

Cape Cod Collaborative

**PARENT
HANDBOOK**

2009-2010

Updated 7-31-2009

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Collaborative Transportation Department

**Patti Avilla, Transportation Manager
Rachel Marotta, Dispatcher
Diane Phinney, Dispatcher
Melanie DeCosta-Hill, Dispatcher**

Office (508) 564-5206

Dispatch 774-930-0198

CENTRAL OFFICE

Paul C. Hilton.....	Executive Director
Anita Woods	Director, STAR Programs
Larry Carroll	Director, Alternative Ed. Programs
Dr. Joseph Gilbert	Director, Special Projects
Patti Avilla	Transportation Manager
James Brown	Business Manager
Ellen O’Connell Lowder	Director, Extended Year Programs
Alice Wheeler	Medicaid Service Administrator
Esther Owen	Administrative Assistant
Sheila Murray	Administrative Assistant

Cape Cod Collaborative Central Office is located at:

**5500 Curtis Blvd.
Otis ANGB, MA 02542**

Tel: (508) 564-5099

FAX: (508) 564-5263

Web: www.cccollaborative.org

Email Address: Admin@cccollaborative.org

The Cape Cod Collaborative Administrative Office is open from **6:45 A.M. - 4:00 P.M.** daily. The office will be closed on the following days:

July 3, 2009	Office Closed
September 7, 2009	Labor Day
October 12, 2009	Columbus Day
November 11, 2009	Veteran’s Day
November 25, 2009	½ Day
November 26 & 27, 2009	Thanksgiving
December 25, 2009	Office Closed
January 1, 2010	Office Closed
January 18, 2010	Martin Luther King Day
February 15, 2010	President’s Day
April 19, 2010	Patriot’s Day
May 31, 2010	Memorial Day

Summer office hours are **8:00 A.M. - 2:00 P.M.** beginning the day after the last day of school in June 2010

S.T.A.R. PROGRAMS
Anita Woods, Director (508) 564-5099 x22

<u>PROGRAM</u>	<u>LOCATION</u>	<u>TEACHER</u>	<u>TELEPHONE</u>
ASD/E	Forestdale, Sand.	Dyanna Rose	477-0296
ASD/MS	Wixon, Dennis	Ellen Lowder	385-7010
ASD/E-MS	Wixon, Dennis	Melissa VanEssendelft	385-7010
ASD/HS	Sandwich HS Room A102	Jen Pomocka	888-4900 ex. 1102
	Sandwich H.S. Room A101	Janet Mitchell	888-4900 ex. 1101
Developmental Training Center – Elementary	Forestdale, Sand.	Andrea Smith	477-0296
Developmental Training Center – MS-HS	Quashnet School Mashpee	Mary Pomeroy	477-7644
ED/BD	Stony Brook Brewster	Sandy Smith	896-0124
		Kris Valenzano	

ALTERNATIVE EDUCATION PROGRAMS
Larry Carroll, Director (508) 564-5099 x16

Alternative Ed. Latency Program 9 –12 Yr. Old Program	Oits Memorial Otis ANGB	Melissa Goldstein Program Coordinator	564-5099 ex. 24
Alternative Ed. Adol. Program 16-18 Acad/Vocational Program	Lyle M.S. Otis ANGB	Matt Kravitz Clinical Counselor	564-5099 ex. 17
Alternative Ed. Adol. Program	Lyle M.S. Otis ANGB	Stephanie DeMello Team Coordinator	564-5099 ex. 34

CCC PROGRAM HOURS

<u>Program Hours for Students:</u>		<u>AR</u>	<u>LV</u>
AEP (9-12 Diagnostic)	Otis Memorial	7:30 -	1:30
AEP (13-16 Diagnostic)	Lyle School	7:30 -	1:30
AEP (13-16 Treatment)	Lyle School	7:30 -	1:30
AEP (16-18 Acad/Voc)	Lyle School	7:30 -	1:30
DTC/E	Forestdale School	9:00 -	3:00
DTC/MS/HS	Quashnet School	9:00 -	3:00
ASD/HS/1	Sandwich HS	7:45 -	1:45
ASD/HS/2	Sandwich HS	7:45 -	1:45
ASD/E	Forestdale School	9:00 -	3:00
ASD/MS	Wixon Elementary	9:00 -	3:00
ASD/MS	Wixon Elementary	9:00 -	3:00
ED/BD/1	Stony Brook	9:00 -	3:00
ED/BD/2	Stony Brook	9:00 -	3:00

PLEASE NOTE

The actual starting/leaving time for each student may vary with his/her transportation schedule.

I. STUDENT HEALTH GUIDELINES

A. **MEDICATIONS and PROCEDURES:**

Should your child require either, it is necessary that you follow these guidelines:

1. School/state regulations require that any medications (both prescription and non-prescription i.e. Tylenol or Ibuprophen) given during the school day, be authorized by **BOTH** parent and physician. If you wish your child to receive medications during school hours, please fill out the appropriate form and return it to school. We must have the form **BEFORE** we can administer medication in a school setting.
2. All Doctor's orders and student information packets are to be renewed yearly. **This information must be completed by the beginning of each new school year.**
3. If your child receives daily medication, please see that it is sent in a properly labeled and child-proof pharmacy bottle. Have your pharmacist prepare a bottle especially for use at school.
4. Should your child require a short-term antibiotic, please write a note giving the nurse permission to dispense. The pharmacy label can serve as the doctor's order. This is only to be done with medications that are of short duration. You may bring this in daily, and we will return it to you at the end of the school day.
5. You may wish to have a Tylenol order on file for your child (fever, discomfort). This also requires authorization. You must supply a small bottle, to be labeled and stored, for the classroom.
6. Should your child require a special procedure, i.e., suction, gastrostomy feeding, oxygen, nebulizer, etc., it is also necessary to have authorization. Please fill out the appropriate form. You are responsible for providing the necessary equipment for the procedure.

B. TRANSPORTATION OF MEDICATIONS.

All medications needed by students during the school day MUST be brought in to the school by the parent. This is a school and State policy. Medications may not be sent with the student. Monitors or drivers are not allowed to transport medication.

Please plan accordingly should your child require medication during the school day.

The School nurse will accept and store the medication. The School nurse will notify the parent when the medication is running low.

C. STUDENT ILLNESS:

If your child is ill, please keep him/her home until they are recovered. It is often difficult for a child to learn when they are not feeling well. Children who come to school ill, or become ill while in school, will be sent home. The classroom nurse, teacher and administration, if necessary, will make this decision jointly. Our goal is to keep your child's classroom a healthy, learning environment.

Parents are responsible for providing transportation in the case of illness. If not possible, we ask that you designate another responsible person who can take responsibility for your child.

When your child is absent from school, please telephone **BOTH** the program **AND** the appropriate transportation personnel. **IF YOUR CHILD IS TRANSPORTED BY CAPE COD COLLABORATIVE, PLEASE CONTACT PATTI AVILLA, MANAGER, AT (508) 564-5206 (answering machine available when office closed) or call dispatch cell phone at (774) 930-0198.** If that is not convenient, please contact the Collaborative Administration office at 564-5099 to leave a taped message. If the classroom does not hear from you, we will call to confirm all absences.

If your child is absent, you will receive follow-up telephone calls from the classroom teacher and/or program nurse to inquire about the student's current status. Although daily attendance is desirable for all students, illness does occur which may make it **INADVISABLE** for the student to attend school. Should your child miss school due to illness for 5 or more consecutive days, you will be asked to provide a note from your physician clearing the student to return. The following parameters can be used as a guideline:

FEVER: As a rule, a student with a fever of **100 or over** should remain home. **Twenty-four (24) hours after** the fever has broken, the student can return to school.

Cold: If the student feels well enough and does not have a fever, a child with cold symptoms can go to school, particularly after the first day or two of the cold.

VOMITING/DIARRHEA: A student who has been vomiting or had diarrhea within the last 24 hours should remain home.

EAR INFECTION: There is no need to keep the student, who is being treated, home **UNLESS** the student has fever and/or ear pain.

OTHER: Until appropriate treatment has been received, no student should attend with Impetigo, Conjunctivitis (Pink Eye), Pediculosis (Lice), Pinworms, and unusual rashes. Contact the nurse or teacher if you have a question.

IN ADDITION: If you have medicated your child in the morning (Tylenol, Dimetapp, etc.), please let the teacher/nurse know this by telephone or the daily notebook. This will avoid the possibility of “double-dosing” and allows the nurse to make a more accurate assessment of your child’s health.

PLEASE REMEMBER: Any information regarding your child should be communicated by telephone or the daily notebook, **NOT THROUGH THE BUS DRIVER.**

D. MEDICAL FOLLOW-UP AND RETURN AFTER HOSPITALIZATION

Many of our children are followed on an on-going basis by physicians and/or comprehensive medical/diagnostic facilities. With your permission, we would like to establish communication with the people at these facilities. Included in a packet you received this summer, was an optional form entitled **AUTHORIZATION TO RELEASE/REQUEST INFORMATION.**

If you have not completed this form, please be advised that it really would be helpful to the Collaborative staff if you do so.

May we suggest...

- You let us know in advance of appointments if you would like us to communicate our information about your child to the persons involved in the medical/therapy evaluation.
- You request reports (and sign a release form at the time of request) and a copy be sent to us upon completion of the work with your child.

E. Return to School Following Hospitalization.

Parents ***MUST*** have a physician's written statement that a child is ready to return to school. Included in the physician's written statement, or attached, should be information concerning any changes in the child's medical procedures, therapy prescriptions, medicine dosages, etc.

Parents should contact their child's home school district Director of Special Education/Pupil Personnel Director's office to inform he/she that the student shall be returning to school, provide the district with a copy of the physician's written statement, and to discuss, if necessary, any changes in the students educational program because of his/her medical condition. The parent should then contact the child's teacher to provide he/she with a copy of the physician's written statement and to discuss, if necessary, any changes in the student's educational program.

PLEASE NOTE: All changes in a student's educational program **MUST** be done through and approved by the student's home district.

2. COLLABORATIVE TRANSPORTATION

Please contact Patti Avilla, Transportation Manager, or Rachel Marotta, Transportation Dispatcher, at **(508) 564-5206** with any questions concerning **Collaborative** transportation. If you have questions about a school district's transportation, you will need to call the district.

Direct communication regarding your child's program should not be made through the bus driver or monitor. Please call your child's teacher directly or leave a message at the Collaborative office.

3. TRANSPORTATION BUS INFORMATION

Please be advised that Collaborative school bus vehicles are equipped with audio and visual recording devices to monitor the behavior of the students. The recording devices are turned on during the vehicles operation.

4. CHILD NOT GOING TO SCHOOL: Transportation Call

When your child is absent from school, ***please telephone the program and the appropriate transportation personnel.*** If Cape Cod Collaborative transports your child, please contact Patti Avilla, Transportation Manager, at **(508) 564-5206** between 6:00 A.M. and 9:00 A.M.

5. TELEPHONE CALLS TO PROGRAMS

Telephone calls to the teachers/staff are welcome. Unless it is an emergency, please call ½ hour before or after the program has ended for the day. If you call during the normal operating hours of the program and it is not an emergency, the teacher, or other staff you wish to speak to, may not be able to come to the telephone at that time but will return your call as soon as the daily routine of the program permits she/he to do so.

6. SCHOOL VISITS

School visits by parents are welcome on a periodic basis. If you would like to observe your child in school, please contact your child's teacher by telephone or through the communication book at least 24 hours in advance to be sure that your planned visit is convenient for all involved. You may also ask the teacher for the therapeutic delivery times for your child in order to meet with a particular therapist.

7. 1/2 DAYS/In-service Days

The Collaborative calendar in the **Parent's Handbook** lists those ½ Days and/or In-service Days that were approved. ***If there are any additional 1/2 days or changes in the calendars***, we will contact you as soon as possible with the information.

Please ensure someone is home to meet your child from the school vehicles on these ½ days.

8. END OF THE SCHOOL YEAR

Please be advised the enclosed school calendar identifies a date in June that is the **TENTATIVE LAST DAY**. In May the district's school committee will approve a "last day" based on days to be made up due to school closings, i.e. making up snow days. The last day of school is on a ½ day schedule.

9. DAILY NOTEBOOKS

Daily notebooks are a vital means of communication between home and school. Parents need to include pertinent health and medical information regarding child's health and education. Also, any questions, concerns, appointments should be included. Teachers will also report the above.

10. PARENT CONCERNS

If a parent is unhappy with a child's teacher, therapists, etc., **he/she should try to work out the difficulty with the staff person by setting up a meeting or a telephone call.** If this is not successful, the parent should contact Larry Carroll, AEP Director at (508) 564-5099 x16 or Anita Woods, S.T.A.R. Director at 508 564 5099 x 22 depending on the program your child is in. Collaborative transportation concerns should be addressed to **Patti Avilla, Transportation Manager**, at **(508) 564-5206**. If a school district is transporting your child, please contact the district's transportation manager/liaison.

11. PRESERVATION and PROTECTION OF CHILDREN'S LIVES IN CCC PROGRAMS

Teachers/nurses of the Cape Cod Collaborative shall provide whatever means are available to them to preserve and protect a child's life in the event of a crisis.

In the event of an emergency, proper notification procedures shall be observed. This requires that each Collaborative teacher/nurse have available an emergency procedure established for his/her classroom that should include names, telephone numbers and other pertinent information concerning those who are to be contacted. **A copy of this procedure is filed with the Collaborative's Executive Director.**

Due to the medical needs of students, some programs may require the involvement and input from a local rescue squad. The program nurse shall closely coordinate specific arrangements for their involvement.

12. HOME VISITS

Home visits shall be arranged on an "as needed" basis by the parent and/or teacher/therapist/nurse. Please contact your classroom teacher or the Program Director with any questions or concerns.

13. PARENT VOLUNTEERS

Parent volunteers are welcomed. Please contact your child's teacher to make arrangements for the weekday and hour you will be able to volunteer and to discuss your interest/skills that can be used, shared in the classroom.

The law requires a CORI be done for all volunteers interacting with students. Please contact Esther Owen with questions at 508 564 5099 x 15.

14. PARENT CONFERENCE

You can contact the classroom teacher/therapist/nurse/program director at any time to set up a conference to discuss your child's education program/medical needs.

15. PROGRAM STUDENTS – CARE OUTSIDE THE CLASSROOM

It is the policy of Cape Cod Collaborative's Board of Directors, in order to ensure the objectivity of teachers and staff members toward the students in their programs, and thereby to maintain the effectiveness of the Collaborative programs, that no teacher or staff member will provide care during the school year outside of the Collaborative program for students who are enrolled in that teacher's or staff member's Collaborative program.

16. FOOD/DRINK POLICY

If lunch is to be sent, unopened containers are preferable. If not possible, properly sealed and labeled containers are acceptable.

If a child requires special dietary instructions, extra food or drink, parents must provide information in writing and supply needed items.

Include medical aspects for G-tubes etc. as per nurse.

17. EMERGENCY SCHOOL CLOSINGS

If, because of inclement weather or other emergency, programs will be closed, announcements of such closing will be broadcast on the radio.

If your home school district **DOES NOT** have school, due to inclement weather, your child **WILL NOT** have school.

If the district in which your child's educational program is located **DOES NOT** have school, due to inclement weather, your child **WILL NOT** have school.

If, for any reason, an unplanned, early release from school is necessary, please know that we shall make every effort to inform parents/parents designee by telephone before students are released. Please be sure that we have up to date phone and/or cell phone numbers.

Radio announcements will be made on:

WQRC / 99.9 FM
WOCN / 103.9 FM
WCIB / 102 FM

WPXC / 102.9 FM
WFRQ / 93.5 FM
WFRQ / 101.1 FM

**CAPE COD COLLABORATIVE
INFECTION CONTROL POLICY
SCHOOL YEAR 2009-2010**

INFECTION CONTROL

- Purpose:** This information is intended to educate and guide the staff of the Cape Cod Collaborative in infection control.
- Goal:** To protect students and staff from exposure and transmission of infectious diseases.
- Method:** Presentation of Universal Precautions as an approach to infection control where all human blood and human body fluids are treated as if known to be infected. They are all “universal” because they refer to steps that need to be taken in ALL cases, not only when a staff member or student is known to be a carrier.
- Exposure Risk:** You are at risk of potential occupation exposure if, in your job, you can reasonably anticipate skin, eye, mucous membrane or parental contact with blood or other potentially infectious materials (i.e., sputum, feces, vomitus, urine, saliva).
- Information And Training:** The Infection Control policy of the Cape Cod Collaborative will be updated on a yearly basis and shared with each employee. A reference person on staff will be made available for questions and consult.
- Hepatitis B Vaccination:** It is recommended that all employees receive a Hepatitis B Vaccine. You should consult with your doctor regarding this issue. The Collaborative office can give you more information.

HANDWASHING

Proper hand washing is crucial in preventing staff and students from the transmission of infectious diseases. At times, running water may not be available. Transportation and classroom staff are provided with cans of foaming antiseptic cleanser. This is to be used when hand washing is not immediately feasible. Remember to follow up with proper hand washing as soon as possible.

Wash hands before and after contact with students, after touching objects that are contaminated, after cleaning up spills, after glove removal, before taking breaks and at the end of the workday.

Wash hands using soap and water. Rub hands vigorously together for at least ten seconds. Rinse thoroughly under running water. Dry hands with paper towels. Turn off faucet with dry paper towel and discard.

Remember, hand washing is your first and best line of defense!

Foamed Alcohol Health Care Personnel Hand-wash containers are in each vehicle for use by the driver and monitor.

PERSONAL PROTECTIVE EQUIPMENT

PERSONAL PROTECTIVE EQUIPMENT (PPE) is another means of reducing the risk of infectious diseases. It is recommended that the employee utilize this equipment in a consistent manner. PPE is recommended for use in the classroom: disposable gloves for all, eye protection in the form of goggles where indicated and the use of disposable underpads (i.e. Chux).

Gloves should be worn when potential body fluid contact is anticipated. These instances include contact with blood, mucous membranes, non-intact skin, feces, urine, and respiratory secretions. Wear gloves when diapering, cleansing, bandage changers, when providing mouth care, and when doing suctioning and trach care. You will also want to wear gloves if you have open sores on your hands when you are cleaning up the environment. Dispose of gloves after each use. Do not reuse. Wash hands after wearing gloves.

CLEAN UP OF SPILLS

Potentially infectious spills should be cleaned up immediately. This will decontaminate the area. Using gloves, mop up spills with paper towels and discard. Cleanse the surface with a fresh solution of bleach and water.

Everyday Solution:	1 tbsp. Bleach/1gallon of water
Potty-Chairs:	1 tbsp. Bleach/1quart of water
Blood, vomitus and excretion spills:	1 part bleach/10 parts water

LAUNDRY

- Avoid using items that require laundering.
- Any soiled items should be placed in a plastic bag and sent home for laundering.
- If laundry is to be washed, it should be transported in a plastic bag and washed in hot water (at least 160 degrees) using ordinary laundry detergent.

DISPOSAL OF WASTE

All disposable items, contaminated with body fluids should be discarded into plastic bags, tightly closed, bagged a second time, and finally disposed of. Use gloves when emptying trash.

Needles and other sharps should be properly disposed of in the sharp container in your host school's nurse's office. Do not recap your needles, instead, place in a safe, covered container for transport to the nurse's office.

ACCIDENTAL EXPOSURE

Accidental exposure to infectious material can and does occur. In this instance, the following is recommended:

- Wash the area immediately with soap and water
- If the exposure is in the eye or mouth, flush the area generously with water
- Document the incident in detail on an incident form and send it to the office
- Contact your private physician for follow up.

PREGNANT WOMEN

Pregnant employees are not at a higher risk for contracting infectious disease than other employees are. However, the transmission of certain diseases can have an adverse outcome on the child. The conscientious use of Universal Precautions greatly reduces the risk of transmission.

ADDITIONAL TIPS

1. Do not use cloth towels for drying food contact surfaces.
2. Keep sponges in bleach solution between uses.
3. Label toothbrushes and personal items.
4. Do not use a common basin for washing (ADL's).
5. Touch silverware by handles only.

SUMMARY: The aforementioned measures are intended to decrease the risk of exposure to care providers and students. These approaches are based on the concept of Universal precautions. It requires that all personnel consider every person, all blood and most body fluids to be a potential carrier of infectious disease.

Susan Blaha, RN
June 2009

WHAT'S CATCHING

<u>Condition</u>	<u>Peak Season</u>	<u>How Transmitted</u>	<u>Symptoms</u>	<u>Treatment</u>	<u>Days Ill</u>
Lice	Sept.-Nov.	Direct contact, such as sharing combs or hats.	Itching & scratching head, behind ears, neck; possible swollen gland in neck or under arm	Special medicated shampoo: nit removal with special comb. Daily nit check for 10 days.	None once treated
Conjunctivitis	Anytime	Hand-to-eye.	Itching, burning eyes; pus discharge; eye whites turn pink or red; eye lining red.	Antibiotic drops if bacterial infection; warm compresses	3-5
Colds	Jan.-March	Hand-to-mucus membrane contact; breathing airborne, virus-containing droplets.	Sneezing; runny nose; fever; chills; cough.	Fluids; humidifier; Acetaminophen: over-the-counter symptom relievers.	7-10
Impetigo	Spring-Summer	Germs enter skin through cut or scrape.	Red skin; fluid-filled blisters that burst & crust over.	Antibiotic pill or cream.	5
Strep Throat	Winter	Breathing bacteria-containing droplets.	Fever; sore throat; headache; swollen lymph nodes.	Antibiotics; acetaminophen: fluids.	Sick until 24 Hrs. after starting antibiotics
Bronchitis	Winter	Complication of a cold Or flu.	Dry, hacking cough then productive cough; low fever.	Humidifier; acetaminophen; fluids; cough medicine	7-10
Stomach Virus	Winter	Hand-to-mucus Membrane; sharing utensils.	Vomiting; diarrhea.	Fluids; no solids.	1-2
Influenza	Dec.-March	Airborne droplets.	Chills; fever; body aches; headaches.	Bed rest; fluids; acetaminophen; humidifier.	3-7
Measles	Anytime	Airborne droplets.	Fever; cold-like symptoms; sore eyes; characteristic rash.	Acetaminophen; fluids	7
Chicken Pox	Spring	Airborne droplets; fluid Blisters.	Low fever; rash; blisters; Scabs; malaise.	Calamine for itching; acetaminophen; acyclovir.	7
Fifth Disease	Late Winter-Summer	Airborne droplets; close contact.	"Slapped Cheek" rash; lacy rash on body; mild fever.	Bed rest; fluids; acetaminophen.	10

19. Special Education Administrative Board

<u>District</u>	<u>Representative</u>
Barnstable	Jane Jezard, Director of Special Education, 790-9810
Bourne	Ellen Varnerin, Director of Pupil Personnel, 759-0660 extension 2
Cape Cod Tech	Gary Urgonski, Director of Special Education, 432-4500/771-2600
Chatham	Joan Goggin, Director of Student Services 945-5132
Dennis/Yarmouth	Judy Dion, Director of Pupil Personnel, 398-7625
Falmouth	Mary Larrivee, Administrator of Special Education, 548-0151 extension 111
Harwich	Anthony Teso, Director of Pupil Personnel, 430-7201 extension 18
Martha's Vineyard Reg. HS	Dan Secklecki, Pupil Personnel Services 693-2007
Mashpee	Carla Thomas, Director of Special Education, 539-1503
Nantucket	Nina Locario, Director of Special Education, 325-5327
Nauset	Ann Carreti, Director of Special Education, 225-8800 extension 6
Provincetown	Linda Koelbel, Director of Special Education 487-5025
Sandwich	Merle Montani, Interim Director of Special Education 888-4900
Truro	Lynne Newton, Director of Special Education, 487-1558
Upper Cape Cod RTS	Toni Link, Director of Pupil Personnel 759-7711
Wareham	Robert Louzan, Director of Student Services 291-3541

NOTES