

Special Education Services

REENTRY GUIDANCE



The health and safety of students, parents/guardians, and school personnel remain top priorities when considering school reentry for students. It is critical that student learning takes place in a safe environment. It is also important that students, families, and staff feel safe.

The New Mexico Public Education Department (NMPED) acknowledges the challenges that COVID-19 has made on our schools. The NMPED also recognizes that some families of students with disabilities will have concerns about the health and safety of their children and that some parents may choose not to have students participate in in-person learning. However, communication with school staff and parents of students with special education needs about learning during the COVID-19 pandemic is critical because mutual decisions may be made for remote learning to continue. The following are questions and answers concerning remote learning and special education needs that may help foster clear communication for all concerned.



Questions and Answers

Q1. What is the obligation of the schools under Individuals with Disabilities Education Act (IDEA) in transitioning students back to school buildings?

A1. Under the IDEA, the schools are responsible for providing a student with a Free Appropriate Public Education (FAPE). During this period of extended school closure and re-opening, the FAPE obligation includes:

1. Reviewing the appropriateness of the Individualized Educational Program (IEP) in effect when a change in service delivery model occurs or when student progress monitoring indicates a lack of progress; and
2. Addressing the need for compensatory education and/or recovery services if there is a loss of FAPE. Depending on the process adopted by the schools to re-open school buildings, these responsibilities may need to be revisited multiple times.

As a reminder, evaluations must continue. This is a student-centered process, driven by data and with the goal of continued learning for the student.

Q2. What are compensatory education and/or recovery services?

A2. Compensatory education is a remedy available under the IDEA for a denial of FAPE. Compensatory education services are traditionally awarded when schools have failed to meet their legal obligations.

In contrast, the impact of the school closure on the student's progress due to COVID-19 presents a different challenge because all students in the state were experiencing a different educational program regardless of disability.

NMPED recognizes that during this period of extended school closure and heightened health and safety needs, schools may not have been able to provide some specially designed instruction, related services, and supplementary aids and supports provided to students before the school closures. Although this may have occurred through



Reentry Support Guidance

Public Education Department

no fault of the schools, the obligation to provide a student with a FAPE remains, and the student may require services to address the student's specific and unique needs. NMPED has chosen to refer to these services as "compensatory education and/or recovery services" to both acknowledge the uniqueness of the situation, but also to remind the schools that the compensatory education determination process remains the same.

Q3. How should the schools prepare to make determinations about the appropriateness of the IEP in effect and the need for compensatory education and/or recovery services?

A3. Special education under IDEA is centered on the individual strengths and needs of the student with a disability. All decisions related to the special education programming for the student should be driven by data. This means that schools should review data on the student when making a determination about whether the IEP in effect is appropriately written (or needs to be amended/revised), or if the student may be entitled to compensatory education and/or recovery services. The schools should look at data gathered, prior to the extended school closure, during the period of extended school closure, and during the re-opening of schools. Data may take the form of grades, progress reports, classwork, informal/formal assessments, teacher/related service provider observation(s), parent feedback, and comparison to the progress of all students. The schools are encouraged to work with their instructional specialists and special education teachers to identify assessment tools that will be used for all students as they return to the building. They also need to use tools that more appropriately capture changes over shorter periods of time.

In some circumstances, these data sources will provide the IEP team with enough information to determine the student's current needs. In some circumstances, however, it may be necessary for the student to have an updated formal evaluation that may include formal and informal assessments, observations, etc. The schools should follow standard procedures for obtaining and documenting parent consent to perform these evaluations.

Q4. How do the schools determine whether the IEP in effect is appropriate?

A4. The schools are responsible for ensuring that the student's IEP in effect is written and implemented to enable the student to make progress in the general education curriculum and on their IEP goals. In making this determination, schools should consider the following two questions:

1. Can the IEP in effect be implemented as written through the new service delivery model(s)?
2. Are there any new student and/or family-specific needs to be addressed resulting from the new service delivery model(s)?

As the schools' service delivery models change, the schools must then ensure the student's IEP remains appropriate and can be implemented as written. If the IEP cannot be implemented as written, then the schools will need to convene the IEP team and revise the IEP or amend the IEP without a meeting with permission and input from the parents. This continues the process that the school followed in the initial move from face-to-face instruction to complete virtual and/or distance learning.

Under normal circumstances, the schools must review and revise, as appropriate, the IEP to address any lack of expected progress or information about the student's needs. Each school is responsible for ensuring that progress monitoring continues throughout this evolving situation. If the student data indicates that the student has new, additional, or different needs as a result of the extended school closure and changing service delivery model, then the IEP should be amended/revised to address those needs.

For example, a student who has Autism may engage in escalating behaviors when their schedule changes significantly. For that student, the IEP team should consider whether there are new, additional, or different services necessary to address those behaviors when the student re-enters the school building. Similarly, a student with an Emotional Disorder may be experiencing an increase in anxiety attacks related to the pandemic. The IEP in this case should consider how to address that anxiety in the educational context.

Q5. How do the schools determine if compensatory education and/or recovery services are required?

A5. As was shared at the outset of the closure of school buildings, the IDEA does not provide for a waiver of a FAPE during the COVID-19 pandemic.

Important information for the schools to collect and consider, includes:

- Data on the student's progress prior to and during the school closure to assess academic and/or behavioral progress in the general education curriculum and on the student's IEP goal(s). Data may take the form of grades, progress reports, classwork, informal/formal evaluation tools, teacher/service provider observation(s), parent feedback, and comparison to the progress of all students.
- Data on the student's ability to recuperate skills and make progress on IEP goals upon the return to school.
- Documentation of accommodations and/or services provided (e.g., amount of instruction and services including dates, times, and duration), as well as accommodations and/or services the schools were unable to provide during the extended school closure and re-opening of school.
- Length of school closure (e.g., time without any instruction, time with virtual and/or distance learning, etc.), including information related to the general education curriculum provided to all students and the student's ability to access virtual and/or distance learning opportunities.

The schools must consider what compensatory education and/or recovery services can be provided to the student. They must be individualized to each student's needs and designed to remediate the loss of skills. The compensatory education and/or recovery services award will not always reflect the same services (nature, amount, frequency) that were missed. Decisions about the individual student's compensatory education and/or recovery services award should be made collaboratively with the parent. Identifying compensatory education and/or recovery services will be necessary and may include the scheduling and delivery of services through an extended school day, weekends, and/or summer.

Q6. How must the determination of the need for compensatory education and/or recovery services be documented?

A6. Schools may use the same documentation processes they have traditionally employed to capture determinations of compensatory education and/or recovery services. However, it is important to ensure that there is documentation that the parent and those responsible for implementing the compensatory/recovery services have been informed of the decision so that it will be implemented. Documentation may include:

- Holding an IEP team meeting to make the determination and documenting in the Prior Written Notice (PWN);
- Discussing with the parent outside of the IEP team meeting and, with parent agreement, documenting in writing; or
- Discussing with the parent outside of the IEP team meeting and, if the parent disagrees, documenting in the PWN.

If an agreement cannot be reached, either inside or outside of the IEP team meeting, the parent must be provided with Prior Written Notice that clearly outlines the data used to make the decision and the decision made, so the parent has the opportunity to exercise the procedural safeguards to resolve any dispute.

Q7. How long do schools have to consider the need for and to provide compensatory education and/or recovery services?

A7. Decisions about compensatory education and/or recovery services should be made as soon as reasonably possible based on the availability of data. As valid data on student performance is necessary to make determinations regarding whether compensatory education and/or recovery services are owed to a student, NMPED/schools recognize that the timing of these determinations may vary. Each school should exercise its discretion in ensuring there is both appropriate data to make thoughtful decisions and no unreasonable delay in serving students.

Q8. Can students be provided with Extended School Year (ESY) services to satisfy the requirement for compensatory services? Will all students with disabilities be provided ESY services?

A8. No and no. The purpose of ESY services and compensatory/recovery services differ. The ESY determination is individualized to the student and the purpose of ESY services is to ensure that the student maintains the critical life skills growth achieved during the regular school year in the following school year.

IEP teams should plan to make individualized determinations regarding whether or not compensatory education services may be needed for a student. Educational need can be measured by assessing whether or not the student continued making progress or maintained skills in the general education curriculum, or alternative course of study specified in their IEP, or toward meeting their individualized IEP goals, and/or if any regression occurred during the period of school closure.

Q9. What happens if a parent disagrees with an offer of compensatory education and/or recovery services?

A9. If an agreement cannot be reached with the parent regarding compensatory education and/or recovery services, the IEP team must document the determination, and the parent must be provided with PWN of the decision and the data upon which that decision was made, so that the parent has the opportunity to exercise the procedural safeguards to resolve any dispute.

Q10. Can parents require the schools to enroll students who received a New Mexico High School Diploma at the end of the 2019–2020 school year or who will turn 21 before the start of the 2020–2021 school year in another year of school because they experienced a loss of FAPE during the extended closure of school buildings?

A10. No. A parent cannot require the schools to re-enroll a student who has graduated with a New Mexico High School Diploma or “aged out” of special education. A student’s eligibility for FAPE under the IDEA terminates if a New Mexico High School Diploma is awarded or the student exceeds the age for provision of IDEA services, which in New Mexico is the end of the school year in which the student turns 21.

Q11. What happens if a student graduated with a New Mexico Certificate of Completion at the end of the 2019–2020 school year?

A11. A certificate of any type does not end a student’s right to a free appropriate public education (FAPE), however, FAPE will terminate for the student upon reaching the age of 21 prior to the start of the 2020-2021 school year. If the student receives a certificate it should have a follow-up plan of action that allows for assistance with accessing adult services, seeking and maintaining employment, or pursuing post-secondary training with assistance. The follow-up plan of action must be in the form of a continuing or transition IEP.

Q12. Can schools use funding available under the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) in providing compensatory education and/or recovery services?

A12. Yes. In addition to traditional special education funding sources, additional monies included in the Elementary and Secondary School Emergency Relief Fund component of the CARES Act may also be used for special education costs incurred to prevent, prepare for, and respond to the coronavirus pandemic. Schools may use these funds for the following expenses:

- Activities to address the unique outreach and service delivery needs of students with disabilities.
- Planning for and coordinating during long-term closure to ensure special education services continue to be provided consistent with federal, state, and local requirements.
- Educational technology (including hardware, software, and connectivity) for students with disabilities who are served by the LEA that supports regular and substantive education interaction between students and instructors (which may include assistive technology or adaptive equipment).
- Planning and implementing activities related to summer learning and supplemental after school programs, including providing classroom instruction or online learning during the summer months to address the needs of students with disabilities.

Please refer to your local district/plan.

Q13. What do we do about masks for students with disabilities?

A13. The use of masks may be a barrier for some students with disabilities for a number of reasons, including deafness or other hearing impairment, sensory differences, respiratory and other medical conditions, and emotional conditions.

All staff and students must wear face coverings or masks at all times, with the exception of those who are documented that it is not safe to do so because of age, medical condition, disability impact, or other health or safety considerations. Schools need to rethink breaks while using masks during the day. The schools need to support students to prevent misunderstandings because of face coverings. Students may show heightened anxiety due to those wearing masks and may have difficulty not to be able to understand others' intentions well. NMPED encourages districts and charters to be a resource for individual families that may be having a difficult time when it comes to facial coverings.

We will be living with COVID-19 for a while and this may be one area that we need to plan for students as they enter into the community. Those with severe respiratory or other medical needs may need to consult with medical practitioners for alternatives. Face shields (clear plastic shield that covers the forehead, extends below the chin, and wraps around the sides of the face) may be an alternative for people who cannot wear masks due to medical or other conditions. The use of a face shield instead of a facemask protects the wearer and allows visibility of facial expressions and lip movements for speech perception. Parents will be responsible for providing students with face shields or masks. Schools must have backup disposable masks available for students who need them.

Using speech-to-text apps, or writing notes on paper or mobile devices, may be effective. Clear masks are an option. The Hearing, Speech and Deaf Center website has tips on making or purchasing clear masks. See their webpage, [How to make an Accessible, Deaf-Friendly Face Mask](#).

Note: Students between the ages of three and five must be supervised if they are wearing a mask. Teachers should use their best judgment on when to remove a mask if it is creating discomfort or resulting in a child touching their face frequently. Please contact the family if you have concerns.

Cloth face coverings should:

1. Fit snugly but comfortably against the side of the face
2. Be secured with ties or ear loops
3. Include multiple layers of fabric
4. Allow for breathing without restriction
5. Be able to be laundered and machine dried without damage or change to shape

Suggestions to help children become more comfortable with wearing a mask:

1. Show children pictures of other children wearing masks
2. Draw a mask on a favorite book character
3. Discuss how masks help keep everyone healthy
4. Create social stories
5. Practice wearing a mask for short periods of time.

Q14. What do we do with students who need close contact?

A14. Students are those who require close contact. Students with disabilities may include those who need support that includes assistance from staff with feeding, toileting, academic readiness, manipulating academic materials, using communication devices, etc. In order to provide the direct contact needed for these students, the following steps should be taken:

1. Identify students for in-person services and communicate with families regarding the plan for their child.
2. Identify, hire, and train appropriate staff (related service providers [RSPs]).
3. Identify and purchase necessary protective equipment. Additional PPE may be needed depending on the student needs in the classroom.
4. Develop situation-specific protocols meaning modify any existing health and safety plans and/or school protocols as needed due to COVID-19.
5. Develop a training plan that includes identification of the staff needing to be trained, procurement of resources and trainers, and a system to confirm all necessary training is completed.

Q15. When can we meet with our students?

A15. Once in-person instruction is available for all students, in-person services might include individual or small group instruction or therapies.

Q16. In addition to the reentry guidance, what else do we need to look for in our schools?

A16. Additional information about symptom screening and other facility operations will be provided through the NMPED Reentry Guidance. Please use that document while planning for reentry.

In-person instruction should begin for students in a modified or limited way per their discussion and planning with the families. In-person services might include individual or small group instruction or therapies. Continue to provide remote services. Remote services for such students should remain in place until in-person learning commences. If the required staffing, protective equipment, safety protocols, and training cannot be established during the summer, the school or district must continue to provide services to the high-priority students remotely. As with special education services that were delivered remotely at the end of the 2019–2020 school year, parents must receive written notification describing how services will be provided, if different than described in the student's IEP.

Q17. How should we plan to conduct initial evaluations and reevaluations?

A17. Consistent with previous guidance, schools are obligated to continue with child find activities for children ages three through 21 with known or suspected disabilities. This means that evaluation teams need to consider the most appropriate way to conduct evaluations in a manner that is consistent with the current NMPED guidance regarding school services.

At least until August 3, 2020 schools have been advised that face-to-face, in-person interactions with students are not permitted. When schools are open in a remote (virtual and/or online) model, teams are encouraged to continue to conduct evaluations remotely using tools and strategies that minimize face-to-face, in-person interactions. When schools are open in a hybrid model, students and staff must maintain 6-foot social distancing. When schools are fully reopened, students and staff must maintain social distancing as much as possible and should generally be no closer than three feet apart if both people are wearing masks.

This distancing requirement poses challenges to some types of formal assessments, so schools are encouraged to continue to use virtual assessments when possible and appropriate. In addition, schools are reminded to use a variety of data sources, including formal assessments, informal assessments, observations, interviews, and existing information consistent with the New Mexico Technical Evaluation and Assessment Manual (NM TEAM). Much of these additional types of data can be readily gathered while maintaining compliance with social distancing guidelines. Schools are encouraged to minimize the time that a child is removed from the classroom for evaluations if the child is in a remote or hybrid learning model that limits their instructional days at school. All precautions outlined in this document and NMPED Reentry Guidance should be followed and materials should be appropriately sanitized after each use.

Schools are encouraged to review the NMPED webinar on [Conducting Virtual Evaluations During the COVID-19 Pandemic](#).

We will continue to follow the guidelines set forth which would allow six feet to be maintained. This currently includes diagnostician evaluations. We must follow all precautions with sanitizing in between evaluations. We will continue to do virtual evaluations as well.

In addition, included below are links to some of the communication released by publishers on remote assessment that address 34 C.F.R. § 300.304(c)(1) (5) requires that “assessments and other evaluation materials used to assess a child under this part ... are administered in accordance with any instructions provided by the producer of the assessments.”

- [Q-Interactive, Pearson's 1:1 iPad Based Assessment](#)
- [Riverside Insights](#)
- [Riverside Insights Tips for Remote](#)
- [Assessment Using Riverside Insights Clinical Products](#)
- [Pearson Letter of No Objection](#)
- [Equivalence of Remote, Online Administration and Traditional, Face-to-Face Administration of Woodcock-Johnson IV Cognitive and Achievement Tests by A. Jordan Wright, PhD, ABAP](#)
- [Equivalence of Remote, Online Administration and Traditional, Face-to-Face Administration of the Reynolds Intellectual Assessment Scales-Second Edition by A. Jordan Wright, PhD, ABAP](#)

Q18. As a direct service provider, how can I protect myself and the students I work with?

A18. As a Direct Service Provider, your risk of exposure will depend on factors including the setting you work in, the number of people you provide services to, and the spread of COVID-19 in your community. Schools and districts must purchase and procure the appropriate protective equipment to meet the health and safety needs of students and staff. Schools and districts must provide appropriate protective equipment to all direct service providers. The Centers for Disease Control and Prevention (CDC) recommends that guidance for healthcare providers be followed for direct services providers including related service providers, educational assistants, school nurses, health office staff, and any other staff who must come into close contact (6 feet or closer) with students with disabilities. Check with your school for any specific policies and procedures related to COVID-19 and practice everyday prevention actions when working with students without suspected or confirmed COVID-19. In addition:

- When possible, keep at least 6 feet of distance.
- Wear a cloth face covering when you are at work. We must follow all precautions with sanitizing in between working with students.
- Encourage your students to wear a cloth face covering. Wearing cloth face coverings may be difficult for people with sensory, cognitive, or behavioral issues, our school teams should support students in developing the skills to tolerate face coverings whenever possible. Cloth face coverings are not recommended for students who have trouble breathing or otherwise unable to remove the covering without assistance.
- If there is potential that you may be splashed or sprayed by bodily fluids during your work, use standard precautions. Personal protective equipment (PPE) includes a facemask, eye protection, disposable gloves, and a gown.
- Wash your hands with soap and water or hand sanitizer before/after working with students.
- Wear disposable gloves when working with a student

that needs support with toileting and feeding and handling tissues. Safely dispose of gloves after use. As noted above, wash your hands before and after taking off disposable gloves. If gloves are unavailable, wash hands immediately after working the student or handling their belongings.

Toileting Protocols:

- Staff must change students' clothing and their own clothing when soiled with secretions or body fluids. Students' soiled clothing must be bagged and sent home sealed in a plastic container or bag.
- Toileting and diapering areas (including tables, pails, countertops, toileting chairs, sinks/ faucets, toilets, floors, etc.) must be cleaned and disinfected after each use.
- **NOTE:** Cleaning and disinfecting are two separate tasks:
 - ▶ **CLEAN:** To physically remove dirt, debris, and sticky film by washing, wiping, and rinsing.
 - ▶ **DISINFECT:** To kill nearly all of the germs on a hard, non-porous surface with a recommended chemical to remove bacteria.
- Disinfect when students are not in the area. Surfaces should be dry by the time students use the area.
- Toileting/diaper procedures (including extra COVID-19 steps) must be posted in the bathroom changing area.
- Signage should be kept simple and in multiple languages, if needed.
- Posting the multistep procedure may help direct service providers maintain the routine, which is designed to reduce contamination of surfaces.
- Train all staff on [proper removal of gloves, gowns, facial masks, and other protective equipment](#) and on handwashing before donning and after removing equipment in order to reduce contamination.
- To ensure the student's safety, make the change more efficient, and reduce opportunities for contamination, assemble all necessary supplies before bringing the student to the changing area.
- To reduce contamination, wash the student's hands after the toileting/diaper change.

ADDITIONAL RESOURCE:

- [Caring for Children in Group Settings During COVID-19](#)

Physical Intervention and Restraint Protocols:

Physical Restraint and COVID-19: These guidelines are to be used in conjunction with New Mexico regulations. Direct service providers should be mindful that seeing staff putting on protective equipment or being approached by staff wearing protective equipment could create anxiety in students. Use a student-centered approach and offer reassurance throughout interactions. All efforts should begin with de-escalation.

ADDITIONAL RESOURCES:

- [Resources for Implementing Trauma Informed Care](#)
- [Crisis Prevention Institute: De-escalation Tips in Light of Coronavirus Anxiety](#)

Transportation Protocols:

In order to reduce the risk of transmitting COVID-19, districts should work collaboratively with families to determine their ability to transport their child(ren) to and from school.

The guidelines described transporting students with disabilities.

Develop a Transportation Plan

Schools and districts providing transportation must develop a written transportation plan following appropriate health and safety protocols. Additional requirements are as follows:

- Social distancing and group size requirements must be maintained to the extent possible while embarking, disembarking, and in transit.
- Because close seating on vehicles makes person-to-person transmission of respiratory viruses more likely, programs providing transportation to and from educational programs must maximize space between riders and follow requirements for wearing masks or face coverings.

- In cases where social distancing cannot be maintained (e.g., students who need to be buckled in, transferred in and out of wheelchairs, etc.), drivers and/or monitors should wear the appropriate protective equipment.

Communicate with Families

Schools, districts, and/or transportation providers should provide clear, timely information to families to let them know what processes are to be used to promote students' safety when they travel to and from school. To convey this information, schools should use multiple languages and multiple means of communication (e.g., mail, email, text messages, school website announcements, phone calls, etc.). In addition, NMPED encourages schools and districts to institute a system to ensure that families can communicate transportation questions or concerns to the school.

Information provided to families regarding transportation may include:

- The conditions under which transportation will not be provided for students and why.
- How frequently buses and vans are cleaned and disinfected and types of products used.
- How infection control strategies will be implemented during transportation, including during boarding and disembarking.
- How physical distancing and hand hygiene practices, especially for students with disabilities who require significant assistance, will be maintained and implemented.
- How protective equipment for students, drivers, and bus monitors will be provided and used.
- How the transportation of sick, symptomatic, or exposed students will be addressed.

ADDITIONAL RESOURCE:

- [National Association for Pupil Transportation](#)

Q19. How do I prepare for instruction while living in a COVID-19 environment?

A19. Education and training is essential. It is essential that staff training be provided before in-person instruction to students with disabilities can be conducted. In addition, it is equally important to educate and train students on health and safety considerations, as well as newly adopted routines and protocols. The following section provides guidance in these areas.

Training Plan

- Identify staff who will need to be trained and what that training should address.
- Determine who will provide the training and what materials will need to be procured for the training. Ensure trainers are qualified to conduct associated trainings and utilize resources from accredited organizations when possible.
- Develop a timeline for training needs including what trainings need to be conducted prior to the start of in-person instruction and what trainings need to be provided as ongoing support.
- Develop a system for monitoring staff completion of required trainings and identify staff responsible for ensuring all staff have met the training requirements prior to beginning in-person work.
- Consult current vendors and/or affiliated health and safety organizations to determine what resources are readily available.
- Consult with other districts and Regional Educational Collaborative (RECs), to share resources related to training.
- Develop a mechanism for staff to communicate additional training needs.
- Determine what training, if any, may be needed for families of students with disabilities.

Staff Training

- Training must be provided by qualified professionals.

- Training must include all staff who have contact with students, including but not limited to educators, support and related services staff, administrators, clerical staff, custodial staff, and food service providers.
- Training for staff must include the following but should not be limited to:
 - ▶ Safe and effective use of protective equipment (putting on and taking off protective equipment and disposing and/or washing protective equipment);
 - ▶ General information related to COVID-19 from the CDC;
 - ▶ How COVID-19 is spread;
 - ▶ How to prevent the spread of COVID-19;
 - ▶ Symptoms of COVID-19; and
 - ▶ When to seek medical assistance for students or staff who exhibit symptoms or become sick.

ADDITIONAL RESOURCE:

- [Guidance for Child Care Programs that Remain Open](#)

Education for Students on Safety Protocols

- Students should be provided with training through direct instruction and/or embedded content in lessons and activities, as developmentally appropriate.
- Training content must include general information related to COVID-19 from the CDC as well as content to ensure students are familiar with changes to their regular school practices, such as routines for entering and exiting the school, snacks/meals, assembling, passing in hallways, being transported via bus or van, and accessing the bathroom.
- Students must be explicitly trained on how to use protective equipment, as appropriate. Training should include how to put it on, take it off, dispose of it, and where it should be placed in instances where it needs to be cleaned by staff.
- Social stories, visual cues, and other appropriate developmental strategies should be used to reinforce these new concepts and protocols.

Guidance for Specific Populations

Parents/guardians should be encouraged to consult their child's health care provider to discuss the appropriateness of students with high-risk medical conditions attending in-person instruction. These include students who depend on mechanical ventilation and children with tracheostomies. School health professionals should work with parents who work with primary care providers to identify alternatives to nebulizer treatments in the school setting, such as metered-dose inhalers (MDIs) with a spacer. A collaborative approach should be used to inform decision-making relative to how the student can safely access in-person instruction. The following should be considered when working with students who are deaf or hard of hearing (DHH):

- Consider the needs of students who must be able to see the lips of the speaker.
- Purchase clear masks or shields for staff and students.
- Account for an interpreter in the classroom for deaf or hard of hearing students and determine the logistics of social distancing.

ADDITIONAL RESOURCE:

New Mexico Guidance for Reopening Schools

- [NMPED Reentry Guide](#)

General Guidance for Re-Opening Schools

- [Interim Guidance for Administrators of K-12 Schools and Child Care Programs](#)
- [CDC decision tree for school re-entry](#)
- [CDC Considerations for Schools](#)
- [American Academy of Pediatrics: Returning to In- Person Education in Schools](#)

Cleaning/Disinfecting

- [Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes](#)
- [CDC cleaning/disinfecting decision tool](#)
- [OSHA guidance on workplace preparation](#)
- [CDC cleaning and dis-infecting facilities](#)

Training/Professional Development for Staff

- [CDC information on use of cloth face coverings](#)
- [CDC using protective equipment](#)
- [CDC ASL Video Series: COVID-19](#)
- [Feeling Sick: Coronavirus social story](#)