

1 AN ACT concerning education.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 5. The School Code is amended by changing Sections  
5 3-11, 10-20.36, 10-20.61, 10-22.24b, 10-22.39, 10-23.12,  
6 22-30, 27-23.6, 27-23.10, 34-18.25, and 34-18.54 as follows:

7 (105 ILCS 5/3-11) (from Ch. 122, par. 3-11)

8 Sec. 3-11. Institutes or inservice training workshops. In  
9 counties of less than 2,000,000 inhabitants, the regional  
10 superintendent may arrange for or conduct district, regional,  
11 or county institutes, or equivalent professional educational  
12 experiences, not more than 4 days annually. Of those 4 days, 2  
13 days may be used as a teachers, administrators, and school  
14 support personnel ~~teacher's and educational support personnel~~  
15 workshop, when approved by the regional superintendent, up to  
16 2 days may be used for conducting parent-teacher conferences,  
17 or up to 2 days may be utilized as parental institute days as  
18 provided in Section 10-22.18d. School ~~Educational~~ support  
19 personnel may be exempt from a workshop if the workshop is not  
20 relevant to the work they do. A school district may use one of  
21 its 4 institute days on the last day of the school term.  
22 "Institute" or "Professional educational experiences" means  
23 any educational gathering, demonstration of methods of

1 instruction, visitation of schools or other institutions or  
2 facilities, sexual abuse and sexual assault awareness seminar,  
3 or training in First Aid (which may include cardiopulmonary  
4 resuscitation or defibrillator training) held or approved by  
5 the regional superintendent and declared by him to be an  
6 institute day, or parent-teacher conferences. With the  
7 concurrence of the State Superintendent of Education, the  
8 regional superintendent ~~he or she~~ may employ such assistance  
9 as is necessary to conduct the institute. Two or more  
10 adjoining counties may jointly hold an institute. Institute  
11 instruction shall be free to holders of licenses good in the  
12 county or counties holding the institute and to those who have  
13 paid an examination fee and failed to receive a license.

14 In counties of 2,000,000 or more inhabitants, the regional  
15 superintendent may arrange for or conduct district, regional,  
16 or county inservice training workshops, or equivalent  
17 professional educational experiences, not more than 4 days  
18 annually. Of those 4 days, 2 days may be used as a teachers,  
19 administrators, and school support personnel ~~teacher's and~~  
20 ~~educational support personnel~~ workshop, when approved by the  
21 regional superintendent, up to 2 days may be used for  
22 conducting parent-teacher conferences, or up to 2 days may be  
23 utilized as parental institute days as provided in Section  
24 10-22.18d. School ~~Educational~~ support personnel may be exempt  
25 from a workshop if the workshop is not relevant to the work  
26 they do. A school district may use one of those 4 days on the

1 last day of the school term. "Inservice Training Workshops" or  
2 "Professional educational experiences" means any educational  
3 gathering, demonstration of methods of instruction, visitation  
4 of schools or other institutions or facilities, sexual abuse  
5 and sexual assault awareness seminar, or training in First Aid  
6 (which may include cardiopulmonary resuscitation or  
7 defibrillator training) held or approved by the regional  
8 superintendent and declared by the regional superintendent ~~him~~  
9 to be an inservice training workshop, or parent-teacher  
10 conferences. With the concurrence of the State Superintendent  
11 of Education, the regional superintendent ~~he~~ may employ such  
12 assistance as is necessary to conduct the inservice training  
13 workshop. With the approval of the regional superintendent, 2  
14 or more adjoining districts may jointly hold an inservice  
15 training workshop. In addition, with the approval of the  
16 regional superintendent, one district may conduct its own  
17 inservice training workshop with subject matter consultants  
18 requested from the county, State or any State institution of  
19 higher learning.

20 Such ~~teachers~~ institutes as referred to in this Section  
21 may be held on consecutive or separate days at the option of  
22 the regional superintendent having jurisdiction thereof.

23 Whenever reference is made in this Act to "~~teachers~~  
24 institute", it shall be construed to include the inservice  
25 training workshops or equivalent professional educational  
26 experiences provided for in this Section.

1 Any institute advisory committee existing on April 1,  
2 1995, is dissolved and the duties and responsibilities of the  
3 institute advisory committee are assumed by the regional  
4 office of education advisory board.

5 Districts providing inservice training programs shall  
6 constitute inservice committees, 1/2 of which shall be  
7 teachers, 1/4 school service personnel and 1/4 administrators  
8 to establish program content and schedules.

9 In addition to other topics not listed in this Section,  
10 the ~~The~~ teachers institutes ~~may shall~~ include ~~teacher~~ training  
11 committed to ~~health conditions of students; social-emotional~~  
12 ~~learning; developing cultural competency; identifying warning~~  
13 ~~signs of mental illness and suicidal behavior in youth;~~  
14 ~~domestic and sexual violence and the needs of expectant and~~  
15 ~~parenting youth; protections and accommodations for students;~~  
16 ~~educator ethics; responding to child sexual abuse and grooming~~  
17 ~~behavior; and effective instruction in violence prevention and~~  
18 ~~conflict resolution. Institute programs in these topics shall~~  
19 ~~be credited toward hours of professional development required~~  
20 ~~for license renewal as outlined in subsection (e) of Section~~  
21 ~~21B-45 (i) peer counseling programs and other anti-violence~~  
22 ~~and conflict resolution programs, including without limitation~~  
23 ~~programs for preventing at risk students from committing~~  
24 ~~violent acts, and (ii) educator ethics and teacher student~~  
25 ~~conduct. Beginning with the 2009-2010 school year, the~~  
26 ~~teachers institutes shall include instruction on prevalent~~

1 ~~student chronic health conditions. Beginning with the~~  
2 ~~2016-2017 school year, the teachers institutes shall include,~~  
3 ~~at least once every 2 years, instruction on the federal~~  
4 ~~Americans with Disabilities Act as it pertains to the school~~  
5 ~~environment.~~

6 (Source: P.A. 99-30, eff. 7-10-15; 99-616, eff. 7-22-16.)

7 (105 ILCS 5/10-20.36)

8 Sec. 10-20.36. Psychotropic or psychostimulant medication;  
9 disciplinary action.

10 (a) In this Section:

11 "Psychostimulant medication" means medication that  
12 produces increased levels of mental and physical energy and  
13 alertness and an elevated mood by stimulating the central  
14 nervous system.

15 "Psychotropic medication" means psychotropic medication as  
16 defined in Section 1-121.1 of the Mental Health and  
17 Developmental Disabilities Code.

18 (b) Each school board must adopt and implement a policy  
19 that prohibits any disciplinary action that is based totally  
20 or in part on the refusal of a student's parent or guardian to  
21 administer or consent to the administration of psychotropic or  
22 psychostimulant medication to the student.

23 ~~The policy must require that, at least once every 2 years,~~  
24 ~~the in-service training of certified school personnel and~~  
25 ~~administrators include training on current best practices~~

1 ~~regarding the identification and treatment of attention~~  
2 ~~deficit disorder and attention deficit hyperactivity disorder,~~  
3 ~~the application of non-aversive behavioral interventions in~~  
4 ~~the school environment, and the use of psychotropic or~~  
5 ~~psychostimulant medication for school age children.~~

6 (c) This Section does not prohibit school medical staff,  
7 an individualized educational program team, or a qualified  
8 ~~professional~~ worker (as defined in Section 14-1.10 of this  
9 Code) from recommending that a student be evaluated by an  
10 appropriate medical practitioner or prohibit school personnel  
11 from consulting with the practitioner with the consent of the  
12 student's parents or guardian.

13 (Source: P.A. 95-331, eff. 8-21-07.)

14 (105 ILCS 5/10-20.61)

15 Sec. 10-20.61. Implicit bias training.

16 (a) The General Assembly makes the following findings:

17 (1) implicit racial bias influences evaluations of and  
18 behavior toward those who are the subject of the bias;

19 (2) understanding implicit racial bias is needed in  
20 order to reduce that bias;

21 (3) marginalized students would benefit from having  
22 access to educators who have worked to reduce their  
23 biases; and

24 (4) training that helps educators overcome implicit  
25 racial bias has implication for classroom interactions,

1 student evaluation, and classroom engagement; it also  
2 affects student academic self-concept.

3 (b) Teachers, administrators, and school support personnel  
4 shall complete training ~~Each school board shall require~~  
5 ~~in service training for school personnel to include training~~  
6 to develop cultural competency, including understanding and  
7 reducing implicit racial bias, as outlined in Sections  
8 10-22.39 and 3-11.

9 (c) As used in this Section, "implicit racial bias" means  
10 a preference, positive or negative, for a racial or ethnic  
11 group that operates outside of awareness. This bias has 3  
12 different components: affective, behavioral, and cognitive.  
13 (Source: P.A. 100-14, eff. 7-1-17; 100-863, eff. 8-14-18.)

14 (105 ILCS 5/10-22.24b)

15 Sec. 10-22.24b. School counseling services. School  
16 counseling services in public schools may be provided by  
17 school counselors as defined in Section 10-22.24a of this Code  
18 or by individuals who hold a Professional Educator License  
19 with a school support personnel endorsement in the area of  
20 school counseling under Section 21B-25 of this Code.

21 School counseling services may include, but are not  
22 limited to:

23 (1) designing and delivering a comprehensive school  
24 counseling program that promotes student achievement and  
25 wellness;

1           (2) incorporating the common core language into the  
2 school counselor's work and role;

3           (3) school counselors working as culturally skilled  
4 professionals who act sensitively to promote social  
5 justice and equity in a pluralistic society;

6           (4) providing individual and group counseling;

7           (5) providing a core counseling curriculum that serves  
8 all students and addresses the knowledge and skills  
9 appropriate to their developmental level through a  
10 collaborative model of delivery involving the school  
11 counselor, classroom teachers, and other appropriate  
12 education professionals, and including prevention and  
13 pre-referral activities;

14           (6) making referrals when necessary to appropriate  
15 offices or outside agencies;

16           (7) providing college and career development  
17 activities and counseling;

18           (8) developing individual career plans with students,  
19 which includes planning for post-secondary education, as  
20 appropriate, and engaging in related and relevant career  
21 and technical education coursework in high school as  
22 described in paragraph (55);

23           (9) assisting all students with a college or  
24 post-secondary education plan, which must include a  
25 discussion on all post-secondary education options,  
26 including 4-year colleges or universities, community



1 colleges, and vocational schools, and includes planning  
2 for post-secondary education, as appropriate, and engaging  
3 in related and relevant career and technical education  
4 coursework in high school as described in paragraph (55);

5 (10) intentionally addressing the career and college  
6 needs of first generation students;

7 (11) educating all students on scholarships, financial  
8 aid, and preparation of the Federal Application for  
9 Federal Student Aid;

10 (12) collaborating with institutions of higher  
11 education and local community colleges so that students  
12 understand post-secondary education options and are ready  
13 to transition successfully;

14 (13) providing crisis intervention and contributing to  
15 the development of a specific crisis plan within the  
16 school setting in collaboration with multiple  
17 stakeholders;

18 (14) educating students, teachers, and parents on  
19 anxiety, depression, cutting, and suicide issues and  
20 intervening with students who present with these issues;

21 (15) providing counseling and other resources to  
22 students who are in crisis;

23 (16) providing resources for those students who do not  
24 have access to mental health services;

25 (17) addressing bullying and conflict resolution with  
26 all students;

1           (18) teaching communication skills and helping  
2 students develop positive relationships;

3           (19) using culturally sensitive ~~culturally sensitive~~  
4 skills in working with all students to promote wellness;

5           (20) addressing the needs of undocumented students in  
6 the school, as well as students who are legally in the  
7 United States, but whose parents are undocumented;

8           (21) contributing to a student's functional behavioral  
9 assessment, as well as assisting in the development of  
10 non-aversive behavioral intervention strategies;

11           (22) (i) assisting students in need of special  
12 education services by implementing the academic supports  
13 and social-emotional and college or career development  
14 counseling services or interventions per a student's  
15 individualized education program (IEP); (ii) participating  
16 in or contributing to a student's IEP and completing a  
17 social-developmental history; or (iii) providing services  
18 to a student with a disability under the student's IEP or  
19 federal Section 504 plan, as recommended by the student's  
20 IEP team or Section 504 plan team and in compliance with  
21 federal and State laws and rules governing the provision  
22 of educational and related services and school-based  
23 accommodations to students with disabilities and the  
24 qualifications of school personnel to provide such  
25 services and accommodations;

26           (23) assisting in the development of a personal

1 educational plan with each student;

2 (24) educating students on dual credit and learning  
3 opportunities on the Internet;

4 (25) providing information for all students in the  
5 selection of courses that will lead to post-secondary  
6 education opportunities toward a successful career;

7 (26) interpreting achievement test results and guiding  
8 students in appropriate directions;

9 (27) counseling with students, families, and teachers,  
10 in compliance with federal and State laws;

11 (28) providing families with opportunities for  
12 education and counseling as appropriate in relation to the  
13 student's educational assessment;

14 (29) consulting and collaborating with teachers and  
15 other school personnel regarding behavior management and  
16 intervention plans and inclusion in support of students;

17 (30) teaming and partnering with staff, parents,  
18 businesses, and community organizations to support student  
19 achievement and social-emotional learning standards for  
20 all students;

21 (31) developing and implementing school-based  
22 prevention programs, including, but not limited to,  
23 mediation and violence prevention, implementing social and  
24 emotional education programs and services, and  
25 establishing and implementing bullying prevention and  
26 intervention programs;

1           (32)           developing           culturally sensitive  
2           ~~culturally sensitive~~ assessment instruments for measuring  
3           school    counseling    prevention    and    intervention  
4           effectiveness and collecting, analyzing, and interpreting  
5           data;

6           (33) participating on school and district committees  
7           to advocate for student programs and resources, as well as  
8           establishing a school counseling advisory council that  
9           includes representatives of key stakeholders selected to  
10          review and advise on the implementation of the school  
11          counseling program;

12          (34) acting as a liaison between the public schools  
13          and community resources and building relationships with  
14          important stakeholders, such as families, administrators,  
15          teachers, and board members;

16          (35) maintaining organized, clear, and useful records  
17          in a confidential manner consistent with Section 5 of the  
18          Illinois School Student Records Act, the Family  
19          Educational Rights and Privacy Act, and the Health  
20          Insurance Portability and Accountability Act;

21          (36) presenting an annual agreement to the  
22          administration, including a formal discussion of the  
23          alignment of school and school counseling program missions  
24          and goals and detailing specific school counselor  
25          responsibilities;

26          (37) identifying and implementing culturally sensitive

1 ~~culturally sensitive~~ measures of success for student  
2 competencies in each of the 3 domains of academic, social  
3 and emotional, and college and career learning based on  
4 planned and periodic assessment of the comprehensive  
5 developmental school counseling program;

6 (38) collaborating as a team member in Response to  
7 Intervention (RtI) and other school initiatives;

8 (39) conducting observations and participating in  
9 recommendations or interventions regarding the placement  
10 of children in educational programs or special education  
11 classes;

12 (40) analyzing data and results of school counseling  
13 program assessments, including curriculum, small-group,  
14 and closing-the-gap results reports, and designing  
15 strategies to continue to improve program effectiveness;

16 (41) analyzing data and results of school counselor  
17 competency assessments;

18 (42) following American School Counselor Association  
19 Ethical Standards for School Counselors to demonstrate  
20 high standards of integrity, leadership, and  
21 professionalism;

22 (43) knowing and embracing common core standards by  
23 using common core language;

24 (44) practicing as a culturally skilled  
25 ~~culturally skilled~~ school counselor by infusing the  
26 multicultural competencies within the role of the school

1 counselor, including the practice of culturally sensitive  
2 ~~culturally sensitive~~ attitudes and beliefs, knowledge, and  
3 skills;

4 (45) infusing the Social-Emotional Standards, as  
5 presented in the State Board of Education standards,  
6 across the curriculum and in the counselor's role in ways  
7 that empower and enable students to achieve academic  
8 success across all grade levels;

9 (46) providing services only in areas in which the  
10 school counselor has appropriate training or expertise, as  
11 well as only providing counseling or consulting services  
12 within his or her employment to any student in the  
13 district or districts which employ such school counselor,  
14 in accordance with professional ethics;

15 (47) having adequate training in supervision knowledge  
16 and skills in order to supervise school counseling interns  
17 enrolled in graduate school counselor preparation programs  
18 that meet the standards established by the State Board of  
19 Education;

20 (48) being involved with State and national  
21 professional associations;

22 (49) complete the required training as outlined in  
23 Section 10-22.39 ~~participating, at least once every 2~~  
24 ~~years, in an in-service training program for school~~  
25 ~~counselors conducted by persons with expertise in domestic~~  
26 ~~and sexual violence and the needs of expectant and~~

1 ~~parenting youth, which shall include training concerning~~  
2 ~~(i) communicating with and listening to youth victims of~~  
3 ~~domestic or sexual violence and expectant and parenting~~  
4 ~~youth, (ii) connecting youth victims of domestic or sexual~~  
5 ~~violence and expectant and parenting youth to appropriate~~  
6 ~~in school services and other agencies, programs, and~~  
7 ~~services as needed, and (iii) implementing the school~~  
8 ~~district's policies, procedures, and protocols with regard~~  
9 ~~to such youth, including confidentiality; at a minimum,~~  
10 ~~school personnel must be trained to understand, provide~~  
11 ~~information and referrals, and address issues pertaining~~  
12 ~~to youth who are parents, expectant parents, or victims of~~  
13 ~~domestic or sexual violence;~~

14 (50) (blank); ~~participating, at least every 2 years,~~  
15 ~~in an in-service training program for school counselors~~  
16 ~~conducted by persons with expertise in anaphylactic~~  
17 ~~reactions and management;~~

18 (51) (blank); ~~participating, at least once every 2~~  
19 ~~years, in an in-service training on educator ethics,~~  
20 ~~teacher-student conduct, and school employee-student~~  
21 ~~conduct for all personnel;~~

22 (52) (blank); ~~participating, in addition to other~~  
23 ~~topics at in-service training programs, in training to~~  
24 ~~identify the warning signs of mental illness and suicidal~~  
25 ~~behavior in adolescents and teenagers and learning~~  
26 ~~appropriate intervention and referral techniques;~~

1           (53) (blank); ~~obtaining training to have a basic~~  
2 ~~knowledge of matters relating to acquired immunodeficiency~~  
3 ~~syndrome (AIDS), including the nature of the disease, its~~  
4 ~~causes and effects, the means of detecting it and~~  
5 ~~preventing its transmission, and the availability of~~  
6 ~~appropriate sources of counseling and referral and any~~  
7 ~~other information that may be appropriate considering the~~  
8 ~~age and grade level of the pupils; the school board shall~~  
9 ~~supervise such training and the State Board of Education~~  
10 ~~and the Department of Public Health shall jointly develop~~  
11 ~~standards for such training;~~

12           (54) participating in mandates from the State Board of  
13 Education for bullying education and social-emotional  
14 literacy ~~literary~~; and

15           (55) promoting career and technical education by  
16 assisting each student to determine an appropriate  
17 postsecondary plan based upon the student's skills,  
18 strengths, and goals and assisting the student to  
19 implement the best practices that improve career or  
20 workforce readiness after high school.

21           School districts may employ a sufficient number of school  
22 counselors to maintain the national and State recommended  
23 student-counselor ratio of 250 to 1. School districts may have  
24 school counselors spend at least 80% of his or her work time in  
25 direct contact with students.

26           Nothing in this Section prohibits other qualified



1 professionals, including other endorsed school support  
2 personnel, from providing the services listed in this Section.  
3 (Source: P.A. 101-290, eff. 8-9-19; 102-876, eff. 1-1-23;  
4 revised 12-9-22.)

5 (105 ILCS 5/10-22.39)

6 Sec. 10-22.39. In-service training programs.

7 (a) To conduct in-service training programs for teachers,  
8 administrators, and school support personnel.

9 (b) In addition to other topics at in-service training  
10 programs listed in this Section, teachers, administrators, and  
11 school support personnel who work with pupils must be trained  
12 in the following topics: health conditions of students;  
13 social-emotional learning; developing cultural competency;  
14 identifying warning signs of mental illness and suicidal  
15 behavior in youth; domestic and sexual violence and the needs  
16 of expectant and parenting youth; protections and  
17 accommodations for students; educator ethics; responding to  
18 child sexual abuse and grooming behavior; and effective  
19 instruction in violence prevention and conflict resolution.  
20 In-service training programs in these topics shall be credited  
21 toward hours of professional development required for license  
22 renewal as outlined in subsection (e) of Section 21B-45.

23 School support personnel may be exempt from in-service  
24 training if the training is not relevant to the work they do.

25 Nurses and school nurses, as defined by Section 10-22.23,

1 are exempt from training required in subsection (b-5).

2 Beginning July 1, 2024, all teachers, administrators, and  
3 school support personnel shall complete training as outlined  
4 in Section 10-22.39 during an in-service training program  
5 conducted by their school board or through other training  
6 opportunities, including, but not limited to, institutes under  
7 Section 3-11. Such training must be completed within 6 months  
8 of employment by a school board and renewed at least once every  
9 5 years, unless required more frequently by other State or  
10 federal law or in accordance with this Section. If teachers,  
11 administrators, or school support personnel obtain training  
12 outside of an in-service training program or from a previous  
13 public school district or nonpublic school employer, they may  
14 present documentation showing current compliance with this  
15 subsection to satisfy the requirement of receiving training  
16 within 6 months of first being employed. Training may be  
17 delivered through online, asynchronous means.

18 (b-5) Training regarding health conditions of students for  
19 staff required by this Section shall include, but is not  
20 limited to:

21 (1) Chronic health conditions of students.

22 (2) Anaphylactic reactions and management. Such  
23 training shall be conducted by persons with expertise in  
24 anaphylactic reactions and management.

25 (3) The management of asthma, the prevention of asthma  
26 symptoms, and emergency response in the school setting.

1           (4) The basics of seizure recognition and first aid  
2           and appropriate emergency protocols. Such training must be  
3           fully consistent with the best practice guidelines issued  
4           by the Centers for Disease Control and Prevention.

5           (5) The basics of diabetes care, how to identify when  
6           a student with diabetes needs immediate or emergency  
7           medical attention, and whom to contact in the case of an  
8           emergency.

9           (6) Current best practices regarding the  
10          identification and treatment of attention deficit  
11          hyperactivity disorder.

12          (7) Instruction on how to respond to an incident  
13          involving life-threatening bleeding and, if applicable,  
14          how to use a school's trauma kit. Beginning with the  
15          2024-2025 school year, training on life-threatening  
16          bleeding must be completed within 6 months of the employee  
17          first being employed by a school board and renewed within  
18          2 years. Beginning with the 2027-2028 school year, the  
19          training must be completed within 6 months of the employee  
20          first being employed by a school board and renewed at  
21          least once every 5 years thereafter.

22          In consultation with professional organizations with  
23          expertise in student health issues, including, but not limited  
24          to, asthma management, anaphylactic reactions, seizure  
25          recognition, and diabetes care, the State Board of Education  
26          shall make available resource materials for educating school

1 personnel about student health conditions and emergency  
2 response in the school setting.

3 A school board may satisfy the life-threatening bleeding  
4 training under this subsection by using the training,  
5 including online training, available from the American College  
6 of Surgeons or any other similar organization.

7 (b-10) The training regarding social-emotional learning,  
8 for staff required by this Section may include, at a minimum,  
9 providing education to all school personnel about the content  
10 of the Illinois Social and Emotional Learning Standards, how  
11 those standards apply to everyday school interactions, and  
12 examples of how social emotional learning can be integrated  
13 into instructional practices across all grades and subjects.

14 (b-15) The training regarding developing cultural  
15 competency for staff required by this Section shall include,  
16 but is not limited to, understanding and reducing implicit  
17 bias, including implicit racial bias. As used in this  
18 subsection, "implicit racial bias" has the meaning set forth  
19 in Section 10-20.61.

20 (b-20) The training regarding identifying warning signs of  
21 mental illness, trauma, and suicidal behavior in youth for  
22 staff required by this Section shall include, but is not  
23 limited to, appropriate intervention and referral techniques,  
24 including resources and guidelines as outlined in Section  
25 2-3.166.

26 Illinois Mental Health First Aid training, established

1 under the Illinois Mental Health First Aid Training Act, may  
2 satisfy the requirements of this subsection.

3 If teachers, administrators, or school support personnel  
4 obtain mental health first aid training outside of an  
5 in-service training program, they may present a certificate of  
6 successful completion of the training to the school district  
7 to satisfy the requirements of this subsection. Training  
8 regarding the implementation of trauma-informed practices  
9 satisfies the requirements of this subsection.

10 (b-25) As used in this subsection:

11 "Domestic violence" means abuse by a family or household  
12 member, as "abuse" and "family or household members" are  
13 defined in Section 103 of the Illinois Domestic Violence Act  
14 of 1986.

15 "Sexual violence" means sexual assault, abuse, or stalking  
16 of an adult or minor child proscribed in the Criminal Code of  
17 1961 or in Sections 11-1.20, 11-1.30, 11-1.40, 11-1.50,  
18 11-1.60, 12-7.3, 12-7.4, 12-7.5, 12-12, 12-13, 12-14, 12-14.1,  
19 12-15, and 12-16 of the Criminal Code of 2012, including  
20 sexual violence committed by perpetrators who are strangers to  
21 the victim and sexual violence committed by perpetrators who  
22 are known or related by blood or marriage to the victim.

23 The training regarding domestic and sexual violence and  
24 the needs of expectant and parenting youth for staff required  
25 by this Section must be conducted by persons with expertise in  
26 domestic and sexual violence and the needs of expectant and

1 parenting youth, and shall include, but is not limited to:

2 (1) communicating with and listening to youth victims  
3 of domestic or sexual violence and expectant and parenting  
4 youth;

5 (2) connecting youth victims of domestic or sexual  
6 violence and expectant and parenting youth to appropriate  
7 in-school services and other agencies, programs, and  
8 services as needed;

9 (3) implementing the school district's policies,  
10 procedures, and protocols with regard to such youth,  
11 including confidentiality. At a minimum, school personnel  
12 must be trained to understand, provide information and  
13 referrals, and address issues pertaining to youth who are  
14 parents, expectant parents, or victims of domestic or  
15 sexual violence; and

16 (4) procedures for responding to incidents of teen  
17 dating violence that take place at the school, on school  
18 grounds, at school-sponsored activities, or in vehicles  
19 used for school-provided transportation as outlined in  
20 Section 3.10 of the Critical Health Problems and  
21 Comprehensive Health Education Act.

22 (b-30) The training regarding protections and  
23 accommodations for students shall include, but is not limited  
24 to, instruction on the federal Americans with Disabilities  
25 Act, as it pertains to the school environment, and  
26 homelessness. Beginning with the 2024-2025 school year,

1 training on homelessness must be completed within 6 months of  
2 an employee first being employed by a school board and renewed  
3 within 2 years. Beginning with the 2027-2028 school year, the  
4 training must be completed within 6 months of the employee  
5 first being employed by a school board and renewed at least  
6 once every 5 years thereafter. Training on homelessness shall  
7 include the following:

8 (1) the definition of homeless children and youths  
9 under 42 U.S.C. 11434a;

10 (2) the signs of homelessness and housing insecurity;

11 (3) the rights of students experiencing homelessness  
12 under State and federal law;

13 (4) the steps to take when a homeless or  
14 housing-insecure student is identified; and

15 (5) the appropriate referral techniques, including the  
16 name and contact number of the school or school district  
17 homeless liaison.

18 School boards may work with a community-based organization  
19 that specializes in working with homeless children and youth  
20 to develop and provide the training.

21 (b-35) The training regarding educator ethics and  
22 responding to child sexual abuse and grooming behavior shall  
23 include, but is not limited to, teacher-student conduct,  
24 school employee-student conduct, and evidence-informed  
25 training on preventing, recognizing, reporting, and responding  
26 to child sexual abuse and grooming as outlined in Section

1 10-23.13.

2 (b-40) The training regarding effective instruction in  
3 violence prevention and conflict resolution required by this  
4 Section shall be conducted in accordance with the requirements  
5 of Section 27-23.4.

6 (c) Beginning July 1, 2024, all nonpublic elementary and  
7 secondary school teachers, administrators, and school support  
8 personnel shall complete the training set forth in subsection  
9 (b-5). Training must be completed within 6 months of first  
10 being employed by a nonpublic school and renewed at least once  
11 every 5 years, unless required more frequently by other State  
12 or federal law. If nonpublic teachers, administrators, or  
13 school support personnel obtain training from a public school  
14 district or nonpublic school employer, the teacher,  
15 administrator, or school support personnel may present  
16 documentation to the nonpublic school showing current  
17 compliance with this subsection to satisfy the requirement of  
18 receiving training within 6 months of first being employed. ~~at~~  
19 ~~least once every 2 years, licensed school personnel and~~  
20 ~~administrators who work with pupils in kindergarten through~~  
21 ~~grade 12 shall be trained to identify the warning signs of~~  
22 ~~mental illness, trauma, and suicidal behavior in youth and~~  
23 ~~shall be taught appropriate intervention and referral~~  
24 ~~techniques. A school district may utilize the Illinois Mental~~  
25 ~~Health First Aid training program, established under the~~  
26 ~~Illinois Mental Health First Aid Training Act and administered~~



1 ~~by certified instructors trained by a national association~~  
2 ~~recognized as an authority in behavioral health, to provide~~  
3 ~~the training and meet the requirements under this subsection.~~  
4 ~~If licensed school personnel or an administrator obtains~~  
5 ~~mental health first aid training outside of an in service~~  
6 ~~training program, he or she may present a certificate of~~  
7 ~~successful completion of the training to the school district~~  
8 ~~to satisfy the requirements of this subsection.~~

9 ~~Training regarding the implementation of trauma informed~~  
10 ~~practices satisfies the requirements of this subsection (b).~~

11 ~~A course of instruction as described in this subsection~~  
12 ~~(b) may provide information that is relevant to and within the~~  
13 ~~scope of the duties of licensed school personnel or school~~  
14 ~~administrators. Such information may include, but is not~~  
15 ~~limited to:~~

16 ~~(1) the recognition of and care for trauma in students~~  
17 ~~and staff;~~

18 ~~(2) the relationship between educator wellness and~~  
19 ~~student learning;~~

20 ~~(3) the effect of trauma on student behavior and~~  
21 ~~learning;~~

22 ~~(4) the prevalence of trauma among students, including~~  
23 ~~the prevalence of trauma among student populations at~~  
24 ~~higher risk of experiencing trauma;~~

25 ~~(5) the effects of implicit or explicit bias on~~  
26 ~~recognizing trauma among various student groups in~~

1 ~~connection with race, ethnicity, gender identity, sexual~~  
2 ~~orientation, socio-economic status, and other relevant~~  
3 ~~factors; and~~

4 ~~(6) effective district practices that are shown to:~~

5 ~~(A) prevent and mitigate the negative effect of~~  
6 ~~trauma on student behavior and learning; and~~

7 ~~(B) support the emotional wellness of staff.~~

8 (c) (Blank). ~~School counselors, nurses, teachers and other~~  
9 ~~school personnel who work with pupils may be trained to have a~~  
10 ~~basic knowledge of matters relating to acquired~~  
11 ~~immunodeficiency syndrome (AIDS), including the nature of the~~  
12 ~~disease, its causes and effects, the means of detecting it and~~  
13 ~~preventing its transmission, and the availability of~~  
14 ~~appropriate sources of counseling and referral, and any other~~  
15 ~~information that may be appropriate considering the age and~~  
16 ~~grade level of such pupils. The School Board shall supervise~~  
17 ~~such training. The State Board of Education and the Department~~  
18 ~~of Public Health shall jointly develop standards for such~~  
19 ~~training.~~

20 (d) (Blank). ~~In this subsection (d):~~

21 ~~"Domestic violence" means abuse by a family or household~~  
22 ~~member, as "abuse" and "family or household members" are~~  
23 ~~defined in Section 103 of the Illinois Domestic Violence Act~~  
24 ~~of 1986.~~

25 ~~"Sexual violence" means sexual assault, abuse, or stalking~~  
26 ~~of an adult or minor child proscribed in the Criminal Code of~~

1 ~~1961 or the Criminal Code of 2012 in Sections 11-1.20,~~  
2 ~~11-1.30, 11-1.40, 11-1.50, 11-1.60, 12-7.3, 12-7.4, 12-7.5,~~  
3 ~~12-12, 12-13, 12-14, 12-14.1, 12-15, and 12-16, including~~  
4 ~~sexual violence committed by perpetrators who are strangers to~~  
5 ~~the victim and sexual violence committed by perpetrators who~~  
6 ~~are known or related by blood or marriage to the victim.~~

7 ~~At least once every 2 years, an in service training~~  
8 ~~program for school personnel who work with pupils, including,~~  
9 ~~but not limited to, school and school district administrators,~~  
10 ~~teachers, school social workers, school counselors, school~~  
11 ~~psychologists, and school nurses, must be conducted by persons~~  
12 ~~with expertise in domestic and sexual violence and the needs~~  
13 ~~of expectant and parenting youth and shall include training~~  
14 ~~concerning (i) communicating with and listening to youth~~  
15 ~~victims of domestic or sexual violence and expectant and~~  
16 ~~parenting youth, (ii) connecting youth victims of domestic or~~  
17 ~~sexual violence and expectant and parenting youth to~~  
18 ~~appropriate in school services and other agencies, programs,~~  
19 ~~and services as needed, and (iii) implementing the school~~  
20 ~~district's policies, procedures, and protocols with regard to~~  
21 ~~such youth, including confidentiality. At a minimum, school~~  
22 ~~personnel must be trained to understand, provide information~~  
23 ~~and referrals, and address issues pertaining to youth who are~~  
24 ~~parents, expectant parents, or victims of domestic or sexual~~  
25 ~~violence.~~

26 (e) (Blank). ~~At least every 2 years, an in service~~

1 ~~training program for school personnel who work with pupils~~  
2 ~~must be conducted by persons with expertise in anaphylactic~~  
3 ~~reactions and management.~~

4 (f) (Blank). ~~At least once every 2 years, a school board~~  
5 ~~shall conduct in service training on educator ethics,~~  
6 ~~teacher student conduct, and school employee student conduct~~  
7 ~~for all personnel.~~

8 (Source: P.A. 101-350, eff. 1-1-20; 102-197, eff. 7-30-21;  
9 102-638, eff. 1-1-23; 102-813, eff. 5-13-22.)

10 (105 ILCS 5/10-23.12) (from Ch. 122, par. 10-23.12)

11 Sec. 10-23.12. Child abuse and neglect; ~~detection,~~  
12 ~~reporting, and prevention;~~ willful or negligent failure to  
13 report.

14 (a) (Blank). ~~To provide staff development for local school~~  
15 ~~site personnel who work with pupils in grades kindergarten~~  
16 ~~through 8 in the detection, reporting, and prevention of child~~  
17 ~~abuse and neglect.~~

18 (b) (Blank). ~~The Department of Children and Family~~  
19 ~~Services may, in cooperation with school officials, distribute~~  
20 ~~appropriate materials in school buildings listing the~~  
21 ~~toll free telephone number established in Section 7.6 of the~~  
22 ~~Abused and Neglected Child Reporting Act, including methods of~~  
23 ~~making a report under Section 7 of the Abused and Neglected~~  
24 ~~Child Reporting Act, to be displayed in a clearly visible~~  
25 ~~location in each school building.~~

1 (c) Except for an employee licensed under Article 21B of  
2 this Code, if a school board determines that any school  
3 district employee has willfully or negligently failed to  
4 report an instance of suspected child abuse or neglect, as  
5 required by the Abused and Neglected Child Reporting Act, then  
6 the school board may dismiss that employee immediately upon  
7 that determination. For purposes of this subsection (c),  
8 negligent failure to report an instance of suspected child  
9 abuse or neglect occurs when a school district employee  
10 personally observes an instance of suspected child abuse or  
11 neglect and reasonably believes, in his or her professional or  
12 official capacity, that the instance constitutes an act of  
13 child abuse or neglect under the Abused and Neglected Child  
14 Reporting Act, and he or she, without willful intent, fails to  
15 immediately report or cause a report to be made of the  
16 suspected abuse or neglect to the Department of Children and  
17 Family Services, as required by the Abused and Neglected Child  
18 Reporting Act.

19 (Source: P.A. 100-413, eff. 1-1-18; 100-468, eff. 6-1-18;  
20 101-531, eff. 8-23-19.)

21 (105 ILCS 5/22-30)

22 Sec. 22-30. Self-administration and self-carry of asthma  
23 medication and epinephrine injectors; administration of  
24 undesignated epinephrine injectors; administration of an  
25 opioid antagonist; administration of undesignated asthma

1 medication; asthma episode emergency response protocol.

2 (a) For the purpose of this Section only, the following  
3 terms shall have the meanings set forth below:

4 "Asthma action plan" means a written plan developed with a  
5 pupil's medical provider to help control the pupil's asthma.  
6 The goal of an asthma action plan is to reduce or prevent  
7 flare-ups and emergency department visits through day-to-day  
8 management and to serve as a student-specific document to be  
9 referenced in the event of an asthma episode.

10 "Asthma episode emergency response protocol" means a  
11 procedure to provide assistance to a pupil experiencing  
12 symptoms of wheezing, coughing, shortness of breath, chest  
13 tightness, or breathing difficulty.

14 "Epinephrine injector" includes an auto-injector approved  
15 by the United States Food and Drug Administration for the  
16 administration of epinephrine and a pre-filled syringe  
17 approved by the United States Food and Drug Administration and  
18 used for the administration of epinephrine that contains a  
19 pre-measured dose of epinephrine that is equivalent to the  
20 dosages used in an auto-injector.

21 "Asthma medication" means quick-relief asthma medication,  
22 including albuterol or other short-acting bronchodilators,  
23 that is approved by the United States Food and Drug  
24 Administration for the treatment of respiratory distress.

25 "Asthma medication" includes medication delivered through a  
26 device, including a metered dose inhaler with a reusable or

1 disposable spacer or a nebulizer with a mouthpiece or mask.

2 "Opioid antagonist" means a drug that binds to opioid  
3 receptors and blocks or inhibits the effect of opioids acting  
4 on those receptors, including, but not limited to, naloxone  
5 hydrochloride or any other similarly acting drug approved by  
6 the U.S. Food and Drug Administration.

7 "Respiratory distress" means the perceived or actual  
8 presence of wheezing, coughing, shortness of breath, chest  
9 tightness, breathing difficulty, or any other symptoms  
10 consistent with asthma. Respiratory distress may be  
11 categorized as "mild-to-moderate" or "severe".

12 "School nurse" means a registered nurse working in a  
13 school with or without licensure endorsed in school nursing.

14 "Self-administration" means a pupil's discretionary use of  
15 his or her prescribed asthma medication or epinephrine  
16 injector.

17 "Self-carry" means a pupil's ability to carry his or her  
18 prescribed asthma medication or epinephrine injector.

19 "Standing protocol" may be issued by (i) a physician  
20 licensed to practice medicine in all its branches, (ii) a  
21 licensed physician assistant with prescriptive authority, or  
22 (iii) a licensed advanced practice registered nurse with  
23 prescriptive authority.

24 "Trained personnel" means any school employee or volunteer  
25 personnel authorized in Sections 10-22.34, 10-22.34a, and  
26 10-22.34b of this Code who has completed training under

1 subsection (g) of this Section to recognize and respond to  
2 anaphylaxis, an opioid overdose, or respiratory distress.

3 "Undesignated asthma medication" means asthma medication  
4 prescribed in the name of a school district, public school,  
5 charter school, or nonpublic school.

6 "Undesignated epinephrine injector" means an epinephrine  
7 injector prescribed in the name of a school district, public  
8 school, charter school, or nonpublic school.

9 (b) A school, whether public, charter, or nonpublic, must  
10 permit the self-administration and self-carry of asthma  
11 medication by a pupil with asthma or the self-administration  
12 and self-carry of an epinephrine injector by a pupil, provided  
13 that:

14 (1) the parents or guardians of the pupil provide to  
15 the school (i) written authorization from the parents or  
16 guardians for (A) the self-administration and self-carry  
17 of asthma medication or (B) the self-carry of asthma  
18 medication or (ii) for (A) the self-administration and  
19 self-carry of an epinephrine injector or (B) the  
20 self-carry of an epinephrine injector, written  
21 authorization from the pupil's physician, physician  
22 assistant, or advanced practice registered nurse; and

23 (2) the parents or guardians of the pupil provide to  
24 the school (i) the prescription label, which must contain  
25 the name of the asthma medication, the prescribed dosage,  
26 and the time at which or circumstances under which the



1           asthma medication is to be administered, or (ii) for the  
2           self-administration or self-carry of an epinephrine  
3           injector, a written statement from the pupil's physician,  
4           physician assistant, or advanced practice registered nurse  
5           containing the following information:

6                   (A) the name and purpose of the epinephrine  
7                   injector;

8                   (B) the prescribed dosage; and

9                   (C) the time or times at which or the special  
10                  circumstances under which the epinephrine injector is  
11                  to be administered.

12          The information provided shall be kept on file in the office of  
13          the school nurse or, in the absence of a school nurse, the  
14          school's administrator.

15          (b-5) A school district, public school, charter school, or  
16          nonpublic school may authorize the provision of a  
17          student-specific or undesignated epinephrine injector to a  
18          student or any personnel authorized under a student's  
19          Individual Health Care Action Plan, Illinois Food Allergy  
20          Emergency Action Plan and Treatment Authorization Form, or  
21          plan pursuant to Section 504 of the federal Rehabilitation Act  
22          of 1973 to administer an epinephrine injector to the student,  
23          that meets the student's prescription on file.

24          (b-10) The school district, public school, charter school,  
25          or nonpublic school may authorize a school nurse or trained  
26          personnel to do the following: (i) provide an undesignated

1 epinephrine injector to a student for self-administration only  
2 or any personnel authorized under a student's Individual  
3 Health Care Action Plan, Illinois Food Allergy Emergency  
4 Action Plan and Treatment Authorization Form, plan pursuant to  
5 Section 504 of the federal Rehabilitation Act of 1973, or  
6 individualized education program plan to administer to the  
7 student that meets the student's prescription on file; (ii)  
8 administer an undesignated epinephrine injector that meets the  
9 prescription on file to any student who has an Individual  
10 Health Care Action Plan, Illinois Food Allergy Emergency  
11 Action Plan and Treatment Authorization Form, plan pursuant to  
12 Section 504 of the federal Rehabilitation Act of 1973, or  
13 individualized education program plan that authorizes the use  
14 of an epinephrine injector; (iii) administer an undesignated  
15 epinephrine injector to any person that the school nurse or  
16 trained personnel in good faith believes is having an  
17 anaphylactic reaction; (iv) administer an opioid antagonist to  
18 any person that the school nurse or trained personnel in good  
19 faith believes is having an opioid overdose; (v) provide  
20 undesignated asthma medication to a student for  
21 self-administration only or to any personnel authorized under  
22 a student's Individual Health Care Action Plan or asthma  
23 action plan, plan pursuant to Section 504 of the federal  
24 Rehabilitation Act of 1973, or individualized education  
25 program plan to administer to the student that meets the  
26 student's prescription on file; (vi) administer undesignated

1 asthma medication that meets the prescription on file to any  
2 student who has an Individual Health Care Action Plan or  
3 asthma action plan, plan pursuant to Section 504 of the  
4 federal Rehabilitation Act of 1973, or individualized  
5 education program plan that authorizes the use of asthma  
6 medication; and (vii) administer undesignated asthma  
7 medication to any person that the school nurse or trained  
8 personnel believes in good faith is having respiratory  
9 distress.

10 (c) The school district, public school, charter school, or  
11 nonpublic school must inform the parents or guardians of the  
12 pupil, in writing, that the school district, public school,  
13 charter school, or nonpublic school and its employees and  
14 agents, including a physician, physician assistant, or  
15 advanced practice registered nurse providing standing protocol  
16 and a prescription for school epinephrine injectors, an opioid  
17 antagonist, or undesignated asthma medication, are to incur no  
18 liability or professional discipline, except for willful and  
19 wanton conduct, as a result of any injury arising from the  
20 administration of asthma medication, an epinephrine injector,  
21 or an opioid antagonist regardless of whether authorization  
22 was given by the pupil's parents or guardians or by the pupil's  
23 physician, physician assistant, or advanced practice  
24 registered nurse. The parents or guardians of the pupil must  
25 sign a statement acknowledging that the school district,  
26 public school, charter school, or nonpublic school and its

1 employees and agents are to incur no liability, except for  
2 willful and wanton conduct, as a result of any injury arising  
3 from the administration of asthma medication, an epinephrine  
4 injector, or an opioid antagonist regardless of whether  
5 authorization was given by the pupil's parents or guardians or  
6 by the pupil's physician, physician assistant, or advanced  
7 practice registered nurse and that the parents or guardians  
8 must indemnify and hold harmless the school district, public  
9 school, charter school, or nonpublic school and its employees  
10 and agents against any claims, except a claim based on willful  
11 and wanton conduct, arising out of the administration of  
12 asthma medication, an epinephrine injector, or an opioid  
13 antagonist regardless of whether authorization was given by  
14 the pupil's parents or guardians or by the pupil's physician,  
15 physician assistant, or advanced practice registered nurse.

16 (c-5) When a school nurse or trained personnel administers  
17 an undesignated epinephrine injector to a person whom the  
18 school nurse or trained personnel in good faith believes is  
19 having an anaphylactic reaction, administers an opioid  
20 antagonist to a person whom the school nurse or trained  
21 personnel in good faith believes is having an opioid overdose,  
22 or administers undesignated asthma medication to a person whom  
23 the school nurse or trained personnel in good faith believes  
24 is having respiratory distress, notwithstanding the lack of  
25 notice to the parents or guardians of the pupil or the absence  
26 of the parents or guardians signed statement acknowledging no

1 liability, except for willful and wanton conduct, the school  
2 district, public school, charter school, or nonpublic school  
3 and its employees and agents, and a physician, a physician  
4 assistant, or an advanced practice registered nurse providing  
5 standing protocol and a prescription for undesignated  
6 epinephrine injectors, an opioid antagonist, or undesignated  
7 asthma medication, are to incur no liability or professional  
8 discipline, except for willful and wanton conduct, as a result  
9 of any injury arising from the use of an undesignated  
10 epinephrine injector, the use of an opioid antagonist, or the  
11 use of undesignated asthma medication, regardless of whether  
12 authorization was given by the pupil's parents or guardians or  
13 by the pupil's physician, physician assistant, or advanced  
14 practice registered nurse.

15 (d) The permission for self-administration and self-carry  
16 of asthma medication or the self-administration and self-carry  
17 of an epinephrine injector is effective for the school year  
18 for which it is granted and shall be renewed each subsequent  
19 school year upon fulfillment of the requirements of this  
20 Section.

21 (e) Provided that the requirements of this Section are  
22 fulfilled, a pupil with asthma may self-administer and  
23 self-carry his or her asthma medication or a pupil may  
24 self-administer and self-carry an epinephrine injector (i)  
25 while in school, (ii) while at a school-sponsored activity,  
26 (iii) while under the supervision of school personnel, or (iv)

1 before or after normal school activities, such as while in  
2 before-school or after-school care on school-operated property  
3 or while being transported on a school bus.

4 (e-5) Provided that the requirements of this Section are  
5 fulfilled, a school nurse or trained personnel may administer  
6 an undesignated epinephrine injector to any person whom the  
7 school nurse or trained personnel in good faith believes to be  
8 having an anaphylactic reaction (i) while in school, (ii)  
9 while at a school-sponsored activity, (iii) while under the  
10 supervision of school personnel, or (iv) before or after  
11 normal school activities, such as while in before-school or  
12 after-school care on school-operated property or while being  
13 transported on a school bus. A school nurse or trained  
14 personnel may carry undesignated epinephrine injectors on his  
15 or her person while in school or at a school-sponsored  
16 activity.

17 (e-10) Provided that the requirements of this Section are  
18 fulfilled, a school nurse or trained personnel may administer  
19 an opioid antagonist to any person whom the school nurse or  
20 trained personnel in good faith believes to be having an  
21 opioid overdose (i) while in school, (ii) while at a  
22 school-sponsored activity, (iii) while under the supervision  
23 of school personnel, or (iv) before or after normal school  
24 activities, such as while in before-school or after-school  
25 care on school-operated property. A school nurse or trained  
26 personnel may carry an opioid antagonist on his or her person

1 while in school or at a school-sponsored activity.

2 (e-15) If the requirements of this Section are met, a  
3 school nurse or trained personnel may administer undesignated  
4 asthma medication to any person whom the school nurse or  
5 trained personnel in good faith believes to be experiencing  
6 respiratory distress (i) while in school, (ii) while at a  
7 school-sponsored activity, (iii) while under the supervision  
8 of school personnel, or (iv) before or after normal school  
9 activities, including before-school or after-school care on  
10 school-operated property. A school nurse or trained personnel  
11 may carry undesignated asthma medication on his or her person  
12 while in school or at a school-sponsored activity.

13 (f) The school district, public school, charter school, or  
14 nonpublic school may maintain a supply of undesignated  
15 epinephrine injectors in any secure location that is  
16 accessible before, during, and after school where an allergic  
17 person is most at risk, including, but not limited to,  
18 classrooms and lunchrooms. A physician, a physician assistant  
19 who has prescriptive authority in accordance with Section 7.5  
20 of the Physician Assistant Practice Act of 1987, or an  
21 advanced practice registered nurse who has prescriptive  
22 authority in accordance with Section 65-40 of the Nurse  
23 Practice Act may prescribe undesignated epinephrine injectors  
24 in the name of the school district, public school, charter  
25 school, or nonpublic school to be maintained for use when  
26 necessary. Any supply of epinephrine injectors shall be

1 maintained in accordance with the manufacturer's instructions.

2 The school district, public school, charter school, or  
3 nonpublic school may maintain a supply of an opioid antagonist  
4 in any secure location where an individual may have an opioid  
5 overdose. A health care professional who has been delegated  
6 prescriptive authority for opioid antagonists in accordance  
7 with Section 5-23 of the Substance Use Disorder Act may  
8 prescribe opioid antagonists in the name of the school  
9 district, public school, charter school, or nonpublic school,  
10 to be maintained for use when necessary. Any supply of opioid  
11 antagonists shall be maintained in accordance with the  
12 manufacturer's instructions.

13 The school district, public school, charter school, or  
14 nonpublic school may maintain a supply of asthma medication in  
15 any secure location that is accessible before, during, or  
16 after school where a person is most at risk, including, but not  
17 limited to, a classroom or the nurse's office. A physician, a  
18 physician assistant who has prescriptive authority under  
19 Section 7.5 of the Physician Assistant Practice Act of 1987,  
20 or an advanced practice registered nurse who has prescriptive  
21 authority under Section 65-40 of the Nurse Practice Act may  
22 prescribe undesignated asthma medication in the name of the  
23 school district, public school, charter school, or nonpublic  
24 school to be maintained for use when necessary. Any supply of  
25 undesignated asthma medication must be maintained in  
26 accordance with the manufacturer's instructions.



1 (f-3) Whichever entity initiates the process of obtaining  
2 undesignated epinephrine injectors and providing training to  
3 personnel for carrying and administering undesignated  
4 epinephrine injectors shall pay for the costs of the  
5 undesignated epinephrine injectors.

6 (f-5) Upon any administration of an epinephrine injector,  
7 a school district, public school, charter school, or nonpublic  
8 school must immediately activate the EMS system and notify the  
9 student's parent, guardian, or emergency contact, if known.

10 Upon any administration of an opioid antagonist, a school  
11 district, public school, charter school, or nonpublic school  
12 must immediately activate the EMS system and notify the  
13 student's parent, guardian, or emergency contact, if known.

14 (f-10) Within 24 hours of the administration of an  
15 undesignated epinephrine injector, a school district, public  
16 school, charter school, or nonpublic school must notify the  
17 physician, physician assistant, or advanced practice  
18 registered nurse who provided the standing protocol and a  
19 prescription for the undesignated epinephrine injector of its  
20 use.

21 Within 24 hours after the administration of an opioid  
22 antagonist, a school district, public school, charter school,  
23 or nonpublic school must notify the health care professional  
24 who provided the prescription for the opioid antagonist of its  
25 use.

26 Within 24 hours after the administration of undesignated

1 asthma medication, a school district, public school, charter  
2 school, or nonpublic school must notify the student's parent  
3 or guardian or emergency contact, if known, and the physician,  
4 physician assistant, or advanced practice registered nurse who  
5 provided the standing protocol and a prescription for the  
6 undesignated asthma medication of its use. The district or  
7 school must follow up with the school nurse, if available, and  
8 may, with the consent of the child's parent or guardian,  
9 notify the child's health care provider of record, as  
10 determined under this Section, of its use.

11 (g) Prior to the administration of an undesignated  
12 epinephrine injector, trained personnel must submit to the  
13 school's administration proof of completion of a training  
14 curriculum to recognize and respond to anaphylaxis that meets  
15 the requirements of subsection (h) of this Section. Training  
16 must be completed annually. The school district, public  
17 school, charter school, or nonpublic school must maintain  
18 records related to the training curriculum and trained  
19 personnel.

20 Prior to the administration of an opioid antagonist,  
21 trained personnel must submit to the school's administration  
22 proof of completion of a training curriculum to recognize and  
23 respond to an opioid overdose, which curriculum must meet the  
24 requirements of subsection (h-5) of this Section. ~~Training~~  
25 ~~must be completed annually. Trained personnel must also submit~~  
26 ~~to the school's administration proof of cardiopulmonary~~

1 ~~resuscitation and automated external defibrillator~~  
2 ~~certification.~~ The school district, public school, charter  
3 school, or nonpublic school must maintain records relating to  
4 the training curriculum and the trained personnel.

5 Prior to the administration of undesignated asthma  
6 medication, trained personnel must submit to the school's  
7 administration proof of completion of a training curriculum to  
8 recognize and respond to respiratory distress, which must meet  
9 the requirements of subsection (h-10) of this Section.  
10 Training must be completed annually, and the school district,  
11 public school, charter school, or nonpublic school must  
12 maintain records relating to the training curriculum and the  
13 trained personnel.

14 (h) A training curriculum to recognize and respond to  
15 anaphylaxis, including the administration of an undesignated  
16 epinephrine injector, may be conducted online or in person.

17 Training shall include, but is not limited to:

18 (1) how to recognize signs and symptoms of an allergic  
19 reaction, including anaphylaxis;

20 (2) how to administer an epinephrine injector; and

21 (3) a test demonstrating competency of the knowledge  
22 required to recognize anaphylaxis and administer an  
23 epinephrine injector.

24 Training may also include, but is not limited to:

25 (A) a review of high-risk areas within a school and  
26 its related facilities;

- 1 (B) steps to take to prevent exposure to allergens;
- 2 (C) emergency follow-up procedures, including the  
3 importance of calling 9-1-1 or, if 9-1-1 is not available,  
4 other local emergency medical services;
- 5 (D) how to respond to a student with a known allergy,  
6 as well as a student with a previously unknown allergy;
- 7 (E) other criteria as determined in rules adopted  
8 pursuant to this Section; and
- 9 (F) any policy developed by the State Board of  
10 Education under Section 2-3.190.

11 In consultation with statewide professional organizations  
12 representing physicians licensed to practice medicine in all  
13 of its branches, registered nurses, and school nurses, the  
14 State Board of Education shall make available resource  
15 materials consistent with criteria in this subsection (h) for  
16 educating trained personnel to recognize and respond to  
17 anaphylaxis. The State Board may take into consideration the  
18 curriculum on this subject developed by other states, as well  
19 as any other curricular materials suggested by medical experts  
20 and other groups that work on life-threatening allergy issues.  
21 The State Board is not required to create new resource  
22 materials. The State Board shall make these resource materials  
23 available on its Internet website.

24 (h-5) A training curriculum to recognize and respond to an  
25 opioid overdose, including the administration of an opioid  
26 antagonist, may be conducted online or in person. The training

1 must comply with any training requirements under Section 5-23  
2 of the Substance Use Disorder Act and the corresponding rules.

3 It must include, but is not limited to:

4 (1) how to recognize symptoms of an opioid overdose;

5 (2) information on drug overdose prevention and  
6 recognition;

7 (3) how to perform rescue breathing and resuscitation;

8 (4) how to respond to an emergency involving an opioid  
9 overdose;

10 (5) opioid antagonist dosage and administration;

11 (6) the importance of calling 9-1-1 or, if 9-1-1 is  
12 not available, other local emergency medical services;

13 (7) care for the overdose victim after administration  
14 of the overdose antagonist;

15 (8) a test demonstrating competency of the knowledge  
16 required to recognize an opioid overdose and administer a  
17 dose of an opioid antagonist; and

18 (9) other criteria as determined in rules adopted  
19 pursuant to this Section.

20 (h-10) A training curriculum to recognize and respond to  
21 respiratory distress, including the administration of  
22 undesignated asthma medication, may be conducted online or in  
23 person. The training must include, but is not limited to:

24 (1) how to recognize symptoms of respiratory distress  
25 and how to distinguish respiratory distress from  
26 anaphylaxis;

1           (2) how to respond to an emergency involving  
2           respiratory distress;

3           (3) asthma medication dosage and administration;

4           (4) the importance of calling 9-1-1 or, if 9-1-1 is  
5           not available, other local emergency medical services;

6           (5) a test demonstrating competency of the knowledge  
7           required to recognize respiratory distress and administer  
8           asthma medication; and

9           (6) other criteria as determined in rules adopted  
10          under this Section.

11          (i) Within 3 days after the administration of an  
12          undesignated epinephrine injector by a school nurse, trained  
13          personnel, or a student at a school or school-sponsored  
14          activity, the school must report to the State Board of  
15          Education in a form and manner prescribed by the State Board  
16          the following information:

17               (1) age and type of person receiving epinephrine  
18               (student, staff, visitor);

19               (2) any previously known diagnosis of a severe  
20               allergy;

21               (3) trigger that precipitated allergic episode;

22               (4) location where symptoms developed;

23               (5) number of doses administered;

24               (6) type of person administering epinephrine (school  
25               nurse, trained personnel, student); and

26               (7) any other information required by the State Board.

1           If a school district, public school, charter school, or  
2 nonpublic school maintains or has an independent contractor  
3 providing transportation to students who maintains a supply of  
4 undesignated epinephrine injectors, then the school district,  
5 public school, charter school, or nonpublic school must report  
6 that information to the State Board of Education upon adoption  
7 or change of the policy of the school district, public school,  
8 charter school, nonpublic school, or independent contractor,  
9 in a manner as prescribed by the State Board. The report must  
10 include the number of undesignated epinephrine injectors in  
11 supply.

12           (i-5) Within 3 days after the administration of an opioid  
13 antagonist by a school nurse or trained personnel, the school  
14 must report to the State Board of Education, in a form and  
15 manner prescribed by the State Board, the following  
16 information:

17           (1) the age and type of person receiving the opioid  
18 antagonist (student, staff, or visitor);

19           (2) the location where symptoms developed;

20           (3) the type of person administering the opioid  
21 antagonist (school nurse or trained personnel); and

22           (4) any other information required by the State Board.

23           (i-10) Within 3 days after the administration of  
24 undesignated asthma medication by a school nurse, trained  
25 personnel, or a student at a school or school-sponsored  
26 activity, the school must report to the State Board of

1 Education, on a form and in a manner prescribed by the State  
2 Board of Education, the following information:

3 (1) the age and type of person receiving the asthma  
4 medication (student, staff, or visitor);

5 (2) any previously known diagnosis of asthma for the  
6 person;

7 (3) the trigger that precipitated respiratory  
8 distress, if identifiable;

9 (4) the location of where the symptoms developed;

10 (5) the number of doses administered;

11 (6) the type of person administering the asthma  
12 medication (school nurse, trained personnel, or student);

13 (7) the outcome of the asthma medication  
14 administration; and

15 (8) any other information required by the State Board.

16 (j) By October 1, 2015 and every year thereafter, the  
17 State Board of Education shall submit a report to the General  
18 Assembly identifying the frequency and circumstances of  
19 undesignated epinephrine and undesignated asthma medication  
20 administration during the preceding academic year. Beginning  
21 with the 2017 report, the report shall also contain  
22 information on which school districts, public schools, charter  
23 schools, and nonpublic schools maintain or have independent  
24 contractors providing transportation to students who maintain  
25 a supply of undesignated epinephrine injectors. This report  
26 shall be published on the State Board's Internet website on



1 the date the report is delivered to the General Assembly.

2 (j-5) Annually, each school district, public school,  
3 charter school, or nonpublic school shall request an asthma  
4 action plan from the parents or guardians of a pupil with  
5 asthma. If provided, the asthma action plan must be kept on  
6 file in the office of the school nurse or, in the absence of a  
7 school nurse, the school administrator. Copies of the asthma  
8 action plan may be distributed to appropriate school staff who  
9 interact with the pupil on a regular basis, and, if  
10 applicable, may be attached to the pupil's federal Section 504  
11 plan or individualized education program plan.

12 (j-10) To assist schools with emergency response  
13 procedures for asthma, the State Board of Education, in  
14 consultation with statewide professional organizations with  
15 expertise in asthma management and a statewide organization  
16 representing school administrators, shall develop a model  
17 asthma episode emergency response protocol before September 1,  
18 2016. Each school district, charter school, and nonpublic  
19 school shall adopt an asthma episode emergency response  
20 protocol before January 1, 2017 that includes all of the  
21 components of the State Board's model protocol.

22 (j-15) (Blank). ~~Every 2 years, school personnel who work~~  
23 ~~with pupils shall complete an in person or online training~~  
24 ~~program on the management of asthma, the prevention of asthma~~  
25 ~~symptoms, and emergency response in the school setting. In~~  
26 ~~consultation with statewide professional organizations with~~

1 ~~expertise in asthma management, the State Board of Education~~  
2 ~~shall make available resource materials for educating school~~  
3 ~~personnel about asthma and emergency response in the school~~  
4 ~~setting.~~

5 (j-20) On or before October 1, 2016 and every year  
6 thereafter, the State Board of Education shall submit a report  
7 to the General Assembly and the Department of Public Health  
8 identifying the frequency and circumstances of opioid  
9 antagonist administration during the preceding academic year.  
10 This report shall be published on the State Board's Internet  
11 website on the date the report is delivered to the General  
12 Assembly.

13 (k) The State Board of Education may adopt rules necessary  
14 to implement this Section.

15 (l) Nothing in this Section shall limit the amount of  
16 epinephrine injectors that any type of school or student may  
17 carry or maintain a supply of.

18 (Source: P.A. 101-81, eff. 7-12-19; 102-413, eff. 8-20-21;  
19 102-813, eff. 5-13-22.)

20 (105 ILCS 5/27-23.6)

21 Sec. 27-23.6. Anti-bias education.

22 (a) The General Assembly finds that there is a significant  
23 increase in violence in the schools and that much of that  
24 violence is the result of intergroup tensions. The General  
25 Assembly further finds that anti-bias education and intergroup

1 conflict resolution are effective methods for preventing  
2 violence and lessening tensions in the schools and that these  
3 methods are most effective when they are respectful of  
4 individuals and their divergent viewpoints and religious  
5 beliefs, which are protected by the First Amendment to the  
6 Constitution of the United States.

7 (b) Beginning with the 2002-2003 school year, public  
8 elementary and secondary schools may incorporate activities to  
9 address intergroup conflict, with the objectives of improving  
10 intergroup relations on and beyond the school campus, defusing  
11 intergroup tensions, and promoting peaceful resolution of  
12 conflict. The activities must be respectful of individuals and  
13 their divergent viewpoints and religious beliefs, which are  
14 protected by the First Amendment to the Constitution of the  
15 United States. ~~Such activities may include, but not be limited~~  
16 ~~to, instruction and teacher training programs.~~

17 (c) A school board that adopts a policy to incorporate  
18 activities to address intergroup conflict as authorized under  
19 subsection (b) of this Section shall make information  
20 available to the public that describes the manner in which the  
21 board has implemented the authority granted to it in this  
22 Section. The means for disseminating this information (i)  
23 shall include posting the information on the school district's  
24 Internet web site, if any, and making the information  
25 available, upon request, in district offices, and (ii) may  
26 include without limitation incorporating the information in a

1 student handbook and including the information in a district  
2 newsletter.

3 (Source: P.A. 92-763, eff. 8-6-02.)

4 (105 ILCS 5/27-23.10)

5 Sec. 27-23.10. Gang resistance education and training.

6 (a) The General Assembly finds that the instance of youth  
7 delinquent gangs continues to rise on a statewide basis. Given  
8 the higher rates of criminal offending among gang members, as  
9 well as the availability of increasingly lethal weapons, the  
10 level of criminal activity by gang members has taken on new  
11 importance for law enforcement agencies, schools, the  
12 community, and prevention efforts.

13 (b) As used in this Section:

14 "Gang resistance education and training" means and  
15 includes instruction in, without limitation, each of the  
16 following subject matters when accompanied by a stated  
17 objective of reducing gang activity and educating children in  
18 grades K through 12 about the consequences of gang  
19 involvement:

- 20 (1) conflict resolution;  
21 (2) cultural sensitivity;  
22 (3) personal goal setting; and  
23 (4) resisting peer pressure.

24 (c) Each school district and non-public, non-sectarian  
25 elementary or secondary school in this State may make suitable

1 provisions for instruction in gang resistance education ~~and~~  
2 ~~training~~ in all grades and include that instruction in the  
3 courses of study regularly taught in those grades. For the  
4 purposes of gang resistance education ~~and training~~, a school  
5 board or the governing body of a non-public, non-sectarian  
6 elementary or secondary school must collaborate with State and  
7 local law enforcement agencies. The State Board of Education  
8 may assist in the development of instructional materials and  
9 teacher training in relation to gang resistance education and  
10 training.

11 (Source: P.A. 96-952, eff. 6-28-10.)

12 (105 ILCS 5/34-18.25)

13 Sec. 34-18.25. Psychotropic or psychostimulant medication;  
14 disciplinary action.

15 (a) In this Section:

16 "Psychostimulant medication" means medication that  
17 produces increased levels of mental and physical energy and  
18 alertness and an elevated mood by stimulating the central  
19 nervous system.

20 "Psychotropic medication" means psychotropic medication as  
21 defined in Section 1-121.1 of the Mental Health and  
22 Developmental Disabilities Code.

23 (b) The board must adopt and implement a policy that  
24 prohibits any disciplinary action that is based totally or in  
25 part on the refusal of a student's parent or guardian to

1 administer or consent to the administration of psychotropic or  
2 psychostimulant medication to the student.

3 ~~The policy must require that, at least once every 2 years,~~  
4 ~~the in-service training of certified school personnel and~~  
5 ~~administrators include training on current best practices~~  
6 ~~regarding the identification and treatment of attention~~  
7 ~~deficit disorder and attention deficit hyperactivity disorder,~~  
8 ~~the application of non aversive behavioral interventions in~~  
9 ~~the school environment, and the use of psychotropic or~~  
10 ~~psychostimulant medication for school age children.~~

11 (c) This Section does not prohibit school medical staff,  
12 an individualized educational program team, or a qualified  
13 ~~professional~~ worker (as defined in Section 14-1.10 of this  
14 Code) from recommending that a student be evaluated by an  
15 appropriate medical practitioner or prohibit school personnel  
16 from consulting with the practitioner with the consent of the  
17 student's parents or guardian.

18 (Source: P.A. 95-331, eff. 8-21-07.)

19 (105 ILCS 5/34-18.54)

20 Sec. 34-18.54. Implicit bias training.

21 (a) The General Assembly makes the following findings:

22 (1) implicit racial bias influences evaluations of and  
23 behavior toward those who are the subject of the bias;

24 (2) understanding implicit racial bias is needed in  
25 order to reduce that bias;

1           (3) marginalized students would benefit from having  
2           access to educators who have worked to reduce their  
3           biases; and

4           (4) training that helps educators overcome implicit  
5           racial bias has implication for classroom interactions,  
6           student evaluation, and classroom engagement; it also  
7           affects student academic self-concept.

8           (b) The board shall require in-service training for  
9           teachers, administrators, and school support personnel to  
10          include training to develop cultural competency, including  
11          understanding and reducing implicit racial bias as outlined in  
12          Sections 10-22.39 and 3-11.

13          (c) As used in this Section, "implicit racial bias" means  
14          a preference, positive or negative, for a racial or ethnic  
15          group that operates outside of awareness. This bias has 3  
16          different components: affective, behavioral, and cognitive.

17          (Source: P.A. 100-14, eff. 7-1-17; 100-863, eff. 8-14-18.)

18                 (105 ILCS 5/34-18.7 rep.)

19                 (105 ILCS 5/34-18.8 rep.)

20          Section 10. The School Code is amended by repealing  
21          Sections 34-18.7 and 34-18.8.

22          Section 15. The Critical Health Problems and Comprehensive  
23          Health Education Act is amended by changing Section 3.10 as  
24          follows:

1 (105 ILCS 110/3.10)

2 Sec. 3.10. Policy on teen dating violence.

3 (a) As used in this Section:

4 "Dating" or "dating relationship" means an ongoing social  
5 relationship of a romantic or intimate nature between 2  
6 persons. "Dating" or "dating relationship" does not include a  
7 casual relationship or ordinary fraternization between 2  
8 persons in a business or social context.

9 "Teen dating violence" means either of the following:

10 (1) A pattern of behavior in which a person uses or  
11 threatens to use physical, mental, or emotional abuse to  
12 control another person who is in a dating relationship  
13 with the person, where one or both persons are 13 to 19  
14 years of age.

15 (2) Behavior by which a person uses or threatens to  
16 use sexual violence against another person who is in a  
17 dating relationship with the person, where one or both  
18 persons are 13 to 19 years of age.

19 (b) The school board of each public school district in  
20 this State shall adopt a policy that does all of the following:

21 (1) States that teen dating violence is unacceptable  
22 and is prohibited and that each student has the right to a  
23 safe learning environment.

24 (2) Incorporates age-appropriate education about teen  
25 dating violence into new or existing training programs for



1 students in grades 7 through 12 and school employees as  
2 outlined in Sections 10-22.39 and 3-11 of the School Code,  
3 ~~as recommended by the school officials identified under~~  
4 ~~subdivision (4) of this subsection (b).~~

5 (3) Establishes procedures for the manner in which  
6 employees of a school are to respond to incidents of teen  
7 dating violence that take place at the school, on school  
8 grounds, at school-sponsored activities, or in vehicles  
9 used for school-provided transportation.

10 (4) Identifies by job title the school officials who  
11 are responsible for receiving reports related to teen  
12 dating violence.

13 (5) Notifies students and parents of the teen dating  
14 violence policy adopted by the board.

15 (Source: P.A. 98-190, eff. 8-6-13.)

16 Section 20. The Care of Students with Diabetes Act is  
17 amended by changing Section 25 as follows:

18 (105 ILCS 145/25)

19 Sec. 25. Training for school employees and delegated care  
20 aides.

21 (a) Teachers, administrators, and school support personnel  
22 ~~In schools that have a student with diabetes, all school~~  
23 ~~employees~~ shall receive training in the basics of diabetes  
24 care, how to identify when a student with diabetes needs

1 immediate or emergency medical attention, and whom to contact  
2 in the case of an emergency as outlined in Sections 10-22.39  
3 and 3-11 ~~during regular inservice training under Section 3-11~~  
4 of the School Code.

5 (b) Delegated care aides shall be trained to perform the  
6 tasks necessary to assist a student with diabetes in  
7 accordance with his or her diabetes care plan, including  
8 training to do the following:

9 (1) check blood glucose and record results;

10 (2) recognize and respond to the symptoms of  
11 hypoglycemia according to the diabetes care plan;

12 (3) recognize and respond to the symptoms of  
13 hyperglycemia according to the diabetes care plan;

14 (4) estimate the number of carbohydrates in a snack or  
15 lunch;

16 (5) administer insulin according to the student's  
17 diabetes care plan and keep a record of the amount  
18 administered; and

19 (6) respond in an emergency, including administering  
20 glucagon and calling 911.

21 (c) The school district shall coordinate ~~staff~~ training  
22 for delegated care aides, teachers, administrators, and school  
23 support personnel.

24 (d) Initial training of a delegated care aide shall be  
25 provided by a licensed healthcare provider with expertise in  
26 diabetes or a certified diabetic educator and individualized

1 by a student's parent or guardian. Training must be consistent  
2 with the guidelines provided by the U.S. Department of Health  
3 and Human Services in the guide for school personnel entitled  
4 "Helping the Student with Diabetes Succeed". The training  
5 shall be updated when the diabetes care plan is changed and at  
6 least annually.

7 (e) School nurses, where available, or health care  
8 providers may provide technical assistance or consultation or  
9 both to delegated care aides.

10 (f) An information sheet shall be provided to any school  
11 employee who transports a student for school-sponsored  
12 activities. It shall identify the student with diabetes,  
13 identify potential emergencies that may occur as a result of  
14 the student's diabetes and the appropriate responses to such  
15 emergencies, and provide emergency contact information.

16 (Source: P.A. 101-428, eff. 8-19-19.)

17 Section 25. The Seizure Smart School Act is amended by  
18 changing Section 25 as follows:

19 (105 ILCS 150/25)

20 Sec. 25. Training for school employees and delegated care  
21 aides.

22 (a) Teachers, administrators, and school support personnel  
23 ~~During an inservice training workshop under Section 3-11 of~~  
24 ~~the School Code, all school employees shall receive training~~

1 in the basics of seizure recognition and first aid and  
2 appropriate emergency protocols as outlined in Sections  
3 10-22.39 and 3-11 in the School Code. The training must be  
4 fully consistent with the best practice guidelines issued by  
5 the Centers for Disease Control and Prevention.

6 (b) In a school in which at least one student with epilepsy  
7 is enrolled, a delegated care aide must be trained to perform  
8 the tasks necessary to assist the student in accordance with  
9 his or her seizure action plan.

10 (c) The training of a delegated care aide must be provided  
11 by a licensed health care provider with an expertise in  
12 epilepsy or an epilepsy educator who has successfully  
13 completed the relevant curricula offered by the Centers for  
14 Disease Control and Prevention.

15 (d) If applicable, a seizure action plan must be provided  
16 to any school employee who transports a student with epilepsy  
17 to a school-sponsored activity.

18 (Source: P.A. 101-50, eff. 7-1-20.)