Behavior Support Guidelines and Procedures

June 2011

Genesee Intermediate School District

Genesee County's Regional Educational Service Agency

GISD Board of Education

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2413 West Maple Avenue
Flint, Michigan 48507-3493
(810) 591-4400
TTY (810) 591-4545

GISD Administrative Leadership Team

Lisa Hagel, Superintendent.....591-4400
Michael Moorman, Deputy Superintendent – Human Resources and Operations.....591-4432
Jan Russell, Assistant Superintendent – Special Education Services 591-4886
Cherie Wager, Director of Compliance and Special Services Administration 591-4881
Jennifer Lee, Principal – Early Childhood Programs and Services 591-4883
Sue O'Brien, Principal – Marion D. Crouse Instructional Center 591-4507
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Lori McLean, Program Coordinator/Teacher Consultant – Transition Center 591-5018

FORWARD

Genesee Intermediate School District Special Education Services began to develop behavior management guidelines and procedures during the late 1970s. Although each of the centers had some form of guidelines by 1986, a committee was developed to formalize and standardize all guidelines into one department-wide document. A committee comprised of twenty special education personnel representing all centers and employee groups, worked diligently for two years. In 1988, the first version of “Behavior Management Guidelines and Procedures” was completed. In 1990 and 1995, committees reviewed and revised the previous document. Since that time, the Michigan State Board of Education adopted two policies regarding student behavior: “Positive Behavior Support Policy” and “Supporting Student Behavior: Standards for the Emergency Use of Seclusion and Restraint.” As a result, a new committee facilitated by Cherie Wager, Director, Compliance and Special Services Administration, convened to review and revise this important document. The revisions include language regarding positive behavioral interventions and supports, emergency use of seclusion and restraint, and updated procedures and forms for staff and parent use. It continues to emphasize a process for providing behavioral support for GISD students and serves as a resource guide for all GISD staff.

Jan D. Russell
Assistant Superintendent
Special Education Services
Genesee Intermediate School District

Introduction

We believe the learning environment is an integral part of student behavior. This environment includes students, staff, caregivers, parents, curriculum, and physical surroundings and also the way in which they interrelate. Educational team members and caregivers have the responsibility to develop and/or implement strategies that enhance student learning and build student self-esteem. As a part of this process, students also have a responsibility for their success based on their unique needs and developmental ability.

Table of Contents

Philosophy 1

Positive Behavioral Interventions and Supports 3

Hierarchy of Positive Behavioral Interventions and Supports 6

Emergency Procedures 10

Student Assistance Team Process 11

Acknowledgments 15

Resources 15

Appendix A
Glossary of Terms

Appendix B – Forms
- Student Assistant Team Referral – Request for Assistance
- Student Assistance Team Support Plan
- Adaptive and Protective Equipment Rationale
- Behavior Incident Report
- Functional Behavioral Assessment/Behavior Intervention Plan

Philosophy

Definition:

Positive Behavioral Interventions and Supports (PBIS) is a broad range of systematic and individualized strategies for achieving important social and learning outcomes while preventing problem behavior with all students. The emphasis is on a school-wide system of support that includes proactive strategies for defining, teaching, and supporting appropriate student behaviors to create positive school environments.

Rationale:

On, September 12, 2006, the State Board of Education adopted a policy that each school district in Michigan implements a system of positive behavioral interventions and supports strategies. In the past, school-wide discipline was focused mainly on reacting to specific student misbehavior by implementing punishment based strategies including reprimands, loss of privileges, office referrals, and suspensions. Research has shown that implementation of punishment in the absence of other positive strategies are often ineffective. A positive behavioral interventions and supports system is a proactive, skill-building approach for the teaching and learning of successful student behavior. The purpose of school-wide positive behavior support is to establish a climate in which students can effectively manage their own behavior, and achievement is increased as a result.

Components of Positive Behavioral Interventions and Supports:

- Identify common behavior expectations
- Teach behavior expectations
- Monitor expected behaviors
- Acknowledge and encourage expected behaviors
- Address and correct inappropriate behaviors

A positive behavior support system is a data-based effort that concentrates on adjusting the system that supports the students. This system is implemented by collaborative, school-based teams using person-centered planning. Functional assessment of learning and behavior challenges is linked to an intervention that focuses on skill building. The effectiveness of the selected intervention is evaluated and reviewed, leading to data-based revisions. Positive interventions that support adaptive and pro-social behavior build on the strengths of the student which leads to an improved learning environment. Students are offered a continuum of methods that help them learn and maintain appropriate behavior and discourage violation of codes of student conduct.

What do we hope to achieve?

The Genesee Intermediate School District wants to create a school-wide social culture that is predictable, positive, safe, consistent and successful. A system of positive behavioral interventions and supports will be used in GISD buildings during school activities including the classroom and non-classroom settings. The goal of this program is to support students' efforts to manage their own behavior and assure success.

Positive Behavioral Interventions and Supports

Genesee Intermediate School District is committed to educational programming, which prepares students to function as independently as possible.

Effective social behaviors include the development of the following:

- Respect for privacy
- Acceptance of others
- Cooperation and sharing
- Respect for private property and ownership
- Control and appropriate display of emotions
- Acceptance of responsibility for a student's own actions

These behaviors are best taught and strengthened by the use of positive reinforcement and other behavioral teaching techniques with the involvement and cooperation of parents.

Educational team members of Genesee Intermediate School District recognize the importance of positive behavioral interventions and supports systems. This includes the systematic arrangement of the learning environment which reinforces positive behavior for all students.

Positive educational practices include:

- Identifying specific, measurable student outcomes
- Developing specific goals and objectives
- Contingency plans for unexpected situations

Effective planning allows the team to focus on the educational practices which maximize student learning. These techniques are chosen based on the unique needs of the student.

Guidelines of a positive learning environment:

- Focus on student strengths and/or preferences
- Clear expectations of student behavior, communicated by written form, verbal and/or visual cues (such as pictures, sign, gestures)
- Few and simple rules enforced consistently
- Reinforce and model appropriate behavior
- Determine the length of the activity based on the attention span of the student(s)
- Reinforce and praise frequently
- State directives in positive terms
- Pair verbal communication with physical prompts, use of sign, or other cues

- Remain calm
- Frequently assess the effectiveness of reinforcers and routines
- Assess contributing factors (such as medical, social, environmental, sensory and educational needs)
- Use tactile reinforcement (such as pat on back, hand shake, slight touch)
- Re-state expectations and remind student of planned outcome
- Teach appropriate communication skills
- Model appropriate play and peer interaction
- Change supportive teaching strategies (such as pace of instruction, what materials you use, how you position yourself and student, which students you group together)
- Identify how the student learns best
- Engineer the learning environment to facilitate student success
- Vary content and amount of information given according to how the student responds
- Maintain consistent expectations of student behavior in all learning environments
- Provide instructional routines which enhance a positive learning environment

Guidelines for giving directions:

- Establish student attention
- Use visual, verbal and tactile cues
- Eliminate unnecessary words
- Give step-by-step directions allowing time for student to process
- Assess student's level of understanding
- Repeat and/or reword
- Be aware of tone, cadence and volume

Guidelines for task analysis:

- Present one task at a time
- Change the demands of the activity to ensure success
- Increase opportunities to practice parts of the task in short blocks of time

Guidelines for effective use of reinforcers:

- State reason for reinforcer; be clear and concise
- Reinforcers should be immediate according to student's needs and/or preferences
- Provide positive reinforcers throughout the day
- Provide age and socially appropriate reinforcers
- Frequently assess student response to reinforcer to determine effectiveness
- Change the type, amount, timing, quality, intensity, and schedule of reinforcers depending upon the student's response

Positive student reinforcers:

- Preferred activities
- Time with favorite staff or peer
- Stickers
- Classroom job
- Errands
- Games
- Computer time
- Music
- Healthy edibles
- Extra mobility time
- Sensory activities
- Social reinforcers (such as verbal, nonverbal, tactile)
- Positive notes
- Out of building community activities
- Other reinforcers to be determined by staff based on student preference

There are a wide variety of learning theories that are effective in supporting positive behavior in the classroom. Effective instructional planning and structured approach to positive behavioral interventions and supports will lead to a successful experience for students and staff. This approach to classroom management utilizes team planning, data collection based on observable and measurable behavior and ongoing review. It also promotes appropriate behavior and provides safeguards for students and staff.

Federal law requires that each student's IEP Team consider the need for strategies, positive behavioral interventions, and supports for students whose behavior impedes his or her learning or that of others. If a student's inappropriate behavior persists, consideration must be given to the further development of behavioral support and strategies.

Hierarchy of Positive Behavioral Interventions and Supports

In some cases, students need the additional support of more structured and individualized teaching strategies. Behavior strategies and intervention planning will include staff and parents. Therefore the following hierarchy of behavioral support should be considered and used in sequence.

Level I: <u>Individualized Student Behavior Strategies</u>

The following is a list of strategies to help students develop socially appropriate behavior. These serve to teach replacement skills and prevent inappropriate behavior. Level I strategies do not require a written Behavior Intervention Plan.

Strategies: (See "Glossary of Terms" for definition.)

- Assessing communication needs
- Chaining
- Differentiated instruction
- Graduated guidance
- Natural consequences
- Personal property removal
- Planned ignoring
- Positive reinforcement
- Preferential seating
- Problem solving
- Prompts – verbal, gestural and/or physical
- Proximity control
- Redirection
- Reinforcing replacement behavior
- Restoration
- Schedules of reinforcement
- Sensory breaks and strategies
- Shaping
- Token system
- Visual schedules

<u>Staff Support</u>

If the Level 1 strategies are unsuccessful, the instructional staff shall complete a Student Assistance Team (SAT) referral form and return it to the appropriate building level administrator or designee. The team will minimally consist of the referring instructional staff and program administrator or designee. Program administrator may require additional members to attend.

The Student Assistance Team (SAT) shall:

1. Review the Student Assistance Team Referral (Appendix B)
2. Review student medical and health information
3. Identify and define behavior, including antecedents
4. Discuss function of behavior
5. Identify alternative techniques, strategies and/or interventions
6. Determine format of data collection, if recommended
7. Complete the SAT Support Plan (Appendix B)
8. Monitor SAT Support Plan

If the inappropriate behavior(s) defined by the SAT increase or do not respond to the techniques or strategies identified and implemented by staff, the SAT will reconvene and follow procedures for the development of a Behavior Intervention Plan (see Level II).

Level II: Individualized Behavior Intervention Plan (BIP)

When Level I strategies are unsuccessful in improving the student's behavior and the behavior continues to impede the student's learning or the learning of others, a Behavior Intervention Plan (Appendix B) shall be developed. Prior to developing a BIP, a functional assessment of behavior shall be conducted. A Behavior Intervention Plan may include techniques and strategies from Level I or more comprehensive interventions. BIPs should be addressed in the student's IEP.

Staff Support

Prior to the proposal of a Behavior Intervention Plan (BIP), instructional staff will request a Student Assistance Team (SAT) meeting and prepare information for the development of the BIP. The team will assist the classroom staff with the development of a draft Behavior Intervention Plan. Parents will be invited to attend the SAT meeting. Students will be invited when appropriate. The team shall minimally consist of referring instructional staff and program administrator or designee. The SAT may request the services of other resource personnel.

The Student Assistance Team (SAT) shall:

1. Review previous SAT Support Plan, Behavior Incident Reports, Data Collection and Functional Behavioral Assessment
2. Develop Behavior Intervention Plan
3. Assist instructional staff with the implementation and monitoring of the Behavior Intervention Plan as indicated

If the behaviors identified in the BIP continue to increase, intensify, or pose a risk to student or staff safety, instructional staff shall request a reconvening of the SAT and/or move to Level III.

Level III: Individualized Behavior Intervention Plan (BIP)

When Level II strategies are unsuccessful in changing a student's behavior and/or the behavior poses a risk to students or staff safety a Level III Behavior Intervention Plan is required with parental consent. Level III Behavior Intervention Plans must be addressed in the student's IEP. **Adaptive and protective equipment, medically ordered devices, planned physical intervention strategies, including seclusion and restraint, shall be addressed specifically on the student's IEP, consistent with federal and state law**. The determination for use of adaptive or protective equipment for behavior support will be based on medical or safety needs. The rationale will be indicated on the Adaptive and Protective Equipment Rationale form (Appendix B) and submitted to the program administrator for review. Level III interventions require informed parent consent.

The Level III BIPs must include the following:

- Updated Functional Behavioral Assessment
- Documentation that Level I and Level II interventions have been implemented
- Data indicating that the implementation of these interventions have not resulted in a significant decrease in frequency or intensity of the behaviors
- Plans for the reduction or elimination of Level III interventions
- Student medical and health information
- Documentation used to monitor the BIP and inform the parents of the student's progress and the implementation of procedures
- Must include documentation and reporting behavior incident to administration or designee

Staff Support

Prior to the proposal of a Level III Behavior Intervention Plan (BIP), instructional staff shall request a Student Assistance Team (SAT) meeting and prepare information for the development of the BIP. The team will assist the classroom staff with the development and implementation of the modified Behavior Intervention Plan.

The Student Assistance Team (SAT) shall:

1. Minimally consist of referring instructional staff, program administrator or designee and the school social worker (The team may also consist of medical personnel, transportation staff, consultant for behavior support, parents and/or other resource personnel.)
2. Review previous SAT intervention plans, reports, Behavioral Intervention Plans, Behavior Incident Reports, data collection and Functional Behavioral Assessment

3. Update the Behavior Intervention Plan
4. Assist instructional staff with implementing and monitoring the Behavior Intervention Plan as indicated
5. Recommend additional staff training, if appropriate
6. Consider additional resources needed to implement the Behavior Intervention Plan

Emergency Procedures

Emergency procedures, including physical interventions, may be used when the student poses an imminent risk to their own safety or the safety of others

Emergency Procedures Guidelines

1. The use of emergency procedures shall involve the lowest level of intervention necessary to ensure safety.

2. Emergency procedures may require the use of Nonviolent Crisis Intervention Strategies® or other intervention strategies.

3. If emergency procedures are used, a Behavior Incident Report shall be completed within 24 hours of the incident and submitted to the program administrator or designee.

4. All attempts to notify parents will be documented.

5. The parents will be notified of the behavioral incident and the emergency procedure used as soon as possible or within 24 hours. Written notification will be provided to the parent by the administrator or designee.

6. A debriefing will be held to review and document the incident.

7. A SAT meeting may be held after implementation of an emergency procedure. The purpose of this meeting is to review the Behavioral Incident Report in which emergency procedures were used and to determine if the incident was an isolated occurrence or if the behavior requires development of a Behavior Intervention Plan.

NOTE: Staff may use reasonable physical force upon a pupil, as necessary, to maintain order and control for the purpose of providing an environment conducive to safety and learning. Such force is permitted in Act 451 of 1976, Section 380.1312(4).

Student Assistance Team Process

During each school day, staff is faced with a variety of challenges and should seek assistance when strategies they have used are not working. Usually assistance is given through informal contacts with peers, principals, school social workers, teacher consultants, behavior specialists, and others. A systematic process for assisting teachers and staff is the Student Assistance Team.

Purpose

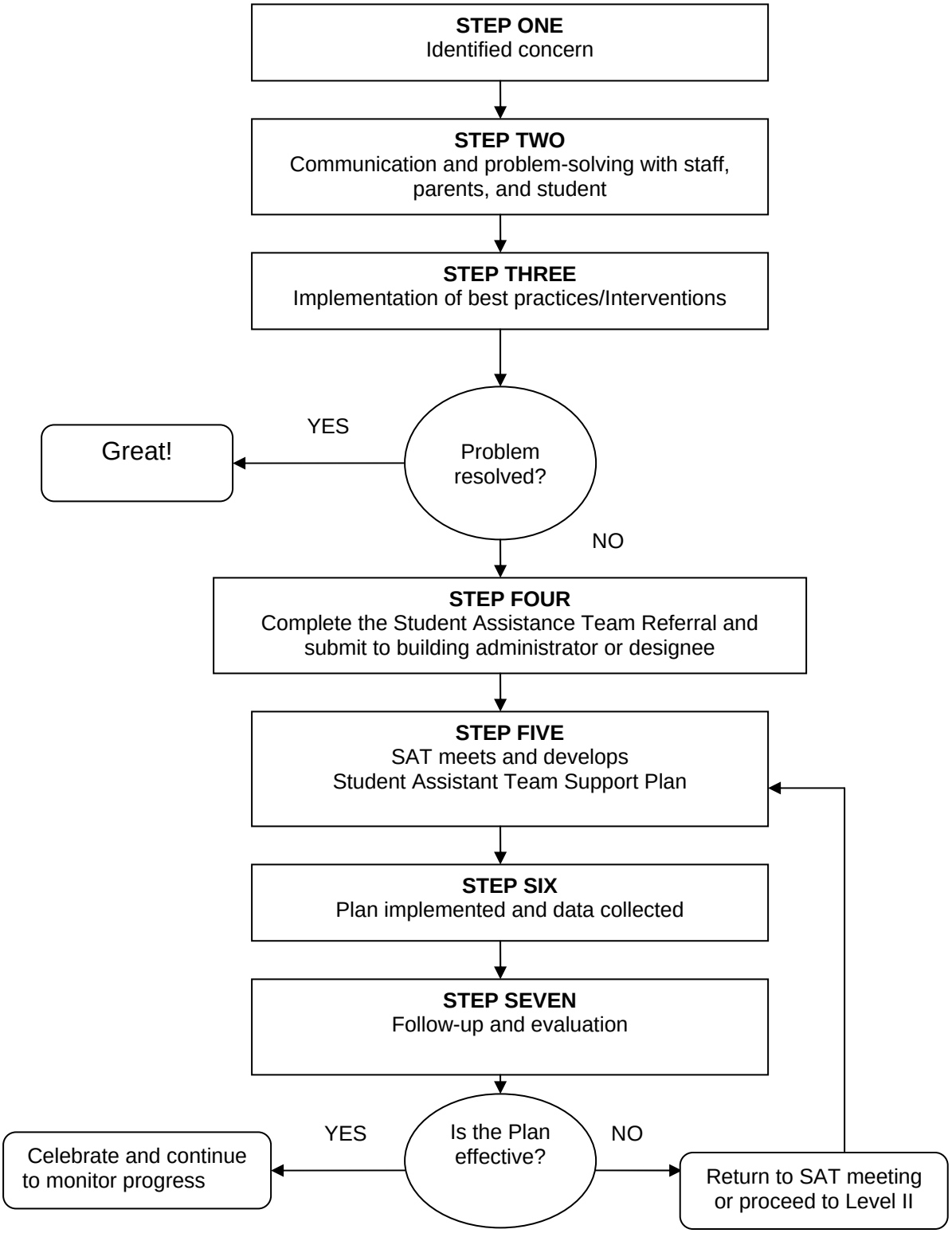
The Student Assistance Team provides a problem solving process for all school staff. The team and referring staff member jointly engage in a process of defining the problem, brainstorming solutions, and planning interventions for students experiencing instructional, behavioral, and medical difficulties.

Students, parents, and other specialists can also participate in the process. The nature of the student's problem determines which team members are needed to explore and recommend possible solutions. The interventions recommended by the team may include school, home, and community resources. Follow-up meetings are held with the consultee to determine whether or not recommendations are working and to give the staff member or parents further assistance if necessary.

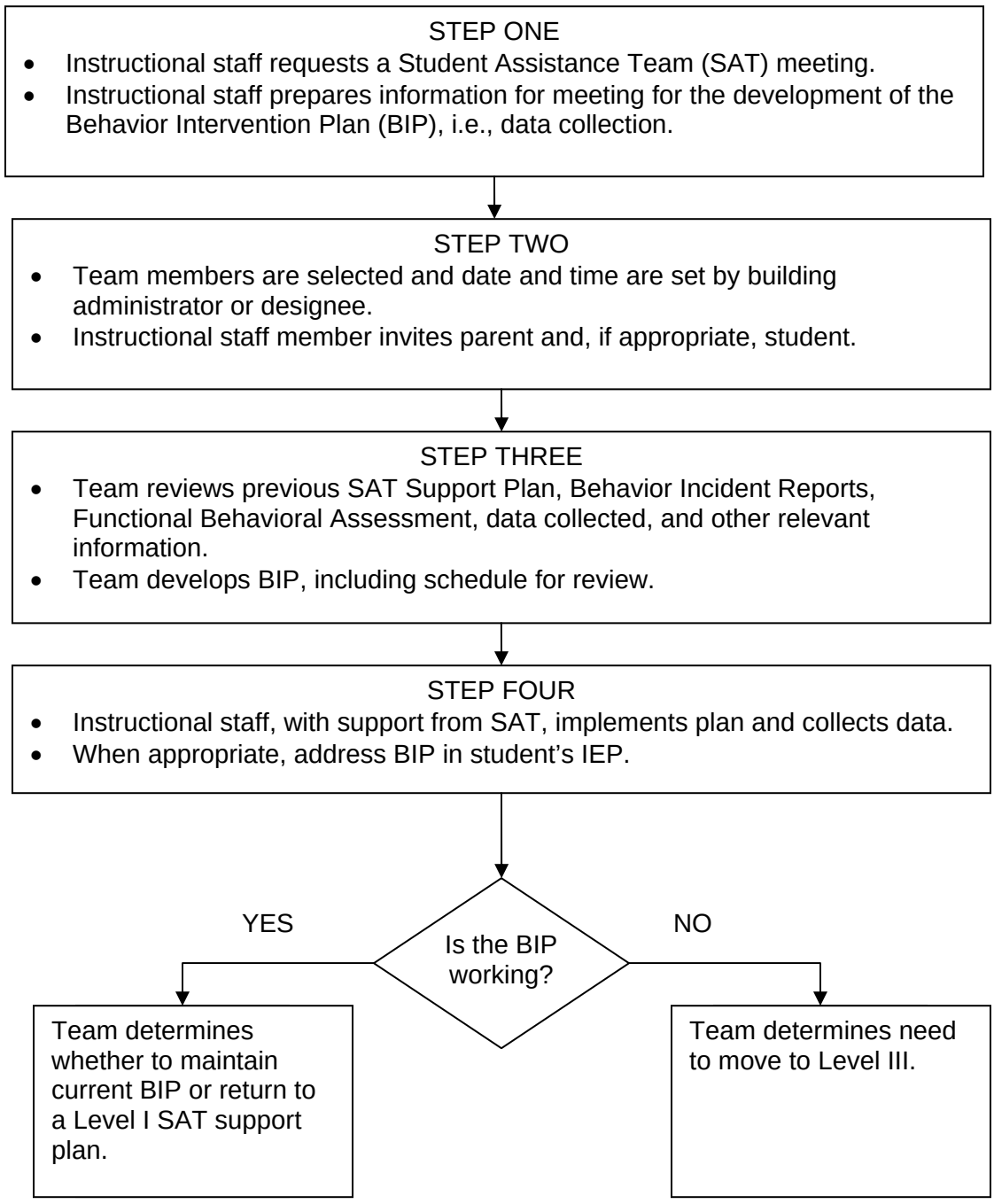
Staff members are expected to utilize best practices and/or interventions before referring a student to the Student Assistance Team.

There are seven steps to the school-based student assistance team process. The procedures used by the Student Assistance Team are the same for almost any problem brought to the team. The next few pages outline the Student Assistance Team process.

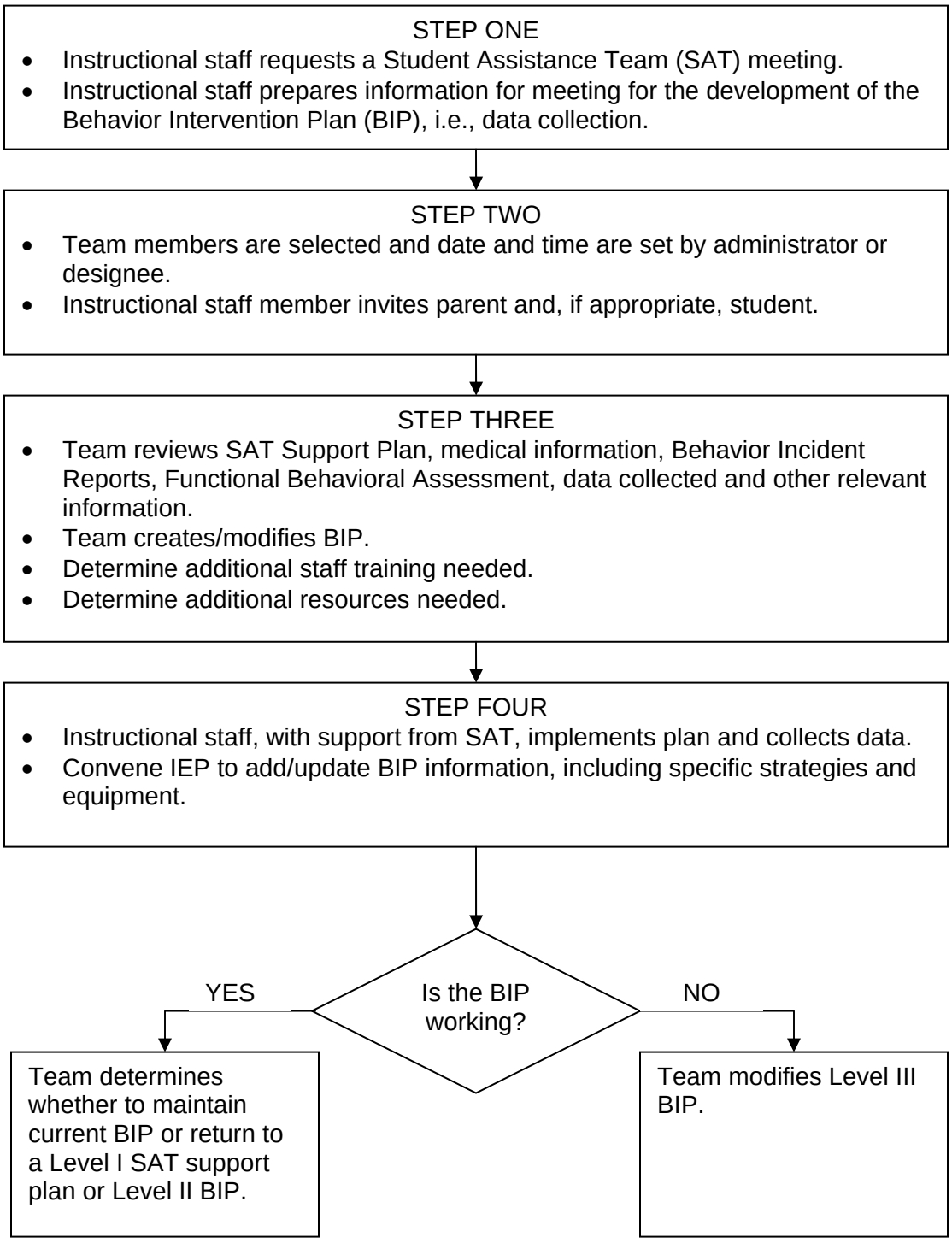
Level I
Student Assistance Team Process



Level II
Behavior Intervention Plan



Level III
Behavior Intervention Plan



Acknowledgments

We would like to thank all GISD teachers, ancillary staff, teacher consultants, para-educators, secretaries, and administrative staff who contributed to this document.

Resources

Supporting Student Behavior: Standards for the Emergency Use of Seclusion and Restraint, Adopted by the State Board of Education December 12, 2006

GISD Behavior Management Guidelines, Revised May 1995

Wayne RESA Guidelines for Behavior Intervention 2008

Appendix A

GLOSSARY OF TERMS

A

Activity Reinforcers	A form of positive reinforcement may include favorite activities, use of preferred objects, or increased responsibilities.
Adaptation	The phase in a behavioral or instructional program during which the student is allowed to adjust to new challenges/interventions in the learning environment.
Adaptive Equipment	Equipment which assists a student to adapt to the environment.
Aggression	Verbal or physical contact which does or could hurt another, e.g., swearing, screaming, threats, hitting, spitting, pinching, kicking, scratching, pushing.
Agitation	Refers to a state of extreme excitement, irritation, or alarm.
Antecedent	The event/incident which triggers the behavior.

B

Baseline	A record of the behavior prior to introducing the intervention.
Behavior	Any observable and measurable act of a student.
Behavior Intervention	The use of positive behavior strategies in a systematic manner to produce changes in student behaviors.
Behavior Momentum	A differential reinforcement approach, which refers to ignoring and redirecting misbehavior, by guiding the problem behavior into a more appropriate response. The force that is driving the behavior is used to direct the person's energy and efforts toward a more appropriate response.
Behavior Supports	Supports within the environment, such as visual, social, or physical cues, which increase the likelihood that the individual will exhibit appropriate behaviors.
Break	An opportunity, either student or teacher, led to promote positive behavior. Breaks serve a variety of purposes and can be implemented in multiple ways.

C

Chaining	Sequencing the steps of an activity or skill and putting the steps together for the individual to learn new, complete skills.
Communication System	Refers to any form of communication (gestures, signs, objects, pictures, or words) that provides a way for the individual to express wants, needs, thoughts, and feelings across a variety of settings, persons, and tasks.
Compliance Training	Used to increase the amount of instructional control over an individual. This refers to teaching the individual to follow another person's directions through planned, practiced sessions in which various cues are given. The learner's response is followed by consistent, pre-planned consequences.
Consequence	Refers to conditions that follow a behavior and affects the frequency of future behavior.
Consultation	A verbal discussion between the student and teacher or therapist regarding the appropriateness or inappropriateness of behavior. The discussion may include verbal instruction regarding replacement behaviors in future situations. Discussion should be provided using even tones, volume, and cadence.
Contingency	The relation between the target behavior and the reinforcer.
Contingent Observation	Removal of the student's opportunity to earn reinforcement for a defined period of time without removing the student from the learning environment.
Contingent Work	A non-preferred task performed by the student to demonstrate compliance prior to returning to the learning environment.
Cueing Procedures	A verbal or physical reminder.

D

Data	Results of observation and measurement of behavior.
Differential Reinforcement	Uses positive reinforcement for acceptable behavior while ignoring misbehaviors.

Differential Reinforcement of Appropriate Behavior (DRA)	Refers to reinforcing a target behavior (hand raising and waiting for a response) while ignoring the misbehavior (calling out).
Differential Reinforcement of Incompatible Behavior (DRI)	Refers to rewarding a student for a behavior (staying in his seat) that cannot occur simultaneously with the unwanted behavior (walking around the room).
Differential Reinforcement of Other Behavior (DRO)	Also referred to as *differential reinforcement of the omission of the behavior*, refers to rewarding a student for not exhibiting a specific behavior, regardless of other behaviors that occur during the time period. For example, reinforcing the individual for not hitting during recess even though other inappropriate behaviors were exhibited.
Differentiated Instruction	To differentiate instruction is to recognize students' varying background knowledge, readiness, language, preferences in learning, interests, and to react responsively. Differentiated instruction is a process to approach teaching and learning for students of differing abilities in the same class. The intent of differentiating instruction is to maximize each student's growth and individual success by meeting each student where he or she is and assisting in the learning process.
Discrete Trial Training	One method of discrete trial training involves isolating and teaching a specific task to an individual by repeatedly presenting the same task to the person. Responses are recorded for each trial.
Disruption	Stops instruction.
Duration	The length of a behavior in a given period of time; e.g., John's body rocks an average of 241 minutes during a 300 minute school day.

E

Emergency	A situation in which a student's behavior poses imminent risk to the safety of an individual, student, or others. An emergency requires an immediate intervention.
Escape	Leaving the classroom or building without permission.

Escape Behavior	A student's behavior that avoids or escapes something that is unpleasant to the student.
Extinction	Refers to eliminating or decreasing a behavior by removing reinforcement from it.

F

Fading	The process of gradually changing or removing the cues or support in specific behavioral situations or settings as related to a student's response until it occurs naturally.
Frequency	The number of instances a behavior occurs in a given period of time, e.g., John bites his hand an average of 27 times during his one-half hour lunch.
Functional Behavioral Assessment (FBA)	Refers to a procedure used to examine behaviors to determine what happens before, during, and after behaviors occur. Behaviors are examined in terms of the purposes and functions that the behavior serves.

G

Generalization	Refers to the ability to take a skill learned in one setting, such as the classroom, and use it in another setting like the home or community. It may also be taking a specific skill and using it in a slightly different way.
Graduated Guidance	Systematic and gradually reducing the amount of physical guidance used.

H

Hierarchy of Responses	Refers to the technique of using several consequences to lessen an individual's behavior. The consequences are generally presented from least to most restrictive.

I

Inappropriate Verbalization	A vocal stimulation or a form of communication which may include screaming, swearing, threats, and name calling, with no intent to cause harm. Most often it is a characteristic of the student's disability.

Intensity	The severity of a behavior; mild, moderate, or severe that occurs in a given period of time.
Intermittent (Random) Reinforcement	When some, but not all, of the specific responses are reinforced.
Intervention	The action that is taken to change a target behavior.
Intrusive Techniques	Activities designed to impinge upon the bodily integrity or the personal space of the student to achieve the desired response.

M

Modeling	Providing the person with a visual, verbal, and/or manual representation of the positive behavior you want him or her to engage in.

N

Negative Reinforcement	Refers to the effect of removing a disliked experience or event following a behavior to strengthen the behavior.
Noncompliance	Failure to following an instruction.
Nonviolent Crisis Intervention	The practice of early intervention and non-physical strategies for preventing or managing disruptive behavior. The emphasis is to provide for the care, welfare, safety, and security of all parties involved.

O

Out of Area	Leaving from the designated area without permission.
Overreaction	Refers to a student's behavior (reaction) that appears to be excessive compared to the event. For example, a student may go into a rage because the teacher tells him that it is time for work.
Overstimulation	Refers to a state of being in which some individuals become so overwhelmed by sensory stimuli that acting out behaviors, such as screaming, aggression, self-abuse, or tantrums, occur in reaction to the stimulation. Other individuals may withdraw or "shut-down" as a method of reacting to overstimulation.

P

Physical Restraint	See restraint.
Pica	Eating inedible items; e.g., toys, cigarettes, clothing, dirt, feces.
Planned Ignoring	A procedure where the teacher/aide avoids all eye contact or direct involvement with student. There should be no conversation or verbal direction during this intervention.
Positive Practice	The student is prompted to practice appropriate behaviors in the situation in which the student normally misbehaves, e.g., closing door quietly.
Positive Reinforcement	Refers to any object or activity following a behavior which strengthens the behavior.
Precorrection	Strategy which involves discussing an activity and expectations for behavior with a student immediately prior to its taking place.
Premack Principle	A procedure in which a behavior the student performs frequently is used to reinforce a behavior the student seldom performs.
Property Disruption	When behaviors are directed toward property and/or objects, e.g., pushing a chair, clearing a table, tipping the table.
Protective Devices	Equipment recommended by a physician or therapist for the purpose of providing safety for a student whose behavior (e.g., self-injurious head banging or self-biting) may present an imminent risk to the safety of himself/herself or others.
Proximity Control	An intervention where an adult positions him/herself near the student to promote appropriate behavior.

R

Redirection	Redirection is defined as the interruption of an ongoing undesired behavior and attempts to have the student willingly engage in socially acceptable behavior as an alternative. This may include: having a person sit down, listen, put headphones on, or lie down; active redirection (play ball, go for a walk or play a game. Examples list: offering alternative activities, visual or sensory.

Reinforcement	Providing consequences, activities, or other reinforcers that will increase the probability that a person will do the task or skill again.
Reinforcer	Consequences that should strengthen positive behaviors. They may take the form of tangible reinforcers (generally food or toys), social reinforcers (smiles), or activity reinforcers (listening to music).
Replacement Behavior	Teaches the student to replace undesired behavior with a desired behavior.
Restoration	This procedure requires the student who has damaged the environment to restore the situation to its original condition.
Restraint	There are three types of restraint: physical, chemical and mechanical. Physical restraint involves direct physical contact that prevents or significantly restricts a student's movement. Restraint is last resort emergency safety intervention. Restraint is an opportunity for the student to regain self-control. This policy on physical restraint is not intended to forbid actions undertaken: - to break up a fight - to take a weapon away from a student - the brief holding by an adult in order to calm or comfort - the minimum contact necessary to physically escort a student from one area to another - assisting a student in completing a tasks/response if the student does not resist or resistance is minimal in intensity or duration - to hold a student for a brief time in order to prevent an impulsive behavior that threatens the student's immediate safety (e.g., running in front of a car) Chemical restraint is the administration of medication for the purpose of restraint. Chemical restraint does not apply to medication prescribed by and administered in accordance with the directions of a physician.

	Mechanical restraint means the use of any device or material attached to or adjacent to a student's body that restricts normal freedom of movement and which cannot be easily removed by a student. Mechanical restraint does not include: - an adaptive or protective device recommended by a physician or therapist (when it is used as recommended) - safety equipment used by the general student population as intended (for example, seat belts, safety harness on school transportation)
Reward	A consequence that follows a behavior that is intended to increase the behavior.
Routine	Refers to a customary or regular sequence of procedural steps, such as following a daily schedule.
Rumination	Repeated regurgitation and reswallowing of food.

S

Satiation	Occurs when a reinforcer loses its reinforcement value.
Schedule of Reinforcement	The specific behaviors will be reinforced consistently and as scheduled.
Seclusion	Seclusion is a last resort emergency safety intervention that provides an opportunity for the student to regain self-control. Seclusion is the confinement of a student in a room or other space from which the student is physically prevented from leaving and which provides for continuous adult observation of the student. A room or area used for seclusion: - must not be locked - must not prevent the student from exiting the area should staff become incapacitated or leave that area - must provide for adequate space, lighting, ventilation, viewing, and the safety of the student
Self-Injurious Behavior	Self-directed behavior which results in physical damage to the individual who engages in it, e.g., head banging, picking, eye poking, slapping, scratching and pinching.
Self-monitoring	Refers to strategies used by an individual to increase awareness of personal reactions and responses.

Self-regulation	Refers to a strategy used by individuals to monitor and manage their own behavior.
Self-stimulation	Includes varieties of verbal and/or motor stereotyped behaviors such as arm-flapping, body rocking, head rolling, rocking, hand-flicking, finger movements, and verbal repetition of words, songs, numbers, etc.
Sensory-based toys	Toys that provide stimulation from sound, taste, smell, sight, movement, or touch.
Sensory Break	A carefully designed, personalized activity schedule that provides the sensory input a person's nervous system needs to stay focused and organized throughout the day.
Sensory Diet	Refers to an activity plan that includes specific activities designed to satisfy the individual's sensory requirements in order to develop and maintain optimal functioning levels.
Sensory Dysfunctions	Refer to impairment in the functions of or response to stimulation from sound, taste, smell, sight, movement, or touch.
Sensory Integration	A "process by which the brain organizes sensory information for appropriate use." (Ayres, 1979).
Sensory Integrative Dysfunction	Refers to impairment in the ability of the brain to organize information from sight, sound, taste, smell, movement, or touch and to respond appropriately to that information.
Sensory Integrative Therapy	A program of treatment used by occupational therapists to promote development of sensory integration in individuals who have sensory integrative dysfunction.
Sensory Overload	Refers to a state of being in which some individuals become so overwhelmed by information from sound, taste, smell, sight, movement, or touch that inappropriate responses occur.
Sensory Stimuli	Information received from sound, taste, smell, sight, movement, or touch.
Shaping	Using small steps combined with feedback to help learners reach goals.

Stimulus	Any physical object or occurrence in the environment that sets the occasion for the response to occur. Stimuli frequently used in behavioral programs include reinforcing stimuli, aversive stimuli, and discriminative stimuli.

T

Tantrums	Sudden bursts of highly disruptive displays of aggressive or inappropriate behaviors.
Target Behavior	The goal or objective of the desired behavioral intervention.
Task Analysis	The process of breaking a skill down into smaller steps.
Time Out	The loss of positive reinforcement for a specified period of time following a problem behavior. In order for timeout to be effective, the classroom should be a place where the student receives plenty of positive reinforcement. Timeout may include planned ignoring, withdrawal of materials, contingent observation, or exclusionary timeout.
Token System	A system of reinforcement in which an object or visual symbol is provided following a desired behavior.

U

Unsafe Behavior	Student engages in behavior that could cause harm, e.g. climbing.
Universal Design for Learning	UDL provides a blueprint for creating flexible goals, methods, materials, and assessments that accommodate learner differences.

V

Visual Schedule	A visual schedule system is an easy way to provide students with consistent cues about their daily activities. They provide a structure that allows a student to anticipate what will happen next, reduce anxiety by providing the student with a vision of his/her day and promote calmness between transitions.

Appendix B

GENESEE INTERMEDIATE SCHOOL DISTRICT
Special Education Services
2413 West Maple Avenue
Flint, Michigan 48507-3493

Student Assistant Team Referral – Request for Assistance

Student's name_____ Birthdate _____ Age _____

School _____ Teacher _____

Parent/Guardian _____ Home phone _____

Address _____ Work phone _____

Referral source _____ Name_____ Date _____

PURPOSE OF MEETING

__ Academic __ Behavioral/Social/Emotional __ Medical __ Parent Request __ Other

1. Describe concern: _____

_____

2. Concerns were communicated with parent/guardian on date(s): _____

3. Recent changes or important factors: _____

_____

EDUCATIONAL HISTORY

Previous placement and other information: _____

_____

Current placement: _____

Current services:
__ Social work
__ Homebound/Hospitalized
__ Physical therapy
__ Other: _____
__ Speech/Language
__ Occupational therapy
__ Outside agencies

Behavior Intervention History Inventory:
__ Incidents reported by staff (reviewed)

Additional information: _____

Behavior Intervention Plan (attached)

Attendance history: _____

Instructional progress: _____

Student's name _____ Program _____ Date _____

HEALTH HISTORY

Date of last vision test and results: _____

Date of last hearing test and results: _____

Medication: _____

History of serious illness, injury, surgery: _____

Comments: _____

_____

INTERVENTION HISTORY

INTERVENTION AND/OR BEST PRACTICE DATES		**DESCRIPTION (including data explanation and documentation)**	**EFFECTIVENESS & IMPLEMENTATION SCALE 1 = Ineffective 5 = Most Effective**				
Start Date	**End Date**						
			1	2	3	4	5
			1	2	3	4	5
			1	2	3	4	5
			1	2	3	4	5
			1	2	3	4	5
			1	2	3	4	5

Comments:

_____

_____

_____

_____

12-6-10

GENESEE INTERMEDIATE SCHOOL DISTRICT
Special Education Services
2413 West Maple Avenue
Flint, Michigan 48507-3493

Student Assistance Team Support Plan

Student's name _____ Date _____ Plan # _____

STUDENT/STAFF SUPPORT TEAM MEMBERS

_____ _____
_____ _____
_____ _____

CONCERN(S)

1. _____
2. _____
3. _____

STUDENT STRENGTHS/INTERESTS

1. _____ 2. _____

SUGGESTION(S) FOR BEHAVIOR OR ACADEMIC STRATEGIES

1. _____
2. _____
3. _____
4. _____

PERSON(S) RESPONSIBLE

1. _____ 2. _____

Administrator signature _____ Date reviewed _____

Proposed date of review _____

PROGRESS REVIEW

Results of strategies with supporting documentation:

___ Significant improvement
___ Improvement
___ No change
____ Regression
____ Significant regression

Description/Data Collection: _____

_____

12-6-10

GENESEE INTERMEDIATE SCHOOL DISTRICT
Special Education Services
2413 West Maple Avenue
Flint, Michigan 48507-3493

Adaptive and Protective Equipment Rationale

Student's name _____ Date _____

Persons attending and title:

_____ _____

_____ _____

_____ _____

Equipment involved:

Equipment use:

Equipment procedure:

Name and title:

Staff trained by _____ Date _____

Staff trained _____ Date _____

Staff trained _____ Date _____

Staff trained _____ Date _____

Staff trained _____ Date _____

Administrative review by _____ Date _____

12-6-10

GENESEE INTERMEDIATE SCHOOL DISTRICT
Special Education Services
2413 West Maple Avenue
Flint, Michigan 48507-3493

Behavior Incident Report

Student's name_____ Date of Incident _____

Time/location incident occurred _____

How long did the incident last (duration)? _____

What activity(ies) may have triggered the incident (antecedent)? _____

_____

Staff members involved in the incident _____

_____

Behavior – brief description _____

_____

Intervention(s) attempted and/or implemented _____

_____

Did this behavior incident involve any of the following?

1. Destruction of school or personal property yes ___ no ___
2. Threat of injury to self or others yes ___ no ___
3. Actual physical injury to self or others yes ___ no ___
4. Use of CPI-NVCI yes ___ no ___
5. Debrief Whom _____ yes ___ no ___ Date _____

Parent/guardian/caregiver notified by: ___ phone __ written ___ in person

Documented by _____ Date _____

Administrator signature _____ Date _____

12-6-10

GENESEE INTERMEDIATE SCHOOL DISTRICT
Special Education Services
2413 West Maple Avenue
Flint, Michigan 48507-3493

Functional Behavioral Assessment / Behavior Intervention Plan

General Information

Student: _____ **Birthdate:** _____ **Eligibility Status:** _____ **Date:** _____

School: _____ **Medication:** _____

Caseload Teacher: _____ **Previous Funct Assess?** **Yes** ☐ **No** ☐ **When:** _____

I. Student Strengths, Skills, and Difficulties

List Student Strengths and Skills:	**List Student Difficulties:**

II. Behavior(s) of Concern

Description - Observable/Measurable	**How Often**	**Duration**	**Intensity**	**Problem has Existed (length of time)**
Is this behavior addressed in the School Handbook? Y ☐ N ☐				

III. Environmental Issues and Situational Variables

What triggers or causes the behavior? What happens before the behavior?

What happens immediately after the problem behavior occurs? (student reactions, staff reactions, environmental changes)

In what settings/situations is the behavior of concern most and least likely to occur?

Settings/Situations	Most Likely	Least Likely
Adults? (personality characteristics, teaching style, gender, disciplinary style, etc., no names)		
Peers? (personality characteristics, gender, etc., no names)		
Certain Activities? (independent work, lecture, writing activities, small group)		
Settings? (playground, math, science, lunch, school bus, unstructured time)		
Time of Day or Class (morning, end of class, afternoon)		
Other? (home issues, bus, medication, health, sleep, etc.)		

IV. Child's Exposure to Rules Governing This Behavior Check One or More and List How Often

Class Discussions	☐	1-1 Discussions	☐	Behavior Plan	☐
Assemblies	☐	Handbooks	☐	Posted Classroom Rules	☐
Check Sheet	☐	Other	☐		

V. Previous Interventions and Supports Check One or More and Indicate Frequency

Social Work Support	☐	Conflict Resolution	☐	Peer Mediation	☐
Behavioral Support Contracts	☐	Anger Management	☐	Staff/Student Awareness Regarding BIP	☐
Other	☐				

VI. Previous Consequences and Disciplinary Measures Check One or More and Indicate Frequency of Use

Time Out	☐	Referred to Office	☐	Detention	☐
Loss of Privilege	☐	In-School Suspension/Suspension	☐	Work Detail/Restitution	☐
Parental Notification	☐	Behavior Ignored	☐	Reprimand/Warning	☐
Other	☐			*Attached Documentation	☐

VII. Needs Being Met Through This Behavior Check One or More and Explain

Escape/Avoidance	☐	Attention	☐	Expression of Anger/Frustration	☐
Sensory Stimulation	☐	Power/Control	☐	Tangible	☐
Relief of Fear/Anxiety	☐	Other	☐		

VIII. Goal to Appropriately Address Need(s)

Goal:

IX. Preferred Activities and Reinforcers

List preferred activities: **List preferred reinforcers**:

X. Skills Needed to be Taught to Replace Behavior of Concern

What Behaviors Do You Want the Student to Engage in to Replace the Behavior?

XI. Behavior Plan

Preventative Strategies Classroom Accommodations, Approach Strategies, Seating Arrangements, Instructional Strategies, etc.	**Reinforcement Strategies** Methods of Teaching and Reinforcing Appropriate/Replacement Skills	**Procedures to Follow When Behavior Occurs** Specific Steps to Take When Behavior Occurs
		Deviation of School Handbook? Yes ☐ No ☐

XII. Data Collection

Describe how systematic/measurable data will be collected for Behavior Plan:

☐ **Attach Sample Data Sheet**

☐ _____ will inform the following staff of BIP: _____

Signatures below indicate the plan has been reviewed and agreed upon for implementation:

Parent/Guardian	**Teacher**
ISD Personnel	**Special Education Teacher**
Student	**Administrator**
Other	**Other**

Date(s) plan reviewed: | | | | | Date plan terminated: |

☐ *Attachments – may include point sheets, contracts, token cards, progress notes, referrals, parent contacts.