

Series: 2001-2002
Circular Letter: C-12

Date: December 13, 2001

To: Superintendents of Schools

From: Theodore S. Sergi, Commissioner of Education

Re: Public Act 01-124 Concerning Recommendations For and Refusal of the Use of Psychotropic Drugs by Children

This letter is written to provide school districts with information and guidance on drafting and implementation of policies required by Public Act 01-124, which took effect on October 1, 2001.

Sections 1 and 2 of the Act read as follows:

- Section 1. Each local and regional board of education shall adopt and implement policies prohibiting any school personnel from recommending the use of psychotropic drugs for any child. The provisions of this section shall not prohibit school medical staff from recommending that a child be evaluated by an appropriate medical practitioner, or prohibit school personnel from consulting with such practitioner with the consent of the parents or guardian of such child.
- Section 2. The refusal of a parent or other person having control of a child to administer or consent to the administration of any psychotropic drug to such child shall not, in and of itself, constitute grounds for the Department of Children and Families to take such child into custody or for any court of competent jurisdiction to order that such child be taken into custody by the department, unless such refusal causes such child to be neglected or abused, as defined in section 46b-120 of the general statutes.

In addition to local and regional boards of education, regional educational service centers are required to draft such policies and procedures. Private approved special education facilities are encouraged to develop such policies and procedures to address communications with parents of children placed in such facilities by a local or regional board of education.

Psychotropic drugs refer to prescription medications for behavioral or social-emotional concerns, such as attentional deficits, impulsivity, anxiety, depression and thought disorders. Psychotropic drugs include, but are not limited to, Ritalin, Adderal, Dexedrine, and other stimulant medication, and anti-depressants.

The intent of the Act is to prohibit school personnel from recommending psychotropic medication for children. The prohibition against recommending psychotropic drugs in Section 1 of the Act applies to communications, both oral and written, by all school personnel, including school nursing and mental health professionals, guidance

counselors, social workers, teachers and administrators. The prohibition against recommending medication does not, however, include recommendations by appropriate medical practitioners (e.g., psychiatric consultant or physician) with whom a school district contracts for services to students or to whom a school district makes referrals for an evaluation.

It is clear that the intent of this Act is to limit discussions of medication issues with parents. School medical staff (i.e. school nurses and school medical advisors) are permitted, however, to discuss with parents the advisability of a medical evaluation by an appropriate medical practitioner when there are behaviors or concerns that may be indicative of medication considerations. Schools need to have appropriate mechanisms in place to allow for communication between school personnel and school medical staff about a child's behavior that may indicate a need for an evaluation.

The Planning and Placement Team (PPT) continues to have the authority and responsibility to recommend a medical evaluation as part of an initial evaluation or reevaluation as needed to determine a child's eligibility for special education and related services, or educational needs for a child's individualized education program (IEP). Nothing in the Act prohibits actions allowed under the Individuals with Disabilities Educational Act (IDEA), including a district's ability to seek remedy through due process or mediation if a parent refuses consent for reevaluation.

The Act does allow school personnel to consult with the medical practitioner performing the evaluation, with the informed consent of the parent or guardian of the child. The purposes of such communications might include:

- Conveying concerns or observations of a child, both prior to and following a medical evaluation;
- Requesting health records and other educationally relevant medical evaluations;
- Providing school records to medical practitioners upon request;
- Providing information on school performance to help a medical practitioner monitor and evaluate the effectiveness of psychotropic drugs and/or other medical interventions and/or treatment;
- Discussing with medical practitioners appropriate and necessary nursing or health care in schools to ensure student safety;
- Disclosure of educationally relevant information by the medical practitioner to school personnel.

Section 2 of the Act, limits the ability of the Department of Children and Families to take a child into custody solely on the refusal of a parent or guardian to administer or consent to the administration of any psychotropic drug. However, the school can continue the practice of convening a PPT meeting if the child is eligible or may be eligible for special education or making a referral to the Department of Children and Families should there be concerns about the child's safety and possible abuse or neglect.

If you have any questions, please contact Cheryl Carotenuti, Health Promotion

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