

# Guidelines for the Availability for Student Participation in Telehealth Appointments in Secondary Schools

Md. Code Ann, Section 4-143 of the Education Article

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State Superintendent Guidance

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## Introduction and Background

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**In today’s rapidly evolving healthcare landscape, the use of telehealth has emerged as an important tool for enhancing student health and well-being. Telehealth has the potential to create efficiencies by increasing access to services, including primary and specialty care, chronic disease management, therapies, and behavioral health services in schools. By leveraging technology to provide access to medical and mental health services directly within the school environment, telehealth can bridge the gap between healthcare providers and students and families, ensuring timely and efficient care.**

The American Academy of Pediatrics (2024) recognizes the value of telehealth in a variety of settings as a strategy to reduce inequalities in health care. Access to telehealth services has resulted in positive outcomes for students and families including increased health awareness, improved child well-being, early recognition of injuries, management of chronic conditions, and improved overall mental health.

Access to telehealth services in the school setting can also support reduced time away from academic instruction and reduced time and travel costs for the parent or guardian (*Developing a School-Based Telehealth Strategy* | [Telehealth.HHS.gov](https://www.hhs.gov/telehealth), n.d). Telehealth appointments during school hours can make it easier for students and parents to attend appointments with minimal disruptions to the school or workday. Fewer partial or full-day school absences for medical appointments promote continuity in the educational routine, allowing students to stay focused on their studies.

However, facilitation of access to telehealth appointments during the school day requires local education agencies (LEAs) to consider logistical challenges and develop procedures including appointment scheduling, logistics, coordination of telehealth appointments with school schedules, consent, physical space, availability of school staff and procedures for missed instruction due to a telehealth appointment.

## Historical Perspective and LEA Requirements

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**During the 2024 legislative session, the Maryland General Assembly passed House Bill (HB) 522 – Public Schools – Telehealth Appointments – State Guidelines, Policies, and Access (Md. Code, Education § 4-143). , which was signed by Governor Wes Moore in April 2024. The legislation aims to enhance student access to telehealth appointments within public middle and high schools across the State.**

This legislation was motivated, in part, by the increasing need for accessible healthcare services for students, particularly in the wake of the COVID-19 pandemic, which highlighted the importance of telehealth. By offering the opportunity for telehealth appointments in the school setting, the legislation aims to improve access by ensuring students can receive timely medical consultations without leaving school; reducing absenteeism by minimizing the time students spend away from classes for medical appointments; and supporting mental health by providing easier access to mental health services, which are crucial for student well-being.

The legislation requires the Maryland State Department of Education (MSDE) and the Maryland Department of Health (MDH) to develop State guidelines for school health services that will address the availability for student participation in telehealth appointments during the school day.

Following the creation of the State guidelines, and prior to the start of the 2025-2026 school year, local boards of education are required to:

1. adopt and implement a student telehealth policy in accordance with the State guidelines;
2. publish the student telehealth policy in the student handbook; and
3. make school personnel, parents, guardians and students aware of the student telehealth policy objectives and requirements.

The legislation does not prescribe how LEAs must set up their telehealth policies, so long as the policies are consistent with the State guidelines; therefore, LEAs have flexibility in developing a policy consistent with their local needs and resources. Notably, the legislation does not require a school to construct an addition or new space in a school building to provide a private space to implement the student telehealth policy or alter the responsibilities of a health care provider regarding the disclosure of medical records under Title 4, Subtitle 3 of the Health-General Article.

## State Guidelines

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To implement the provisions of House Bill (HB) 522 – *Public Schools – Telehealth Appointments – State Guidelines, Policies, and Access* ([Educ., § 4-143](#)), MSDE and MDH formed a workgroup to develop the required State guidelines. The workgroup consisted of a diverse group of stakeholders with expertise in school health services, physical health, mental and behavioral health, school-based policy implementation, technology, and State policy leadership. A LEA superintendent, parent representative, school principal, and health care providers of various practice areas were also invited to be part of the workgroup. See Appendix A for workgroup membership.

This multi-disciplinary workgroup met multiple times to review existing telehealth policy and practices from other states, discuss barriers to implementation, and identify solutions to overcome the barriers.

In addition to the contributions of the workgroup, MSDE and MDH reached out to local behavioral health coordinators, supervisors of school counseling, supervisors of pupil personnel/social work, school psychological services supervisors, school health services coordinators, and other related services personnel to receive insight into how the provisions of this legislation could be implemented locally as the local policies are developed. On behalf of the workgroup, a survey was conducted to determine which LEAs are currently implementing telehealth policies and to study how those policies could inform the Statewide guidelines.

In accordance with the legislation, the telehealth workgroup has developed State guidelines to assist local boards in creating LEA policies to support access to telehealth appointments, when appropriate, during the school day within public middle and high schools across the State. These guidelines aim to provide a comprehensive and adaptable framework for the availability for student participation in telehealth services that are inclusive, responsive, and supportive of the diverse needs of students and families.

## Definitions

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**TELEHEALTH:** A mode of delivering health care services through the use of telecommunications technologies by a health care practitioner to a patient at a different physical location than the health care practitioner.

**PARENT/STUDENT-INITIATED TELEHEALTH:** Telehealth services between a student (with or without their parent) and a health care practitioner external to a school when the LEA has no formal agreement with the health care practitioner to provide services to its students.

**SCHOOL/PRACTITIONER-INITIATED TELEHEALTH:** Telehealth services between a student (with or without their parent) and a health care practitioner external to a school when the LEA has a formal agreement with the health care practitioner to provide health care services to its students.

## Essential Elements of LEA Telehealth Policy

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Access to telehealth in schools, whether parent/student-initiated or school/practitioner-initiated, aims to bridge the gap between healthcare access and education. The use of digital communication technologies allows students to connect with various types of healthcare professionals, providing services such as virtual consultations, mental health support, and routine check-ups. This approach will serve to increase accessibility as well as help reduce the barriers that often prevent students from seeking necessary care.

Offering the opportunity for telehealth appointments in the school setting fosters a healthier environment that supports both educational and emotional well-being. For parents, this means peace of mind knowing that their children can receive timely health support during the school day. For students, it offers the convenience of accessing healthcare without the need to leave school, ensuring that academic and health needs are met simultaneously.

These guidelines are designed to provide a framework for LEAs to develop a policy addressing student access to telehealth appointments within the school setting.

Consistent with the statute, LEAs should develop local policies which address:

4. Equity and Prioritization of Access to Telehealth Appointments
5. Confidentiality
6. Parental and Student Informed Consent
7. Communication and Coordination of Services
8. In-Person Support Protocols
9. Provision of Services



## Equity and Prioritization of Access to Telehealth Appointments

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MSDE and MDH believe that all students can reach their full potential and succeed in school, regardless of race, gender, socioeconomic status, or other individual characteristics. Accordingly, the LEA policy regarding student availability for telehealth services should address equitable access for students to participate in telehealth appointments in school, regardless of whether the appointments are parent/student-initiated or school/practitioner-initiated.

Whether the LEA chooses to engage in and facilitate school/practitioner-initiated and/or parent/student-initiated telehealth appointments will depend on many variables unique to the LEA and school community. As such, program design, scope, and breadth of engagement should be determined by the LEA and the clinician(s), as appropriate.

### **When Developing the Local Policy, the LEA should consider the following:**

- Engaging in resource mapping to understand the needs across the LEA.
- Outlining a procedure for how middle and high school students register to participate in telehealth appointments in school.
- Addressing access to appointment times, space, and scheduling for school-initiated and parent-initiated telehealth appointments.
- Creating guidelines, such as limiting the number of appointment times per student to ensure equitable access.
- Identifying and developing strategies to address the impact of acute and ongoing appointments on educational outcomes, school culture, and classroom instruction.

### **APPROPRIATE FIT FOR STUDENT**

When offering the opportunity for telehealth appointments in the school setting, there are various factors for the LEA to consider regarding student characteristics. The research would suggest that not every student is a good candidate for telehealth services; thus, careful consideration needs to occur (NASP, 2017).

### **When developing the local policy, the LEA should consider the following:**

- LEAs should address the complexity of the student's condition, the context and environment in which the student interacts, how comfortable the student is with using technology, the nature and complexity of the service, and communicate this information with the parents, as appropriate.

### **STUDENTS WITH DISABILITIES**

The LEA must offer the same access to telehealth appointments for all students regardless of disability status. Therefore, the LEA may need to make reasonable modifications to their typical practices to make sure students with disabilities have the same access to telehealth appointments. For example, the designated telehealth space must be ADA accessible.

When school-initiated telehealth is considered, LEAs have a responsibility to ensure that telehealth services support both the health and educational outcomes of students. If an LEA provides telehealth services for students with special needs (e.g., Individualized Education Program (IEP) or 504 plans), schools must consider if the telehealth services complement the student's accommodations or services. Parent initiated telehealth services must not interfere with IEP or 504 plan accommodations or services.

## Confidentiality

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Schools must ensure that the location(s) chosen for students to participate in telehealth sessions are private and that staff supporting student participation understand legal requirements for student privacy and confidentiality.

Students and their parents who participate in telehealth appointments in schools should be aware of the limits of privacy. It is possible that private information may need to be shared in order for school staff to facilitate a student's participation in a telehealth appointment and ensure student safety. The LEA's student telehealth policy must address student privacy and should address the privacy of data sent to providers during care coordination activities.

## Parental and Student Informed Consent

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**When developing the local policy, the LEA should consider the following:**

- Generally, parents provide informed consent for their child to receive telehealth services in school. This consent should include an understanding of the services being provided, the purpose of telehealth, the technology used, and any potential risks or benefits.
- Maryland statute (Md. Code, Health-General § 20-104) establishes that a minor who is 12 years old or older who is determined by a health care provider to be mature and capable of giving informed consent has the same capacity as an adult to consent to consultation, diagnosis, and treatment of a mental or emotional disorder by the health care provider or a clinic.
- Health-General 20-102 outlines other medical, behavioral, health, and psychological services for which a minor may consent.

## Communication and Coordination of Services

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Access to telehealth appointments during the school day requires the coordination of services with parents, students, and school staff.

**When developing the local policy, the LEA should consider the following:**

- A communication plan between the parents/guardians, students, and the school staff which includes a specific procedure regarding scheduling, advance notice of appointments, and compliance with the school procedures.
- Responsibility for all parties to follow the school's policies and procedures regarding telehealth services, such as attendance at scheduled sessions and providing consent forms on time.
- For school/practitioner-initiated telehealth appointments, LEAs should consider how to communicate regularly with parents and guardians about the services being provided, the child's progress, and any recommendations made by the telehealth providers. This includes informing parents of changes to services or follow-up actions.
- For student/parent-initiated telehealth appointments, school staff may not be aware of the recommendations of the telehealth providers.
- Strategies for integrating telehealth into a student health plan, if feasible, as this can enhance access to care and improve health outcomes.
- Developing and communicating any additional procedures.

## In-Person Support Protocols

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### ROLE OF SCHOOL PERSONNEL

The role of school staff should be thoughtfully structured to ensure the safety, privacy, and well-being of the students while also supporting the logistical aspects of access to telehealth services.

### CRISIS MANAGEMENT

When providing access to telehealth appointments during the school day, there should be clear procedures for managing emergencies. It is recommended that LEAs prepare for potential crisis situations by including the procedures for managing emergencies in the LEA's emergency response plan.

### TRANSITION FROM TELEHEALTH APPOINTMENT

LEAs should consider specific protocols related to transitions from the telehealth appointment that support student needs and minimize classroom disruptions.

#### **When developing the local policy, the LEA should consider the following:**

- Developing procedures for transitions to include clear expectations, time limits, transition monitoring (as appropriate).
- Examining the feasibility of staff members to assist in transitioning the student from telehealth to the classroom.
- Developing an appointment schedule that allows for increased transition time or aligns with a natural transition during the school day.
- Developing a plan to address the feasibility and appropriateness of telehealth for students who are unable to transition independently or who may face challenges returning to the classroom.

### MISSED INSTRUCTION

When students are involved in telehealth services in school, missed instruction can be a concern since the time spent on telehealth appointments can overlap with their regular classes. LEAs should consider policies and procedures that reduce or minimize disruption to the student's school day. Missed instruction due to a telehealth appointment should be consistent with LEA policies for absences.

#### **When developing the local policy, the LEA should consider the following:**

- Developing a plan for flexible schedules and coordination with teachers that allow for telehealth sessions during the school day.
- Addressing strategies such as make-up work, assignment flexibility, online resources and lesson summaries to supplement missed instruction. These strategies should be consistent with the LEA attendance policy.
- Involving parents in helping to ensure that students are caught up on missed instruction. Parental involvement may help maintain a balance between mental/physical health services and education.

- Identifying time limits or ranges of times for school/practitioner telehealth sessions. Telehealth sessions are often kept short, focusing only on the necessary services to minimize missed class time.
- Addressing the possibility of telehealth services being prioritized for critical medical or mental health concerns, and exceptions may be made for missed instruction, if deemed necessary.

## Provision of Services

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One of the key potential advantages of telehealth as a service delivery platform is the flexibility it offers to students and families to be empowered to request access to telehealth services during school hours.

### SPACE

Ensuring privacy in a school setting can be difficult, as telehealth requires students to have private spaces for their sessions. Educ. Article, 4-143 indicates that LEA telehealth policies should consider the feasibility of designating a space that is confidential, has internet access, provides a seating option with a flat surface and a nearby electrical outlet to accommodate placement of a laptop device, and is not a bathroom or closet.

#### When developing the local policy, the LEA should consider the following:

- Exploring the feasibility of designated telehealth locations which are quiet and private where students can have a confidential telehealth appointment.
- Ensuring that any identified telehealth space is accessible to all students, including those with disabilities.
- To the greatest extent feasible, adding elements that help to create a calm and welcoming environment.
- To the greatest extent possible ensuring reliable, high-speed internet access to facilitate seamless video calls and data transfer.
- Developing policies or guidance regarding the use of computers, tablets, or other devices equipped with high-resolution cameras and microphones for clear communication.
- Developing specific guidance regarding the use of personal or school issued devices.

### TECHNOLOGY

When implementing telehealth programs, ensure compliance with Maryland state minimum requirements for IT security to safeguard the security and confidentiality of staff, students, and medical records. Refer to the [State of Maryland Information Technology Security Manual](#).

#### When developing the local policy, the LEA should consider the following:

- **Privacy and Data Protection:** Ensure that all school devices utilized for student telehealth comply with applicable privacy regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA). This compliance encompasses securing data storage, transmission, and access protocols to safeguard sensitive student information from unauthorized access.
- **Network Security and Connection Integrity:** Ensure the school's network infrastructure is equipped with robust firewall protections and secure, encrypted connections. Telehealth services require a private and stable network environment; therefore, implementing advanced encryption methods is encouraged to safeguard student sessions from unauthorized access.



- **Access Control:** Limit login access to school devices to authorized users and implement user authentication protocols, such as multi-factor authentication, for both students and healthcare providers.
- **Device Security:** Ensure school devices are equipped with updated antivirus software and receive regular security patches. Additionally, disable any non-essential features, such as camera or microphone access, on shared devices when not in active use.
- **Contingency Planning:** Establish protocols for school devices for managing emergencies, data breaches, or disruptions to telehealth sessions, including procedures for contacting technical support or arranging alternative providers as needed.

## COLLABORATION FOR SUCCESS

In addition to developing policies and procedures, LEAs should consider developing an operations manual or document which can be shared with school staff (Garber, Wells, Hale, et al., 2021).

### When developing the local policy, the LEA may consider the following:

- Develop a written and highly publicized workflow, including when and how to request access to telehealth appointment times and the telehealth space in the school building.
- Establish guidelines for the use of technology including procedures for troubleshooting, technical assistance, and supervision.
- Create specific steps to take before, during, and following the telehealth appointment.
- Regularly gather feedback from students, families, and school staff to assess the effectiveness of access to telehealth appointments and identify areas for improvement.
- Communicate when telehealth appointment space is available for scheduling.

## SCHOOL-BASED HEALTH CENTERS

School-based Health Centers (SBHCs) are health centers, located in a school or on a school campus, which provide onsite comprehensive, preventive, and primary health services. Services may also include mental health, oral health, ancillary, and supportive services. SBHCs are known to improve students' health and educational outcomes. The strength of SBHCs lies in innovating and integrating health care services into the local school and broader healthcare system. The SBHC levels the playing field by providing access to all students regardless of their economic background. Some SBHCs are a potential model for success, as they may have experience navigating similar telehealth challenges. Elevating existing partnerships with SBHCs could serve as a best practice for LEAs. However, SBHCs may have resources that are not available in all schools including dedicated space, personnel, and healthcare provider partnerships.

## Summary

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In developing the policies for student availability for telehealth appointments during the school day, the LEA should address the considerations contained in the *Guidelines for the Availability for Student Participation in Telehealth Appointment in Secondary Schools*, collaborate with families, parents, students, and other stakeholders as needed. An annual review of the policy and procedures will assist in ensuring the safe and effective implementation of the availability for student participation in student access to telehealth appointments during the school day.

Once LEAs have established local policies and procedures, HB 522 – *Public Schools – Telehealth Appointments – State Guidelines, Policies, and Access* (Md. Code, [Education § 4-143](#)) requires LEAs to develop and implement their telehealth policy by the 2025-2026 school year, publish the student telehealth policy in the student handbook, and make school personnel, parents, guardians, and students aware of the student telehealth policy, objectives, and requirements.

## References

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American Academy of Pediatrics (2024)

*Developing a school-based telehealth strategy* | Telehealth.HHS.gov. (n.d.). Telehealth.hhs.gov.  
<https://telehealth.hhs.gov/providers/best-practice-guides/school-based-telehealth/developing-a-school-based-telehealth-strategy>

Family Educational Rights and Privacy Act - <https://studentprivacy.ed.gov/ferpa>

Garber, K., Wells, E., Hale, K.C., & King, K. (2021). Connecting kids to care: Developing a school-based telehealth program. *The Journal for Nurse Practitioners*, 17(3), 273-278. <https://doi.org/10.1016/j.nurpra.2020.12.024>

Health Insurance Portability and Accountability Act - <https://www.hhs.gov/hipaa/index.html>

National Association of School Psychologists. (2017). *Guidance for delivery of school psychological telehealth* [Brief]. Bethesda, MD: National Association of School Psychologists.

National Institute of Technology Guidelines- <https://www.nist.gov/cyberframework>

STATE OF MARYLAND INFORMATION TECHNOLOGY SECURITY MANUAL Version 1.2.1 STATE OF MARYLAND INFORMATION TECHNOLOGY SECURITY MANUAL. (2019).  
<https://doit.maryland.gov/policies/Documents/Policies/Maryland-IT-Security-Manual-v1-2.pdf>

## Appendix A

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### STATE INITIATIVES

These state programs highlight the growing trend towards full integration of telehealth into school health services, driven by the need to provide accessible, efficient and effective healthcare to students. The focus is on leveraging technology to bridge gaps in healthcare access, reduce absenteeism, and support overall student health and academic success. The collaboration between educational and healthcare systems is key to the successful implementation and sustainability of these telehealth programs.

Note: These state programs fully integrated telehealth, which may be beyond the scope of Maryland's HB 522.

**California:** The California Department of Education has been exploring telehealth initiatives to improve access to healthcare services for students, especially in underserved communities.

- [Telehealth Guidance for School Districts](#)

**Mississippi:** Mississippi has a robust school telehealth initiative that connects student switch healthcare providers for both acute and chronic conditions.

- <https://www.umc.edu/Healthcare/Telehealth/Schools/Home.html>

**New York:** The New York State Education Department has been involved in initiatives to expand telehealth services for students, aiming to improve access to mental health services and other healthcare services.

- <https://www.op.nysed.gov/telepractice-guidance>

**Texas:** The Texas Education Agency has been working on telehealth programs to provide healthcare service to students, particularly in rural areas where access to healthcare may be limited.

Texas has established a statewide telehealth program that allows students to receive medical consultations during school hours without needing to leave campus. The program focuses on addressing both physical and mental health needs, leveraging partnerships with local healthcare providers to offer services such as routine check-ups, therapy sessions, and chronic disease management.

- <https://tcmhcc.utsystem.edu/tchat/>
- <https://www.childrens.com/specialties-services/virtual-care/school-based-programs/school-based-telehealth>
- <https://www.childrens.com/specialties-services/virtual-care/school-based-programs/school-based-telehealth/school-based-telehealth-faq>

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## **ADDITIONAL RESOURCES TO REVIEW**

In addition to the state initiatives, there are several national resource guides that provide information on best practices for telehealth services.

**School-Based Telehealth Playbook:** The School-Based Telehealth Playbook guides health centers through the design, implementation, and operation of a telehealth program that meets the needs of children and adolescents. This playbook includes essential components for school-based telehealth start-up, key considerations from health centers across the country, and amendable resources for every planning stage.

- <https://tools.sbh4all.org/telehealth/sbthplaybook/>

## Appendix B: Telehealth Workgroup

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