what was meant, gently explain what you wanted to say. This shows how it is important to apologize after hurting someone. You're teaching problemsolving with respect.
- Give children choices and respect their wishes so they learn how to solve problems. If you decide everything for them, this key skill goes unlearned.

 Allowing them to make choices shows that their feelings matter.
- 8 Ask good questions. Allow your child to find solutions on her or his own. Examples include, "What do you think about what you can do to change this situation?" and "If you choose a particular solution, what will be the consequences of that choice?"
- 9 Read books and stories together. Stories allow you to explore how people deal with common issues such as handling conflicts or making friends.
- 10 Encourage sharing and helping. This teaches children that what they do makes a difference.

Whether it's called *social emotional learning* or *emotional intelligence*, most people understand it's critical to pay attention to the development of the whole young person, including character education. Parents have a dual role to play in raising a self-aware, respectful child who knows how to manage her or his emotions, makes responsible decisions, and resolves conflicts nonviolently. At home, you should strive to create an environment of trust, respect, and support. Remember, modeling *emotionally intelligent* behavior at home is the first step in nurturing emotionally intelligent children. You can work with other members of your school community to create a climate that supports social and emotional learning in and out of the classroom.

School Strategies

Prevention and Instructional Strategies



ACADEMICS

- Present tasks one at a time; avoid overloading with too many different assignments. Check frequently to ensure your child understands the task and has skills to perform.
- Offer choices in assignments, areas to work, and order of activities/tasks to be completed.
- Provide supplementary high-interest materials.



- Provide very frequent encouragement and feedback about performance. Offer extra practice/feedback and remedial supports as needed.
- Teach and consistently follow expectations, routines, and rituals.

Prevention Strategies



BEHAVIOR

- Work hard to develop relationships.
- Describe what is expected and provide instruction (e.g., conflict resolution, peer mediation, anger managing, coping with and managing agitation/ frustration, etc.)
- Use precise requests to gain compliance.
- Recognize the early signs of agitation and respond appropriately.
- Remain calm and be consistent.
- Never take outbursts personally.
- Start each day as a new day.
- Provide meaningful behavioral supports (e.g., related services).

- Set realistic goals and provide timely feedback.
- Consistently provide frequent social acknowledgment and encouragement.

"An ounce of prevention is worth a pound of cure."



- Benjamin Franklin
- Understand the need for routines and establish specific routines.
 - Explain routine and relevance, specify specific behaviors, teach the routine(s), allow for practice, actively monitor, review, and give feedback to acknowledge compliance.
- Make precise requests, being sure to be brief, explain one task or objective at a time, state positively as a directive instead of a question, avoid long explanations or justifications, and give a reasonable amount of time to comply.
- Avoid becoming emotional. Instead, meet disrespectful behavior with respectful behavior.
 Move away momentarily, return and acknowledge the behavior, privately prompt to do what was asked, and remind that you will address the problem later.

Notes				



Address the Needs of the Individual

It is important to implement strategies that address the needs of the individual. Apply the following strategies across home, school, and the community contexts.

Learning and Academics

- Break assignments into chunks to avoid overwhelming your child.
- Explicitly teach organizational skills (e.g., use of planners, folders, notebooks, checklists, etc.).
- Keep instructions simple and very clear.
- Demonstrate and reward appropriate reading.
- Provide structure at home regarding a designated study zone and necessary materials.

Socialization

- Model appropriate responses to social situations.
- Engage your child in role-play opportunities to practice appropriate responses.
- Explicitly and frequently teach social rules and skills.
- Explain rules and rationales behind social exchanges.
- Teach your child to accurately label her or his own emotions.

Behavior

- Model tolerance and acceptance.
- Respond to your child, not to her or his behavior.
- Be aware of your child's triggers for anger, stress, and anxiety.
- Develop a coping plan; rehearse that plan when your child is calm.
- Pre-establish consequences for misbehavior with your child.

•	•	•	•	• •	•	•	• •	•	• •	•	•	•	•	•	•	•	•	•	•	•	•	•	• •	•	•	•	• •	•	•	•	• •	•	•	•	• •	•	•	•	• •	•	•	•	• •	•	•	• •	•	•	•	• •	•	• •	•	• •	•	•	• •	•	• •	•	• •	•	• •	•	• ••	١
-																		_																																																١
-	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		
_																	_	_																																				_												
																	_	_																																				_												
-	_	_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		_	_	_	_			i
-																	_	_																																				_												
																		_																																				_												ı

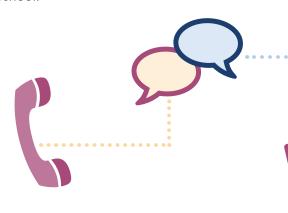
Successful Parent-Teacher Communication



Adapted from American University "Parent-teacher communication: strategies for effective parent inclusion & engagement"—
soeonline.american.edu/blog/parent-teacher-communication

Communication is key to a successful inclusion classroom. Parents, general education teachers, and special educators can try the following tactics for successful parent-teacher communication:

Regular in-person communication—This type
of communication works great for parents who
typically drop off and pick up their children from
school.



- Parent-teacher conferences—This type of communication is less consistent, but parents and teachers can schedule meetings to discuss a student's work and future goals.
- Phone calls and emails—Parents with busy work or personal schedules may not have the opportunity to go to the school or schedule conferences. These parents may be easier to reach via phone or email. Phone calls and emails can also be used by teachers to regularly communicate with parents between conferences.
- Text messages—Some teachers use mass text messages or special messaging apps to communicate with parents. Several text services, such as Remind, cater specifically to teachers.

- Open houses—Most schools host annual open houses where parents can visit their children's classrooms. This allows teachers to meet parents for the first time or meet a second parent who may not be in regular communication.
- Parent-teacher associations (PTAs)—
 Parent-teacher associations allow parents and teachers to establish ongoing relationships and help make decisions for the school.
- Homework handouts and newsletters—Teachers can create handouts containing information about homework and other tasks for students to take home. Teachers can also write weekly or monthly newsletters to update parents on what is going on in the classroom and how they can participate.



Class websites—Teachers can create classroom
websites to post announcements, homework, and
reminders to help ensure they don't get lost in
communication between the classroom and home.
Similar methods of communication include social
media sites or learning management platforms
such as ClassDojo.





Resources

- American Academy of Child & Adolescent Psychiatry (AACAP) Family Resources—Promotes the healthy development of children, adolescents, and families through advocacy, education, and research and provides information about illnesses/disorders and resources for individuals and families.
 - aacap.org/AACAP/Families and Youth/ Family Resources/Home
 - **2**02.966.7300
- Child Mind Institute— An independent, national nonprofit that focuses on the lives of children and families struggling with mental health and learning disorders and offers guidance on how to respond to parents' challenges and concerns regarding a child who needs support along with extensive information about concerns and disorders and guides for getting help and caring for the individual.
 - childmind.org/audience/for-families
 - **212.308.3118**
- Children's Mental Health and Emotional or Behavioral Disorders Project—Provides information on where to start and what to look for concerning children with emotional or behavioral disorders and offers parent advocates, assistive technology specialists, and bullying prevention associates to assist families and professionals.
 - pacer.org/cmh/
 - **952.838.9000**
- National Alliance on Mental Illness (NAMI)
 Mississippi—Provides contact information for
 the local NAMI Affiliates in Mississippi that serve
 residents with free mental health support, online
 support groups, resources, nationally recognized
 educational classes, and advocacy programs.
 - namims.org
 - **800.357.0388**
- National Institute of Mental Health (NIMH)-Emotional Disability—The largest scientific organization in the world dedicated to research focused on the understanding, treatment, and prevention of mental disorders and the promotion of mental health.
 - nimh.nih.gov/search?q=emotional+disability

- The Mississippi Department of Education (MDE)
 Office of Special Education—A service-oriented
 office that seeks to improve the education
 experience for children with disabilities
 - mdek12.org/OSE
- U.S. Department of Education—Their mission is to promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access.
 - ⋪ ed.gov
- U.S. Department of Education-Office of Special Education and Rehabilitative Services—The mission of the Office of Special Education Programs is to lead the nation's efforts to improve outcomes for children with disabilities, birth through 21, and their families, ensuring access to fair, equitable, and high-quality education and services.
 - ed.gov/about/offices/list/osers
- U.S. Department of Health and Human Services (SAMHSA)—Provides communities, clinicians, policy-makers, and individuals with the information and tools to incorporate evidence-based practices, treatments, and services to help people with common mental illnesses and substance use disorders.
 - ★ samhsa.gov/resource-search/ebp

MDE-specific resources include:

- General resources for parents:
 - mdek12.org/OSE/Informationfor-Families/Resources
- Parent Engagement and Support
 - mdek12.org/OSE/Information-for-Families
 - **6**01.359.3498
- Procedural Safeguards: Your Family's Special Education Rights
 - ★ mdek12.org/OSE/Dispute-Resolution

Acknowledgments



