



COLORADO
Department of Education

Colorado State Board of Education

TRANSCRIPT OF PROCEEDINGS
BEFORE THE
COLORADO DEPARTMENT OF EDUCATION COMMISSION
DENVER, COLORADO
APRIL 8, 2015, Part 2

BE IT REMEMBERED THAT on April 8, 2015, the
above-entitled meeting was conducted at the Colorado
Department of Education, before the following Board
Members:

Marcia Neal (R), Chairman
Angelika Schroeder (D), Vice Chairman
Steven Durham (R)
Valentina (Val) Flores (D)
Jane Goff (D)
Pam Mazanec (R)
Debora Scheffel (R)



1 MADAM CHAIR: The Board will come back to
2 order, please.

3 We're having trouble with my mic today.
4 Steve?

5 MR. DURHAM: It's working.

6 UNIDENTIFIED VOICE: It's working.

7 MADAM CHAIR: I don't think so.

8 UNIDENTIFIED VOICE: Just not well.

9 MADAM CHAIR: Oh good. I like that.

10 Ladies and gentlemen, we have a slight
11 problem here I wanted to explain to you. We have public
12 comment for the Healthy Children's Act scheduled for 30
13 minutes but we are also running 30 minutes behind, which
14 we frequently do. So we have about a 30-minute agenda
15 item here that we will be taking care of before we get to
16 the public comment. And we have 30 minutes scheduled for
17 the public comment and I think there are far too many
18 people here for us to get into the 30 minutes.

19 So a couple of things that we always ask.
20 Number one, if you're going to comment and someone else
21 says exactly the same thing you are, you know, it's not
22 necessary to do it again. But particularly for this
23 group, we're taking a second group of public comment
24 before we actually take up the item this afternoon,
25 which, again, we're running late, but around 2:00.



1 So if you're here to give public comment and
2 you can come back this afternoon at 2:00, and have
3 perhaps more of a chance of being able to do that public
4 comment, we would, you know, suggest that maybe that
5 might be a way to help. You are certainly free to stay
6 and sit through this next 30-minute item, but that's
7 about the best we can do to make sure that everybody gets
8 a chance to speak.

9 So if any of you feel the need and you
10 wanted to leave and come back this afternoon around 2:00,
11 then you'll have a better chance of actually being able
12 to testify at that time than you will when we finish
13 this session, which shouldn't run over -- we should be
14 through in about 30 minutes. Then we will begin the
15 public comment session.

16 Any questions?

17 All right. Let's go ahead. Dr. Owen.

18 MR. OWEN: Madam Chair, members of the Board
19 -- is this on? Okay.

20 We're here today to bring the ECEA
21 rulemaking process that we've been working on for the
22 last three or four months. Today it's up for your
23 consideration.

24 There are a couple of things that happened
25 at the last meeting that you had asked for us to take



1 into consideration. One was to meet with Dr. Scheffel
2 who had some suggestions around proposed changes to the
3 rules. Staff has since met with Dr. Scheffel. You have
4 a copy of some amendments that Dr. Scheffel would like to
5 see included in the rulemaking. It should be in your
6 packet. And so with that these are up for your
7 consideration and vote today.

8 MADAM CHAIR: Yes.

9 MS. SCHEFFEL: Could you articulate the
10 amendments for me, because I didn't --

11 MR. OWEN: Madam Chair.

12 MADAM CHAIR: Yes.

13 MR. OWEN: Would you like me to do that or
14 would you like Dr. Scheffel to do that?

15 MADAM CHAIR: You can.

16 MR. OWEN: I can do it? Okay.

17 I'll let Mr. Boyer go through it. He
18 actually met with Dr. Scheffel. Or Jackie. Okay. I'm
19 going to let Jackie, if that's okay with you, Madam
20 Chair.

21 MADAM CHAIR: That's fine. Go ahead,
22 please.

23 MS. MEDINA: Madam Chair, you would like me
24 to read the citation. It's 12.05(4), and that's called
25 Confidentiality of Student Education Records.



1 MS. SCHEFFEL: Okay. I'm there.

2 MS. MEDINA: It is -- the last sentence of
3 that paragraph is an addition to the proposed amendment
4 that you had last month. And so that --

5 MS. SCHEFFEL: Is that the one in dark --

6 MS. MEDINA: Yes.

7 MS. SCHEFFEL: -- in red, red, red?

8 MS. MEDINA: Yes. It begins "Student
9 records that are collected and/or stored electronically
10 shall be held to current state law and FERPA regulations
11 governing the protection of personally identifiable
12 information and the privacy interests of students."

13 MADAM CHAIR: Okay. Everybody got that?

14 MS. SCHEFFEL: Thank you.

15 MS. MEDINA: You're welcome. And the second
16 one may be found in 12.02(2)(g)(vi).

17 UNIDENTIFIED VOICE: Could you repeat that?

18 MS. MEDINA: Yes.

19 MR. OWEN: Madam Chair, we actually have
20 copies that we pulled out this, specifically, that we can
21 pass out, to maybe make it a little easier.

22 MADAM CHAIR: Got it. Thank you.

23 MS. MEDINA: Madam Chair.

24 MADAM CHAIR: Yes. Go ahead.

25 MS. MEDINA: So the second amendment is in



1 regard to parental involvement in the ALP. The change
2 is, in the first line, "A system to show evidence of
3 parent engagement and input" -- those are the two words
4 that were substituted -- "in the ALP development and in
5 the review of progress. Evidence may include, but is not
6 limited to: signature, electronic signature, checkbox of
7 involvement or other assurance supporting the student's
8 growth." And then this last sentence is an amendment, is
9 new. "If, after three documented attempts to contact the
10 parents for signature, no parental signature is obtained,
11 school personnel shall continue with ALP implementation
12 and continue to engage parents in the process."

13 MS. SCHEFFEL: Thank you. I'm sorry that I
14 missed --

15 MS. MEDINA: You're welcome.

16 MS. SCHEFFEL: -- the changes.

17 UNIDENTIFIED VOICE: Thanks, Deb.

18 MS. SCHEFFEL: Madam Chair, could I provide
19 context?

20 MADAM CHAIR: Pardon?

21 MS. SCHEFFEL: Could I provide some context?

22 MADAM CHAIR: Sure.

23 MS. SCHEFFEL: So thank you, and I
24 appreciate CDE meeting and talking through this.

25 What I was getting from parents is the idea



1 that the ALP, the Advanced Learning Plan, as developed
2 for students who identified as gifted or talented, and
3 the concern was, in listing the affective needs portion,
4 page 16 and 17 -- I don't know if it's still right -- but
5 it includes goals related to personal, social,
6 communication, leadership, and/or cultural competence.
7 So that's the content of what can be included under
8 affective in the ALP, the Advanced Learning Plan. And
9 parents, feeling like the language previous was
10 ambiguous, saying, you know, "We're going to try to
11 engage them but if we can't you're going to move on."

12 So I don't know if this -- what the Board
13 thinks of this. At least it quantifies it, saying, hey,
14 you've got to document that you at least tried three
15 times, and even after you tried you need to engage
16 parents in the process. You know, I would have preferred
17 something where parents have to sign off on it, where
18 they have to approve of it.

19 So then the further input I've gotten since
20 we talked is what do I, as a parent, what recourse do I
21 have if I don't like what's on that Advanced Learning
22 Plan? And you've tried to contact me three times but,
23 for whatever reason, I couldn't connect. What recourse
24 do they have if they still feel like they're not
25 connecting with the school and they don't like the



1 content of that ALP? And I was -- you know, we had a
2 lawyer on this call that said you can't exceed the
3 federal statute. Is that correct, Randy?

4 MR. OWEN: Madam Chair.

5 MADAM CHAIR: Yes.

6 MR. OWEN: State statute.

7 MS. SCHEFFEL: State statute? Okay. So
8 that we couldn't ask for parents to actually sign and
9 approve. Is that right?

10 MR. OWEN: Madam Chair.

11 MADAM CHAIR: Yes.

12 MR. OWEN: So I think when it comes to
13 rulemaking, we've had discussions about this in the past.
14 If the State Board's rulemaking process really exceed the
15 statutory content of what is required in the statute,
16 what happens is it goes through a review process with the
17 OLS, and essentially they'll bring it back and say that
18 you've exceeded and you either have to correct it or they
19 will go through a process of forcing us to correct it.

20 And so, yes, generally speaking, if you
21 develop rules that exceed the statutory requirements in
22 the specific section of that law, it will not stand up
23 over time, has been the practice.

24 MADAM CHAIR: Makes sense. Deb?

25 MS. SCHEFFEL: So can I ask one more follow-



1 up?

2 MADAM CHAIR: Sure.

3 MS. SCHEFFEL: So if parents, for whatever
4 reason, can't connect and don't like the content,
5 particularly of the affective portion, what recourse do
6 they have? And I think other people may have had that
7 question.

8 MS. MEDINA: Madam Chair.

9 MADAM CHAIR: Yes.

10 MS. MEDINA: Okay. If parents would not
11 agree with what's originally written in the ALP, they
12 certainly have the recourse. And we have guidance around
13 that, and so I'll share a little bit of that with you.

14 The first recourse is to, of course,
15 continue the dialogue and to get real clarity about what
16 is the parent thinking, what is the staff thinking, what
17 is the student thinking, and what are the observations
18 that they're seeing. Sometimes it's just
19 miscommunication as to what the focus or direction might
20 need to be. They need to sit down and make suggestions
21 to rewrite goals.

22 Also, the affective goals really should be
23 aligned with the student's strength area. So if it's a
24 student exceptional in mathematics, the affective goal
25 would be something like how does that student develop



1 leadership in mathematics? How does that student develop
2 self-directed learning in mathematics? So affective
3 goals are aligned with the strength area. And so
4 sometimes parents may not understand that that's what
5 affective is about, okay. It's not about a deficit or,
6 you know, something ill feeling.

7 And then, certainly we also have, in rule,
8 and also required by statute, a process for how to
9 resolve disagreements, that's very respectful, where the
10 parents can continue to voice concern. We would hope, in
11 Level 1, they came to some resolve once they really
12 understood the student and the understood what affective
13 means.

14 And then, as a last recourse, parents can
15 always sign off and say, "I don't want my student to be
16 in a gifted program," but then they would need to write a
17 letter that would enter into the student's file.

18 MS. MAZANEC: Madam Chair.

19 MADAM CHAIR: Yes, Pam.

20 MS. MAZANEC: Where are these affective
21 goals? On what page?

22 MS. SCHEFFEL: Madam Chair.

23 MADAM CHAIR: Yes.

24 MS. SCHEFFEL: They were on page 16 and 17,
25 12.02(2)(f)(ii), and it just lists the content there --



1 personal, social, communication, leadership, cultural
2 competence -- and that ambiguous language -- you know, in
3 a perfect world these words sound okay and, you know,
4 most people want their kids to have GT services, and if
5 it a leadership goal few parents would disagree. But, of
6 course, we're all aware of situations where it isn't that
7 simple, where there are agendas being pushed through some
8 of these vehicles, and parents need recourse.

9 So my question is what is their recourse? I
10 think you're saying the final recourse is withdraw your
11 child from GT services.

12 MS. SCHROEDER: Mr. Owen, could you just
13 clarify for me that, as presented now, they would pass
14 legal -- I forgot what you said, I'm sorry -- legal
15 scrutiny?

16 MR. OWEN: Madam Chair.

17 MADAM CHAIR: Yes.

18 MR. OWEN: I think the term is exceeding the
19 statutory authority, the rules exceeding statutory
20 authority. I think, after staff met with Dr. Scheffel,
21 and looked through these amendments, they felt like these
22 would be workable.

23 MS. SCHROEDER: Okay.

24 MR. OWEN: Again, OLS does its own
25 independent review --



1 MS. SCHROEDER: Right.

2 MR. OWEN: -- and I can't speak for what
3 they would end up coming up with. But I don't think that
4 we feel like there's anything here, in this current
5 language --

6 MS. SCHROEDER: As it is now.

7 MR. OWEN: -- that would -- again, the more
8 that you add on to rules -- just keep in mind, we went
9 through this with several other processes that we've done
10 -- the more you add on to rules that require school
11 districts to do things, the more you're going to get
12 pushback from those school districts about extra
13 bureaucratic steps you've placed on top of them, that
14 they would interpret -- that's the feedback we've heard -
15 - on top of them, as far statute or rulemaking, and it
16 makes their lives, they feel, somewhat more difficult.

17 Now that doesn't mean that they always agree
18 or disagree with these, but the rulemaking process that
19 we went through in the stakeholder engagement that we
20 went through, we worked broadly with a large consortium
21 of interest groups on the specific topic of these gifted
22 rules, and I think we had everybody to agreement.
23 Whether they would all agree with these amendments and
24 whether they would feel like there's support, we haven't
25 broadly shared that but they've been in BoardDocs and



1 available for people to review, and I haven't had anybody
2 contact me specifically on these amendments that had
3 concerns or issues. I don't know if Randy or Jacquelin
4 (indiscernible).

5 MS. SCHROEDER: They just seem clarifying to
6 me so I think they might be seen as being helpful.
7 Thanks.

8 MADAM CHAIR: Pam.

9 MS. MAZANEC: So this is my question. Why
10 is affective development even included? It seems quite a
11 personal thing and not having to do with education.

12 MS. MEDINA: Madam Chair.

13 MADAM CHAIR: Yes.

14 MS. MEDINA: Well, first of all, affective
15 is in statute.

16 MS. MAZANEC: It is?

17 MS. MEDINA: That would be one. Yes. And
18 in gifted education, the affective goals or the affective
19 realm is as important as academic. It is how the
20 student, the gifted student with exceptionalities learns
21 how to learn his or her way. They learn how to nurture
22 their exceptionality in a special way. So it's always
23 been a part of gifted education. We have national
24 standards around that, as well as we have guidance here
25 in Colorado around that.



1 DR. FLORES: May I?

2 MADAM CHAIR: Val.

3 DR. FLORES: Affective needs, sometimes,
4 they correlate to about 70 percent of learning, I mean,
5 of how -- the affect is responsible for the other. If
6 you don't have kids with good affective --

7 MADAM CHAIR: Correlation?

8 DR. FLORES: -- needs, yeah, then they don't
9 learn the other. So it's so important to learn. So
10 motivation and affect, which falls under the same thing,
11 according to many, is about 70-some percent. So it's
12 very high to learning cognitive issues and information.
13 It's that high. I don't know, it just --

14 MADAM CHAIR: Deb, did you have a question?

15 MS. SCHEFFEL: (Indiscernible)

16 UNIDENTIFIED VOICE: Yeah. "Assist gifted
17 students in understanding themselves as gifted learners,
18 and the implications of their abilities, talents, and
19 potential for accomplishment, and assist them in
20 developing and refining interpersonal skills." It's in
21 statute. Maybe there's nothing I can do about that, but
22 it seemed a little outside necessary.

23 MADAM CHAIR: Angelika.

24 MS. SCHROEDER: So I guess I will repeat the
25 information that I shared last month, which was a study



1 that we did in our school district of dropouts, and
2 learned that a disproportionate number of the dropouts
3 were gifted kids. And you wouldn't expect that, except
4 that these kids really probably couldn't find a way to
5 get their needs met within the system, and it was just
6 tragic.

7 DR. FLORES: And that's --

8 MS. SCHROEDER: So that's the --

9 MADAM CHAIR: (Indiscernible)

10 DR. FLORES: -- and that's in the research.

11 Excuse me?

12 MADAM CHAIR: Deb.

13 MS. SCHEFFEL: I just wanted to ask a
14 question that surfaced again after I talked to you
15 regarding the early childhood piece. Does the early
16 childhood reference to the, is it universal screening?
17 It's on page 10 of the previous iteration. Is that just
18 gifted and talented early childhood or is it pervasively
19 early childhood?

20 MR. OWEN: Madam Chair.

21 MADAM CHAIR: Yes.

22 MS. SCHEFFEL: So it's 12.01(10)(13).

23 MR. OWEN: (10)(13). Okay. Thank you.

24 MS. SCHEFFEL: I think it's just special
25 education. Am I right?



1 MS. MEDINA: Madam Chair.

2 MADAM CHAIR: Yes. I'm sorry. I'm looking
3 to see who's talking.

4 MS. MEDINA: This particular definition uses
5 the term "early childhood special educational services,"
6 and "special educational services," under old rules,
7 referred to gifted programming. And so in the state of
8 Colorado, preschool services is an option. We do have
9 the early entrance, early access provisions in law that
10 would say that we do provide this early childhood special
11 education services. So it is in relation to those
12 students that come in under early access or if a district
13 so chooses to have preschool gifted services.

14 MS. SCHEFFEL: So, Madam Chair, can I ask a
15 question?

16 MADAM CHAIR: Yes.

17 MS. SCHEFFEL: So is there any addition here
18 in terms of additional screening? In other words,
19 there's Child Find and all of that. Is that what this
20 refers to, screening?

21 MS. MEDINA: Madam Chair.

22 MADAM CHAIR: Yes. We're trying to figure
23 out how we move ahead here. Yes.

24 MS. MEDINA: The screening would refer to
25 the screening under the provisions of law for early



1 access.

2 MS. SCHEFFEL: So is that universal or is
3 that voluntary, or can you just clarify?

4 MS. MEDINA: Madam Chair, it's individual.
5 The early access is a process that is initiated by
6 parents or by a preschool caretaker and then that
7 referral is brought to the school district for continued
8 screening and evaluation.

9 MS. SCHEFFEL: Thank you.

10 MADAM CHAIR: We've been trying to hunt --
11 sorry. I'm not paying attention here. We've been
12 talking a little bit about how we move forward.

13 This discussion doesn't seem to be going
14 anywhere.

15 DR. FLORES: May I add a little bit?

16 MADAM CHAIR: I would ask for a motion at
17 this time to approve the rules for the administration of
18 the Exceptional Children's Educational Act.

19 MS. SCHROEDER: So moved.

20 MADAM CHAIR: Second?

21 MS. GOFF: Second.

22 MADAM CHAIR: Okay. Carey. And, you know,
23 if we don't approve them they'll come back. So I'm just
24 trying to -- we're trying to move us through this time
25 period, so don't be concerned if that's what you want to



1 do.

2 MS. MARKEL: Steve Durham.

3 MR. DURHAM: Clarification.

4 MADAM CHAIR: Okay. They made a motion to
5 approve them. So if you --

6 MR. DURHAM: With the comment that if we
7 don't approve them they will come back?

8 MADAM CHAIR: It would come back now
9 because, obviously, we're not going to get anywhere here
10 today.

11 DR. FLORES: That's your opinion.

12 UNIDENTIFIED VOICE: I don't understand why
13 you're saying that.

14 MADAM CHAIR: No, that is not just my
15 opinion. That is the opinion of the Board Chair and the
16 Commissioner and the Secretary. We need to -- you know,
17 we can sit here and do this all day, or we can come back
18 at another time and finish it. So it's up to you.
19 There's a motion. You either vote yes or no.

20 MR. DURHAM: Well, I think I'll make a
21 substitute motion and delay this over.

22 MADAM CHAIR: Well, that's pretty much the
23 same thing. We're not disapproving. We're just laying
24 it over.

25 MR. DURHAM: The motion is just to lay it?



1 UNIDENTIFIED VOICE: No. The motion is to
2 approve it.

3 MADAM CHAIR: And it will come back, because
4 it's got to come back.

5 MR. DURHAM: Yeah. Well, in that case I'll
6 vote no.

7 MS. MARKEL: Dr. Flores.

8 DR. FLORES: Yes.

9 MS. MARKEL: Jane Goff.

10 MS. GOFF: Yes.

11 MS. MARKEL: Pam Mazanec.

12 MS. MAZANEC: No.

13 MS. MARKEL: Marcia Neal.

14 MADAM CHAIR: Yes.

15 MS. MARKEL: Dr. Scheffel.

16 MS. SCHEFFEL: No.

17 MS. MARKEL: Dr. Schroeder.

18 MS. SCHROEDER: Yes.

19 MADAM CHAIR: Okay. So carried, so like
20 next month?

21 (Overlapping)

22 UNIDENTIFIED VOICE: We're done.

23 MADAM CHAIR: Thank you, and I'm sorry. I
24 know that was not in order very much but with everything
25 we've got going here today we really need to make an



1 effort to stay on a time schedule.

2 Thank you, Dr. Owen and staff. Thank you
3 for this.

4 (Pause)

5 MADAM CHAIR: We're getting ready for public
6 comment. I need to get the list. Secretary, can you
7 bring it to me? We've had a few gone away. Let me count
8 real quickly, and, Carey, how much time will we take?

9 MS. MARKEL: And this is general public
10 comment.

11 MADAM CHAIR: General public comment.

12 MS. MARKEL: (Indiscernible)

13 MADAM CHAIR: Well, some of them might be
14 here for something else.

15 MS. MARKEL: (Indiscernible)

16 MADAM CHAIR: Thank you for your patience
17 here today. We are going to take public comment now. As
18 I mentioned earlier, you may be signed up for public
19 comment for something else, but an awful lot of you that
20 are here today are here for public comment because -- my
21 mic is not working well. Bizy, would you bring me back
22 that other one? I think there was a conspiracy here,
23 just now.

24 There. You can now hear me.

25 Many of you -- most of you, I assume, are



1 here to talk about the Healthy Children Act. If you are
2 not, if you're here to speak about something else and you
3 can wait until this afternoon when we do this again, we
4 would greatly appreciate it, because we will just take 30
5 minutes' worth and then we will have to shut it down. So
6 be prepared.

7 I have the names here. The rules -- most of
8 you are well aware of the rules. You have three minutes,
9 and when you finish Ms. Markel will hold up the little
10 sign that says three minutes. When you see that sign you
11 should finish the sentence and then sit down. If you
12 don't, I'll probably ask you to. And we will move along.

13 If, by chance, you could come back this
14 afternoon and you don't want to speak at this time I'd
15 appreciate you letting me know. I will call your name
16 and we will proceed from there.

17 And our first person on the list is
18 Christina Ciccone. Christina, she is coming with the
19 mic.

20 MS. CICCONE: Thank you. Madam Chair,
21 Commissioner Hammond, and members of the Board, my name
22 is Christina Ciccone and I'm the vice president of
23 strategy and communications at Colorado Succeeds, a
24 nonprofit, nonpartisan coalition of business leaders
25 representing employers across the state and committed to



1 improving Colorado's education system.

2 It's no secret that the business community
3 depends on the education system to produce competent
4 graduates, and the Colorado economy relies upon them for
5 strength and success. Yet too many of our high school
6 graduates do not possess the knowledge and skills and
7 behaviors necessary to succeed in today's economy. They
8 are graduating and needing remediation in college or
9 retraining in the workplace.

10 That's why I'm here today, on behalf of our
11 membership, to request that you support more rigorous
12 benchmarks for graduation guidelines than have been
13 recommended here today. Do not lower the bar when it
14 comes to expectations for graduation. We applaud the
15 state for adopting graduation guidelines.

16 Now the Board faces an important decision.
17 Do we make the bar high for our graduates so that we can
18 be sure to provide a meaningful high school diploma for
19 students across the state, or do we lower the bar,
20 providing no assurances to our kids that they'll graduate
21 ready for college and career? The latter means, in most
22 cases, that students will have to take costly remedial
23 coursework upon entering college, courses they should
24 have mastered in their public high school.

25 To the point of the workplace, many of our



1 members have created additional screening assessments
2 during the hiring process and offer their own remedial
3 coursework to teach high school graduates basic skills
4 like reading, writing, and math.

5 Take, for example, Springs Fabrication, an
6 industrial metal manufacturer with factories in Colorado
7 Springs and Loveland. Their president and CEO, Tom
8 Neppl, has shared how his company needs skilled laborers
9 to operate their high-tech equipment yet only requires a
10 high school diploma for employment. For screening
11 purposes, the company implemented a basic skills test for
12 all applicants, which is based on high school-level
13 proficiency. Tom says that the average score is less
14 than 50 percent on the math section and that their
15 applicants have trouble reading, following instructions,
16 and problem solving.

17 Unfortunately, Tom's dilemma is not unique.
18 CEOs across the state say they have jobs that go unfilled
19 for significant periods of time because they can't find
20 qualified applicants. This hurts our workforce, our
21 economy, and our residents.

22 And that's why I'm here today to express our
23 members' support to not just set the graduation
24 requirements but also keep the bar high to ensure that
25 students won't need remediation in college or retraining



1 in the workplace. These graduation guidelines, for the
2 first time, give districts and families more choices and
3 pathways than ever before to reach graduation, and we
4 applaud that. Yet these options are only valuable if
5 they guarantee a student will reach graduation without
6 needing remediation and share a consistent expectation of
7 rigor.

8 Only high benchmarks make the value of a
9 high school diploma in Colorado completely clear and only
10 then will high school graduation have true meaning when
11 it comes to college and career readiness. Diplomas
12 should signal to higher education and employers that the
13 student has met the state's expectations and has a
14 fundamental base knowledge, skills, and behaviors needed
15 to take on future challenges and be successful in the
16 college or career of their choice.

17 When discussing the guidelines today, please
18 investigate each benchmark closely and ensure that
19 students will not be graduating high school only to be
20 face more training, schooling, and testing after they
21 leave senior year.

22 Thank you.

23 MADAM CHAIR: Thank you. You had that timed
24 perfectly.

25 Van Schoales.



1 MR. SCHOALES: Good morning, Chairman Neal
2 and Commissioner and the rest of the State Board. Thank
3 you for the opportunity to share our thoughts on
4 graduation guidelines as well. I'm Van Schoales. I'm
5 the CEO of A Plus Denver. We're a research and advocacy
6 organization supported by 130 community and business
7 leaders.

8 We've been strong proponents of statewide
9 graduation guidelines since the start. We believe that
10 setting a standard for the high school diploma is, by
11 far, the most important educational standard that you all
12 and the state can set. It's the mother of all standards,
13 if you will. Having a uniform graduation requirement is
14 critical to ensure Colorado's competitiveness, as we said
15 earlier, and a rapidly shifting economy and labor market.

16 As you all, I think, know, 74 percent of
17 jobs will soon require a postsecondary degree or
18 certificate in Colorado. The cost to all of us for not
19 educating kids is enormous to taxpayers.

20 There are serious problems with the proposal
21 set forth by CDE. The first one is that the current menu
22 options are not comparable, particularly as it enables
23 districts to create their own assessments which may or
24 may not be aligned to competencies or high expectations.
25 In a state with local control, the State Board is



1 responsible for defining achievement goals -- the what,
2 if you will -- and local school boards determine the how
3 to achieve these goals. We must not confuse these two
4 tasks.

5 We also want to say that we believe strongly
6 there needs to be an alternative pathway beyond a test to
7 a high school diploma, but this should not be 178
8 different pathways. There should be one Colorado
9 standard.

10 Second, adopting the graduation requirements
11 that are lower than national accepted standards, i.e., 22
12 on the ACT or 3 on the AP, sets Colorado students up for
13 failure, particularly in an increasingly mobile workforce
14 and rapidly changing economy.

15 The current grad requirements menu doesn't
16 do what it purports to do. It flies directly in the face
17 of the intent of the legislation of setting a standard so
18 that a Colorado high school diploma means college and
19 career ready. We urge you to modify these guidelines
20 accordingly and consider the consequences of not doing
21 so. We know that schools can do this, as a number have
22 proven that they can recently, in the last few years.
23 Not setting clear standards will mean many thousands --
24 and we're talking many thousands -- every year are
25 trapped in poverty because they don't have the



1 educational skills, habits, or knowledge in order to have
2 a living wage. And we think that this is the most
3 important thing you all can do.

4 Thank you very much.

5 MADAM CHAIR: Thank you, Van.

6 Tista Ghosh, G-h-o-s-h. Tista?

7 Paul Melinkovich. Oh, Tista is coming.

8 Okay.

9 MS. GHOSH: Thank you, Madam Chair. I'm Dr.
10 Tista Ghosh. I'm the deputy chief medical officer of the
11 Colorado Department of Public Health and Environment.
12 I'd like to briefly address some of the concerns that the
13 Board has raised regarding the Healthy Kids Colorado
14 Survey.

15 As has been previously mentioned to the
16 Board, the Healthy Kids Colorado Survey is a voluntary
17 and anonymous survey that provides vital information on
18 the health and well-being of Colorado's youth. We
19 understand that there are concerns about parental
20 awareness and ability to opt out of this survey. We
21 share the Board's interest in this, which is why we and
22 our partners have carefully designed the survey protocol
23 to ensure that parents are notified and that at every
24 level -- district, school, parent, and student -- there
25 is an opportunity to decline participation.



1 We understand that you have heard from
2 parents who say they were not adequately informed about
3 the survey. However, it's important to note that not all
4 students in Colorado participate. Only a random sample.
5 In fact, fewer than 10 percent of public school students
6 in grades 6 through 12 participated in the statewide
7 survey in 2013. Therefore, the vast majority of parents
8 would understandably not know about the survey and/or be
9 asked about their child's participation.

10 As for determining the level and type of
11 participation, we have always respected local control.
12 Districts and schools are invited to participate and
13 determine whether they will require active or passive
14 parental consent. Our state has always allowed local
15 communities to make their own choices, as they know their
16 communities best.

17 As for the utility of the survey, it
18 provides information on a broad variety of topics and
19 allows schools and local health departments to seek
20 programming or funding to meet their unique needs.
21 Personally, I have worked at the local level and have
22 actually seen this data being used to bring grant funding
23 into schools to improve physical activity.

24 And that's just one example. Partners from
25 around the state -- Denver, Weld, Adams, Morgan, and El



1 Paso Counties, for example -- are here today to share
2 with you how useful and critical this information is.
3 This survey is the only comprehensive source of
4 anonymous, representative health data on adolescents in
5 Colorado, and is in line with surveys with every other
6 state in the country. Mandating active consent for the
7 survey will not only affect local control but may also
8 increase the administrative burden on schools, so that
9 they're either unable to participate or may receive so
10 few responses that the data has little utility for them.

11 Finally, I've been asked by our partners to
12 mention that CDPHE has requested a formal opinion on this
13 issue from the Attorney General's Office. Once issued,
14 and I believe it will be issued today, it will be posted
15 on the attorney general's website.

16 Thank you again for the opportunity to
17 testify.

18 MADAM CHAIR: Thank you. You too did a very
19 good job of timing it just right. Thank you.

20 We'll go with Paul Melinkovich and then
21 followed by Liz Houston and Jill Collins. Paul? Did I
22 pronounce that correctly?

23 MR. MELINKOVICH: Yes. Paul Melinkovich.

24 Good morning, Madam Chair and members of the
25 Board. My name is Paul Melinkovich. I'm a Denver



1 resident and the parent of three girls who attended
2 Colorado public schools, and two of whom are now working
3 in Colorado public schools, and the proud grandparent of
4 two boys who are now in Colorado public schools. I'm
5 also a pediatrician and I recently retired from Denver
6 Health after working for 37 years in community and public
7 health as the CEO and medical director of our community
8 health program. I worked with Denver children of all
9 backgrounds and had the pleasure of working with all
10 their families.

11 As a parent, grandparent, and physician, I
12 firmly believe that the Healthy Colorado Kids Survey is
13 one of our most useful tools to have view into finding
14 out how our children behave and the risky behaviors that
15 they may be involved in. I am here today to urge you to
16 protect and preserve this survey in its current form and
17 with its current administration protocols. As you heard,
18 it is currently up to school districts to decide whether
19 to use active or passive consent, and this local control
20 model allows districts to decide how they will administer
21 the survey. Regardless of which method is used, parents
22 and children can opt out of taking the survey.

23 The passive consent model in place in our
24 school districts today is important to ensure high
25 participation rates. In states where the survey does



1 require active consent, survey participation drops
2 considerably, and research shows that this is not giving
3 us a good reliability and credibility to the data. The
4 people and the kids who are most likely to actively
5 consent tend to be girls living in two-parent families.
6 As you could see, that contributes a great deal of bias
7 in who doesn't respond, and, in fact, the ones who don't
8 respond are some of the most vulnerable children that we
9 have in our schools today.

10 Nineteen years ago this July, my oldest
11 daughter passed away after three years of struggles with
12 mental illness and substance abuse. This started when
13 she was in high school. This experience in my life made
14 me even more convinced that there is a need for paying
15 attention to adolescent development and mental health
16 issues in our youth and understanding what they're doing
17 in their high school years.

18 Health care providers, like myself at Denver
19 Health, the Children's Hospital, use this survey in a
20 number of ways to design programs to meet the needs of
21 adolescents and to design programs that help families
22 remain healthy. I used this data for years as we
23 designed our adolescent health programs in the public
24 schools that we operated in in Denver.

25 By mandating active consent statewide for



1 this anonymous and voluntary survey, we would be trading
2 high-quality data for suspect data and we would not have
3 the data we need to use to design programs to address the
4 needs of our children.

5 Public health and public policy share a lot
6 of things. One of the most important is that good data
7 ensures good action. Many community nonprofits, health
8 care providers, and public health entities rely on this
9 data for effective programming and policy development,
10 and I urge you to continue to conduct the survey as it
11 currently being conducted. Thank you.

12 MADAM CHAIR: Thank you.

13 Liz Houston.

14 MS. HOUSTON: Good morning, Madam Chair and
15 members of the Board. My name is Liz Houston. I live in
16 Evergreen and I am the parent of two boys, ages 12 and
17 13, who attend public school in Clear Creek County. One
18 of them is sitting right over there.

19 Over the past nine years, my husband and I
20 have been intimately involved in our kids' school
21 district and school, taking on various roles including
22 classroom volunteer, mentor, PTA president, district
23 accountability committee leader, and board of education
24 member. These experiences, working side-by-side with
25 students, parents, and teachers, for the benefit of our



1 school and our community, together with my passion for
2 hands-on, well-informed parenting brought me here today.

3 I strongly encourage you to preserve the
4 Healthy Kids Colorado Survey in its current form and to
5 continue its successful implementation. Without this
6 survey model, schools and local service providers would
7 lose access to the only source of reliable data on
8 important issues affecting Colorado's youth.

9 Personally, I am particularly interested in
10 how easy it is for kids in my district to access alcohol,
11 tobacco, and especially marijuana, and I want to know how
12 they perceive the risks involved in using those
13 substances. I want to learn about my kids' and their
14 friends' perceptions of the importance of going to
15 college, whether they feel connected to each other and to
16 the parents in their lives, if they're being bullied and
17 if they've ever felt depressed or contemplated suicide.
18 I want to know it all.

19 In preparing my remarks today, I asked our
20 district nurse what she thinks of the survey and whether
21 it is important to her work. She said the information
22 from the survey helps her be proactive and specific as
23 she helps students learn about wellness, health, and good
24 decision-making. She also said that an opt-in survey
25 process would be extremely burdensome.



1 Having children today can be an overwhelming
2 experience. There is seemingly so much more risk and so
3 much more at stake than when I was in school. I fully
4 trust parents, educators, and community leaders to
5 protect our children and guide them on their way to
6 healthy, productive, and fulfilling lives, but we can't
7 do it in the dark. Our district can't propose or invest
8 in solutions if we don't even know what the problems are.

9 The letters sent home to parents last year
10 made it perfectly clear that the survey was voluntary.
11 My oldest son took it then and I hope that both my boys
12 will take the survey next year. In addition, our family
13 talked about the survey around the dinner table, and it
14 enabled us to bring up some sensitive and personal topics
15 in a meaningful and productive way.

16 Please let the survey continue with passive
17 consent. Don't tinker with a system that is not broken.
18 Though it may be hard to accept that some kids are
19 engaging in risky behaviors, it is essential to
20 understand the reality of kids' lives so that we can
21 implement prevention and intervention as needed. We
22 shouldn't be afraid of the answers we get when we ask the
23 right questions.

24 Thank you.

25 MADAM CHAIR: Thank you.



1 Jill Collins.

2 MS. COLLINS: -- the Adams 12 Five Star
3 School District. I'm humbled to be in a position at
4 Adams 12 where I can positively impact both the health
5 and academic success of the nearly 39,000 children and
6 teens in our community who attend our school. This is
7 only possible because of the strong data that our Adams
8 12 team has available to us that helps give students a
9 voice and helps determine where there are needs and where
10 there are gaps, in programming, policy, and services.

11 Therefore, I am here today to urge each and
12 every one of you to support preserving the Healthy Kids
13 Colorado Survey in its current form and to continue with
14 the implementation methodology we currently use here in
15 the state of Colorado.

16 One example of how the Healthy Kids Colorado
17 Survey has provide truly critical data about the health
18 and behavior of our students was when Adams 12 Five Star
19 Schools recently applied for much-needed funding through
20 the Kaiser Thriving Schools grant initiative. This grant
21 has already brought in \$200,000 in health and wellness
22 funding that our district has used in the past year,
23 allowing increased opportunities around physical activity
24 and programming during both recess, through the Playworks
25 program, during the school day, through a Brain Boost



1 Initiative, and through the high-quality P.E. program,
2 SPARK PE. Without the Healthy Kids Colorado Survey data
3 we would not have the vital information needed to apply
4 for an additional \$200,000 in continuation funding that
5 will directly and positively impact nearly 11,300 middle
6 school and high school students in our district at eight
7 schools.

8 Presently, our district has the local
9 authority to determine the best way to administer the
10 survey in Adams 12 schools, which is through passive
11 consent. This is in line with other data collection
12 conducted in the district and allows our school leaders,
13 our parents, and our students the opportunity to decline
14 participation in the survey if that's what they choose to
15 do.

16 Therefore, I fully support the
17 implementation methodology put in place today, not only
18 because it allows for choice for students and parents,
19 and allows for local control for schools and districts,
20 but because it would be unfeasible to administer this
21 survey and utilize this key data for the benefits of our
22 students and families if implementation methodology was
23 changed.

24 Thank you very much for your time.

25 MADAM CHAIR: Thank you. Appreciate it.



1 Manuela Sifuentes. I probably murdered that
2 one, didn't I?

3 MS. SIFUENTES: Dear Madam Chair and members
4 of the Board, my name is Manuela Sifuentes. I'm the
5 executive director of the Latino Task Force of Boulder
6 County, and I'm also the proud parent of a 16-year-old
7 daughter, currently a junior at Boulder High, at the
8 Boulder Valley School District. I'm here today to urge
9 you to keep the Healthy Kids Colorado Survey in its
10 current form and to continue to allow districts and
11 schools to determine whether to require opt-in or opt-
12 out.

13 As a parent and as director of the task
14 force, I can tell you how important the Healthy Kids
15 Colorado Survey results are to the Latino community. The
16 survey results give us hard data to demonstrate the
17 significant health disparities faced by Latino and Latina
18 students in our school districts, in our county, and in
19 our state.

20 For example, the 2013 survey showed us that
21 Latino and Latina students have higher rates of
22 depression and suicide attempts than their white peers,
23 and that compared to white students Latino and Latina
24 high school students in Colorado reported they were less
25 likely to have someone to go to with their problems.



1 As a parent, these results are
2 heartbreaking, particularly when you know that suicide is
3 the second-leading cause of death among youth and young
4 adults in Colorado. Like Ms. Houston said, there are
5 things we just need to know in order to provide better
6 services and support for our students.

7 Additionally, the Latino Task Force uses the
8 results from the survey to further our mission of
9 facilitating appropriate initiatives and opportunities
10 that enrich the economic, educational, political, and
11 cultural lives of our community. For example, we relied
12 on the survey for our 2013 Boulder Community Latino
13 Community Assessment. I have some copies here I'll leave
14 for you, if you'd like. And, furthermore, schools, local
15 public health departments, and other organizations in our
16 county also use these results to address health
17 disparities in our Latino youth. Students like my
18 daughter benefit from programs that rest on this accurate
19 data about youth risk and protective behavior.

20 There is no other survey that can give us
21 the anonymous, scientifically accurate results on the
22 health and well-being of Latino and Latina students in
23 Colorado. Requiring opt-out for this survey will hurt
24 our ability to obtain health data about Latino and Latina
25 youth. If this happens, we will be flying blind and have



1 no way of knowing about their health behaviors and health
2 needs.

3 Boulder Valley School District has the
4 option to choose whether to use an opt-in or opt-out
5 process for this survey and gives parents three different
6 ways they can opt their students out of this survey. The
7 opt-out process has worked for me, for our community, and
8 for 92 percent of schools across the state.

9 I urge you to leave the survey alone and to
10 allows districts to continue to make this choice. Thank
11 you.

12 MADAM CHAIR: Thank you.

13 Deirdre Sullivan, and she'll be followed by
14 Darla Barcos.

15 Go ahead.

16 MS. SULLIVAN: Good morning, Madam Chair and
17 members of the Board. My name is Deirdre Sullivan and
18 I'm a parent of three children in the Poudre School
19 District. I drove down from Fort Collins this morning to
20 hopefully lend a local perspective on health data
21 collection and add further motivation from a parent's
22 point of view on upholding district choice.

23 I commend you all for allowing districts, on
24 so many issues that have been brought forth before you,
25 to decide how things are doing in our local communities.



1 I've been on three different school accountability
2 committees, an offer in three different parent-teacher
3 organizations, and I've served for six years on the
4 parent advisory board to our local school board, serving
5 last year as the chair of this group. Because of this,
6 and my vested interest in local public education, I am
7 part of making local control work and have personal
8 relationships in my community with the directors of
9 research and evaluation, student services, and even my
10 superintendent. And I'm most comfortable and confident
11 having conversations with them about my convictions on
12 passive consent for health data collection.

13 Furthermore, when I want to rally my fellow
14 Fort Collins parents, from church, soccer, PTO, Odyssey
15 of the Mind, to come and speak their mind, it's a heck of
16 a lot easier to get them to drive ten minutes to a local
17 school board meeting and exercise the democratic process
18 than getting them to take a day off of work and come down
19 and chat with you all.

20 I had intended to spend my three minutes
21 today sharing a parent's perspective on why passive
22 consent is the most effective way to gather accurate
23 health data on critically important and academically
24 relevant outcomes, but there are other experts in the
25 room who have and can attest to that.



1 I, as a parent, will continue to work in
2 partnership with my local district and other parents,
3 youth-serving organizations, to hopefully continue
4 collecting the most accurate data that reflects the needs
5 and solutions among students in my community, including
6 my own, and I hope that you will allow this conversation
7 to continue at the local level and respect district
8 choice.

9 I appreciate living in a state that values
10 youth health, reflected recently in the inclusion of
11 health in the Colorado Academic Standards. As a parent,
12 I believe that sending kids into the 21st century with
13 college and careers, with healthy minds, hearts, and
14 bodies, is equally important to being able to solve a
15 quadratic equation or write a persuasive essay. We don't
16 require active consent for academic assessments. Why
17 would we do so for health if they're equal importance?

18 It's interesting, when I mentioned to my
19 eighth grader that I was coming down here today and why I
20 was doing so she said, "Are you kidding? If any of my
21 friends had to get their parents' permission to take a
22 survey about drugs, violence, or suicide, they would
23 assume their parents would also see the results, and in
24 no way would they be honest about what they're doing."
25 Active consent threatens the anonymity and accurate of



1 this assessment.

2 Again, I thank you for your careful
3 consideration, for hearing all sides of the issue, and
4 continuing to allow this survey to be administered in
5 local communities in a way that most accurately reflects
6 the health of our kids. Thank you.

7 MADAM CHAIR: Thank you.

8 Michel Holien, and followed by Diane Carlson
9 -- Clarkson -- who will probably be the last one, so just
10 to warn you in advance. Go ahead.

11 MS. HOLIEN: Thank you, Madam Chair and
12 Board members, for having us here today. My name is
13 Michel Holien and I'm a parent of boys in Colorado public
14 schools, as well as Denver Public Schools' substance
15 prevention supervisor. DPS created my position last year
16 to provide more support to students and families as we
17 navigate the changing environment of substance
18 availability in Colorado.

19 I am tasked with leading the district's
20 efforts to provide additional prevention and early
21 intervention supports to Denver students and their
22 families. On behalf of Denver Public Schools, I'm asking
23 that you maintain the current Healthy Kids Colorado
24 Survey consent process to help us ensure our district and
25 school-level efforts meet every student's needs.



1 As mentioned previously, the Healthy Kids
2 Colorado Survey data is the only available data source on
3 student knowledge, attitudes, and behaviors related to
4 substance use. We depend on this data to help us
5 understand student experience related to substance use
6 and abuse. The data becomes even more important when
7 we're in a changing environment, as we are now, in the
8 context of legalized recreational marijuana. Without
9 this data, we would be blindly making decisions in the
10 absence of understanding the experiences lived by our
11 students.

12 At Denver Public Schools, we use the Healthy
13 Kids Colorado Survey data to inform our substance
14 prevention program efforts. Prior to the creation of my
15 position, in the summer of 2014, the Healthy Kids
16 Colorado Survey data helped Denver Public Schools staff
17 recognize the need for clearly messages from school staff
18 to inform and guide middle school students' decision-
19 making about marijuana.

20 With knowledge gained specifically through
21 the survey, DPS staff worked in partnership with the
22 Denver Office of Drug Strategy to create messaging that
23 directly addressed the perceptions and behaviors shared
24 by students. This included topics such as changing
25 pressures in the newly legalized environment for adults,



1 driving with someone under the influence of marijuana,
2 and the effects of marijuana use. The survey results
3 offered unique understanding that are not available
4 through any other information source.

5 In closing, Denver Public Schools asks that
6 you maintain the current process of the Healthy Kids
7 Colorado Survey consent to help us continue to ensure our
8 program efforts are meeting every student's needs. Thank
9 you.

10 MADAM CHAIR: Thank you.

11 MS. CARLSON: Hi. Good morning. Thank you
12 for your service and your time. My name is Diane
13 Carlson. I'm a mother of five children ranging in ages
14 24 to 13, and have been actively involved in my public
15 schools for the past 18 years, serving on PTCO boards,
16 accountability committees, and district parent
17 organizations.

18 I am here today as a parent and a concerned
19 citizen who is deeply troubled with the increasing
20 challenges Colorado teenagers are facing in our state
21 today. I am also one of the co-founders of Smart
22 Colorado, a volunteer, citizen-led organization that
23 formed when the health and safety of Colorado youth was
24 ranked as the last priority during the policymaking
25 process. Since Smart Colorado formed, our membership has



1 grown rapidly and includes thousands of concerned
2 parents, youth, and leaders from education, business,
3 health, and government.

4 As a parent I am also keenly aware of just
5 how difficult it can be to know the challenges our kids
6 are facing and the climate and the environment that
7 exists for them in their schools and in the state. The
8 Healthy Kids Survey is the one tool our state has for
9 adults to get a window into their world.

10 When I asked my own child, who had never
11 taken the survey, what she thought, she said it was
12 important. "I worry about the well-being of my friends."
13 When I discussed the survey with the superintendent of my
14 school district, he said it was absolutely invaluable,
15 that it determined the health and wellness programming
16 for the entire district. Other educators throughout the
17 state have echoed this same sentiment.

18 When it comes to marijuana, the 2013 Healthy
19 Kids Survey provided me invaluable feedback for a parent
20 and had implications for my own children, my schools, my
21 community, and the state. I discovered youth marijuana
22 use rates in Denver, where medical marijuana had already
23 been commercialized, far exceed youth marijuana use rates
24 in other areas in the state, that 55 percent of high
25 school students surveyed said pot was easy to get.



1 Sixty-seven percent do not think police catch kids for
2 using marijuana. Twenty percent said they rode in a car
3 with someone using. Forty-five percent of all of our
4 high school students said they do not perceive regular
5 marijuana use presenting a moderate or great risk. 36.9
6 percent said they have tried marijuana at least once or
7 more times, even though 86.4 percent think their parents
8 would think it was very wrong for them to use.

9 This tells us there is already a wide and
10 deeply troubling misperception gap between youth
11 perceptions and the actual harms of Colorado's marijuana,
12 which is terribly concerning when you hear these highly
13 potent products, unmarked foods, candies, and sodas,
14 liquid marijuana concentrates that can be vaped
15 discreetly in a classroom without an adult knowing, are
16 showing up in our classes. We are hearing this from
17 hundreds of kids and parents.

18 I urge -- I'm sorry. I feel so passionate
19 about this but I'm really troubled by what I'm seeing,
20 but I urge this Board to keep this survey and how it is
21 administered intact so that information can continue to
22 be consistently collected, so that we parents, our
23 schools, our community, and the state can better support
24 our kids to ensure they can excel academically.

25 Thank you for your prudence and time.



1 MADAM CHAIR: Thank you very much. And that
2 exceeds our time. We have now used an hour of time for
3 these comments.

4 If you want to speak specifically to the
5 Colorado Healthy Kids Survey, if you will return at 2:00,
6 approximately 2:00, we will take more public comment at
7 that time. And if you're here for any other general
8 comments you can come back at 4:00, and we will take up
9 public comment on general matters at that time.

10 So this concludes this part of our session
11 and we will be moving ahead with our agenda.

12 (Meeting adjourned)

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C E R T I F I C A T E

I, Kimberly C. McCright, Certified Vendor and Notary, do hereby certify that the above-mentioned matter occurred as hereinbefore set out.

I FURTHER CERTIFY THAT the proceedings of such were reported by me or under my supervision, later reduced to typewritten form under my supervision and control and that the foregoing pages are a full, true and correct transcription of the original notes.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 25th day of January, 2019.

/s/ Kimberly C. McCright

Kimberly C. McCright

Certified Vendor and Notary Public

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