2006

1	A bill to be entitled
2	An act relating to exceptional student evaluation;
3	amending s. 1003.57, F.S.; requiring fully informed
4	consent by a parent prior to his or her child's evaluation
5	for an emotional, behavioral, or mental disorder, a
6	specific learning disability, or other health impairment;
7	specifying the contents of a statement that must be signed
8	by a parent and maintained in a student's school records;
9	including in the statement an understanding that an
10	evaluation may result in a diagnosis for which
11	psychotropic or psychiatric medications may be prescribed;
12	providing an effective date.
13	
14	Be It Enacted by the Legislature of the State of Florida:
15	
16	Section 1. Subsection (8) is added to section 1003.57,
17	Florida Statutes, to read:
18	1003.57 Exceptional students instruction;
19	evaluationEach district school board shall provide for an
20	appropriate program of special instruction, facilities, and
21	services for exceptional students as prescribed by the State
22	Board of Education as acceptable, including provisions that:
23	(8) Before a public school student may be evaluated for an
24	emotional, behavioral, or mental disorder, a specific learning
25	disability, or other health impairment, including psychological
26	or psychiatric evaluation, the parent of such student be fully
27	informed of all known and potential consequences of and
28	alternatives for such evaluation and acknowledge and sign the
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CODING: Words stricken are deletions; words <u>underlined</u> are additions.

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## 29 following statement which must be maintained in the student's 30 school records: 31 I understand that my child has been referred to be 32 evaluated for an emotional, behavioral, or mental 33 disorder, a specific learning disability, or other health 34 35 impairment, including psychological or psychiatric evaluation. The evaluation may result in the assignment of 36 a diagnosis of "mental disorder" or "syndrome" as 37 38 described in the formal text published by the American Psychiatric Association for the purpose of diagnosing and 39 providing billing codes according to the Diagnostic and 40 Statistical Manual of Mental Disorders Fourth Edition 41 (DSM-IV). Such a diagnosis will be based on the variable 42 observation and subjective interpretation of my child's 43 44 behavior, intermittently reported by teachers, psychologists, psychiatrists, or others. 45 46 47 I understand that physical problems such as poor 48 nutrition, exposure to toxins, or structural disorders can cause emotional, behavioral, or mental symptoms and that I 49 should provide for my child's complete and thorough 50 medical examination, including, but not limited to, blood 51 52 testing, to determine if my child has any objectively verifiable nutritional deficiency, allergy, metal 53 54 toxicity, or physical disease or disorder which may be causing the symptoms and that anything so found should be 55 56 medically treated.

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57 I understand that the State of Florida mandates screening 58 59 of children for lead poisoning and that the Centers for Disease Control and Prevention, in a report entitled 60 61 "Screening Young Children for Lead Poisoning: Guidance for State and Local Public Health Officials," determined that 62 63 children with lead poisoning can present with seizures, other neurological symptoms, abdominal pain, developmental 64 65 delay, attention deficit, hyperactivity, other behavioral disorders, school problems, hearing loss, or anemia. 66 67 I understand that, unlike most medical diagnostic methods, 68 a diagnosis of mental disorder or syndrome, including, but 69 not limited to, attention deficit hyperactivity disorder 70 (ADHD), bipolar disorder, and depression, is not based on 71 72 any medical test, such as a brain scan, chemical imbalance test, X-ray, biopsy, blood test, or urinalysis, that can 73 scientifically detect a physical abnormality in an infant, 74 75 child, adolescent, or adult. As stated in the 1999 report 76 entitled "Mental Health: A Report of the Surgeon General," the diagnosis of mental disorders is often believed to be 77 more difficult than diagnosis of somatic or general 78 79 medical disorders since there is no definitive lesion, 80 laboratory test, or abnormality in brain tissue that can identify the illness. And as stated in the DSM-IV that 81 82 although this manual provides a classification of mental disorders, it must be admitted that no definition 83

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adequately specifies precise boundaries for the concept of
mental disorder.
I understand that if my child is diagnosed or labeled with
any mental disorder or syndrome listed in the DSM-IV,
treatment is likely to include prescriptions for
psychotropic or psychiatric medications, such as
antidepressants or stimulants, which may have dangerous
side effects and uncertain effectiveness. Most
antidepressants are not approved by the U.S. Food and
Drug Administration (FDA) for treatment of children though
they are often prescribed by medical doctors. On October
14, 2004, the FDA ordered the addition of a "black box"
warning of suicide risk on the health professional
labeling of all antidepressant medications prescribed to
children under 18 years of age. On June 28, 2005, the FDA
ordered labeling changes to methylphenidate (Ritalin)
products to warn that these drugs can cause psychiatric
events described as visual hallucinations, suicidal
ideation, or psychotic behavior, as well as aggression or
violent behavior. On July 1, 2005, an FDA panel
recommended stronger labels for Concerta, another
methylphenidate-based drug, to more clearly warn of the
possibility of hallucinations, suicidal tendencies, or
aggression in patients taking the drug. The amphetamine
Adderall is the subject of an FDA health warning because
of reports linking the drug to sudden deaths in children.
On September 25, 2005, the FDA issued a warning that

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112	atomoxetine (Strattera) can cause suicidal thoughts in
113	children.
114	
115	I understand that I have the right to be informed of all
116	the known side effects of any recommended drug, including
117	the current information listed on the drug in the
118	Physicians' Desk Reference.
119	
120	I understand that I may request full information on the
121	short-term and long-term benefits and risks of a drug, any
122	interactions the drug has with other medications, how long
123	my child will need to be taking the drug, and all of the
124	up-to-date accumulation of FDA adverse reaction reports of
125	the drug. I understand that psychotropic or psychiatric
126	drugs are addictive and create dependency and that drug
127	withdrawal can pose serious problems.
128	
129	I understand that there are alternatives to psychotropic
130	or psychiatric drug treatment and that I should ask the
131	evaluation personnel and my physician about such
132	alternatives. I understand it is my responsibility to take
133	the necessary time and trouble to fully research the
134	relevant necessary information in order to make an
135	informed decision on behalf of my child.
136	
130	
137	I acknowledge that I have read and understood the above
	I acknowledge that I have read and understood the above information and, based on my understanding, I hereby:

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140	(1) Give my full and informed consent for my child
141	to undergo evaluation for an emotional, behavioral, or
142	mental disorder, a specific learning disability, or other
143	health impairment.
144	
145	(Signature of Parent)
146	
147	(2) Do not give my consent for my child to undergo
148	evaluation for an emotional, behavioral, or mental
149	disorder, a specific learning disability, or other health
150	impairment.
151	
152	(Signature of Parent)
153	
154	Section 2. This act shall take effect July 1, 2006.
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