

School District of Escambia County, FL Guidelines for Managing Diabetes in the School Setting

The Escambia County Health Department, the School District of Escambia County, the American Diabetes Association, Nemours Pediatric Endocrinology Clinic in conjunction with Sacred Heart Hospital Diabetes Education Program, and the School Health and Wellness Advisory Committee have approved these guidelines for staff in order to competently meet the medical needs of a student with diabetes in the school environment.

I. BLOOD GLUCOSE MONITORING

A. School Personnel and School Health Personnel Responsibilities:

- Develops a student specific Health Care Plan.
- Provides a safe, private, and accessible space for the finger stick procedure. The clinic is the preferred site for the procedure. Alternative sites for glucose monitoring may be identified on the Individual Health Care Plan (IHCP) with consideration of student safety, proximity of the student's classroom to the clinic, the student's demonstrated level of competency and responsibility, and the availability of the school nurse and other appropriately trained staff.
- Provides a trained competent person to administer or observe finger stick and follow the physician's orders.
- Notifies appropriate personnel of a student's health care needs.
- Documents glucose level on Blood Glucose Monitoring Log (9400HES-011).
- Notifies parent/guardian as indicated on the Action Plan.
- Calls for emergency help, as needed.
- Obtains verbal order from medical provider to facilitate immediate management of student with diabetes. Only the School Health Registered Nurse can accept a verbal order. Secure faxed written order as soon as possible to complete documentation of verbal order.

B. Health Care Provider Responsibilities:

- Provides consultation in the development of the student's Health Care Plan.
- Provides consultation in training and education of designated school-based care providers.
- Documents the student's self-care assessment on the appropriate Authorization for Diabetes Management form (9400HES-503 or 506).
- Provides phone order to School Health Registered Nurse to facilitate immediate management of student with diabetes. Fax written order as soon as possible to complete documentation of verbal order.

C. Parent/Guardian Responsibilities:

- Provides school with "Authorization for Diabetes Management" upon diagnosis of diabetes and at the beginning of each school year.
- Provides new authorization when the plan changes during the school year.
- Notifies school of changes in medical management that may affect the student during the school day.
- Authorizes physician to release medical information to school nurse.

- Provides hypoglycemic supplies and snacks for student.
- Provides equipment and supplies needed for procedure.
- Participates in development of the student's Health Care Plan.
- Accepts financial responsibility for 911 call and transportation to the hospital, if needed.
- Meets with appropriate personnel to establish and maintain services.
- Provides school with names and telephone numbers of people to be notified in an emergency.
- Requests school blood glucose readings periodically for inclusion in student's blood glucose log.
- Maintains the calibration of the blood glucose monitor used at school.
- Retains responsibility for care that is provided by the personal designee of the parent/guardian, i.e. friend or relative.

D. Student Responsibilities:

The student's health care provider determines responsibilities in Diabetes Care (Appendix A). The parent, school nurse, or school administrator may request re-evaluation of student's competency whenever indicated.

1. **Dependent Care:** Needs assistance to perform blood glucose monitoring in clinic.
 - Cooperates in all diabetes tasks at school.
 - Presents to clinic for diabetes management needs.
2. **Assisted Care:** Exhibits competency at one or more tasks, but is not yet functioning independently.
 - Cooperates in all diabetes tasks at school.
 - Describes some signs and symptoms of hypoglycemia.
 - Verbalizes plan for blood glucose level.
 - Performs blood glucose monitoring in clinic with assistance.
 - Checks for ketones with blood glucose level of 300 or higher.
3. **Self Care:** Demonstrates knowledge, skills, and ability to perform blood glucose monitoring independently.
 - Describes signs and symptoms of hypoglycemia.
 - Verbalizes plan for blood glucose level.
 - Utilizes plan for blood glucose level consistently.
 - Performs blood glucose monitoring independently including calibration of monitor to test strip.
 - Documents test results accurately.
 - Checks for ketones with blood glucose level of 300 or higher.

E. Action Plan for Glucose Levels:

60 mg/dl or below	<p>Immediately give an emergency snack with simple sugars (e.g. 4 glucose tablets, 1 tube of glucose gel, or 1/3 can of regular soda). Note: Anytime the student becomes unconscious, uncooperative, combative, or cannot take the emergency snack, give Glucagon STAT, call 911 and then call the parent.</p> <p>Observe the student for hypoglycemic symptoms (altered mental status, shakiness, sweating or weakness). DO NOT LEAVE THE STUDENT ALONE! Recheck blood glucose in 15 minutes.</p> <ul style="list-style-type: none"> • If symptoms persist after 15 minutes, give a second emergency snack with simple sugars. • If no symptoms are present after 15 minutes, escort student to front of the line for meal. If it is not mealtime, give a regular snack before allowing the student to return to class.
61-80 mg/dl	<p>Observe the student for symptoms (altered mental status, shakiness, sweating or weakness).</p> <ul style="list-style-type: none"> • If symptoms are present, immediately give an emergency snack with simple sugars (e.g. 4 glucose tablets, 1 tube of glucose gel, or 1/3 can of regular soda). Recheck blood glucose in 15 minutes. • If no symptoms are present, escort the student to front of the line for meal. If it is not mealtime, give a regular snack before allowing the student to return to class.
81-300 mg/dl	The student should follow his/her normal routine.
Above 300 w/ Neg - Sm. Ketones	If the student has an insulin dose correction order, then give insulin if it has been 3 hours or greater since the last dose of insulin was given. The student should return to class. Recheck blood glucose and ketones at the next scheduled time or in 3 hours whichever is first. Do not withhold meal or snack if scheduled at this time. Encourage water or other sugar free fluids.
Above 300 w/ Mod - Lg. Ketones	Notify parent. Refer to Authorization for administration of medication (Part III) for short acting insulin orders for moderate or large ketones. The student should return to class. Restrict physical activity. Recheck blood glucose and ketones at the next scheduled time or in 3 hours whichever is first. Do not withhold meal or snack if scheduled at this time. Encourage water or other sugar free fluids. Recheck blood glucose and ketones prior to student leaving school. Notify parent if ketones are still present.

F. Action Plan for Insulin Pumps:

60 mg/dl or below:	<p>Immediately give emergency snack with simple sugars (e.g. 4 glucose tablets, 1 tube of glucose gel, or 1/3 can of regular soda). Note: Anytime the student becomes unconscious, uncooperative, combative, or cannot take emergency snack, give Glucagon STAT. <u>If you have given Glucagon</u>, disconnect insulin pump, call 911 and then call parent. Observe student for hypoglycemic symptoms (altered mental status, shakiness, sweating or weakness). DO NOT LEAVE THE STUDENT ALONE! Recheck blood glucose in 15 minutes.</p> <ul style="list-style-type: none"> • If symptoms persist after 15 minutes, give a second emergency snack with simple sugars. • If no symptoms are present after 15 minutes, escort student to front of the line for meal. If it is not mealtime, give a regular snack before allowing student to return to class.
61-80 mg/dl	<p>Observe student for symptoms (altered mental status, shakiness, sweating or weakness).</p> <ul style="list-style-type: none"> • If symptoms are present, immediately give an emergency snack with simple sugars (e.g. 4 glucose tablets, 1 tube of glucose gel, or 1/3 can of regular soda). Recheck blood glucose in 15 minutes. • If no symptoms are present, escort student to front of the line for meal. If it is not mealtime, give a regular snack before allowing student to return to class.
81-300 mg/dl	The student should follow his/her normal routine.

Above 300 w/ Neg - Sm. Ketones	If student has an insulin dose correction order, then give insulin if it has been 3 hours or greater since last dose of insulin was given. Student should return to class. Recheck blood glucose and ketones at the next scheduled time or in 3 hours, whichever is first. Do not withhold meal or snack if scheduled at this time. Encourage water or other sugar free fluids.
Above 300 w/ Mod - Lg. Ketones	Notify parent. Refer to Authorization for Administration of Prescription Medication for Diabetes (Part III) for short acting insulin orders for moderate or large ketones. Student is to take Insulin Correction by Insulin pen. Student should return to class. Restrict physical activity. Recheck glucose at next scheduled time or in 3 hours, whichever is first. Do not withhold meal or snack if scheduled at this time. Encourage water or other sugar free fluids. Student is to take meal bolus by Insulin pen. Recheck blood glucose and ketones prior to student leaving school. Notify parent if ketones are still present. Self-care students should change infusion site.
Loss of insertion site or pump malfunction	Notify parent. Self-care students with supplies may reinsert infusion site. Recheck blood glucose in 3 hours or next scheduled time, whichever occurs first. Student may take correction by insulin pen every 3 hours if pump is malfunctioning or student is unable to reinsert.

G. Special Alerts for Lantus/Humalog – Novolog Regimen or Insulin Pump

- If blood glucose reading is HHH, wash hands and recheck blood sugar. If still HHH, use the number 500 for calculating correction factor.
- If student fails to check blood glucose reading prior to eating meal, do not use correction factor. Only administer insulin to cover carbohydrate intake. Notify parent.
- **Correction factor can not be used more frequently than every 3 hours** unless specifically ordered by physician. Therefore, when students eat a special snack or early meal, only use carbohydrate ratio for calculating insulin dose if blood glucose level is **above** blood glucose target.
- If blood sugar is 60 or below **at mealtime**,
 - Follow blood glucose monitoring action plan; use the **last** blood glucose level obtained for calculating the correction factor. Include **all** carbohydrates consumed **after the last blood glucose level** was obtained to calculate the insulin dosage.
 - **If uncertain, call Diabetes Consultant or School Health Supervisor for assistance.**
- Students who eat a scheduled snack (carb-free or less than 5 grams of carbs) will not require insulin coverage for the snack.

II. ADMINISTRATION OF INSULIN

For the safety of all students and in compliance with F.S. 1006.062, insulin shall be received, counted, labeled, and stored in its original container under lock and key. Sharps containers will be provided by the school district.

A. School Personnel and School Health Personnel Responsibilities:

Receives Authorization for Diabetes Management form (9400HES-503 or 506).

1. Dependent/Assisted Care

- Delegates insulin administration and/or monitoring dosage per Florida Nurse Practice Act (Appendix B) and Nursing Guidelines for the Delegation of Care for Students with Diabetes in Florida Schools (Appendix C).

- Provides at least 2 trained competent people to administer, monitor, and/or observe dosage and administration per Medication Authorization Form for students requiring Dependent or Assisted Care.
- Verifies initial insulin calculation and dose with school nurse or designated school personnel as second check prior to administration. Exceptions: Parent/guardian has signed Waiver for Personal Designee, or an alternate plan has been established in the IHCP.
- Documents dosage on the Student Medication Record.
- Notifies parent/guardian as indicated on the Individual Health Care Plan (IHCP).
- Provides/coordinates insulin pump training for staff identified on Skills Checklist.
- Provides the carbohydrate counts of foods provided through the District's Food Services.

2. Self-Care

- Provides a safe, private, and secured space for the self-administration of insulin. The clinic is the preferred site for the procedure. Alternative sites for insulin administration may be identified on the IHCP with consideration of student safety, proximity of the student's classroom to the clinic, the student's demonstrated level of competency and responsibility, and the availability of the school nurse and other appropriately trained staff.
- Verifies initial insulin calculation and dose with student as second check prior to administration. Exceptions: Parent/guardian has signed Waiver for Personal Designee, or an alternate plan has been established in the IHCP.
- Provides/coordinates insulin pump training for staff identified on Skills Checklist.
- Provides the carbohydrate counts of foods provided through the District's Food Services.

B. Health Care Provider Responsibilities:

- Provides consultation in training, and education of designated school-based care providers to monitor and observe self-administration of insulin.
- Documents the student's Self-Care Assessment on the "Authorization for Diabetes Management" (9400-HES-503 or 506).
- Provides phone order to School Health Registered Nurse to facilitate immediate management of student with diabetes. Fax written order as soon as possible to complete documentation of verbal order.

C. Parent/Guardian Responsibilities:

- Provides school with "Authorization for Diabetes Management" (9400-HES-503 or 506) for insulin.
- Provides all equipment and supplies needed for insulin administration. Pre-filled insulin pen and cartridge is the preferred method in the school setting.
- Retains responsibility for care that is provided by the personal designee of the parent/guardian, i.e. friend or relative, and completes waiver for each designee.

D. Student Responsibilities

Responsibilities in Diabetes Care are initially determined by the student's health care provider on the Authorization for Diabetes Management form. The School Nurse may re-evaluate the student's competency whenever indicated or when requested by the school administrator or parent.

1. **Dependent Care:** Needs assistance to perform insulin administration in the clinic.
 - Cooperates in all diabetes tasks at school.
 - Presents to clinic for insulin administration.

2. **Assisted Care:** Exhibits competency at one or more tasks, but is not yet functioning independently.
 - Cooperates in all diabetes tasks at school.
 - Verbalizes Action Plan for insulin administration orders.
 - Assists with insulin administration in the clinic.
 - Disposes of sharps and stores equipment correctly.

3. **Self-Care:** Demonstrates knowledge, skills, and ability to administer insulin independently.
 - Makes insulin adjustments based on a correction factor and carbohydrate intake.
 - Verifies initial insulin calculation and dose with school nurse or designated school personnel as second check prior to administration. Exceptions: Parent/guardian has signed Waiver for Personal Designee, or an alternate plan has been established in the IHCP.
 - Trouble shoots pump problems.

III. HYPOGLYCEMIC EMERGENCY

If the student is uncooperative, combative or unconscious, and cannot take an emergency source of glucose by mouth, the parent, school nurse or a trained competent person will administer Glucagon when ordered by physician and available, and call 911.

A. School Personnel and School Health Personnel Responsibilities:

- Provides at least 2 trained competent people to administer emergency glucose source as indicated per action plan.
- Provides at least 2 trained competent people to disconnect insulin pump in a hypoglycemic emergency.
- Documents the emergency glucose source given on the student's Medication Record and/or Blood Glucose Monitoring Log (9400-HES-011).
- Notifies parent/guardian according to IHCP when emergency source of glucose is given.
- Calls 911 and notifies parent/guardian when Glucagon is administered.

B. Health Care Provider Responsibilities:

- Provides consultation in training and education of designated school-based care providers to administer emergency glucose sources and to disconnect insulin pump.

C. Parent/Guardian Responsibilities:

- Provides emergency oral glucose source and regular snacks.

- Provides school with Glucagon, if ordered.

IV. Parent/Guardian Waiver for Personal Designee(s)

- Waiver is for delegated care and is intended to allow parents the option to maintain control and authority over the student's diabetes care
 - Parent or their designated person can provide care.
 - Parents of self-care students may opt to sign waiver to support student independence and self-sufficiency.
- If waiver is signed, staff is responsible to:
 - Develop care plan for student.
 - Manage symptoms as with any sick child (i.e., First Aid procedures call for administering a fast acting glucose when low blood sugar is suspected) and document on STR.
 - Notify parent of treatment provided.
 - Maintain supplies and equipment in clinic as needed or as designated on Health Care Plan.
 - Initiate blood glucose log and insulin administration record with notation that parent signed waiver to maintain responsibility for student's diabetic care
 - Administer glucagon, if ordered by physician.
- If waiver is signed, staff is not responsible to:
 - Document blood glucose levels.
 - Provide nursing delegation of diabetes care including blood glucose monitoring, ketone checking, carb counting, dose calculation, and insulin administration.

V. STAFF EDUCATION

School personnel must have an understanding of diabetes and its management to facilitate the appropriate care of students with diabetes. It is the responsibility of the school district and the school nurse to implement annual training for each school that has a student with diabetes.

Level I: Awareness Diabetes Education is a brief overview for all school-based staff.

Level II: In-depth Diabetes Education is training for all school-based staff that have direct contact with the student, enabling staff to recognize child specific needs and to respond appropriately.

Level III: Student-Specific Diabetes Education is required training for unlicensed assistive personnel delegated to provide student specific care and to implement Action Plan as indicated.

APPENDIX A

In accordance with the American Diabetes Association, children and youths should be able to implement their diabetes care at school to the extent that is appropriate for the student's development and experience with diabetes. The extent of the student's ability to participate in diabetes care must be agreed upon by school principal, teacher, parent/guardian, health provider, educator, and school nurse. The safety of all students must be considered. The ages at which children are able to perform self-care tasks are very individual and variable. The student's capabilities and willingness to provide self-care should be respected. Guiding Principles are:

- **Preschool and day care:** Usually unable to perform diabetes tasks independently. By age 4 years, children may be expected to generally cooperate in diabetes tasks.
- **Elementary school:** Student should be expected to cooperate in all diabetes tasks at school. By 8 years of age, most are able to perform their own finger stick blood glucose tests with supervision. By age 10, some children can administer insulin with supervision.
- **Middle school:** Should be able to administer insulin with supervision and perform self-monitoring of blood glucose under usual circumstances when not experiencing a low blood glucose level.
- **High school:** Should be able to perform self-monitoring of blood glucose under usual circumstances when not experiencing low blood glucose levels. In high school, adolescents should be able to administer insulin without supervision.

APPENDIX B

Legal Aspects to Consider

The **Nurse Practice Act, Chapter 464 F.S.**, regulates the practice of nurses in Florida. In section 464.003(3) (a) the “practice of professional nursing is defined as the performance of those acts requiring substantial specialized knowledge, judgment, and nursing skill based upon applied principles of psychological, biological, physical, and social sciences which shall include, but not be limited to:

1. The observation, assessment, nursing diagnosis, planning, intervention, and evaluation of care; health teaching and counseling of the ill, injured, or infirm; and the promotion of wellness, maintenance of health, and prevention of illness of others.
2. The administration of medications and treatments as prescribed or authorized by a duly licensed practitioner authorized by the laws of this state to prescribe such medications and treatments.
3. The supervision and teaching of other personnel in the theory and the performance of any of the above acts.”

Further clarification of the nurse’s role in delegation and supervision is provided in **Chapter 64B9-14.001-.003, Florida Administrative Code (F.A.C.)**. This rule describes the Delegation of Tasks or Activities (64B9-14.002 F.A.C.), and the Delegation of Tasks Prohibited (64B9-14.003 F.A.C.). The Florida law governing administration of medication and provision of medical services in the school setting is s. 1006.062 F.S. Federal laws that may apply to children with diabetes include:

- Rehabilitation Act of 1973, Section 504;
- Title II of the Americans with Disabilities Act (ADA) of 1990; amended 2008;
- Individuals with Disabilities Education Act (IDEA) of 2004, amended 2008;
- Federal Regulation 34 C.F.R. 300.7 (9) (i), Child with a Disability

Using an evaluation process, the school district determines whether the student with diabetes is covered by Section 504, ADA, or IDEA. If it is determined that the student is covered under Section 504, the school district develops a Section 504 Plan (RN’s Individual Health Care Plan) to document the related aids and services the school district will provide. If it is determined that the student is covered under IDEA, the school district documents the related aids and services needed in the student’s individualized education plan. The individualized health care plan developed by the school nurse should be attached to either plan to clearly document the health care services the student needs and should receive.

APPENDIX C

Criteria for Safe Delegation

The safety of the student is the primary consideration in the delivery of all health related services provided in the school. In view of the newly mandated training for all health care providers regarding preventing medical errors and the reported high incidence of medication errors even among licensed health care workers, Florida Department of Health School Health Program recommends that special care needs to be taken when delegating diabetes related services to unlicensed assistive personnel. The school nurse is responsible for training and monitoring the individual designated to perform these services (s.1006.062 F.S.).

Unsafe Delegation

In keeping with the Nurse Practice Act (Chapter 464 F.S.), the delegation rule (64B9-14 F.A.C.), and position statements from the National Association of School Nurses, delegating diabetes-related tasks to unlicensed assistive personnel in the following circumstances would be considered unsafe, and should not be done:

- When students are newly diagnosed and the individualized health care plan has not been written or approved.
- When the student is medically fragile with health complications or multiple health problems that require nursing assessments before performing any authorized task.
- When the student has a history of non-compliance with treatment plans or following local guidelines and safety precautions therefore making standing orders subject to frequent changes pending nursing assessments.
- When the student who has been authorized to function independently by the health care provider cannot consistently demonstrate competence in diabetes related tasks in the school setting. These students must be referred back to the health care provider for further evaluation and training before delegating their care to an unlicensed assistive person.
- When the unlicensed assistive person has not been trained or has not demonstrated competence in the assigned activity/task.

Safe Delegation

The school nurse should use professional judgment and consider the following criteria to determine when and to whom to delegate diabetes-related health care services. For the student who needs assistance with some or all of the diabetes related services:

- An individualized health care plan written by the school nurse and approved by the parent/guardian should be in place. A copy of the individualized health care plan should be sent to the health care provider.
- The school nurse has received specific written orders related to sliding scale dose administration of insulin from the health care provider in charge of the medical management. The school nurse should request that, whenever possible, the prescribed method of insulin administration be by pump or pen to limit the potential for medication errors related to drawing up insulin into a syringe.
- The school nurse has arranged to be available for supervision, monitoring and consultation in an emergency.
- The delegated unlicensed assistive person has completed an initial in-depth diabetes-related training and is willing to participate in ongoing related training as well as student-specific training.
- The delegated unlicensed assistive person has demonstrated competence in blood glucose monitoring and insulin administration.

- The delegated unlicensed assistive person has demonstrated competence in recognizing the signs and symptoms of hypoglycemia or hyperglycemia and in responding with the student-specific interventions, including, if necessary, glucagon injections.
- The delegated unlicensed assistive person has demonstrated competence in carbohydrate counting and insulin dose calculation based on anticipated carbohydrate intake if required by student-specific intensive management medical treatment plans.
- The delegated unlicensed assistive person has a history of only providing services that are within the range of knowledge, skills, and abilities for the position.
- The delegated unlicensed assistive person is certified in cardiopulmonary resuscitation (CPR) and first aid (strongly recommended).

When any parent/guardian selects an outside provider, such as a relative or friend, it is recommended that the outside provider should also meet the requirements listed above if delivering services to a specific student while the student is in the care of the school; however, the parent/guardian retains the responsibility for the performance of the outside provider.

- The parent/guardians have provided the school and/or school nurse with the necessary equipment and supplies to monitor blood glucose and administer insulin or other diabetes medication, as well as any snacks or medications to be used to regulate blood glucose levels.
- The parent/guardians have provided the school and/or school nurse with the required diabetes history information, authorization forms and emergency information specific to the needs of the student.
- The parent/guardians have participated in a minimum of one yearly planning/evaluation meeting with the school nurse and school staff, and have contributed to and approved the individualized health care plan.
- The parent/guardians have agreed to notify the school and/or school nurse promptly when there are changes in the student's medical condition or plan of care and provide a revised medical authorization sheet.
- The parent/guardians have agreed to encourage their child to comply with local guidelines and safety precautions.
- The parent/guardians have agreed to make a diligent effort to be available by phone to the school nurse in case of an emergency.
- Verification that the student has completed the initial diabetes education series provided by the health care provider (strongly recommended).

In addition to the conditions listed above, the school nurse should use professional judgment and consider the following items when delegating an unlicensed assistive person to monitor or provide emergency assistance to a student prepared to perform some or all of the diabetes related tasks independently:

- Documentation from the health care provider indicating the student's level of independent functioning.
- Documentation that the student has demonstrated competence in blood glucose monitoring and insulin administration according to locally designed skills checklists.
- Documentation on in the individualized health care plan where and when blood glucose testing and insulin administration may take place, and ensuring there is a safe place to store equipment and dispose of contaminated materials.
- Assurance that the student will follow the local policies and safety procedures.

The school nurse should also encourage parents of students on insulin pumps to help their children become proficient in self-management. The student should learn carbohydrate counting and pump skills for insulin administration consistent with their level of development and competence in reading and math.

For the student who requires assistance with insulin administration or has not demonstrated competence in insulin dose calculation, it is recommended that two unlicensed assistive personnel, trained by the school nurse in accordance with s.1006.062 F.S., check any calculations to determine the dose to be given and verify the actual dose prepared before it is given. A student who has demonstrated competence for calculation and dosage may have one trained unlicensed assistive person confirm the calculation and dosage.

Finding a Solution and Providing Safe Care

Situations may occur in which existing school health staff are unavailable or have conflicting responsibilities that would interfere with their ability to devote appropriate time and attention to the student with diabetes. In those situations, some alternative solutions which the school nurse, the local school district, and county health department may consider are:

- Find and train another person from existing school staff to be delegated as an unlicensed assistive person.
- Seek a licensed provider or volunteer from community partners.
- Allow parents, on request, to enroll the student permanently or temporarily in a school where a licensed care provider is available.
- Allow parents to have the child assigned to a school close to their workplace so they may more conveniently provide the services for their child.
- Temporarily change staffing patterns to put an RN or LPN in the school until child and/or unlicensed assistive persons demonstrate competence.
- Suggest having the parent/guardian provide necessary care or provide a relative or friend who can meet the competency requirements to do the care until a school-based solution can be found.
- Explore any other locally designed solution that protects the health and safety of the child and promotes the child's ability to attend school in the least restrictive environment.