



# The Crucial Role of the School Nurse in Disaster and Emergency Preparedness

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# Introduction

Pediatric medical emergencies, such as the exacerbation of medical conditions, and minor injuries/illnesses, are common in the school setting. However, schools and districts also must be prepared to respond to a variety of schoolwide and/or communitywide emergencies. Schools are responsible for ensuring the safety and care of students during life-threatening natural or human-caused disasters (e.g., tornadoes, floods, earthquakes, active shooter situations, or other potential hazards). Natural and human-caused disasters and emergencies often happen without warning and can threaten lives, especially for individuals with chronic health conditions and special healthcare needs, making it critical for schools and school districts to collaborate and proactively plan to ensure the safety and well-being of all members of their school community. This document outlines the critical role of the school nurse in disaster planning and response and emphasizes the importance of integrating school nurses into a well-coordinated disaster response framework.

School districts, schools, administrators, and staff may use this document to assist with planning for the support that students with healthcare needs may require during a schoolwide and/or communitywide emergency. While this document attempts to ensure that all information is accurate and current, the general guidance found in this document is not a substitute for specific guidance, nor should it be regarded as advice of legal counsel. Schools and school districts should consult the local board attorney or school attorney for specific legal advice.

## Emergency Operations Plan (EOP)

Each school building and school district are required to have a comprehensive EOP developed in collaboration with local emergency response agencies. These plans should be based on natural, technological, and human-caused hazards identified within the community. School district and school building EOP templates are provided by the Tennessee Department of Education and are available [here](#).

In accordance with Tenn. Code Ann. § 49-6-804(a), each school district, and to the extent applicable, each public charter school, shall adopt a comprehensive district-wide school safety plan and building-level school safety plans regarding crisis intervention, emergency response, and emergency management. The plans must be developed by a district-wide school safety team and a building-level school safety team and must follow the template developed by the state-level safety team. Plans must be reviewed at least annually.

Additionally, in accordance with Tenn. Code Ann. § 49-6-806(a) and (b), each district-wide school safety team shall be appointed by the district's director of schools and shall include, but not be limited to, local law enforcement officials, representatives of the school board, representatives of student, teacher, administrator and parent organizations, and school personnel including school safety personnel. Each building-level school safety team shall be appointed by the building principal, in accordance with regulations or guidelines prescribed by the district's director of schools. Such building-level teams shall include, but not

be limited to, representatives of teacher, administrator, and parent organizations, and school personnel, including school safety personnel, as well as community members, local law enforcement officials, local ambulance or other emergency response agencies, and any other representatives the district's director of schools deems appropriate.

Emergency management planning and the development of the EOP requires a diverse set of expertise and should be approached collaboratively rather than in isolation. It's essential that schools include staff within the school building with insight, including school nurses, district staff and community partners, local emergency staff, first responders, and public health officials during the planning process. This collaborative approach creates effective EOPs supported at the district level and integrated within the district, community, regional, and state plans (U.S. Department of Education, Office of Elementary and Secondary Education, Office of Safe and Healthy Students, 2013).

School nurses should be key members of the disaster preparedness team and offer a unique perspective on the planning and implementation process within their schools. It is encouraged for school health services supervisors and/or school nurses to participate in the district-level and school-level safety teams to address health-related planning considerations (e.g., should the school nurse stay at the school during an emergency evacuation or follow students for off-site reunification). Consideration of students and staff with healthcare needs during the planning stage of EOP development ensures the safety and well-being of all students and staff during an emergency (Missouri School Boards' Association, 2018).

## Role of the School Nurse

The role of the school nurse before, during, and after an emergency should be established prior to a schoolwide and/or communitywide emergency. The National Association of School Nurses (NASN) *Framework for 21<sup>st</sup> Century School Nursing Practice™* and *School Nursing: Scope and Standards of Practice* (4th ed.) (2022) include in the Leadership principle that school nurses should participate in the development, coordination, and implementation of emergency/disaster plans as well as integrate interprofessional collaboration and communication in the implementation of the plan (National Association of School Nurses, 2024).

As school health experts, school nurses are trained to consider the unique health needs of students with chronic health conditions and can bring that knowledge and experience into developing school and district EOPs. Some children with healthcare needs may require additional disaster-preparedness planning for medication, food, and water availability during a prolonged lockdown or shelter-in-place. (Butler, 2012). School nurses may also provide and/or assist with facilitation of training on medical emergencies (e.g., Stop the Bleed Kits, cardiac emergency response, medical emergencies related to student-specific health conditions).



Planning for schoolwide emergencies begins when students are identified with chronic health conditions. Students with healthcare needs may have individualized healthcare plans (IHPs), individualized emergency action plans/emergency care plans (ECPs/EAPs) for responding to individualized medical emergencies, an individualized education program (IEP) and/or a Section 504 plan.

Schoolwide and community-wide emergencies should be considered during the development of health and/or education plans, and individual student needs may need to be included in the plans if the needs required are above and beyond what is outlined in the school EOP. Plans should be safe and practical and incorporated into schoolwide emergency response protocols. IHPs and/or ECPs/EAPs can include how the health services needs of students with chronic health conditions will be managed during an emergency drill and in the event of a schoolwide or communitywide emergency. When the student's health plan is being developed and/or updated, the school nurse might consider distributing a letter to the student's family and/or health care provider explaining the need for disaster preparedness (Butler, 2012). Emergency preparation for students with chronic health conditions should include discussion and planning on where the student's medication will be stored, the location of rescue medications, accommodations that may be required during disaster and threat emergencies, and equipment needed to assist with evacuation if a student has limited mobility (University of Missouri, 2024).

The school nurse should be familiar with the EOP to respond to the medical and health needs of the students, staff, and visitors during an emergency. School nurses should also assist in the implementation of EOPs during a schoolwide and/or communitywide emergency, including assisting with lockdown procedures, providing first aid and emergency care, and managing the needs of students with chronic health conditions when safe and appropriate. In the event of an emergency that requires medical response, the school nurse may be the "first responder," providing aid before emergency service providers arrive on the scene. The American Nurses Association Code of Ethics for Nurses indicates school nurses have a duty to care for their own health and safety in the same manner they would for their patients (e.g., students, staff, visitors). Applying the Code of Ethics, school nurses are encouraged to maintain their own safety in a dangerous situation, and once the scene is safe, begin providing care in the most informed and efficient way possible (Galemore, 2023).

## Students with Special Healthcare Needs

Students with special healthcare needs might face barriers that make them more vulnerable to disasters than their peers. They may require medications, specialized procedures, or specialized equipment, have difficulty communicating their needs, or have a mobility impairment (The Centers for Disease Control and Prevention, n.d.). Schoolwide and/or communitywide emergencies present unique challenges for managing students with chronic health conditions. For example, a student may be unable to access their medical supplies because they are evacuated from the building or must go into the nearest room rather than their assigned classroom.

Students with chronic health conditions and disabilities are entitled to the same emergency services as their nondisabled peers and should be considered and included during emergency management planning (Readiness and Emergency Management for Schools) and the emergency planning team should integrate the needs and vulnerabilities of students with special healthcare needs into broader emergency planning policies and processes. Through this process, schools can identify the appropriate personnel, equipment, and supplies that may be needed to support individuals during potential emergencies. Strategies to incorporate emergency planning accommodations to address individuals with access and functional needs might include:

- practicing evacuation routes for individuals in wheelchairs;
- notifying families and students about planned exercises and drills;
- creating a buddy system for students;
- preparing go-kits with necessary medication, comfort items, or other supplies to support individual safety plans;
- including instructions in the primary languages of the school community and providing preparedness guidelines in multiple forms;
- accounting for communication and sensory needs during training and emergency events (e.g., augmentative-alternative communication systems, fidget items, noise-canceling headphones, self-calming strategies taught in advance);
- providing one-to-one supervision during transitions; and,
- anticipating for unique supports needed following a drill or emergency event, including transitioning back to typical school activities and routines (U.S. Department of Homeland Security, U.S. Department of Education, U.S. Department of Justice, & U.S. Department of Health and Human Services, n.d.).

EOP and emergency response planning should:

- Involve the parent/guardian of students with healthcare needs and/or disabilities in the identification of communication and transportation needs, accommodations, supports, equipment, and supplies needed during an emergency;
- Consider emergency accommodations for individuals with temporary disabilities and/or healthcare needs; and
- Determine emergency transportation needs (Wisconsin Department of Public Instruction, 2024).

Most students requiring medication during the school day have individualized medication schedules. When planning for the healthcare needs of students receiving medications during the school day, schoolwide and communitywide emergency planning should consider the following:

- Determine who is responsible for gathering and transporting medications, supplies, and equipment needed for the students.

- Make alternative arrangements to meet the needs of the students if medicines or medical devices will not be available in emergency shelters.
- Consider how medicines can be stored in an emergency. Heat waves and power outages can affect the potency and integrity of some medications. Include an ice chest and cold packs among the school emergency supplies. If there is a power outage, the ice packs can extend the safe temperature range of medications requiring cold storage until the power is restored.
- Carry contact and medical information for all students, provide individual medical information, and consider putting the information on a laminated card with a lanyard (MN Regional Low Incidence Projects).

Additional considerations for students with healthcare needs during emergency planning might include:

- Students may not comprehend the nature of the emergency and could become disoriented or confused about the proper way to react.
- Limited mobility may impair egress and access to locations.
- Disaster debris may obstruct evacuation.
- Students with respiratory impairments may have difficulty breathing when walking distances or descending stairs.
- Smoke, dust, fumes, chemicals, and other odors often exacerbate such limitations.
- Medication may need to be administered to students with an IHP and/or ECP.
- Students may have difficulty reading complicated directions for evacuation or response plans.
- Students may not be able to hear emergency warnings.
- Students may not be able to communicate.
- Students with visual impairments may need to depend on others to lead them to safety during a disaster and may be reluctant to leave familiar surroundings.
- Some students may need to be physically transported (Wisconsin Department of Public Instruction, 2024).

#### **Overview of Considerations for Students With Chronic Health Conditions When Planning for Schoolwide and/or Communitywide Emergencies**

Backup medical supplies are available in the event of a device failure.

Storage Location/Access to medication.<sup>1</sup>

Wearable medical alerts enable first responders and emergency workers to identify students with certain health conditions and increase the chance of a student receiving the care needed as soon as possible.

Students are encouraged to transition to self-management and independence in care as appropriate based on the student's age, maturity, and skill level/proficiency and in accordance with district policy and state law.

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<sup>1</sup> The location and storage of supplies and equipment should follow school district policy related to overall disaster planning.

All school staff (and substitutes) responsible for students with a health condition that might result in an emergency should have a basic understanding of the health condition and know the location of the student's supplies in the event of an emergency or lockdown.

Additional accommodations and supports may be required during an emergency (e.g., augmentative and alternative communication systems, visual supports, fidgets, noise-canceling headphones).

The district-level and school-level safety teams should create a confidential roster that identifies students with disabilities and/or health needs and also lists their teachers, classrooms, as well as their potential needs during an emergency. Schools should consider where to store this confidential list to ensure its availability in the event of an emergency.

## First Aid Supplies and “Go-Bags”

Preparation of emergency equipment and supplies in the school for an individual emergency goes hand in hand with overall emergency and disaster preparedness for the entire school community. Appropriate first aid supplies should be available throughout schools. School nurses and schools are encouraged to have a “go-bag” to grab during a schoolwide and/or communitywide emergency. The “go-bag” should include a confidential list of students and staff with health concerns, a medication list, communication device(s) with important phone numbers, and a flashlight (Selekman, 2017). The Department of Education provides additional considerations for emergency go-kit supplies [here](#). Any individual student emergency kits should leave the building with the responsible individual (e.g., student, designated staff member) in accordance with district policy, medical orders, and IHP/ECP.

## Information Sharing During Threats and Hazards

School districts and schools should have an understanding of the Family Educational Rights and Privacy Act (FERPA) and the limited circumstances when the Health Insurance Portability and Accountability Act (HIPAA) may apply to information-sharing in the school setting. To ensure public safety and protect student privacy, schools should understand when and how these laws apply. There may be additional federal and state laws that place restrictions on when and with whom schools may share information. School districts and schools are encouraged to review these laws, as well as others that might apply when working with community partners to establish and review an emergency operations plan to ensure all stakeholders have an understanding of applicable laws when deciding if to disclose information.

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of students' education records. “Education records” are broadly defined and include student health records (including immunization records) maintained by a school or district. FERPA protects the confidentiality of student health information and specifies when student records may be shared. Student health information may only be disclosed under very limited circumstances, such as when disclosure is required by law or when parental permission is obtained.



“School officials with a legitimate educational interest” may access FERPA-protected education records. Schools determine criteria for who is considered a school official with a legitimate education interest under FERPA regulations, and it generally includes teachers, counselors, school administrators, and other school staff. The term “school official with a legitimate educational interest” may also include contractors, consultants, volunteers, and other parties if those individuals:

- Perform an institutional service or function for which the agency or institution would otherwise use employees;
- Are under the direct control of the agency or institution with respect to the use and maintenance of education records;
- Are subject to the requirements 34 C.F.R. § 99.33(a), which specifies that individuals who receive information from education records may use the information only for the purposes for which the disclosure was made and which generally prohibits the redisclosure of PII from education records to any other party without the prior consent of the parent or eligible student. There are, however, exceptions to this prohibition (U.S. Department of Education, Office of Elementary and Secondary Education, Office of Safe and Healthy Students, 2013).

Schools must annually notify parents and eligible students of their rights under FERPA and must include in this notification the criteria for who constitutes a school official and what constitutes a legitimate educational interest. This means that if a school wishes to consider non-employee members of its threat assessment team (TAT), its contracted staff, its school resource officers (SROs), and other non-employees as “school officials” who may have access to education records, the school must ensure that these individuals meet the criteria above and the criteria in the school’s annual notification of FERPA rights.

FERPA includes exceptions to the general consent requirement, including the “health or safety emergency exception. FERPA generally requires written consent before disclosing PII from a student’s education records to individuals other than the student’s parent/guardian. However, the FERPA regulations permit school officials to disclose PII from education records without consent to appropriate parties only when there is an actual, impending, or imminent emergency, such as an articulable and significant threat. Information may be disclosed only to protect the health or safety of students or other individuals.

The Health Insurance Portability and Accountability Act (HIPAA) was enacted in 1996 to, among other purposes, improve the efficiency and effectiveness of the healthcare system through the establishment of national standards and requirements for electronic healthcare transactions and to protect the privacy and security of individually identifiable health information. The HIPAA Privacy Rule requires covered entities, including health care providers, to protect individuals’ health records and other identifiable health information by requiring appropriate safeguards to protect privacy and setting limits and conditions on the uses and disclosures that may be made of such information without patient authorization. The rule also gives patients’ rights over their health information, including rights to examine and obtain a copy of their

health records and to request corrections (U.S. Department of Education, Office of Elementary and Secondary Education, Office of Safe and Healthy Students, 2013).

Generally, HIPAA does not apply to student health information maintained by a school, rather student health records maintained by schools and school districts are considered education records protected by FERPA. If health information needs to be accessed and/or shared and the school or district is unsure whether the health information is covered by HIPAA or FERPA, local board attorneys or school attorneys should be consulted for guidance. School districts and schools may also be subject to additional federal and state laws that protect privacy and information sharing.

# Resources

The following non-exhaustive list of resources and training links are for informational purposes only and do not represent official policies, procedures, or guidance of the Tennessee Department of Education. Additional emergency preparedness resources can be found on the [Coordinated School Health](#) website, under the healthy school environment component, and include various training elements involved in emergency management in Tennessee schools, including, but not limited to, tornado preparedness, earthquake preparedness, emergency preparedness for families, and emergency management for children and families.

The \$ symbol indicates there is a fee associated with training/resource.

\$ The purpose of NASN's [School Emergency Triage Training \(SETT\)](#) is to provide school nurses with the knowledge, skills and training resources to lead school-based disaster response teams and perform triage in response to mass casualty incident (MCI) events.

The REMS TA Center's [Understanding the Role of School Nurses in Supporting School Safety Before, During, and After an Emergency Webinar](#) discusses the role school nurses have in supporting overall school safety, security, emergency management, and preparedness before, during, and after an emergency.

The American Academy of Pediatrics' [Supporting Student Health and Wellness During Public Health Emergencies](#) identifies and prioritizes strategies and solutions that school districts can implement to improve public health emergency preparedness and response in schools.

The Emergency Response and Crisis Management Technical Assistance Center created the [Emergency "Go-Kits"](#) to help determine the type of supplies to include in "go-kits" for both administrators and individual classrooms.

The National Association of School Nurses [Disaster Preparedness](#) webpage includes NASN resources, national guidelines, and additional resources.

The National Association of School Nurses created an example [Emergency Resources, Equipment, and Supplies List For Schools](#) including example supply lists for emergency go-bags, first aid supplies, non-medical supplies, and sanitation supplies.

The American Diabetes Association provides [Safe at School®: Emergency Lockdown Preparation](#) to assist schools with students diagnosed with diabetes in emergency planning.

[Standard Response Protocol](#) is action-based, flexible, and easy to learn and organizes tactics for response to weather events, fires, accidents, intruders and other threats to personal safety.

The Readiness and Emergency Management for Schools (REMS) Technical Assistance (TA) Center provides [Resources on Understanding the Role of School Nurses in Supporting School Safety Before, During, and](#)

[After an Emergency](#) including, but not limited to, information on collaborative planning, the role of school nurses, hazard mitigation, evacuation, triage, surveillance, health education.

For schoolwide or community wide natural or human-caused disasters, the American Academy of Pediatrics offers policies, [strategies, and resources on its Children and Disasters website](#).

### ***Example Disaster Emergency Supply Kit for a Student with Diabetes<sup>2</sup>***

The parent/guardian should provide the school with an emergency supply kit in the event of natural disasters, lockdowns, or emergencies when students need to stay at school. The American Diabetes Association (2020) recommends this kit should contain enough supplies for at least 72 hours to carry out the IHP and/or ECP in accordance with the student's medical orders. If a shelter-in-place or lockdown situation were to occur and the student did not have access to their medications or glucometer, the school nurse should educate school staff on how to care for the student. This could include reducing the student's food intake and increasing their intake of water or non-carbohydrate containing liquids (American Diabetes Association, n.d. ).

- Blood glucose meter, testing strips, lancets, and batteries for the meter
- Urine and/or blood ketone test strips and meter
- Insulin, syringes, and/or insulin pens and supplies
- Insulin pump and supplies, including syringes, pens, and insulin in case of pump failure
- Other medications
- Antiseptic wipes or wet wipes
- Quick-acting source of glucose
- Water
- Carbohydrate-containing snacks
- Hypoglycemia treatment supplies (enough for three episodes): quick-acting glucose and carbohydrate snacks
- Glucagon emergency kit

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<sup>2</sup> Adapted from NASN's Addressing the Emergency Preparedness Needs of Students with Diabetes (2012) and the American Diabetes Association's Helping the Student with Diabetes Succeed: A Guide for School Personnel (2020)

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