



David P. Driscoll  
Commissioner of Education

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## Commissioner's Update

September 23, 2005

Dear Superintendents, Leaders of Charter Schools and Collaboratives:

I hope this Update finds you all well. In this edition I have nine items for your review.

Newly posted items at [www.doe.mass.edu](http://www.doe.mass.edu):

1. Fall Statistical Reports: Fall 2004 Statistical Reports: SIMS Data Elements; District and School Staffing Report; School Safety and Discipline Report and Individual Non-Public School and Non-Public School Staff Reports
  -  Superintendents and Charter School Leaders
  -  Principals
  -  Principals of Non-Public Schools
2. Clarification of Fall 2005 MEPA Participation Requirements for Kindergarten and Grade 3 LEP Students
  - 
3. Massachusetts School Immunization Requirements 2005
  - 
4. Health Assessments and Immunizations for School-age Children and Youth Displaced by Hurricane Katrina
  - 
5. November MCAS Retest Administration Schedule
  - 
6. Guideline for Participation in MCAS Grade 10 Tests and Retests for the 2005-2006 School Year [ updated 9/30/05 ]
  - 
7. Student Outreach for the November Retest
  - 
8. Ordering Test Materials for the November Retest
  - 
9. The Massachusetts Science, Technology, Engineering and Mathematics (STEM) Summit II "Preparing All Students for College and Careers."
  - 

Thank you all again for the great work that you do every day for the children of the Commonwealth.

Sincerely,



David P. Driscoll  
Commissioner of Education

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## Data Collection

### Fall 2005 Statistical Reports - Memo to Superintendents and Charter School Leaders

To: Superintendents and Charter School Leaders  
 From: David P. Driscoll, Commissioner of Education  
 Date: September 20, 2005

The following reports are required this fall:

Report	Level	Format	Due Date
1. SIMS Data elements	Student	Data file via web	Nov. 17
2. District and School Staffing Report	District and School	Electronic web form	Nov. 3
3. School Safety and Discipline Report	School	Electronic web form	July 28, 2006
4. Individual Non-Public School Report*	Non-Public School	Paper	Nov. 3

\* Not applicable for charter schools.

#### Student Information Management System (SIMS)

This fall we will continue to collect the SIMS 52 data elements. We will be implementing the new race and ethnicity reporting categories that we announced in September 2004. Please refer to the FAQ documents posted on our website for additional information at: [http://www.doe.mass.edu/infoservices/data/guides/race\\_faq.html](http://www.doe.mass.edu/infoservices/data/guides/race_faq.html).

#### District and School Staffing Report

This will be the third year the Department will be collecting staff information at the school and district level. The report contains the Highly Qualified staff information that is a requirement under NCLB. This information will be used to populate the School Report Card application in 2006.

#### School Safety and Discipline Report

This electronic web form has been modified to improve reporting accuracy. The application will be available throughout the year so that district staff can enter the information as the incidents occur. If your district has this information available in an electronic format, a second option for reporting is available. Instructions to send a School Safety and Discipline File can be found at: [http://www.doe.mass.edu/infoservices/data/guides/ssdr\\_filestructure.xls](http://www.doe.mass.edu/infoservices/data/guides/ssdr_filestructure.xls).

#### Individual Non-Public School Report

Paper copies of the reports will be mailed directly to the schools. Principals have been instructed to complete these reports and return them to your office by October 21, allowing you time to review them and forward to us by November 3, 2005.

Copies of the four reports listed above can be found at the following site under the 'Sample Forms' column at: <http://www.doe.mass.edu/infoservices/data/sims/schedule.html>. Instructions and additional documentation can also be found at this link under the 'Technical Assistance' column.

### **Directory Administration Functions Listing**

In order for Department staff to be able to communicate effectively with school district staff it is important that this information is up to date. Please review your district information in the District and School Profiles and update the information as needed in Directory Administration. Any district staff member who is a Directory Administrator can make the changes. In addition, if you have changes to grade levels or need to close or open a school, please notify us using the notification forms located on our website (<http://www.doe.mass.edu/infoservices/data/diradmin/>).

If you have any questions about the fall reports, please call 781-338-DATA (3282).

Thank you for your cooperation.

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## Data Collection

### Fall 2005 Statistical Reports - Memo to Principals

**To:** Principals  
**From:** David P. Driscoll, Commissioner of Education  
**Date:** September 20, 2005

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Thank you for your cooperation.

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## Data Collection

### Fall 2005 Statistical Reports - Memo to Principals of Non-Public Schools

To: Principals of Non-Public Schools

From: David P. Driscoll, Commissioner of Education

Date: September 20, 2005

Enclosed please find a copy of the Fall 2005 Individual Non-Public School Report and the Non-Public School Staff Report. In order for the Department to implement the federal legislation under the No Child Left Behind Act of 2001 (NCLB), we must have accurate information for all students and staff in non-public schools. The information you provide is used for a range of important purposes both at the state and national levels, including federal grant allocations. I greatly appreciate your cooperation in this data collection effort.

Please complete the report and send two copies to the Superintendent of Public Schools for the city/town in which your school is located by **October 21, 2005**. The Superintendent has been requested to submit the reports to the Department of Education by November 3, 2005.

If you need any assistance, please call Data Collection at 781-338-DATA (3282).

Thank you for your cooperation.

Copy: Superintendents



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## Massachusetts Comprehensive Assessment System

### Clarification of Fall 2005 MEPA Participation Requirements for Kindergarten and Grade 3 LEP Students

To: Superintendents, Principals, and Directors of Charter Schools, Approved Special Education Private Schools, and Educational Collaboratives

Copy: Directors of Programs for English Language Learners

From: David P. Driscoll, Commissioner of Education

Date: September 20, 2005

I am writing to clarify the participation requirements for kindergarten and grade 3 LEP students in the fall 2005 MEPA test administration. All grade 3 LEP students must participate in both MEPA-R/W and MELA-O in order to determine a baseline MEPA score for these students. For all other grades, only LEP students who did not participate in the spring 2005 test are required to participate. The table below summarizes test participation requirements.

#### Fall 2005 MEPA Test Administration

Test	Dates of Administration	LEP Students Required to Participate
<b>MELA-O:</b> Comprehension (Listening) and Production (Speaking)	October 3-28	<ul style="list-style-type: none"> <li>• All LEP students enrolled in kindergarten</li> <li>• All LEP students enrolled in grade 3*</li> <li>• All LEP students in grades 1-2, 4-12 who did not participate in spring 2005 MELA-O, or for whom results cannot be obtained</li> </ul>
<b>MEPA-R/W:</b> Reading and Writing	October 24-28	<ul style="list-style-type: none"> <li>• All LEP students enrolled in grade 3*</li> <li>• All LEP students enrolled in grades 4-12 who did not participate in spring 2005 MEPA-R/W, or for whom results cannot be obtained</li> </ul>

\*Students who are repeating grade 3 and have already taken the grade 3 MEPA test are not required to participate.

If you wish to confirm that an individual LEP student who transferred to your school from another Massachusetts school district participated in the spring 2005 administration of MEPA, you may obtain test results, if available, from the MCAS Service Center (800-737-5103). Your request must include the student's name and SASID or date of birth.

The Department will sponsor MEPA reporting workshops during the first week of November. MELA-O training sessions for districts with limited capacity in MELA-O are planned for January. Registration information will be announced shortly.

# Massachusetts Department of Public Health Recommended Childhood Immunization Schedule 2005

Vaccine	Age	range of recommended ages							catch-up vaccination		preadolescent assessment	
		Birth	1 mo	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	24 mos	4-6 yrs	11-12 yrs
<b>Hepatitis B<sup>1</sup></b>		Hep B #1 <small>only if mother is HBsAg (-)</small>	Hep B #2		Hep B #3			Hep B Series				
<b>Diphtheria, Tetanus, Pertussis<sup>2</sup></b>			DTaP	DTaP	DTaP	DTaP			DTaP	Td	Td	
<b>Haemophilus influenzae Type b<sup>3</sup></b>			Hib	Hib	Hib <sup>3</sup>	Hib						
<b>Inactivated Poliovirus</b>			IPV	IPV	IPV				IPV			
<b>Measles, Mumps, Rubella<sup>4</sup></b>						MMR #1			MMR#2	MMR #2		
<b>Varicella<sup>5</sup></b>						Varicella			Varicella			
<b>Pneumococcal<sup>6</sup></b>			PCV	PCV	PCV	PCV			PCV	PPV		
<b>Influenza<sup>7</sup></b>					Influenza (yearly)				Influenza (yearly)			
<b>Hepatitis A<sup>8</sup></b>									Hepatitis A series			

Vaccines below this line are for selected populations

Any dose not given at the recommended age should be given at any subsequent visit when indicated and feasible. ○ Indicates age groups that warrant special effort to administer those vaccines not previously given. Additional vaccines may be licensed and recommended during the year. For minimum intervals, 1 month = 4 weeks = 28 days. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not contraindicated. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form can be found on the Internet: <http://www.vaers.org/> or by calling 1-800-822-7967.

**(Footnotes can be found on page 2)**

**1. Hepatitis B vaccine (Hep B).** All infants should receive the first dose of hepatitis B vaccine soon after birth and before hospital discharge; the first dose may also be given by age 2 months if the infant's mother is hepatitis B surface antigen (HBsAg)-negative. Only monovalent Hep B vaccine can be used for the birth dose. Monovalent or combination vaccine containing Hep B may be used to complete the series. Four doses of vaccine may be administered when a birth dose is given. The second dose should be administered at least 4 weeks after the first dose, except for combination vaccines, which cannot be administered before age 6 weeks. The third dose should be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the vaccination series (third or fourth dose) should not be administered before age 24 weeks.

**Infants born to HBsAg-positive mothers** should receive Hep B vaccine and 0.5 mL of Hepatitis B Immune Globulin (HBIG) within 12 hours of birth at separate sites. The second dose is recommended at age 1 - 2 months. The last dose in the vaccination series should be administered at 6 months of age (but not before 24 weeks). These infants should be tested for HBsAg and antibody to HBsAg (anti-HBs) at 9 - 15 months of age.

**Infants born to mothers whose HBsAg status is unknown** should receive the first dose of the Hep B vaccine series within 12 hours of birth. Maternal blood should be drawn as soon as possible to determine the mother's HBsAg status; if the HBsAg test is positive, the infant should receive HBIG as soon as possible (no later than age 1 week). The second dose is recommended at age 1 - 2 months. The last dose in the vaccination series should be administered at 6 months of age (but not before 24 weeks).

**2. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).** The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose and the child is unlikely to return at age 15 - 18 months. The final dose in the series should be given at age  $\geq$  4 years. **Tetanus and diphtheria toxoids (Td)** are recommended at age 11 - 12 years if at least 5 years have elapsed since the last dose of tetanus and diphtheria toxoid-containing vaccine. Subsequent routine Td boosters are recommended every 10 years.

**3. Haemophilus influenzae type b (Hib) conjugate vaccine.** Three Hib conjugate vaccines are licensed for infant use. If PRP-OMP (PedvaxHIB® or ComVax® [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required. DTaP/Hib combination products should not be used for primary immunization in infants at ages 2, 4 or 6 months, but can be used as boosters following any Hib vaccine. The final dose in the series should be given at age  $\geq$  12 months.

**4. Measles, mumps and rubella vaccine (MMR).** The second dose of MMR is recommended routinely at age 4 - 6 years but may be administered during any visit, provided at least 4 weeks have elapsed since the first dose and that both doses are administered beginning at or after age 12 months. Those who have not previously received the second dose should complete the schedule by the 11 - 12-year-old visit.

**5. Varicella vaccine.** Varicella vaccine is recommended at any visit on or after age 12 months for susceptible children (i.e., those who lack a reliable history of chickenpox). Susceptible persons age  $\geq$  13 years should receive 2 doses, given at least 4 weeks apart. Regardless of age, 2 doses with a 12-week minimum interval between doses are now recommended for a few designated groups with immunosuppression.

**6. Pneumococcal vaccine.** The heptavalent **pneumococcal conjugate vaccine (PCV)** is recommended for all children age 2 - 23 months. It is also recommended for certain children, age 24 - 59 months, who are at high risk for infection due to sickle cell disease, asplenia, HIV infection, chronic illness, cochlear implants, or other immunocompromising conditions. **Consider** vaccination with PCV for all other children 24 - 59 months of age, with **priority** given to: 1) children 24 - 35 months of age; 2) children who are Native American or Alaskan Native, or black; and 3) children who attend group child care. The final dose in the series should be given at age  $\geq$  12 months.

**Pneumococcal polysaccharide vaccine (PPV)** is recommended in addition to PCV for certain high-risk groups, including those with cochlear implants. See *MMWR* 2000;49(RR-9):1-38. PPV23 should be given at  $\geq$  2 years of age and at least 2 months after the last dose of PCV. Give a second dose **once** to children at highest risk of serious pneumococcal infection, as defined by the ACIP: for those  $\leq$  10 years of age, give at least 3 years from the first dose; for those  $>$  10 years, give at least 5 years from the first dose. For additional information, please refer to the table, **Vaccination with PPV23 for High-Risk Children Who Have Received PCV7**, on page 5.

**7. Influenza vaccine.** Influenza vaccine is recommended annually for children age  $\geq$  6 months with certain risk factors (including, but not limited to, asthma, cardiac disease, sickle cell disease, human immunodeficiency virus [HIV], and diabetes), healthcare workers and other persons (including household members) in close contact with persons in groups at high risk (see *MMWR* 2004;53[RR-6]:1-40), and can be administered to all others wishing to obtain immunity. In addition, healthy children age 6 - 23 months and close contacts of healthy children age 0 - 23 months are recommended to receive influenza vaccine because children in this age group are at substantially increased risk for influenza-related hospitalizations. For healthy persons age 5 - 49 years, the intranasally administered, live-attenuated influenza vaccine (LAIV) is an acceptable alternative to the intramuscular, trivalent, inactivated influenza vaccine (TIV). See *MMWR* 2004;53(RR-6):1-40. Children receiving TIV should be administered a dosage appropriate for their age (0.25 mL if age 6 - 35 months or 0.5 mL if age  $\geq$  3 years). Children age  $\leq$  8 years who are receiving influenza vaccine for the first time should receive 2 doses (separated by at least 4 weeks for TIV and at least 6 weeks for LAIV).

**8. Hepatitis A vaccine.** Hepatitis A vaccine is not recommended for routine immunization in Massachusetts where disease incidence is very low. However, it should be given to children  $\geq$  2 years of age in those groups at risk for infection as defined by the ACIP. A booster should be given at least 6 months after the initial dose. See *MMWR* 1999;48(RR-12):1-37.

The *Childhood Immunization Schedule* is based on the recommendations of the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP).

# Massachusetts School Immunization Requirements 2005\*

	Child Care/Preschool <sup>1</sup>	Kindergarten	Grades 1-6	Grades 7-12	College <sup>2</sup>
<b>Hepatitis B<sup>3</sup></b>	3 doses	3 doses	3 doses	3 doses	3 doses for all health science students and all full-time undergraduate and graduate students
<b>DTaP/DTP/DT/Td<sup>4</sup></b>	≥ 4 doses DTaP/DTP	5 doses DTaP/DTP	≥ 4 doses DTaP/DTP or ≥ 3 doses Td	4 doses DTaP/DTP or ≥ 3 doses Td; <i>plus</i> 1 Td booster	1 Td booster within last 10 years
<b>Polio<sup>5</sup></b>	≥ 3 doses	4 doses	≥ 3 doses	≥ 3 doses	N/A
<b>Hib<sup>6</sup></b>	1 to 4 doses <sup>6</sup>	N/A	N/A	N/A	N/A
<b>MMR<sup>7</sup></b>	1 dose	2 doses measles, 1 mumps, 1 rubella	2 doses measles, 1 mumps, 1 rubella	2 doses measles, 1 mumps, 1 rubella	2 doses measles, 1 mumps, 1 rubella
<b>Varicella<sup>8</sup></b>	1 dose	1 dose	1 dose	< 13 yrs. - 1 dose ≥ 13 yrs. - 2 doses	N/A
<b>Meningococcal<sup>9</sup></b>	N/A	N/A	N/A (see footnote <sup>9</sup> )	1 dose for all new students (applies to residential schools only)	1 dose for all new students (applies to colleges that provide housing only)

\* These requirements also apply to **all** new “enterers”.

**N/A** means there is no vaccine requirement for the grades indicated.

**<sup>1</sup>Child Care/Preschool:** Minimum requirements by 24 months; younger children should be immunized according to schedule for their age.

**<sup>2</sup>College:** Requirements apply to: 1) all full-time undergraduate and graduate students; 2) all full-time and part-time health science students; and 3) any full-time or part-time student attending any postsecondary institution while on a student or other visa, including foreign students attending or visiting classes as part of a formal academic visitation or exchange program.

**<sup>3</sup>Hepatitis B:** 3 doses are required for child care, preschool and kindergarten - 12th grade attendance for children. **Beginning in September 2005**, 3 doses are now required for full-time graduate students. 3 doses are also required for all full-time freshmen, sophomores, juniors and seniors, as well as, all health science students (both full-time and part-time, undergraduate and graduate) attending college. Laboratory proof of immunity is acceptable.

**<sup>4</sup>DTaP/DTP/DT/Td:** 5 doses of DTaP/DTP are required for school entry unless the fourth dose is given on or after the 4th birthday. DT is only acceptable when accompanied by a letter stating a medical contraindication to DTaP/DTP. A **single** booster dose of Td is required for all students entering grades 7-12. (It is not required if it has been < 5 years since their last dose of DTaP/DTP/DT.)

**<sup>5</sup>Polio:** 4 doses are required for school entry, unless the third dose of an all-IPV or all-OPV schedule is given on or after the 4th birthday, in which case only 3 doses are needed. However, if the sequential or a mixed IPV/OPV schedule was used, 4 doses are always required to complete the primary series.

**<sup>6</sup>Hib:** The number of primary doses is determined by vaccine product and age the series begins.

**<sup>7</sup>MMR:** 1 dose is required for entry into child care and preschool. A second dose of measles vaccine, given at least 4 weeks after the first, is required for entry to all grades K-12, and college. Laboratory proof of immunity is acceptable.

**<sup>8</sup>Varicella:** 1 dose is required for child care attendance at centers licensed by the Office of Child Care Services (OCCS) for all children born on or after January 1, 1997, **and** who are ≥ 19 months of age, **and** who are without a physician-certified reliable history of chickenpox. 1 dose is also required for all susceptible students at entry to preschool and kindergarten - 12th grade. If the child is ≥ 13 years of age, 2 doses are required.

A reliable history of chickenpox is defined as: 1) physician interpretation of parent/guardian description of chickenpox; 2) physician diagnosis of chickenpox; or 3) laboratory proof of immunity.

**<sup>9</sup>Meningococcal: Beginning in August 2005**, meningococcal immunization is required for: 1) all new students at public and private residential schools with grades 9-12 (in the case of ungraded classrooms, those with students 13 years or older); and 2) all new, full- and part-time, undergraduate and graduate students in degree-granting programs at postsecondary schools (e.g., colleges) that provide or license housing. These institutions are also required to supply all new students or their parent/legal guardian with the MDPH developed Meningococcal Information and Waiver Form.

All new students at the affected institutions must: 1) receive information about meningococcal disease and vaccine; and 2) provide documentation of receipt of 1 dose of meningococcal vaccine within the last 5 years.

As an alternative, new students or their parent/legal guardian may sign the Meningococcal Information and Waiver Form developed by MDPH to indicate that they have read and understood the required information related to the risks of meningococcal disease, and have elected to decline the vaccine.

At all affected institutions, these requirements apply to **all new students** regardless of grade, year of study and **whether or not** they reside in school or campus-related housing. Please note at residential schools, the requirements apply to students in lower grades (pre-K through 8) if the school combines these grades in the same school or part of a school with students in grades 9-12.

## For Children Who Start Late, Who Are > 1 Month Behind, or Who Need an Accelerated Schedule

This schedule can be used for children needing a “catch-up” schedule, for children needing an accelerated schedule or to determine minimum intervals between doses for children who have delayed immunizations. There are **no** maximum intervals; there is **no** need to restart a vaccine series, regardless of the time that has elapsed between doses. Use the chart appropriate for the child’s age.

**Table 1. Catch-up schedule for children age 4 months through 6 years**

Minimum Interval Between Doses					
	Minimum Age for Dose One	Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
<b>DTaP<sup>1</sup></b>	6 weeks	<b>4 weeks</b>	<b>4 weeks</b>	<b>6 months</b>	<b>6 months</b>
<b>IPV<sup>2</sup></b>	6 weeks	<b>4 weeks</b>	<b>4 weeks</b>	<b>4 weeks</b>	
<b>Hep B<sup>3</sup></b>	birth	<b>4 weeks</b>	<b>8 weeks</b> (and 16 weeks after 1 <sup>st</sup> dose)		
<b>MMR<sup>4</sup></b>	12 months	<b>4 weeks</b>			
<b>Varicella<sup>5</sup></b>	12 months				
<b>Hib<sup>6</sup></b>	6 weeks	<b>4 weeks:</b> if 1 <sup>st</sup> dose given at age < 12 months <b>8 weeks (as final dose):</b> if 1 <sup>st</sup> dose given at age 12 – 14 months <b>No further doses needed:</b> if 1 <sup>st</sup> dose given at age ≥ 15 months	<b>4 weeks:</b> if current age is < 12 months <b>8 weeks (as final dose):</b> if current age is ≥ 12 months and 2 <sup>nd</sup> dose given at age < 15 months <b>No further doses needed:</b> if previous dose given at age ≥ 15 months	<b>8 weeks (as final dose):</b> this dose is only necessary for children age 12 months – 5 years who received 3 doses before age 12 months	
<b>PCV<sup>7</sup></b>	6 weeks	<b>4 weeks:</b> if 1 <sup>st</sup> dose given at age < 12 months and current age is < 24 months <b>8 weeks (as final dose):</b> if 1 <sup>st</sup> dose given at age ≥ 12 months or current age is 24 – 59 months <b>No further doses needed:</b> for healthy children if 1 <sup>st</sup> dose given at age ≥ 24 months	<b>4 weeks:</b> if current age is < 12 months <b>8 weeks (as final dose):</b> if current age is ≥ 12 months <b>No further doses needed:</b> for healthy children if previous dose given at age ≥ 24 months	<b>8 weeks (as final dose):</b> this dose is only necessary for children age 12 months – 5 years who received 3 doses before age 12 months	

**Table 2. Catch-up schedule for children age 7 through 18 years**

Minimum Interval Between Doses			
	Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Booster Dose
<b>Td<sup>8</sup></b>	<b>4 weeks</b>	<b>6 months</b>	<b>6 months:</b> if 1 <sup>st</sup> dose given at age < 12 months and current age is < 11 years <b>5 years:</b> if 1 <sup>st</sup> dose given at age ≥ 12 months and 3 <sup>rd</sup> dose given at age < 7 years and current age is ≥ 11 years <b>10 years:</b> if 3 <sup>rd</sup> dose given at age ≥ 7 years
<b>IPV<sup>2</sup></b>	<b>4 weeks</b>	<b>4 weeks</b> (8 weeks preferred)	<b>4 weeks</b> (6 months preferred)
<b>Hep B<sup>3</sup></b>	<b>4 weeks</b>	<b>8 weeks</b> (and 16 weeks after 1 <sup>st</sup> dose)	
<b>MMR<sup>4</sup></b>	<b>4 weeks</b>		
<b>Varicella<sup>5</sup></b>	<b>4 weeks</b>		

**1. DTaP:** The fifth dose is not necessary if the fourth dose was given on or after the 4th birthday. If there is no history of DTaP/DTP/DT, the first dose of Td may be given as early as 7 years of age, but should be considered invalid if given before the 7th birthday.

**2. IPV:** Polio vaccine is not recommended for individuals ≥ 18 years unless there is potential for exposure. The fourth dose is not necessary in an all-IPV or all-OPV schedule if the third dose was given on or after the 4th birthday. If both OPV and IPV were given as part of the series, a total of 4 doses should be given, regardless of the child’s current age. If an unimmunized or partially-immunized child will be traveling to polio endemic or epidemic countries, follow an accelerated all-IPV schedule to complete as much of the series as possible prior to departure:

- \* If ≥ 8 weeks are available, administer 3 doses, 4 weeks apart;
- \* If 4-7 weeks are available, administer 2 doses, 4 weeks apart;
- \* If < 4 weeks are available, administer 1 dose.

**3. Hep B:** All children and adolescents who have not been immunized against hepatitis B should begin the hepatitis B vaccination series during any visit. Providers should make special efforts to immunize children who were born in, or whose parents were born in, areas of the world where hepatitis B infection is moderately or highly endemic.

**4. MMR:** Do not administer MMR vaccine before 12 months of age. The second dose of MMR is recommended routinely at age 4-6 years, but may be given earlier if desired.

**5. Varicella:** Do not administer varicella vaccine before 12 months of age. Give 2-dose series to all susceptible adolescents ≥ 13 years of age.

**6. Hib:** Hib vaccine is not generally recommended for children ≥ 5 years. The number of primary doses is determined by the age of the child and the number of doses previously received. If current age is < 12 months and the first 2 doses were PRP-OMP (PedvaxHIB® or ComVax® [Merck]), the third (and final) dose should be given at age 12-15 months and at least 8 weeks after the second dose. Hib vaccine is recommended for children ≥ 5 years of age if they are in certain high-risk groups. For additional information, please refer to the table, **Hib Vaccine Recommendations for Children Not Up-To-Date**, on page 5.

**7. PCV7:** The number of primary doses is determined by the age of the child and the number of doses previously received. This vaccine is not generally recommended for children ≥ 5 years. For additional information, please refer to the table, **PCV7 Recommendations for Children Not Up-To-Date**, on page 5.

**8. Td:** For children age 7-10 years, the interval between the third and booster dose is determined by the age when the first dose of tetanus/diphtheria-containing vaccine was given. For adolescents age 11-18 years, the interval is determined by the age when the third dose of tetanus/diphtheria-containing vaccine was given.

## Hib Vaccine Recommendations for Children Not Up-To-Date

Age at Presentation	Previous Vaccination History	Recommended Regimen
<b>7-11 months</b>	0 doses	3 doses given with a 1 month minimum interval between dose 1 and 2; third dose given at least 2 months after dose 2, at 12-15 months
	1 dose of HbOC, PRP-T or PRP-OMP <sup>1</sup>	1 or 2 doses of conjugate vaccine at 7-11 months (depending on age) with a booster dose given at least 2 months later; at 12-15 months
	2 doses of HbOC or PRP-T	1 dose of conjugate vaccine at 7-11 months with a booster dose given at least 2 months later, at 12-15 months of age
<b>12-14 months</b>	0 doses	2 doses of any conjugate vaccine, with a minimum interval of 2 months <sup>2</sup>
	1 dose before 12 months of HbOC, PRP-T or PRP-OMP <sup>1</sup>	2 additional doses of any conjugate vaccine, with a minimum interval of 2 months <sup>2</sup>
	2 doses before 12 months of HbOC, PRP-T or PRP-OMP <sup>1</sup>	1 dose of any conjugate vaccine <sup>2</sup>
<b>15-59 months</b>	Any incomplete schedule	1 dose of any conjugate vaccine <sup>2</sup>
<b>≥ 60 months</b>	Any incomplete schedule	1 or 2 doses of any conjugate vaccine <sup>3</sup>

<sup>1</sup> HbOC (HibTITER<sup>®</sup>), PRP-T (ActHIB<sup>®</sup>), PRP-OMP (PedvaxHIB<sup>®</sup>).

<sup>2</sup> For children 12-59 months of age with an underlying condition predisposing them to Hib disease (e.g., sickle cell disease, asplenia, HIV infection, AIDS, other immunosuppressive conditions and treatments) who are not immunized or who have received only 1 dose of conjugate vaccine before age 12 months, 2 additional doses of licensed conjugate vaccine (separated by 2 months) are recommended. If they have received 2 doses before age 12 months, only 1 dose is recommended.

**Note:** Some experts recommend a reinforcing dose of Hib vaccine be given to children receiving treatment for malignancy, to be administered 3 months after completion of treatment.

<sup>3</sup> Children age ≥ 60 months with an underlying condition predisposing them to Hib disease (e.g., sickle cell disease, asplenia, HIV infection, AIDS, other immunosuppressive conditions and treatments), who are not fully immunized, should get 1 dose of Hib vaccine. Some experts recommend 2 doses (separated by 1-2 months) for those with HIV infection or IgG2 deficiency.

## PCV7 Recommendations for Children Not Up-To-Date

Age at Exam	Previous Vaccination History	Recommended Regimen <sup>1</sup>
<b>2-6 months</b>	0 doses	3 doses, 2 months apart; fourth dose at 12-15 months
	1 dose	2 doses, 2 months apart; fourth dose at 12-15 months
	2 doses	1 dose, 2 months after most recent dose; fourth dose at 12-15 months
<b>7-11 months</b>	0 doses	2 doses, 2 months apart; third dose at 12-15 months
	1 or 2 doses before age 7 months	1 dose at 7-11 months, with another dose at 12-15 months (≥ 2 months later)
<b>12-23 months</b>	0 doses	2 doses, ≥ 2 months apart
	1 dose before age 12 months	2 doses, ≥ 2 months apart
	1 dose at ≥ 12 months	1 dose, ≥ 2 months after the most recent dose
	2 or 3 doses before age 12 months	1 dose, ≥ 2 months after the most recent dose
<b>24-59 months</b> •healthy children <sup>2</sup> •high risk <sup>3</sup>	Any incomplete schedule	Consider 1 dose, ≥ 2 months after the most recent dose
	<3 doses	1 dose, ≥ 2 months after the most recent dose and another dose ≥ 2 months later
	3 doses	1 dose, ≥ 2 months after the most recent dose

<sup>1</sup> For children vaccinated at age <1 year, the minimum interval between doses is 4 weeks. Doses administered at ≥ 12 months should be at least 8 weeks apart.

<sup>2</sup> Providers should consider 1 dose for unvaccinated healthy children age 24-59 months, with priority to children age 24-35 months, black children, American Indian or Alaska Native children not otherwise identified as high risk, and children who attend group day care centers.

<sup>3</sup> Those with sickle cell disease, asplenia, chronic heart or lung disease, diabetes, cerebrospinal fluid leak, cochlear implant, HIV or another immunocompromising condition, and American Indian or Alaska Native children in areas with demonstrated risk for invasive pneumococcal disease more than twice the national average (i.e., AK, AZ, NM, and Navajo populations in CO and UT).

## Vaccination With PPV23 for High-Risk Children Who Have Received PCV7

Population	Schedule for follow-up with PPV23 for children ≥ 2 years of age	Revaccinate with PPV23?
<b>Healthy Children</b>	None <sup>1</sup>	No
<b>Chronic Illness (including cochlear implant)</b>	1 dose PPV23 at age ≥ 2 years and ≥ 8 weeks after the last dose of PCV7	Not recommended
<b>Children with sickle cell disease, or anatomic or functional asplenia; immunocompromised; HIV-infected</b>	1 dose PPV23 at age ≥ 2 years and ≥ 8 weeks after the last dose of PCV7	Yes <sup>2</sup>

<sup>1</sup> Providers of Alaskan Natives and American Indians may wish to consider whether these patients would benefit by the additional coverage provided by the expanded serotypes in PPV23.

<sup>2</sup> If the patient is age ≤ 10 years: consider revaccination 3-5 years after previous dose. If the patient is age > 10 years: single revaccination ≥ 5 years after the previous dose.

# Immunization Best Practices

## 1. Assess at every visit.

Review immunization status and administer **all** immunizations due at **all** types of visits (e.g., acute care, follow-up and well-child).

## 2. Schedule optimally.

- Hepatitis B: Give first dose at birth, second dose at 1 month of age and third dose any time between 6-18 months of age. If mother is HBsAg-positive, third dose must be given at 6 months of age (but not before 24 weeks).
- Any dose of vaccine not given at the recommended age should be given at any following visit when indicated and feasible.
- Licensed combination vaccines may be used whenever any components of the combination are indicated and other components of the vaccine are not contraindicated.
- Always schedule immunizations prior to the maximum ACIP-recommended age to ensure that children have received all of the recommended antigens by age 24 months.

## 3. Adhere to correct intervals and ages.

### (a) Minimum intervals:

- Do **not** give vaccines before the recommended minimum age or interval for that antigen.
- Decreasing the minimum age or interval between doses may interfere with antibody response and protection.
- Doses administered before the minimum age and/or minimum interval should be considered invalid and should not be included in determining the previous number of doses given.
- If an invalid dose has been given, count from the last (invalid) dose in order to determine when to give the next **valid** dose.

### (b) Maximum intervals:

- There are no maximum intervals; it is **not** necessary to restart the series of any vaccine due to extended intervals between doses.

## 4. Follow only true contraindications.

Children who present with a mild acute illness, with or without fever, should **not** be deferred for vaccination. Follow only true contraindications as outlined by the ACIP.

## 5. Use VISs.

Provide patient, parent or legal representative with a copy of the Vaccine Information Statement (VIS) with **each** dose of vaccine administered, and answer any questions regarding risks and benefits of vaccines. Many other resources are available to help address questions about vaccine safety (see box below).

## 6. Give all vaccines due.

There are **no** contraindications to simultaneous administration of any of the recommended childhood vaccines.

## 7. Document.

- Proper documentation consists of day, month and year an antigen was given, including the first dose of hepatitis B vaccine (i.e., “at birth” is not acceptable documentation).

- Documentation of chickenpox disease should be included on the immunization record.
- Document in the patient’s chart the date a patient moves or goes elsewhere for care (MOGE).
- Document contraindications to vaccines.
- Document parent refusal of vaccines or deferral of any vaccine to a later date.
- Provide the patient or parent/legal guardian with an immunization card documenting the vaccines given and the date the next doses are due.

## 8. Carry out reminder/recall.

- Identify children who are due or overdue for immunizations (e.g., computer billing system, other electronic tracking systems, tickler system, stickers on charts).
- Send out reminder or recall notices **at least twice a year** (i.e., at 8 and 20 months of age).
- Verify patient’s address and telephone number at each encounter; obtain a second contact number for back-up.

## 9. Develop a systematic approach.

- Formally designate one staff member as an “Immunization Champion” to coordinate/monitor all immunization activities, including disseminating immunization schedules, advisories, and communicating current practices and policies to all staff.
- All providers at a practice should formally agree to adhere to a common immunization schedule (based on ACIP guidelines).
- Post agreed upon common schedule throughout the practice.

## 10. Follow appropriate procedures for vaccine storage and handling.

- Formally designate one staff member to monitor vaccine storage and handling.
- Consult the MDPH document *Vaccine Management Requirements* for detailed instructions on proper vaccine storage and handling.
- Maintain up-to-date, written protocols for vaccine storage and handling procedures and share with all staff who handle vaccine.

## 11. Vaccinate staff.

All personnel who have contact with patients should be appropriately vaccinated.

## 12. Report adverse events.

Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form can be found on the Internet: <http://www.vaers.org/> or by calling 1-800-822-7967.

## 13. Report cases.

Report suspect cases of vaccine-preventable diseases to your local board of health and to the Massachusetts Immunization Program, 617-983-6800 or toll free 888-658-2850. More information regarding disease reporting and control measures can be found in the *Guide to Surveillance and Reporting*, available online at <http://www.mass.gov/dph>.

Adapted from: National Vaccine Advisory Committee. *Standards for Child and Adolescent Immunization Practices*. Pediatrics 2003; 112:958-963.

## Resources:

**National Immunization Information Hotline:** 1-800-232-4636 (1-800-CDC-INFO) and 1-800-243-7889 (TTY)

**National Immunization Program:** [www.cdc.gov/nip](http://www.cdc.gov/nip). **Immunization Action Coalition:** [www.immunize.org](http://www.immunize.org)

**American Academy of Pediatrics:** [www.aap.org](http://www.aap.org). **Children’s Hospital of Philadelphia Vaccine Education Center:** [www.chop.edu](http://www.chop.edu)



## Health, Safety and Student Support Services

### Health Assessments and Immunizations for School-age Children and Youth Displaced by Hurricane Katrina

To: Superintendents of Schools  
School Nurse Leaders  
School Physicians

From: Paul J. Cote, Jr.  
Commissioner of Public Health

Date: September 15, 2005

Many Massachusetts schools are enrolling students from Mississippi, Louisiana and Alabama as a result of their relocation from those areas to our area. In earlier correspondence from Dr. David Driscoll, Commissioner of Education, school districts have been informed that the provisions of the federal McKinney-Vento Homeless Assistance Act require schools to immediately enroll homeless students into school.

Under the McKinney-Vento Act, these students may be enrolled without health and immunization information. Due to the devastation in the hurricane areas, it may take several months to recover student health records, if ever. In the meantime, the Massachusetts Department of Public Health would like to provide the following guidance on health assessments and immunizations.

#### Health Assessments

If students do not have any health records, they should be referred to a Massachusetts primary care provider to complete a health assessment. Other options may include a health assessment by the school physician, a school-based health center or community health center. [See attached for information about expedited MassHealth enrollment specifically for those displaced by Hurricane Katrina.](#)

#### Interim Immunization Recommendations for Students Displaced by Hurricane Katrina

Most students will arrive in Massachusetts without immunization records. According to guidance from the US Centers for Disease Control and Prevention (CDC), students age 10 years or younger should be considered up-to-date with their immunizations, and given any doses recommended for their current age. In addition, students 11-18 years of age should also be considered up-to-date, and given any doses or vaccines recommended for their current age. Please refer to the MDPH Recommended Childhood Immunization Schedule 2005 for specific recommendations ([http://www.mass.gov/dph/cdc/epii/imm/guidelines\\_sched/chiimm.pdf](http://www.mass.gov/dph/cdc/epii/imm/guidelines_sched/chiimm.pdf)).

From a review of school requirements in Louisiana, Mississippi, and Alabama, students coming from those states have similar requirements for DTaP, Polio, and MMR. However, the hepatitis B and varicella requirements vary so these vaccinations may be indicated. Please see the attached State Vaccination Requirement Sheet for a comparison of state requirements.

However, at some point, if immunization records are still not available, students may need to be immunized (or re-immunized). MDPH recommends waiting initially until January 2006 to see if the immunization

records will be recovered, and we will provide additional recommendations if the records are still not accessible at that point in time. We hope to be able to access data from the affected states during the recovery process.

At some point, if immunization records are not available, students may need to be re-immunized. We recommend waiting initially until January 2006 to see if the immunization records will be recovered, and we will reassess this if the records are still not accessible by then. We hope to be able to access data from the states affected later in the recovery phase.

In addition to the health assessments and immunization information, the CDC has information on other health concerns that may be useful to you (<http://www.bt.cdc.gov/disasters/hurricanes/>). The information is updated frequently, so please continue to check the website regularly.

Please call the MDPH Division of Epidemiology and Immunization at (617) 983-6800 or (888) 658-2850 if you have any questions regarding immunization requirements and recommendations.

You may contact the MDPH School Health Unit at 617-624-6060 for further assistance with general school health questions.

For further questions regarding the McKinney-Vento Homeless Assistance Act and other issues regarding homeless students, please contact Peter Cirioni, State Coordinator, at 781-338-6294 or Sarah Slautterback, Staff Specialist, at 781-338-6330 at the Office for the Education of Homeless Children and Youth. Information will also be posted on the MDOE and DPH websites.

cc. David Driscoll, Commissioner of Education

Enclosures:

[Expedited MassHealth Enrollment for Displaced Persons](#)

[Comparison of State Vaccination Requirements for School Entry](#)

[Massachusetts School Immunization Requirements 2005](#) 

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## Health, Safety and Student Support Services

### Health Assessments and Immunizations for School-age Children and Youth Displaced by Hurricane Katrina

#### Processing of MassHealth Applications for Evacuees from Katrina

MassHealth has decided to provide Hurricane Katrina Evacuees who have relocated to Massachusetts with a Special Standard benefit. Applicants will need to complete a **paper MBR** and fax them to the closest MassHealth Enrollment Center. MassHealth has established a special process to expedite these applications and identify the Hurricane Katrina Evacuees to this special Standard benefit. MassHealth has retroactively processed eligibility for Katrina Evacuees who filed an application within the past day prior to the availability of this special benefit.

In order to best serve this population in an expedited manner we ask that you complete a paper MBR and fax the MBR to the MassHealth Enrollment Center closest to your facility. Please identify the application as "Katrina Applicant" on the cover page of the MBR in the upper right hand corner referred by field. This field is in the "for office use only" box. This identification enables MassHealth to place a systematic identifier that will allow us to better serve Hurricane Katrina applicants. It is important that applicants use the Massachusetts address where the applicant is currently residing. Providers should try to obtain proof that the applicants are from the Hurricane affected areas when at all possible. Our goal is to process these applications in a quick and expeditious manner. Please be sure that all questions are answered completely and that the applications are signed. MassHealth will also require a signed PSI form allowing us to share application status and notices with each provider site submitting an application.

**Virtual Gateway applications should not be filed for Katrina Evacuees. MassHealth will not be able to expedite processing and identify Katrina Evacuees to this special benefit if a provider files Virtual Gateway Applications.**

The MassHealth Enrollment Centers contact information is listed below.

Revere MassHealth Enrollment Center  
(781) 485-3400 FAX  
(800) 322-1448  
Springfield MassHealth Enrollment Center  
(413) 785-4180 FAX  
(800) 322-5545  
Taunton MassHealth Enrollment Center  
(508) 828-4615 FAX  
(800) 242-1340  
Tewksbury MassHealth Enrollment Center  
(978) 863-9300 FAX  
(800) 408-1253



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## Health, Safety and Student Support Services

### Health Assessments and Immunizations for School-age Children and Youth Displaced by Hurricane Katrina

#### State Vaccine Requirements for School Entrance/Attendance

Vaccine Exemptions	Louisiana	Mississippi	Alabama
	<b>Medical/Religious/Philosophical</b>	<b>Medical</b>	<b>Medical/Religious</b>
DTaP, DT, Td	DC/HS - Age Appropriate  K-12, new entrants - 4 or 5 doses, 1 dose after age 4  MS - Booster Td new entrants only  College, University - Td-Freshman and new enrollees	DC/HS - 4 doses before age 4; one dose after age 4  K-12 - 4 doses, 1 dose after age 4  MS - Booster Td not required	DC/HS - Age appropriate  K - 4 doses, last dose after age 4  MS - Td booster 5-10 years after preschool booster
Polio	DC/HS - Age appropriate  K-12 - 4 doses, last dose after age 4	DC/HS - Age appropriate  K-12 - 3 doses, last dose after age 4	DC/HS - 1 dose before admission; age appropriate  K-12 - 3 doses, last dose after age 4
MMR	DC/HS - 1 dose after age 1  K - 1 dose after age 1, 2nd dose measles prior to entry  New Entrants - required prior to entry  MS - 2nd dose measles required for new entrants only	DC/HS - 1 dose after age 1  K - 2 doses after age 1 (2nd dose measles required prior to entry)  MS - 2nd dose measles not required  College, University- MMR, M2- New enrollees at State 4-year colleges	DC/HS - 1 dose after age 1  K - 1 dose after age 1; 2nd dose measles prior to entry  MS - 2nd dose measles prior to entry  College/University - 2 doses MMR required for all entrants to four-year colleges

Hepatitis B	DC/HS - Age appropriate K - Required for entry MS - Required for new entrants only	DC/HS - Not required K - 3 doses MS - Not required	None
Varicella	DC/HS, K - Required prior to entry MS - Required for new entrants only	DC/HS, K - 1 dose after age 1 MS - Not required (Documented history of disease accepted)	DC/HS - 1 dose after age 1 K-4 - 1 dose after age 1; increases yearly by one grade until 2013  (Documented history of the disease is accepted)
Hepatitis A	None	None	None

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## Massachusetts Comprehensive Assessment System

### Important MCAS November Retest Information and Guidelines for Participation in MCAS Grade 10 Tests and Retests

**To:** High School Principals and Directors of Alternative Adult/External Diploma Programs and Evening High Schools, Charter Schools, Educational Collaboratives, Approved Special Education Private Schools, and Institutional Schools

**From:** David P. Driscoll, Commissioner of Education

**Date:** September 22, 2005 - **updated September 30, 2005**

**Re:**

1. November Retest Administration Schedule
2. Guidelines for Participation in MCAS Grade 10 Tests and Retests for the 2005-2006 School Year
3. Student Outreach for the November Retest
4. Ordering Test Materials for the November Retest

I am writing to provide you with important information regarding the test administrations for the 2005-2006 school year for students attempting to earn their Competency Determination.

#### 1. November Retest Administration Schedule

The November retest administration schedule is as follows:

Monday, Nov. 14	Tuesday, Nov. 15	Wednesday, Nov. 16	Thursday, Nov. 17	Friday, Nov. 18
Mathematics Session 1	Mathematics Session 2	ELA Composition Sessions A and B	ELA Language and Literature Sessions 1 and 2	ELA Language and Literature Session 3

You will receive your school's shipment of retest materials, including manuals and test materials, during the first week of November. Please contact the MCAS Service Center if you have not received your materials by November 4.

#### 2. Guidelines for Participation in MCAS Grade 10 Test and Retest Administrations for the 2005-2006 School Year

Please review the table below for participation guidelines for the grade 10 tests and retests.

#### Participation Guidelines for MCAS Grade 10 Test and Retest Administrations 2005-2006 School Year







Enrollment Status		November 2005 Retest	March 2006 Retest	Spring 2006 Grade 10 Test
<b>Class of 2009</b>	<i>First-time <b>grade 9</b> students</i>	Not Eligible	Not Eligible	Not Eligible
	<i>Repeating <b>grade 9</b> students</i>	Not Eligible	Not Eligible	Not Eligible <sup>1</sup>
<b>Class of 2008</b>	<i>First-time <b>grade 10</b> students and repeating grade 10 students who never participated in MCAS testing (e.g., were absent from testing) (updated September 30)</i>	Not Eligible	Not Eligible	Participation Required
	<i>Repeating <b>grade 10</b> students who participated in MCAS testing (updated September 30)</i>	Eligible	Eligible	Eligible <sup>2</sup>
<b>Class of 2007</b>	<i><b>Grade 11</b> students who were in grade 9 during the 2004-2005 school year</i>	Eligible	Eligible	Participation Required <sup>3</sup>
	<i><b>Grade 11</b> students who were in grade 10 during the 2004-2005 school year and who are attempting to earn a CD</i>	Eligible	Eligible	Not Eligible <sup>4</sup>
	<i><b>Grade 11</b> students who earned a CD by participating in the 2005 MCAS grade 10 tests and are attempting to qualify for the Certificate of Mastery</i>	Not Eligible <sup>5</sup>	Not Eligible <sup>5</sup>	Eligible
	<i><b>Grade 11</b> students who earned a CD by participating in the 2005 MCAS grade 10 tests and would like to qualify for the Adams Scholarship</i>	Not Eligible <sup>5</sup>	Not Eligible <sup>5</sup>	Not Eligible <sup>6</sup>
<b>Class of 2006</b>	<i><b>Grade 12</b> students attempting to earn a CD</i>	Eligible	Eligible	Not Eligible <sup>7</sup>
<b>Classes of 2003-2005</b>	<i>Students who have <b>exited high school</b> and are attempting to earn a CD</i>	Eligible <sup>8</sup>	Eligible	Not Eligible

## NOTES:

1. Students' status must be changed from grade 9 to grade 10 in the March 2006 SIMS submission in order for them to be eligible to participate in the spring grade 10 test administration. All enrolled grade 10 students will be included in school and district grade 10 MCAS results and AYP determinations.
2. Scores for repeating grade 10 students who participate in the spring grade 10 test administration will be included in school and district grade 10 MCAS results and in AYP determinations. Information will be provided in the *Principal's Administration Manual* about submitting Answer Booklets during test administration for students who previously passed one or both content area test(s).
3. **New for the 2005-2006 school year**, these grade 11 students must participate in the spring grade 10 administration. The Department encourages high schools to meet with students early in the year to present them with their options for participation in retests in November and March to earn their Competency Determination. Students' results will be included in the school and district grade 10 MCAS results and in AYP determinations. Information will be provided in the *Principal's Administration Manual* about submitting Answer Booklets for these non-grade 10 students.
4. Grade 11 students who are new to Massachusetts public schools after the March 2006 retest administration may participate in the spring grade 10 tests. Information will be provided in the *Principal's Administration Manual* about submitting Answer Booklets for these non-grade 10 students.
5. Grade 11 students who wish to improve their scores to qualify for scholarships or awards by participating in the grade 10 MCAS tests **may not** participate in the November or March retests. Retests are not designed to measure and report student performance at the *Proficient* and *Advanced* levels.
6. Only grade 11 students who did not previously participate in the grade 10 tests (i.e., are new to Massachusetts public schools in grade 11 or who were reported as having a medically documented absence on the grade 10 MCAS tests) may participate in the grade 10 tests to attempt to qualify for the Adams Scholarship. Note that results for all other students who participated in the MCAS as tenth graders will determine their eligibility for this scholarship. Information will be provided in the *Principal's Administration Manual* about submitting Answer Booklets for these non-grade 10 students.
7. Eligibility for the spring grade 10 test administration for grade 12 students is determined on an individual basis. For written approval and instructions, contact the Student Assessment Services Unit at (781) 338-3625 or via e-mail at [mcas@doe.mass.edu](mailto:mcas@doe.mass.edu). Information will be provided in the *Principal's Administration Manual* about submitting Answer Booklets for these non-grade 10 students.
8. Students who participated in the summer retest are not eligible to participate in the November retest.

### 3. Student Outreach for the November Retest

The Department recommends that high schools prepare for the retest in the following ways:

- Contact all eligible students to provide them with information regarding the upcoming November retest and other opportunities to participate in retests throughout the 2005-2006 school year. Students should also be presented with options for test preparation and alternative pathways for earning a high school diploma. More information about these options is posted to the Department's Web site at [www.doe.mass.edu/pathways/](http://www.doe.mass.edu/pathways/).
- Notify parents/guardians of eligible students in writing of their children's right to participate. (As required by the 1993 Massachusetts Education Reform Law, students who failed one or both of the grade 10 MCAS tests or retests required for graduation have the **right** to participate in retest administrations.) For students who choose not to participate, it is also recommended that parents or guardians sign an acknowledgement of their children's non-participation. Please feel free to use or modify the attached **sample letter**   and **Non-Participation Form**  . These documents are available on the Department's Web site at [www.doe.mass.edu/mcas/retest.html](http://www.doe.mass.edu/mcas/retest.html). Translations will be available on this Web site in early October.
- Upon request from students from the classes of 2003 through 2005, provide a letter for their employers to verify that they were absent from work because they participated in the MCAS retest. A **sample letter**   is attached.

### 4. Ordering Test Materials for November Retest

In order to ensure that your school will receive sufficient materials for the fall retest, you will need to submit

critical enrollment information and update your school contact information. These activities must be completed as outlined in the following table.

<b>Activity</b>	<b>Instructions</b>	<b>Responsible Party</b>	<b>Deadline</b>
1a. Review school contact information on MCAS Enrollment Verification	Access the form at <a href="http://www.mcasservicecenter.com">www.mcasservicecenter.com</a> beginning September 26, 2005. Click on MCAS, and then click Enrollment Verification. Then click MCAS November Retest.	Principal	September 30, 2005
1b. Update/correct any inaccurate school contact information	Access the Department's Directory Administration via the Security Portal.	District-level Directory Administrator	September 30, 2005
2. Order test materials using MCAS Enrollment Verification Web form	Access the form at <a href="http://www.mcasservicecenter.com">www.mcasservicecenter.com</a> beginning September 26, 2005. (Follow instructions above.)	Principal	October 7, 2005 5:00 p.m.

The MCAS November Retest Enrollment Verification Web form will be posted at [www.mcasservicecenter.com](http://www.mcasservicecenter.com) on September 26, 2005. You will need to enter the same password that you were provided with to access your school's MCAS reports online.

On the form, please report the number of students participating in the ELA and Math Retests by indicating those who will need standard test forms and special forms (Braille, large-print, typed response forms, Kurzweil 3000 version, and English/Spanish for Math).

Please contact the MCAS Service Center at (800) 737-5103 if you have any questions about accessing the Web site, or if you have any questions about the upcoming test administration. As always, please direct questions about the guidelines for participation to Student Assessment Services at 781-338-3625.

Thank you for your assistance.

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## EVENTS CALENDAR

October 2005						
S	M	T	W	T	F	S
26	27	28	29	30	31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5

## NEWS SEARCH

Keyword:

Target:

Dates:

Past 30 days

Past 90 days

Date Range

Start:

End:



Monday, September 26, 2005

## Invitation to the Massachusetts Science, Technology, Engineering and Mathematics (STEM) Summit II

**"Preparing All Students for College and Careers"****October 17, 2005  
Sturbridge Host Conference Center**

**SUMMIT II** is a "call to arms" for Massachusetts to better prepare all students for college and careers with a particular emphasis on Science, Technology, Engineering and Mathematics (STEM) disciplines. The Summit is sponsored by the Massachusetts Board of Higher Education, Massachusetts Department of Education, Massachusetts STEM Collaborative, and the National Science Foundation Center for Collaborative Adaptive Sensing of the Atmosphere at the University of Massachusetts at Amherst, and several major businesses and STEM partners.

The STEM **SUMMIT II** will also serve provide an opportunity to launch a series of new high school initiatives funded by the National Governor's Association. The initiatives are aimed at strengthening the value of a high school diploma, closing the achievement gap, and building a K-16 data system with the ultimate goal of increasing graduation and college/work readiness rates, particularly in science, mathematics, and technology.

**Who should attend?** Superintendents, principals, guidance counselors, college faculty and administrators, business leaders, science, math and technology leaders, teachers and educational policymakers.

### More About SUMMIT II

Governor Romney has been invited to launch the Summit, as have Education Commissioner David Driscoll and Judith Gill, Chancellor of the Board of Higher Education. The keynote speaker will be Congressman Vernon J. Ehlers, who represents Michigan's Third Congressional District and serves on the House Science Committee. Congressman Ehlers is a physicist who has championed STEM in the Congress. The luncheon speaker will be Katie Haycock, Director of the Education Trust and one of the nation's leading child advocates in the field of education and a leading expert on addressing the achievement gap.

**There will be 5 Summit Strands:** Each strand will focus on policies and action steps related to a facet of STEM Education.

**Strand I:** Launching a series of new high school initiatives funded by the National Governor's Association

**Strand II:** Increasing the number of youth who enter STEM careers

**Strand III:** Increasing the number of highly qualified teachers in STEM disciplines

**Strand IV:** Improving the performance of students in STEM disciplines

**Strand V:** Enhancing the use of technology in the classroom to improve student performance. Note: Strand V requires a separate registration. Attendees will be selected by an application submitted by the district. Applications must be submitted by September 17, 2005. For more information and the application

form for Strand V go to [http://www.lesley.edu/soe/tech\\_in\\_ed/wingspread.html](http://www.lesley.edu/soe/tech_in_ed/wingspread.html).

For more information and to register for the conference, click on the following link: <http://www.stempipeline.org>.

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