

Narrative Storytelling for Social Change

Protecting Youth with Disabilities from School Shootings: Where do Pediatricians Step In?

Prayerna Uppal, MD, MPH¹, Sandra Blumenreich, MS, Olanrewaju Falusi, MD, MEd, FAAP²

¹ Pediatrics, University of Washington, ² Children's National Hospital

Keywords: children with disabilities, school shootings, pediatric advocacy, policy, health advocacy, disability advocacy

<https://doi.org/10.70440/001c.144509>

Journal of Health Advocacy

As school shootings continue to rise in the U.S., students with disabilities and special needs are often left more vulnerable than their peers. In addition to advocating for ways to prevent school shootings, advocacy focused on improving safety planning in the school setting is critical for this subset of the pediatric population. Here we outline several ways that we can partner with families, teachers, school staff, district officials, and organizations at the patient, local, state, and national levels to help ensure that students with disabilities and special needs have appropriate plans in place that meet their needs, and include a call for pediatricians to take action to advocate on behalf of their patients.

Douglas is a fifth-grade student who uses a wheelchair. He is nonspeaking, uses a communication device, and has a full-time nurse who accompanies him throughout the school day. During recess, his nurse is standing with him while he is eating his snack. Suddenly, shots are fired and everyone runs to evacuate the school yard, except Douglas. Neither he nor his assigned aide were taught how to handle this situation in the context of Douglas's immobility. Nearby Douglas is Lily, a second-grader with Autism Spectrum Disorder whose assigned adult has just stepped away to use the restroom. Lily and her friends hear the gun shots. As her friends run to find cover the way they had practiced during their school emergency drills, Lily becomes disoriented in response to the loud sounds of gunshots. She shrieks, unsure of how to protect herself and regulate her stress without her usual headphones and toys to help soothe her.

**Details of this scenario, including each child's name, have been changed.*

- What You Should Know Video" 2023; Davidson 2023; DeVault 2023).

In tandem with efforts to altogether prevent the occurrence of school shootings, there is a profound need to develop and implement effective safety plans in schools for children with disabilities, particularly in the case of a potential school shooting.

Pediatricians care for children with disabilities and are uniquely qualified to address how a student's medical conditions affect the student's ability to respond to atypical occurrences such as school shootings. While the importance of preventing school shootings cannot be overstated, without advocating for policies that mandate and reinforce both universal accessibility and disability-inclusive safety plans in every public school across the nation, we are overlooking the opportunity to support the safety of our patients who are highly susceptible to harm during any school catastrophe (Covarrubias 2023; Embury, Clark, and Weber 2019; Boon et al. 2011).

Because we require all children to spend most of their time in a school setting, we must make schools as safe for them as we can. In the process of becoming child health advocates, we have educated ourselves about current policies – and the lack thereof – as well as other key barriers to ensuring safety for children in the school setting and how we might address them.

INTRODUCTION

A staggering estimate of over 398,000 children in the U.S. have been exposed to gun violence in the school setting since 1999 (Cox et al. 2025). Children with disabilities are at an inherent disadvantage in these scenarios. According to the National Center for Education Statistics, youth with disabilities encompass approximately 15 percent of the U.S. public school student population ("Students With Disabilities" 2024). Conditions incorporated into this definition of disabilities include but are not limited to specific learning disabilities, speech or language impairments, intellectual and developmental disabilities, mental health disabilities, and physical disabilities. However, despite comprising a substantial proportion of public-school enrollees and requiring assistance to stay safe, minimal infrastructure exists to support these students in the context of an active school shooting or other emergency situation in the school setting ("Active Shooter - How to Respond - CISA" 2021; "Active Shooter Preparedness: Access & Functional Needs

CURRENT SCHOOL POLICIES AND PROCEDURES: DEFICITS AND IMPLEMENTATION ISSUES IN PRACTICE

All members of a school's community should be required and able to participate in active shooter drills. However, this is often complicated by current policies. For example, in providing direction to public schools about what student responses to an active shooter scenario should be, the U.S. Department of Homeland Security (DHS) has historically supported and shared the "Run, Hide, Fight" plan, which

Advocacy Focus and Impact on Health

How this work impacts health: Health and safety are inextricably linked. The continued rise in school shooting events amounts to a pediatric public health and safety issue that starts, but does not end, with efforts towards primary prevention of gun violence. Often left most vulnerable and least prepared during these events are students with special needs and disabilities.

How this paper addresses advocacy/action: This paper highlights efforts already in place to advocate for the safety of students with disabilities during school shooting events as well as prompting further, specialized action and partnership to ensure the safety of this important subset of the pediatric population.

What this work adds to the field: The field seems to lack a strong, connected call to action between educators, parents, and disability advocates already working to ensure safer school environments for students with disabilities and pediatric healthcare providers. We aim to help close this gap. This paper was born through the precise type of educator-pediatric provider partnership we advocate for in our paper.

Next steps/needed action(s): Individual (caretaker/patient level), local/state level, and national level advocacy involving partnerships between pediatric healthcare providers and caregivers, educators, school districts, and disability advocates is needed to further this work.

calls for running away from danger, hiding when running is no longer possible, and ultimately fighting the shooter if neither of the first two options are possible (“Active Shooter - How to Respond - CISA” 2021). In practice, this means active shooter drills at schools typically involve practicing where to run and hide, developing awareness about staying away from doors and windows, learning to stay quiet, and thinking about how one might fight off an armed attacker.

As a result, routine school safety drills for students with disabilities commonly follow a pattern: students with mobility-related disabilities such as Douglas are frequently placed or directed to hide in a location separate from the other students, which may or may not be as secure as where their more mobile peers are hiding. Students like Lily with disabilities involving dysregulation in sensory processing may also be directed to run to and hide in a designated safe space, even though the sounds of a gunshot may trigger an elopement or a freeze response for them. Other students, such as those with hearing-related disabilities who are not be able to hear or follow directions provided by school staff or law enforcement that could help keep themselves and others safe, can end up confused and disoriented. These are just a few examples of how the “Run, Hide, Fight” model fails to inclusively address student safety for all students and, as demonstrated by the scenario that includes Douglas and Lily, can lead to their inability to identify or escape danger in emergency situations such as school shootings.

Other larger scale policies, such as those set forth by the Americans with Disabilities (ADA) Act (“American with Disabilities Act” 2025), Section 504 of the Rehabilitation Act of 1973 (“Guide to Disability Rights Laws” 2020), and the Federal Emergency Management Agency (FEMA) (“Federal Emergency Management Act” 2025) related to safety protocols for youth during school shootings, although guided

by federal law, are inconsistently enforced from state to state. For example, in 2010, FEMA integrated the concept of “community-based planning” into its emergency management guide, which emphasized that “accounting for people with disabilities... [and] others with access and functional needs [...] must occur from the outset of the planning effort” (Federal Emergency Management Agency 2010). While these documents do consistently reference inclusivity, they lack actual recommendations for how to include those with disabilities or special needs in safety planning and preparedness. Furthermore, while FEMA’s guide states that “Planners should ensure compliance with the requirements of Title VI of the Civil Rights Act of 1964, Executive Order 13166, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, and other Federal, state, or local laws and anti-discrimination laws,” the lack of existing infrastructure to reinforce these stipulations forces this guide to remain just that—a guide rather than a mandate.

OVERCOMING CHALLENGES AND BARRIERS TO SAFETY AT SCHOOL FOR CHILDREN WITH DISABILITIES

A range of special education teachers, parents, and disability advocacy organizations have taken important steps to improve safety in the school setting for children with disabilities. This work includes a guide written by special education teachers to support students with disabilities during school crises (Davidson 2023), and a manual created by non-profit organizations focused on disabilities that explains what students of different developmental levels can be expected to do in an emergency (DeVault 2023). While these are important steps, pediatricians must engage these individuals and groups as we work to overcome ongoing challenges and barriers to safety at school for children with disabilities.

ADDRESSING THE COMPLEXITIES OF DOCUMENTING SAFETY PLANS

Key changes are needed to the ways in which schools document and apply safety plans for students with disabilities. First and foremost, identification of children who may need modifications in an active shooter scenario is critical. This process might begin with identifying those who need or have an Individualized Education Plan (IEP) or 504 plan (“Guide to Disability Rights Laws” 2020; “Sec. 300.320 Definition of Individualized Education Program” 2017), both of which outline school-related accommodations for students with disabilities. While these documents are primarily focused on school-related curriculum issues and often do not include information related to specific needs and supports in emergency situations such as a school shooting (Davidson 2023; DeVault 2023), this information is essential for everyone involved to know in order to effectively respond during an emergency and to prepare school staff to act, which may require very specific training and practice.

For instance, if a student is deaf or hard of hearing, school staff members may require training on how to com-

municate during emergency situations when students cannot hear gunshots or directions provided by school staff or law enforcement. Students who experience difficulties with sensory regulation, including some children with autism, may run, freeze, scream, or make sounds that draw attention and could compromise their or others' safety. In these situations, tools and modifications need to be available and applied and may include stocking easily accessible emergency bags with self-soothing materials in classrooms and safe spaces. For students with limited mobility who cannot run and hide, and are therefore at increased risk of being targeted by a potential shooter, accommodations could include ensuring all designated safe areas are wheelchair-accessible. However, none of these modifications are likely to happen without understanding each student's needs so that school staff can develop appropriate plans, participate in necessary training, and practice the plans to understand how best to implement them.

Despite striving for inclusivity, some schools will not have the infrastructure or resources to make these changes. Advocacy is therefore needed on all levels focused on patients and caregivers, school staff, and state and federal legislators, to help break down barriers to developing and implementing safety plans and fully supporting students with disabilities in the school setting.

While several parent groups and disability advocates have proposed incorporating individualized Safety Plans for school shootings into IEP or 504 plans, the requirements of and procedures for formal Safety Plans are often unclear and thus poorly implemented ("Ensuring Safety and Inclusion: Adding an Emergency Action Plan to the IEP or 504 Plan" 2025). Currently, Safety Plans are not required to be included in a student's IEP or 504 Plan. Instead, there may be a notation included in the Special Alerts sections of the IEP or 504 documents simply stating, for example: "Student needs to be monitored during fire drills and emergency evacuations in order to make sure that he stays with the group." Alternatively, the IEP or 504 Plan might include a notation that a Safety Plan is in effect but nothing detailed is incorporated within the formal document. These comments will only appear on a 504 or IEP if they are discussed and agreed upon at the 504 or IEP meeting. Ultimately, students' IEPs and 504 Plans are only meant to reflect specific physical, emotional, and academic supports the student requires to access their *curriculum*. However, detailed Safety Plans are and can be developed as a separate document from a child's 504 Plan or IEP, including individualized steps regarding implementation and accountability to meet that child's specific identified needs.

At least yearly, school districts provide parents of students with disabilities with hard copies of their student's Procedural Safeguards ("Procedural Safeguards: Student and Parent Rights in Special Education" 2025), which outline students' Due Process Rights and how to file a complaint if there are violations. If a student with a disability has any type of accommodation written into or reference in their IEP or 504 Plan that is not implemented, parents have legal Due Process Rights to file state and federal level complaints. Ultimately, the complicated nature of adhering to

multiple documents (e.g., IEP, 504, Safety Plan, Procedural Safeguards) only add to more confusion and further compromises the safety and inequity children with disabilities experience in school.

ONGOING EFFORTS TO IMPROVE SCHOOL SAFETY FOR CHILDREN WITH DISABILITIES

In response to growing awareness about the disadvantages children with disabilities face in the school setting, key state and federal stakeholders have begun to emphasize the need to include them in school safety planning.

Certain states have begun work to address unmet safety needs. For example, in 2012 the Missouri School Boards' Association created a task force focused on Emergency Planning for Students with Special Needs in response to a lack of both staff support and general consideration for students with disabilities when creating emergency response plans ("Emergency Planning for Students with Special and Functional Needs" 2018). The aim of the task force was to create a centralized electronic document that is continually updated with resources to help inform inclusive school disaster planning at schools throughout the state. Among the resources developed by the task force is a comprehensive list of questions to guide schools and communities in emergency planning for students with special and functional needs ("Emergency Planning for Students with Special and Functional Needs" 2018).

Maryland is a model example of a state that has successfully begun to address the inclusion of students with disabilities during school safety planning via legislation through its passing of the Safe to Learn Act in 2018 ("Safe to Learn Act of 2018" 2018). This act requires continuous school safety evaluations to ensure inclusivity of students with disabilities in safety plans, school resource officer and teacher training on protecting and working with students with disabilities, and the incorporation of safety plans into each student's IEP or 504 plans. Maryland is currently one of the only states in the country that specifically addresses these needs through written law ("School Safety Issues Affecting Students with Disabilities: A Call to Action" 2019). Though state-specific initiatives like these have begun to emerge, state-by-state inconsistencies in safety plan development and implementation persist as no national model of best practices for promoting safety for youth with disabilities during school shootings currently exists.

In addition, in 2023 the U.S. DHS created a training video focused on encouraging individuals without disabilities to learn maneuvers to assist their peers and school staff with disabilities during active shooter scenarios in the school setting ("Active Shooter Preparedness: Access & Functional Needs - What You Should Know Video" 2023). While the video raises some important issues, such as the negative impact of strobe lights on some students, it does not specify maneuvers to use and is unclear in its utility as a resource without any associated evaluation data.

OPPORTUNITIES FOR PEDIATRICIANS AS ADVOCATES FOR YOUTH WITH DISABILITIES

Pediatricians are uniquely positioned to partner with patient families, educators, and disability advocates to assist schools and influence legislation focused on youth with disabilities and safety in the school setting. Historically, pediatricians have been proactive in advocating against gun violence on behalf of patients both locally and nationally and have shown strong leadership and success in these roles (American Academy of Pediatrics 2024). While parents and school staff are strong advocates for students, pediatricians may leverage their specific roles as child health advocates differently to influence policy and practice.

To facilitate the greatest positive impact, pediatricians' advocacy efforts should focus on determining best practices to create uniform standards and requirements on a national level, ensuring reinforcement on state and local levels, and serving as a partner and advocate at the individual and family level. **Table 1** includes many opportunities for pediatrician-driven advocacy and includes examples of organizations that pediatricians can partner with to continue advancing this important work.

On a patient/family/caregiver level, pediatricians can collaborate with parents, caregivers, and school staff to identify who needs support and what types of training and other resources are needed to provide that support. They may also play key roles in determining how best to document needs and formulate safety plans based on those needs. Depending on their skillsets, they can also provide key insights about best practices for implementing plans into practice, monitoring and evaluating these plans, and ensuring accountability.

Several states, school districts, and individual schools have established formalized parent groups through which caregivers of students with special needs are educated and empowered to advocate for their children's safety. These include the Parent Teacher Organization (PTO), Special Education Parent Advisory Group (SEPAG), Parent Teacher Association (PTA), and Special Education Parent Teacher Association (SEPTA), a PTA subcommittee involving parents of special education students ("What Does a Parent Teacher Association Do?" 2025; "Special Education Parent Advisory Groups in New Jersey" 2019; "Start a Special Education PTA" 2025). Pediatricians could partner with parents within these organizations to discuss, advocate for, and help create specialized safety plans.

On a state and local level, state and district Boards of Education (BOE) (Board of Education 2025) are required to have formal mandated policies and regulations related to school safety plans that are constantly reviewed and revised. The BOE and school superintendents create and manage district-wide policies and regulations. Pediatricians can partner with these entities to help create inclusive policies and in-school drills that include specific safety plans for students with disabilities.

The pediatrician voice can also be powerful in providing legislative testimony, meeting with elected officials and media outlets—as individuals or as the voice of their own

organizations—in support of policies that mandate funding for resources that support better safety planning for students with disabilities. Partnering with disability organizations or educational groups that track local data could amplify the power of this advocacy work. With lack of funding for school resources posing a major challenge to this work, pediatricians should advocate for adequate funding within state and local education budgets for necessary resources to protect students with disabilities, including creating safe spaces, training staff, and installing alarms (**Table 1**).

On a national level, pediatricians can connect with organizations that are already working to maintain the legal right of students with disabilities to safety during school emergencies. For example, a professional pediatric organization could partner with the National Disability Rights Network (National Disability Rights Network 2025)—which focuses on the legal reinforcement of disability rights as mandated by federal law—to strengthen legislative advocacy efforts to advance policies that ensure the safety of students with disabilities during school shooting events. Furthermore, our own professional organizations and associations can help drive these efforts; for example, by establishing consensus building working groups to determine best practices, which would both support school-based efforts and yield data to support more robust advocacy on the topic.

Children deserve policies that prevent school shootings. Yet, if we are serious about the safety of our patients and all children, pediatricians must use our voices and our positions to advocate not only for policies that prevent the occurrence of gun violence, but also for measures that ensure the safety of our patients with disabilities when preparing for the worst-case scenario. For children like Douglas and Lily, this advocacy could mean the difference between life and death.

ACKNOWLEDGEMENTS

We would like to thank Dr. Matthew Magyar for facilitating the creation of this piece, and for connecting us with Dr. Falusi without whose support, experience, advice, and generous sharing of resources this piece would not have been possible.

AUTHOR CONTRIBUTIONS

PU conceptualized the paper, drafted the initial manuscript, and reviewed and revised the manuscript. SB and OF conceptualized the paper, reviewed, and revised the manuscript. All authors approved the final manuscript as submitted and agree to be accountable for all aspects of the work.

FUNDING/SUPPORT

No funding was secured for this project.

Level of Advocacy	Pediatrician Advocacy Actions	Select Partner Organizations
Patient, Family, Caregiver	- Engage in conversations with patient families - Educate caregivers to ask each child's school about supports to ensure safety at school - Attend Individual Education Plan (IEP) meetings with patient families to offer a clinical perspective tailored to a child's unique needs (e.g., identify "safe spaces," recommend access to headphones and sensory toys for students with Autism Spectrum Disorder, etc.) - When cognitively- and age-appropriate, empower patients to participate in school safety planning and training by encouraging them to express their needs (e.g., "I need my emergency bag") - Request inclusion of legally mandated safety accommodations via a written comment in the "special alerts" or "behavioral plan" section of a student's IEP or 504 Plan, or as a separate Safety Plan document that is clearly identified in the IEP or 504 Plan	- Parent Teacher Organization (PTO) - Local Parent Teacher Associations (PTAs) - Special Education Parent Advisory Group (SEPAG) - Special Education Parent Teacher Association (SEPTA)
Local, State	- Partner with state legislatures and local school district leaders to call for creation of physically accessible safe spaces for students with disabilities during active shooter scenarios (i.e., room partitions) and train teachers, therapists, and paraeducators how to use the spaces - Advocate with local school district leaders to train staff members on each child's safety plan - Integrate each child's specific needs into safety drills to ensure the child and accompanying staff practice how to best promote the child's safety and comfort during an emergent scenario - Advocate with local school district leaders and staff to train students to assist each other during school safety drills - Advocate for technology (i.e., disability-specific alarm systems) that can warn students who may not be able to see or hear an incoming threat	- State School Boards Associations - State Councils on Developmental Disabilities
National	- Use public platforms to reinforce that youth with disabilities have legal and ethical rights to specialized safety measures during school shootings - Comment on relevant proposed rules (i.e., new regulations proposed by federal agencies) posted on the Federal Register related to safety and inclusion for individuals with disabilities (see Department of Health and Human Services website for a primer on participating in the rulemaking process) ("HHS Rulemaking Tool Kit" 2012) - Incorporate the work of disability advocacy organizations into the goals of pediatric professional organizations to (1) ensure that ongoing legislative efforts on this issue are informed by community voices; and (2) spur engagement in this area driven by nuanced and patient-informed perspectives	- National Disability Rights Network - The Arc - Disability Rights Education & Defense Fund (DREDF)

CONFLICT OF INTEREST DISCLOSURE

The authors have no conflicts of interest to disclose.

Submitted: February 09, 2025 CDT. Accepted: September 17, 2025 CDT. Published: October 30, 2025 CDT.



This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CCBY-NC-ND-4.0). View this license's legal deed at <https://creativecommons.org/licenses/by-nc-nd/4.0> and legal code at <https://creativecommons.org/licenses/by-nc-nd/4.0/legalcode> for more information.

REFERENCES

- “Active Shooter - How to Respond - CISA.” 2021. Cybersecurity & Infrastructure Security Agency. 2021. https://www.cisa.gov/sites/default/files/2022-11/Planning%20and%20Response%20to%20an%20Active%20Shooter_2021.pdf.
- “Active Shooter Preparedness: Access & Functional Needs - What You Should Know Video.” 2023. Cybersecurity and Infrastructure Security Agency CISA. 2023. <https://www.cisa.gov/active-shooter-preparedness-access-functional-needs-what-you-should-know-video>.
- American Academy of Pediatrics. 2024. “Advocacy: Firearm Violence Prevention.” December 3, 2024. https://www.aap.org/en/advocacy/gun-violence-prevention/?srsltid=AfmBOorQIq1A96ypze9WeWezeW_hstgp4JMwPS2RNOtHbxPYFjgaWPBy.
- “American with Disabilities Act.” 2025. U.S. Department of Justice Civil Rights Division. 2025. <https://www.ada.gov/>.
- Board of Education. 2025. “Palatine Community Consolidated School District 15.” 2025. <https://www.ccsd15.net/our-district/boe>.
- Boon, H. J., L. H. Brown, K. Tsey, R. Speare, P. Pagliano, K. Usher, and B. Clark. 2011. “School Disaster Planning for Children with Disabilities: A Critical Review of the Literature.” *International Journal of Special Education* 26:1–14. <https://files.eric.ed.gov/fulltext/EJ959015.pdf>.
- Covarrubias, Jason E. 2023. “A Call For Protection And Planning: A Case Study Of Vulnerable Populations And School Shootings.” Doctor of Education (Ed.D). <https://firescholars.seu.edu/coe/138>.
- Cox, J., S. Rich, A. Chiu, J. Muyskens, and M. Ulmanu. 2025. “More than 383,000 Students Have Experienced Gun Violence at School since Columbine.” Washington Post. 2025. <https://www.washingtonpost.com/education/interactive/school-shootings-database/>.
- Davidson, J. 2023. “Schools Aren’t Preparing Students with Disabilities for Active Shooter Scenarios.” The Mighty. 2023. <https://themighty.com/topic/disability/active-shooter-disability>.
- DeVault, N. 2023. “Are Disabled Students More Vulnerable during School Shootings?” AmeriDisability: America’s Disability Community. 2023. <https://www.ameridisability.com/are-disabled-students-more-vulnerable-during-school-shootings/>.
- Embury, D. C., L. S. Clark, and K. Weber. 2019. “Keeping Our Students Safe during Crisis.” *Physical Disabilities: Education and Related Services* 38 (1): 1–9. <https://files.eric.ed.gov/fulltext/EJ1236611.pdf>.
- “Emergency Planning for Students with Special and Functional Needs.” 2018. Missouri School Boards Association. <https://tsba.net/wp-content/uploads/2018/04/Emergency-Planning-for-Students-with-Special-and-Functional-Needs-v1.0.pdf>.
- “Ensuring Safety and Inclusion: Adding an Emergency Action Plan to the IEP or 504 Plan.” 2025. Partnerships for Action, Voices for Empowerment (PAVE). 2025. <https://wapave.org/ensuring-safety-and-inclusion-adding-an-emergency-action-plan-to-the-iep-or-504-plan/>.
- “Federal Emergency Management Act.” 2025. U.S. Department of Homeland Security. 2025. <https://www.fema.gov/>.
- Federal Emergency Management Agency. 2010. “Comprehensive Preparedness Guide (CPG) 101: Developing and Maintaining Emergency Operations Plans, Version 2.0.” Department of Homeland Security. https://www.fema.gov/pdf/about/divisions/npd/CPG_101_V2.pdf.
- “Guide to Disability Rights Laws.” 2020. American with Disabilities Act. U.S. Department of Justice Civil Rights Division. 2020. <https://www.ada.gov/resources/disability-rights-guide/#rehabilitation-act>.
- “HHS Rulemaking Tool Kit.” 2012. Washington, DC: U.S. Department of Health and Human Services. <https://www.hhs.gov/sites/default/files/regulations/rulemaking-tool-kit.pdf>.
- National Disability Rights Network. 2025. “National Disability Rights Network.” 2025. <https://www.ndrn.org/>.
- “Procedural Safeguards: Student and Parent Rights in Special Education.” 2025. Partnerships for Action, Voices for Empowerment (PAVE). 2025. <https://wapave.org/procedural-safeguards-student-and-parent-rights-in-special-education/>.
- “Safe to Learn Act of 2018.” 2018. Maryland Association of Boards of Education. 2018. <https://www.mabe.org/wp-content/uploads/2018/04/2018-Safe-to-Learn-Act-Summary-4.16.18.pdf>.
- “School Safety Issues Affecting Students with Disabilities: A Call to Action.” 2019. The New Jersey Council on Developmental Disabilities. https://njcdd.org/wp-content/uploads/SchoolSafetySummit_Final-1.pdf.
- “Sec. 300.320 Definition of Individualized Education Program.” 2017. Individuals with Disabilities Education Act. U.S. Department of Education. 2017. <https://sites.ed.gov/idea/regs/b/d/300.320>.
- “Special Education Parent Advisory Groups in New Jersey.” 2019. SPAN Parent Advocacy Network and New Jersey Department of Education. 2019. <https://www.nj.gov/education/specialized/parents/docs/SEPAG%20Guide-English-updated%204%2016%2019.pdf>.
- “Start a Special Education PTA.” 2025. National Parent Teacher Association. 2025. <https://www.pta.org/home/About-National-Parent-Teacher-Association/Governance/Types-of-PTAs/Start-a-Special-Education-PTA>.

“Students With Disabilities.” 2024. Condition of Education. U.S. Department of Education, Institute of Education Sciences. 2024. <https://nces.ed.gov/programs/coe/indicator/cgg>.

“What Does a Parent Teacher Association Do?” 2025. U.S. News & World Report. 2025. <https://www.usnews.com/education/k12/articles/what-does-a-parent-teacher-association-do>.