Guidelines for Identifying and Educating

Students with Serious Emotional Disturbance



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Contents

Acknowledgments Introduction	v 1
SECTION 1: Definition and Interpretation	3
Definition of Serious Emotional Disturbance (SED)	5
Serious Emotional Disturbance Definition Criteria	7
A Note Regarding the Condition of Schizophrenia	13
A Note Regarding Students With Social Maladjustment A Note Regarding the Identification of	13
Students with a Prior Hospitalization	14
Individualized Education Program Team Worksheet	17
SECTION 2: Assessment	19
Best Practices for Assessment	21
Assessment for Eligibility	23
Checklist for Comprehensive Evaluation	25
Assessment for Individualized	
Education Program Development	27
Worksheet for Designing an	20
Individualized Education Program	29 31
Ongoing Assessment of Student Performance Checklist for Ongoing Assessment of Student Performance	33
Checklist for Oligonia Assessment of Student Ferformance	33
SECTION 3: Self-Evaluation of Programs and Services for Students With Serious Emotional Disturbance	35
APPENDIX A	51
Individuals with Disabilities Education Act	
BIBLIOGRAPHY	53
ADDENDUM: Behavior Management Guidelines	A-1
Overview	A-3
Use of Behavior Management Techniques	A-3
Policies and Procedures for Behavior Management Techniques	A-5
Role and Responsibility of the School District or Private Agency	A-6
Standards for the Use of Specific Behavior Management Strategies	A-8
Compendium of Behavior Management Techniques	A-11
Appendices	A-19
Bibliography	A-29

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The Connecticut State Department of Education organized a task force to provide a common frame of reference and standard set of procedures to define appropriate practices for (1) eligibility determination and (2) service and program models, including curriculum, for students with serious emotional disturbance (SED). The task force was comprised of Connecticut educators with particular interest in and expertise about students with serious emotional disturbance. The task force:

- disseminated information to Connecticut educators about programs and services;
- developed in-service training programs on effective instructional and transition activities;
- identified technical assistance needs of school districts; and
- provided recommendations to the Bureau of Special Education and Pupil Services regarding unmet needs of students with SED.

In developing this guide, the task force members drew on their own professional understanding and experience with SED students and relied on commentary from numerous Connecticut practitioners. Many documents were reviewed in constructing the guiding statements. These include the *Position Statement on Students with Emotional/Behavioral Disorders* (National Association of School Psychologists, 1995); *Seriously Emotionally Disturbed: Guidelines for Determining Eligibility* (Torrington, Connecticut, School District, 1994); *At the Schoolhouse Door: A National Examination of Programs and Policies for Children with Behavioral and Emotional Problems* (Knitzer, Steinberg and Fleisch, 1990); and policy letters from the U.S. Department of Education, Office of Special Education Programs.

A special thank-you is extended to each task force member (please see pages vii and viii) who gave so freely of his or her time to help develop this guide.



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A special acknowledgment is made to a previous committee which in 1986 developed *Guidelines to Programs for Socially and Emotionally Maladjusted Students*. That publication included a resource section titled "Behavior Management Guidelines," which is reproduced in this document so professionals may continue to rely on it as a resource when designing appropriate intervention methods. The suggestions regarding methods to change the climate and structure of the student's education experience continue to be recommended.

Special thanks are also offered to Cynthia Biggins and Mitzy Vaninetti, who provided continuous support and assistance in the preparation of the drafts and the final document.

Introduction

This guideline document is intended to provide educators in Connecticut with recommended practices concerning eligibility determination, assessment, and program services for students with serious emotional disturbance (SED). As described in these guidelines, students with SED exhibit atypical behavior that is persistent, generalized and extended over time and situations. Their atypical behavior adversely affects their educational performance and is significantly deviant from and infrequently seen among their age-level peers. Although many students may at times exhibit disturbing school behavior that appears consonant with the definition of serious emotional disturbance, they are not necessarily eligible for special education services. The absence of key distinguishing features (e.g., pervasiveness, limited control of their actions) will preclude some students from meeting the criteria for having a serious emotional disturbance. These considerations and other features will be described and clarified within this document.

This set of guidelines is arranged in three major sections: "Definition and Interpretation," "Assessment" and "Self-Evaluation of Programs and Services." The first section presents the 1996 revision of Connecticut's definition of SED and provides guidelines for appropriate application of the definition criteria to determine eligibility for special education and related services.

The second section, "Assessment," focuses on (1) best practices in an assessment process that conform with the SED definition, (2) the development of an Individualized Education Program (IEP) following a comprehensive assessment process, and (3) appropriate assessment techniques to monitor student performance in order to determine the need for modifications that address the student's changing needs. Each subtopic is designed to enable educators and students to achieve assessment and program goals.

The third section of the guidelines, "Self-Evaluation of Programs and Services," describes components of programs and services that help students with SED achieve academic success, foster self-esteem, and promote appropriate behavior and positive interpersonal relationships. This section provides a self-evaluation approach with recommended guidelines that ensure quality professional practices. To meet the challenges that are presented by students with serious emotional disturbance, the guiding statements focus on a renewal of commitment to appropriate program development.

Also provided as a resource is an addendum, "Behavior Management Guidelines," that provides an overview of the considerations when establishing a student management system. It presents safeguards to ensure the protection of the rights of both students and teachers. This section has been reproduced from the work of a previous statewide committee which addressed the needs of students with social and emotional maladjustment. The information continues to be a useful resource for professionals.

This document is a working model that will be field tested. Modifications to these guidelines will be developed with consideration of practitioners' comments in response to the results of the trial test period.

SECTION 1: DEFINITION AND INTERPRETATION

- DEFINITION OF SERIOUS EMOTIONAL DISTURBANCE (SED)
- SERIOUS EMOTIONAL DISTURBANCE DEFINITION CRITERIA
- A NOTE REGARDING THE CONDITION OF SCHIZOPHRENIA
- A NOTE REGARDING STUDENTS WITH SOCIAL MALADJUSTMENT
- A NOTE REGARDING STUDENTS WITH A PRIOR HOSPITALIZATION

Definition of Serious Emotional Disturbance

The Connecticut definition for students with serious emotional disturbance (SED) follows the definition contained in the federal Individuals with Disabilities Education Act (IDEA).* Connecticut General Statutes Section 10-76a defines the condition as follows:

Serious emotional disturbance means a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects educational performance:

- a. An inability to learn that cannot be explained by intellectual, sensory or health factors:
- b. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
- c. Inappropriate types of behavior or feelings under normal circumstances;
- d. A general pervasive mood of unhappiness or depression; or
- e. A tendency to develop physical symptoms or fears associated with personal or school problems.

The term includes schizophrenia. The term does not apply to children who are socially maladjusted, unless it is determined that they have a serious emotional disturbance.

This definition requires that educators identify as eligible for special education under IDEA only those students with emotionally based disturbance rather than just a social maladjustment. Therefore, the section that follows provides guidance to educators in interpreting the definition so as to identify a student or reestablish a student's continuing eligibility for special education under this classification. Also included is a discussion concerning the distinction between serious emotional disturbance and social maladjustment.

^{*} The 1997 reauthorization of IDEA (Public Law 105-17) retains the same definition as before and continues to use the term serious emotional disturbance, but abbreviates the term to "emotional disturbance" after the initial reference. This wording in federal law has no substantive implications for practice in Connecticut.

Serious Emotional Disturbance Definition Criteria

In determining eligibility under IDEA, the Individualized Education Program Team (IEP Team) must decide if a student has an emotional condition that is manifested by one or more of the five characteristics listed in the definition of serious emotional disturbance. These characteristics must meet the qualifying conditions of adverse effect on educational performance, occurring over a long period of time (chronicity) and to a marked degree (severity). The IEP Team must address the following questions:

Question #1: Has the student been exhibiting, for a long period of time and to a marked degree, any of the five characteristics that define the condition?

One requirement of establishing eligibility due to serious emotional disturbance is that one or more of the five characteristics listed in the definition is present. The definition further requires that the characteristics must be exhibited for a long period of time and to a marked degree (i.e., frequent and intense). Eligibility determination should be based on evidence drawn from different environments and should take into account the student's developmental stage.

Long Period of Time: The standard for duration is not precisely specified. The literature frequently makes reference to several months as an appropriate standard. The intention is to avoid labeling a student who is temporarily reacting to a situational trauma. The characteristic(s) must also be evident over time and situations.

Marked Degree: The problems are significant and apparent to school staff members who observe the student in a variety of settings and situations. A comparison is made with the student's appropriate peer group; the problems must be more severe or frequent than the normally expected range of behavior for individuals of the same age, gender and cultural group. The characteristic(s) must be persistent and generalized across environments.

In determining that one or more of the characteristics is present, it is required that the characteristic is persistent, generalized and extended over time and situations. These elements are reflected in the following descriptions of the five characteristics.

a. Is the student exhibiting an inability to learn which cannot be explained by intellectual, sensory or health factors?

This characteristic requires documentation that a student is **not able** to learn, despite appropriate instructional strategies and/or support services. A comprehensive and differential assessment is performed to establish an "inability to learn." The assessment should rule out any other primary reasons for the suspected disability, such as mental retardation, speech and language disorders, autism, learning disability, hearing/vision impairment, multi-handicapping conditions, traumatic brain injury, neurological impairment or other medical conditions. If any of these other conditions is the primary cause, then the student may be deemed eligible for special education under that category of disability. Such a determination

does not necessarily rule out serious emotional disturbance as a concomitant disability, since emotional and behavioral problems may also be associated with one of the above conditions.

There are problems inherent in the use of the phrase "inability to learn" as found in both the federal and state regulations. Inability to learn is inconsistent with a philosophy that all children can be characterized as learners. Therefore, the "inability to learn" characteristic should be appropriately interpreted as serious difficulties in learning. The sole selection of this characteristic must be supported by evidence of a serious emotional disturbance. It would expectedly be used only in rare cases such as elective mutism or multiple personality disorder.

b. Is the student exhibiting an inability to build or maintain satisfactory interpersonal relationships with peers and teachers?

This characteristic requires documentation that the student is unable to initiate or to maintain satisfactory interpersonal relationships with peers **and** teachers. Satisfactory interpersonal relationships include the ability to demonstrate sympathy, warmth and empathy toward others; establish and maintain friendships; be constructively assertive; and work and play independently. These abilities should be considered when observing the student's interactions with both peers and teachers. This characteristic does not refer to the student who has conflict with only one teacher or with certain peers. Rather it is a pervasive inability to develop relationships with others across settings and situations. Examples of unsatisfactory student characteristics include:

- physical or verbal aggression when others approach him or her;
- lack of affect or disorganized/distorted emotions toward others;
- demands for constant attention from others: and
- withdrawal from all social interactions

c. Is the student exhibiting inappropriate types of behavior or feelings under normal circumstances?

This characteristic requires documentation that the student's inappropriate behavior or feelings deviate significantly from expectations for the student's age, gender and culture across different environments. Examples of behavior or feelings that might be inappropriate under normal circumstances include:

- limited or excessive self-control;
- low frustration tolerance, emotional overreactions, and impulsivity;
- limited premeditation or planning;
- limited ability to predict consequences of behavior;
- rapid changes in behavior or mood;
- antisocial behaviors;
- excessive dependence and over-closeness, and/or inappropriate rebellion and defiance; and

• low self-esteem and/or distorted self-concept.

Once it is established that the inappropriate behaviors are significantly deviant, it must also be determined that they are due to an emotional condition. The condition is documented by a comprehensive assessment. The IEP Team must determine whether the student's inappropriate responses are occurring "under normal circumstances." When considering "normal circumstances," the IEP Team should take into account whether a student's home or school situation is disrupted by stress, recent changes, or unexpected events. Such evidence does not preclude an eligibility determination.

d. Is the student exhibiting a general pervasive mood of unhappiness or depression?

This characteristic requires documentation that the student's unhappiness or depression is occurring across most, if not all, of the student's life situations. The student must demonstrate a consistent pattern of depression or unhappiness in keeping with the criterion, "long period of time" (i.e., several months). In other words, this pattern is not a temporary response to situational factors or to a medical condition. Examples of characteristics associated with depression or unhappiness are cited in the current *Diagnostic and Statistical Manual* of the American Psychiatric Association. They include:

- depressed or irritable mood most of the time (e.g., feeling sad, appearing tearful);
- diminished interest or pleasure in daily activities;
- significant and unexpected changes in weight or appetite;
- insomnia or hypersomnia nearly every day;
- fatigue or diminished energy nearly every day;
- feelings of worthlessness or excessive or inappropriate guilt;
- diminished ability to think or concentrate, or indecisiveness, nearly every day; and
- recurrent thoughts of death, or suicidal ideation.

The characteristics should not be a secondary manifestation attributable to substance abuse, medication or a general medical condition (e.g., hypothyroidism). The characteristics cannot be the effect of normal bereavement.

e. Is the student exhibiting a tendency to develop physical symptoms or fears associated with personal or school problems?

This characteristic requires documentation that the student exhibits physical symptoms or fears associated with his or her personal or school life. Examples of these characteristics include:

- headaches:
- gastrointestinal problems;
- cardiopulmonary symptoms;
- incapacitating feelings of anxiety often accompanied by trembling, hyperventilating and/or dizziness;

- panic attacks characterized by physical symptoms, for example, when an object, activity, individual or situation cannot be avoided or is confronted;
- persistent and irrational fears of particular objects or situations; and
- intense fears or irrational thoughts related to separation from parent(s).

Physical symptoms that qualify under the SED characteristic should adhere to the following four conditions:

- 1. symptoms suggesting physical disorders are present with no demonstrable medical findings;
- 2. positive evidence or **strong** presumption exists that these symptoms are linked to psychological factors/conflict;
- 3. the person is not conscious of intentionally producing the symptoms; and
- 4. the symptoms are not a culturally sanctioned response pattern.

Question #2: Is the student's educational performance adversely affected?

As a necessary condition to determining SED eligibility for special education and related services, the Individualized Education Program Team must determine that educational performance is adversely affected as a result of dysfunctional school-related behaviors and/or affective reactions. These behaviors and affective reactions are listed above in response to Question #1. Educational performance refers to those elements of specific educational concern to schools reflected in the curriculum and subjected to some type of formal rating.

Indicators of educational performance include present and past grades, achievement test scores and measures of ongoing classroom performance (e.g., curriculum-based assessment and work samples). Adverse effect on educational performance implies a marked difference between the student's academic performance and reasonable (not optimal) expectations of performance. The appropriateness of the school district's educational goals, as reflected in the curriculum and in the formal grading report, should be considered in determining whether the student's performance meets reasonable expectations.

Various types of standards must be applied when making judgments about academic progress in order to determine what constitutes adverse effect on educational performance. The academic performance demonstrates a significant difference between the student's actual and expected performance levels. Establishing a difference between an individual's intelligence and achievement is a useful starting point, but situations will arise in which no difference is apparent on the standardized tests but academic performance is markedly below expectations based on previous student performance.

Some students attain adequate achievement test scores, but do not demonstrate appropriate academic progress; for example, when a severe and chronic pattern of failing to persevere with tasks and complete classroom assignments leads to repeated failure in subject matter courses. This would fulfill the criterion of adverse effect on educational performance.

The documentation of adversely affected educational performance must substantiate that the educational deficiencies persist over time in spite of specific alternative strategies that have been provided within the regular education setting. The IEP Team needs to have evidence that preliminary intervention efforts such as home/school collaboration, attendance contracts and/or established behavior management approaches have been attempted. See the addendum, "Behavior Management Guidelines," for suggested intervention efforts. Evidence of these efforts and their impact should be considered by the IEP Team in determining adverse educational performance.

A Note Regarding the Condition of Schizophrenia

The reference to schizophrenia is included in the definition of SED for the purpose of illustrating one example of a psychiatric (medical) diagnosis of a serious emotional disorder. The current *Diagnostic and Statistical Manual* of the American Psychiatric Association provides diagnostic criteria ordinarily used by the psychiatrist. Such a psychiatric disorder is considered equivalent to having one of the SED definition characteristics. However, a student diagnosed with schizophrenia or comparably serious psychiatric disorders is eligible for special education and related services under Connecticut law and the Individuals with Disabilities Education Act **only** if the SED definition criteria are met.

When the Individualized Education Program Team has a physician's diagnosis of schizophrenia or a comparable serious emotional disorder, the IEP Team must then answer the following two questions:

- Is the student's educational performance adversely affected?; and
- Has the student been exhibiting the condition for a long period of time and to a marked degree?

A Note Regarding Students With Social Maladjustment

The Connecticut definition of serious emotional disturbance specifies that students who are socially maladjusted do not qualify for special education unless they are also seriously emotionally disturbed. Certain characteristics (e.g., "inability to build or maintain satisfactory interpersonal relationships with peers and teachers" and "inappropriate types of behavior or feelings under normal circumstances") may be consistent with both social maladjustment and serious emotional disturbance. In these cases the criteria for SED (long period of time, marked degree and adverse effect on educational performance) must be rigorously applied to prevent the misidentification of students.

Social maladjustment without a linkage to an emotional disorder is often characterized by deviant behavior with **conscious control**. Emotional overreactions may occur when the behavior is criticized or punishment is applied. Anger is a frequent reaction, but the thoughts are related to the situation. The student's perceptions are logically related to the situation and consistent with other people's perceptions. Indicators that are often associated with a social maladjustment and that lack the emotional disorder include:

- signs of depression may be present, but are not pervasive;
- problem behaviors are goal directed, self-serving, and manipulative;
- actions are based on perceived self-interest even though others may consider the behavior to be self-defeating;
- general social conventions and behavioral standards are understood but are not accepted;
- countercultural standards of the neighborhood and peers are accepted and followed;
- problem behaviors have escalated during pre-adolescence or adolescence;

- inappropriate behaviors are displayed in selected settings or situations (e.g., only at home, in school or in selected classes), while most behavior is controlled; and
- problem behaviors are frequently exhibited by and encouraged by the peer group, and the actions are intentional with understanding of the consequences.

A serious emotional disturbance exists when the traits have been exhibited over a long period of time and to a marked degree, that is, the characteristic(s) are persistent, generalized and extended over time and situations. The marked degree standard is met when the characteristic(s) are significantly deviant from expectations for age-level peers and have a low frequency occurrence in the peer group.

Indicators that are often associated with serious emotional disturbance include:

- a lack of understanding about consequences of actions;
- problems with reasoning characterized by confused thoughts about and perceptions of social situations:
- highly unusual and bizarre behaviors;
- a lack of understanding or misinterpretations of social conventions and behavioral expectations; and
- excessive anxiety, pervasive depression, and/or excessive guilt.

A Note Regarding the Identification of Students With a Prior Hospitalization

In December 1984, the Connecticut Department of Education issued a policy directive indicating that the local board of education remains responsible for a student's education when he or she is placed in a hospital due to emergency medical and/or psychiatric reasons. One unintended outcome of this policy has been that many students admitted to psychiatric hospitals have been automatically classified by Individualized Education Program Teams as students with serious emotional disturbance and eligible for special education by virtue of their hospitalization.

Frequently, students enter a psychiatric hospital without previously having been identified as eligible for special education and related services. A referral subsequent to such a placement is made to the school district by the student's parents or by hospital personnel. The district is then obligated to consider whether an evaluation is warranted under the circumstances to determine whether the child is eligible for special education. The rights and procedures for evaluating the educational needs of a hospitalized student suspected of being eligible for special education are the same as for a student referred for evaluation within the school setting. The results of evaluations conducted by a psychiatric hospital may be accepted by the Individualized Education Program Team (IEP Team); however, the IEP Team assumes the responsibility of ensuring that the evaluation meets the standards for identifying any student suspected of having a disability. The standards to be adhered to are (1) multiple sources of information and (2) valid measures addressing all areas related to the suspected disability. Given the requirement to consider all areas of the definition, an evaluation to determine a condition of serious emotional disturbance will require the same type of data

concerning the student's emotional/behavioral status, intellectual/developmental functioning, and educational progress.

Often these students return to the school district following a short-term hospital stay (frequently less than three weeks) with a physician's recommendation for special education services. The school system's IEP Team should regard this as a referral for an eligibility determination, and a decision must be made by the IEP Team to conduct an evaluation or to try alternative strategies within the general education setting. Before implementing a comprehensive assessment, it is important to consider whether the student's previous general education program can adequately address the student's current social and emotional needs. One option as part of a comprehensive assessment is to use a trial special education placement for diagnostic purposes. A diagnostic special education placement is a structured program of not more than eight weeks' duration that can be used to assess the needs of the student for whom an individualized education program (IEP) may be needed (see Connecticut Regulations Concerning Children Requiring Special Education, Section 10-76d-14(b), for a description of trial placement for diagnostic purposes and the procedural requirements that must be followed). This option is typically selected when the evaluation study is inconclusive or the data insufficient to determine the student's eligibility and needs. It should be noted, however, that if there is a dispute regarding the student's eligibility, program or placement at the conclusion of the diagnostic placement and due process is initiated, the diagnostic placement is not considered the "stay put" placement for the student pending due process unless the IEP Team and the parents so agree.

A student with a prior hospitalization is protected under the provisions of Section 504 of the Rehabilitation Act of 1973 to determine what might be done with regard to special accommodations or related services for the student to participate in the school program. Under the provisions of Section 504, the district must assess the student's needs for such services. Protection under Section 504 also includes a free appropriate public education and reasonable accommodations along with a written plan for the delivery of services.

The following worksheet represents a way for the IEP Team to document the eligibility procedures for the condition of serious emotional disturbance. This worksheet outlines the essential elements in the Connecticut definition that were described previously. This planning sheet is designed to help the IEP Team in documenting all essential elements for the determination of SED eligibility. If disagreement occurs concerning the final decision, best practice suggests that dissenting opinions be recorded in the minutes of the IEP Team meeting.

Individualized Education Program Team Worksheet to Determine Eligibility for Special Education Due to Serious Emotional Disturbance

This summary of assessment findings is to be completed by the Individualized Education Program Team (IEP Team) in accordance with procedures defined in the "SED Definition Criteria" section of the *Guidelines for Identifying and Educating Students with Serious Emotional Disturbance*. Attach this completed form to the assessment records.

1.	Alternative Strategies Prior to	Referral							
	Have alternative strategies bee	n attempted	and	found	inadequate	to	address	the	student's
	problems and needs?					ye	S	_no	
	Sources of Evidence								

2. Characteristics and Limiting Criteria

All three limiting criteria must be checked for at least one characteristic in order to qualify for SED eligibility.

Limiting Criteria

- Characteristic has been exhibited over a long period of time (duration).
- Characteristic has been exhibited to a marked degree (i.e., significantly greater frequency and/or intensity than seen in peer group).
- Characteristic has an adverse effect on educational performance.

Characteristic		Limiting Criteria			
Check a characte	all that apply (student must manifest at least one eristic).	Long Time	Marked Degree	Adverse Effect on Educational Performance	
	bility to learn which cannot be explained by ellectual, sensory or other health factors.				
	bility to build or maintain satisfactory expersonal relationships with peers and teachers.				
	ppropriate types of behavior or feelings under mal circumstances.				
1	general pervasive mood of unhappiness or oression.				
	endency to develop physical symptoms or fears ociated with personal or school problems.				

Sources of Evidence for the Characteristic(s) and the Limiting Criteria

	Social Maladjustment at If the student exhibits s serious emotional disturb with Social Maladjustme	ocial maladjustmoance. (Refer to t	ent, he or she al	so demonstrates	
			yes	no	N/A
4.	Elimination of Other Po Are temporary situation problems and sociocultu educational and behavior	al stressors, inte ural differences r	-	primary cause(s)	of the student's
	Sources of Evidence			yes	no
Co •	onclusion Do the members of the serious emotional disturb				eria for having a
	scrious emotional distant	diffee as defined i	ii Connecticut stat		
				yes	no

SECTION 2: ASSESSMENT

- BEST PRACTICES FOR ASSESSMENT
- ASSESSMENT FOR ELIGIBILITY
- ASSESSMENT FOR INDIVIDUALIZED EDUCATION PROGRAM DEVELOPMENT
- ONGOING ASSESSMENT OF STUDENT PERFORMANCE

Best Practices for Assessment

Assessment is a process of obtaining information about students so that teachers, other school professionals and parents can make informed decisions about students' educational programs. With respect to the Individualized Education Program Team (IEP Team) process, assessment decisions focus on (1) determining the student's eligibility for special education and related services, (2) developing the student's Individualized Education Program (IEP), and (3) ongoing measurement and monitoring of student performance. These decisions are made appropriately when assessment is conducted in a comprehensive and valid manner employing various forms of measurement such as observation, tests and ratings. Valid assessment practices include the following assumptions:

- the persons conducting the assessments are qualified;
- the students who are tested are similar to those on whom the standardized tests were normed; and
- an adequate sampling of students' behavior is obtained.

Failure to conduct a comprehensive and valid assessment may harm or hinder a student's educational opportunities. Comprehensive assessment activities require that alternative interventions have occurred **prior to** the initiation of the IEP Team process.

The IEP Team should design a comprehensive assessment that adheres to the following criteria:

- uses reliable methods that are validated for the purposes for which they are being used and, as applicable, adhere to the standards put forth in *Standards for Educational and Psychological Testing* (American Educational Research Association, American Psychological Association, and the National Council on Measurement in Education, 1994);
- uses multiple sources of information, such as structured interviews, systematic observations, behavior checklists and rating scales, self-reports, work samples and standardized assessment instruments:
- ensures that the application of assessment practices is nondiscriminatory;
- includes information concerning the student's family and developmental history, health, cultural norms and expectations, and social and emotional functioning in the home and community;
- gathers evidence concerning educational performance;
- obtains information about student abilities and performance in the areas of cognitive/academic, communication, social/emotional, personal/adaptive, and perceptual/motor functioning;
- analyzes factors underlying the student's behavior or emotional responses; and
- documents student's responses to interventions in order to determine the link between assessment and intervention.

Assessment for Eligibility

Assessment of a student for evidence of an educational disability due to serious emotional disturbance is a caring, comprehensive process that adheres to the integrity of the serious emotional disturbance (SED) definition. Assessment of a student with atypical behaviors and emotions is actually a series of decisions that have lifelong educational, social and vocational consequences. Therefore, it is essential that these decisions reflect a truly disabling condition and not an intolerance of or insensitivity to individual differences, the impact of unrelated disabilities, and/or temporary situational factors. The multidisciplinary team is essential to the determination of eligibility for special education and related services. The school psychologist, school social worker and teacher should be involved in all school-based SED assessments and, as appropriate, this team should include a school counselor/guidance counselor, a mental health professional and other school personnel. The school nurse should play an integral role in the assessment and subsequent eligibility process.

Best practices suggest that the Individualized Education Program Team (IEP Team) do the following when considering eligibility:

- evaluate interventions within the regular education setting that were attempted **prior to_ referral** to determine if they were sufficient in scope;
- review referral and screening information;
- consult in the planning of assessment and/or intervention;
- conduct screening and/or assessment procedures; and
- link assessment data to intervention planning, implementation and ongoing evaluation.

In considering this information, the IEP Team has responsibility for three initial steps: (1) determine if the pre-referral strategies were sufficient and, if not, request the implementation of additional alternative strategies; (2) determine that evidence supports a suspected disability and, if not, indicate that an evaluation is premature, and (3) if recommended, design an evaluation study. If an evaluation study is warranted, Section 10-76d-9 of the Connecticut Administrative Regulations further specifies that an evaluation study must include reports of:

- educational progress;
- structured observation; and
- such psychological, medical, developmental and social evaluation as may be appropriate.

Additional evaluation procedures are outlined in the Individuals with Disabilities Education Act, Section 614(b). These regulations address administration of tests and other evaluation materials in the child's native language by trained personnel in conformance with the instructions of the test producers. A full explanation of these requirements is provided in Appendix A (which begins on page 51).

To rule out an underlying medical condition as the source of the student's behaviors, it is important for school health professionals to communicate with the student's health care provider(s). This will help ensure that the diagnosis and subsequent treatment plans will be coordinated and comprehensive. This should be a collaborative effort between school mental health professionals and the school nurse.

The content expected within the comprehensive evaluation study for assessment of SED is summarized in the following checklist.

Checklist for Comprehensive Evaluation

In order to determine the presence of a serious emotional disturbance (SED), the evaluation should address each of the following domains. Suggested sources of data are listed under each domain.

☐ En	notional/Behavioral
	Direct assessment of student Clinical interview with student Play-based assessment (as with preschool children) Personality testing (e.g., sentence completion, projective drawings) Student's self-report
_	Observable behavior in multiple settings Standardized report (e.g., rating scale, inventory, etc.) by teacher, parent, other observer Structured direct observation Documentation of specific behavior incidents (e.g., discipline reports)
	Psychosocial history: family background, sociocultural background, developmental history educational history, special services, behavior, psychosocial functioning, etc. File review In-depth, structured interview(s) with parent(s) or guardian(s)
☐ Int	Standardized cognitive/developmental testing Documentation of previous cognitive assessment that is valid and still applicable Other documented evidence (e.g., group testing) that establishes a level of cognitive functioning
☐ Ed	Curriculum-based measures Objective data on classroom performance (e.g., grades on assignments, tests) Standardized achievement testing Work samples/portfolios of student work
□ Не	Past and current health status reports
□ Ѕр	pecialized assessments as recommended by IEP Team, including the following: Medical Psychiatric Psychomotor/Occupational Therapy Speech/Language

Assessment for Individualized Education Program Development

Once eligibility for Special Education Services has been established, attention must shift to development of an overall plan that can meet the student's educational needs. In developing the Individualized Education Program (IEP) for all special education students – particularly for the student with serious emotional disturbance (SED) whose behavior tends to evoke high levels of anxiety – it is essential to develop the goals, objectives and program characteristics **BEFORE** specific program and education setting decisions are made. The IEP Team must guard against the pressure to abruptly move the student from his or her current education setting to a more restrictive setting to address the referral crisis. The IEP is the "measuring stick" against which program considerations are compared to ensure that a specific program is appropriate.

Assessment information collected or generated during the eligibility determination phase should contribute to developing the plan that eventually becomes the Individualized Education Program. These assessments by the multidisciplinary evaluation team should yield a profile of the student's needs and strengths as well as the student's characteristic pattern of response to environmental and internal influences. Assessment for serious emotional disturbance will include not only information about the student's aptitude and academic achievement levels, but also information regarding (1) social and personal competence needed to maximize independence and (2) when appropriate, the student's vocational aptitudes and interests. Social and personal information should lead to the identification of affective skills to be targeted in the IEP. Examples include (1) managing anger, frustration and other emotions that tend to exacerbate conflict with peers, teachers and school administrators, and (2) coping effectively with withdrawal or depression.

The next step in the development of the IEP is to write goals and objectives based on the student's profile and current level of performance. Goals and objectives in the affective domain must always be considered for the student identified with a serious emotional disturbance. Therefore, special consideration should be given to a broad range of areas such as self-esteem, conflict management, communication with others, interpersonal relationships, self-control and appropriate methods of seeking attention and assistance.

Intervention strategies are the next consideration in developing the student's IEP. Discussions about proposed interventions may focus on issues such as how to redirect the student who has difficulty in self-regulation, how much reteaching is needed, or how to provide opportunities for the student to practice appropriate responses in social situations. Assessment information that relates to effective academic activities (e.g., direct instruction techniques or cooperative learning techniques) and response to classroom arrangements (e.g., classroom movement patterns, classroom rules, reinforcement systems) will assist the Individualized Education Program Team (IEP Team) in appropriate selection of intervention strategies. For instance, the selections may include prevention strategies designed to minimize confusion and frustration, increase predictability, and/or decrease demands that interfere with a student's ability to cope. Assessment information about student behavioral issues related to family or community circumstances will influence the intervention selections. This information may reveal the need for a service coordinator/liaison to facilitate communication within the school setting or outside

agency, or may indicate the need for parent counseling and training to promote better understanding of the student's educational needs. Health assessment will yield information about the plan for the student's medication routines that can influence an effective monitoring of medication effects.

Lastly, the IEP Team determines the least restrictive environment in which the interventions will be implemented. Again, the assessment information will be the basis for determining which interventions, strategies and/or services will be written into the student's IEP along with goals and objectives. The decisions result from consideration of:

- 1. education with students without disabilities to the maximum extent appropriate;
- 2. removal from the regular education environment only after the use of supplementary aids and services could not be achieved satisfactorily;
- 3. where on the continuum of alternative placements the student should be educated;
- 4. the necessity for aids and supports;
- 5. modifications in regular education instruction;
- 6. the need for a behavioral management plan that considers safety issues and the teaching of new behaviors; and
- 7. applicable laws, regulations and school board policies regarding areas such as academic credit, grading, attendance, discipline or suspension/expulsion.

Change is a constant in the life of a student with SED. Thus, the IEP Team should develop an IEP that includes the flexibility to respond to the student's ever-changing needs without requiring excessive meetings that contribute to undue delay. For example, the IEP might develop specific program modifications to be implemented when the student attains a specified criterion of performance for an objective(s). The modification can then be initiated without a new IEP meeting unless the modification results in a placement change. In keeping with this "open system" design, feedback from teachers and other service providers should be considered during IEP development.

The steps outlined above form the basis of using assessment information to develop an IEP and should also guide the student's annual review process or other reviews. The checklist that follows may guide teachers, parents, students and other members of the IEP Team in using assessment information to build an Individualized Education Program.

Worksheet For Designing An Individualized Education Program

St	udent'	s Nan	ne: Date:
Pe	rson c	compl	eting worksheet: Title:
ed the	ucatio e cons nsider	onal pr siderat each	eet can be used by the IEP Team responsible for designing an individualized rogram (IEP) for a student with Serious Emotional Disturbance (SED). Not all of ions and needs listed here will be applicable to each case. Team members should student as an individual and be willing to develop unique and innovative ways in ver and monitor educational services for students with SED.
1.	IEP	goals	and objectives developed in all relevant areas
		(a)	Academics
		(b)	Social skill learning
		(c)	Vocational
		(d)	Personal skills
		(e)	Social skills/positive student behavior
2.	Prog	ram (components established
		(a)	Provisions for Least Restrictive Environment (LRE)
		(b)	Individual Transition Plan (ITP)
		(c)	School-based counseling/therapy
		(d)	Consultation services
		(e)	Behavior management plan
		(f)	Family contact/collaboration
		(g)	Discipline plan
		(h)	Crisis plan (e.g., suicide, weapons)
		(I)	Medication administration and monitoring plan
		(j)	Special grading system
		(k)	Performance monitoring/data collection plan
		(1)	Plan to address substance use
		(m)	Plan for transitioning back to Local Education Agency (LEA)

29

3. Supports in place, as needed

		(a)	Assignment of case manager		
		(b)	Staff training		
		(c)	Coordination with outside program/service/agency		
		(d)	Education aide		
		(e)	Special transportation		
		(f)	Extended-year programming		
		(g)	Assistive technology		
		(h)	Family-focused services		
		(I)	Assignment of coordinator for specific plan element (e.g., behavior management plan, family communication)		
4. Administrative requirements					
		(a)	Mastery testing plan (or exemption)		
		(b)	Signed consent forms on file (e.g., placement, release of records)		
		(c)	Signed contracts on file		

Ongoing Assessment of Student Performance

To ensure the appropriate and effective implementation of a student's educational plan, a systematic process for monitoring student performance on an ongoing basis should be developed. This process would delineate ways in which documentation of all student outcomes written in the IEP can be gathered across all educational settings. This process also monitors timelines, provides evidence for continued eligibility, and guides recommendations for program modifications.

Ongoing assessment serves three purposes. First, daily and weekly monitoring of student performance reveals what does and does not work, and often indicates instructional modifications that not only enable students to succeed in one classroom, but are also applicable in other instructional settings in which the students learn (physical education, music, lunch, recess, study hall, another subject area, etc.). Second, when educators have data that describe student performance over a substantial period of time, they are better informed and able to contribute to meetings in which important decisions are made about the proposed educational experiences and programs of their students (e.g., annual reviews, team meetings, IEP Teams, etc.). Third, ongoing assessment provides a record of student performance over a substantial period of time and enables those involved in triennial reviews to make decisions that are based on a substantive data. In other words, the ongoing recording and reviewing of data informs educators as to student performance with respect to the goals, objectives and timelines of the educational plan. Finally, ongoing assessment provides the IEP Team with evidence as to whether the student continues to meet the eligibility criteria for special education and related services.

Those included in the administration and implementation of the educational plan, such as teachers, parents, students, related services personnel, and community liaisons should share the role of monitoring student performance. Anecdotal notes or logs of meetings and conversations that focus on student progress are recommended.

The monitoring process is a system for documenting ongoing student performance. Ongoing communication and documentation are essential elements in the process, and the systems and processes by which educational professionals achieve this goal vary and can be best determined by those most closely involved. For example, a group of teachers in an elementary school might schedule informal meetings where the performance of several students can be reviewed and information about upcoming events/activities/assignments can be shared. Others might choose to use a monitoring system that relies on assignment notebooks, charts and/or journals/logs whereby student work can be recorded and monitored by all teachers, parents and the student. Teachers at the secondary level might use regularly scheduled team planning meetings to highlight the needs and progress of specific students. Each of these options enables everyone to review and analyze student performance and plan for the future on a daily or weekly basis.

The evaluation of broader student outcomes/performance should be based on student performance data. These data should include measures that document academic, social,

functional, personal and/or behavioral performance during the most recent grading period (semester, year, period, etc.). Student outcomes (academic, social, functional, personal, behavioral) can be measured through a variety of measures such as observations, anecdotal records, permanent products and interviews, as well as informal and formal test scores. Student outcomes (academic, social, functional, personal, behavioral) are considered in the context of previously determined IEP/ITP goals and objectives.

The checklist that follows may guide teachers, parents, students and other members of the monitoring team in developing and implementing a systematic process for recording and reviewing student performance.

Checklist for Ongoing Assessment of Student Performance

This checklist may be used to help educational professionals make decisions about student performance, programs and placement. Have all persons who will be involved in the monitoring of student performance been identified? Is student performance monitored across classrooms, including health room, cafeteria, etc., and grade levels? Is documentation available to all members of the monitoring team? Are meetings scheduled regularly for members to review progress and inform one another? 5. Are data available that document academic/social/functional/personal/behavioral performance during the most recent grading period (semester, year, period, etc.)? Do data include observations, anecdotal records, permanent products and interviews, as well as informal and formal test scores? Is student performance considered in the context of previously determined IEP/ITP goals and objectives? Do modifications consider all classrooms and educational settings in which the student functions? 9. Do modifications/recommendations include timelines for both formative and summative measures? 10. Are timelines developed with consideration for IEP/ITP deadlines for review or reevaluation? 11. Is student eligibility for special education services included in the monitoring process?

SECTION 3: SELF-EVALUATION OF PROGRAMS AND SERVICES FOR STUDENTS WITH SERIOUS EMOTIONAL DISTURBANCE

Overview

Carefully designed school programs and services can help students with serious emotional disturbance (SED) meet society's expectations for academic achievement, social development and productive citizenship. These guidelines represent recommended practices for educating students with SED. A primary benefit that can be derived from use of these guidelines is the reevaluation of the existing practices for this student population.

Several themes pervade this set of guidelines. The goals for students with SED should be to (1) foster students' self-esteem by nurturing appropriate behavior and positive interpersonal relationships and (2) help students achieve academic success. These guidelines are geared toward helping students reach these goals and apply to students with emotional needs regardless of the youngsters' racial, ethnic and/or socioeconomic status. Mental health responsibilities are described through a continuum of services, some community based and some school based, and students receive a high positive regard for their input into the decisions concerning their programs.

Application of these guidelines will not yield immediate cures for the problems facing the students. To meet the challenges that are presented by students with emotional needs, these guiding statements focus on a renewal of commitment to develop appropriate programs and services. As professionals, the task force recognizes the diligence and tenacity it takes to effect change in student performance.

The guidelines are organized by major areas that are the salient characteristics offered by quality programs and services. Each area may have one or more guideline statements which have been highlighted for emphasis. Evidence points describe activities that demonstrate the guiding principle.

A guideline should not be viewed in isolation, nor should one guideline be seen as more important than another. Rather, the guidelines are intended to be used collectively to design and implement comprehensive services for students with serious emotional disturbance. The evidence points represent some possible criteria which may be used for documenting implementation. They are not exhaustive, but are representative of ways to fulfill the intentions outlined in the guidelines.

Self-Evaluation of Programs and Services for Students With Serious Emotional Disturbance

I. MISSION

The school district shall have a statement of mission, purpose and goals for the education of all students.

Evidence:

• Officially adopted statements of mission, purpose and goals are present with the most recent date of adoption.

II. IDENTIFICATION

Students who receive special education services meet the identification criteria in federal and state regulations for serious emotional disturbance.

- The student's records document interventions within the regular education setting which were attempted prior to referral to special education.
- In accordance with the SED guidelines for assessment, a variety of sources and methods for collecting identification information are used.
- Information collected for identification purposes reflects how a student deviates from a standard or a reference group that is appropriate for that student.
- Testing information is in keeping with standards set in the *Standards For Educational* and *Psychological Testing* formulated by the American Educational Research Association, American Psychological Association and the National Council on Measurement in Education (1985).
- A multidisciplinary team including a school psychologist and other mental health professionals is used in the comprehensive evaluation process to determine a student's eligibility for special education services.
- Individualized Education Program Team minutes, evaluation reports and an Individualized Education Program (IEP) provide documentation of a student's eligibility for special education services due to serious emotional disturbance.

III. CURRICULUM

The curriculum provides for a planned, coordinated and balanced program of study that is directed toward individual outcomes for students. The basic components of this curriculum are (a) academics, (b) social skills, (c) vocational skills and (d) personal skills (independent living skills, community participation). Individual student needs may require diversity in the curriculum and flexibility in the scheduling.

Academics

A broad general education exists for students through experiences in all the major content areas as defined in existing state regulations and the school district's requirements for student graduation.

Evidence:

- The academic subjects for students with SED have met the credit requirements for graduation as mandated in Connecticut General Statutes Section 10-221a.
- Students' Individual Education Programs show mastery of objectives related to specific subject areas.
- Student transcripts list earned credits.
- Students' Connecticut Mastery Test scores indicate the level of mastery achieved in the areas of basic skills.
- A student handbook shows the sequence of courses which supports *Connecticut's Common Core of Learning*.

Social Skills

The curriculum reflects specific social skills competencies that are integrated into the instruction of all academic/vocational areas of the program.

Evidence:

- A comprehensive written social skills curriculum with a defined scope and sequence is available to the students.
- Each student's IEP addresses social skills competencies.
- The program details a plan for applying social skills within the context of the students' entire school day.
- A staff development plan exists that addresses the teaching of a social skills curriculum.
- Evidence is collected and used to document behavior change of students as a result of social skills training (i.e., surveys of teachers and employers, parent interviews, student interviews and clinical observations).

Vocational Skills

A planned vocational preparation course of study exists which is based on a comprehensive evaluation of students' aptitudes and interests.

Evidence:

- Systematic vocational assessment procedures include measures of ability, aptitude, work-related social skills, interests and motivation.
- Ongoing career guidance and counseling address postsecondary employment and/or education.
- Curriculums emphasize support areas such as work-related social skills, college-level study skills, resume and job application preparation, etc.
- Procedures are present for collaboration with community services, parents, businesses, and local adult service providers.
- Student participation in community-based career exploration and work study experiences is based on individual student needs and preferences.
- Opportunities exist for enrollment in a variety of vocational courses.
- For each student age 15, and for those age 14 and younger if deemed appropriate, an Individual Education Program integrates the Individual Transition Plan (ITP).

Personal Skills The curriculum provides opportunities for students to develop the necessary personal skills to achieve independence.

a. Independent Living – A planned program which incorporates the family and appropriate community agencies coordinates the instruction of skills that will enhance students' independent living.

Evidence:

• The students' IEPs/ITPs reflect specific objectives in the area of independent living skills as the IEP Team deems appropriate. Objectives address areas including, but not limited to:

- sexuality; - home organization, maintenance and safety;

health care;
clothing care;
meal planning and preparation;
parenting skills; and

- substance abuse prevention; - self advocacy.

- Appropriate courses in the secondary school curriculum (health, foods, values clarification, etc.) are available to students.
- b. Community Participation A planned, sequential set of activities/courses developed by school, family and appropriate community agencies promotes movement toward full inclusion and participation in adult life in the community.

- The students' Individualized Education Programs (IEPs) and/or Individual Transition Plans (ITPs) identify objectives in the area of community participation or service learning, beginning no later than age 15.
- The students' IEPs and/or ITPs specify activities/courses/skills to achieve intended objectives in the area of community participation, including:
 - independent access to community resources and agencies;
 - recreation/leisure activities;
 - self-advocacy/self-determination skills; and
 - transportation.
- Documentation on the IEPs/ITPs indicates that skills training takes place in a variety of settings (work-based, school-based, community-based), including opportunities available to all students.

IV. PROMOTING POSITIVE STUDENT BEHAVIOR

Teachers and support staff members make active attempts to help students apply the principles of the social skills curriculum so that they take responsibility for their own behavior.

Problem solving, critical thinking skills and cooperative learning are built into the fabric of school life to help students self-advocate, understand positive social and interpersonal relationships, manage anger and stress, and foster self-esteem.

Evidence:

- Student schedules include opportunities for physical exercise and extracurricular activities that can promote positive student behavior.
- Student IEPs include objectives for social skills and a plan for applying the skills in a variety of situations during the school day.
- Minutes from scheduled team meetings and/or case manager's anecdotal records
 document examples across the curriculum where problem solving and critical thinking
 are applied.

Systematic intervention techniques exist to further develop positive student behavior and personal responsibility.

- An intervention system (e.g., level systems, token economy system, contract system, etc.) is in place which addresses student behavior.
- The intervention system provides behavior consequences that consistently occur as a result of students' positive and negative behavior.
- Documentation is in place that describes student behavior over an extended period of time (e.g., individual behavior plans, charts, graphs, teacher anecdotal records).
- The intervention system uses task-oriented individual and group counseling interventions.
- An intervention system that includes restrictive procedures (e.g., restraints and/or aversive techniques) has:
 - procedures to gather informed parent consent;
 - written guideline/policy on the restrictive procedures;
 - a training program for personnel who use restrictive procedures; and
 - a review board that examines the application of the restrictive procedures.

V. FAMILY

Ongoing collaboration between school and family is essential to student success. Interventions respond to family crises, reinforce school academic and behavioral goals and link families to appropriate community resources. The collaborative effort is sensitive to cultural differences. Flexibility in scheduling parent contacts is a necessity.

- A collaborative group exists which addresses topics of interest to teachers, parents and students.
- School-based procedures are designed to respond to student/family crises as they affect a student's participation and progress.
- A student handbook outlines academic and behavioral expectations for students.
- Staff contacts with parents regarding a student's academic and social progress are documented. These contacts include regular conferences, home visits, telephone calls, etc.
- A list of community resources, including support groups, is available to parents of students with SED.
- Staff members are available to work with those problems in a student's living situation (home, school and community) that affect the student's adjustment in school.

VI. SCHOOL-BASED RELATED SERVICES

School-based related services are integrated with all aspects of the student's program. School-based related services may include, but are not limited to, psychological services; crisis intervention; clinical consultation; individual, group and family counseling; health services; and guidance. These services have a clear link to home and community through collaborative efforts among the classroom teacher, support service providers and parents.

- Students' IEPs/ITPs reflect provision of support services with specific objectives for each service.
- The minutes of the IEP Team meetings indicate the personnel present who provide support services.
- A resource guide lists community supports.
- Schedules for program personnel show opportunities for communication with each other, outside service providers and students' parents.
- The ratio of counseling staff members to students ensures reasonable workloads.
- Clinical consultation for staff members is available to an extent sufficient to ensure the provision of effective and accountable services.

VII. INTERAGENCY COLLABORATION

Collaboration among school, home and private and public agencies is a continuing process.

School-based case manager services are assigned by the school district to coordinate the collaboration of multiagency personnel and to assist students.

Evidence:

- Documentation in students' records demonstrates access to a network of service coordinators.
- Ongoing case reviews of students' progress show:
 - participation by all involved personnel;
 - assignment of case managers; and
 - release time for instructional and support staff members to meet when student case reviews are scheduled during school time.
- Outside community service providers are present in schools for student case reviews and direct services to students as appropriate.

In cases where the SED student is receiving an education program in a separate facility or out-ofdistrict placement, the separate facility maintains policies and procedures which support the transition to the general education community through a planned program of gradual re-entry.

- A policy statement that students will be reintegrated into the general education community, with specifics regarding when and how, exists.
- Opportunities are provided for students to interact with the general population.
- Prior to discharge from an out-of-district placement, a re-entry plan is specified in the student's IEP.

VIII. PROFESSIONAL DEVELOPMENT

Professional development for all school administrators and teachers is based on the stated mission of the school district and the recommendations of the instructional and support staff members who assist students with SED.

Evidence:

- Needs assessments include recommendations from evaluation of programs and services.
- Professional development activities include, but are not restricted to, topics such as:
 - neurobiologically based brain disorders;
 - application of social skills and problem-solving strategies to daily situations;
 - child-centered support models;
 - diverse instructional/counseling strategies; and
 - effective teaching/counseling skills.
- Sign-in sheets for professional training activities document attendance by parents and community agency personnel.

IX. FACILITIES AND RESOURCES

Students with SED are integrated into the general school environment and have access to those facilities used by the general education population.

- School layout maps indicate that the location of services for students with SED is similar to all other classrooms.
- Inventory lists indicate equipment/materials comparable to those that are provided to all students.

X. PROGRAM EVALUATION

A systematic evaluation process documents outcomes in all curriculum areas.

The development of the program evaluation process includes committee membership drawn from teachers, parents, students, administrators, program graduates and community representatives.

Evidence:

- A current membership list of the evaluation committee is maintained.
- Minutes of evaluation committee meetings document attendance of the members.

The program evaluation plan should be based on student performance data.

Evidence:

- Students' records contain an education achievement measure completed during the most recent school year.
- Students' records contain a social/behavior report completed in the most recent school year.
- Vocational assessment and interest surveys/inventories analyze students' aptitudes/skills.
- Progress reports describe student achievement on their ITP goals.

The evaluation plan should include a follow-up process that will document performance of graduates within two years after leaving the SED program regarding success in:

- a. education/employment;
- b. independent living; and
- c. community participation.

- The follow-up data collection instrument includes questions regarding the graduate's post-school education/employment status, independent living, community participation and parent input.
- Written policies and procedures describe implementation of follow-up study.
- A system for data analysis exists.
- A mechanism exists for reporting results to staff members, families and students.
- Strategies for use of follow-up results are in place to effect curriculum changes.

The evaluation report analyzes data and offers subsequent recommendations for improvement of SED programs.

- A written report summarizes data and offers recommendations for program modification.
- A timeline outlines when expected programmatic changes are to be in place.
- Staff members' professional goals reflect attention to specific recommendations outlined in the SED program evaluation report.

Individuals with Disabilities Education Act

Sec. 614. Evaluations, Eligibility Determinations, Individualized Education Programs, and Educational Placements

- (a) Evaluations and Reevaluations.
 - (1) Initial evaluation
 - (A) In general. A State educational agency, other State agency, or local educational agency shall conduct a full and individual initial evaluation, in accordance with this paragraph and subsection (b), before the initial provision of special education and related services to a child with a disability under this part.
 - (B) Procedures. Such initial evaluation shall consist of procedures
 - (i) to determine whether a child is a child with a disability (as defined in section 602(3)); and
 - (ii) to determine the educational needs of such child.
 - (C) Parental consent.
 - (i) In general. The agency proposing to conduct an initial evaluation to determine if the child qualifies as a child with a disability as defined in section 602(3)(A) or 602(3)(B) shall obtain an informed consent from the parent of such child before the evaluation is conducted. Parental consent for evaluation shall not be construed as consent for placement for receipt of special education and related services.
 - (ii) Refusal. If the parents of such child refuse consent for the evaluation, the agency may continue to pursue an evaluation by utilizing the mediation and due process procedures under section 615, except to the extent inconsistent with State law relating to parental consent.
 - (2) Reevaluations. A local educational agency shall ensure that a reevaluation of each child with a disability is conducted
 - (A) if conditions warrant a reevaluation or if the child's parent or teacher requests a reevaluation, but at least once every 3 years; and
 - (B) in accordance with subsection (b) and (c).
- (b) Evaluation Procedures
 - (1) Notice. The local educational agency shall provide notice to the parents of a child with a disability, in accordance with subsection (b)(3), (b)(4), and (c) of section 615, that describes any evaluation procedures such agency proposes to conduct.
 - (2) Conduct of evaluation. In conducting the evaluation, the local educational agency shall
 - (A) use a variety of assessment tools and strategies to gather relevant functional and developmental information, including information provided by the parent, that may assist in determining whether the child is a child with a

- disability and the content of the child's individualized education program, including information related to enabling the child to be involved in and progress in the general curriculum or, for preschool children, to participate in appropriate activities,
- (B) not use any single procedure as the sole criterion for determining whether a child is a child with a disability or determining an appropriate educational program for the child; and
- (C) use technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors.
- (3) Additional requirements. Each local educational agency shall ensure that
 - (A) tests and other evaluation materials used to assess a child under this section
 - (i) are selected and administered so as not to be discriminatory on a racial or cultural basis; and
 - (ii) are provided and administered in the child's native language or other mode of communication, unless it is clearly not feasible to do so; and
 - (B) any standardized tests that are given to the child
 - (i) have been validated for the specific purpose for which they are used;
 - (ii) are administered by trained and knowledgeable personnel; and
 - (iii) are administered in accordance with any instructions provided by the producer of such tests;
 - (C) the child is assessed in all areas of suspected disability; and
 - (D) assessment tools and strategies that provide relevant information that directly assists persons in determining the educational needs of the child are provided.

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Addendum: Behavior Management Guidelines

The following sections are reproduced from The State Department of Education's *Guidelines to Programs for Socially and Emotionally Maladjusted Students* (1986). The sections are reissued so that school professionals may use it as a resource when designing systematic intervention methods.

- OVERVIEW
- USE OF BEHAVIOR MANAGEMENT TECHNIQUES
- POLICIES AND PROCEDURES FOR BEHAVIOR MANAGEMENT TECHNIQUES
- ROLE AND RESPONSIBILITY OF THE SCHOOL DISTRICT OR PRIVATE AGENCY
- STANDARDS FOR THE USE OF SPECIFIC BEHAVIOR MANAGEMENT STRATEGIES
- MANAGEMENT TECHNIQUES
- APPENDICES

Overview

One of the ubiquitous features of serious emotional disturbance is the presence of problem behaviors. Most special education students who exhibit problems in behavior have learned behaviors that are troubling and often self-defeating, causing a burden to themselves and others.

Whatever the theory or school of thought as to the etiology of maladaptive behavior, the central task for all personnel interacting with students who exhibit serious emotional disturbance is to help those students change and later manage their behaviors, or adapt their behaviors to enhance education, growth and development.

What follows is not to be considered a complete review of specific behavior management techniques, but only a sampling of current approaches.

Whatever the situation, the following general "rules of thumb" are important to note.

- The teacher should always have a major role in selecting the behavior management system to be employed.
- Parents should be consulted in the employment of specific strategies in that the consistency of
 parent follow-through where possible makes the employment of such strategies more
 efficient and long lasting.
- Behavior management strategies should be openly explained to students, parents, teachers, administrators, and other staff to ensure understanding and encourage support.
- There are no panaceas in managing behavior. No approach will always work, and techniques that work with one child may not be effective with another.
- It should be recognized that behavior management procedures follow a continuum ranging from least to most intrusive actions, and less intrusive procedures are preferable.

Use Of Behavior Management Techniques

Behavior management is a broad term used to encompass a multitude of techniques aimed at controlling student behavior, redirecting it, or teaching alternatives to existing student interactions. All schools use methods for managing student behavior in their classrooms, ranging from ignoring through expulsion. A written statement of discipline policies and procedures by local boards of education for their individual schools is a basic form of behavior management.

In society at large, concrete evidence exists to indicate that all people use structures to manage their behavior and that of others. Alarm clocks (the alarm directs me to wake up and meet a scheduled commitment), labor contracts (if I work 'x' amount of hours, I'll receive 'y' amount of dollars) and laws (if I drive over the speed limit often enough, my driver's license may be revoked) are examples of varied forms of behavior management practice ranging from overt to subtle.

It should be clearly noted that the ultimate goal of using behavior management techniques is student self-management. The ability to self-manage is a function of individual differences and is, therefore, dependent upon many variables, including specific biological, intellectual, social and experiential parameters. It may be just as difficult for a student to self-manage physically aggressive behavior as it is for an adult to refuse a calorie-laden, forbidden dessert. Thus, at any point in time, while the goal of behavior management is self-management, external direction or control may be necessary. Furthermore, all people cannot always self-manage, and some may never be able to do so consistently.

The use of specific behavior management techniques with students is sometimes, or in some situations, considered controversial practice. However, these procedures should be reviewed within the proper context. The function of the education system is to facilitate and enhance the ability of children to learn – to bring about appropriate changes in behavior. Management techniques, when planned and implemented according to individual and/or group needs, can be an effective and humane means of altering and improving student behavior.

Many special education students, especially those who have behavior disorders, demonstrate a need for the application of behavior management techniques in their education. Whether the procedure is used to lengthen attention span, increase motivation, develop greater mobility, broaden social perception, decrease apprehension, aid in the achievement of goals or create greater latitude in employability, among a host of other objectives, the need for special education may very well be presumed to be the need for application of behavior management practices. As such, a need for a clear statement as to what is considered the appropriate use of such techniques is in order. The Connecticut State Department of Education has produced these guidelines for using behavior management techniques in order to address the need for necessary safeguards for both students and their teachers.

While these guidelines are applicable to special education programs in which any level of specific behavior management intervention is used to effect positive changes in students' behavior, a major focus is on students with serious emotional disturbance. Statements of standards or best practice in the use of specific behavior management techniques are included along with policies and procedures to ensure protection of the rights of both students and staff members.

Lastly, it is important to note that the suggestions and/or recommendations contained in these guidelines are not intended to regulate or sanction the use of behavior management techniques. The ideas contained herein are offered as a catalyst towards greater professional accountability in protecting and improving the quality of education for students with disabilities.

Policies and Procedures for Behavior Management Techniques

When using any individualized behavior management technique in a school setting for special needs students, policies and procedures should be developed and implemented, as is the case with general policies affecting all students. Suggested policies should address basic procedures designed to ensure protection of students and staff.

Development of local policies can ensure a framework within the district or agency for provision of the following:

- clarification of behavioral management techniques approved by the board of education or governing board;
- protection against legal liability;
- development of uniform procedures and standard practices in all special education programs;
- development of a safe environment for students and staff; and
- informing and educating the school staff and community.

The local district or agency may wish to form a policy committee to develop all policies for the use of behavior management techniques in special programs (see Appendix A, page A-19, for a suggested outline of a model policy).

Such a committee should have broad representation, including regular and special education administrators and staff members, behavioral specialists and parents of students with disabilities. All policy recommendations should be presented to and approved by the local board of education or governing board. It will be necessary to develop a systematic plan for dissemination of information regarding policies and procedures to school staff, parents and community agencies.

Whenever a behavior management practice is written into a student's Individualized Education Program (IEP), the Individualized Education Program Team (IEP Team) must demonstrate that all implications that the practice may hold for impinging upon the student's rights have been carefully considered and appropriately planned for. This can be accomplished by a full discussion of the behavior management procedure within the IEP Team meeting. The primary concern focuses on the degree to which the procedure restricts the individual student in activities that remain unrestricted for nondisabled students. As an example, the procedure of time-out from positive reinforcement can be considered mildly restrictive when a classroom teacher informs a noisy student to take a seat in the "quiet chair" for several minutes before rejoining the group. However, the same procedure used with another student who has struck a student and must be removed physically to a time-out room by several staff members, renders this use of the procedure to be considerably more restrictive to the personal freedom of the student. It is the use of highly restrictive, aversive behavior management procedures that requires extreme care by staff members to ensure that such restrictiveness in management techniques is balanced against educational necessity, and that the habilitative program is carried out in a humane and dignified manner in accordance with the student's rights.

It is recommended that for all programs for disabled students that require the use of restrictive techniques, the chairperson of the IEP Team ensure that such programs are developed in a humane and dignified manner in accordance with each student's personal, property and civil rights. This responsibility can be reinforced by inclusion of a statement such as the following in each student's IEP: "It is the judgment of the IEP Team that the student's human rights are guaranteed when the behavior management procedures described herein are implemented."

As noted above, a IEP Team meeting must be conducted in order to initiate development of an individual behavioral plan for a student. This plan then becomes incorporated in the student's IEP. In developing an individual behavioral plan, consideration should be given to the following components:

- goals and objectives which specifically define the behavior to be modified (target behavior);
- methods for assessing behavioral change;
- listing of specific behavioral management techniques with primary implementor(s);
- acceptable criterion levels for target behaviors;
- date(s) for program review; and
- informed written consent of parent or guardian.

For those school districts or private agencies which may wish to use a human rights committee (HRC) as an adjunct to the IEP Team in addressing behavior management practices, the reader is referred to Appendix B for a comprehensive discussion.

Role and Responsibility of the School District or Private Agency

The district/agency should develop criteria to assess the qualifications and training necessary for its staff members who design and/or implement specific behavior management programs. These criteria should include:

- a specific and formal listing of qualifications needed by staff members (e.g., formal training, degrees, years of experience, etc.);
- a series of in-service training programs based on a needs assessment of the staff and focusing on technical, ethical and legal issues and concepts of behavior management (e.g., learning theory, data collection, behavioral techniques, due process, informed consent, least restrictive environment); and
- an evaluation process to determine the effectiveness of staff training based upon the results of the staff needs assessment.

The district should formulate a practical (applied) definition of behavior management. This statement should include, but not be limited to:

• specific and objective statements delineating the circumstances necessitating the implementation of specific behavior management techniques;

- a definition of the various environments and conditions in which specific behavior management programs may be implemented within the school setting;
- identification of the numbers and types of staff members needed to implement specific behavior management programs (e.g., behavior analysts, teachers, psychologists);
- working definitions (and examples of such) delineating the various behavioral techniques to be used (e.g., positive reinforcement, punishment, time-out) within the school; and
- working definitions and samples of techniques used to evaluate and measure behavioral change such as acquisition of behavior, reductions of behavior and avoidance of behavior.

The district should develop policies which ensure that behavioral management programs are sufficiently individualized to meet the unique needs of students in special education. These policies should define:

- individual behavior targets and contingencies, as well as the conditions under which they will be applied;
- group behavior targets and contingencies, as well as the conditions under which they will be applied; and
- types of assessment, diagnostic or observational strategies which must be employed prior to
 making decisions as to choice of specific reinforcers, as well as during and after their use to
 determine behavior change, if any.

The district should develop policies delineating standards for the use of extinction, satiation, aversive and deprivation procedures. These policies should include, but not be limited to:

- definitions of requisite skills and qualifications of staff members using such techniques;
- procedures for securing the informed consent of parents and students, where appropriate;
- procedures for parental review of techniques used, including a mechanism for withdrawal of consent;
- procedures for student participation in intervention decisions (when and if possible and appropriate);
- assurance that, for each situation in which aversive procedures are used, appropriate
 procedures are also implemented to encourage the development of targeted or desired
 behaviors; and
- determination of which goods, services and activities may be withheld as part of deprivation procedures.

The district should develop a description of all classrooms/units/programs identified as behavior management programs. The description for each program should include:

- the site at which the program is operational;
- the age group of students involved; and
- a general description of techniques and why they are used.

Standards for the Use of Specific Behavior Management Strategies

The following statements set forth the basic standards which should be followed by personnel in any program of behavior management used in an educational setting with students in need of special education. While neither exhaustive nor overly prescriptive, the standards provide a basic foundation on which to build the actual policies and procedures to be implemented in each program.

Procedures Are To Be Consistent With A Child's IEP. The specific program of behavior management shall be developed as a means of meeting the educational goals for the student as set forth in his or her IEP by the IEP Team.

Less Intensive Procedures Must Be Demonstrated As Not Effective. Aversive and deprivation procedures should be used only when the student's written Individualized Education Program clearly indicates that positive reinforcement or nonreinforcement methods of modifying or replacing the behavior have been systematically tried and have been demonstrated to be ineffective. Further, the IEP must clearly attest that failure to employ such procedures will cause irreparable harm such that the student's potential for appropriate behavior will be severely limited.

Experienced and Trained Supervision Required. Aversive and deprivation procedures shall be supervised and carried out only by appropriately certified and/or licensed persons who are knowledgeable and experienced in the theory, ethical considerations and applications of those techniques, or who have been trained by and act under the supervision of such persons.

Procedures Are Not To Be Implemented Without the Full Understanding of Staff. Staff members must not use specific behavior management techniques with any student without a clear understanding of the correct application of the technique.

Involvement of Family. Students and their parents and families shall be involved in the development and implementation of the child's education plan. The student's record must reflect efforts to involve students and parents, or contain specific reasons and/or data as to why they are not involved.

Emergency Interventions To Be Used. In the event that the use of a behavior management technique is required during an emergency situation and no prior consent has been given, the staff member involved should use his or her best judgment regarding the use of the technique (e.g., restraint or isolation). Immediately thereafter, the staff member shall document the incident and intervention and notify the program supervisor, who, in turn, will notify the parents by telephone. In the event that such an incident occurs more frequently than once per month, parental consent should be sought for the use of that technique in the future, stating the situations in which the technique will be used.

An Incident/Intervention Log Shall Be Maintained. The behavior manager, and others working with students for whom a specific behavior management program is employed, shall keep a log book in which to document day-to-day and especially critical incidents which warranted emergency or aversive interventions (see above). This log shall be prepared and maintained by the custodian of records and be available for inspection by those who meet the requirements of confidentiality statutes and have a legitimate right to access the student's records. This log shall be available for inspection at all times by the parent or the legally authorized representative of the student.

Obtaining Informed Consent. "Informed consent" means the agreement of a student and/or parent or legally authorized representative to activities which have been explained in terms understandable to him or her. Further, the student and/or parent or legally authorized representative must be in such a position that they can exercise free power of choice without undue inducement or element of force, fraud, deceit, duress or other form of constraint or coercion. When the student is legally or functionally incompetent, his or her guardian and/or immediate family shall also be informed of the student's rights and choices and asked to give consent. The parents or guardians should receive:

- a full explanation consistent with the current level of understanding by the student and/or parent of the procedures to be followed and their purposes, including identification of any procedures which are extraordinary;
- an offer to answer any inquiries concerning the procedures;
- a description of any benefits to be reasonably expected, and exposure to a sample, or typical example of such discomfort, where appropriate;
- a statement of the approximate time span over which the procedure is consistently applied;
- a disclosure of available alternative procedures that could possibly be employed in similar situations;
- a statement that the person is free to withdraw his or her consent and to discontinue participation in the project or activity at any time;
- a statement that the student shall be afforded the opportunity to review progress periodically;
- full disclosure of procedures for lodging a grievance; and
- a statement of procedures for requesting a due process hearing.

Because of the controversy surrounding the use of aversive techniques, it is particularly important that a district/agency obtain informed parental consent before proceeding. See the sample form in Appendix C, page A-23. Inclusion of this form does not mean that the use of aversive techniques is encouraged or not.

Conditions for Initiation or Approval of Behavior Management Programs. A documented attempt to use specific behavioral procedures designed to strengthen appropriate behavior shall be made through the use of positive reinforcement and other behavior strengthening techniques. Positive reinforcement should always be used prior to the use of any aversive technique(s). Positive techniques (used to strengthen desired behaviors) should also be used in combination with aversive procedures (such as time-out or response cost). When aversive procedures are used, they should be of the least intensity and shortest duration found to be effective. Specific behavior management programs must meet the following criteria before being implemented:

A written behavior management program has been developed for each individual including, but not limited to:

- 1. a representative sample of baseline data collected as a measure of pre-intervention behavior levels:
- 2. a systematic, objective and reliable method of ongoing data collection which allows for the evaluation of treatment effects;
- 3. a program for positively reinforcing behaviors which are incompatible with the undesirable response;
- 4. the rationale for using the proposed technique;
- 5. the objectives of the specific behavior management approach, including a clear specification of the conditions under which the program shall be carried out, the goals to be achieved, and performance required for measurement of goal achievement and the anticipated duration of program implementation;
- 6. the step-by-step procedure for carrying out the program;
- 7. the facilities, materials and specific reinforcements to be used;
- 8. the staffing patterns for implementation and monitoring of the program; and
- 9. the specific supervisory relationships and administrative accountability. The written specific behavior management program for each student must be available on-site to each staff member who is involved in the program and who works with that student.

Compendium of Behavior Management Techniques

Level I Procedures (Least Restrictive)

The following techniques may be routinely implemented by members of an educational staff either as part of a total teaching method or periodically to intervene with specific behaviors as they arise. The decision to institute these behavior management techniques can be made by teacher(s) and supervisor(s) in conjunction with parents and in the best interests of the individual student. Staff members responsible for instituting these techniques should be able to demonstrate basic knowledge of the principles of behavior management.

A. Structure

A basic technique consistently appearing in literature and practice is **structure**. The concept means that the learning and social environment provides organization and predictability for the youngster. The management needs of students deemed to have serious emotional disturbance may very well be viewed in terms of the degree of structure provided. Application of structure in the learning environment is aimed at the eventual goal of the student's internalization of such environmental cues and controls.

Implied in the technique of structuring the environment is a consistency of environmental response by those creating and maintaining the learning environment.

A number of means, not mutually exclusive, can be employed to aid in the development of structure. Some of these, initially described by Redl and Wineman (1952), are as follows:

- *Systematic Ignoring*. Much behavior is performed for attention-getting purposes, and will, if ignored by the teacher, decrease in frequency. While seemingly a simple approach, this technique, in fact, requires considerable skill both in being able to discriminate which surface behaviors will respond to ignoring and displaying the patience and control necessary to effectively use the technique.
- Signal Interference (cueing). Often a signal from an adult (e.g., catching the child's eye or waving a finger) will be sufficient to focus the child's control system at a time when she or he is prone to act out impulsively. This technique is useful when a child knows but has not thought of the consequences of his act. It is not indicated when a child's excitement has passed the level of easy recall, or at times when, because of preceding events, a positive relationship does not exist between teacher and student.
- *Proximity and Touch Control*. Being physically close to a child, placing an arm around a child or patting him/her on the shoulder can be effective in increasing a sense of security and provide ego support. The proximity indicates that the adult cares and will

help. It is not to be used with a child who gets excessive sensual stimulation from physical contact or when such attention might stir up the jealousy of other children.

- *Hypodermic Affection*. Children need frequent demonstrations that adults care, especially when the child seemingly couldn't care less, or won't admit that caring makes any difference. Occasionally, when a child is acting out and feeling that no one cares, a genuine expression of affection from an adult may help in regaining control.
- *Tension Decontamination Through Humor*. A well-trained attempt at "kidding" may stop disturbing behavior. Do not confuse this technique with aggression, i.e., use of irony, sarcasm, cynicism, etc.
- *Hurdle Help*. Hurdle help can be used when a child with limited self-control appears frustrated because of difficulty encountered while trying to complete a task. Helping him or her over the intermediate hard spot on the way to the goal can often avoid a blow up.
- *Interpretation.* An attempt at helping the child understand what he has misinterpreted can stop inappropriate behavior or produce desired surface behavior. The effectiveness of this technique depends on a certain amount of ego strength in the child and acceptance of the adult.
- *Regrouping*. This technique involves changing the grouping of children so that those who don't get along aren't together. It is effective in avoiding or interrupting "contagion chains."
- **Restructuring.** Abandon an activity program (no matter how much ego is invested in it) when it is not working. Be ready to substitute an alternative, rather than "bawling them out" for not being able to stick with the program. If overused, this becomes a technique for evading the responsibility of dealing with real problems.
- *Direct Appeal*. Saying something like, "Gee kids, I'm tired. Lay off, will you?" can be effective. This will not work until the children have established a working relationship with the adult. A direct appeal to the child's loyalty, knowledge of the peer group behavior code, pride in personal improvement, knowledge of the undesirable consequences inherent in his action, etc., may be effective.
- Limiting Space and Tools. When it is perceived that something has excessive stimulative value for a child, it is better to limit it rather than let a child enter a situation she or he cannot handle. The child can view this, however, as evidence of rejection so it should be done without punitive effect. When taking something away from a child (rather than limiting access), the child should be reassured that the object may be regained, when and if the adult thinks the child can handle it. Also, the adult should have some patience in tolerating minor misbehavior before taking-away becomes necessary.

- Avoiding Confrontations. When a behavior that is generally unacceptable cannot be eliminated and is being used provocatively, it may be openly permitted, thus taking out the rebellious sting. Also, a separate but consistent sprinkling of "Sorry, kids, that is out," may be effective, but should not be used as a way of getting around talking with a child about his real problems and feelings.
- Support from Routine. All children need structure, but some need more than others.
 Without routine, some children become extremely anxious. Guidelines can be provided
 even for unstructured periods.
 (For further discussion of these techniques for developing structure, see Redl and
 Wineman, 1952.)

B. Positive Management Techniques

The following techniques are typically employed as an initial response to inappropriate or mildly disruptive behavior. These techniques are chiefly intended to increase and strengthen the occurrence of appropriate behaviors which are inherently incompatible with inappropriate behavior and therefore reduce the latter.

- *Primary Reinforcement*. Technically, the use of an unconditioned stimulus which alleviates a state of bodily deprivation, such as food, drink, rest and sensory stimulation. Primary reinforcement, when used as a positive management technique, will include only food, drink, rest and sensory stimulation which are in addition to the daily recommended quantities of each of these basic human needs.
- **Secondary or Social Reinforcement**. The use of a conditioned stimulus which has previously been associated with primary reinforcement and has consequently acquired reinforcing characteristics of its own. Example: a smile, praise, a hug, or a pat on the back.
- *Premack Principle*. The use of a desirable activity which, when engaged in immediately following what a student perceives to be a less desirable activity, increases the probability of participation in that less desirable activity. Example: recess, games or a walk following completion of a seat work activity.
- *Token Reinforcement*. The use of a system by which objects previously conditioned as secondary reinforcers are given to the child contingent upon the occurrence of specific desirable behavior(s). These objects can later be exchanged for primary or social reinforcers. Example: the awarding of colorful stickers for an appropriate behavior. The stickers might later be exchanged for a privilege, free time, or snack.
- *Prompting*. Providing additional cues (prompts) to assist a child to perform correctly. Cues or prompts are gradually removed until the child can succeed without the extra aid. Example: a child who cannot make the letter "A" is given a sheet with dots that outline

the letter and/or arrows which are used for direction. Gradually, the dots and arrows are phased out.

• *Shaping*. Rewarding a response which most closely resembles a specified target behavior which is not currently in the child's repertoire. Each successive rewarding is made contingent upon a response which more closely approximates the target behavior than the previously rewarded responses.

Example: In learning to tie a shoe, a child may be rewarded for any effort to manipulate the shoe string. When the child is able to make a serious effort, reinforcement would be delayed until a response more closely approximating the target behavior is made (putting lace through eyelet of shoe). It is important that reinforcement be given for responses that are at least as good as those previously rewarded. This process is continued until target behavior is performed.

- *Modeling*. The use of a training technique to demonstrate a behavior to a child and then to ask the child to immediately imitate the behavior. The teacher is said to be the model and the child is said to be modeling or imitating based upon observation of the model. Examples of modeling are role playing, observational learning and behavioral rehearsal.
- *Contingency Contracting*. The use of a written agreement between a teacher and student which targets a specific behavior and indicates the consequences when that behavior is performed. Contracts can be a positive tool used to establish and/or increase a student's motivation.

Level II Procedures (Mildly Restrictive)

The following techniques may be routinely implemented by members of an educational staff either as part of a total teaching method or periodically to intervene with specific behaviors as they arise. When the use of these techniques is an essential component of a student's program, implementation procedures will involve a written IEP, including specific objectives, activities and evaluation techniques. If written and approved, a copy will be placed in the student file and made available to appropriate staff members.

The decision to institute these behavior management techniques can be made by teacher(s) and supervisor(s) in conjunction with parents and in the best interests of the individual student. Staff members responsible for instituting these techniques should be able to demonstrate basic knowledge of the principles of behavior management.

Time-Out (1)

In the classroom or other natural environment: the withdrawal or removal of a student from a reinforcing situation for a predetermined period of time following the occurrence of specific undesirable behavior(s). The use of time-out at this level **does not** include a time-out booth or

time-out room. Further, if the time-out period exceeds five to seven minutes for any reason, it would no longer be regarded as a mildly restrictive procedure. Example: placing a student in the corner of the room or behind a partition, or turning a student's chair around.

Response Cost

A procedure whereby a specified amount of an available reinforcer is withdrawn following and contingent upon the occurrence of a specified behavior. The amount of reinforcement which is withdrawn should be less than the total amount of reinforcement available and opportunities to regain the lost reinforcer should be prominently available. Response cost is often a feature of token economics plans and is most efficient when part of a reinforcement system. Example: Teacher removes token(s) from the total amount of tokens a student has earned as a consequence of some inappropriate behavior.

Extinction (Systematic Ignoring)

A procedure by which a behavior that has been previously reinforced by some stimulus in the environment is, through the removal of that stimulus, no longer reinforced in order that the behavior will decrease in frequency. Extinction is generally carried out by systematically ignoring a behavior which has previously gained either positive or negative reinforcement. When inappropriate behavior is being ignored another, more appropriate behavior should be selected for reinforcement. Extinction works best when the reinforcing stimulus can be isolated and is controllable. Example: turning away from a child who is yelling for attention when previously he was either scolded or indulged.

Level III Procedures (Moderately Restrictive)

Level III techniques generally call for review by the IEP Team and, in those districts or agencies which choose to establish such, the human rights committee. Implementation plans for these procedures must be in writing and will include a description of goals and objectives, positive intervention methods and evaluation techniques. All Level III procedures should be used only in combination with positive reinforcement for adaptive behaviors. Daily data collection and assessment of these procedures is recommended. See Appendix D, page A-25, for further discussion of recommended procedures for using restrictive behavior management procedures.

The decision to request the use of Level III procedures should be made by appropriate staff members in the best interests of the individual child. Staff members responsible for implementation should be able to demonstrate appropriate application of techniques. The parents should be contacted to explain the proposed program and rationale for using it. Parental consent should be obtained before initiating the procedure. If approved, a copy of the program and appropriate signed parental consent form should be placed in the student's file and should be available to appropriate persons responsible for implementation.

The following is a listing of techniques that rely on the avoidance of a negative stimulus as motivation for change.

Negative Practice (Satiation). The continuous engagement in behavior until fatigue becomes associated with it and ceasing the performance of this behavior avoids a noxious situation. Example: Having a student who spits on others go outside and spit until he or she becomes extremely tired of this activity.

Negative Reinforcement. The removal of a noxious or undesirable stimulus immediately following a desirable response. The desirable response will be more likely to recur as a result. Example: Keeping a student in from recess until he or she completes an assignment.

Overcorrection. The repeating (practicing) of a more desirable behavior for an extended (aversive) period of time contingent upon the occurrence of a related undesirable response. This procedure is used for those behaviors for which no restitution may be possible. Example: Having a student who purposely spills milk clean up not only the milk but the rest of the dining room as well.

Time-Out (2) The physical removal of a student from a reinforcing situation following the occurrence of a specific undesirable behavior. Such exclusion may involve either removal to a designated area as described in Time-Out (1), for a period of time not to exceed five to seven minutes; or removal to a time-out booth or time-out room for a fixed period of time (see Appendix E, page A-27, for further discussion). It is important that the student be quiet for a specified period of time prior to the discontinuation of the time-out.

Level IV Procedures (Most Restrictive - Aversive)

Level IV techniques may not be implemented without the approval of the Individualized Education Program Team, and in those districts/agencies which choose to establish such, the human rights committee. Implementation procedures must be written and should include objectives, positive reinforcement and evaluation techniques. All Level IV techniques are to be used in combination with positive reinforcement for adaptive behaviors. Parents should be contacted and given an explanation of the proposed program and the reasons for it. Written parental consent should be obtained before the program is instituted. If parental consent is not obtained, the district or agency should arrange a parent conference and/or staffing to further explain the proposed program or to seek an alternative intervention. A copy of the program and of the signed parental consent form should be kept in the student's file. Copies of the program should be made available to educational staff members responsible for implementation.

The decision to request the use of Level IV behavior management techniques should be made by the classroom teacher(s), administrator(s), parents and/or support staff members in the best interest of the individual student. Therapists, medical consultants and other relevant staff members should be included in this process at the request of the Individualized Education Program Team and/or the human rights committee. These procedures are limited in use to highly inappropriate and/or dangerous behaviors and should only be used after documented efforts with less restrictive techniques have failed. These procedures, as noted above, should only be used in

combination with positive reinforcement techniques designed to increase specified appropriate behaviors that are incompatible with the inappropriate and undesirable behavior.

Staff members instituting these techniques must be able to demonstrate operating knowledge of their use. Student progress will be monitored regularly as determined by the Individualized Education Program Team.

Mechanical Restraints. The use of mechanical devices such as helmets, tying devices, mitts or time-out chairs to restrict or prevent the movement of the student for a predetermined period of time as a consequence for targeted, maladaptive behavior.

Physical Restraint. One or more staff members physically holding a student, by an approved technique, contingent upon the occurrence of an undesirable behavior which threatens his or her own safety and/or that of others until such time as safety is no longer threatened. Example: A student who bangs his or her head against a wall during a tantrum may be held in a chair until he or she becomes calm. Should a physical struggle ensue when using a restraint procedure, the nature of the situation may change from a planned intervention to a protective action, and as such, other behavior management techniques may be needed to cease the inappropriate behavior. Such actions may involve increased risk to staff members and students, therefore requiring that a detailed written description of the incident be submitted to the administrator in charge as soon as possible. Additional use of restraint must be approved by the IEP Team and human rights committee, where established.

Appendix A

Outline of a Model Policy Statement

A. Policy Statement

- 1. Description of the place of behavior management techniques in an educational program (statement of philosophy).
- 2. Definitions of permitted and prohibited procedures.
- 3. Citation or summary of relevant local, state and/or federal laws and regulations (may be omitted or appended).

B. Procedural Guides

- 1. Description of dissemination effort to promote awareness of behavior management programs among the staff and the public.
- 2. Staff training requirements.
- 3. Description of appropriate use of procedures, including specification of roles and settings, necessary preparation, and follow-up.
- 4. Description of record-keeping procedures used in behavior management programs.
- 5. Description of procedures used in handling complaints and appeals.
- 6. List of specific cautions (as applicable).
- 7. List of useful resources (may be omitted or appended).
- 8. Description of procedures for periodic review.

Appendix B

The Human Rights Committee

The committee serves the following functions:

- a. advises the local district/agency as to discrepancies between board policy and the need for specially designed instruction for an individual student;
- b. reviews* and approves all specially designed instruction using Level II or III behavior management techniques prior to IEP implementation;
- c. reviews* and approves all specially designed instruction using behavior management techniques at the request of building and/or central office staff prior to IEP implementation;
- d. reviews* and approves any behavior management procedure included as part of a specific student's IEP at the request of any member of the team constructing that IEP prior to IEP implementation;
- e. advocates for human rights of students and staff members.

The composition of the committee should include both professionals representing the local community and parents of children with disabilities.

In fulfilling these functions, the human rights committee acts as an advisory committee to all Individualized Education Program Teams upon request and as mandated for highly restrictive/aversive management techniques to:

- ensure the use of humane and proper behavior management programs;
- ensure that behavior management programs are developed to meet the students' needs (not merely to meet or serve institutional needs).

In addition, the human rights committee may:

- develop any guidelines delineating behavior management procedures and techniques which would need committee approval prior to implementation; and
- develop any guidelines delineating behavior management procedures which may be used routinely without human rights committee review.

It is recommended that the human rights committee meet on a regular basis, the scheduling of which is best determined at the local level.

In summation, it is clearly recognized that the Individualized Education Program Team maintains absolute responsibility for defining the components of an IEP. In executing this responsibility, preservation of the human rights of the student is paramount.

^{*} The structure of the review shall be determined by the local human rights committee in keeping with resources, program volume and student needs.

Appendix C

Informed Consent For Most Restrictive Intervention Procedures (Sample Form)

		(Sample Form)

Birth Date:

- 1. Description of behavior to be modified.
- 2. Description of recommended procedures.
- 3. Description of special precautions to be used in implementing procedures (e.g., special supervision).
- 4. Justification for use of aversive intervention (reference previous management efforts and address parent concerns).
- 5. Time when the procedure will be reevaluated.
- 6. Persons who will implement the intervention procedures.

Informed Consent

Student Name:

I (Name of Legal Guardian) give consent for the use of the described intervention procedures for my child. I realize that the results of this intervention may not change his or her behavior.

I understand that there is no intent to cause detrimental side effects and the intervention(s) described above will be closely monitored. In the event that side effects occur which might be injurious to the child, the intervention will be immediately terminated. I further understand that the decision to terminate will be made either by myself or by the teacher. The procedures and rights have been fully explained to me and I certify that I understand the procedure and that I may revoke this consent at any time.

X

(Signature of person legally authorized to consent for student.)

Appendix D

Recommended Procedures in Using Restrictive Behavior Management

Developing Behavior Programs for Levels III and IV

The following procedures must be carried out in order to develop a behavior program for a student.

- 1. Teacher or support staff members notifies appropriate administrator of behavior problem which is likely to warrant intervention of a restrictive nature (Levels III and IV Techniques).
- 2. Administrator reviews case, seeking assistance of relevant staff members and parents in considering a behavioral management plan. Essential components of behavior management programs should be specified in writing, e.g., descriptions of actions/tasks involved, staff responsibilities, directions for implementation (what to say and how to say it), time limits, description of special setting or conditions.
- 3. The human rights committee reviews plan and makes recommendation to Individualized Education Program Team.
- 4. Individualized Education Program Team meeting is convened and, with parental consent, behavioral plan is included in student's IEP.
- 5. Staff is trained in all relevant procedures.
- 6. Program is implemented.
- 7. Program is reviewed as scheduled. Data must be collected daily and reviewed at least weekly. Regular observations of staff members implementing procedures should be initiated by the program administrator or other qualified staff members.

No higher-level behavioral intervention may be instituted on a regular basis without signed, informed, parental consent.

Appendix E

Using Time-Out

The following are more specific guidelines on the use of time-out procedures. They are adapted, with permission, from Gast and Nelson (1977).

- The staff should be able to identify the reinforcing situations that are maintaining the child's inappropriate behavior.
- The teacher should attempt to control the inappropriate behavior first by employing milder forms of time-out (separation within the classroom) prior to resorting to seclusion time-out (in a special room).
- Documentation that milder forms of time-out have proved ineffective in suppressing the inappropriate behavior should be provided before resorting to seclusion time-out.
- The staff should formulate a concise written statement of procedures to be followed whenever placing a student in time-out. The authors suggest these specific practices:

Avoid lengthy verbal explanation as to why the student is being placed in time-out.
Behaviors resulting in time-out should be clearly explained prior to implementing the time-
out program. If an explanation is provided, it should be brief but should adequately inform
the student of the misbehavior involved. A standard explanation format such as, "Because
you go to time-out for minutes," is recommended. All other
interaction should be avoided.

Identify those behaviors, if any, that will result in a warning before time-out is implemented. These generally are behaviors of low frequency and magnitude that have not been defined explicitly previously. Other behaviors normally require no warning.

To maximize opportunities to exercise self-control, students should be given the opportunity to take their own time-out after receiving the instruction from the teacher. However, if students refuse to take their own time-out, or if they fail to respond to the teacher's instruction within a reasonable time interval (5 to 10 seconds), the teacher should physically remove them to the time-out area. For high-intensity behavior (e.g., kicking, screaming), the student should be immediately escorted to time-out. It is important that teachers realistically evaluate their ability to physically remove a child to the time-out area.

Presumably, classrooms with such students would have either a teacher or teacher aide who could control such resistance. If such is not the case, an alternative strategy will be required. This may entail a reevaluation of the reinforcers in the classroom and possible use of a response-cost contingency in conjunction with a token economy. Other alternatives may

include reinforcing other children for ignoring disruptive behaviors or the reassignment of the uncontrollable student to a teacher who is capable of managing highly aggressive and resistant behavior.

Differential reinforcement of more appropriate social behavior should always accompany a time-out contingency.

For time-out in excess of 30 minutes' duration, a supervisory staff person should be consulted to evaluate the appropriateness of continuing the time-out procedures.

An Individualized Education Program Team meeting involving the teacher, principal, behavioral specialists and parent should be called to evaluate the appropriateness of using time-out as a consequence for misbehavior if its effect in suppressing the behavior is questionable.

If a seclusion time-out is to be employed, the time-out area should:

- be properly lighted (preferably recessed with the switch outside the room);
- be properly ventilated;
- be free of objects and fixtures with which children could harm themselves;
- provide the means by which an adult can continuously monitor, visually and auditorily, the student's behavior; and
- generally, not be locked. A latch on the door should be used only as needed and only with careful monitoring.

Records or charts should be kept of each occasion when seclusion time-out is implemented and should include the following information:

- the student's name;
- the nature of the episode resulting in the student's placement in time-out;
- the time of day the student was placed in time-out and released; and
- the student's behavior in time-out.

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