

### PSYCHOTROPIC DRUG USE

The Board of Education prohibits all school personnel from recommending the use of psychotropic drugs for any student enrolled with the school system. For purposes of this policy, the term “recommend” shall mean to directly or indirectly suggest that a child use psychotropic drugs.

Psychotropic drugs are defined as prescription medications for behavioral or social-emotional concerns, such as attentional deficits, impulsivity, anxiety, depression and thought disorders and includes, but is not limited to stimulant medications and anti-depressants.

However, school health and mental health personnel, including school nurses or nurse practitioners, the District’s Medical Advisor, school psychologists, school social workers, school counselors, and the Director of Special Education, may recommend that a student be evaluated by an appropriate medical practitioner.

Nothing in this policy shall be construed to prohibit a Planning and Placement Team (PPT) from discussing with parents and/or guardians of a child the appropriateness of consultation with, or evaluation by, medical practitioners with the consent of the parents and/or guardians of a child.

The Board recognizes that 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 the child shall not, in and of itself, constitute grounds for the Department of Children and Families (DCF) 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 C.G.s. 46b-120.

The Superintendent of Schools or his/her designee shall promulgate this policy to district staff and parents/guardians of students annually and upon the registration of new students.

(cf. 5141.4 – Reporting of Child Abuse and Neglect)

Legal Reference:     Connecticut General Statutes  
                          10-212b Policies prohibiting the recommendation of psychotropic drugs by school  
                          personnel. (as amended by PA 03-211)  
                          46b-120. Definitions.  
                          10-76a Definitions. (as amended by PA 00-48)  
                          10-76b State supervision of special education programs and services.  
                          10-76d Duties and powers of boards of education to provide special education  
                          programs and services. (as amended by PA 97-114 and PA 00-48)

PSYCHOTROPIC DRUG USE (Continued...)

Legal Reference: (continued...)

10-76h Special education hearing and review procedure. Mediation of disputes. (as amended by PA 00-48)

State Board of Education Regulations.

34 C.F.R. 3000 Assistance to States for Education for Handicapped Children.

Americans with Disabilities Act, 42 U.S.C. §12101 et. seq.

Individuals with Disabilities Education Act, 20 U.S.C. §1400 et. seq.

Rehabilitation Act of 1973, Section 504, 29 U.S.C. §794.

Administration Regulations to Policy #4118.234/5141.231  
Psychotropic Drug Use

In order to properly implement the Board policy prohibiting school personnel from recommending the use of psychotropic drugs for any child, the following administrative regulations are hereby established:

1. Psychotropic drugs are defined as prescription medications for behavioral or social-emotional concerns, such as attention deficits, impulsivity, anxiety, depression and thought disorders.
2. Psychotropic drugs include, but are limited to, Ritalin, Adderal, Dexedrine and other stimulant medication, and anti-depressants.
3. All school personnel, including teachers and administrators, are prohibited from any communications, both oral and written, to the parents and/or guardians of a child in which the use of psychotropic drugs is recommended.
4. School health or mental health personnel which includes school nurses or nurse practitioners, the District Medical Advisor, school psychologists, school social workers, school counselors, and the Director of Special Education are permitted to discuss with parents and/or guardians of a child the advisability of a medical evaluation by an appropriate medical practitioner when there are behaviors or concerns that may be indicative of medication considerations.
5. School personnel, through the Planning and Placement Team referral process, shall communicate to the school medical staff about a child's behavior that may indicate the need for an evaluation.
6. The Planning and Placement Team (PPT) has 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).
7. As required, the District may seek remedy through the due process provisions allowed under the Individuals with Disabilities Educational Act (IDEA) if a parent and/or guardian refuses consent for such a reevaluation.
8. Appropriate medical practitioners, such as a psychiatric consultant or physician, with whom the District contracts for services to students or to whom the District makes a referral for an evaluation may recommend such medications.

Administration Regulations to Policy #4118.234/5141.231  
Psychotropic Drug Use (continued...)

9. School personnel may consult with the medical practitioner performing the evaluation with the informed consent of the parent or guardian of the child. The purposes of such communication include the following:
  - a. Conveying concerns or observations of a child, both prior to and following a medical evaluation;
  - b. Requesting health records and other educationally relevant medical evaluations;
  - c. Providing school records to medical practitioners upon request;
  - d. 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;
  - e. Discussing with medical practitioners appropriate and necessary nursing or health care in schools to ensure student safety;
  - f. Disclosure of educationally relevant information by the medical practitioner to school personnel.
10. The Department of Children and Families (DCF) is limited by this legislation 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, a PPT meeting may be convened if the child is eligible or may be eligible for special education or making a referral to the Department of Children and Families if there are concerns about a child's safety and possible abuse or neglect.

(cf. 5141.4 – Reporting of Child Abuse and Neglect)