



Sen. Ram Villivalam

Filed: 5/8/2023

10300HB3690sam001

LRB103 29661 RJT 61517 a

1 AMENDMENT TO HOUSE BILL 3690

2 AMENDMENT NO. _____. Amend House Bill 3690 by replacing
3 everything after the enacting clause with the following:

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

8 (105 ILCS 5/3-11) (from Ch. 122, par. 3-11)

9 Sec. 3-11. Institutes or inservice training workshops. In
10 counties of less than 2,000,000 inhabitants, the regional
11 superintendent may arrange for or conduct district, regional,
12 or county institutes, or equivalent professional educational
13 experiences, not more than 4 days annually. Of those 4 days, 2
14 days may be used as a teachers, administrators, and school
15 support personnel ~~teacher's and educational support personnel~~
16 workshop, when approved by the regional superintendent, up to

1 2 days may be used for conducting parent-teacher conferences,
2 or up to 2 days may be utilized as parental institute days as
3 provided in Section 10-22.18d. School ~~Educational~~ support
4 personnel may be exempt from a workshop if the workshop is not
5 relevant to the work they do. A school district may use one of
6 its 4 institute days on the last day of the school term.
7 "Institute" or "Professional educational experiences" means
8 any educational gathering, demonstration of methods of
9 instruction, visitation of schools or other institutions or
10 facilities, sexual abuse and sexual assault awareness seminar,
11 or training in First Aid (which may include cardiopulmonary
12 resuscitation or defibrillator training) held or approved by
13 the regional superintendent and declared by him to be an
14 institute day, or parent-teacher conferences. With the
15 concurrence of the State Superintendent of Education, the
16 regional superintendent ~~he or she~~ may employ such assistance
17 as is necessary to conduct the institute. Two or more
18 adjoining counties may jointly hold an institute. Institute
19 instruction shall be free to holders of licenses good in the
20 county or counties holding the institute and to those who have
21 paid an examination fee and failed to receive a license.

22 In counties of 2,000,000 or more inhabitants, the regional
23 superintendent may arrange for or conduct district, regional,
24 or county inservice training workshops, or equivalent
25 professional educational experiences, not more than 4 days
26 annually. Of those 4 days, 2 days may be used as a teachers,

1 administrators, and school support personnel ~~teacher's and~~
2 ~~educational support personnel~~ workshop, when approved by the
3 regional superintendent, up to 2 days may be used for
4 conducting parent-teacher conferences, or up to 2 days may be
5 utilized as parental institute days as provided in Section
6 10-22.18d. School ~~Educational~~ support personnel may be exempt
7 from a workshop if the workshop is not relevant to the work
8 they do. A school district may use one of those 4 days on the
9 last day of the school term. "Inservice Training Workshops" or
10 "Professional educational experiences" means any educational
11 gathering, demonstration of methods of instruction, visitation
12 of schools or other institutions or facilities, sexual abuse
13 and sexual assault awareness seminar, or training in First Aid
14 (which may include cardiopulmonary resuscitation or
15 defibrillator training) held or approved by the regional
16 superintendent and declared by the regional superintendent ~~him~~
17 to be an inservice training workshop, or parent-teacher
18 conferences. With the concurrence of the State Superintendent
19 of Education, the regional superintendent ~~he~~ may employ such
20 assistance as is necessary to conduct the inservice training
21 workshop. With the approval of the regional superintendent, 2
22 or more adjoining districts may jointly hold an inservice
23 training workshop. In addition, with the approval of the
24 regional superintendent, one district may conduct its own
25 inservice training workshop with subject matter consultants
26 requested from the county, State or any State institution of

1 higher learning.

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

5 Whenever reference is made in this Act to "~~teachers~~
6 institute", it shall be construed to include the inservice
7 training workshops or equivalent professional educational
8 experiences provided for in this Section.

9 Any institute advisory committee existing on April 1,
10 1995, is dissolved and the duties and responsibilities of the
11 institute advisory committee are assumed by the regional
12 office of education advisory board.

13 Districts providing inservice training programs shall
14 constitute inservice committees, 1/2 of which shall be
15 teachers, 1/4 school service personnel and 1/4 administrators
16 to establish program content and schedules.

17 In addition to other topics not listed in this Section,
18 the ~~The~~ teachers institutes shall include ~~teacher~~ training
19 committed to health conditions of students; social-emotional
20 learning; developing cultural competency; identifying warning
21 signs of mental illness and suicidal behavior in youth;
22 domestic and sexual violence and the needs of expectant and
23 parenting youth; protections and accommodations for students;
24 educator ethics; responding to child sexual abuse and grooming
25 behavior; and effective instruction in violence prevention and
26 conflict resolution. Institute programs in these topics shall

1 be credited toward hours of professional development required
2 for license renewal as outlined in subsection (e) of Section
3 21B-45 (i) peer counseling programs and other anti-violence
4 and conflict resolution programs, including without limitation
5 programs for preventing at risk students from committing
6 violent acts, and (ii) educator ethics and teacher student
7 conduct. Beginning with the 2009-2010 school year, the
8 teachers institutes shall include instruction on prevalent
9 student chronic health conditions. Beginning with the
10 2016-2017 school year, the teachers institutes shall include,
11 at least once every 2 years, instruction on the federal
12 Americans with Disabilities Act as it pertains to the school
13 environment.

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

15 (105 ILCS 5/10-20.36)

16 Sec. 10-20.36. Psychotropic or psychostimulant medication;
17 disciplinary action.

18 (a) In this Section:

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

23 "Psychotropic medication" means psychotropic medication as
24 defined in Section 1-121.1 of the Mental Health and
25 Developmental Disabilities Code.

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

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

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

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

22 (105 ILCS 5/10-20.61)

23 Sec. 10-20.61. Implicit bias training.

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

25 (1) implicit racial bias influences evaluations of and

1 behavior toward those who are the subject of the bias;

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

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

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

11 (b) Teachers, administrators, and school support personnel
12 shall complete training ~~Each school board shall require~~
13 ~~in-service training for school personnel to include training~~
14 to develop cultural competency, including understanding and
15 reducing implicit racial bias, as outlined in Sections
16 10-22.39 and 3-11.

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

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

22 (105 ILCS 5/10-22.24b)

23 Sec. 10-22.24b. School counseling services. School
24 counseling services in public schools may be provided by
25 school counselors as defined in Section 10-22.24a of this Code

1 or by individuals who hold a Professional Educator License
2 with a school support personnel endorsement in the area of
3 school counseling under Section 21B-25 of this Code.

4 School counseling services may include, but are not
5 limited to:

6 (1) designing and delivering a comprehensive school
7 counseling program that promotes student achievement and
8 wellness;

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

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

14 (4) providing individual and group counseling;

15 (5) providing a core counseling curriculum that serves
16 all students and addresses the knowledge and skills
17 appropriate to their developmental level through a
18 collaborative model of delivery involving the school
19 counselor, classroom teachers, and other appropriate
20 education professionals, and including prevention and
21 pre-referral activities;

22 (6) making referrals when necessary to appropriate
23 offices or outside agencies;

24 (7) providing college and career development
25 activities and counseling;

26 (8) developing individual career plans with students,

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

5 (9) assisting all students with a college or
6 post-secondary education plan, which must include a
7 discussion on all post-secondary education options,
8 including 4-year colleges or universities, community
9 colleges, and vocational schools, and includes planning
10 for post-secondary education, as appropriate, and engaging
11 in related and relevant career and technical education
12 coursework in high school as described in paragraph (55);

13 (10) intentionally addressing the career and college
14 needs of first generation students;

15 (11) educating all students on scholarships, financial
16 aid, and preparation of the Federal Application for
17 Federal Student Aid;

18 (12) collaborating with institutions of higher
19 education and local community colleges so that students
20 understand post-secondary education options and are ready
21 to transition successfully;

22 (13) providing crisis intervention and contributing to
23 the development of a specific crisis plan within the
24 school setting in collaboration with multiple
25 stakeholders;

26 (14) educating students, teachers, and parents on

1 anxiety, depression, cutting, and suicide issues and
2 intervening with students who present with these issues;

3 (15) providing counseling and other resources to
4 students who are in crisis;

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

7 (17) addressing bullying and conflict resolution with
8 all students;

9 (18) teaching communication skills and helping
10 students develop positive relationships;

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

13 (20) addressing the needs of undocumented students in
14 the school, as well as students who are legally in the
15 United States, but whose parents are undocumented;

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

19 (22) (i) assisting students in need of special
20 education services by implementing the academic supports
21 and social-emotional and college or career development
22 counseling services or interventions per a student's
23 individualized education program (IEP); (ii) participating
24 in or contributing to a student's IEP and completing a
25 social-developmental history; or (iii) providing services
26 to a student with a disability under the student's IEP or

1 federal Section 504 plan, as recommended by the student's
2 IEP team or Section 504 plan team and in compliance with
3 federal and State laws and rules governing the provision
4 of educational and related services and school-based
5 accommodations to students with disabilities and the
6 qualifications of school personnel to provide such
7 services and accommodations;

8 (23) assisting in the development of a personal
9 educational plan with each student;

10 (24) educating students on dual credit and learning
11 opportunities on the Internet;

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

15 (26) interpreting achievement test results and guiding
16 students in appropriate directions;

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

19 (28) providing families with opportunities for
20 education and counseling as appropriate in relation to the
21 student's educational assessment;

22 (29) consulting and collaborating with teachers and
23 other school personnel regarding behavior management and
24 intervention plans and inclusion in support of students;

25 (30) teaming and partnering with staff, parents,
26 businesses, and community organizations to support student

1 achievement and social-emotional learning standards for
2 all students;

3 (31) developing and implementing school-based
4 prevention programs, including, but not limited to,
5 mediation and violence prevention, implementing social and
6 emotional education programs and services, and
7 establishing and implementing bullying prevention and
8 intervention programs;

9 (32) developing culturally sensitive
10 ~~culturally sensitive~~ assessment instruments for measuring
11 school counseling prevention and intervention
12 effectiveness and collecting, analyzing, and interpreting
13 data;

14 (33) participating on school and district committees
15 to advocate for student programs and resources, as well as
16 establishing a school counseling advisory council that
17 includes representatives of key stakeholders selected to
18 review and advise on the implementation of the school
19 counseling program;

20 (34) acting as a liaison between the public schools
21 and community resources and building relationships with
22 important stakeholders, such as families, administrators,
23 teachers, and board members;

24 (35) maintaining organized, clear, and useful records
25 in a confidential manner consistent with Section 5 of the
26 Illinois School Student Records Act, the Family

1 Educational Rights and Privacy Act, and the Health
2 Insurance Portability and Accountability Act;

3 (36) presenting an annual agreement to the
4 administration, including a formal discussion of the
5 alignment of school and school counseling program missions
6 and goals and detailing specific school counselor
7 responsibilities;

8 (37) identifying and implementing culturally sensitive
9 ~~culturally sensitive~~ measures of success for student
10 competencies in each of the 3 domains of academic, social
11 and emotional, and college and career learning based on
12 planned and periodic assessment of the comprehensive
13 developmental school counseling program;

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

16 (39) conducting observations and participating in
17 recommendations or interventions regarding the placement
18 of children in educational programs or special education
19 classes;

20 (40) analyzing data and results of school counseling
21 program assessments, including curriculum, small-group,
22 and closing-the-gap results reports, and designing
23 strategies to continue to improve program effectiveness;

24 (41) analyzing data and results of school counselor
25 competency assessments;

26 (42) following American School Counselor Association

1 Ethical Standards for School Counselors to demonstrate
2 high standards of integrity, leadership, and
3 professionalism;

4 (43) knowing and embracing common core standards by
5 using common core language;

6 (44) practicing as a culturally skilled
7 ~~culturally skilled~~ school counselor by infusing the
8 multicultural competencies within the role of the school
9 counselor, including the practice of culturally sensitive
10 ~~culturally sensitive~~ attitudes and beliefs, knowledge, and
11 skills;

12 (45) infusing the Social-Emotional Standards, as
13 presented in the State Board of Education standards,
14 across the curriculum and in the counselor's role in ways
15 that empower and enable students to achieve academic
16 success across all grade levels;

17 (46) providing services only in areas in which the
18 school counselor has appropriate training or expertise, as
19 well as only providing counseling or consulting services
20 within his or her employment to any student in the
21 district or districts which employ such school counselor,
22 in accordance with professional ethics;

23 (47) having adequate training in supervision knowledge
24 and skills in order to supervise school counseling interns
25 enrolled in graduate school counselor preparation programs
26 that meet the standards established by the State Board of

1 Education;

2 (48) being involved with State and national
3 professional associations;

4 (49) complete the required training as outlined in
5 Section 10-22.39 ~~participating, at least once every 2~~
6 ~~years, in an in service training program for school~~
7 ~~counselors conducted by persons with expertise in domestic~~
8 ~~and sexual violence and the needs of expectant and~~
9 ~~parenting youth, which shall include training concerning~~
10 ~~(i) communicating with and listening to youth victims of~~
11 ~~domestic or sexual violence and expectant and parenting~~
12 ~~youth, (ii) connecting youth victims of domestic or sexual~~
13 ~~violence and expectant and parenting youth to appropriate~~
14 ~~in school services and other agencies, programs, and~~
15 ~~services as needed, and (iii) implementing the school~~
16 ~~district's policies, procedures, and protocols with regard~~
17 ~~to such youth, including confidentiality; at a minimum,~~
18 ~~school personnel must be trained to understand, provide~~
19 ~~information and referrals, and address issues pertaining~~
20 ~~to youth who are parents, expectant parents, or victims of~~
21 ~~domestic or sexual violence;~~

22 (50) (blank); ~~participating, at least every 2 years,~~
23 ~~in an in service training program for school counselors~~
24 ~~conducted by persons with expertise in anaphylactic~~
25 ~~reactions and management;~~

26 (51) (blank); ~~participating, at least once every 2~~

1 ~~years, in an in-service training on educator ethics,~~
2 ~~teacher-student conduct, and school-employee-student~~
3 ~~conduct for all personnel;~~

4 (52) (blank); ~~participating, in addition to other~~
5 ~~topics at in-service training programs, in training to~~
6 ~~identify the warning signs of mental illness and suicidal~~
7 ~~behavior in adolescents and teenagers and learning~~
8 ~~appropriate intervention and referral techniques;~~

9 (53) (blank); ~~obtaining training to have a basic~~
10 ~~knowledge of matters relating to acquired immunodeficiency~~
11 ~~syndrome (AIDS), including the nature of the disease, its~~
12 ~~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~~
15 ~~other information that may be appropriate considering the~~
16 ~~age and grade level of the pupils; the school board shall~~
17 ~~supervise such training and the State Board of Education~~
18 ~~and the Department of Public Health shall jointly develop~~
19 ~~standards for such training;~~

20 (54) participating in mandates from the State Board of
21 Education for bullying education and social-emotional
22 literacy ~~literary~~; and

23 (55) promoting career and technical education by
24 assisting each student to determine an appropriate
25 postsecondary plan based upon the student's skills,
26 strengths, and goals and assisting the student to

1 implement the best practices that improve career or
2 workforce readiness after high school.

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

8 Nothing in this Section prohibits other qualified
9 professionals, including other endorsed school support
10 personnel, from providing the services listed in this Section.
11 (Source: P.A. 101-290, eff. 8-9-19; 102-876, eff. 1-1-23;
12 revised 12-9-22.)

13 (105 ILCS 5/10-22.39)

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

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

17 (b) In addition to other topics at in-service training
18 programs listed in this Section, teachers, administrators, and
19 school support personnel who work with pupils must be trained
20 in the following topics: health conditions of students;
21 social-emotional learning; developing cultural competency;
22 identifying warning signs of mental illness and suicidal
23 behavior in youth; domestic and sexual violence and the needs
24 of expectant and parenting youth; protections and
25 accommodations for students; educator ethics; responding to

1 child sexual abuse and grooming behavior; and effective
2 instruction in violence prevention and conflict resolution.
3 In-service training programs in these topics shall be credited
4 toward hours of professional development required for license
5 renewal as outlined in subsection (e) of Section 21B-45.

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

8 Nurses and school nurses, as defined by Section 10-22.23,
9 are exempt from training required in subsection (b-5).

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

26 (b-5) Training regarding health conditions of students for

1 staff required by this Section shall include, but is not
2 limited to:

3 (1) Chronic health conditions of students.

4 (2) Anaphylactic reactions and management. Such
5 training shall be conducted by persons with expertise in
6 anaphylactic reactions and management.

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

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

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

17 (6) Current best practices regarding the
18 identification and treatment of attention deficit
19 hyperactivity disorder.

20 (7) Instruction on how to respond to an incident
21 involving life-threatening bleeding and, if applicable,
22 how to use a school's trauma kit. Beginning with the
23 2024-2025 school year, training on life-threatening
24 bleeding must be completed within 6 months of the employee
25 first being employed by a school board and renewed within
26 2 years. Beginning with the 2027-2028 school year, the

1 training must be completed within 6 months of the employee
2 first being employed by a school board and renewed at
3 least once every 5 years thereafter.

4 In consultation with professional organizations with
5 expertise in student health issues, including, but not limited
6 to, asthma management, anaphylactic reactions, seizure
7 recognition, and diabetes care, the State Board of Education
8 shall make available resource materials for educating school
9 personnel about student health conditions and emergency
10 response in the school setting.

11 A school board may satisfy the life-threatening bleeding
12 training under this subsection by using the training,
13 including online training, available from the American College
14 of Surgeons or any other similar organization.

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

22 (b-15) The training regarding developing cultural
23 competency for staff required by this Section shall include,
24 but is not limited to, understanding and reducing implicit
25 bias, including implicit racial bias. As used in this
26 subsection, "implicit racial bias" has the meaning set forth

1 in Section 10-20.61.

2 (b-20) The training regarding identifying warning signs of
3 mental illness, trauma, and suicidal behavior in youth for
4 staff required by this Section shall include, but is not
5 limited to, appropriate intervention and referral techniques,
6 including resources and guidelines as outlined in Section
7 2-3.166.

8 Illinois Mental Health First Aid training, established
9 under the Illinois Mental Health First Aid Training Act, may
10 satisfy the requirements of this subsection.

11 If teachers, administrators, or school support personnel
12 obtain mental health first aid training outside of an
13 in-service training program, they may present a certificate of
14 successful completion of the training to the school district
15 to satisfy the requirements of this subsection. Training
16 regarding the implementation of trauma-informed practices
17 satisfies the requirements of this subsection.

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

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

23 "Sexual violence" means sexual assault, abuse, or stalking
24 of an adult or minor child proscribed in the Criminal Code of
25 1961 or in Sections 11-1.20, 11-1.30, 11-1.40, 11-1.50,
26 11-1.60, 12-7.3, 12-7.4, 12-7.5, 12-12, 12-13, 12-14, 12-14.1,

1 12-15, and 12-16 of the Criminal Code of 2012, including
2 sexual violence committed by perpetrators who are strangers to
3 the victim and sexual violence committed by perpetrators who
4 are known or related by blood or marriage to the victim.

5 The training regarding domestic and sexual violence and
6 the needs of expectant and parenting youth for staff required
7 by this Section must be conducted by persons with expertise in
8 domestic and sexual violence and the needs of expectant and
9 parenting youth, and shall include, but is not limited to:

10 (1) communicating with and listening to youth victims
11 of domestic or sexual violence and expectant and parenting
12 youth;

13 (2) connecting youth victims of domestic or sexual
14 violence and expectant and parenting youth to appropriate
15 in-school services and other agencies, programs, and
16 services as needed;

17 (3) implementing the school district's policies,
18 procedures, and protocols with regard to such youth,
19 including confidentiality. At a minimum, school personnel
20 must be trained to understand, provide information and
21 referrals, and address issues pertaining to youth who are
22 parents, expectant parents, or victims of domestic or
23 sexual violence; and

24 (4) procedures for responding to incidents of teen
25 dating violence that take place at the school, on school
26 grounds, at school-sponsored activities, or in vehicles

1 used for school-provided transportation as outlined in
2 Section 3.10 of the Critical Health Problems and
3 Comprehensive Health Education Act.

4 (b-30) The training regarding protections and
5 accommodations for students shall include, but is not limited
6 to, instruction on the federal Americans with Disabilities
7 Act, as it pertains to the school environment, and
8 homelessness. Beginning with the 2024-2025 school year,
9 training on homelessness must be completed within 6 months of
10 an employee first being employed by a school board and renewed
11 within 2 years. Beginning with the 2027-2028 school year, the
12 training must be completed within 6 months of the employee
13 first being employed by a school board and renewed at least
14 once every 5 years thereafter. Training on homelessness shall
15 include the following:

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

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

19 (3) the rights of students experiencing homelessness
20 under State and federal law;

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

23 (5) the appropriate referral techniques, including the
24 name and contact number of the school or school district
25 homeless liaison.

26 School boards may work with a community-based organization

1 that specializes in working with homeless children and youth
2 to develop and provide the training.

3 (b-35) The training regarding educator ethics and
4 responding to child sexual abuse and grooming behavior shall
5 include, but is not limited to, teacher-student conduct,
6 school employee-student conduct, and evidence-informed
7 training on preventing, recognizing, reporting, and responding
8 to child sexual abuse and grooming as outlined in Section
9 10-23.13.

10 (b-40) The training regarding effective instruction in
11 violence prevention and conflict resolution required by this
12 Section shall be conducted in accordance with the requirements
13 of Section 27-23.4.

14 (c) Beginning July 1, 2024, all nonpublic elementary and
15 secondary school teachers, administrators, and school support
16 personnel shall complete the training set forth in subsection
17 (b-5). Training must be completed within 6 months of first
18 being employed by a nonpublic school and renewed at least once
19 every 5 years, unless required more frequently by other State
20 or federal law. If nonpublic teachers, administrators, or
21 school support personnel obtain training from a public school
22 district or nonpublic school employer, the teacher,
23 administrator, or school support personnel may present
24 documentation to the nonpublic school showing current
25 compliance with this subsection to satisfy the requirement of
26 receiving training within 6 months of first being employed. at

1 ~~least once every 2 years, licensed school personnel and~~
2 ~~administrators who work with pupils in kindergarten through~~
3 ~~grade 12 shall be trained to identify the warning signs of~~
4 ~~mental illness, trauma, and suicidal behavior in youth and~~
5 ~~shall be taught appropriate intervention and referral~~
6 ~~techniques. A school district may utilize the Illinois Mental~~
7 ~~Health First Aid training program, established under the~~
8 ~~Illinois Mental Health First Aid Training Act and administered~~
9 ~~by certified instructors trained by a national association~~
10 ~~recognized as an authority in behavioral health, to provide~~
11 ~~the training and meet the requirements under this subsection.~~
12 ~~If licensed school personnel or an administrator obtains~~
13 ~~mental health first aid training outside of an in-service~~
14 ~~training program, he or she may present a certificate of~~
15 ~~successful completion of the training to the school district~~
16 ~~to satisfy the requirements of this subsection.~~

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

19 ~~A course of instruction as described in this subsection~~
20 ~~(b) may provide information that is relevant to and within the~~
21 ~~scope of the duties of licensed school personnel or school~~
22 ~~administrators. Such information may include, but is not~~
23 ~~limited to:~~

24 ~~(1) the recognition of and care for trauma in students~~
25 ~~and staff;~~

26 ~~(2) the relationship between educator wellness and~~

1 ~~student learning;~~

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

4 ~~(4) the prevalence of trauma among students, including~~
5 ~~the prevalence of trauma among student populations at~~
6 ~~higher risk of experiencing trauma;~~

7 ~~(5) the effects of implicit or explicit bias on~~
8 ~~recognizing trauma among various student groups in~~
9 ~~connection with race, ethnicity, gender identity, sexual~~
10 ~~orientation, socio-economic status, and other relevant~~
11 ~~factors; and~~

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

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

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

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

1 ~~training.~~

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

3 ~~"Domestic violence" means abuse by a family or household~~
4 ~~member, as "abuse" and "family or household members" are~~
5 ~~defined in Section 103 of the Illinois Domestic Violence Act~~
6 ~~of 1986.~~

7 ~~"Sexual violence" means sexual assault, abuse, or stalking~~
8 ~~of an adult or minor child proscribed in the Criminal Code of~~
9 ~~1961 or the Criminal Code of 2012 in Sections 11-1.20,~~
10 ~~11-1.30, 11-1.40, 11-1.50, 11-1.60, 12-7.3, 12-7.4, 12-7.5,~~
11 ~~12-12, 12-13, 12-14, 12-14.1, 12-15, and 12-16, including~~
12 ~~sexual violence committed by perpetrators who are strangers to~~
13 ~~the victim and sexual violence committed by perpetrators who~~
14 ~~are known or related by blood or marriage to the victim.~~

15 ~~At least once every 2 years, an in service training~~
16 ~~program for school personnel who work with pupils, including,~~
17 ~~but not limited to, school and school district administrators,~~
18 ~~teachers, school social workers, school counselors, school~~
19 ~~psychologists, and school nurses, must be conducted by persons~~
20 ~~with expertise in domestic and sexual violence and the needs~~
21 ~~of expectant and parenting youth and shall include training~~
22 ~~concerning (i) communicating with and listening to youth~~
23 ~~victims of domestic or sexual violence and expectant and~~
24 ~~parenting youth, (ii) connecting youth victims of domestic or~~
25 ~~sexual violence and expectant and parenting youth to~~
26 ~~appropriate in school services and other agencies, programs,~~

1 ~~and services as needed, and (iii) implementing the school~~
2 ~~district's policies, procedures, and protocols with regard to~~
3 ~~such youth, including confidentiality. At a minimum, school~~
4 ~~personnel must be trained to understand, provide information~~
5 ~~and referrals, and address issues pertaining to youth who are~~
6 ~~parents, expectant parents, or victims of domestic or sexual~~
7 ~~violence.~~

8 (e) (Blank). ~~At least every 2 years, an in service~~
9 ~~training program for school personnel who work with pupils~~
10 ~~must be conducted by persons with expertise in anaphylactic~~
11 ~~reactions and management.~~

12 (f) (Blank). ~~At least once every 2 years, a school board~~
13 ~~shall conduct in-service training on educator ethics,~~
14 ~~teacher student conduct, and school employee student conduct~~
15 ~~for all personnel.~~

16 (Source: P.A. 101-350, eff. 1-1-20; 102-197, eff. 7-30-21;
17 102-638, eff. 1-1-23; 102-813, eff. 5-13-22.)

18 (105 ILCS 5/10-23.12) (from Ch. 122, par. 10-23.12)

19 Sec. 10-23.12. Child abuse and neglect; ~~detection,~~
20 ~~reporting, and prevention;~~ willful or negligent failure to
21 report.

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

1 (b) (Blank). ~~The Department of Children and Family~~
2 ~~Services may, in cooperation with school officials, distribute~~
3 ~~appropriate materials in school buildings listing the~~
4 ~~toll-free telephone number established in Section 7.6 of the~~
5 ~~Abused and Neglected Child Reporting Act, including methods of~~
6 ~~making a report under Section 7 of the Abused and Neglected~~
7 ~~Child Reporting Act, to be displayed in a clearly visible~~
8 ~~location in each school building.~~

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

1 (Source: P.A. 100-413, eff. 1-1-18; 100-468, eff. 6-1-18;
2 101-531, eff. 8-23-19.)

3 (105 ILCS 5/22-30)

4 Sec. 22-30. Self-administration and self-carry of asthma
5 medication and epinephrine injectors; administration of
6 undesignated epinephrine injectors; administration of an
7 opioid antagonist; administration of undesignated asthma
8 medication; asthma episode emergency response protocol.

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

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

17 "Asthma episode emergency response protocol" means a
18 procedure to provide assistance to a pupil experiencing
19 symptoms of wheezing, coughing, shortness of breath, chest
20 tightness, or breathing difficulty.

21 "Epinephrine injector" includes an auto-injector approved
22 by the United States Food and Drug Administration for the
23 administration of epinephrine and a pre-filled syringe
24 approved by the United States Food and Drug Administration and
25 used for the administration of epinephrine that contains a

1 pre-measured dose of epinephrine that is equivalent to the
2 dosages used in an auto-injector.

3 "Asthma medication" means quick-relief asthma medication,
4 including albuterol or other short-acting bronchodilators,
5 that is approved by the United States Food and Drug
6 Administration for the treatment of respiratory distress.
7 "Asthma medication" includes medication delivered through a
8 device, including a metered dose inhaler with a reusable or
9 disposable spacer or a nebulizer with a mouthpiece or mask.

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

15 "Respiratory distress" means the perceived or actual
16 presence of wheezing, coughing, shortness of breath, chest
17 tightness, breathing difficulty, or any other symptoms
18 consistent with asthma. Respiratory distress may be
19 categorized as "mild-to-moderate" or "severe".

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

22 "Self-administration" means a pupil's discretionary use of
23 his or her prescribed asthma medication or epinephrine
24 injector.

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

1 "Standing protocol" may be issued by (i) a physician
2 licensed to practice medicine in all its branches, (ii) a
3 licensed physician assistant with prescriptive authority, or
4 (iii) a licensed advanced practice registered nurse with
5 prescriptive authority.

6 "Trained personnel" means any school employee or volunteer
7 personnel authorized in Sections 10-22.34, 10-22.34a, and
8 10-22.34b of this Code who has completed training under
9 subsection (g) of this Section to recognize and respond to
10 anaphylaxis, an opioid overdose, or respiratory distress.

11 "Undesignated asthma medication" means asthma medication
12 prescribed in the name of a school district, public school,
13 charter school, or nonpublic school.

14 "Undesignated epinephrine injector" means an epinephrine
15 injector prescribed in the name of a school district, public
16 school, charter school, or nonpublic school.

17 (b) A school, whether public, charter, or nonpublic, must
18 permit the self-administration and self-carry of asthma
19 medication by a pupil with asthma or the self-administration
20 and self-carry of an epinephrine injector by a pupil, provided
21 that:

22 (1) the parents or guardians of the pupil provide to
23 the school (i) written authorization from the parents or
24 guardians for (A) the self-administration and self-carry
25 of asthma medication or (B) the self-carry of asthma
26 medication or (ii) for (A) the self-administration and

1 self-carry of an epinephrine injector or (B) the
2 self-carry of an epinephrine injector, written
3 authorization from the pupil's physician, physician
4 assistant, or advanced practice registered nurse; and

5 (2) the parents or guardians of the pupil provide to
6 the school (i) the prescription label, which must contain
7 the name of the asthma medication, the prescribed dosage,
8 and the time at which or circumstances under which the
9 asthma medication is to be administered, or (ii) for the
10 self-administration or self-carry of an epinephrine
11 injector, a written statement from the pupil's physician,
12 physician assistant, or advanced practice registered nurse
13 containing the following information:

14 (A) the name and purpose of the epinephrine
15 injector;

16 (B) the prescribed dosage; and

17 (C) the time or times at which or the special
18 circumstances under which the epinephrine injector is
19 to be administered.

20 The information provided shall be kept on file in the office of
21 the school nurse or, in the absence of a school nurse, the
22 school's administrator.

23 (b-5) A school district, public school, charter school, or
24 nonpublic school may authorize the provision of a
25 student-specific or undesignated epinephrine injector to a
26 student or any personnel authorized under a student's

1 Individual Health Care Action Plan, Illinois Food Allergy
2 Emergency Action Plan and Treatment Authorization Form, or
3 plan pursuant to Section 504 of the federal Rehabilitation Act
4 of 1973 to administer an epinephrine injector to the student,
5 that meets the student's prescription on file.

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

1 faith believes is having an opioid overdose; (v) provide
2 undesignated asthma medication to a student for
3 self-administration only or to any personnel authorized under
4 a student's Individual Health Care Action Plan or asthma
5 action plan, plan pursuant to Section 504 of the federal
6 Rehabilitation Act of 1973, or individualized education
7 program plan to administer to the student that meets the
8 student's prescription on file; (vi) administer undesignated
9 asthma medication that meets the prescription on file to any
10 student who has an Individual Health Care Action Plan or
11 asthma action plan, plan pursuant to Section 504 of the
12 federal Rehabilitation Act of 1973, or individualized
13 education program plan that authorizes the use of asthma
14 medication; and (vii) administer undesignated asthma
15 medication to any person that the school nurse or trained
16 personnel believes in good faith is having respiratory
17 distress.

18 (c) The school district, public school, charter school, or
19 nonpublic school must inform the parents or guardians of the
20 pupil, in writing, that the school district, public school,
21 charter school, or nonpublic school and its employees and
22 agents, including a physician, physician assistant, or
23 advanced practice registered nurse providing standing protocol
24 and a prescription for school epinephrine injectors, an opioid
25 antagonist, or undesignated asthma medication, are to incur no
26 liability or professional discipline, except for willful and

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

24 (c-5) When a school nurse or trained personnel administers
25 an undesignated epinephrine injector to a person whom the
26 school nurse or trained personnel in good faith believes is

1 having an anaphylactic reaction, administers an opioid
2 antagonist to a person whom the school nurse or trained
3 personnel in good faith believes is having an opioid overdose,
4 or administers undesignated asthma medication to a person whom
5 the school nurse or trained personnel in good faith believes
6 is having respiratory distress, notwithstanding the lack of
7 notice to the parents or guardians of the pupil or the absence
8 of the parents or guardians signed statement acknowledging no
9 liability, except for willful and wanton conduct, the school
10 district, public school, charter school, or nonpublic school
11 and its employees and agents, and a physician, a physician
12 assistant, or an advanced practice registered nurse providing
13 standing protocol and a prescription for undesignated
14 epinephrine injectors, an opioid antagonist, or undesignated
15 asthma medication, are to incur no liability or professional
16 discipline, except for willful and wanton conduct, as a result
17 of any injury arising from the use of an undesignated
18 epinephrine injector, the use of an opioid antagonist, or the
19 use of undesignated asthma medication, regardless of whether
20 authorization was given by the pupil's parents or guardians or
21 by the pupil's physician, physician assistant, or advanced
22 practice registered nurse.

23 (d) The permission for self-administration and self-carry
24 of asthma medication or the self-administration and self-carry
25 of an epinephrine injector is effective for the school year
26 for which it is granted and shall be renewed each subsequent

1 school year upon fulfillment of the requirements of this
2 Section.

3 (e) Provided that the requirements of this Section are
4 fulfilled, a pupil with asthma may self-administer and
5 self-carry his or her asthma medication or a pupil may
6 self-administer and self-carry an epinephrine injector (i)
7 while in school, (ii) while at a school-sponsored activity,
8 (iii) while under the supervision of school personnel, or (iv)
9 before or after normal school activities, such as while in
10 before-school or after-school care on school-operated property
11 or while being transported on a school bus.

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

25 (e-10) Provided that the requirements of this Section are
26 fulfilled, a school nurse or trained personnel may administer

1 an opioid antagonist to any person whom the school nurse or
2 trained personnel in good faith believes to be having an
3 opioid overdose (i) while in school, (ii) while at a
4 school-sponsored activity, (iii) while under the supervision
5 of school personnel, or (iv) before or after normal school
6 activities, such as while in before-school or after-school
7 care on school-operated property. A school nurse or trained
8 personnel may carry an opioid antagonist on his or her person
9 while in school or at a school-sponsored activity.

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

21 (f) The school district, public school, charter school, or
22 nonpublic school may maintain a supply of undesignated
23 epinephrine injectors in any secure location that is
24 accessible before, during, and after school where an allergic
25 person is most at risk, including, but not limited to,
26 classrooms and lunchrooms. A physician, a physician assistant

1 who has prescriptive authority in accordance with Section 7.5
2 of the Physician Assistant Practice Act of 1987, or an
3 advanced practice registered nurse who has prescriptive
4 authority in accordance with Section 65-40 of the Nurse
5 Practice Act may prescribe undesignated epinephrine injectors
6 in the name of the school district, public school, charter
7 school, or nonpublic school to be maintained for use when
8 necessary. Any supply of epinephrine injectors shall be
9 maintained in accordance with the manufacturer's instructions.

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

21 The school district, public school, charter school, or
22 nonpublic school may maintain a supply of asthma medication in
23 any secure location that is accessible before, during, or
24 after school where a person is most at risk, including, but not
25 limited to, a classroom or the nurse's office. A physician, a
26 physician assistant who has prescriptive authority under

1 Section 7.5 of the Physician Assistant Practice Act of 1987,
2 or an advanced practice registered nurse who has prescriptive
3 authority under Section 65-40 of the Nurse Practice Act may
4 prescribe undesignated asthma medication in the name of the
5 school district, public school, charter school, or nonpublic
6 school to be maintained for use when necessary. Any supply of
7 undesignated asthma medication must be maintained in
8 accordance with the manufacturer's instructions.

9 (f-3) Whichever entity initiates the process of obtaining
10 undesignated epinephrine injectors and providing training to
11 personnel for carrying and administering undesignated
12 epinephrine injectors shall pay for the costs of the
13 undesignated epinephrine injectors.

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

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

22 (f-10) Within 24 hours of the administration of an
23 undesignated epinephrine injector, a school district, public
24 school, charter school, or nonpublic school must notify the
25 physician, physician assistant, or advanced practice
26 registered nurse who provided the standing protocol and a

1 prescription for the undesignated epinephrine injector of its
2 use.

3 Within 24 hours after the administration of an opioid
4 antagonist, a school district, public school, charter school,
5 or nonpublic school must notify the health care professional
6 who provided the prescription for the opioid antagonist of its
7 use.

8 Within 24 hours after the administration of undesignated
9 asthma medication, a school district, public school, charter
10 school, or nonpublic school must notify the student's parent
11 or guardian or emergency contact, if known, and the physician,
12 physician assistant, or advanced practice registered nurse who
13 provided the standing protocol and a prescription for the
14 undesignated asthma medication of its use. The district or
15 school must follow up with the school nurse, if available, and
16 may, with the consent of the child's parent or guardian,
17 notify the child's health care provider of record, as
18 determined under this Section, of its use.

19 (g) Prior to the administration of an undesignated
20 epinephrine injector, trained personnel must submit to the
21 school's administration proof of completion of a training
22 curriculum to recognize and respond to anaphylaxis that meets
23 the requirements of subsection (h) of this Section. Training
24 must be completed annually. The school district, public
25 school, charter school, or nonpublic school must maintain
26 records related to the training curriculum and trained

1 personnel.

2 Prior to the administration of an opioid antagonist,
3 trained personnel must submit to the school's administration
4 proof of completion of a training curriculum to recognize and
5 respond to an opioid overdose, which curriculum must meet the
6 requirements of subsection (h-5) of this Section. ~~Training~~
7 ~~must be completed annually. Trained personnel must also submit~~
8 ~~to the school's administration proof of cardiopulmonary~~
9 ~~resuscitation and automated external defibrillator~~
10 ~~certification.~~ The school district, public school, charter
11 school, or nonpublic school must maintain records relating to
12 the training curriculum and the trained personnel.

13 Prior to the administration of undesignated asthma
14 medication, trained personnel must submit to the school's
15 administration proof of completion of a training curriculum to
16 recognize and respond to respiratory distress, which must meet
17 the requirements of subsection (h-10) of this Section.
18 Training must be completed annually, and the school district,
19 public school, charter school, or nonpublic school must
20 maintain records relating to the training curriculum and the
21 trained personnel.

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

25 Training shall include, but is not limited to:

26 (1) how to recognize signs and symptoms of an allergic

1 reaction, including anaphylaxis;

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

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

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

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

9 (B) steps to take to prevent exposure to allergens;

10 (C) emergency follow-up procedures, including the
11 importance of calling 9-1-1 or, if 9-1-1 is not available,
12 other local emergency medical services;

13 (D) how to respond to a student with a known allergy,
14 as well as a student with a previously unknown allergy;

15 (E) other criteria as determined in rules adopted
16 pursuant to this Section; and

17 (F) any policy developed by the State Board of
18 Education under Section 2-3.190.

19 In consultation with statewide professional organizations
20 representing physicians licensed to practice medicine in all
21 of its branches, registered nurses, and school nurses, the
22 State Board of Education shall make available resource
23 materials consistent with criteria in this subsection (h) for
24 educating trained personnel to recognize and respond to
25 anaphylaxis. The State Board may take into consideration the
26 curriculum on this subject developed by other states, as well

1 as any other curricular materials suggested by medical experts
2 and other groups that work on life-threatening allergy issues.
3 The State Board is not required to create new resource
4 materials. The State Board shall make these resource materials
5 available on its Internet website.

6 (h-5) A training curriculum to recognize and respond to an
7 opioid overdose, including the administration of an opioid
8 antagonist, may be conducted online or in person. The training
9 must comply with any training requirements under Section 5-23
10 of the Substance Use Disorder Act and the corresponding rules.
11 It must include, but is not limited to:

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

13 (2) information on drug overdose prevention and
14 recognition;

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

16 (4) how to respond to an emergency involving an opioid
17 overdose;

18 (5) opioid antagonist dosage and administration;

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

21 (7) care for the overdose victim after administration
22 of the overdose antagonist;

23 (8) a test demonstrating competency of the knowledge
24 required to recognize an opioid overdose and administer a
25 dose of an opioid antagonist; and

26 (9) other criteria as determined in rules adopted

1 pursuant to this Section.

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

6 (1) how to recognize symptoms of respiratory distress
7 and how to distinguish respiratory distress from
8 anaphylaxis;

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

11 (3) asthma medication dosage and administration;

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

14 (5) a test demonstrating competency of the knowledge
15 required to recognize respiratory distress and administer
16 asthma medication; and

17 (6) other criteria as determined in rules adopted
18 under this Section.

19 (i) Within 3 days after the administration of an
20 undesignated epinephrine injector by a school nurse, trained
21 personnel, or a student at a school or school-sponsored
22 activity, the school must report to the State Board of
23 Education in a form and manner prescribed by the State Board
24 the following information:

25 (1) age and type of person receiving epinephrine
26 (student, staff, visitor);

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

3 (3) trigger that precipitated allergic episode;

4 (4) location where symptoms developed;

5 (5) number of doses administered;

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

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

9 If a school district, public school, charter school, or
10 nonpublic school maintains or has an independent contractor
11 providing transportation to students who maintains a supply of
12 undesigned epinephrine injectors, then the school district,
13 public school, charter school, or nonpublic school must report
14 that information to the State Board of Education upon adoption
15 or change of the policy of the school district, public school,
16 charter school, nonpublic school, or independent contractor,
17 in a manner as prescribed by the State Board. The report must
18 include the number of undesigned epinephrine injectors in
19 supply.

20 (i-5) Within 3 days after the administration of an opioid
21 antagonist by a school nurse or trained personnel, the school
22 must report to the State Board of Education, in a form and
23 manner prescribed by the State Board, the following
24 information:

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

1 (2) the location where symptoms developed;

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

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

5 (i-10) Within 3 days after the administration of
6 undesignated asthma medication by a school nurse, trained
7 personnel, or a student at a school or school-sponsored
8 activity, the school must report to the State Board of
9 Education, on a form and in a manner prescribed by the State
10 Board of Education, the following information:

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

13 (2) any previously known diagnosis of asthma for the
14 person;

15 (3) the trigger that precipitated respiratory
16 distress, if identifiable;

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

18 (5) the number of doses administered;

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

21 (7) the outcome of the asthma medication
22 administration; and

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

24 (j) By October 1, 2015 and every year thereafter, the
25 State Board of Education shall submit a report to the General
26 Assembly identifying the frequency and circumstances of

1 undesignated epinephrine and undesignated asthma medication
2 administration during the preceding academic year. Beginning
3 with the 2017 report, the report shall also contain
4 information on which school districts, public schools, charter
5 schools, and nonpublic schools maintain or have independent
6 contractors providing transportation to students who maintain
7 a supply of undesignated epinephrine injectors. This report
8 shall be published on the State Board's Internet website on
9 the date the report is delivered to the General Assembly.

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

20 (j-10) To assist schools with emergency response
21 procedures for asthma, the State Board of Education, in
22 consultation with statewide professional organizations with
23 expertise in asthma management and a statewide organization
24 representing school administrators, shall develop a model
25 asthma episode emergency response protocol before September 1,
26 2016. Each school district, charter school, and nonpublic

1 school shall adopt an asthma episode emergency response
2 protocol before January 1, 2017 that includes all of the
3 components of the State Board's model protocol.

4 (j-15) (Blank). ~~Every 2 years, school personnel who work~~
5 ~~with pupils shall complete an in person or online training~~
6 ~~program on the management of asthma, the prevention of asthma~~
7 ~~symptoms, and emergency response in the school setting. In~~
8 ~~consultation with statewide professional organizations with~~
9 ~~expertise in asthma management, the State Board of Education~~
10 ~~shall make available resource materials for educating school~~
11 ~~personnel about asthma and emergency response in the school~~
12 ~~setting.~~

13 (j-20) On or before October 1, 2016 and every year
14 thereafter, the State Board of Education shall submit a report
15 to the General Assembly and the Department of Public Health
16 identifying the frequency and circumstances of opioid
17 antagonist administration during the preceding academic year.
18 This report shall be published on the State Board's Internet
19 website on the date the report is delivered to the General
20 Assembly.

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

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

26 (Source: P.A. 101-81, eff. 7-12-19; 102-413, eff. 8-20-21;

1 102-813, eff. 5-13-22.)

2 (105 ILCS 5/27-23.6)

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

4 (a) The General Assembly finds that there is a significant
5 increase in violence in the schools and that much of that
6 violence is the result of intergroup tensions. The General
7 Assembly further finds that anti-bias education and intergroup
8 conflict resolution are effective methods for preventing
9 violence and lessening tensions in the schools and that these
10 methods are most effective when they are respectful of
11 individuals and their divergent viewpoints and religious
12 beliefs, which are protected by the First Amendment to the
13 Constitution of the United States.

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

24 (c) A school board that adopts a policy to incorporate
25 activities to address intergroup conflict as authorized under

1 subsection (b) of this Section shall make information
2 available to the public that describes the manner in which the
3 board has implemented the authority granted to it in this
4 Section. The means for disseminating this information (i)
5 shall include posting the information on the school district's
6 Internet web site, if any, and making the information
7 available, upon request, in district offices, and (ii) may
8 include without limitation incorporating the information in a
9 student handbook and including the information in a district
10 newsletter.

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

12 (105 ILCS 5/27-23.10)

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

14 (a) The General Assembly finds that the instance of youth
15 delinquent gangs continues to rise on a statewide basis. Given
16 the higher rates of criminal offending among gang members, as
17 well as the availability of increasingly lethal weapons, the
18 level of criminal activity by gang members has taken on new
19 importance for law enforcement agencies, schools, the
20 community, and prevention efforts.

21 (b) As used in this Section:

22 "Gang resistance education and training" means and
23 includes instruction in, without limitation, each of the
24 following subject matters when accompanied by a stated
25 objective of reducing gang activity and educating children in

1 grades K through 12 about the consequences of gang
2 involvement:

- 3 (1) conflict resolution;
4 (2) cultural sensitivity;
5 (3) personal goal setting; and
6 (4) resisting peer pressure.

7 (c) Each school district and non-public, non-sectarian
8 elementary or secondary school in this State may make suitable
9 provisions for instruction in gang resistance education ~~and~~
10 ~~training~~ in all grades and include that instruction in the
11 courses of study regularly taught in those grades. For the
12 purposes of gang resistance education ~~and training~~, a school
13 board or the governing body of a non-public, non-sectarian
14 elementary or secondary school must collaborate with State and
15 local law enforcement agencies. The State Board of Education
16 may assist in the development of instructional materials and
17 teacher training in relation to gang resistance education and
18 training.

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

20 (105 ILCS 5/34-18.25)

21 Sec. 34-18.25. Psychotropic or psychostimulant medication;
22 disciplinary action.

23 (a) In this Section:

24 "Psychostimulant medication" means medication that
25 produces increased levels of mental and physical energy and

1 alertness and an elevated mood by stimulating the central
2 nervous system.

3 "Psychotropic medication" means psychotropic medication as
4 defined in Section 1-121.1 of the Mental Health and
5 Developmental Disabilities Code.

6 (b) The board must adopt and implement a policy that
7 prohibits any disciplinary action that is based totally or in
8 part on the refusal of a student's parent or guardian to
9 administer or consent to the administration of psychotropic or
10 psychostimulant medication to the student.

11 ~~The policy must require that, at least once every 2 years,~~
12 ~~the in-service training of certified school personnel and~~
13 ~~administrators include training on current best practices~~
14 ~~regarding the identification and treatment of attention~~
15 ~~deficit disorder and attention deficit hyperactivity disorder,~~
16 ~~the application of non aversive behavioral interventions in~~
17 ~~the school environment, and the use of psychotropic or~~
18 ~~psychostimulant medication for school age children.~~

19 (c) This Section does not prohibit school medical staff,
20 an individualized educational program team, or a qualified
21 ~~professional~~ worker (as defined in Section 14-1.10 of this
22 Code) from recommending that a student be evaluated by an
23 appropriate medical practitioner or prohibit school personnel
24 from consulting with the practitioner with the consent of the
25 student's parents or guardian.

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

1 (105 ILCS 5/34-18.54)

2 Sec. 34-18.54. Implicit bias training.

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

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

6 (2) understanding implicit racial bias is needed in
7 order to reduce that bias;

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

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

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

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

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

1 (105 ILCS 5/34-18.7 rep.)

2 (105 ILCS 5/34-18.8 rep.)

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

5 Section 15. The Critical Health Problems and Comprehensive
6 Health Education Act is amended by changing Section 3.10 as
7 follows:

8 (105 ILCS 110/3.10)

9 Sec. 3.10. Policy on teen dating violence.

10 (a) As used in this Section:

11 "Dating" or "dating relationship" means an ongoing social
12 relationship of a romantic or intimate nature between 2
13 persons. "Dating" or "dating relationship" does not include a
14 casual relationship or ordinary fraternization between 2
15 persons in a business or social context.

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

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

22 (2) Behavior by which a person uses or threatens to
23 use sexual violence against another person who is in a
24 dating relationship with the person, where one or both

1 persons are 13 to 19 years of age.

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

4 (1) States that teen dating violence is unacceptable
5 and is prohibited and that each student has the right to a
6 safe learning environment.

7 (2) Incorporates age-appropriate education about teen
8 dating violence into new or existing training programs for
9 students in grades 7 through 12 and school employees as
10 outlined in Sections 10-22.39 and 3-11 of the School Code
11 ~~as recommended by the school officials identified under~~
12 ~~subdivision (4) of this subsection (b).~~

13 (3) Establishes procedures for the manner in which
14 employees of a school are to respond to incidents of teen
15 dating violence that take place at the school, on school
16 grounds, at school-sponsored activities, or in vehicles
17 used for school-provided transportation.

18 (4) Identifies by job title the school officials who
19 are responsible for receiving reports related to teen
20 dating violence.

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

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

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

1 (105 ILCS 145/25)

2 Sec. 25. Training for school employees and delegated care
3 aides.

4 (a) Teachers, administrators, and school support personnel
5 ~~In schools that have a student with diabetes, all school~~
6 ~~employees~~ shall receive training in the basics of diabetes
7 care, how to identify when a student with diabetes needs
8 immediate or emergency medical attention, and whom to contact
9 in the case of an emergency as outlined in Sections 10-22.39
10 and 3-11 during regular inservice training under Section 3-11
11 of the School Code.

12 (b) Delegated care aides shall be trained to perform the
13 tasks necessary to assist a student with diabetes in
14 accordance with his or her diabetes care plan, including
15 training to do the following:

16 (1) check blood glucose and record results;

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

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

21 (4) estimate the number of carbohydrates in a snack or
22 lunch;

23 (5) administer insulin according to the student's
24 diabetes care plan and keep a record of the amount
25 administered; and

1 (6) respond in an emergency, including administering
2 glucagon and calling 911.

3 (c) The school district shall coordinate ~~staff~~ training
4 for delegated care aides, teachers, administrators, and school
5 support personnel.

6 (d) Initial training of a delegated care aide shall be
7 provided by a licensed healthcare provider with expertise in
8 diabetes or a certified diabetic educator and individualized
9 by a student's parent or guardian. Training must be consistent
10 with the guidelines provided by the U.S. Department of Health
11 and Human Services in the guide for school personnel entitled
12 "Helping the Student with Diabetes Succeed". The training
13 shall be updated when the diabetes care plan is changed and at
14 least annually.

15 (e) School nurses, where available, or health care
16 providers may provide technical assistance or consultation or
17 both to delegated care aides.

18 (f) An information sheet shall be provided to any school
19 employee who transports a student for school-sponsored
20 activities. It shall identify the student with diabetes,
21 identify potential emergencies that may occur as a result of
22 the student's diabetes and the appropriate responses to such
23 emergencies, and provide emergency contact information.

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

25 Section 25. The Seizure Smart School Act is amended by

1 changing Section 25 as follows:

2 (105 ILCS 150/25)

3 Sec. 25. Training for school employees and delegated care
4 aides.

5 (a) Teachers, administrators, and school support personnel
6 ~~During an inservice training workshop under Section 3-11 of~~
7 ~~the School Code, all school employees~~ shall receive training
8 in the basics of seizure recognition and first aid and
9 appropriate emergency protocols as outlined in Sections
10 10-22.39 and 3-11 in the School Code. The training must be
11 fully consistent with the best practice guidelines issued by
12 the Centers for Disease Control and Prevention.

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

17 (c) The training of a delegated care aide must be provided
18 by a licensed health care provider with an expertise in
19 epilepsy or an epilepsy educator who has successfully
20 completed the relevant curricula offered by the Centers for
21 Disease Control and Prevention.

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

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